**Consultation on the competency framework for all prescribers**

We are consulting on a competency framework for all prescribers. The consultation will be open for a six-week period from 26th March 2021 to 7th May 2021.

Consultation responses can be completed electronically [here](https://forms.office.com/r/W5Fmb0uUgu) or in Word format [below](#_Consultation_questions). If using Word format, please send consultation responses to [Consultations@rpharms.com](mailto:Consultations@rpharms.com).

All [consultation questions](#_Consultation_questions) are listed at the end of this document (p18).

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# **Introduction**

Doctors are by far the largest group of prescribers, who along with dentists, are able to prescribe on registration. They have been joined by non-medical independent and supplementary prescribers from a range of other healthcare professions, who are able to prescribe within their scope of practice once they have completed an approved education programme. This extension of prescribing responsibilities to other professional groups is likely to continue where it is safe to do so and there is clear patient benefit.

**Competency framework for all prescribers**

To support all prescribers to prescribe safely and effectively, a single prescribing competency framework was published by the National Prescribing Centre/National Institute for Health and Clinical Excellence (NICE) in 20121. Based on earlier profession specific prescribing competency frameworks, 2,3,4,5,6,7 the 2012 single prescribing competency framework was developed because it became clear that a common set of competencies should underpin prescribing, regardless of professional background.

The 2012 single prescribing competency framework was due for review in 2014. NICE and Health Education England approached the Royal Pharmaceutical Society (RPS) to manage the update of the framework on behalf of all the prescribing professions in the UK. The RPS agreed to revise and update the framework in collaboration with patients and the other prescribing professions. A competency framework for all prescribers was published by the RPS in July 2016. For further information on the process of how the 2016 competency framework for all prescribers was revised, updated and published by the RPS, see Appendix x [to add].

The competency framework for all prescribers was due for review in July 2020 and was published in x 2021 [date to add]. For further information on the process of how the 2021 competency framework for all prescribers was reviewed, updated and published by the RPS, see Appendix x [to add].

Going forward, the RPS will continue to publish and maintain the competency framework for all prescribers in collaboration with the other prescribing professions. The competency framework for all prescribers is published on the RPS website for all regulators, professional bodies, education providers, prescribing professions and patients to use.

**Competency framework for designated prescribing practitioners**

A period of learning in practice (PLP) is undertaken by non-medical prescribing trainees in a clinical setting to consolidate and contextualise the academic learning delivered by the accredited programme provider. The PLP enables the non-medical prescribing trainee to put theory into practice; to develop and demonstrate competence as a non-medical prescriber under the supervision of an experienced prescribing practitioner. Traditionally, medically qualified doctors have carried out this role and are known as designated medical practitioners (DMP). Regulatory changes in 2018/2019 have now enabled some non-medical prescribers (NMPs) to take on this designated practitioner role for the PLP, in addition to DMPs.

The umbrella term Designated Prescribing Practitioner (DPP) describes the designated practitioner responsible for the non-medical prescribing trainee’s PLP. The titles, used by professional regulators, that are covered by the term DPP (when applied in the context of prescribing training) are: DMP (General Medical Council), designated prescribing practitioner (General Pharmaceutical Council), practice educators (Health and Care Professions Council), named practice supervisors and practice assessors (Nursing and Midwifery Council). The aim of a DPP is to oversee, support and assess the competence of non-medical prescribing trainees, in collaboration with academic and workplace partners during the PLP.

The PLP is critical to the development of safe and effective non-medical prescribers. The designated practitioner role is central to the PLP, and as such assuring the quality of this role is essential. RPS has worked with multi-disciplinary experts and patients to develop and publish a competency framework for designated prescribing

practitioners8 in all prescribing professions, to help train safe and effective NMPs. The competency framework for designated prescribing practitioners will help programme providers, employing organisations, NMP trainees and experienced prescribers to understand the expectations for a DPP through competency descriptors. For further information on the competency framework for designated prescribing practitioners, see the RPS website: https://www.rpharms.com/.

# **Purpose of the competency framework for all prescribers**

This competency framework has been developed and updated to support prescribers to expand the knowledge, skills, motives and personal traits, to continually improve their performance, and to work more safely and effectively. If acquired and maintained, the prescribing competencies in this framework will help healthcare professionals to be safe, effective prescribers who support patients to get the best outcomes from their medicines. It has been developed for multi-professional use and provides the opportunity to bring prescribing professions together to ensure consistency in the competencies required of all healthcare professionals carrying out the same role.

This competency framework can be used by various groups:

* It can be used by any prescriber at any point in their career to underpin professional responsibility for prescribing.
* Regulators, education providers, professional organisations and specialist groups can use it to inform standards, the development of education, and to inform guidance and advice.
* It provides the opportunity to bring professions together and harmonise education for prescribers by offering a competency framework for all prescribers.
* Individuals and their organisations can use it to help them look at how they do their jobs.
* Prescribing trainees can evidence the competencies to ensure that they are demonstrating the competencies required of their role.

This competency framework can be used to:

* Inform the design and delivery of education programmes, for example, through validation of educational sessions (including rationale for need), and as a framework to structure learning and assessment.
* Help healthcare professionals prepare to prescribe and provide the basis for on-going continuing education and development programmes, and revalidation processes, for example, use as a framework for a portfolio to demonstrate continued competency in prescribing.
* Help prescribers identify strengths and areas for development through self-assessment, appraisal and as a way of structuring feedback from colleagues.
* Provide professional organisations or specialist groups with a basis for the development of levels of prescribing competency, for example, from recently qualified prescriber through to experienced prescriber.
* Stimulate discussions around prescribing competencies and multidisciplinary skill mix at an organisational level.
* Inform organisational recruitment processes to help frame questions and benchmark candidates’ prescribing experience.
* Inform the development of organisational systems and processes that support safe effective prescribing, for example, local clinical governance frameworks.
* Inform the development of education curricula and relevant accreditation of prescribing programmes for all prescribing professions.
* Inform and assure patients about the competencies of a safe and effective prescriber.

Further examples of practice and uses of the competency framework can be found on the RPS website [insert link].

# **Scope of the competency framework for all prescribers**

General scope of the framework:

* It is a generic framework for any prescriber regardless of their professional background. It therefore does not contain statements that relate to specialist areas of prescribing.
* It must be contextualised to reflect different areas of practice and levels of expertise.
* It reflects the key competencies needed by all prescribers; it should not be viewed as a curriculum but rather the basis on which one can be built.
* It applies equally to independent and supplementary prescribers, but the latter should contextualise the framework to reflect the structures imposed when entering a supplementary prescribing relationship.

# **The prescribing competency framework**

The competency framework for all prescribers sets out what good prescribing looks like. Prescribers are encouraged to use their own professional codes of conduct, standards and guidance alongside the competency framework for all prescribers.

It is important to recognise that healthcare professionals need to apply professionalism to all aspects of their practice. The principles of professionalism are the same across the professions and these are behaviours healthcare professionals should always be demonstrating, not just for prescribing. There are elements of wider professional practice that will impact on how healthcare professionals behave when they prescribe. These include the importance of maintaining a patient-centred approach when speaking to patients/carers, maintaining confidentiality, communication skills, leadership, the need for reflection, maintaining competency and continuing professional development, and the importance of forming networks for support and learning.

**Structure of the framework**

The competencies within the framework are presented as two domains and describe the knowledge, skill, behaviour, activity, or outcome that prescribers should demonstrate:

**Domain one - The consultation:** This domain looks at the competencies that the prescriber will need to demonstrate during the consultation.

**Domain two - Prescribing governance**: This domain focuses on the competencies that the prescriber will need to demonstrate around prescribing governance.

**Competency and supporting statements:**

Within the two domains there are ten competencies, as shown in Figure 1 [to add].

Each of these competencies contains several supporting statements related to the prescriber role which describe the activity or outcome that the prescriber should actively and routinely demonstrate.

Please note: The framework competencies and supporting statements are not in any particular order. They are not designed to be used as a script or in isolation as they may overlap with others. The numbering is mainly to support mapping purposes and does not reflect the level of importance of the statement.

**Further information:**

The further information sections (Boxes 1-9) under each competency provide prescribers with information and examples (list not exhaustive or definitive), which provide clarity and meaning to the supporting statements. The competency framework is recommended to be used alongside the relevant further information sections to help implementation into practice.

**Figure 1 The prescribing competency framework [to add]**

|  |
| --- |
| **THE CONSULTATION** |
| 1. **Assess the patient** |
| **Statements supporting the competency** |
| 1.1 Undertakes the consultation in an appropriate setting[[1]](#footnote-1). |
| 1.2 Considers patient confidentiality, consent and dignity.a |
| 1.3 Introduces self and prescribing role to the patient/carer and confirms patient/carer identity. |
| 1.4 Assesses the communication needs of the patient/carer and adaptsa consultation appropriately. |
| 1.5 Demonstrates good consultation skillsa and builds rapport with the patient/carer. |
| 1.6 Takes and documents an appropriate medical, social and medication historya including allergies and intolerances. |
| 1.7 Undertakes and documents an appropriate clinical assessmenta. |
| 1.8 Identifies and addresses potential vulnerabilitiesa that may be causing the patient/carer to seek treatment. |
| 1.9 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient’s management to date. |
| 1.10 Requests and interprets relevant investigations necessary to inform treatment options. |
| 1.11 Makes, confirms or understands, and documents the working or final diagnosis by systematically considering the various possibilities (differential diagnosis). |
| 1.12 Understands the condition(s) being treated, their natural progression, and how to assess their severity, deterioration and anticipated response to treatment. |
| 1.13 Reviews adherence to and effectiveness of current medicines. |
| 1.14 Refers to or seeks guidance from another member of the team, a specialist or appropriate information source, when necessary. |
| **Box 1- Further information on the supporting statements for competency 1**   |  | | --- | | 1.1 – Appropriate setting includes location, environment and medium.  1.2 – In line with legislation, best practice, regulatory standards and contractual requirements.  1.4 – Adapts for language, age, capacity, physical or sensory impairments.  1.5 – Good consultation skills include actively listening, using positive body language, asking open questions, remaining non-judgemental, and exploring the patient’s ideas, concerns and expectations.  1.6 – Medication history includes, current and previously prescribed and non-prescribed medicines, vaccines, on-line medicines, over the counter, vitamins, dietary supplements, herbal products, complementary remedies, recreational/illicit drugs, alcohol and tobacco.  1.7 – Clinical assessment includes observations, discussions and physical examinations.  1.8 – Safeguarding children and vulnerable adults (possible signs of abuse, neglect, or exploitation), and focusing on both the patient’s physical and mental health particularly if vulnerabilities may lead them to seek treatment unnecessarily or for the wrong reasons. | |
| 1. **Identify evidence-based treatment options available for clinical decision making** |
| **Statements supporting the competency** |
| 2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches. |
| 2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy and de-prescribing). |
| 2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment. |
| 2.4 Applies understanding of the mode of action, pharmacokinetics and pharmacodynamics of medicines, and how these may be altered by individual patient factors[[2]](#footnote-2). |
| 2.5 Assesses how co-morbidities, existing medicines, allergies, contraindications and quality of life impact on management options. |
| 2.6 Considers any relevant patient factorsb and their potential impact on the choice and formulation of medicines, and the route of administration. |
| 2.7 Accesses, critically evaluates, and uses reliable and validated sources of information. |
| 2.8 Stays up to date in own area of practice and applies the principles of evidence-based practiceb. |
| 2.9 Considers the wider perspective including the public health issues related to medicines and their use, and promoting health. |
| 2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures. |
| **Box 2- Further information on the supporting statements for competency 2**   |  | | --- | | 2.4 – Individual patient factors include genetics, age, renal impairment and pregnancy.  2.6 – Relevant patient factors include ability to swallow, disability, visual impairment, frailty, dexterity, religion, beliefs and intolerances.  2.8 – Evidence-based practice includes clinical and cost-effectiveness. | |
| 1. **Present options and reach a shared decision** |
| **Statements supporting the competency** |
| 3.1 Actively involves and works with the patient/carer to make informed choices and agree a plan that respects the patient’s/carer’s preferences[[3]](#footnote-3). |
| 3.2 Considers and respects patient diversity and equalityc, and personal values and beliefs about their health, treatment and medicines. |
| 3.3 Explains the material risks and benefits, and rationale behind management options in a way the patient/carer understands, so that they can make an informed choice. |
| 3.4 Assesses adherence in a non-judgemental way, understands the different reasons for non-adherencec and how best to support the patient/carer. |
| 3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied. |
| 3.6 Explores the patient’s/carer’s understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber. |
| **Box 3 - Further information on the supporting statements for competency 3**   |  | | --- | | 3.1 – Preferences include patient’s/carer’s right to refuse or limit treatment.  3.2 – In line with legislation requirements which apply to equality, diversity and inclusion.  3.4 – Non-adherence may be intentional or non-intentional. | |
|  |
| 1. **Prescribe** |
| **Statements supporting the competency** |
| 4.1 Prescribes a medicine or device[[4]](#footnote-4) with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions and adverse effects. |
| 4.2 Understands the potential for adverse effects and takes steps to recognise, minimise risk and manage them. |
| 4.3 Understands and prescribes within relevant national, regional and local frameworksd for medicines use. |
| 4.4 Prescribes generic medicines where practical and safe for the patient, and knows when medicines should be prescribed by branded product. |
| 4.5 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing. |
| 4.6 Prescribes appropriate quantities and at appropriate intervals necessaryd, to reduce the risk of unnecessary waste. |
| 4.7 Recognises, minimises riskd and manages potential misuse of medicines using appropriate processes. |
| 4.8 Uses up-to-date information about the availability, pack sizes, storage conditions, excipients, costs of prescribed medicines. |
| 4.9 Electronically generates and/or writes legible unambiguous and complete prescriptions which meet legal requirements. |
| 4.10 Effectively uses the systemsd necessary to prescribe medicines. |
| 4.11 Prescribes unlicensed and off-label medicines where legally permitted, and unlicensed medicines only if satisfied that an alternative licensed medicine would not meet the patient's clinical needs. |
| 4.12 Follows appropriate safeguards if prescribing medicines that are unlicensed, ‘off-label’, or outside standard practice. |
| 4.13 Documents accurate, legible and contemporaneous clinical recordsd. |
| 4.14 Effectively communicates informationd to other healthcare professionals involved in the patient’s care when sharing or transferring care and prescribing responsibilities, within and across all care settings. |
| **Box 4 - Further information on the supporting statements for competency 4**   |  | | --- | | 4.1 – Medicine or device includes all products (including necessary co-prescribing of infusion sets, devices, diluents and mediums) that can be prescribed, supplied or recommended to be purchased.  4.3 – Frameworks include local formularies, care pathways, protocols, professional guidelines, evidence-based guidelines from relevant national, regional and local committees.  4.6 – Amount necessary for a complete course, until next review, or prescription supply.  4.7 – Minimises risk by ensuring appropriate safeguards are in place.  4.10 – Systems include medicine charts, electronic prescribing and decision support.  4.13 – Records include prescribing decisions, history, diagnosis, clinical indications, discussions, advice given, examinations, findings, interventions, action plans, safety-netting, referrals, monitoring and follow ups.  4.14 – Information about clinical conditions, medicines and what they are being used for. | |
| 1. **Provide information** |
| **Statements supporting the competency** |
| 5.1 Assesses health literacy of the patient/carer and adapts appropriately to provide clear, understandable and accessible information[[5]](#footnote-5). |
| 5.2 Checks the patient’s/carer’s understanding of the discussions had, actions needed and their commitment to the management plane. |
| 5.3 Guides the patient/carer on how to identify reliable sources of information about their medicines and treatment. |
| 5.4 Ensures the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific timeframe.e |
| 5.5 Encourages and supports the patient/carer to take responsibility for their medicines and self-manage their condition. |
| **Box 5 - Further information on the supporting statements for competency 5**   |  | | --- | | 5.1 – Information about their management, treatment, medicines (what they are for, how to use them, safe storage, disposal, expected duration of treatment, possible unwanted effects and what to do if they arise) monitoring and follow up - in written and/or verbal form.  5.2 – Management plan includes treatment, medicines, monitoring and follow-up.  5.4 – Includes safety-netting advice on when and how to seek help through appropriate signposting and referral. | |
| 1. **Monitor and review** |
| **Statements supporting the competency** |
| 6.1 Establishes and maintains a plan for reviewing[[6]](#footnote-6) the patient’s treatment. |
| 6.2 Establishes and maintains a plan to monitorf the effectiveness of treatment and potential unwanted effects. |
| 6.3 Adapts the management plan in response to on-going monitoring and review of the patient’s condition and preferences. |
| 6.4 Recognises and reports suspected adverse reactions to medicines and medical devices using appropriate reporting systems. |
| **Box 6 - Further information on the supporting statements for competency 6**   |  | | --- | | 6.1 – Plan for reviewing includes safety-netting appropriate follow up or referral.  6.2 – Plan for monitoring includes safety-netting monitoring requirements and responsibilities, for example, by the prescriber, patient/carer or other healthcare professional. | |
|  |
| **PRESCRIBING GOVERNANCE** |
| 1. **Prescribe safely** |
| **Statements supporting the competency** |
| 7.1 Prescribes within own competence, scope of practice, and recognises the limits of own knowledge and skill. |
| 7.2 Knows about common types and causes of medication and prescribing errors, and how to minimise their risk. |
| 7.3 Identifies and minimises potential risks associated with prescribing via remote methods[[7]](#footnote-7). |
| 7.4 Recognises when safe prescribing processes are not in place and acts to minimise risksg. |
| 7.5 Keeps up to date with emerging safety concerns related to prescribing. |
| 7.6 Reports near misses, critical incidents, medication and prescribing errors using appropriate reporting systems, and regularly reviews practiceg to prevent recurrence. |
| **Box 7 - Further information on the supporting statements for competency 7**   |  | | --- | | 7.3 – Remote methods include telephone, email, video or through a third party.  7.4 – Minimising risks include using or developing governance processes that support safe prescribing, particularly in areas of high risk such as transfer of information about medicines and prescribing of repeat medicines.  7.6 – Reviewing practice includes clinical audits. | |
| 1. **Prescribe professionally** |
| **Statements supporting the competency** |
| 8.1 Ensures confidence and competence to prescribe are maintained. |
| 8.2 Accepts personal responsibility and accountability for prescribing, and understands the legal and ethical implications. |
| 8.3 Knows and works within legal and regulatory frameworks[[8]](#footnote-8) affecting prescribing practice. |
| 8.4 Makes prescribing decisions based on the needs of patients and not the prescriber’s personal preferences. |
| 8.5 Recognises and deals with factorsh that might unduly influence prescribing. |
| 8.6 Works within the NHS, organisational, regulatory and other codes of conduct when interacting with the pharmaceutical industry. |
| **Box 8 - Further information on the supporting statements for competency 8**   |  | | --- | | 8.3 – Frameworks include prescribing controlled drugs, unlicensed and off label medicines, supplementary prescribing, and prescribing for self, close family and friends.  8.5 – Factors include interactions with pharmaceutical industry, media, patient, colleagues, cognitive bias, prescribing incentives and targets. | |
| 1. **Improve prescribing practice** |
| **Statements supporting the competency** |
| 9.1 Improves by reflecting on own and others’ prescribing practice, and acting upon feedback and discussion. |
| 9.2 Acts upon inappropriate or unsafe prescribing practice using appropriate processes. |
| 9.3 Understands and uses available tools[[9]](#footnote-9) to improve prescribing practice. |
| 9.4 Takes responsibility for own learning and continuing professional development relevant to the prescribing role.i |
| 9.5 Makes use of networks for support and learning. |
| 9.6 Encourages and supports others with their prescribing practice and learning journey.i |
| **Box 9 - Further information on the supporting statements for competency 9**   |  | | --- | | 9.3 – Tools include supervision, workplace competency-based assessments, questionnaires, prescribing data analysis, audits, and actively seeking patient and peer feedback.  9.4 – By continuously reviewing, reflecting, identifying gaps, planning, acting, applying and evidencing learning or competencies.  9.6 – By engaging in mentoring, leadership and workforce development (becoming a DPP). | |
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| 1. **Prescribe as part of a team** |
| **Statements supporting the competency** |
| 10.1 Works collaboratively as part of a multidisciplinary team to ensure that the transfer and continuity of care (within and across all care settings) is developed and not compromised. |
| 10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other’s roles in relation to prescribing. |
| 10.3 Negotiates the appropriate level of support and supervision for their role as a prescriber. |
| 10.4 Provides support and advice to other prescribers or those involved in administration of medicines, where appropriate. |

# **Glossary**

**Antimicrobial stewardship:** Defined as ‘An organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness’.9

**Carer:** A person who provides support and assistance, formal or informal, with various activities to patients. This may be emotional or financial support, as well as hands-on help with different tasks. Carer in this document is an umbrella term also used to cover parents, patient advocates or representatives, and includes paid and unpaid carers.10

**Competency framework:** A structure which describes the competencies (demonstrable knowledge, skills, characteristics, qualities and behaviours) central for safe and effective performance in a role.11

**Deprescribing:** The process of stopping or reducing medicines with the aim of eliminating problematic (inappropriate) polypharmacy, and then monitoring the individual for unintended adverse effects or worsening of disease. It is essential to involve the individual (and their carer) closely in deprescribing decisions to build and maintain their confidence in the process.10

**Independent prescriber:** A prescribing healthcare professional who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. In practice, there are TWO distinct forms of non-medical independent prescriber: independent prescribers and community practitioner nurse prescribers (CPNPs). Further information on CPNPs, types of independent prescribers and what they can prescribe can be found in the British National Formulary (BNF).

**Material risk** – According to the Montgomery ruling, a doctor has a duty of care to ensure that their patient is aware of any material risks involved in proposed treatment and of reasonable alternatives. A material risk occurs if “a reasonable person in the patient’s position would be likely to attach significance to it, or if the doctor is or should reasonably be aware that their patient would be likely to attach significance to it”.12

**Non-medical prescriber (NMP):** This term encompasses healthcare professionals (excluding doctors and dentists) working within their clinical competence as an independent and/or supplementary prescribers or community nurse prescribers.

**Non-medical prescribing trainee**: Registered healthcare professional undertaking the non-medical prescribing course.

**Off-label**: Using a medicinal product not for its intended, licensed use.10

**Patient**: Umbrella term to cover the full range of people receiving or registered to receive medical treatment or healthcare, this includes children and young adults, pregnant women, service users and clients.10

**Polypharmacy:** Means “many medicines” and has often been defined to be present when a patient takes five or more medicines. Polypharmacy is not necessarily a bad thing, it can be both rational and required; however, it is important to distinguish between appropriate and inappropriate polypharmacy. For further information see the RPS Polypharmacy guide.10

**Programme provider**: The programme team delivering the accredited non-medical prescribing course.

**Scope of practice**: The activities a healthcare professional carries out within their professional role. The healthcare professional must have the required training, knowledge, skills and experience to deliver these activities lawfully, safely and effectively. They must also have appropriate indemnity cover. Scope of practice may be informed by regulatory standards, the professional body’s position, employer guidance, guidance from other relevant organisations and the individual’s professional judgement.13

**Supplementary prescribing:** A voluntary partnership between an independent (doctor or dentist) and supplementary prescriber to prescribe within an agreed patient-specific clinical management plan (CMP) with the patient’s agreement. Nurses, optometrists, pharmacists, physiotherapists, podiatrists, radiographers, paramedics and dietitians may become supplementary prescribers. Once qualified, they may prescribe any medicine (including controlled drugs) within their clinical competence, according to the CMP.

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# **Consultation questions**

This section of the document lists the consultation questions. The question can be completed electronically [here](https://forms.office.com/r/W5Fmb0uUgu) or in Word format below.

1. Is the scope and purpose of the competency framework for all prescribers clear? If no, please provide further comments.

YES/NO

Further comments:

1. Is the framework sufficiently generic to apply to prescribers from your professional background? If no, what needs modification?

YES/NO

Further comments:

1. Is each competency (1-10) within the framework relevant, within scope, current and fit for purpose for all prescribers? If no, please provide further comments.

YES/NO

Further comments:

1. Does the framework reflect the key competencies required of a safe and effective prescriber? If no, where are the gaps?

YES/NO

Further comments:

1. Any additional comments on the competencies within any section of the framework?
2. Is each supporting statement unique and do they describe a clear outcome? If no, please provide further comments.

YES/NO

Further comments:

1. Is there any repetition or overlap with the supporting statements? If yes, please provide further comments.

YES/NO

Further comments:

1. Any additional comments on the supporting statements within the framework?
2. Is the information in the “further information” sections clear and fit for purpose? If no, please provide further comments.

YES/NO

Further comments:

1. How might you/your organisation use the framework once it is published?
2. How could you/your organisation help to promote the framework once it is published?
3. What might be the barriers to using this framework in practice?
4. Are there any supporting references or resources that you think should be highlighted to support implementation of the framework?
5. Do you have any other comments about the framework?

**Please ensure to provide the following information with your response:**

Are you responding as an individual or on behalf of an organisation?

**If organisation:**

Name of organisation:

**If individual response:**

What type of prescriber are you?

Thank you for responding to the consultation. Please send your consultation response to [Consultations@rpharms.com](mailto:Consultations@rpharms.com).

1. See Box 1 [↑](#footnote-ref-1)
2. See Box 2 [↑](#footnote-ref-2)
3. See Box 3 [↑](#footnote-ref-3)
4. See Box 4 [↑](#footnote-ref-4)
5. See Box 5 [↑](#footnote-ref-5)
6. See Box 6 [↑](#footnote-ref-6)
7. See Box 7 [↑](#footnote-ref-7)
8. See Box 8 [↑](#footnote-ref-8)
9. See Box 9 [↑](#footnote-ref-9)