INTRODUCTION 3

PURPOSE: THE NEED FOR A COMPETENCY FRAMEWORK FOR DESIGNATED PRESCRIBING PRACTITIONERS 5

THE SCOPE OF THE FRAMEWORK 6

THE FRAMEWORK DEVELOPMENT PROCESS 7

THE COMPETENCY FRAMEWORK FOR DESIGNATED PRESCRIBING PRACTITIONERS 8

GLOSSARY 11

REFERENCES 11

APPENDICES 12
1 Introduction

Since the introduction of non-medical prescribing, trainees have undertaken a period of learning in practice (PLP) to consolidate and contextualise the academic learning delivered by the programme provider. The PLP enables the trainee to put theory into practice; to develop and demonstrate competence as a prescriber under the supervision of an experienced prescribing practitioner. Traditionally, medically qualified doctors have carried out this role, as a designated medical practitioner (DMP).

In 2006, the Department of Health and Social Care described the role of the DMP as critical and highly responsible for educating and assessing the trainee non-medical prescriber (NMP)\(^1\). Specifically, in ascertaining whether trainees have met the necessary learning outcomes and acquired competencies, as defined by the relevant professional, statutory and regulatory bodies and the approved Higher Education Institute (HEI) running the prescribing programme.

Professional regulatory changes in 2018/19 have enabled some non-medical prescribers (NMPs) to take on this designated practitioner role for the PLP, in addition to Designated Medical Practitioners (DMPs) continuing to carry out this role. These regulatory changes improve access to training opportunities for those eligible to prescribe, with potential to increase numbers of NMPs.

The PLP is critical to the development of safe and effective prescribers. The designated practitioner role is central to the PLP, and as such assuring the quality of this role is essential. In 2005, the National Prescribing Centre (NPC) published *A guide to help doctors prepare for and carry out the role of designated medical practitioner*\(^2\), which outlined eligibility criteria and a set of broad competency areas for the DMP role. Since publication, the guidance has been used by many of the HEIs who provide non-medical prescribing courses. Following the recent regulatory changes, there is now a need for guidance to reflect the expansion of this role to include NMPs.

To address this need the Royal Pharmaceutical Society (RPS) led the development of a competency framework for those taking on this role. This framework has been developed by an independent multi-professional steering group, for use by all prescribing professions.

**DEFINITION OF DESIGNATED PRESCRIBING PRACTITIONER**

The term Designated Prescribing Practitioner (DPP) is used throughout this framework to describe the designated practitioner responsible for the non-medical prescribing trainee’s PLP. It acts as an umbrella term to bring a number of different profession-specific titles together for the framework. The titles, used by professional regulators, that are covered by the term DPP (when applied in the context of prescribing training) are:

- Designated Medical Practitioner (DMP)
- Designated Prescribing Practitioner (DPP)
- Named Practice Supervisor
- Practice Assessor
- Practice Educator

The aim of the DPP role:

> “To oversee, support and assess the competence of non-medical prescribing trainees, in collaboration with academic and workplace partners, during the period of learning in practice”

**ROLE TERMINOLOGY**

1 Use of the term non-medical prescriber

Throughout this document, the terms non-medical prescriber, non-medical prescribers and non-medical prescribing are used. The non-medical prescribing professions covered by the framework at the time of publication are chiropodists/podiatrists; dietitians; midwives; nurses; paramedics; pharmacists; physiotherapists; radiographers (diagnostic and therapeutic).

The use of the term ‘non-medical’ refers to all independent, supplementary or community nurse prescribers, and is used for document flow to avoid repetition of ‘independent, supplementary or community nurse prescribers’. The use of
the term ‘non-medical prescriber’ as opposed to ‘prescriber’ is used both for clarity that the professional regulatory changes relate to identified independent, supplementary and community nurse prescribers, and to differentiate the practice training requirements for this group from those for medical trainees.

2 Profession specific information

Doctors have carried out the DMP role since non-medical prescribing training was introduced. Initial eligibility criteria for this role was provided by the National Prescribing Centre in 2005. This framework supersedes those criteria, with the competencies required of DMPs described by umbrella term DPP.

2.1 Allied Health Professionals

The Health and Care Professions Council (HCPC) use the term Practice Educator to describe roles such as that described by the umbrella term DPP. The Practice Educator is the individual responsible for a learner’s education during their practice-based learning and who has received appropriate training for that role. For allied health professionals registered with the HCPC who are undertaking non-medical prescribing training, the Practice Educator should be a registered prescriber who is able to demonstrate the competencies in this framework.

2.2 Nurses and Midwives

The Nursing and Midwifery Council (NMC) standards describe two roles key to learning in practice; Practice Assessor and Practice Supervisor. In the context of non-medical prescribing training, the competencies in this framework apply to any prescriber in the Practice Assessor role for a nurse or midwife trainee. All nurse or midwife non-medical prescribing trainees should, in the absence of exceptional circumstances, also have a named Practice Supervisor, who is a registered prescriber. In addition to the named Practice Supervisor there may be a number of additional Practice Supervisors supporting a trainee’s learning in practice, it is not a requirement for these additional practice supervisors to meet all the competencies set out in the framework.

2.3 Pharmacists

The General Pharmaceutical Council (GPhC) uses the term Designated Prescribing Practitioner (DPP) as the title for this role. For pharmacist non-medical prescribing trainees this role should be carried out by a registered independent prescriber or medical practitioner who is able to demonstrate the competencies in the framework.

3 Eligibility for the DPP role

The following requirements underpin the competencies within the framework, and should be met by all DPPs:

3.1 Regulatory requirements

Any prescriber taking on the DPP role must be registered with their professional regulator. All NMPs undertaking the DPP role should have the necessary annotation for a prescriber as required by their regulator.

3.2 Prescribing competency framework requirements

The expectation of any registered health professional practitioner acting in the DPP role is the ability to demonstrate they meet all competencies within the Competency Framework for all Prescribers. The framework can be accessed here: https://www.rpharms.com/resources/frameworks/prescribers-competency-framework
2 Purpose: The Need for a Competency Framework for Designated Prescribing Practitioners

This competency framework has been developed to underpin quality in training in practice, a critical aspect of non-medical prescribing training to which the DPP role is central. It supports prescribers to be effective DPPs able to optimise learning and assessment in practice; working with academic partners to ensure the safety and quality of future NMPs. 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 framework has a wide range of uses and is pertinent to a number of groups involved in different aspects of NMP training. Some potential user groups and uses are outlined below:

### Programme Providers
The framework will help programme providers to:
- ensure DPPs have the required competencies for the role
- inform the development of training for DPPs
- support DPPs to maintain and further develop the skills required to be effective in the role
- support the provision of feedback to DPPs

### Designated Prescribing Practitioners
The framework will help DPPs to:
- understand the skills, knowledge, attitudes and behaviours required of someone taking on the role
- self-assess and demonstrate their competence to take on the role
- develop confidence in their ability to take on the role
- target continuing professional development and revalidation

### Programme Accreditors
The framework will help accreditors to:
- review programme providers quality assurance process for DPPs, by using the framework as a tool to support this process

### NMP Trainees
The framework will help NMP trainees to:
- understand the role of the DPP
- identify an appropriate DPP
- consider the role as a potential area for their future development

### Organisational Prescribing/Non-Medical Prescribing Leads (or Equivalent)
The framework will help organisational prescribing leads to:
- support governance processes around the period of learning in practice
- assist prospective NMP trainees to identify suitable DPPs
3 The Scope of the Competency Framework for Designated Prescribing Practitioners

General scope of the framework

- The DPP competency framework has been developed for multi-professional use. It covers the competencies required of a prescriber, in any profession, taking on a role that falls under the DPP umbrella.
- The framework is a generic framework for any prescriber working in the DPP role, it does not contain competency statements that relate to specific professions or sectors of practice.
- The framework reflects the key competencies needed by all DPPs but must be contextualised to reflect different environments and areas of practice.
- The framework has been developed to support the implementation of professional regulatory standards relating to prescribing training. In using and contextualising this framework, regulatory standards for the relevant profession should be adhered to at all times.
- It is the responsibility of the accredited programme providers to ensure that DPPs on their programme are competent to take on the role, as such, individual programme providers may require additional criteria to those covered in this framework.

The learning environment and governance

- Theme 7 of the framework outlines the competencies required of the DPP in creating an effective environment for learning.
  - The learning environment will be dependent on the practice setting, location, size and type of organisation, amongst other variables, and the competencies within Theme 7 should be contextualised to reflect this.
  - The employing organisation, where relevant, has a responsibility to the DPP to create an environment in which they can facilitate learning.
  - The employing organisation, where relevant, should ensure that the necessary resource and support is provided to enable the DPP to effectively carry out their role.
  - Whilst the DPP is expected to ensure the environment in which they practise is appropriately resourced to facilitate the trainee to meet their learning needs and outcomes, elements of this may be outside their control.

- Theme 8 of the framework outlines the competencies required in relation to the governance of the role and the PLP.
  - The competencies relate to the governance of the DPP role and how the DPP fits into the wider governance structure for the period of learning in practice.
  - It is the responsibility of the organisation providing practice-based learning to ensure that appropriate governance structures to support safe prescribing practice are in place.
  - Whilst recognising the organisational responsibility for governance, DPPs should challenge the organisation if appropriate governance structures to support safe prescribing practice are not in place within the workplace.
4 The framework development process

The framework was developed by an independent multi-disciplinary steering group, validation group and project board following a NICE accreditation process and involving public consultation.

For more details of:

• the process used to update the framework see Appendix 1
• the professionals and patients involved in the process see Appendix 2

A literature review was undertaken in January 2019 to identify key evidence relating to the DMP role to inform the development of the competency framework. The literature search was conducted by The King’s Fund (https://www.kingsfund.org.uk/). Further details of the literature review methodology are available [on the RPS website].

A number of stakeholder groups supported the development of the framework, including an independent multi-professional steering group, with editorial responsibility for content; a project board, to provide strategic overview; a validation group and a virtual reference group. The role each group had in the development process is detailed in Appendix 1. Appendix 2 contains membership details for each group.

A six-week open consultation period was held from 21 June 2019–02 August 2019. Responses were analysed and key themes reviewed by the steering group to consider amendments to the framework.
The structure of the Competency Framework for Designated Prescribing Practitioners

STRUCTURE OF THE FRAMEWORK
The competencies within the framework are presented as three sections:

Section 1
The Designated Prescribing Practitioner
This section looks at the competencies that the individual should be able to demonstrate prior to taking on the DPP role. As such, the competencies in section 1 are those that the programme providers should use to assess prospective new DPPs.

Section 2
Delivering the role
The second section of the framework focuses on the competencies that the DPP will need to demonstrate whilst undertaking the role. New DPPs will not be able to evidence the competencies in section 2 as they will have yet to fulfil the role. This section should be used by DPPs to ensure that they are demonstrating the competencies required of the role. It can also be used by programme providers to develop training for DPPs or for evaluation on completion of the role.

Section 3
Learning environment and governance
The third section focuses on the learning environment and governance of the period of learning in practice. Section 3 should be used in line with the scope section of the framework document.

Within the three sections are eight key themes, as shown in Table 1, each of these themes contains a number of competency statements relating to the DPP role.
THE DESIGNATED PRESCRIBING PRACTITIONER (DPP)

1 Personal characteristics

The practitioner taking on the DPP role:

1.1 Recognises the value and responsibility of the DPP role

1.2 Demonstrates clinical leadership through their practice

1.3 Demonstrates a commitment to support trainees

1.4 Displays professional integrity, is objective in supervision and/or assessment

1.5 Is open, approachable and empathetic

1.6 Creates a positive learning culture through their practice

2 Professional skills and knowledge

The practitioner taking on the DPP role:

2.1 Works in line with legal, regulatory, professional and organisational standards

2.2 Is an experienced prescriber* in a patient-facing role

2.3 Is an active prescriber** in a patient-facing role, with appropriate knowledge and experience relevant to the trainee’s area of clinical practice

2.4 Has up-to-date patient-facing, clinical and diagnostic skills and evidence of demonstrating competence in an area of practice relevant to the trainee

2.5 Has knowledge of the scope and legal remit of non-medical prescribing for the NMP trainee’s profession

3 Teaching and training skills

The practitioner taking on the DPP role:

3.1 Has experience or had training in teaching and/or supervising in practice

3.2 Has knowledge, either experiential or through formal training, of different teaching methods to facilitate learning in practice and adapt to individual student needs

3.3 Articulates decision making processes and justifies the rationale for decisions when teaching or training others

3.4 Has knowledge of a range of methods of assessment and experience of conducting assessment of trainees in clinical practice

3.5 Delivers timely and regular constructive feedback

3.6 Facilitates learning by encouraging critical thinking and reflection

DELIVERING THE ROLE

4 Working in partnership

In delivering the role, the DPP is able to:

4.1 Work with the trainee to establish their baseline knowledge and skills, and jointly create a development plan for meeting learning outcomes

4.2 Regularly assess the trainee at appropriate intervals to guide gradual handover of elements of the process that lead to a prescribing decision

4.3 Work in partnership with the trainee, other practitioners and the programme provider to confirm the competence of the trainee

4.4 Recognise own limits in capacity, knowledge and skills and areas of practice where other practitioners may be better placed to support learning

4.5 Advocate and facilitate a multidisciplinary team (MDT) approach to training by encouraging the trainee to learn from other appropriate practitioners

* An experienced prescriber is defined as an active prescriber who would normally have at least 3 years’ recent prescribing experience

** An active prescriber consults with patients and makes prescribing decisions based on clinical assessment with sufficient frequency to maintain competence. Reflects and audits prescribing practice to identify developmental needs.
5  Prioritising patient care

In delivering the role, the DPP is able to:

5.1  Ensure that safe and effective patient care remains central to practice through effective clinical supervision

5.2  Ensure patients are informed of and consent to trainee presence at consultations

5.3  Identify and respond appropriately to concerns regarding the trainee’s practice or behaviour

5.4  Act in the interest of patient and public safety when making decisions on trainee competence

6  Developing in the role

In delivering the role, the DPP:

6.1  Is open to learn and be challenged and uses feedback from trainee and others, to improve their clinical and supervisory practice

6.2  Regularly reflects on their role as a DPP and the potential for improvement

6.3  Identifies when help is required in DPP role and when, and where, to seek support

6.4  Undertakes and records continuing professional development (CPD) encompassing knowledge and skills that are applicable to the DPP role
6 Glossary

Active prescriber: Consults with patients and makes prescribing decisions based on clinical assessment with sufficient frequency to maintain competence. Reflects and audits prescribing practice to identify developmental needs.

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

Experienced prescriber: An active prescriber who would normally have at least 3 years’ recent prescribing experience.

Higher Education Institute (HEI): The recognised institute through which the accredited non-medical prescribing programme is delivered. Some regulators may use the term Approved Educational Institute.

Non-medical prescriber (NMP): This term encompasses both independent and supplementary prescribers and community nurse prescribers.

Organisational prescribing/non-medical prescribing lead: The person with responsibility for promoting and coordinating non-medical prescribing within the organisation, who also works to integrate and expand NMP into service planning. They may also assess and monitor the quality of prescribing practice, providing professional advice and support within the organisation.

Patient: A person who requires healthcare; this term is used also to represent service users and clients.

Period of learning in practice (PLP): The time spent in a clinical setting, under the supervision of the DPP, putting academic learning into practice.

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

Trainee: The individual undertaking the non-medical prescribing course.

7 Reference


Appendix 1
The development process for the Competency framework for Designated Prescribing Practitioners

LITERATURE REVIEW (JANUARY 2019)

STEERING GROUP MEETING 1 (FEB 2019)

VALIDATION GROUP (APRIL 2019)

STEERING GROUP MEETING 2 (MAY 2019)

CONSULTATION – 6 WEEKS (JUNE-AUGUST 2019)

STEERING GROUP MEETING 3 (SEPTEMBER 2019)

PUBLICATION (2019)

WIDER ENGAGEMENT STRATEGY INCLUDING VIRTUAL REFERENCE NETWORK (SEE APPENDIX 2)

PROJECT BOARD PROVIDING STRATEGIC OVERVIEW (SEE APPENDIX 2)
THE LITERATURE REVIEW:
SEARCH METHODOLOGY

A literature search was conducted by The King's Fund. Keywords were used to carry out a grey literature search, including searches in the King's Fund database and NHS evidence as well as the websites for relevant UK, European, Canadian, USA, Australian and New Zealand bodies. An additional Google search was carried out to locate any further material. A literature search was also carried out using Medline and Embase databases, the search strategies are included below.

Non-medical prescriber
OR medical prescriber
OR designated medical practitioner
OR prescribing supervisor
OR practice assessor
OR independent prescriber
OR supplementary prescriber
OR educational supervisor
AND Regulation
OR standards
OR competency framework
OR professional development
OR continuing professional development
OR accreditation

UK, European, Canadian, USA, Australian and New Zealand
Publication date: 2000 – 2018

Following the initial literature search, an additional search was carried out to include the search term Designated Supervising Medical Practitioner. A copy of the literature search and literature review are available on the RPS website together with this framework.

STATEMENT OF FUNDING

This framework has been co-funded by the RPS and a grant from Health Education England.

THE DEVELOPMENT PROCESS

A literature review was undertaken in January 2019 to identify key evidence relating to the Designated Medical Prescriber role to inform the development of the competency framework.

An independent multi-professional steering group had representation including prescribers across prescribing professions, DMPs, non-medical prescribing programme providers, organisational NMP leads and lay members. The steering group was chaired by an independent Chair. All members were asked to make a declaration of interest. See Appendix 2 for details of the steering group membership.

A project board provided a strategic overview for the framework. Representation, from across Great Britain, included NHS England, NHS Education for Scotland, Health Education and Innovation Wales, Health Education England, Professional Regulators, Royal Colleges and NICE. See Appendix 2 for membership details.

A validation group with representation reflective of that of the independent multi-professional steering group, reviewed an early draft of the framework to ensure it was in line with and relevant to current practice. See Appendix 2 for validation group membership.

A virtual reference group of individuals and organisations including practitioners from across the prescribing professions, organisational NMP leads and higher education institutes provided multi-professional support and engagement for the development of the framework. See Appendix 2 for membership details.

A six-week open consultation period was held from June to August 2019, with the competency framework documents published on the Royal Pharmaceutical Society website. A total of 106 consultation responses were received from individuals and organisations. Consultation responses were analysed and key themes identified and discussed with the steering group for consideration and incorporation into the competency framework.
Appendix 2

Acknowledgements

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