

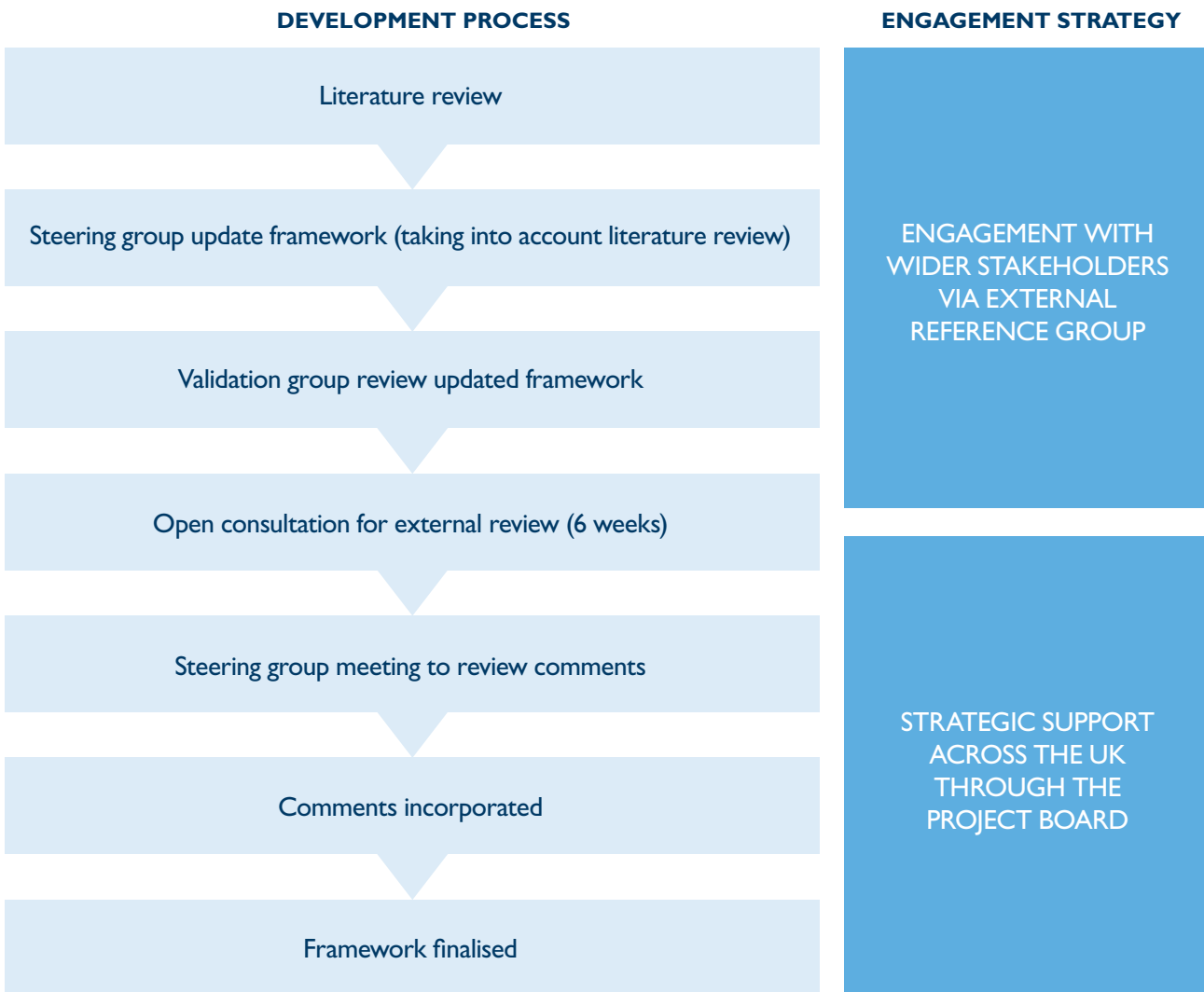
APPENDIX I

HOW THE FRAMEWORK WAS UPDATED

The process used to update the framework is illustrated below. It is consistent with the methodology used to develop and refine the previous prescribing competency frameworks published by the National Prescribing Centre and NICE.

The update of the framework was a review of an existing resource widely used in practice. The project steering group concluded, based on a literature view

and extensive use of the framework in practice, that the 2012 framework was broadly fit for purpose. The process used to update the framework is proportionate to that view and reflects an iterative development of the content.



ENGAGEMENT STRATEGY

The prescribing competency framework will be used by a range of healthcare professions. An external reference group comprising regulators, professional organisations and other relevant and interested stakeholder groups was constituted. Webinars were held with the group three times over the duration of the project to keep members of the group informed about progress and to stimulate discussion about how the framework might be disseminated and used once published. See Appendix 2 for membership.

The update of the prescribing competency framework was 'project sponsored' at a strategic level by a Project Board to help ensure UK wide applicability. Membership consisted of representatives of the Chief Pharmaceutical Officers England, Scotland, Wales and Northern Ireland as well as Health Education England, NHS Education for Scotland, The Welsh Assembly and NICE. See Appendix 2 for membership.

DEVELOPMENT PROCESS

An external lead author was commissioned by the RPS to ensure that the process for updating of the competency framework was independent.

A literature review was undertaken in October 2015 to identify key evidence relating to competency and good practice in prescribing since the publication of the 2012 single competency framework.

A steering group with prescribers from all the professions able to prescribe and patient representatives used a consensus process to review and update the competency framework in the context of the literature review. The multidisciplinary nature of the group ensured the generic nature of the framework was maintained – see Appendix 2 for membership. The group was chaired by the independent lead author and all members were asked to declare conflicts of interest which were managed in line with RPS policy.

A separate group of existing prescribers (again reflecting all groups able to prescribe) and patients **validated the updated framework** in a focus group setting to ensure that the changes made by the steering group were in line with current prescribing practice and were understandable to prescribers. Refinements made to the

framework were agreed using a consensus process and members of the validation group were asked to declare conflicts of interest. See appendix 2 for membership.

As a result of the steering group review and validation group scrutiny refinements were made to the framework that included:

- ▶ Removal of statements that relate more generally to professional practice (see section 4).
- ▶ Reordering of the framework into ten competencies that have been grouped into two competency areas.
- ▶ Addition of new statements or modification of existing statements to include omissions identified through the literature review.
- ▶ Deletion of statements felt to be less relevant to prescribing or where duplication became apparent as the structure of the framework was updated.
- ▶ Editing of statements for clarity or consistency of terminology.
- ▶ Splitting of statements for clarity or to fit with the reordered structure of the framework.
- ▶ Improving the wording of statements.

The competency document was posted on the RPS website for six weeks for open **consultation**.

The external reference group, project board and steering group were all asked to draw attention to the availability of the framework for comment. Ninety five responses to the consultation were received.

Comments from the consultation were reviewed by the steering group and those that were in scope and relevant were incorporated into the prescribing framework. The project steering group used a consensus process to agree all final refinements to the framework.