**ROYAL
PHARMACEUTICAL
SOCIETY**

# A Competency Framework
# for all Prescribers

# Contents

To support the effective and timely implementation of this framework, organisations, healthcare professional regulators, higher education institutes and individuals will have until September 2022 as a transition period to fully implement the framework in practice. However, higher education institutes and other organisations are encouraged to implement and embed the framework as soon as possible.

# 1
# 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 a clear patient benefit.

To support all prescribers in prescribing safely and effectively, a single prescribing competency framework was published by the National Prescribing Centre/National Institute for Health and Care Excellence (NICE) in 2012[1]. Based on earlier profession-specific prescribing competency frameworks [2,3,4,5,6,7], the 2012 single prescribing competency framework[1] was developed because it became clear that a common set of competencies should underpin prescribing, regardless of professional background.

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 the other prescribing professions and members of the public. The Competency Framework for all Prescribers was first published by the RPS in July 2016. Going forward, the RPS will continue to maintain and publish this framework for all regulators, professional bodies, education providers, prescribing professions and patients/carers to use.

For further information on the 2021 update including why and how it was updated, and the changes made, please see the RPS website here: https://www.rpharms.com/cfap

# 2
# Purpose

This competency framework has been developed and updated to support prescribers in expanding their knowledge, skills, motives and personal traits, to continually improve their performance, and work safely and effectively. When acquired and maintained, the prescribing competencies in this framework will help healthcare professionals to be safe and effective prescribers who support patients in getting the best outcomes from their medicines. This framework 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 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.

- Prescribers can use the framework as a self-assessment tool when expanding scope of practice, changing scope of practice or returning to practice.

- Regulators, education providers, professional organisations and specialist groups can use it to inform standards, the development of education, and to inform guidance and advice.

- Individuals and their organisations can use it to analyse the way they do their jobs.

- Prescribing trainees can evidence the framework to demonstrate they are delivering the competencies required of their role.

This framework can be used to:

- Bring professions together and harmonise education for prescribers by offering a competency framework for all prescribers.

- 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, as well as 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, 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 and 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/carers about the competencies of a safe and effective prescriber.

Further examples of uses of the framework in practice can be found on the RPS website here: https://www.rpharms.com/cfap

# 3
# Scope

General scope of the framework:

- It is a generic framework for any prescriber regardless of their professional background or setting. Therefore, it does not contain statements that relate to specialist areas of prescribing.

- It must be contextualised to reflect different areas of practice, levels of expertise and settings.

- 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 prescribers, community practitioner nurse prescribers and supplementary prescribers, but the latter should contextualise the framework to reflect the structures imposed when entering a supplementary prescribing relationship.

# 4
# The Competency Framework for all Prescribers

This competency framework for all prescribers sets out what good prescribing looks like. Its implementation and maintenance are important in informing and improving practice, development, standard of care and safety (for both the prescriber and patient).

Prescribers are encouraged to use their own professional codes of conduct, standards and guidance alongside this framework. Prescribers are also responsible for practising within their own scope of practice and competence, including delegating where appropriate, seeking support when required and using their acquired knowledge, skills and professional judgement.

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 that 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

### DOMAINS

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 should demonstrate during the consultation.

**Domain two – prescribing governance**
This domain focuses on the competencies that the prescriber should demonstrate with respect to prescribing governance.

### COMPETENCY AND SUPPORTING STATEMENTS

Within the two domains there are ten competencies, as shown in Figure 1.

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.
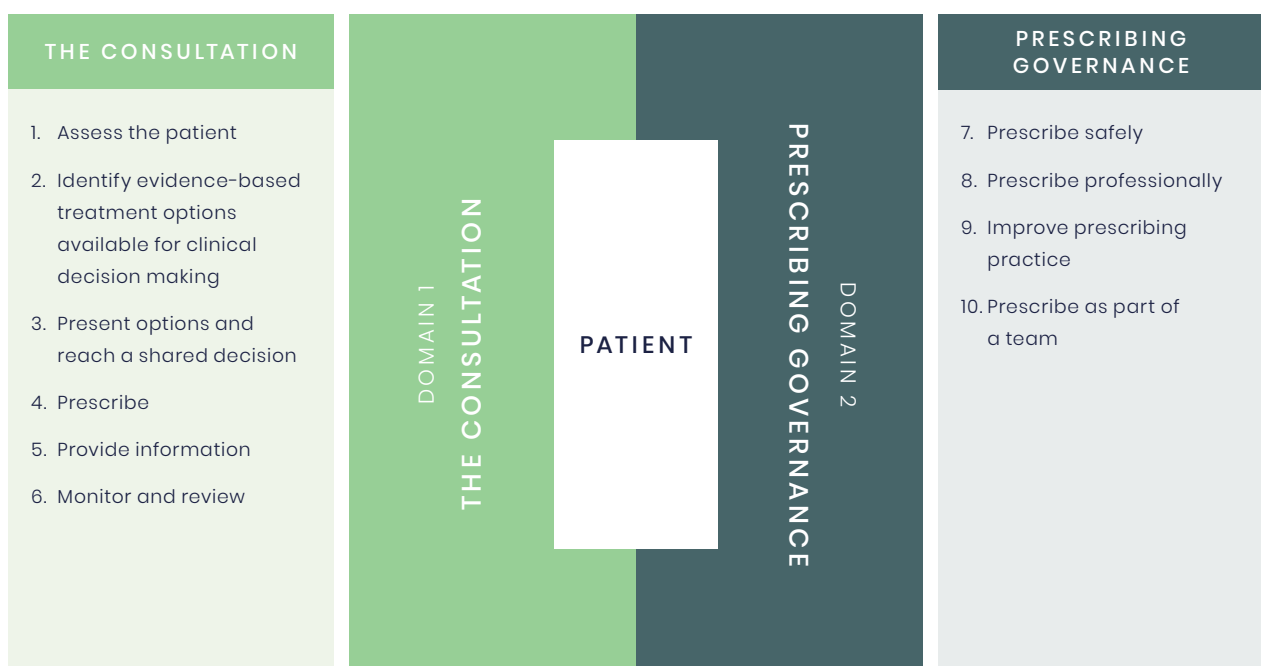
### PLEASE NOTE

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

- Due to the generic nature of the framework, it may be that not every competency or supporting statement is relevant to your practice or setting. However, you should still be able to consider how you could demonstrate the supporting statement.

### FURTHER INFORMATION

The further information sections under each competency provide prescribers with information and examples (list not exhaustive or definitive), which provide clarity and meaning to the supporting statements. The recommendation for this framework is to use it alongside any relevant further information sections to support implementation into practice.

For further supporting resources, please see the RPS website here: https://www.rpharms.com/cfap

**Figure 1:**
**The Competency Framework for all Prescribers**



**THE CONSULTATION**

1. Assess the patient
2. Identify evidence-based treatment options available for clinical decision making
3. Present options and reach a shared decision
4. Prescribe
5. Provide information
6. Monitor and review

DOMAIN 1 — THE CONSULTATION

PATIENT

PRESCRIBING GOVERNANCE — DOMAIN 2

**PRESCRIBING GOVERNANCE**

7. Prescribe safely
8. Prescribe professionally
9. Improve prescribing practice
10. Prescribe as part of a team

# 1

# The Consultation

## 1. ASSESS THE PATIENT

### STATEMENTS SUPPORTING THE COMPETENCY

1.1. Undertakes the consultation in an appropriate setting[a].

1.2. Considers patient dignity, capacity, consent and confidentiality[b].

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 adapts[c] consultation appropriately.

1.5. Demonstrates good consultation skills[d] and builds rapport with the patient/carer.

1.6. Takes and documents an appropriate medical, psychosocial and medication history[e] including allergies and intolerances.

1.7. Undertakes and documents an appropriate clinical assessment[f].

1.8. Identifies and addresses potential vulnerabilities[g] 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 (and non-adherence[h]) 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.

### FURTHER INFORMATION ON THE SUPPORTING STATEMENTS FOR COMPETENCY 1

a. Appropriate setting includes location, environment and medium.

b. In line with legislation, best practice, regulatory standards and contractual requirements.

c. Adapts for language, age, capacity, learning disability and physical or sensory impairments.

d. Good consultation skills include actively listening, using positive body language, asking open questions, remaining non-judgemental, and exploring the patient's/carer's ideas, concerns and expectations.

e. Medication history includes current and previously prescribed (and non-prescribed) medicines, vaccines, on-line medicines, over-the-counter medicines, vitamins, dietary supplements, herbal products, complementary remedies, recreational/illicit drugs, alcohol and tobacco.

f. Clinical assessment includes observations, psychosocial assessments and physical examinations.

g. 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.

h. Non-adherence may be intentional or non-intentional.

## 2. IDENTIFY EVIDENCE-BASED TREATMENT OPTIONS AVAILABLE FOR CLINICAL DECISION MAKING

### STATEMENTS SUPPORTING THE COMPETENCY

2.1. Considers both non-pharmacological[a] and pharmacological treatment approaches.

2.2. Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy and deprescribing).

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 pharmacokinetics and pharmacodynamics of medicines, and how these may be altered by individual patient factors[b].

2.5. Assesses how co-morbidities, existing medicines, allergies, intolerances, contraindications and quality of life impact on management options.

2.6. Considers any relevant patient factors[c] 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 practice[d].

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.

### FURTHER INFORMATION ON THE SUPPORTING STATEMENTS FOR COMPETENCY 2

a. Non-pharmacological treatment approaches include no treatment, social prescribing and wellbeing/ lifestyle changes.

b. Individual patient factors include genetics, age, renal impairment and pregnancy.

c. Relevant patient factors include ability to swallow, disability, visual impairment, frailty, dexterity, religion, beliefs and intolerances.

d. Evidence-based practice includes clinical and cost-effectiveness.

## 3. 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[a].

3.2.  Considers and respects patient diversity, background, personal values and beliefs about their health, treatment and medicines, supporting the values of equality and inclusivity, and developing cultural competence.[b]

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 reasons for non-adherence[c] 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.

### FURTHER INFORMATION ON THE SUPPORTING STATEMENTS FOR COMPETENCY 3

a.  Preferences include patient's/carer's right to decline or limit treatment.

b.  In line with legislation requirements which apply to equality, diversity and inclusion.

c.  Non-adherence may be intentional or non-intentional.

## 4. PRESCRIBE

### STATEMENTS SUPPORTING THE COMPETENCY

4.1. Prescribes a medicine or device[a] with 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, and manage them, whilst minimising risk.

4.3. Understands and uses relevant national, regional and local frameworks[b] for the use of medicines.

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 necessary[c] to reduce the risk of unnecessary waste.

4.7. Recognises potential misuse of medicines; minimises risk[d] and manages using appropriate processes.

4.8. Uses up-to-date information about the availability, pack sizes, storage conditions, excipients and 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 systems[e] 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 records[f].

4.14. Effectively and securely communicates information[g] to other healthcare professionals involved in the patient's care, when sharing or transferring care and prescribing responsibilities, within and across all care settings.

### FURTHER INFORMATION ON THE SUPPORTING STATEMENTS FOR COMPETENCY 4

a. 'Medicine' or 'device' includes all products (including necessary co-prescribing of infusion sets, devices, diluents and mediums) that can be prescribed, supplied or recommended for purchase.

b. Frameworks include local formularies, care pathways, protocols and professional guidelines, as well as evidence-based guidelines from relevant national, regional and local committees.

c. Amount necessary for a complete course, until next review or prescription supply.

d. Minimises risk by ensuring appropriate safeguards are in place.

e.  Systems include medicine charts, decision support tools and electronic prescribing systems. Also, awareness and avoidance of potential system errors.

f.  Records include prescribing decisions, history, diagnosis, clinical indications, discussions, advice given, examinations, findings, interventions, action plans, safety-netting, referrals, monitoring and follow ups.

g.  Information about clinical conditions, medicines and their current use (where necessary and with valid consent). Ensuring that private and personal data is protected and communicated securely in line with relevant legislation/regulations.

## 5. 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[a].

5.2. Checks the patient's/carer's understanding of the discussions had, actions needed and their commitment to the management plan[b].

5.3. Guides the patient/carer on how to identify reliable sources[c] of information about their condition, 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.[d]

5.5. Encourages and supports the patient/carer to take responsibility for their medicines and self-manage their condition.

### FURTHER INFORMATION ON THE SUPPORTING STATEMENTS FOR COMPETENCY 5

a. 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.

b. Management plan includes treatment, medicines, monitoring and follow-up.

c. Reliable sources include the medicine's patient information leaflet.

d. Includes safety-netting advice on when and how to seek help through appropriate signposting and referral.

## 6. MONITOR AND REVIEW

### STATEMENTS SUPPORTING THE COMPETENCY

6.1.   Establishes and maintains a plan for reviewing[a] the patient's treatment.

6.2.   Establishes and maintains a plan to monitor[b] 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 events to medicines and medical devices using appropriate reporting systems[c].

### FURTHER INFORMATION ON THE SUPPORTING STATEMENTS FOR COMPETENCY 6

a.   Plan for reviewing includes safety-netting appropriate follow-up or referral.

b.   Plan for monitoring includes safety-netting monitoring requirements and responsibilities, for example, by the prescriber, patient/carer or other healthcare professional.

c.   Reporting systems include following established clinical governance procedures and the Medicines and Healthcare products Regulatory Agency (MHRA) Yellow Card scheme.

# Prescribing Governance

## 7. PRESCRIBE SAFELY

### STATEMENTS SUPPORTING THE COMPETENCY

7.1. Prescribes within own 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 knows how to minimise their risk.

7.3. Identifies and minimises potential risks associated with prescribing via remote methods[a].

7.4. Recognises when safe prescribing processes are not in place and acts to minimise risks[b].

7.5. Keeps up to date with emerging safety concerns related to prescribing.

7.6. Reports near misses and critical incidents, as well as medication and prescribing errors using appropriate reporting systems, whilst regularly reviewing practice[c] to prevent recurrence.

### FURTHER INFORMATION ON THE SUPPORTING STATEMENTS FOR COMPETENCY 7

a. Remote methods include telephone, email, video or communication via a third party.

b. 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.

c. Reviewing practice include clinical audits.

## 8. 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[a] and clinical decisions, and understands the legal and ethical implications.

8.3.  Knows and works within legal and regulatory frameworks[b] affecting prescribing practice.

8.4.  Makes prescribing decisions based on the needs of patients and not the prescriber's personal views.

8.5.  Recognises and responds to factors[c] that might influence prescribing.

8.6.  Works within the NHS, organisational, regulatory and other codes of conduct when interacting with the pharmaceutical industry.

### FURTHER INFORMATION ON THE SUPPORTING STATEMENTS FOR COMPETENCY 8

a.  Prescribing decisions include when prescribing under a shared care protocol/agreement.

b.  Frameworks for prescribing controlled drugs, unlicensed and off-label medicines, supplementary prescribing, and prescribing for self, close family and friends.

c.  Factors include interactions with pharmaceutical industry, media, patients/carers, colleagues, cognitive bias, financial gain, prescribing incentive schemes, switches and targets.

## 9. IMPROVE PRESCRIBING PRACTICE

9.1. Improves by reflecting on own and others' prescribing practice, and by acting upon feedback and discussion.

9.2. Acts upon inappropriate or unsafe prescribing practice using appropriate processes[a].

9.3. Understands and uses available tools[b] to improve prescribing practice.

9.4. Takes responsibility for own learning and continuing professional development relevant to the prescribing role.[c]

9.5. Makes use of networks for support and learning.

9.6. Encourages and supports others with their prescribing practice and continuing professional development.[d]

9.7. Considers the impact of prescribing on sustainability, as well as methods of reducing the carbon footprint and environmental impact of any medicine.[e]

### FURTHER INFORMATION ON THE SUPPORTING STATEMENTS FOR COMPETENCY 9

a. Processes include whistleblowing, regulatory and professional guidance, and employer procedures.

b. Tools include supervision, observation of practice and clinical assessment skills, portfolios, workplace competency-based assessments, questionnaires, prescribing data analysis, audits, case-based discussions, personal formularies and actively seeking regular patient and peer feedback.

c. By continuously reviewing, reflecting, identifying gaps, planning, acting, applying and evidencing learning or competencies.

d. By considering mentoring, leadership and workforce development (for example, becoming a Designated Prescribing Practitioner).

e. Methods of reducing a medicine's carbon footprint and environmental impact include proper disposal of medicine/device/equipment waste, recycling schemes, avoiding overprescribing and waste through regular reviews, deprescribing, dose and device optimisation.

## 10. PRESCRIBE AS PART OF A TEAM

### STATEMENTS SUPPORTING THE COMPETENCY

10.1. Works collaboratively[a] 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 the patient's care.

10.3. Agrees the appropriate level of support and supervision for their role as a prescriber.

10.4. Provides support and advice[b] to other prescribers or those involved in administration of medicines where appropriate.

### FURTHER INFORMATION ON THE SUPPORTING STATEMENTS FOR COMPETENCY 10

a. Working collaboratively may also include keeping the patient/carer informed or prescribing under a shared care protocol/agreement.

b. Advice may include any specific instructions for administration, advice to be given to the patient/carer and monitoring required immediately after administration.

# 5
# Glossary

**Adherence:** Adherence presumes an agreement between prescriber and patient about the prescriber's recommendations. Adherence to medicines is defined as the extent to which the patient's action matches the agreed recommendations. Non-adherence may limit the benefits of medicines, resulting in lack of improvement or deterioration in health.[8]

**Antimicrobial stewardship:** 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, be that formal or informal, with various activities to patients. This may be emotional or financial support, as well as hands-on help with a range of tasks. *Carer*, in this document, is also an umbrella term used to cover parents, legal guardians, patient advocates or representatives, including paid and unpaid carers.[10]

**Competency framework:** A structure which describes the competencies (demonstrable knowledge, skills, characteristics, qualities and behaviours) central to a 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]

**Designated Prescribing Practitioner (DPP):** An umbrella term used in the RPS A Competency Framework for Designated Prescribing Practitioners to describe the experienced prescribing practitioner responsible for supervising the non-medical prescribing trainee's period of learning in practice. For further information, please see the RPS A Competency Framework for Designated Prescribing Practitioners[12].

**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.

**Material risk:** According to the Montgomery ruling, 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".[13] This is applicable to all prescribing professionals. All prescribers have a duty of care to ensure that their patient is aware of any material risks involved in proposed treatment and of reasonable alternatives.

**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 practitioner nurse prescribers.[13] Further information on the types of non-medical prescriber and what they can prescribe can be found in the British National Formulary (BNF).

**Off-label:** Using a licensed medicinal product outside the terms of its marketing authorisation (licenced use).[14]

**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 as being 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, please see the RPS Polypharmacy guide.[10]

**Psychosocial:** Involving both psychological and social aspects.[15]

**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 for their prescribing role. 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.[16]

**Supplementary prescribing:** A voluntary partnership between a doctor or dentist and supplementary prescriber, to prescribe within an agreed patient-specific clinical management plan (CMP) with the patient's agreement. At the time of publication, nurses, midwives, 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.

**Unlicensed** (also known as *specials*): A medicinal product without a valid UK marketing authorisation. These may be medicinal products that are imported, procured or manufactured under a UK specials manufacturing licence. They are prescribed to meet the special clinical needs of an individual patient on the direct personal responsibility of the prescriber.[14]

# 6
# References

1. National Prescribing Centre (2012) A single competency framework for all prescribers, Available at: https://www.webarchive.org.uk/wayback/archive/20140627111233/http://www.npc.nhs.uk/ (Accessed: 22nd February 2021).

2. National Prescribing Centre (2001) Maintaining Competency in Prescribing. An outline framework to help nurse prescribers. NPC, Liverpool.

3. National Prescribing Centre (2003) Maintaining Competency in Prescribing. An outline framework to help nurse supplementary prescribers. NPC, Liverpool.

4. National Prescribing Centre (2003) Maintaining Competency in Prescribing. An outline framework to help pharmacist supplementary prescribers. NPC, Liverpool.

5. National Prescribing Centre and General Optical Council (2004) Competency framework for prescribing optometrists. NPC, Liverpool.

6. National Prescribing Centre (2004) Maintaining Competency in Prescribing. An Outline Framework to help Allied Health Professional Supplementary Prescribers. NPC, Liverpool.

7. National Prescribing Centre (2006) Maintaining Competency in Prescribing. An outline framework to help pharmacist prescribers. Second edition NPC, Liverpool.

8. NICE Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence [CG76] (January 2009). Available from: https://www.nice.org.uk/guidance/cg76/chapter/Introduction. [Accessed: 30th June 2021].

9. Department of Health and Social Care and Public Health England (2013) Antimicrobial prescribing and stewardship competencies. Available from: https://www.gov.uk/government/publications/antimicrobial-prescribing-and-stewardship-competencies. [Accessed: 22nd February 2021].

10. Royal Pharmaceutical Society (2019) Polypharmacy: Getting our medicines right. Available from: https://www.rpharms.com/recognition/setting-professional-standards/polypharmacy-getting-our-medicines-right. [Accessed: 22nd February 2021].

11. Whiddett S, Hollyforde, S. The Competencies Handbook. Institute of Personnel and Development, 1999.

12. Royal Pharmaceutical Society (2019) Competency Framework for Designated Prescribing Practitioners. Available from: https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework. [Accessed: 22nd February 2022].

13. UK Supreme Court judgement in 'Montgomery v Lanarkshire Health Board'. Mar 2015 Available from: https://www.supremecourt.uk/cases/uksc-2013-0136.html. [Accessed: 22nd February 2021].

14. Royal Pharmaceutical Society (2016) Prescribing Specials Guidance for the prescribers of Specials Available from: https://www.rpharms.com/resources/pharmacy-guides/specials. [Accessed: 21 June 2021].

15. Stedman's Medical Dictionary (2016). Available from: https://online.statref.com/document/agSgx7Uq0raRoiZktrvQit?categoryType=Dictionary [Accessed: 30th June 2021].

16. Health and Care Professions Council (2020) Information on scope of practice. Available from: https://www.hcpc-uk.org/registration/meeting-our-standards/information-on-scope-of-practice/. [Accessed: 22nd February 2021].

# 7
# Acknowledgements

**Task and Finish Group for the 2021 review**

**Professor Angela Alexander (Chair)**
*Professor Emerita, University of Reading*

**Chris Bell**
*Standards Development Specialist, The Nursing and Midwifery Council*

**Dr Paramdeep Bilkhu MCOptom**
*Clinical Adviser and Independent Prescriber, The College of Optometrists*

**Olivia Bird**
*Policy Manager, The Health and Care Professions Council*

**Hazel Boyce**
*Skull Base Specialist and Neuro Review Radiographer, Bristol Cancer Institute, University Hospitals Bristol NHS Trust (also representing Society and College of Radiographers)*

**Dr Rachel Bruce**
*Principal Lead (Prescribing and Clinical Skills), NHS Education for Scotland*

**Kat Hall**
*Associate Professor of Clinical Education Director, Centre for Inter-Professional Postgraduate Education and Training (CIPPET)*

**Peter Hawkes**
*Lay representative*

**Parbir Jagpal**
*Director of Postgraduate Studies, School of Pharmacy, University of Birmingham; Independent Prescriber*

**Caroline Lecky**
*Associate Senior Professional Officer, Northern Ireland Practice and Education Council*

**Andrew Lilley**
*Pharmacy Professional Services Manager, Lead Pharmacist and Advanced Practitioner – Respiratory, Homecare Alder Hey Children's Hospital*

**Carmel Lloyd**
*Head of Education and Learning, The Royal College of Midwives*

**Dr Frances Lloyd**
*Associate Postgraduate Pharmacy Dean, Queen's University Belfast, Northern Ireland*

**Simon Matthews**
*Associate Chief Pharmacist – Clinical Services, Kings College Hospital NHS Foundation Trust*

**Dr Trudi McIntosh**
*Senior Lecturer in Pharmacy Practice. Course Leader MSc, Robert Gordon University Advanced Pharmacy Practice including Pharmacist Independent Prescribing*

**Andrew Mikhail**
*Chief Pharmaceutical Officer's Clinical Fellow and Specialist Inspector, The General Pharmaceutical Council*

**Eleri Mills**
*Association for Prescribers Committee member, Programme Leader NMP, Glyndwr University*

**Adele Mott**
*Lead Pharmacist for GI Services, University College London Hospitals*

**Catherine Picton**
*Competency Framework Author and Health Policy Consultant*

**Heather Randle**
*Professional Lead for Education, The Royal College of Nursing*

**Debra Roberts**
*Associate Dean (Pharmacy), Head of Programme Development and Advanced Practice, Health Education and Improvement Wales (HEIW)*

**James Rodger**
*Musculoskeletal Extended Scope Practitioner, Musculoskeletal Sonographer*

**David Rovardi**
*Pharmacist Independent Prescriber and Registered Paramedic, College of Paramedics*

**Peter Saul**
*Joint Chair, Royal College of General Practitioners Wales*

**Debbie Sharman**
*Consultant Podiatrist – Diabetes, Professional lead for Podiatry Visiting Lecturer (University of Southampton), Dorset HealthCare University Foundation Trust*

**Katherine Timms**
*Head of Policy and Standards, The Health and Care Professions Council*

**Wendy Thompson**
*Academic general dental practitioner at University of Manchester, also representing The British Dental Association*

**Jonathan Underhill**
*Associate Director, Medicines and Prescribing Centre, The National Institute for Health and Care Excellence*

**Nigel Westwood**
*Lay representative*

**Pip White**
*Professional Adviser, Chartered Society of Physiotherapy*

**RPS Staff**

**Regina Ahmed (Lead Author)**
*Senior Guidance Pharmacist and Independent Prescriber, RPS*

**Dr Karen Hodson**
*Practice & Policy Lead – Wales, RPS. Programme Director, Independent Prescribing, Cardiff University*

**Jonathan Lloyd Jones**
*Policy and Engagement Lead – Wales, RPS*

**Annamarie McGregor**
*Head of RPS Local, RPS*

**Wing Tang**
*Head of Professional Support and Guidance, RPS*

**Stuart Carter**
*Digital Content Lead (External Comms)*

**Nick Hard**
*Planning Unit*