

Competences for Pharmacist Supplementary Prescribers

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Competences	Behavioural indicators
<p>SP1 The consultation: clinical and pharmaceutical knowledge</p>	<p>SP1a Understands the medical conditions being treated, their natural progress and how to assess the severity of disease</p> <p>SP1b Understands different non-pharmacological and pharmacological approaches to modifying disease and promoting health, desirable and undesirable outcomes and how to identify and assess them</p> <p>SP1c Understands the mode of action and pharmacokinetics of medicines, how these mechanisms may be altered (e.g. by age, renal impairment) and how this affects dosage</p> <p>SP1d Understands the potential for unwanted effects, (e.g. adverse drug reactions [ADRs], drug interactions, special precautions and contraindications), and how to avoid/minimise and manage them</p> <p>SP1e Maintains an up-to-date knowledge of products in the British National Formulary (BNF) and drug tariff (e.g. doses, formulations, pack sizes)</p> <p>SP1f Appreciates the potential misuse of drugs</p> <p>SP1g Applies the principles of evidence-based medicine, and clinical and cost-effectiveness</p> <p>SP1h Understands how medicines are licensed, monitored (e.g. how ADRs are reported) and supplied</p> <p>SP1i Understands the public health issues related to medicines use</p>
<p>SP2 The consultation: establishing options</p>	<p>SP2a Takes a comprehensive medical history and undertakes an appropriate physical examination</p> <p>SP2b Builds a complete medication history including complementary medicines, herbal remedies, OTC medicines</p> <p>SP2c Reviews the working or final diagnosis by systematically deciding between the various possibilities (differential diagnosis)</p> <p>SP2d Requests, and interprets, relevant diagnostic</p>

	<p>tests</p> <p>SP2e Views and assesses the patient's needs holistically (e.g. psychosocial, physical)</p> <p>SP2f Considers no treatment, non-drug and drug treatment options (including referral and preventive measures)</p> <p>SP2g Assesses the relationship between multiple pathologies, existing medication and contraindications of treatment options</p> <p>SP2h Assesses the risks and benefits to the patient of taking/not taking a medicine (or using/not using a treatment)</p> <p>SP2i Selects the most appropriate drug, dose and formulation for the individual patient</p> <p>SP2j Makes changes within the clinical management plan in light of ongoing monitoring and patient's condition</p> <p>SP2k Establishes and maintains a plan for reviewing the therapeutic objective and end of treatment</p> <p>SP2l Considers repeat prescribing options</p>
<p>SP3 The consultation: communicating with patients</p>	<p>SP3a Approaches the consultation in a structured way</p> <p>SP3b Listens to and understands patients' beliefs and expectations</p> <p>SP3c Understands the cultural, linguistic and religious implications of prescribing</p> <p>SP3d Adapts the consultation to meet the needs of different patients (e.g. for age, level of understanding)</p> <p>SP3e Deals sensitively with patients' emotions and concerns</p> <p>SP3f Creates a relationship which does not encourage the expectation that a prescription will be written</p> <p>SP3g Explains the nature of the patient's condition and the rationale behind, and potential risks and benefits of, treatment options</p> <p>SP3h Helps patients to make informed choices about their treatment</p> <p>SP3i Negotiates an outcome of the consultation that both patient and prescriber are satisfied with</p> <p>SP3j Encourages patients to take responsibility for their own health and self manage their conditions; involves carers and advocates where appropriate</p> <p>SP3k Gives clear instructions to the patient about their medication (e.g. what it is for, how to take it, where to get it from, possible side effects)</p> <p>SP3l Checks the patients' understanding of, and</p>

	commitment to, their treatment
SP4 Prescribing effectively: prescribing safely	<p>SP4a Knows the limits of own knowledge and skill, and works within them</p> <p>SP4b Knows when and how to refer back to, or seek guidance from, the independent prescriber, another member of the team or a specialist</p> <p>SP4c Prescribes a medicine only with adequate, up-to-date knowledge of its actions, indications, contraindications, interactions, cautions, dose and side-effects</p> <p>SP4d Checks doses and calculations to ensure accuracy and safety</p> <p>SP4e Knows about common types of medication errors and how to prevent them</p> <p>SP4f Understands the need for, and makes accurate, clear and timely records in shared patient notes</p> <p>SP4g Writes legible, clear and complete prescriptions, which meet legal requirements</p>
SP5 Prescribing effectively: prescribing professionally	<p>SP5a Understands the scope of own prescribing responsibility in the context of a shared clinical management plan</p> <p>SP5b Accepts personal responsibility for own prescribing and understands the legal implications of doing so</p> <p>SP5c Ensures that the patient has consented to be managed by a prescribing partnership</p> <p>SP5d Prioritises and manages case loads effectively</p> <p>SP5e Uses professional judgement to make prescribing decisions, based on the needs of patients and not personal considerations</p> <p>SP5f Understands how current legislation affects prescribing practice</p> <p>SP5g Prescribes within current professional codes of practice</p> <p>SP5h Keeps up-to-date with advances in practice and emerging safety concerns related to prescribing</p> <p>SP5i Keeps prescription pads safely and knows what to do if they are stolen/lost</p> <p>SP5j Maintains patient confidentiality</p> <p>SP5k Interacts with the patient in an appropriate setting</p>
SP6 Prescribing effectively: improving prescribing practice	<p>SP6a Takes responsibility for own CPD</p> <p>SP6b Reflects on own performance, learns (e.g. from critical incident monitoring) and changes prescribing practice</p>

	<p>SP6c Willing to share and debate own and others prescribing practice</p> <p>SP6d Challenges inappropriate practice constructively</p> <p>SP6e Develops own networks for support, reflection and learning</p> <p>SP6f Understands and uses tools to improve prescribing (e.g. audit, review of PACT data)</p> <p>SP6g Reports prescribing errors and near misses</p> <p>SP6h Establishes professional links with practitioners working in the same specialist area</p>
<p>SP7 Prescribing in context: information in context</p>	<p>SP7a Understands the advantages and limitations of different information sources</p> <p>SP7b Accesses and uses relevant, up-to-date information both written (paper/electronic) and verbal</p> <p>SP7c Critically appraises the validity of information (e.g. promotional literature, clinical trials)</p> <p>SP7d Applies information to the clinical context (linking theory to practice)</p> <p>SP7e Uses relevant patient record systems, prescribing and information systems, and decision-support tools, (e.g. PRODIGY)</p> <p>SP7f Regularly reviews evidence behind therapeutic strategies</p>
<p>SP8 Prescribing in context: the NHS in context</p>	<p>SP8a Understands the principles behind supplementary prescribing and how they are applied in practice</p> <p>SP8b Understands the purpose, contents and limits of individual patient clinical management plans</p> <p>SP8c Knows how local health service organisations work and interact</p> <p>SP8d Works within local frameworks for medicines use, as appropriate (e.g. formularies, and guidelines, local delivery plans)</p> <p>SP8e Works within the NHS organisational code of conduct when dealing with the pharmaceutical industry</p> <p>SP8f Understands drug budgetary constraints at local and national levels</p> <p>SP8g Understands national NHS frameworks for medicines use, (e.g. National Institute for Clinical Excellence [NICE], National Service Frameworks [NSFs], medicines management, clinical governance, IT strategy)</p>

<p>SP9 Prescribing in context: the team and individual context</p>	<p>SP9a Proactively negotiates with the independent prescriber to develop clinical management plans</p> <p>SP9b Relates to the independent prescriber as an equal partner</p> <p>SP9c Maintains the integrity of the prescribing partnership</p> <p>SP9d Thinks and acts as part of a multidisciplinary team</p> <p>SP9e Establishes working relationships with colleagues to ensure that continuity of care is not compromised</p> <p>SP9f Listens to and respects the views of colleagues</p> <p>SP9g Establishes credibility with colleagues</p> <p>SP9h Recognises and deals with pressures that might result in inappropriate prescribing (e.g. pharmaceutical industry, patients and colleagues)</p> <p>SP9i Is adaptable, flexible and responsive to change</p> <p>SP9j Negotiates the appropriate level of support for role as a pharmacist prescriber</p> <p>SP9k Provides support and advice to other team members, where appropriate</p>
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