

Nursing and Midwifery Council (NMC) response to the Royal Pharmaceutical Society consultation: *A competency framework for all prescribers – updated draft for consultation*

Introduction

- 1 The Nursing and Midwifery Council (NMC) is the independent professional regulator for nurses and midwives in the UK. We exist to protect the public. We do this by setting the standards which nurses and midwives must uphold to join and remain on our register and taking action in the public interest when those standards are not met.
- 2 We approve the education institutions at which nursing and midwifery students study and the programmes of study that lead to entry onto the register. Further, we hold annotations on the register which signify the achievement of certain additional qualifications by registrants, including the achievement of those qualifications that grant a registrant prescribing status.
- 3 We welcome the opportunity to respond to this consultation on the draft version of *A competency framework for all prescribers* that is seeking to update the original *National Prescribing Centre NICE competency framework* published in 2012.
- 4 Prescribing is an area that has seen considerable change and therefore this consultation provides a real opportunity for all involved with the regulation, commissioning and conduct of prescribing and prescribers to consider the future shape of prescribing competencies. There is a role for all involved in prescribing regulation in particular to ensure consistently effective prescribing practice, patient safety and public protection.
- 5 We are currently undertaking a programme of work that seeks to make our standards fit for the future against the backdrop of a rapidly changing health and care environment. Our approach to considering the role of our standards in future health and care environments involves the consideration of the shape of our prescribing standards in the future. The changes seen in prescribing in recent years demonstrate that there is a need to move to standards that are resilient enough not just for today but also for the future. It is with this in mind that we are pleased to provide our response this consultation.

Question 1: Do you have any examples of how the competency framework has been used by yourself or within your organisation that you could share with us for possible case studies?

- 6 We have not made use of the NICE competency framework for regulatory or educational purposes in the past. However, we are aware of numerous organisations that have mapped the competency framework to support the education and development of nurses and midwives prescribing practice.

Question 2: In order to ensure that all the statements in the framework are relevant to safe and effective prescribing for patients please rank each statement using the following scale: 1=less important, 2=important 3=highly important.

7 Given our position as a professional regulator, we do not feel it would be appropriate for us to comment on each statement individually by ranking them. We do however feel that requiring prescribers to abide by each of the competencies and statements contained within the competency framework will play a key role in ensuring safe and effective prescribing practice, patient safety and public protection. We believe it will do this by embedding consistency and the highest possible levels of effective prescribing practice across all healthcare professions.

Question 3: Is the framework sufficiently generic to apply to all prescribers independent and supplementary from all professional backgrounds? If no, what needs modification?

8 This framework predominantly appears to be sufficiently generic and written in a way that could apply across the professions which are legally entitled to prescribe without referencing specific areas of prescribing practice.

9 We welcome the enhanced focus on the importance of assessing the patient and considering options, and we consider statements 4.4 on calculations and 5.4 on 'safety netting' to be particularly useful in terms of ensuring patient safety. Drug miscalculations clearly have the potential to put patient safety at risk and having the competency framework focus on this area would help address this issue. Including references to 'safety netting' in the competency framework will ensure that patients and carers are made more aware of what to do if they have any concerns, if their condition deteriorates or if the prescribed medication does not bring about the expected improvement in the condition being treated.

10 We do however feel that some aspects of the framework are potentially too medically focused for it to truly be able to apply to all independent and supplementary prescribers, and in particular, to nurse and midwife prescribers. For example, the framework readily refers to prescribing systems that would be familiar to doctors and pharmacists whilst omitting reference to those systems more familiar to groups such as nurse supplementary prescribers, such as clinical management plans.

11 There are also some areas where the framework leaves gaps which could pose potential risks. For example, the framework is currently silent on subjects such as the need to ensure, wherever possible, the separation of the activities of prescribing, administration, dispensing and supply. It also has no specific mention of the particular circumstances that surround the prescribing of controlled drugs.

12 We do however believe that the competency framework holds the potential to apply equally to and enhance the practice of all prescribers, including nursing and midwifery prescribers, if some minor amendments and additions were made.

13 Our suggested modifications are as follows:

- 13.1 Statement 3.6: A move towards being more explicit that prescribing should 'only' happen where there is a genuine clinical need for treatment would strengthen this requirement, particularly with regard to aesthetic or sports medicine prescribing.
- 13.2 Statement 4: A reference within this section to understanding independent and supplementary prescribing processes and how they affect prescribing decisions would help address the framework currently appearing to be relatively light on these important areas of prescribing practice. We believe that such an addition is necessary if this framework is to be considered generic enough to apply to all practice involving independent **and** supplementary prescribing.
- 13.3 Statement 4.3: We believe that making a more explicit reference to prescribing within the law would be useful here. Currently, the absence of any reference to the law could be seen to imply that local frameworks and formularies are more important than the law. We would prefer to see the word 'local' replaced with 'relevant'. However, if 8.3 were to be moved into this section then no specific reference to prescribing within the law would be necessary (see later comment on 8.3 for more information).
- 13.4 Statement 4.9: We would ideally seek a more explicit reference to clinical management plans here. Not mentioning them is a potential risk, particularly for supplementary prescribers who would be more familiar with clinical management plans, for example, than those prescribing systems currently listed in this part of the competency framework.
- 13.5 Statement 7: There is potential for additional focus here in ensuring the separation of prescribing, administration, dispensing and supply wherever possible, and also for additional focus on keeping prescription pads safe. These are all key elements of prescribing safely. Whilst these areas could be addressed in, for example, local guidelines or occupation specific standard operating procedures, they are, we believe, important enough to demand something explicit within the competency framework if it is to be considered truly generic and applicable to all prescribers.
- 13.6 Statement 8: We would suggest adding an explicit commitment under this competency relating to avoiding prescribing for oneself, family or others close to you wherever possible.
- 13.7 Statement 8.3: A specific mention of controlled drugs is required here as there is currently no specific reference to controlled drugs anywhere within the framework. References to supplementary and private practice could also be useful here to indicate that legal and ethical frameworks do not only apply to conventional prescribing situations but also to, for example, aesthetic or sports medicine prescribing. We firmly believe that such references are required if the competency framework is to be regarded as truly generic and applicable to all prescribers.
- 13.8 Statement 10.1: There should be a more explicit reference here to ensuring shared access across the healthcare team to prescribing and medical records.

Question 4: Does the competency framework reflect the key behaviours required of effective prescribers? If no, where are the gaps?

- 14 The ten overarching competencies reflect the key overall behaviours of what is required to be an effective prescriber. However, we believe that the individual statements that underpin the competencies need expanding in line with the specific comments outlined above.
- 15 Expanding the framework in this way would allow it to become sufficiently generic to apply to all prescribers yet also be explicit enough to protect the public and potentially provide a pathway for regulators to avoid having to develop their own additional competencies in order to fill any regulatory gaps.

Question 5: Are there any statements that you think are in the wrong place in the framework?

- 16 We feel that statements 8.3 and 10.5 may more appropriately sit in section 4 as we believe there is a need to know, understand and apply legal, ethical and national prescribing frameworks in order to prescribe safely and effectively. Moving these statements may also help address the gaps around supplementary prescribing and controlled drugs that currently exist within the framework, but which have their own legal and ethical frameworks.

Question 6: Do you agree that these statements should be removed from the updated prescribing competency framework? Yes/No? If no which should remain?

- 17 We believe that it is not necessary to contain statements relating to the application of professionalism within the competency framework because all healthcare professionals should be demonstrating these behaviours throughout their professional practice, not just when prescribing. Such competencies relating to professionalism are therefore better covered under the individual professional regulator codes of practice to reflect their generic nature. We therefore agree that they should be removed from the updated prescribing competency framework.

Question 7: Do you think that these statements should be included in the framework document (as opposed to the framework itself) as illustrations of the need to apply professionalism to all aspects of practice? Yes/No?

- 18 No, for the reasons already outlined above.

Question 8: How would you/your organisation use the framework once it is published?

- 19 We are currently in the process of reviewing our *Standards of proficiency for nurse and midwife prescribers*. As part of that review, we have scope to consider adopting the final version of the competency framework as the prescribing standards which would apply to all registered nursing and midwifery prescribers. Any proposed changes to our standards would need to be formally consulted upon and approved by our Council.

Question 9: How could you/your organisation help to promote the framework once it is published?

20 Please see our answer to question 8. If we adopted the final version of the competency framework, we could potentially provide a link to the new framework document as and when appropriate in respect of any role it would hold for nurses and midwives.

Question 10. What might be the financial and/or organisational barriers to using this framework in practice?

21 If our suggested amendments are made to the framework, then we will consider adopting the final version of the competency framework as the prescribing standards which will apply to all registered nursing and midwifery prescribers. Any proposed changes to our standards require formal consultation and approval by our Council. We do not anticipate any financial barriers to our registrants using a final version of this competency framework for that purpose.