The single competency framework means professionals prescribing together

Anita Fatchett, Andrew McEwan

Ongoing developments in the prescribing agenda such as the new competency framework and the widening of professional responsibility within this field, are just part of other major changes taking place in health and social care today. The advantages for nurses of working in this new and rapidly evolving health environment include the possibility of greater role flexibility, increased employability in multi-sectoral teams and the opportunity to run their own commissioned services. For managers, there is the possibility of providing a whole therapeutic package of care from each employee, with the distinct advantage of reducing the cost of relying on locum staff and brought-in prescribing services. This article outlines the common competency framework for prescribing, which provides a focus for the development of skill and knowledge and aims to ensure that standards are upheld across care services.

KEYWORDS: Prescribing ■ Professional development ■ Common competencies

The NHS continues to undergo major change in both structure and organisation set against ever-tightening financial restrictions across the whole public sector (Fatchett, 2012). This means that changes in health and social care services, as well as professional responsibilities, are increasingly attached to financial delivery and deficit reduction.

At the same time, government health policy continues to focus on measuring outcomes, aimed at reducing variations in performance, and improving safety, quality and productivity (Illingworth, 2013; Keogh, 2013). This is aided by the substantial benefits of improved information technology, which provides better data on service performance for patients (and about patients) (Department of Health [DH], 2010). For example, Atkin and Barrett (2012) cite the enormous benefits of telemonitoring in the care of patients with heart failure, leading to a reduction in hospital admissions, reduced financial burden on the NHS, improvement in patients’ quality of life and improved clinical outcomes.

For all nurses, doctors and allied health and social care professionals there is a need to demonstrate a commitment to this new NHS environment, however difficult. For Forrest (2012) outlines the potential challenges inherent in learning lessons from the private sector and adopting good business principles — such as being accountable and cost-effective — while still meeting patients’ demands. There will be a reliance on the positive engagement of staff in delivering these changes — whether in statutory, private or third-sector services. Staff need to be part of any changes, working in partnership to develop innovative services, which reflect the essential qualities of professional care. This will help to ensure that patients receive the care they require, which should be compassionate, competent, communicative and delivered to a high standard (Willis, 2012).

This is already happening in some areas. Dean (2013), for example, describes a very successful integrated scheme bringing hospital-level care to older people in their own homes and combining nurses, doctors, therapists and social care staff. Early indications are that this integrated approach is cutting admissions to hospital, reducing lengths of stay and improving the patient experience.

A SINGLE COMPETENCY FRAMEWORK FOR PRESCRIBING

The changes needed to adapt to this challenging environment are immense and often controversial. Many traditional ‘doctor-only’ roles, for example, are now carried out by nurses and allied health professionals — a development likely to increase exponentially within the NHS and broader UK health and social care organisations (Fatchett, 2012). It is now possible to envisage an increasing number of non-medical professionals engaging in first-level contact with patients to provide assessments, diagnosis, treatment and prescribing (Bianchi et al, 2012; Fatchett, 2012).

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The current introduction of a single competency framework for both medical and non-medical prescribers (National Prescribing Centre [NPC], 2012), including the potential inclusion of independent prescribers in physiotherapy and podiatry (DH, 2012a; McEwan, 2012),
highlights some of the many debates that are clouding the current change agenda. For example, in Clinical Commissioning Group (CCG)-led community health services, who will ensure consistent clinical governance for each profession in every possible prescribing environment? Similarly, who will take responsibility for monitoring new prescribers in groups as disparate as charity-led hospices, privately commissioned drug and alcohol misuse services and GP-employed practice nurses?

It is against the backdrop of this ever-changing and increasingly demanding prescribing environment (NPC, 2012), that the general public has the right to demand proof of expertise in any aspect of health and social care delivery.

Now that the General Medical Council (GMC) has agreed to the regular revalidation of medical officer competence (GMC, 2012), there is a possibility that all prescribing practitioners will be held to something approaching equal professional account, with staff being required to update themselves and demonstrate their continuing fitness to practice. No longer will health and social care professionals — medical or otherwise — be simply permitted to use an initial qualification as evidence of their ability to practice safely as their career progresses.

HOW IT WORKS

The publication of the single prescribing framework is significant. It is the first time that all professions with the legal right to prescribe will be held to the same professional standards.

According to Anguita (2012), this is a development that marks ‘another important milestone in the history of prescribing’. She notes that, while previous NPC competency frameworks were published on a profession-specific basis, over time it became clear that a common set of competencies underpinned prescribing practice, regardless of professional background. The single competency framework provides a checklist for good practice, providing an outline of common prescribing competencies that can help all prescribers become effective in their particular area of practice. It is the career-long responsibility of every professional to update their skills and knowledge (Fatchett, 1992; Fatchett and Taylor, 2013) and to provide evidence of their ability to prescribe safely and to a high standard.

With the advent of the GMC’s commitment — from 2016 — to ensure that medical officers keep a record of their continuing professional development, all prescribing professionals are now obliged to undertake clinical self-governance. No single prescriber will be immune from this process.

THE FRAMEWORK FOR ‘GOOD PRESCRIBING’

The prescribing framework includes three domains; each containing three further dimensions of competency, which describe the activity or outcome prescribers should be able to demonstrate (NPC, 2012) (Table 1).

The NPC (2012) states that acquiring and maintaining the proposed competencies will help all health and social care professionals to become safe and effective prescribers. Benefits for patients

The broad implementation of the single competency framework has many potential advantages for patients. The wider access to prescribers of all professional denominations will mean that patients are more likely to access a specialist prescriber, such as a community nurse, in the relative comfort and security of their own home.

There is also likely to be greater consistency in the skills of health and social care professionals, more timely access to treatment and review, and more face-to-face contact. At the moment, patients may get 10 minutes with a GP, whereas non-medical prescribers are rarely limited by the same time constraints and are more likely to see patients in their own homes or residential settings. This means that they can spend more time offering holistic input, which does not simply involve medication but rather incorporates medication as part of a broader therapeutic package.

The single competency framework also provides a common set of prescribing terms. The practical advantages of this include the common format, which allows all prescribers to ‘speak the same language’, and a shared training framework that explores such issues as concordance, non-adherence, and evidence-based practice, thus reducing misunderstandings and ensuring consistency among different professional groups.

According to National Patient Safety Agency (NPSA) figures, 11% of all adverse accidents involve medications (NHS England, 2012). One potential advantage of the framework is that it provides an invaluable audit-friendly checklist, which can identify shortfalls in an individual’s prescribing practice — thus helping to highlight functional weakness, both in specific practitioners and at unit/service level. This means that the single competency framework should help to identify poor standards and dangerous practice (Care Quality Commission [CQC], 2010).

Professional development

All professional groups have now accepted the need for continuing professional development and the maintenance of contemporary professional standards. As well as being used as an audit tool to

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<td>Clinical knowledge</td>
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<td>Generation and management of treatment options</td>
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<td>Shared decision making</td>
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<td>Prescribing effectively</td>
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<td>Safety of the patient</td>
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monitor poor performance, however, the single competency framework can also be used to identify continuing professional development needs, as it enables clinicians or their managers to identify areas where they may require support and education.

This would be particularly effective if health providers moved to a 'no blame' culture, where the victim of any incident is compensated and the clinical process audited to ascertain what went wrong and put it right. The framework provides a means of auditing clinicians, identifying any shortcomings and providing additional training (if necessary) to ensure the same error does not recur. This approach avoids expensive adversarial compensation battles in the courts and means that costs can be channelled into care rather than being spent on legal fees. In such a culture, clinical errors are more likely to be reported than carefully hidden or denied.

Similarly, in an organisation with significant staff shortages or 'churn', any health or social care professional returning to work, after a career break (a seconded managerial role or maternity/ paternity leave, for example), will find the framework useful in identifying their required competencies and may use it to ensure their personal prescribing safety. Additionally, professional regulatory bodies such as the NMC can enhance their prescribing standards (Health and Care Professions Council [HCPC], 2013a) and formal educational curricula (HCPC, 2013b) within a standardised and nationally recognised framework, thus maximising professional credibility and public confidence in prescribing practitioners.

**Expert commentary**

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This article highlights that for all practitioners working across health and social care, major change will be a fact of life for the foreseeable future. While the changes will continue to be driven by financial constraints and efficiency measures, the need to provide high-quality care that is person-centred, safe and effective is rightly becomingly increasingly recognised and spoken about. This will require individuals and services to be innovative in their approaches to delivering care.

The authors of this article present the single competency framework for prescribing as one such innovation — one that could enable the development of new ways of working across all the healthcare professions and services.

I am currently involved in work to develop a patient experience strategy, which will inform the commissioning process across four clinical commissioning groups (CCGs). To date, we have been working with patients, communities and wider stakeholders to create a shared definition of patient experience.

In this article, the authors identify the potential of the single framework to enhance care in a number of areas that have been identified in the shared definition as contributing to a 'good' patient experience. These include:

- Care that is patient-centred and planned with the patient
- Comprehensive services that are easily accessible, responsive, offer choice and that provide timely treatment and care
- Consistent and continued care that promotes holistic approaches
- Effective communication and information sharing between staff within and across services
- Staff who are accountable
- Staff who have the right knowledge, attitude and skills, and who are prepared to adhere to policies

However, as the authors point out, there are challenges in realising this potential, not least the complexity of real-life work situations. As we move towards ever-increasing role flexibility, enabled by the ongoing developments in the prescribing agenda, we must be careful that this does not result in role confusion.

Individuals and services are most effective when there is clarity about roles, so that both staff and patients know who is doing what, why and how. This may look different across different services, but is dependent upon a commitment to collaborative working in staff who are truly committed to learning and improving.

**Delivering high standards in prescribing practice**

Current national and local health policy calls for enhanced partnership working between professional groups (King’s Fund, 2013; Commissioning Board, 2012; DH, 2012b). As a general rule, health and social care professionals learn their trade in individual disciplines (Goodman and Clemow, 2010). However, real-life work situations can be much more complex and the ability to work collaboratively is an important skill to learn, develop and apply — not least to help ensure a joined-up and effective health service.

The increasing requirement to meet the needs of those with poly-morbidity and poly-therapy issues is likely to lead to teams of specialists, each simultaneously prescribing for any given patient. The use of the common prescribing framework by doctors, nurses and allied health and social care professionals will hopefully provide more opportunities to learn together and improve continuing professional development, while working toward the ultimate goal of safe, high-quality prescribing.

**Conclusion**

Ongoing developments in the prescribing agenda, such as the new competency framework, and the widening of professional responsibility within this field, are just part of other major changes
Five-minute test

Answer the following questions about this, either to test the new knowledge you have gained or to form part of your ongoing practice development portfolio.

1 – What is a competency framework?
2 – Name some of the professional disciplines currently prescribing in your service.
3 – What are some of the key competencies of a prescriber?
4 – Name some of the main benefits of a competency framework.
5 – Can you explain how the framework might affect your practice?

Currently taking place in health and social care.

The advantages for community nurses of working in this new and rapidly evolving health environment include the possibility of greater role flexibility, increased employability in the newly emerging multi-sectoral teams and the opportunity to run their own commissioned services. Managers have the option of providing a whole therapeutic package of care from each employee, with the distinct advantage of reducing the cost of relying on locum staff and brought-in prescribing services.

McEwan (2012) clearly regards the UK-wide growth of professional prescribers as part of an innovative network of commissioned services as a positive development, stating that, ‘Prescribing more quickly and proactively in a wide range of settings should improve health outcomes and help avoid costly acute NHS and other care services.’

The common competency framework for prescribing provides a focus for the development of skill and knowledge and aims to ensure that standards are upheld across care services. It now remains for the professionals involved to play their part in both developing and maintaining their competence.

KEY POINTS

- The new competency framework is just one of the major changes currently taking place in health and social care.
- The publication of the single prescribing framework is the first time that all professions with the legal right to prescribe will be held to the same professional standards.
- The advantages for community nurses of this new and rapidly evolving health environment include the possibility of greater role flexibility.
- Prescribing more quickly and proactively in a wide range of settings should improve health outcomes and help avoid costly acute NHS and other care services.

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