Royal Pharmaceutical Society’s (RPS) Competency Framework for all Prescribers mapping

The General Pharmaceutical Council, the Health and Care Professions Council, and the Nursing and Midwifery Council use the RPS’s Competency Framework for all Prescribers. These are the competencies that programmes must deliver to learners on completion of prescribing programmes. This mapping document should be used by education providers to map their learning outcomes and assessments to the competency framework when they engage with the HCPC’s approval or monitoring processes.

The competency framework sets out what good prescribing looks like. There are ten competencies split into two domains (the consultation, and prescribing governance). Within each of the ten competency dimensions there are statements which describe the activity or outcomes prescribers should be able to demonstrate. Further information and guidance about the competency framework is available on the [RPS website](https://www.rpharms.com/resources/frameworks/prescribers-competency-framework).

**The consultation**

| **Indicator** | **Where can evidence relating to the delivery and assessment of each indicator be found in the accompanying documentation? (eg Module descriptor AB1234, Learning outcome XXXX)** |
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| **Competency 1: Assess the patient** |
| **1.1** Takes an appropriate medical, social and medication history[[1]](#footnote-1), including allergies and intolerances. |  |
| **1.2** Undertakes an appropriate clinical assessment. |  |
| **1.3** Accesses and interprets all available and relevant patient records to ensure knowledge of the patient’s management to date. |  |
| **1.4** Requests and interprets relevant investigations necessary to inform treatment options. |  |
| **1.5** Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities |  |
| **1.6** Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment. |  |
| **1.7** Reviews adherence to and effectiveness of current medicines. |  |
| **1.8** Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary. |  |
| **Competency 2: Consider the options** |
| **2.1** Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health. |  |
| **2.2** Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing). |  |
| **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 mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy). |  |
| **2.5** Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options. |  |
| **2.6** Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route of administration and formulation of medicines. |  |
| **2.7** Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information. |  |
| **2.8** Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness. |  |
| **2.9** Takes into account 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[[2]](#footnote-2). |  |
| **Competency 3: Reach a shared decision** |
| **3.1** Works with the patient/carer[[3]](#footnote-3) in partnership to make informed choices, agreeing a plan that respects patient preferences including their right to refuse or limit treatment. |  |
| **3.2** Identifies and respects the patient in relation to diversity, values, beliefs and expectations about their health and treatment with medicines. |  |
| **3.3** Explains the rationale behind and the potential risks and benefits of management options in a way the patient/carer understands. |  |
| **3.4** Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support patients/carers. |  |
| **3.5** Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied. |  |
| **3.6** Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber. |  |
| **Competency 4: Prescribe** |
| **4.1** Prescribes a medicine[[4]](#footnote-4) only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects. |  |
| **4.2** Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them. |  |
| **4.3** Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines). |  |
| **4.4** Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product. |  |
| **4.5** Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG[[5]](#footnote-5) and medicines management/optimisation) to own prescribing practice. |  |
| **4.6** Accurately completes and routinely checks calculations relevant to prescribing and practical dosing. |  |
| **4.7** Considers the potential for misuse of medicines. |  |
| **4.8** Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs). |  |
| **4.9** Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements. |  |
| **4.10** Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support). |  |
| **4.11** Only prescribes medicines that are unlicensed, ‘off-label’, or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient’s clinical needs. |  |
| **4.12** Makes accurate legible and contemporaneous records and clinical notes of prescribing decisions. |  |
| **4.13** Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/ information. |  |
| **Competency 5: Provide information** |
| **5.1** Checks the patient/carer’s understanding of and commitment to the patient’s management, monitoring and follow-up. |  |
| **5.2** Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment). |  |
| **5.3** Guides patients/carers on how to identify reliable sources of information about their medicines and treatments. |  |
| **5.4** Ensures that 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 time frame. |  |
| **5.5** When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions. |  |
| **Competency 6: Monitor and review** |
| **6.1** Establishes and maintains a plan for reviewing the patient’s treatment. |  |
| **6.2** Ensures that the effectiveness of treatment and potential unwanted effects are monitored. |  |
| **6.3** Detects and reports suspected adverse drug reactions using appropriate reporting systems. |  |
| **6.4** Adapts the management plan in response to on-going monitoring and review of the patient’s condition and preferences. |  |

**Prescribing governance**

| **Indicator** | **Where can evidence relating to the delivery and assessment of each indicator be found in the accompanying documentation? (eg Module descriptor AB1234, Learning outcome XXXX)** |
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| **Competency 7: Prescribe safely** |
| **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 errors and how to prevent, avoid and detect them. |  |
| **7.3** Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them. |  |
| **7.4** Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines). |  |
| **7.5** Keeps up to date with emerging safety concerns related to prescribing. |  |
| **7.6** Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence. |  |
| **Competency 8: Prescribe professionally** |
| **8.1** Ensures confidence and competence to prescribe are maintained. |  |
| **8.2** Accepts personal responsibility for prescribing and understands the legal and ethical implications. |  |
| **8.3** Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing). |  |
| **8.4** Makes prescribing decisions based on the needs of patients and not the prescriber’s personal considerations. |  |
| **8.5** Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues). |  |
| **8.6** Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry. |  |
| **Competency 9: Improve prescribing practice** |
| **9.1** Reflects on own and others prescribing practice, and acts upon feedback and discussion. |  |
| **9.2** Acts upon colleagues’ inappropriate or unsafe prescribing practice using appropriate mechanisms. |  |
| **9.3** Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit). |  |
| **Competency 10: Prescribe as part of a team** |
| **10.1** Acts as part of a multidisciplinary team to ensure that continuity of care across 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 prescribing. |  |
| **10.3** Negotiates the appropriate level of support and supervision for role as a prescriber. |  |
| **10.4** Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.  |  |

1. This includes current and previously prescribed and non-prescribed medicines, on-line medicines, supplements, complementary remedies, illicit drugs and vaccines. [↑](#footnote-ref-1)
2. See also Expert Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) and Public Health England (PHE) prescribing competencies. <https://www.gov.uk/government/publications/antimicrobial-prescribing-and-stewardship-competencies> [↑](#footnote-ref-2)
3. The term carer is used throughout the prescribing competency framework as an umbrella term that covers care givers, parents and patient advocates or representatives. [↑](#footnote-ref-3)
4. For the purpose of the framework medicines can be taken to include all prescribable products. [↑](#footnote-ref-4)
5. NICE – National Institute for Health and Clinical Excellence; SMC – Scottish Medicines Consortium; AWMSG – All Wales Medicines Strategy Group [↑](#footnote-ref-5)