
HCPC response to the Royal Pharmaceutical Society consultation on the updated competency framework for all prescribers

1. Introduction

- 1.1 The Health and Care Professions Council (HCPC) welcomes the opportunity to respond to the Royal Pharmaceutical Society's (RPS) consultation on 'A competency framework for all prescribers', which has been reviewed and updated.
- 1.2 We are a statutory UK-wide regulator of 16 health, social work, and psychological professions. We maintain a register of professionals; set standards for entry to our register; approve education and training programmes for registration; and deal with concerns where a professional may not be fit to practise. Our main role is to protect the health and wellbeing of those who use or need to use our registrants' services.

2. General comments

- 2.1 Currently, three HCPC regulated professions have a role in prescribing. Chiropodists / podiatrists and physiotherapists can undertake training to become supplementary and independent prescribers; and radiographers can undertake training to become supplementary prescribers. Recent changes to legislation, which will come into effect in April 2016, will enable therapeutic radiographers to train as independent prescribers, and dietitians as supplementary prescribers.
- 2.2 We are supportive of a common competency framework for all prescribing professions and for both independent and supplementary prescribers, and we are pleased that the RPS has undertaken this work to update the framework. It is to the benefit of patients and service users that the principles relating to aspects of prescribing such as history taking, assessment, decision making, safety and governance are consistent across all prescribers.
- 2.3 This was our approach as well in developing the HCPC standards for prescribing¹, which cover requirements for providers of prescribing training courses, as well as the skills, knowledge and understanding expected of a HCPC-registered prescriber. These are cross-professional standards and will soon apply to prescribing within four different professions (and would remain applicable to any additional HCPC professions in the future). Likewise, our standards for prescribing relate to both independent and supplementary prescribing. An important part of the standards is the requirement that all prescribers must understand the legal context in which they prescribe.

¹ The HCPC standards for prescribing were published in 2013 and can be found on our website: <http://www.hcpc-uk.org/aboutregistration/standards/standardsforprescribing/>

3. Our specific responses

3.1 Our responses to a number of the specific consultation questions are set out below. The consultation questions not included here are those for which we had no specific comments.

Q3. Is the framework sufficiently generic to apply to all prescribers independent and supplementary from all professional backgrounds? If no, what needs modification?

3.2 On the whole, yes, the framework is sufficiently generic to be applied across professions.

3.3 However we have one minor comment in this regard. Competency 4.10 refers to prescribing of unlicensed medicines. HCPC-registered non-medical independent prescribers, including physiotherapist and chiropodist / podiatrist independent prescribers, are not currently able to prescribe unlicensed medicines. Likewise, therapeutic radiographer independent prescribers will not be able to prescribe unlicensed medicines. This statement could perhaps be amended slightly by adding 'where lawful and appropriate' or a similar phrase.

3.4 We are pleased that competency 8.3 states that prescribers should know and apply legal frameworks relating to the prescribing of unlicensed/off label medicines.

Q4. Does the competency framework reflect the key behaviours required of effective prescribers? If no, where are the gaps?

3.5 Yes, we are satisfied that the competency framework reflects the key behaviours required.

3.6 Additionally we would welcome clearer references to the need for prescribers to be aware of and adhere to the professional regulatory standards relating to their prescribing practice. We would suggest that some minor amendment to competency 8.4 and/or 8.5 would achieve this.

Q5. Are there any statements that you think are in the wrong place in the framework?

3.7 We would suggest that competency 3.6, which refers to decision making on the basis of patients' needs rather than the prescriber's personal considerations, might be better suited to section 8 on 'Prescribing professionally'.

Q6. Do you agree that these statements [relating generically to the application of professionalism in practice] should be removed from the updated prescribing competency framework? Yes/No. If no which should remain?

3.8 Yes. We are content that the more generic statements about the application of professionalism in practice are covered elsewhere, including in professional regulatory standards.

3.9 For instance, the HCPC standards of conduct, performance and ethics include statements relating to appropriate communication; confidentiality and consent; dignity and respect; and managing risk. In addition, we set standards for continuing professional development which require all our registrants to take responsibility for their own continual learning and development.

Q8. How would you/your organisation use the framework once it is published?

3.10 Once the revised competency framework is finalised and published, we will use it as part of our continual review of our standards for prescribing, to ensure the two documents continue to support and complement each other.