ROYAL PHARMACEUTICAL SOCIETY

A Competency Framework for all Prescribers

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BDA The Association of UK Dietitians
BDA British Dental Association
British Pharmacological Society
Chartered Society of Physiotherapy
The Society & College of Radiographers
The College of Optometrists
The College of Podiatry
RCGP Royal College of General Practitioners
Royal College of Nursing Shaping nursing since 1916
Royal College of Physicians

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1.0 INTRODUCTION

Medicines are used more than any other intervention by patients to manage their medical conditions. Both the number of medicines prescribed and the complexity of the medicines regimes that patients take are increasing. As the population ages and multiple co-morbidities become more prevalent, polypharmacy is increasingly becoming the norm for patients[1,2]. This increase in complexity means that besides developing and maintaining prescribing competency for individual conditions, prescribers have the challenge of keeping up to date with new medicines as they come onto the market and being aware of the potential for interaction between medicines in patients with multiple co-morbidities[3].

When prescribed and used effectively medicines have the potential to significantly improve the quality of lives and improve patient outcomes. However, the challenges associated with prescribing the right medicines and supporting patients to use them effectively should not be underestimated. There is a considerable amount of evidence nationally and internationally to demonstrate that much needs to be done to improve the way that we prescribe and support patients in effective medicines use[4,5,6].

Doctors are by far the largest group of prescribers who, along with dentists, are able to prescribe on registration. They have been joined over the last fifteen years by independent and supplementary prescribers from a range of other healthcare professions who are able to prescribe within their scope of practice once they have completed an approved education programme. This extension of prescribing responsibilities to other professional groups is likely to continue where it is safe to do so and there is clear patient benefit.

To support all prescribers to prescribe effectively a single prescribing competency framework was published by the National Prescribing Centre/National Institute for Health and Clinical Excellence (NICE) in 2012[7]. Based on earlier profession specific prescribing competency frameworks[8,9,10,11] the framework was developed because it became clear that a common set of competencies should underpin prescribing regardless of professional background.

The 2012 framework is now in wide use across the UK (see 'Uses of the framework' – Section 3) and was due for review in 2014. NICE and Health Education England approached the Royal Pharmaceutical Society (RPS) to manage the update of the framework on behalf of all the prescribing professions in the UK. The RPS agreed to update the competency framework in collaboration with patients and the other prescribing professions many of whose professional bodies have endorsed this updated framework.

Going forward the RPS will continue to publish (and maintain) the updated competency framework in collaboration with the other prescribing professions. The framework will be published on the RPS website for all regulators, professional bodies, prescribing professions and patients to use.

2.0 HOW THE FRAMEWORK WAS UPDATED

A project steering group consisting of prescribers from across all the professions and patients (see Appendix 2 for membership) updated the framework using a process consistent with the development of previous competency frameworks. For full details of the process used to update the framework see Appendix 1.

The updating process included a six week consultation of the draft competency framework to which almost one hundred organisations and individuals responded.

To ensure the framework has applicability across the UK, a strategic level Project Board consisting of representatives of the Chief Pharmaceutical Officers England, Scotland, Wales and Northern Ireland as well as Health Education England, NHS Education for Scotland and NICE supported the update of the framework. See Appendix 2 for membership.

Multi professional input into the updating process and dissemination post publication was supported by regular engagement with an external reference group of over seventy organisations and individuals including professional regulators, professional bodies, patient groups and higher education institutes. See Appendix 2 for membership.

3.0 PURPOSE AND USES OF THE FRAMEWORK

A competency is a quality or characteristic of a person that is related to effective performance. Competencies can be described as a combination of knowledge, skills, motives and personal traits. Competencies help individuals and their organisations look at how they do their jobs. A competency framework is a collection of competencies thought to be central to effective performance. Development of competencies should therefore help individuals to continually improve their performance and to work more effectively.

If acquired and maintained, the prescribing competencies in this framework, will help healthcare professionals to be safe, effective prescribers who are able to support patients to get the best outcomes from their medicines.

The prescribing competency framework can be used by any prescriber at any point in their career to underpin professional responsibility for prescribing. It can also be used by regulators, education providers, professional organisations and specialist groups to inform standards, the development of education, and to inform guidance and advice. It provides the opportunity to bring professions together and harmonise education for prescribers by offering a competency framework for all prescribers.

The prescribing competency framework has a wide range of uses and the previous version has already been extensively used in practice. Uses of the framework are highlighted here along with some examples of practice. More examples of how the framework can and has been used can be found on the RPS website. The framework can be used to:

1. Inform the design and delivery of education programmes, for example through validation of educational sessions (including rationale for need), and as a framework to structure learning and assessment.

"I have used the prescribing competency framework in designing a seven week teaching programme for fifth year medical undergraduates, the effectiveness of which has been demonstrated by a pre- and post-teaching assessment that allows the students to demonstrate competency in many of the areas identified in the framework (calculations, identifying adverse drug reactions, considering contraindications to therapies, use of formularies)."

– Medical Education, NHS – Betsi Cadwaladr University Health Board

2. Help healthcare professionals prepare to prescribe and provide the basis for on-going continuing education and development programmes, and revalidation processes. For example, use as a framework for a portfolio to demonstrate competency in prescribing.

"Non-medical prescribing courses in the North West region are all structured around the prescribing competency framework so prescribers are familiar with its contents prior to qualification. I expect every non-medical prescriber in my organisation to be familiar with the framework and I direct new prescribers and those new to the organisation to it at our first meeting. Personally I intend to use the framework to evidence how I have stayed up to date as a prescriber as part of the Nursing and Midwifery Council revalidation process."

– Non-medical prescribing lead, East Lancashire Hospitals NHS Trust

3. Help prescribers identify strengths and areas for development through self-assessment, appraisal and as a way of structuring feedback from colleagues.

"At City Health Care Partnership the competency framework forms the basis of a passport for all non-medical prescribers. All prescribers receive a passport when they join the organisation or are newly qualified. Having the competencies in the passport allows prescribers to reflect on their prescribing and helps them to structure their CPD records as well as informing clinical supervision discussions. As an organisation we expect prescribers to ensure that the competencies are demonstrated in their prescribing practice."

– City Health Care Partnership, Hull

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4. Provide professional organisations or specialist groups with a basis for the development of levels of prescribing competency, for example, from recently qualified prescriber through to advanced prescriber.

"Within NHS Greater Glasgow and Clyde Addiction Services the competency framework forms part of our non-medical prescribing Operational Policy. The policy is a working document which follows on from our Service's non-medical prescribing Strategy for the period 2015-2020. Within our policy there are three levels of prescribers based on qualification status, level of experience and clinical competence. The competency framework is used to support the progression of prescribers through prescribing levels and supports designated medical prescribers and line managers to assess competence and clinical expertise.

– NHS Greater Glasgow and Clyde Addiction Services

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5. Stimulate discussions around prescribing competencies and multidisciplinary skill mix at an organisational level.

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6. Inform organisational recruitment processes to help frame questions and benchmark candidates prescribing experience.

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7. Inform the development of organisational systems and processes that support safe effective prescribing, for example, local clinical governance frameworks.

"The competency framework has been included within the organisation's three yearly revalidation programme for nurse prescribers. Other allied health professional prescribers and pharmacist prescribers will also be asked to complete revalidation. Throughout the three years the framework will be used as part of individual prescriber's appraisals and supervision."

– Northumberland Tyne and Wear NHS Foundation Trust

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8. Inform the development of education curricula and relevant accreditation of prescribing programmes for all prescribing professions.

"The framework has been used to underpin the outline curriculum frameworks for supplementary and independent prescribing to be used by radiographers (this also includes a framework for a conversion course for existing therapeutic radiographer supplementary prescribers to become independent prescribers)."

– The Society and College of Radiographers

4.0 SCOPE OF THE FRAMEWORK

The key points to note about the scope of the prescribing framework are that:

- It is a generic framework for any prescriber (independent or supplementary) regardless of their professional background. It therefore does not contain statements that relate only to specialist areas of prescribing.
- It must be contextualised to reflect different areas of practice and levels of expertise.
- It reflects the key competencies needed by all prescribers; it should not be viewed as a curriculum but rather the basis on which one can be built.
- It applies equally to independent prescribers and to supplementary prescribers but the latter should contextualise the framework to reflect the structures imposed by entering into a supplementary prescribing relationship (see Glossary).

"The General Pharmaceutical Council sets standards for the education and training of pharmacists to become prescribers. These standards require that the curriculum of a prescribing programme reflect relevant curriculum guidance, which includes the prescribing competency framework. Our prescribing standards work in conjunction with the competency framework and other standard for pharmacy professionals, to help ensure consistency and quality in programme design."

– The General Pharmaceutical Council

5.0 THE ROLE OF PROFESSIONALISM

To sharpen the focus of the prescribing competency framework and maintain the focus on key prescribing competencies, a change to this update is the removal of several statements that relate to the application of professionalism. However it is important to recognise that healthcare professionals need to apply professionalism to all aspects of their practice in line with their own professional codes of conduct, standards and guidance.

Whilst the framework does contain a competency on prescribing professionally, there are elements of wider professional practice that will impact on how healthcare professionals behave when they prescribe.

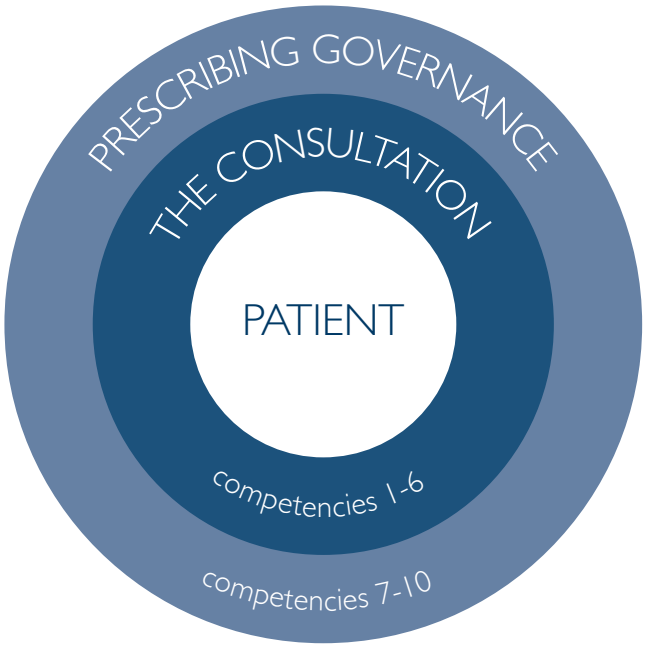
These include the importance of maintaining a patient-centred approach when speaking to patients/carers, maintaining confidentiality, the need for continuing professional development and the importance of forming networks for support and learning.

To encourage prescribers to reflect on their wider professional practice and how it might apply to prescribing examples of these behaviours have been captured below under the heading Apply Professionalism. This is not an exhaustive list and prescribers are encouraged to use their own professional codes and guidance alongside the competency framework.

APPLY PROFESSIONALISM
Always introduces self and role to the patient and carer.
Adapts consultations to meet the needs of different patients/carers (e.g. for language, age, capacity, physical or sensory impairments).
Undertakes the consultation in an appropriate setting taking account of confidentiality, consent, dignity and respect.
Maintains patient confidentiality in line with best practice and regulatory standards and contractual requirements.
Takes responsibility for own learning and continuing professional development.
Learns and improves from reflecting on practice and makes use of networks for support, reflection and learning.
Recognises when safe systems are not in place to support prescribing and acts appropriately.

6.0 THE PRESCRIBING COMPETENCY FRAMEWORK

The competency framework (illustrated below) sets out what good prescribing looks like. There are ten competencies split into two domains. Within each of the ten competency dimensions there are statements which describe the activity or outcomes prescribers should be able to demonstrate.



THE CONSULTATION

1. Assess the patient
2. Consider the options
3. Reach a shared decision
4. Prescribe
5. Provide information
6. Monitor and review

PRESCRIBING GOVERNANCE

7. Prescribe safely
8. Prescribe professionally
9. Improve prescribing practice
10. Prescribe as part of a team

Figure 1 The prescribing competency framework

THE CONSULTATION (COMPETENCIES 1-6)

1: ASSESS THE PATIENT

1.1 Takes an appropriate medical, social and medication history[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 (differential diagnosis).

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.

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.

[1] *This includes current and previously prescribed and non-prescribed medicines, on-line medicines, supplements, complementary remedies, illicit drugs and vaccines.*

2: CONSIDER THE OPTIONS (CONTINUED)

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]

3: REACH A SHARED DECISION

3.1 Works with the patient/carer[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.

4: PRESCRIBE

4.1 Prescribes a medicine[4] only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and unwanted 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] and medicines management/optimisation) to own prescribing practice.

[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

[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.

[4] For the purpose of the framework medicines can be taken to include all prescribable products.

[5] NICE – National Institute for Health and Clinical Excellence; SMC – Scottish Medicines Consortium; AWMSG – All Wales Medicines Strategy Group

4: PRESCRIBE (CONTINUED)

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[6].
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.

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.

[6] *At the time of publication only doctors, dentists, nurses and pharmacists are able to independently prescribe unlicensed medicines*

6.0 THE PRESCRIBING COMPETENCY FRAMEWORK

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.

PRECRIBING GOVERNANCE (COMPETENCIES 7-10)

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.

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.

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).

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.

7.0 PUTTING THE FRAMEWORK INTO PRACTICE

A range of resources can be found on the RPS website to help stimulate use of the competency framework in practice, these have been developed following discussion of barriers to implementation during the public consultation process, these include:

- FAQs
- a downloadable word template version of the framework
- PowerPoint presentation
- practice examples from organisations and individuals who have been using the competency framework.

To further stimulate use of the framework prescribers or organisations using it are encouraged to contact the Royal Pharmaceutical Society (RPS) at support@rpharms.com to share their examples of the framework's application in practice. These examples will be shared through the RPS website and will help inform future updates of the framework.

"The Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) has embedded the competency framework into a practice portfolio which forms part of our accredited independent pharmacist prescribing programme. All pharmacists use the practice portfolio to document their developing competency over the course of the programme with the expectation that pharmacists document their competency against most statements in the competency framework before qualifying as a prescriber. The practice portfolio is submitted to NICPLD for assessment and must be passed independently of all other elements of the course to qualify as a prescriber."

– The Northern Ireland Centre for Pharmacy Learning and Development

GLOSSARY

Polypharmacy	Polypharmacy means "many medications" and has often been defined to be present when a patient takes five or more medications. Polypharmacy is not necessarily a bad thing, it can be both rational and required however it is important to distinguish appropriate from inappropriate polypharmacy.
Inappropriate polypharmacy	When one or more drugs are prescribed that are not or no longer needed, either because: (a) there is no evidence based indication, the indication has expired or the dose is unnecessarily high; (b) one or more medicines fail to achieve the therapeutic objectives they are intended to achieve; (c) one, or the combination of several drugs cause inacceptable adverse drug reactions (ADRs), or put the patient at an unacceptably high risk of such ADRs, or because (d) the patient is not willing or able to take one or more medicines as intended.
Appropriate polypharmacy	When: (a) all drugs are prescribed for the purpose of achieving specific therapeutic objectives that have been agreed with the patient; (b) therapeutic objectives are actually being achieved or there is a reasonable chance they will be achieved in the future; (c) drug therapy has been optimised to minimise the risk of ADRs and (d) the patient is motivated and able to take all medicines as intended.
Deprescribing	The process of stopping or reducing medicines with the aim of eliminating problematic (inappropriate) polypharmacy, and then monitoring the individual for unintended adverse effects or worsening of disease. It is essential to involve the individual (and their carer) closely in deprescribing decisions in order to build and maintain their confidence in the process.
Non-medical prescribing	Non-medical prescribing is prescribing by specially trained nurses, optometrists, pharmacists, physiotherapists, podiatrists, radiographers and dietitians working within their clinical competence as either independent and/or supplementary prescribers.
Independent prescribing	Independent prescribing is prescribing by a practitioner, who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. In practice, there are TWO distinct forms of non-medical independent prescriber. i) At time of publication an independent prescriber may be a specially trained nurse, pharmacist, optometrist, physiotherapist, therapeutic radiographer or podiatrist who can prescribe licensed medicines within their clinical competence. Nurse and pharmacist independent prescribers can also prescribe unlicensed medicines and controlled drugs. ii) A community practitioner nurse prescriber (CPNP), for example district nurse, health visitor or school nurse, can independently prescribe from a limited formulary called the Nurse Prescribers' Formulary for Community Practitioners, which can be found in the British National Formulary (BNF).
Supplementary prescribing	Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to prescribe within an agreed patient-specific clinical management plan (CMP) with the patient's agreement. Nurses, optometrists, pharmacists, physiotherapists, podiatrists, radiographers and dietitians may become supplementary prescribers and once qualified may prescribe any medicine within their clinical competence, according to the CMP.

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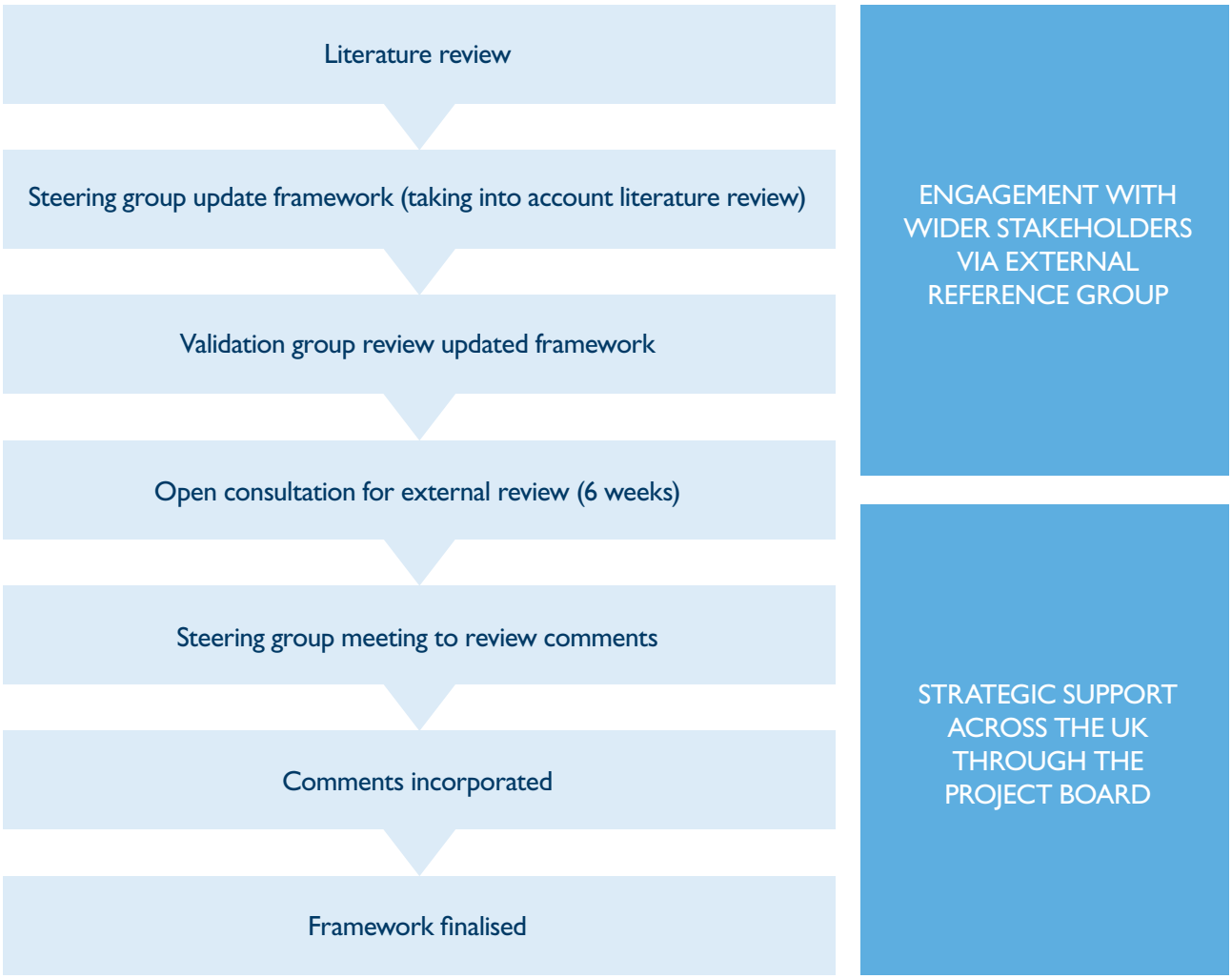
APPENDIX 1
HOW THE FRAMEWORK WAS UPDATED

The process used to update the framework is illustrated below. It is consistent with the methodology used to develop and refine the previous prescribing competency frameworks published by the National Prescribing Centre and NICE.

The update of the framework was a review of an existing resource widely used in practice. The project steering group concluded, based on a literature view and extensive use of the framework in practice, that the 2012 framework was broadly fit for purpose. The process used to update the framework is proportionate to that view and reflects an iterative development of the content.



ENGAGEMENT STRATEGY

The prescribing competency framework will be used by a range of healthcare professions. An external reference group comprising regulators, professional organisations and other relevant and interested stakeholder groups was constituted. Webinars were held with the group three times over the duration of the project to keep members of the group informed about progress and to stimulate discussion about how the framework might be disseminated and used once published. See Appendix 2 for membership.

The update of the prescribing competency framework was 'project sponsored' at a strategic level by a Project Board to help ensure UK wide applicability. Membership consisted of representatives of the Chief Pharmaceutical Officers England, Scotland, Wales and Northern Ireland as well as Health Education England, NHS Education for Scotland, The Welsh Assembly and NICE. See Appendix 2 for membership.

DEVELOPMENT PROCESS

An external lead author was commissioned by the RPS to ensure that the process for updating of the competency framework was independent.

A literature review was undertaken in October 2015 to identify key evidence relating to competency and good practice in prescribing since the publication of the 2012 single competency framework.

A steering group with prescribers from all the professions able to prescribe and patient representatives used a consensus process to review and update the competency framework in the context of the literature review. The multidisciplinary nature of the group ensured the generic nature of the framework was maintained – see Appendix 2 for membership. The group was chaired by the independent lead author and all members were asked to declare conflicts of interest * which were managed in line with RPS Professional standards, guidance and frameworks process development manual.

A separate group of existing prescribers (again reflecting all groups able to prescribe) and patients **validated the updated framework** in a focus group setting to ensure that the changes made by the steering group were in line with current prescribing practice and were understandable to prescribers. Refinements made to the framework were agreed using a consensus process and members of the validation group were asked to declare conflicts of interest*. See appendix 2 for membership.

As a result of the steering group review and validation group scrutiny refinements were made to the framework that included:

- Removal of statements that relate more generally to professional practice (see section 4).
- Reordering of the framework into ten competencies that have been grouped into two competency areas.
- Addition of new statements or modification of existing statements to include omissions identified through the literature review.
- Deletion of statements felt to be less relevant to prescribing or where duplication became apparent as the structure of the framework was updated.
- Editing of statements for clarity or consistency of terminology.
- Splitting of statements for clarity or to fit with the reordered structure of the framework.
- Improving the wording of statements.

The competency document was posted on the RPS website for six weeks for open **consultation**. The external reference group, project board and steering group were all asked to draw attention to the availability of the framework for comment. Ninety five responses to the consultation were received.

Comments from the consultation were reviewed by the steering group and those that were in scope and relevant were incorporated into the prescribing framework. The project steering group used a consensus process to agree all final refinements to the framework. Consensus was achieved.

STATEMENT OF FUNDING

The update to this framework has been wholly funded by the RPS who have not received any payment from a third party for its development. Further information on "How the RPS is funded" can be viewed in Professional standards, guidance and frameworks process development manual.

*Declarations are available upon request by e-mailing support@rpharms.com.

APPENDIX 2 ACKNOWLEDGEMENTS

STEERING GROUP MEMBERS

Professor Angela Alexander	Director of the Centre for Inter-Professional Postgraduate Education and Training, University of Reading
Dave Baker	Extended Scope Physiotherapist – Locomotor Service, Homerton University Hospital NHS Foundation Trust and Complete Physio Limited
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RPS would like to thank all the individuals and organisations who sent in comments on the draft framework. In all 95 individuals and organisations responded to the consultation.

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain.

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