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Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Standards for Competency Assurance of Independent and Supplementary Prescribers in Wales

October 2023

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Development of the Standards for Competency Assurance of Independent and Supplementary Prescribers in Wales was led by a HEIW Pharmacy Clinical Fellow.

1. Introduction

The Standards for Competency Assurance of Independent and Supplementary Prescribers in Wales have been developed by Health Education and Improvement Wales (HEIW) in partnership with our stakeholders. The standards support a “Once for Wales” approach to the quality assurance of the non-medical independent and supplementary prescriber (NMP) workforce in Wales. They set the minimum requirements for evidencing and review of ongoing competence to prescribe for non-medical prescribers and employers of non-medical prescribers.

HEIW conducted scoping work in 2019 which identified a need to produce guidance to support non-medical prescribers to appropriately evidence ongoing competence to prescribe. The Standards for Competency Assurance of Independent and Supplementary Prescribers in Wales were developed by HEIW following a review of NMP Policies currently in place across Wales and in collaboration with key internal and external stakeholders.

Application of these standards is a multidisciplinary responsibility. All non-medical prescribers are responsible for prescribing within their own scope and competence, using their acquired knowledge, judgement, and skills, and must be able to provide evidence of their competence to prescribe.

2. Scope of Standards

In Scope:

The standards are aimed at registered non-medical prescribers who provide NHS services to patients in Wales, and employers of non-medical prescribers, in all sectors of practice within Wales. The standards apply to non-medical independent prescribers, community practitioner nurse prescribers and supplementary prescribers.

Out of scope:

The competence assurance of doctor and dentist prescribers.

Evidencing requirements for individuals new to prescribing practice, expanding or changing scope of practice, and those returning to practice after periods of absence.

These standards do not preclude professionals from meeting their own professional regulatory requirements nor have they been developed to create duplication of revalidation requirements; any activities undertaken, or evidence collated as part of professional revalidation can be utilised as evidence of ongoing competence to prescribe.

For information and advice on good practice and for guidance on the administrative and procedural steps needed to enable nurses, midwives, pharmacists, optometrists and allied health professionals to act as independent and/or supplementary prescribers see [Independent and Supplementary Prescribing in Wales – Guidance Document](#), published by Welsh Government.

For guidance on expanding scope of practice see the [Royal Pharmaceutical Society \(RPS\) Professional Guidance: Expanding Scope of Practice](#).

3. Standards for competency assurance of Independent and Supplementary Prescribers

Maintaining confidence and competence to prescribe is a competency within the [RPS Competency Framework for All Prescribers](#) which indicates the importance of an ability to evidence ongoing prescribing competence.

The following standards outline the minimum requirements for non-medical prescribers to evidence their ongoing competence to prescribe.

Standard 1: All NMPs will self-assess prescribing competence annually using the RPS Competency Framework for All Prescribers

- Utilise the RPS Competency Framework to undertake a self-assessment of prescribing practice and ongoing competence to prescribe, at least annually, to identify any areas in which to focus learning¹.
- Where it is identified that the competencies are met, evidence recorded within the portfolio should reflect this.
- The framework does not specify how competence should be assured but does provide a framework against which ongoing competence can be assessed and can be utilised to support development of a portfolio to demonstrate continued prescribing competence.
- If a need to expand prescribing scope of practice is identified, refer to the [RPS Guidance for Expanding Prescribing Scope of Practice](#).
Note - evidencing requirements for expanding or changing scope of practice are beyond the scope of this guidance.

¹While differences may exist against the RPS competency framework for some professions, it is advised that a self-assessment of prescribing practice and ongoing competence to prescribe is undertaken against the current competency framework used as part of non-medical prescriber training for that profession.

Standard 2: All NMPs will complete an annual declaration of continued competence to prescribe AND a declaration of their scope of prescribing practice at least annually

- Annual declaration of continue competence to prescribe:
 - Professional declaration that the NMP has undertaken a self-assessment of their prescribing practice (as per Standard 1), has maintained their competence to prescribe, and can provide evidence of this in line with these standards.
- Declaration of scope of prescribing practice:
 - In accordance with the RPS Competency Framework, prescribers are responsible for prescribing within their own scope of practice and referring or seeking support where appropriate.
 - Scope of prescribing practice must be declared annually as a minimum and more frequently if there are any changes (for example as prescribing scope is expanded or if a change in sector of practice requires a change to scope of prescribing practice).
 - Scope of prescribing practice must state clinical area (and/or disease state(s)) in which NMP intends to prescribe.

Declarations of ongoing competence to prescribe and scope of prescribing practice to be made and retained on a centralised platform, for example the Electronic Staff Record (ESR) or NHS Wales Shared Services Partnership (NWSSP).

Standard 3: All NMPs will undergo a prescribing appraisal with a suitably qualified individual every three years

- Constructive appraisal of prescribing practice to include:
 - review of a portfolio of evidence (details of minimum evidence to include provided in Standard 4.1)
 - discussion of any developmental or learning needs
 - discussion of any challenges (including errors) identified
- Prescribing appraisal to be undertaken by a suitably qualified individual (e.g. line manager (if also a prescriber), designated prescribing practitioner, mentor, consultant, GP) who has undertaken appropriate training, as outlined in Section 4, Standard 2.
- The prescribing appraisal may form part of the individual's overall performance appraisal and development review.

Standard 4: All NMPs will evidence their ongoing competence to prescribe in a portfolio

- The RPS Competency Framework for All Prescribers recommends utilising a portfolio to demonstrate continued competence in prescribing and as a method to improving prescribing practice. It is recommended that a combination of methods is used to assess and assure competence to prescribe, as outlined in the table below (4.1).
- A combination of evidence should be collated to form a portfolio of evidence to demonstrate ongoing prescribing competence.
- Evidence collated must relate to scope of prescribing practice.
- The table below (4.1) outlines the amount of evidence that should be incorporated as a minimum within a prescribing portfolio.
- Evidence may be utilised in more than one way, for example:
 - continuing professional development (CPD) activities undertaken as part of professional revalidation may be utilised as evidence within a prescribing portfolio
 - a clinical log may take the format of CPD
- Where possible, evidence collated should cover examples of prescribing events where the decision was taken 'to prescribe' but also where the decision was made 'not to prescribe'.
- The evidence collated should also include reflection on any prescribing errors which may have occurred.
- The examples of activities that could be undertaken to achieve each evidence type are not exhaustive. Consideration should be given to how these can be achieved within your own sector of practice.

Standard 4.1: Minimum evidence to be produced annually and incorporated within a prescribing portfolio

Evidence Type	Minimum Quantity	Rationale	Examples of Evidence
Peer Review	1	<p>Clinical peer review is a method used by healthcare professionals to evaluate each other's clinical performance. The primary purpose is to improve the quality and safety of patient care.</p> <p>Peer reviews can be utilised to assess competence to prescribe and should be <i>undertaken by someone working in the same scope of practice as the person being reviewed</i> in order that feedback can be provided on both generic skills and on condition specific issues.</p>	<ul style="list-style-type: none"> • Case-based reviews – discussions with mentor, designated prescribing practitioner (DPP), or peers • NMP peer groups – opportunity for training, discussion of learning, and peer feedback. Inter-professional sources of evidence (e.g. peer support with NMPs from other professions) should be considered where possible and appropriate to enable shared learning across professions. • Clinical supervision – e.g. – observation of clinical practice, clinical assessment skills, and consultation skills undertaken by peer prescriber, DPP, mentor, or a medical prescriber. • Discussion of prescribing practice, including discussion of prescribing errors and instances where the decision was made NOT to prescribe, with mentor or DPP • Random case analysis – review of a proportion of cases the NMP has managed, undertaken by a mentor/peer/DPP followed by feedback of analysis to the NMP. Any learning needs identified should be discussed and a plan for ongoing development agreed.
Clinical Log	2	<p>Clinical logs are a structured record of a learning event. They support critical reflection of practice and learning.</p>	<ul style="list-style-type: none"> • CPD – see below • Case review – e.g. reflecting on a case following shadowing, peer discussion, or supervision, reflection on prescribing errors
Continuing Professional Development (CPD)	2	<p>CPD is the way in which healthcare professionals continue to learn and develop throughout their careers to ensure that their skills and knowledge are up to date and that they can practice safely and effectively.</p> <p>CPD provides evidence of ongoing learning. It is a key component of revalidation requirements for all prescribing professions and underpins several competencies within the RPS Competency Framework for All Prescribers.</p>	<ul style="list-style-type: none"> • Planned CPD – e.g. attendance at a training event • Unplanned CPD – e.g. learning in response to a prescribing error, or patient unmet needs (PUNs) when an NMP was not sure about the prescribing so sought out additional training/learning/guidance/discussion with colleague to answer clinical question • Audit – e.g. review of personal prescribing data. CPD entry could be produced consolidating learning identified during the audit process • Patient experience or service user feedback can be included as evidence of continued learning and development

4. Standards for competency assurance requirements for employers

The following standards outline the minimum requirements for employers to enable NMPs to maintain their competence to prescribe.

Standard 1: Where there is a service need to prescribe, NMPs must be supported to maintain their competence to prescribe.

- Service provision should be such that prescribers are supported to utilise their prescribing skills in practice. Employers must ensure prescribers have adequate opportunity to undertake prescribing within their practice in order to maintain their competence to prescribe.
- Employers must provide opportunities for NMPs to undertake the required development opportunities, including CPD, to meet the standards outlined above.
 - A shared approach to planning CPD between NMPs and employers is encouraged to ensure NMPs are provided with opportunities that best suit their learning style and the support that they require. NMPs should be able to subsequently demonstrate their learning and how they have incorporated it into daily practice.
 - Examples include: supporting a minimum of annual attendance at NMP Peer Group Meetings or CPD events.

Standard 2: Employers must provide/assign a suitably qualified individual to undertake appraisal of prescribing practice and prescribing portfolios for NMPs every 3 years

- Individual to be determined/defined by employer. This could be, for example, a line manager (if also a prescriber), mentor, consultant, or DPP.
- Individuals undertaking reviews of prescribing practice must have received appropriate training to be able to determine the quality of evidence provided, provide appropriate and supportive feedback, and implement appropriate support systems where required.
- Reviews of prescribing portfolios should be undertaken at least once every three years at a time that is convenient for the NMP and employer, for example during a performance appraisal and development review.

Standard 3: Employers can only expect prescribers to take on roles within the NMPs scope of prescribing practice

- The scope of prescribing practice of NMPs should be discussed at least annually. NMPs and employers should work in partnership to ensure that the NMPs prescribing skills are in line with service and patient requirements. If a need to expand scope of prescribing practice to meet service need is identified, refer to the RPS Guidance: [Expanding Prescribing Scope of Practice](#).
- NMPs will complete a declaration of their scope of prescribing practice to their employer on at least an annual basis, or more frequently if there are any changes to prescribing scope of practice (for example, as prescribing scope is expanded or if a change in sector of practice requires a change to scope of prescribing practice).
- Prescribers can only be expected to take on prescribing roles within the declared scope of practice. Where a person's condition or the medication prescribed are outside the NMPs scope of prescribing practice, the NMP must consider the best interests of the person and decide whether they have the competence to prescribe. If the NMP is not competent to prescribe, the person must be referred to another appropriate prescriber.

Standard 4: Employers must maintain an accurate electronic record of their prescribers, including an up to date scope of practice

- Employers to maintain an electronic database of prescribers, alongside the annual declaration of scope of prescribing practice and declaration of continued competence to prescribe, which can be shared with other organisations where appropriate.

5. Glossary

Independent prescriber – defined by the RPS as: “A prescribing healthcare professional 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.”

Non-medical prescriber (NMP) – defined by the RPS as: “This term encompasses healthcare professionals (excluding doctors and dentists) working within their clinical competence as an independent and/ or supplementary prescribers or community practitioner nurse prescribers. Further information on the types of non-medical prescriber and what they can prescribe can be found in the British National Formulary (BNF).”

Scope of prescribing practice – defined by the RPS as: “The activities a healthcare professional carries out within their professional role. The healthcare professional must have the required training, knowledge, skills and experience to deliver these activities lawfully, safely and effectively. They must also have appropriate indemnity cover for their prescribing role. Scope of practice may be informed by regulatory standards, the professional body’s position, employer guidance, guidance from other relevant organisations and the individual’s professional judgement.”

Supplementary prescribing – defined by the RPS as: “A voluntary partnership between a doctor or dentist and supplementary prescriber, to prescribe within an agreed patient-specific clinical management plan (CMP) with the patient’s agreement. At the time of publication, nurses, midwives, optometrists, pharmacists, physiotherapists, podiatrists, radiographers, paramedics and dietitians may become supplementary prescribers. Once qualified, they may prescribe any medicine (including controlled drugs) within their clinical competence, according to the CMP.”

6. Acknowledgements

Competency Framework Short-Life Working Group

NMP Policy Leads – 7 Health Boards, Velindre, Welsh Ambulance Service NHS Trust

HEIW Deans and Deputies Group

Chief Pharmacists Group

All Wales Quality and Patient Safety Group

Education and Training Primary Care Pharmacist Forum

Royal College of General Practitioners

Chartered Society of Physiotherapy – Pip White

College of Paramedics – David Rovardi, Helen Beaumont-Waters

Royal College of Podiatry – Debbie Sharman

General Optical Council – Samara Morgan, Ben Pearson

College of Optometrists – Paramdeep Bilkhu

Society of Radiographers – Dianne Hogg, Sue Johnson

Royal Pharmaceutical Society – Elen Jones, Karen Hodson

Clinical Services Community Pharmacy Contractual Framework Implementation Group

Community Pharmacy Wales

Welsh Government – Policy Leads – Andrew Evans, David O’Sullivan, Ruth Crowder, Sue Tranka, Paul Labourne, Rob Orford

HEIW Primary Care Leads – Esther Lomas and Rachel Brace

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