GIG CYMRU NHS WALES

Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Standards for Competency Assurance of Independent and Supplementary Prescribers

Guidance for documenting useful evidence to demonstrate continued competence to prescribe

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Standard 4: All Non-Medical Prescribers (NMPs) will evidence their ongoing competence to prescribe in a portfolio

The Royal College of Pharmacy (RCPharm) Competency Framework for All Prescribers recommends maintaining a portfolio of evidence to demonstrate continuing competence in prescribing practice.

- Portfolios can be formal electronic portfolios or more informal electronic document based
- Use of existing revalidation templates to record evidence will avoid duplication. Example templates are provided in appendix 1 if revalidation templates are not available.
- Where possible, evidence should be integrated into the revalidation process. For example, if a peer review is required for the revalidation process, then consider using a case involving prescribing for the discussion?

As a minimum, the portfolio should include:

- Annual self-assessments against the RPS Competency framework for All Prescribers
- Scope of prescribing practice
- Prescribing appraisal documentation
- Clinical logs
- Peer reviews
- CPD evidence – it may be good practice to include a log of CPD activity (appendix 2)

All evidence of competence should be documented in a clear and concise manner, avoiding jargon. Use of anonymised. Specific examples can illustrate the discussion points and impact on practice.

The minimum annual requirements are:

Peer Review

A minimum of 1 peer review should be undertaken annually.

Peer reviews are used to evaluate clinical performance with the aim of improving the quality and safety of patient care. Ideally, they should be undertaken by someone working withing the same scope of practice so that feedback can be provided on generic skills and condition specific issues.

Examples include case-based reviews, NMP Peers Groups, Clinical supervision, discussion of prescribing practice and random case analysis

The structure of the peer review should include a brief introduction setting out the purpose of the discussion followed by a concise entry of the key discussion points. A reflection should be included setting out how the discussion has impacted practice and an action plan outlining any changes intended would be useful.

Peer review examples are included in appendix 3.

Clinical Logs

A minimum of 2 clinical logs should be recorded annually – however evidence may be utilised in more than one way e.g. a clinical log may take the format of CPD.

Clinical logs are a structured record of a learning event. They support critical reflection of practice and learning.
They can take the form of CPD or case review
CPD could be planned such as attendance at a training event or unplanned such as reflecting on a prescribing error.
Case review can be important following shadowing, peer discussion or reflection on a prescribing error.

Purpose of a Clinical Log:

- **Self-Assessment:** Helps healthcare professionals evaluate their own performance and identify areas for improvement.
- **Learning and Development:** Facilitates continuous learning by reflecting on experiences and applying insights to future practice.
- **Quality Improvement:** Contributes to enhancing the quality and safety of healthcare services by fostering a culture of reflection and improvement.

Structure of a Clinical log:

- **Description**: Brief description of the clinical situation, including the patient's condition and the care provided – **What?**
- **Evaluation & analysis**: an assessment of what went well and what could have been improved with respect to patient outcomes as well as the appraisee performance. Why did things happen the way they did? What factors influenced the outcomes? – **So What?**
- **Conclusion & action plan**: a summary of what was learned from the experience. Has it changed understanding or approach? Outline any planned changes to practice – **Now What?**
- It is also good practice to include references which may have contribute to decision making (e.g. NICE guidance)

Examples of clinical logs are included in appendix 4.

Continuing Professional Development (CPD)

A minimum of 2 CPD activities should be undertaken annually – however evidence may be utilised in more than one way e.g. a clinical log may take the format of CPD.

CPD is how healthcare professionals continue to learn and develop throughout their careers to ensure that their skills and knowledge are up to date for safe, effective practice. CPD is a key component of revalidation for all prescribing professions and underpins several competencies within the RPS Competency Framework for all prescribers.

Examples include:

- Planned activities (e.g. training events)
- Unplanned learning (e.g. responding to prescribing errors)
- Audit (e.g. reviewing prescribing data)
- Patient feedback

Examples of CPD activities are included in appendix 5.