

Pharmacist Prescriber: Prescribing competency framework and standards

The Pharmacy Council of New Zealand gratefully acknowledges the UK National Prescribing Centre (NPC) for their kind permission to refer, adapt and reproduce sections of their documents *Maintaining Competency in Prescribing – An outline framework to help pharmacist prescribers* (second edition October 2006)

INTRODUCTION TO THE COMPETENCY FRAMEWORK FOR PHARMACIST PRESCRIBERS

1 Who is the framework for?

The competency framework is relevant to pharmacists registered in the Pharmacist Prescriber scope of practice with the Pharmacy Council of New Zealand.

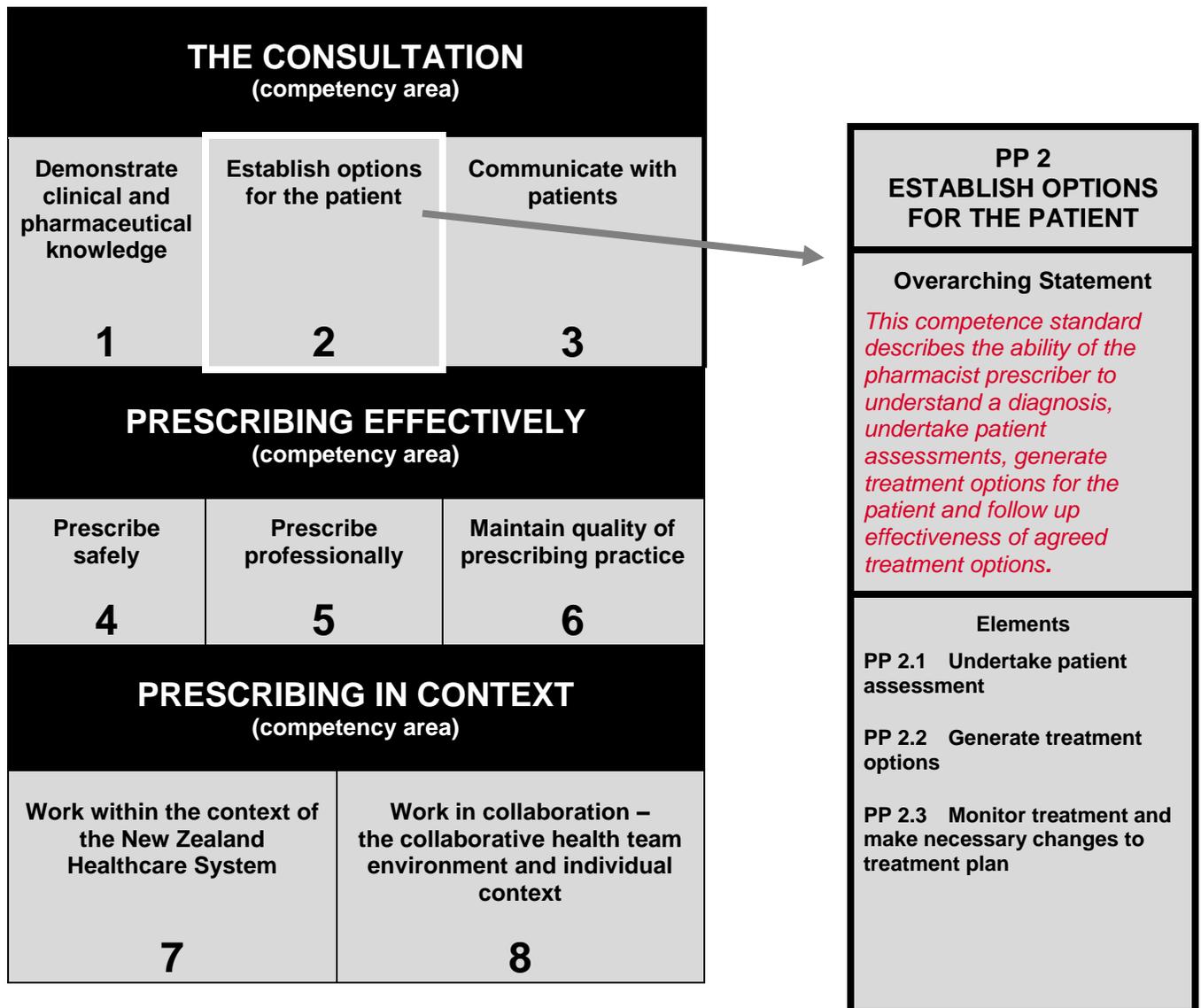
2 The structure of the framework

The competency framework consists of EIGHT competence standards. These standards are grouped into three areas, with three or two competencies in each area.

Figure 1 illustrates the basic structure of the competency framework.

- The three areas of competency in the framework are:
 - The Consultation – consisting of three competence standards
 - Prescribing Effectively – consisting of three competence standards
 - Prescribing in Context – consisting of two competence standards
- The framework therefore consists of EIGHT competence standards.
- Each of the EIGHT competence standards
 - is described as **PP 1 - PP 8** where PP is an acronym for **Pharmacist Prescriber**
 - has an overarching statement which gives an overview of the competence standard and the expectations of the pharmacist prescriber
 - has a number of elements e.g. **PP 1.1** which consists of a number of statements e.g. **PP 1.1.1** which describes the activities pharmacist prescribers will be demonstrating both in initial training and in their practice on an ongoing basis. Some include evidence examples to give an indication of how competency could be demonstrated for these activities.

Figure 1
Basic Structure of the Competency Framework



3 Key Features of the Framework

The following key features will assist in interpreting this framework

- This outline framework is intended to be used by **ALL** pharmacist prescribers regardless of their area of practice
- All eight competence standards will be relevant to all pharmacist prescribers while the ways in which a pharmacist prescriber is able to meet the competencies (i.e. evidence examples) will to be dependent on their practice environment
- The framework should therefore be used as a starting point to discuss and identify how the competencies apply to individual practice
- Using this framework effectively will take time initially
- When considering the activities it will be evident that some are more complex than others and therefore will require more time to consider

4 Are these the only competencies required by the Pharmacist Prescriber?

No, some competencies are required from the Competency Framework for the Pharmacist Scope of Practice. They are:

Competence Standard	Functional Area Description
<p>1 Practise Pharmacy in a Professional and Culturally Competent Manner</p>	<p>This standard outlines these responsibilities which apply to all pharmacists, regardless of their pharmacy practice.</p> <p>Cultural competence is the ability to interact respectfully and effectively with persons from a background that is different from one's own. It goes beyond an awareness of or sensitivity to another culture to include the ability to use that knowledge in cross-cultural situations, and includes the development and implementation of processes, procedures and practices that support the delivery of culturally competent (appropriate) services. <i>The Council acknowledges the contemporary application of the Treaty of Waitangi through the principles of partnership, participation and protection. It expects pharmacists to ensure Māori receive services commensurate with their needs, and in a manner that respects and acknowledges their individual and cultural values and beliefs.</i></p> <p>Clinical competence, as expected of a pharmacist, is the application of knowledge and skills to ensure the safe and quality use of medicines to optimise health outcomes.</p> <p>Ethical conduct, as described in the Pharmacy Council Code of Ethics, is the expression of those principles and values that underpin the pharmacy profession.</p> <p>This competence standard is compulsory for all pharmacists and will also be compulsory for pharmacist prescribers.</p>

Competence Standard	Functional Area Description
<p>2 Contribute to the Quality Use of Medicines</p>	<p>This competence standard covers the role of the pharmacist in promoting the quality use of medicines within an environment of professional pharmaceutical care. The Pharmacist's role includes selecting, recommending, monitoring and evaluating medicine therapy as part of a health care team. Rational medicine use refers to the evidence-based selection, monitoring and evaluation of medicine therapy in order to optimise health outcomes.</p>
<p>4 Apply Management and Organisation Skills</p>	<p>This competence standard covers the organisation and management skills common to all pharmacists. It encompasses the ability to deal with contingencies in the workplace as well as routine work.</p>
<p>5 Research and Provide Information</p>	<p>This competence standard covers the role of the pharmacist in providing health-related information to other health professionals, patients and the public. The pharmacist's role includes finding, interpreting, evaluating, compiling, summarising, generating and disseminating information, for the purpose of optimising medicine related health outcomes.</p> <p>The research component of this standard applies to both applied and practice-based research covering medicines and all areas within pharmacy and health. This includes science, social, cultural, economic and management factors in the health field.</p>

The Consultation

PP 1 DEMONSTRATE CLINICAL AND PHARMACEUTICAL KNOWLEDGE

The pharmacist prescriber must have up-to-date clinical and pharmaceutical knowledge relevant to their defined area of practice.

PP 1.1 Apply clinical understanding relevant to own area of practice

PP 1.1.1 Understands and is able to explain the conditions being treated, their natural progress and how to assess the severity

PP 1.1.2 Understands and is able to explain different non-pharmacological and pharmacological approaches to optimising health outcomes

PP 1.1.3 Understands and is able to explain the pharmacodynamics and pharmacokinetics of medicines, how these mechanisms may be altered and how this affects dosage regimen

PP 1.1.4 Understands and is able to explain the potential for unwanted effects, including adverse drug reactions and drug interactions and how to avoid/minimise and manage them

PP 1.2 Apply principles of evidence-based medicine

PP 1.2.1 Understands and implements the principles of evidence-based medicine, and clinical and cost-effectiveness

PP 1.3 Maintain pharmaceutical knowledge relevant to own area of practice

PP 1.3.1 Develops and maintains an up-to-date knowledge of pharmaceutical products relevant to area of practice

Evidence example: applies up-to-date knowledge of doses, formulations, storage conditions and costs to prescribing decisions

The Consultation

PP 2 ESTABLISH OPTIONS FOR THE PATIENT

The pharmacist prescriber should understand a diagnosis, undertake patient assessments, generate and agree treatment options and follow up on them. The pharmacist prescriber will be able to demonstrate appropriate and relevant diagnostic skills; clinical reasoning and patient assessment skills; and monitoring skills required to optimise medicines related health outcomes for the patient. This will be within the confines of a confirmed diagnosis and the collaborative health team environment.

PP 2.1 Undertake patient assessment

- PP 2.1.1 Takes a comprehensive medical history and medication history (including complementary medicines, herbal remedies, over-the-counter medicines, Rongoā)
- PP 2.1.2 Assesses the clinical condition using appropriate records, techniques and equipment
- PP 2.1.3 Accesses and interprets all relevant patient records to ensure understanding of the patient's management
- PP 2.1.4 Evaluates the effectiveness of the current medicine therapy of individual patients
- PP 2.1.5 Identifies the nature, severity and significance of the clinical problem
- PP 2.1.6 Requests, and interprets relevant investigations.

Evidence example: spirometry, biochemistry, haematology orders to monitor effectiveness of medicine/therapy e.g. therapeutic drug monitoring, chronic disease management (diabetes, cardiovascular disease), nutritional requirements or continuation of therapy e.g. clozapine

PP 2.2 Generate treatment options

- PP 2.2.1 Views and assesses the patient's needs holistically (e.g. cultural, psychosocial, physical)
- PP 2.2.2 Considers no treatment, non-pharmacological and pharmacological options (including referral to other member of the healthcare team and preventative measures)
- PP 2.2.3 Assesses actual or potential drug related problems including the effect of multiple pathologies, existing medicines and contraindications
- PP 2.2.4 Assesses the risks and benefits to the patient of taking/not taking a medicine (or using/not using a treatment)
- PP 2.2.5 Selects the most appropriate medicines, dosing regimen, route of administration and formulation for the individual patient and prescribes appropriate quantities

- PP 2.3 Monitor treatment and make necessary changes to treatment plan**
- PP 2.3.1 Monitors effectiveness of treatment and potential unwanted effects
- PP 2.3.2 Makes changes to the treatment plan in light of ongoing monitoring and the patient's condition and preferences
- PP 2.3.3 Establishes and maintains a plan for reviewing the therapeutic objective
- PP 2.3.4 Ensures that patient can access ongoing supplies of their medication
Range Statement: The Pharmacist Prescriber is responsible to ensure that the medicine is available under normal circumstances, and that the treatment is generally affordable. It is not intended that the Pharmacist Prescriber be responsible for stock shortages and financial barriers to usual care

The Consultation

PP 3 COMMUNICATE WITH PATIENTS (this includes family/ whānau, caregivers and/ advocates where appropriate)

The pharmacist prescriber should seek to establish a relationship with the patient based on trust and mutual respect. The pharmacist will see the patient as a partner in the consultation and apply the principles of concordance.

PP 3.1 Establish a relationship based on trust and respect

- PP 3.1.1 Listens to and understands the patient's beliefs, ideas, concerns and expectations
- PP 3.1.2 Understands the cultural and religious implications of the diagnosis / prescribing
- PP 3.1.3 Undertakes the consultation in an appropriate setting and adapts to meet the needs of the patient (e.g. health literacy, physical impairments, privacy, confidentiality)
- PP 3.1.4 Deals sensitively with patient's emotions and concerns
- PP 3.1.5 Creates a relationship which does not encourage the expectation that a prescription will be supplied
- PP 3.1.6 Explains the nature of the patient's condition to them, the rationale behind and potential risks and benefits of treatment/management options

PP 3.2 Apply the principles of partnership and concordance

- PP 3.2.1 Enables the patient to make informed choices about their options
- PP 3.2.2 Negotiates an outcome of the consultation that both patient and prescriber are satisfied with
- PP 3.2.3 Encourages the patient to take responsibility for their own health and self-manage their conditions
- PP 3.2.4 Identifies opportunities to discuss health promotion with the patient
- PP 3.2.5 Gives clear instructions about the medication (eg what it is for, how to use it, possible unwanted effects)
- PP 3.2.6 Checks the patient's understanding of, and commitment to their management and follow-up

Prescribing Effectively

PP 4 PRESCRIBE SAFELY

The pharmacist prescriber will apply professional reasoning and judgment; will be aware of own limitations; will comply with legal requirements and does not compromise patient safety. The pharmacist prescriber is able to justify their prescribing decisions.

PP 4.1 Apply professional reasoning and judgment

PP 4.1.1 Recognises priorities and uncertainties when problem solving

PP 4.1.2 Uses sound reasoning and judgment skills when making decisions/recommendations in everyday and complex situations and resolves issues holistically
Evidence example: utilises skills including analytical skills, judgement skills, interpretation skills, and appraisal of options to make decisions

PP 4.1.3 Makes decisions in the absence of specific evidence or data, or when there is conflicting evidence or data, and takes responsibility for these decisions

PP 4.2 Aware of own limitations

PP 4.2.1 Identifies and works within the limits of own knowledge and skill

PP 4.2.2 Appropriately refers patient or seeks guidance from another member of the collaborative health team or another relevant health professional

PP 4.2.3 Only prescribes medicines with adequate, up-to-date knowledge of its actions, indications, contraindications, interactions, cautions, dose and side-effects

PP 4.3 Ensure patient safety

PP 4.3.1 Checks doses and calculations to ensure accuracy and safety of prescribed medicines

PP 4.3.2 Keeps up-to-date with advances in best-practice with respect to medicines and emerging safety concerns

PP 4.3.3 Understands and is able to explain about common causes of medication errors and how to prevent them

PP 4.3.4 Understands and is able to explain the misuse potential of medicines

PP 4.4 Comply with legal requirements

PP 4.4.1 Understands the need for and makes accurate, clear and timely records and clinical notes

PP 4.4.2 Generates legible, clear and complete prescriptions, which meet legal requirements

Prescribing Effectively

PP 5 PRESCRIBE PROFESSIONALLY

The pharmacist prescriber will work within professional, regulatory and organisational standards and codes of practice.

PP 5.1 Practice professionally when prescribing

PP 5.1.1 Accepts personal responsibility for own prescribing and understands the clinical, legal and ethical implications of doing so

PP 5.1.2 Makes prescribing decisions, based on the identified clinical needs of the patient and not the personal considerations of the prescriber, family/whānau, caregiver, employer, colleagues and/or the pharmaceutical industry

PP 5.2 Work within regulatory, organisation and professional standards and codes of practice

PP 5.2.1 Understands and can explain how current legislation affects prescribing practice

PP 5.2.2 Works within the relevant organisational codes of conduct when dealing with the pharmaceutical industry

PP 5.2.3 Prescribes within current professional and organisational codes of practice / standards

PP 5.2.4 Uses relevant patient record systems, prescribing and information systems, and decision-support tools

PP 5.2.5 Maintains patient confidentiality and considers the impact of privacy legislation on professional practice

PP 5.3 Maintain security of prescribing records and forms

PP 5.3.1 Maintains security of patient information and records whether electronic or manual

Prescribing Effectively

PP 6 MAINTAIN QUALITY OF PRESCRIBING PRACTICE

The pharmacist prescriber will actively participate in the review and development of their prescribing practice, and in the critical appraisal of information to improve patient care.

PP 6.1 Participate in Continuing Professional Development (CPD) to maintain quality of prescribing practice

PP 6.1.1 Takes responsibility for own continuing professional development specific to own practice area

PP 6.1.2 Uses reflection on practice to adapt and improve own practice

PP 6.1.3 Shares and debates own and others prescribing practice

PP 6.1.4 Develops own networks for support, reflection and learning

PP 6.2 Participate in quality improvement activities to develop and improve prescribing practice

PP 6.2.1 Uses tools to improve prescribing practice including evaluating patient outcomes
Evidence Example: prescribing data, audit and feedback

PP 6.2.2 Records and reports adverse reactions to medicines, medication errors, and near misses, reviews practice to prevent recurrences

PP 6.2.3 Establishes inter-professional links with practitioners working in the same specialist area

PP 6.2.4 Promotes a no-blame environment for discussion and prevention of prescribing errors and near misses

PP 6.3 Access, evaluate and apply information to improve prescribing practice

PP 6.3.1 Uses relevant, up-to-date information to guide prescribing decisions

PP 6.3.2 Critically appraises the validity of information sources used in the context of prescribing decisions

PP 6.3.3 Applies information to the clinical situation, linking theory to practice

PP 6.3.4 Regularly reviews evidence behind therapeutic strategies

PP 6.3.5 Understands the advantages and limitations of different information sources

Prescribing in Context

PP 7 WORK WITHIN THE CONTEXT OF THE NEW ZEALAND HEALTHCARE SYSTEM

The pharmacist prescriber understands the structure, relationships and functions of the organisations that make up the New Zealand healthcare system and how their own practice impacts on the wider healthcare system and services. They also have the ability to understand and work within local and national policies that impact on prescribing practice.

PP 7.1 Understand the New Zealand Healthcare System

PP 7.1.1 Understands how national and local health services and partner organisations work and interact

PP 7.1.2 Understands economic constraints at local and national levels

PP 7.1.3 Understands and can explain ways to reduce health inequalities and improve access for different population groups

PP 7.1.4 Delivers healthcare advice and education in a manner which supports and enhances cultural awareness with respect to the health of the local, regional and/or national populations

PP 7.2 Understand the impact of own practice on the wider healthcare system

PP 7.2.1 Understands national healthcare strategies, priorities and frameworks relevant to medicines use

PP 7.2.2 Identifies impact of own practice on national and/or regional healthcare priorities and goals

PP 7.2.3 Understands and can explain the public health issues related to medicines and their use

PP 7.3 Understand and work within local and national guidelines and policies that impact on prescribing practice

PP 7.3.1 Applies relevant local and national guidance and policies for medicines use where appropriate

Evidence Example: Prescribing guided by local formularies, care pathways, other local and nationally agreed guidelines e.g. local PHOs, bpac^{NZ} Ltd, Pharmaceutical Schedule,

PP 7.3.2 Understands, explains and works within funding systems related to prescribing
Evidence Example: Checks funding status in the Pharmaceutical Schedule. Applies for Special Authority numbers

PP 7.3.3 Understands and can explain the implications of prescribing unregistered medicines or medicines used for unregistered indications

PP 7.3.4 Understands how medicines are licensed, sourced, supplied and monitored

Prescribing in Context

PP 8 WORK IN COLLABORATION - THE COLLABORATIVE HEALTH TEAM ENVIRONMENT AND INDIVIDUAL CONTEXT

The pharmacist prescriber works in partnership with other members of a collaborative interprofessional health team for the benefit of patients. The pharmacist prescriber's practice complements that of other team members.

PP 8.1 Work in partnership with the interprofessional health team for the benefit of patients

PP 8.1.1 Establishes relationships and communication pathways with members of the interprofessional healthcare team based on understanding and trust and respect for each others' roles

PP 8.1.2 Establishes and maintains credibility with the interprofessional health care team

PP 8.1.3 Seeks and/or provides support and advice to other members of the interprofessional health care team where appropriate

PP8.1.4 Maintains a collaborative health team environment and utilises the interprofessional health care team to its full extent

PP 8.1.5 Ensures that continuity of care is not compromised, by keeping relevant members of the interprofessional health care team informed in a timely manner

PP 8.2 Display self-awareness and confidence in own ability as a prescriber

PP 8.2.1 Responds actively to change

PP 8.2.2 Negotiates the appropriate level of support for role as a prescriber