



The Pharmacists' Defence Association's Response to the Royal Pharmaceutical Society's Consultation on the Competency Framework for Designated Prescribing Practitioners

August 2019

About the Pharmacists' Defence Association

The Pharmacists' Defence Association (PDA) is a not-for-profit organisation which aims to act upon and support the needs of individual pharmacists and, when necessary, defend their reputation. It currently has more than 28,000 members. The PDA Union was inaugurated in May 2008 and achieved independent certification in 2011.

The PDA is the largest pharmacist membership organisation and the PDA Union is the only independent Trade Union exclusively for Pharmacists, in the UK.

The primary aims of the PDA are to:

- Support pharmacists in their legal, practice and employment needs
- Represent the individual or collective concerns of pharmacists in the most appropriate manner
- Proactively seek to influence the professional, practice and employment agenda to support members
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practices, so improving patient care
- Work with like-minded organisations to further improve the membership benefits to individual pharmacists
- Arrange insurance cover for individual pharmacists to safeguard and defend their reputation.

Summary

The Royal Pharmaceutical Society is consulting on a competency framework for Designated Prescribing Practitioners (DPPs), who are responsible for the Period of Learning in Practice (PLP) of those training to become Non-Medical Prescribers (NMPs) in non-medical professions permitted to train as such.

The consultation runs from 21 June 2019 to 2 August 2019.

Questions

1. Is the title 'Designated Prescribing Practitioner' clear and unambiguous as an umbrella term to describe the role for the purpose of this multi-professional framework?

Yes

2. If you answered 'no' or 'don't know' to question1, would either of the following terms be an appropriate alternative?

- a. Designated Prescribing Practice Assessor
- b. Designated Assessor for Prescribing Practice
- c. Neither

N/A

3. Is the scope and purpose of the Competency framework for Designated Prescribing Practitioners clear?

Yes

4. The framework has been developed under the following three key sections:
 1. The Designated Prescribing Practitioner (DPP)
 2. Delivering the role
 3. Learning environment and wider governance.

Does this format appropriate reflect the DPP role?

Yes

5. If you answered 'no' or 'don't know' to above questions, please expand on your answer here

N/A

6. In order to ensure that all the statements in the framework are relevant and required of an effective DPP, please rank each statement using the following scale:
1=less important, 2=important 3=highly important

The Designated Prescribing Practitioner

1. Personal Characteristics

The practitioner taking on the DPP role:

		Rank
1.1	Recognises the value and responsibility of the DPP role	3
1.2	Demonstrates leadership through their clinical practice	3
1.3	Demonstrates a desire to support trainees	3
1.4	Displays professional integrity, is objective in supervision and/or assessment	3
1.5	Is open, approachable and empathetic	3
1.6	Creates a learning culture through their practice	3

2. Professional Skills and Knowledge

The practitioner taking on the DPP role:

2.1	Works in line with legal, regulatory, professional and organisational standards	3
2.2	Demonstrates an appropriate level of prescribing experience	3
2.3	Is an active prescriber with appropriate knowledge and experience of the trainees area of clinical practice	3
2.4	Has up-to-date patient facing, clinical and diagnostic skills and evidence of demonstrating competence in an area of practice relevant to the trainee	3
2.5	Understands the scope and legal remit of non-medical prescribing for different professions	3

3. Teaching and training skills

The practitioner taking on the DPP role:

3.1	Has some experience or training in teaching and/or supervising in practice	3
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3.2	Has an understanding of a range of teaching methods to facilitate learning in practice and adapt to individual student needs	3
3.3	Articulates decision making processes and justifies rationale for decisions when teaching or training others	3
3.4	Has knowledge of a range of methods of assessment and experience of conducting assessment of trainees in clinical practice	3
3.5	Delivers timely and regular constructive feedback	3
3.6	Facilitates learning by encouraging critical thinking and reflection	3

Delivering the role

4. Working in Partnership

In delivering the role, the DPP is able to:

4.1	Work together with trainee to understand their baseline knowledge and skills, and together jointly create development plan for meeting learning outcomes	3
4.2	Regularly assess the trainee at appropriate intervals to guide gradual handover of elements of the process that lead to prescribing	3
4.3	Work in partnership with the trainee, other practitioners and the programme provider to confirm competence of the trainee	3
4.4	Communicate any concerns regarding trainee to the programme provider in a timely manner	3
4.5	Promote a multidisciplinary team (MDT) approach to training, recognising the importance of the trainee learning from other professions to deliver a broad learning experience	3
4.6	Recognise own limits in capacity, knowledge and skills and areas of practice where other practitioners may be better placed to support learning	3
4.7	Facilitate trainee access to other appropriate practitioners to enable the trainee to meet their learning needs and the programme learning outcomes	3

5. Prioritising Patient Care

In delivering the role, the DPP is able to:

5.1	Ensure safe and effective patient care remains central to practice through effective supervision	3
5.2	Ensure patients are informed of and consent to trainee presence at consultations	3
5.3	Take appropriate action if has concerns regarding the trainee's practice	3
5.4	Identify and challenge inappropriate behaviour by trainee	3

5.5	Act in the interest of patient and public safety when making decisions on trainee competence	3
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6. Developing in the role

In delivering the role, the DPP:

6.1	Is open to learn and be challenged	3
6.2	Uses feedback from trainee and others, and uses this to improve their practice	3
6.3	Undertakes and records CPD specific to DPP role and provides evidence of development of skills relevant to the role	3
6.4	Identifies when help is required in DPP role and when, and where, to seek support	3
6.5	Regularly reflects on role as a DPP and potential for improving	3

Learning Environment and Governance

7. Learning environment

To ensure an appropriate environment for learning the DPP:

7.1	Dedicates sufficient time to supporting the trainee throughout their period or learning in practice	3
7.2	Creates an environment that promotes equality, inclusivity and diversity	3
7.3	Creates an environment that encourages participation and open discussion to support learning	3

8. Governance

The DPP:

8.1	Ensures that there are appropriate governance structures in place within the workplace	3
8.2	Understands wider governance structure surrounding the DPP role, including the programme provider, employing organisation, professional regulator and others	3
8.3	Understands the role and responsibilities of the DPP within this governance structure	3
8.4	Ensures familiarity with process of escalating concerns about a trainee, and, where appropriate, engages with this process	3

8.5	Engages with employing organisation, including organisational NMP Lead (where appropriate) to ensure has support and resources to undertake DPP role	3
8.6	Awareness of support available for both supervisor and trainees and how to access this support	3

7. Any additional comments on the competencies within any section of the framework?

Yes

We make the following recommendations in relation to the competencies.

Recommendation

Competency 2.3 *“Is an active prescriber with appropriate knowledge and experience of the trainee’s area of clinical practice”* under the “Professional Skills and Knowledge” section should be changed to *“Is an active and experienced prescriber with appropriate knowledge and experience of the trainee’s area of clinical practice”* in order to require that the DPP meets the definition of an ‘Experienced Prescriber’ set out in the Glossary to the document.

Recommendation

Under the “Professional Skills and Knowledge” section, the competency *“Undertakes a self-assessment to evaluate his/her own clinical practice competency boundaries and ensures the NMP does the same”* should be added.

The existing competency 3.1 would require just “some” unspecified experience or training in teaching and/or supervising in practice – a definition which could be interpreted liberally.

Recommendation

Competency 3.1 *“Has some experience or training in teaching and/or supervising in practice”* under the “Teaching and Training Skills” section should be changed to *“Has significant experience or training in teaching and/or supervising in practice”* to ensure that the DPP’s previous experience is sufficient, relevant and equips them to take on the role.

We are concerned to ensure that the appropriate breadth and depth of experience is retained from one generation of prescribers to the next. It is not entirely clear how the framework will achieve this outcome.

Recommendation

Competency 4.6 *“Recognise own limits in capacity, knowledge and skills and areas of practice where other practitioners may be better placed to support learning”* under the “Working in Partnership” section should be changed to *“Recognise own limits in capacity, knowledge and skills and areas of practice where other practitioners may be better placed to support learning. Encourages the trainee to do the same and refers the trainee to other practitioners where this is necessary to supplement their learning during the Period of Learning in Practice.”*

Recommendation

Under the “Learning Environment” section, the competency “*Raises concerns to the appropriate person/body when the learning environment could be improved and seeks to ensure the necessary improvements are promptly made*” should be added.

Recommendation

Under the “Prioritising Patient Care” section, the competency “*Works under the protection of appropriate indemnity insurance and ensures that the NMP does the same*” should be added.

The existing definition of ‘Experienced Prescriber’ permits loose governance and does not require at least 3 years’ experience; this is likely to mean that some DPPs will have much less than three years’ experience and undermine the quality of the Period of Learning in Practice in some cases. In turn, this is likely to result in inappropriately lower standards and consequential risks to patients. In addition, the existing definition does not require that the experience be recent; it could have been gained many years ago, meaning that the DPP is not able to meet the needs of the trainee. Whilst the definition ‘Experienced Prescriber’ appears in the Glossary, it does not appear to have been used anywhere else in the framework.

Recommendation

Under the “Glossary” section, the definition of “Experienced Prescriber” should be changed from “*An active prescriber who would usually have at least 3 years’ prescribing experience*” to “*An active prescriber who has at least 3 years’ recent prescribing experience*”.

8. Does the framework reflect the key behaviours required of an effective DPP. If no, where are the gaps?

Our views on the gaps in the framework are implicit within the recommendations we have made in response to question 7.

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

No

10. Is the framework sufficiently generic to apply to DPPs from all professional backgrounds? If no, what needs modification?

Yes

11. How might you/your organisation use the framework once it is published?

We may refer members to it in the event of a query, or refer to it as necessary when communicating with members.

12. How could you/your organisation help to promote the framework once it is published?

Please refer to our response to question 11.

13. What might be the financial and/or organisation barriers to using this framework in practice?

Lack of time to use it, lack of awareness of it or its benefits, that it is not a mandatory/legal requirement to use it.

14. Are there any supporting references or resources that you think should be highlighted to support implementation of the guidance?

No

15. Do you have any other comments about the document?

Overall, the PDA's view is that the document is generally well-structured, and its content is appropriate.

In addition to our responses to the other questions, we make one further recommendation as to how it could be improved.

Recommendation

In the section entitled 'The Scope of the Designated Prescribing Practitioner Competency Framework', it states: *"Whilst the DPP is expected to ensure the environment in which they practice is appropriately resourced to facilitate the trainee to meet their learning needs and outcomes, elements of this may be outside their control."*

We were left thinking "and so what?". This statement implies that it is acceptable for the environment to be left without sufficient resources to facilitate the trainee or to meet their learning needs and outcomes. If the DPP is of the opinion that this would be the case, he or she should be required to raise concerns about it to the appropriate authorities and refuse to sign off the trainee as competent if their learning needs and outcomes have not been met. The document should state that explicitly.