

CET Competency Framework for Therapeutic Prescribers

THE CONSULTATION		
1 CLINICAL AND PHARMACEUTICAL KNOWLEDGE	2 ESTABLISHING OPTIONS	3 COMMUNICATING WITH PATIENTS (parents, carers and advocates where appropriate)
<i>Has up-to-date clinical and pharmaceutical knowledge relevant to own area of practice.</i>	<i>Makes a diagnosis and generates management options for the patient. Follows up treatment.</i>	<i>Establishes a relationship based on trust and mutual respect. Sees patients as partners in the consultation. Applies the principles of concordance.</i>
<ol style="list-style-type: none"> 1 Understands the conditions being treated, their natural progress and how to assess the severity of disease 2 Understands different non-pharmacological and pharmacological approaches to modifying disease and promoting health, desirable and undesirable outcomes, and how to identify and assess them 3 Understands the mode of action and pharmacokinetics of medicines and how these mechanisms may be altered (e.g. by age, renal impairment etc.) and how this affects dosage 4 Understands the potential for unwanted effects (e.g. allergy, adverse drug reactions [ADRs], drug interactions, special precautions and contraindications) and how to avoid /minimise, recognise and manage them 5 Maintains an up-to-date knowledge of products in the BNF / drug tariff (e.g. doses, formulations, pack sizes, storage conditions, costs) 6 Understands how medicines are licensed, supplied and monitored (e.g. ADR reporting) 7 Applies the principles of evidence-based medicine, and clinical and cost-effectiveness 8 Understands the public health issues related to medicines use 9 Appreciates the misuse potential of drugs 10 Is aware of infection control procedures 	<ol style="list-style-type: none"> 1 Takes a comprehensive medical and medication history, including presenting symptoms* 2 Assesses the clinical condition using appropriate equipment and techniques* 3 Identifies the nature, severity and significance of the clinical problem (i.e. formulates a 'working' diagnosis from differential diagnosis)* 4 Requests and interprets relevant diagnostic tests 5 Views and assesses the patient's needs holistically (psychosocial, physical) 6 Considers no treatment, non-drug and drug treatment options (including referral and preventative measures) 7 Assesses the effect of multiple pathologies, existing medication and contraindications on treatment options 8 Assesses the risks and benefits to the patient of taking / not taking a medicine (or using / not using a treatment) 9 Selects the most appropriate drug, dose and formulation for the individual patient 10 Monitors effectiveness of treatment and potential side-effects 11 Makes changes to the treatment plan in light of ongoing monitoring and the patient's condition and preferences* 12 Establishes, and maintains, a plan for reviewing the therapeutic objective / end point of treatment and discharge 13 Ensures that patients can access ongoing supplies of their medication (repeat prescribing) 14 Accesses and interprets all relevant patient records to 	<ol style="list-style-type: none"> 1 Approaches the consultation in a structured way 2 Listens to and understands patients' beliefs and expectations 3 Understands the cultural, linguistic and religious implications of prescribing 4 Adapts consultation style to meet the needs of different patients (e.g. for age, level of understanding, physical impairments etc.) 5 Deals sensitively with patients' emotions and concerns 6 Creates a relationship which does not encourage the expectation that a prescription will be supplied 7 Explains the nature of the patient's condition and the rationale behind, and potential risks and benefits of, management options 8 Helps patients to make informed choices about their management 9 Negotiates an outcome of the consultation that both patient and prescriber are satisfied with 10 Encourages patients to take responsibility for their own health and to self-manage their conditions 11 Gives clear instructions to the patient about their medication (e.g. how to take / administer it, where to get it from, possible side-effects etc.) 12 Checks patients' understanding of, and commitment to, their management and follow up

	ensure knowledge of the patient's management	
* These statements are modified for supplementary prescribers; refer to page 18		

PRESCRIBING EFFECTIVELY		
4 PRESCRIBING SAFELY	5 PRESCRIBING PROFESSIONALLY	6 IMPROVING PRESCRIBING PRACTICE
<i>Is aware of own limitations. Does not compromise patient safety. Justifies prescribing decisions.</i>	<i>Works within professional, organisational, and regulatory standards.</i>	<i>Actively participates in the review and development of prescribing practice to improve patient care.</i>
<p>1 Knows the limits of their own knowledge and skill, and works within them</p> <p>2 Knows when to refer to, or seek guidance from, another member of the team or a specialist*</p> <p>3 Prescribes a medicine only with adequate, up-to-date knowledge of its actions, indications, contraindications, interactions, cautions, dose and side-effects</p> <p>4 Knows about common types of medication errors and how to prevent them</p> <p>5 Makes prescribing decisions often enough to maintain confidence and competence</p> <p>6 Keeps up-to-date with advances in practice and emerging safety concerns related to prescribing</p> <p>7 Understands the need for, and makes, accurate and timely records and clinical notes</p> <p>8 Writes legible, clear and complete prescriptions which meet legal requirements</p>	<p>1 Accepts personal responsibility for their own prescribing and understands the legal and ethical implications of doing so</p> <p>2 Makes prescribing decisions based on the needs of patients and not the prescribers personal considerations</p> <p>3 Understands how current legislation affects prescribing practice</p> <p>4 Prescribes within current professional codes of practice</p> <p>5 Takes responsibility for their own continuing education and training, and continuing professional development</p> <p>6 Keeps prescription pads safely and knows what to do if they are stolen / lost</p> <p>7 Maintains patient confidentiality</p>	<p>1 Reflects on their own performance, can learn and change prescribing practice</p> <p>2 Shares and debates their own, and others' prescribing practice (e.g. audit, peer group review)</p> <p>3 Challenges colleagues inappropriate practice constructively</p> <p>4 Understands and uses tools to improve prescribing (e.g. review of prescribing data, audit)</p> <p>5 Reports prescribing errors and near misses, reviews practice to prevent recurrence</p> <p>6 Develops own networks for support, reflection and learning</p>
* This statement is modified for supplementary prescribers; refer to page 18		

PRESCRIBING IN CONTEXT		
7 INFORMATION IN CONTEXT	8 THE NHS IN CONTEXT#	9 THE TEAM AND INDIVIDUAL CONTEXT
<i>Knows how to access relevant information. Can critically appraise and apply information in practice.</i>	<i>Understands, and works with, local and national policies that impact on prescribing practice. Sees how own practice impacts on wider NHS.</i>	<i>Works in partnership with colleagues for the benefit of patients. Is self-aware and confident in own ability as a prescriber.</i>
<p>1 Understands the advantages and limitations of different information sources</p> <p>2 Uses relevant, up-to-date information; both written (paper / electronic) and verbal</p> <p>3 Critically appraises the validity of information (e.g. promotional literature, research reports) when necessary</p> <p>4 Applies information to the clinical context (linking theory to practice)</p> <p>5 Uses relevant patient record systems, prescribing and information systems, and decision support tools##</p> <p>6 Regularly reviews the evidence behind therapeutic strategies</p>	<p>1 Understands and works with local NHS organisations</p> <p>2 Works within local frameworks for medicines use as appropriate (e.g. formularies, protocols and guidelines)</p> <p>3 Works within the NHS / organisational code of conduct when dealing with the pharmaceutical industry</p> <p>4 Understands drug budgetary constraints at local and national levels; can discuss them with colleagues and patients</p> <p>5 Understands the national NHS frameworks for medicine use (e.g. National Institute for Clinical Excellence, National Service Frameworks, medicines management, clinical governance, IT strategy)##</p>	<p>1 Thinks and acts as part of a multidisciplinary team to ensure that continuity of care is not compromised</p> <p>2 Recognises and deals with pressures that result in inappropriate prescribing</p> <p>3 Is adaptable, flexible and responsive to change</p> <p>4 Negotiates the appropriate level of support for their role as a prescriber</p> <p>5 Establishes and maintains credibility with colleagues in the health care team</p> <p>6 Establishes relationships with colleagues based on trust and respect for each others roles</p> <p>7 Seeks or provides support, advice and training from / to other prescribers, team members and support staff where appropriate</p>
<p># This competency has an NHS focus. However, the principles underpinning several of the statements will apply equally to optometrists in non NHS Practice and to Optometrists working in non-NHS organisations.</p> <p>## IT and decision support is likely to increase significantly over time. It is critical that optometrists are both aware of, and able to, use relevant IT systems.</p>		