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Review of the National Prescribing Competencies Framework

Steve Morris

CEO, NPS MedicineWise
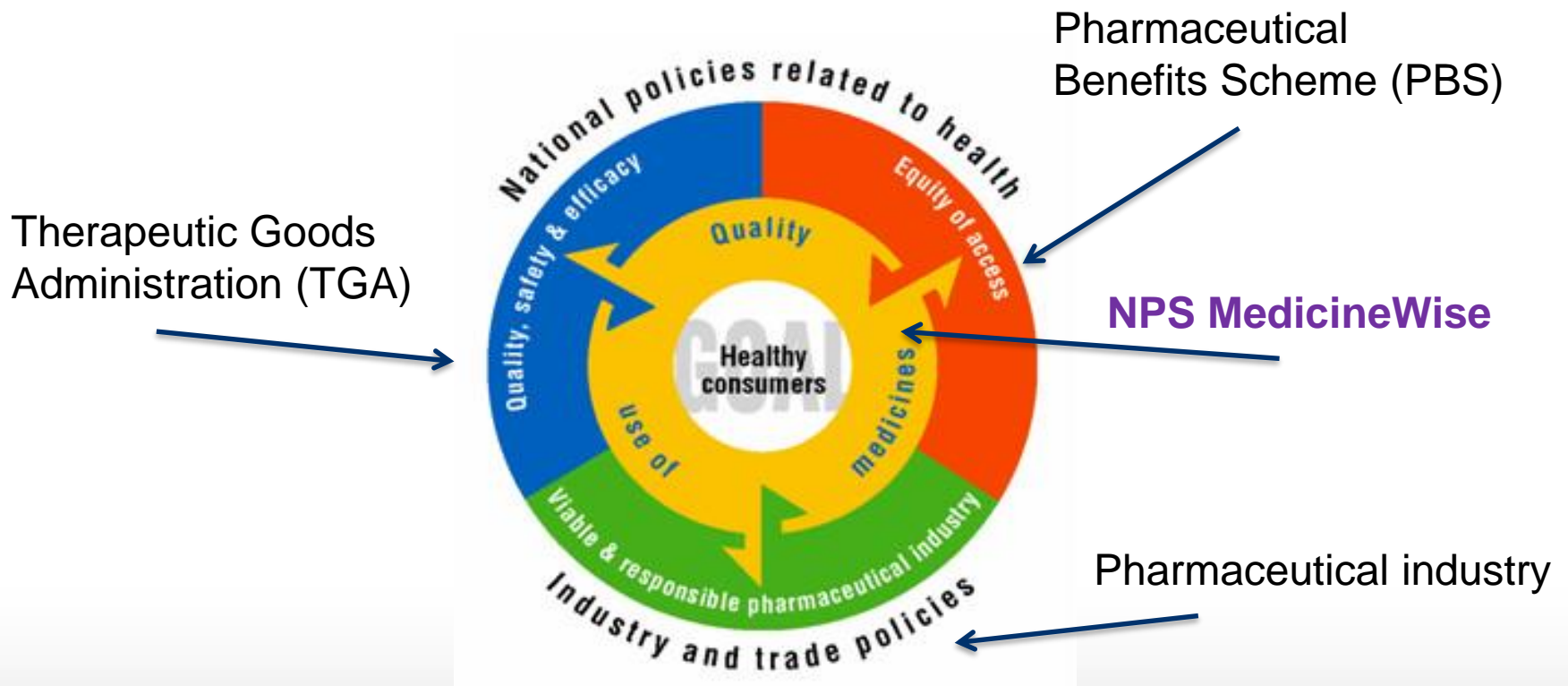
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20 YEARS OF EXPERIENCE
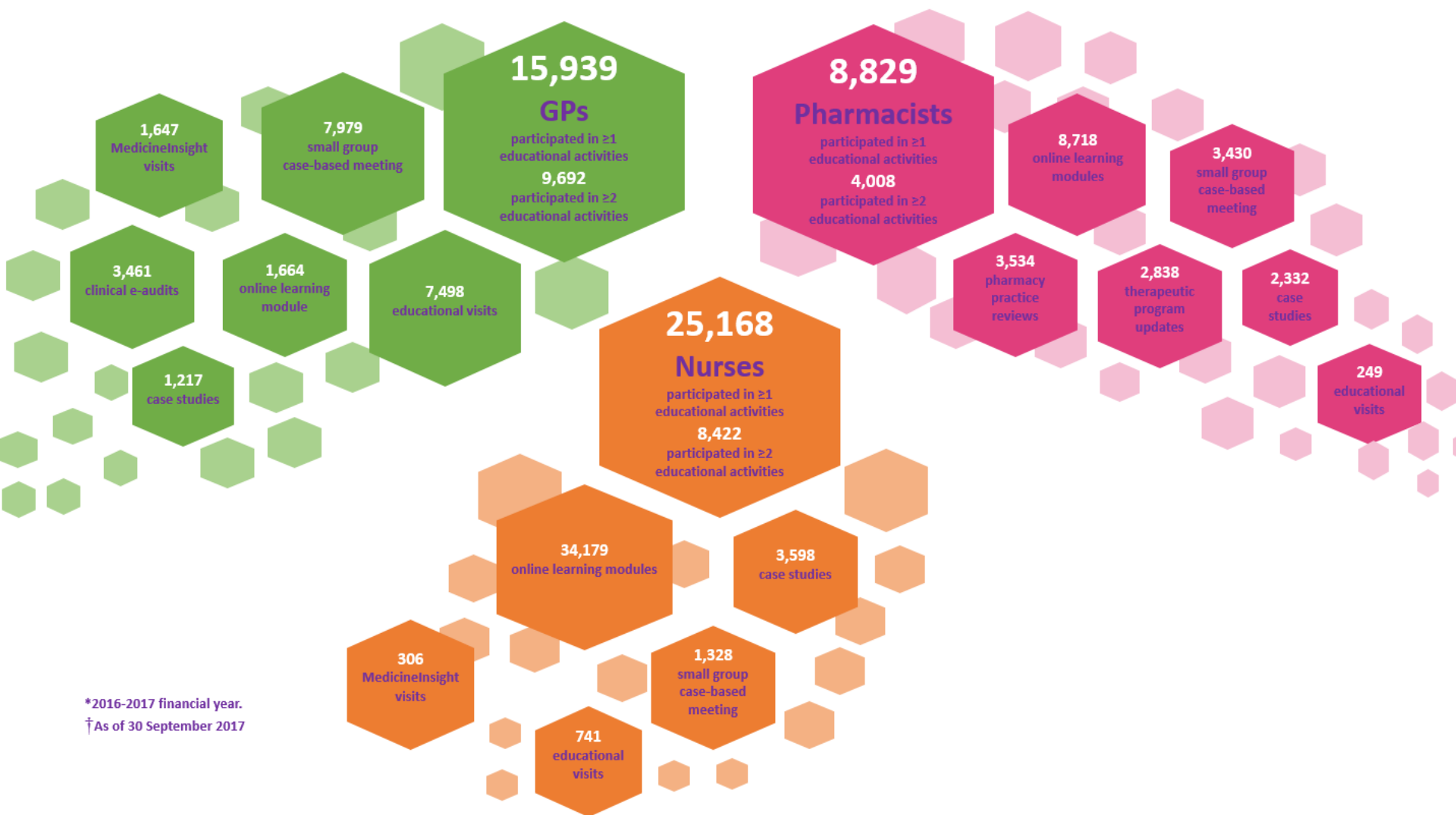## HELPING AUSTRALIANS MAKE BETTER HEALTH DECISIONS

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OUR HISTORY

▷ We operate within the framework of the National Medicines Policy (NMP)

NPS MedicineWise Reach

NEARLY 50,000 HEALTH PROFESSIONALS ENGAGED WITH OUR EDUCATIONAL ACTIVITIES IN 2017*

GPs

15,939
GPs
participated in ≥1 educational activities
9,692
participated in ≥2 educational activities

- 1,647 MedicineInsight visits
- 7,979 small group case-based meeting
- 3,461 clinical e-audits
- 1,664 online learning module
- 7,498 educational visits
- 1,217 case studies

Pharmacists

8,829
Pharmacists
participated in ≥1 educational activities
4,008
participated in ≥2 educational activities

- 8,718 online learning modules
- 3,430 small group case-based meeting
- 3,534 pharmacy practice reviews
- 2,838 therapeutic program updates
- 2,332 case studies
- 249 educational visits

Nurses

25,168
Nurses
participated in ≥1 educational activities
8,422
participated in ≥2 educational activities

- 34,179 online learning modules
- 3,598 case studies
- 306 MedicineInsight visits
- 1,328 small group case-based meeting
- 741 educational visits

*2016-2017 financial year.
†As of 30 September 2017

RECENT EDUCATION PROGRAMS

- Opioids (chronic non-cancer pain)
- Anxiety
- Acute low back pain
- Rheumatoid arthritis
- Asthma
- PPIs
- Type 2 Diabetes
- COPD
- Thyroid

Visit: https://www.nps.org.au/

Health professionals

Opioids, chronic pain and the bigger picture

Opioid medicines in chronic non-cancer pain – balancing opioid-related harm with effective pain management and quality of life

This program offers guidance on how to assess when a short trial of opioids is appropriate, how to taper opioids with the support of non-pharmacological strategies, and when to seek support.

Find out more →

Article
Opioids out of balance

CPD Activities
Opioids and the bigger picture when treating chronic pain

Medicinewise News
If not opioids, then what?

For consumers

Opioid medicines and chronic non-cancer pain

Opioid medicines can be used to reduce some types of pain, such as acute pain and chronic pain caused by cancer. However, their role in the management of chronic non-cancer pain is limited.

Find out more →

Pain
Pain: what is going on?

Pain
Chronic pain explained

Pain
Medicines for pain relief: what are the options?

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RESOURCES FOR NURSES

▷ Web based content at nps.org.au

▷ Online case studies

▷ Webinars

▷ Online courses

▷ **Publications**

  - Australian Prescriber

  - RADAR

  - Primary Times

▷ **Consumer resources**

  - MedicineWise app

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CONSUMER ENGAGEMENT

Over 13 million consumer interactions in 2017*

Medicines Line and The Coach Program
An in-house phone service that handles over

8,000
consumer calls every year

89,684*
MedicineWise app downloads

122,972†
NPS MedicineWise Social Media interactions

13M†
NPS MedicineWise website visits

THECOACHPROGRAM®
ACHIEVING YOUR RISK FACTOR TARGETS

*As of 30 September 2017
†2016-2017 financial year.

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CHOOSING WISELY

▷ A global movement enabling clinicians, consumers and healthcare stakeholders to have better conversations about tests, treatments and procedures where evidence shows they provide no benefit

▷ 45 member colleges, societies & associations

 - 194 recommendations of healthcare to question

▷ 9 consumer advocacy & information partners

 - 31 Champion Health Services

▷ Facilitation and evaluation role
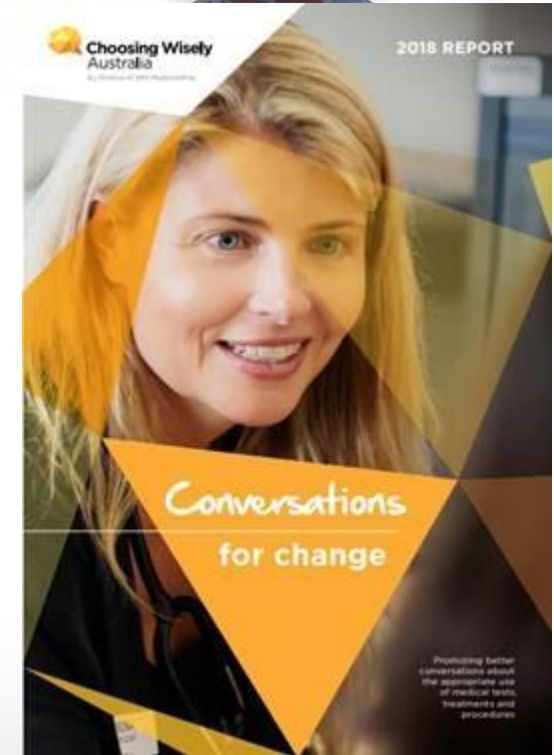
Visit: choosingwisely.org.au

PRESCRIBING COMPETENCIES FRAMEWORK

▷ Competencies Required to Prescribe Medicines first published in 2012.

▷ Describes the competencies that health professionals require to prescribe medicines judiciously, appropriately, safely and effectively

▷ Currently consists of seven competency areas, with five competency areas specific to prescribing, and two professional competency areas. There is a total of 23 elements and 73 performance criteria.

https://www.nps.org.au/prescribing-competencies-framework

NPS
Better choices ▷ Better health
Professional

COMPETENCIES REQUIRED TO PRESCRIBE MEDICINES

Putting quality use of medicines into practice

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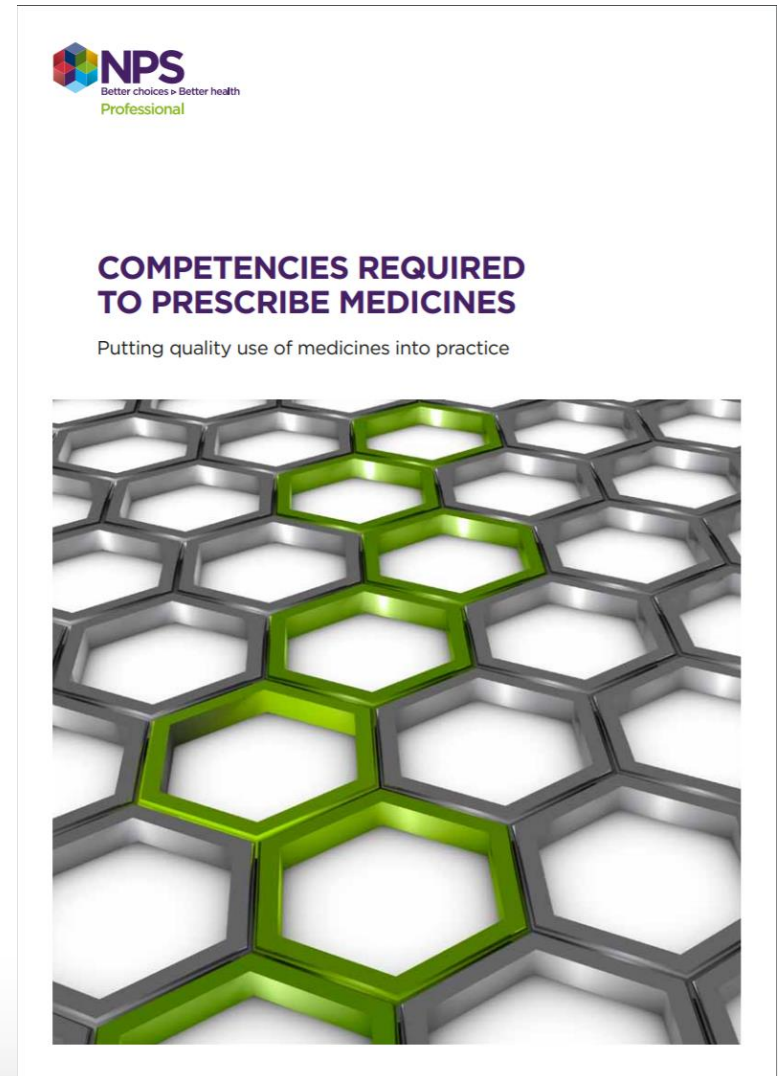
WHAT IS A COMPETENCY FRAMEWORK?

▷ Applies to all prescribers

▷ Describes the performance of a competent practitioner

- knowledge

- skills

- behaviours

▷ To facilitate a consistent and standard approach to prescribing for all health professionals with prescribing rights

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COMPETENCY AREAS

CA1 Understands the person and their clinical needs

CA 2 Understands the treatment options and how they support the person's clinical needs

CA 3 Works in partnership with the person to develop and implement a treatment plan

CA 4 Communicates the treatment plan clearly to other health professionals

CA 5 Monitors and reviews the person's response to treatment

H1 Practices professionally

H2 Communicates and collaborates effectively with the person and other health professionals

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PRESCRIBING COMPETENCIES

PRESCRIBING COMPETENCIES FRAMEWORK: COMPETENCY AREAS
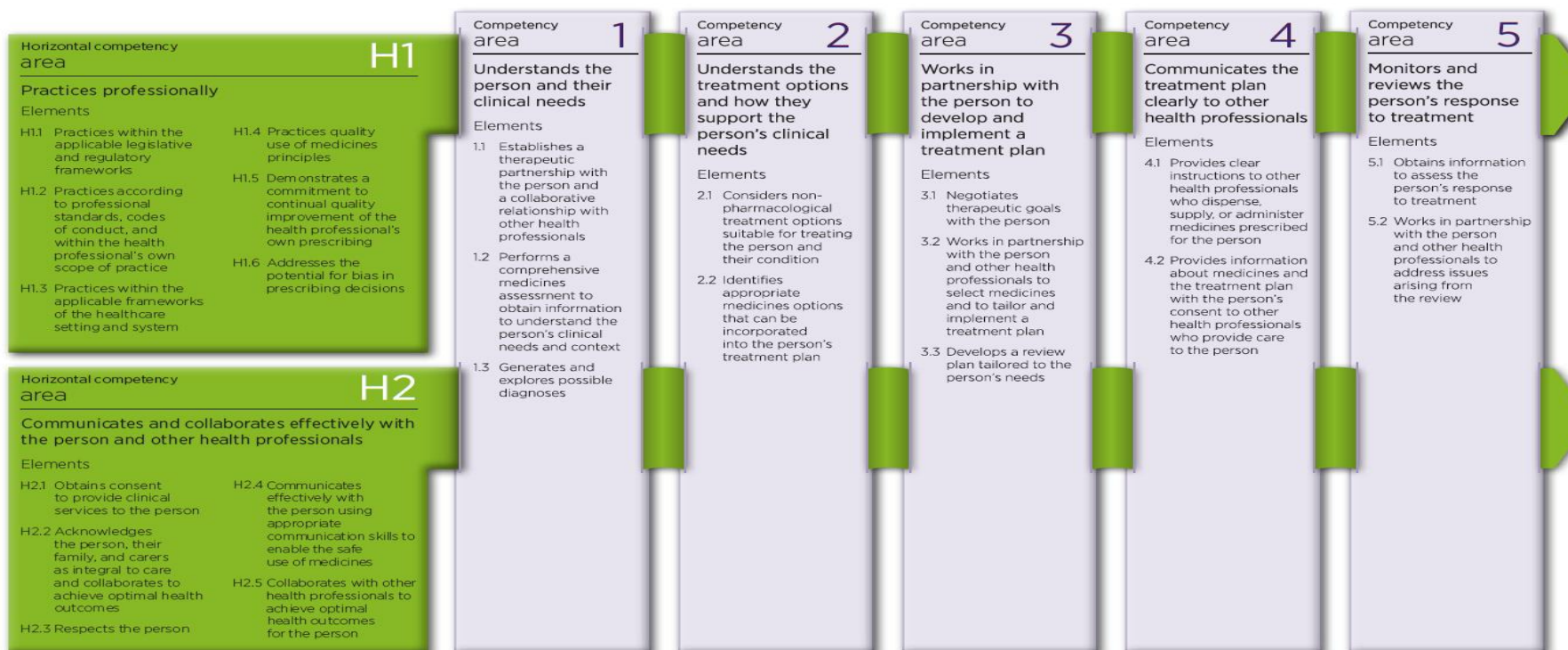
COMPETENCY AREA 2

Understands the treatment options and how they support the person's clinical needs

▶ Focuses on the competencies required to identify and discuss appropriate, safe, effective, and evidence-based treatments for the person.

▶This framework acknowledges that the most appropriate treatment may not be a medicine and describes the competencies required to assess non-pharmacological treatments in broad terms only.

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COMPETENCY AREA 2

Treatment options: Understands the treatment options and how they support the person's clinical needs

This competency area focuses on the competencies required to identify and discuss appropriate, safe, effective, and evidence-based treatments for the person. This framework acknowledges that the most appropriate treatment may not be a medicine and describes the competencies required to assess non-pharmacological treatments in broad terms only. It describes in detail the competencies required to identify the medicines suitable for treating the person's condition that can be incorporated into a treatment plan.

Note: This framework acknowledges that the person, their family and carers are integral to care, and refers to the person on the understanding that the health professional will involve the person's family and/or carers in consultations, discussions, and decisions about the person's care where appropriate.

ELEMENT 2.1 Considers non-pharmacological treatment options suitable for treating the person and their condition

Performance criteria	Evidence examples
2.1.1 Recognises when it is clinically appropriate not to intervene; for example, in cases where the signs and symptoms are likely to resolve without treatment	▸ Explains the clinical reasoning supporting the decision not to intervene
2.1.2 Recognises when it is clinically appropriate to implement non-pharmacological treatments	▸ Explains the clinical reasoning and/or evidence supporting treatment decisions ▸ Identifies non-pharmacological therapies and their relative outcome capacity in comparison with pharmacological interventions

ELEMENT 2.2 Identifies appropriate medicines options that can be incorporated into the person's treatment plan

Performance criteria	Evidence examples
2.2.1 Integrates knowledge of pharmacology,† other biomedical sciences, clinical medicine, and therapeutics,‡ and identifies medicines suitable for treating the condition	▸ Explains the mechanism of action and properties of the medicines suitable for treating the person's condition ▸ Explains the pharmacological basis supporting treatment decisions
2.2.2 Obtains, interprets, and applies current evidence and information about medicines incorporated into the person's	▸ Explains the clinical relevance of the evidence and information about medicines to the person's situation

14 Competencies required to prescribe medicines

COMPETENCY AREA 2 (continued)

Knowledge, skills and behaviours

Knowledge

Understanding of:
- ▸ principles of quality use of medicines (QUM)
- ▸ medicines, including their:
  - · classification and regulatory status; for example:
    - › scheduled medicines: controlled drugs, prescription-only medicines, pharmacist-only medicines, and pharmacy-only medicines
    - › unscheduled medicines, such as medicines on open sale (e.g. small packets of analgesics) and complementary medicines (also called herbal, natural, and alternative medicines). Complementary medicines include products containing herbs, vitamins, minerals, nutritional supplements, homoeopathic medicines, and bush and traditional medicines
  - · approved indications
  - · other indications that are supported by good evidence
  - · pharmacology**
  - · effectiveness and safety
- ▸ common sequencing of treatment options suitable for treating the condition (e.g. first line, second line, etc)
- ▸ valid and reliable sources of information about medicines; for example:
  - · The Australian Medicines Handbook (AMH)
  - · Therapeutic Guidelines
  - · national clinical guidelines (e.g. National Health and Medical Research Council guidelines)
  - · the Natural Medicines Comprehensive Database
  - · NPS: Better choices, Better health resources
  - · the product information for medicines (e.g. from MIMS)
  - · the Pharmaceutical Benefits Scheme (PBS)
  - · the Therapeutic Goods Administration (TGA)
  - · The Australian Immunisation Handbook
  - · hospital formularies, protocols, and guidelines

Skills

Demonstrated ability to:
- ▸ identify appropriate non-pharmacological treatments
- ▸ access, interpret, and critically appraise evidence and information about the following aspects of treatments and medicines to inform clinical decision making:
  - · efficacy and effectiveness
  - · the strength of evidence
  - · interactions with other medicines or conditions
  - · potential benefits
  - · potential harms
  - · place in therapy
  - · cost
  - · method of use
  - · the availability of medicines and suitable dose forms
  - · the length of treatment
  - · monitoring requirements
  - · quality of life considerations
  - · issues of concern for special or vulnerable populations
  - · comparative effectiveness, safety and cost-effectiveness
- ▸ thoughtfully consider the following requirements when identifying appropriate medicines options and tailoring them for the person:
  - · effectiveness, including:
    - › the pharmacodynamic and pharmacokinetic properties of the medicine
    - › likely treatment effectiveness
    - › co-existing conditions
    - › previous treatment success or failure
    - › the person's ability to self administer the medicine

** For specifications of the pharmacology knowledge required by prescribers, see the Knowledge subsection of Competency Area 1 Understands the person and their clinical needs.

16 Competencies required to prescribe medicines

COMPETENCY AREA
Describes a particular professional activity.

Introduction
Each competency area begins with an introductory section that summarises the focus for each competency.

ELEMENT
The competency areas are then broken down into **elements** that describe the specific processes, actions, and tasks that health professionals carry out when prescribing.

Performance criteria
The **performance criteria** for each competency area describe the performance required in practice and break the elements into the observable behaviours or results that are expected of competent prescribers.

Evidence examples
Evidence examples provide cues for assessing prescribing performance. They are examples only, and should be customised for the scope of practice and role the prescriber performs in the workplace.

Knowledge, skills and behaviours
Each competency area also ends with **knowledge, skills, and behaviours subsections** describing the level of underpinning knowledge, skills and behaviours that prescribers require, and integrate, when performing the competency.

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HORIZONTAL AREA H2

Communicates and collaborates effectively with the person and other health professionals

▶ This area focuses on the communication and collaboration competencies required for safe and effective prescribing.

▶ It covers communicating effectively with the person, their family, or carers (where appropriate), and with other health professionals, particularly their main healthcare provider (usually their general practitioner).

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PRESCRIBING COMPETENCIES FRAMEWORK REVIEW -INTENT

The review will ensure the framework

▷ Is contemporary

▷ Is relevant

▷ Has genuine utility in practice

Supports quality prescribing decisions by all prescribers

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PRESCRIBING COMPETENCIES FRAMEWORK REVIEW

▷ The Prescribing Competencies Framework review is being undertaken in two stages.

▷ **Stage one** involves a comprehensive survey to gather feedback via a Delphi method from current and emerging prescribers regarding the existing framework. Feedback will be used to develop an updated draft of the framework.

▷ **Stage two** involves consulting a broad stakeholder group to seek feedback on the updated draft Framework. This will be used to identify further refinements to finalise the updated document

PRESCRIBING COMPETENCIES FRAMEWORK REVIEW

▷ Currently undertaking a review and refresh.

▷ The project commenced in March 2019 and is expected to conclude in the first quarter of 2020.

▷ Ensure the framework is contemporary and relevant and supports quality prescribing decisions by all prescribers.

▷ Currently at **Stage One** of the review:

- An assembled panel are reviewing the current Framework, using a Delphi study design.

- The process aims to form a consensus amongst the panel who will then test the collective feedback over additional stages

PRESCRIBING COMPETENCIES FRAMEWORK REVIEW

▶ The project is supported by an Expert Reference Group (ERG) comprising of representatives from: regulatory, accreditation and consumer organisations.

▶ The ERG is comprised of individuals who are able to take a balanced and cross-disciplinary perspective

▶ The ERG ensures that competencies are contemporary, fit for purpose and can be embedded as a core foundation to any health professional credentialing and competency standards.

▶ The ERG provides external validation of the refreshed prescribing competencies, ensuring the recommendations adopted are fair, balanced and implementable

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EXPERT REFERENCE GROUP

Steve Morris (Chair)	CEO, NPS MedicineWise
Chris Robertson	Australian Health Practitioner Regulation Agency
Margaret Gatling	Australian Nursing and Midwifery Accreditation Council
Anne Tonkin	Chair, Medical Board of Australia
Brett Simmonds	Chair, Scheduled Medicines Expert Committee
Bronwyn Clarke	Chair, Health Professions Accreditation Collaborative Forum
Diane Walsh	Consumer representative
Geoff McColl	Chair of the Australian Medical Council's Medical School Assessment Committee
Mike Stephens	National Aboriginal Community Controlled Health Organisation

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SUMMARY AND NEXT STEPS

▶ Competency Framework is a way to facilitate a consistent and standard approach to prescribing for all health professionals with prescribing rights

▶ The review aims to ensure continued relevance of Competency Framework into the future and for all relevant health professionals

▶ Broad consultation (Stage 2 of the review) early 2020

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WHERE YOU CAN FIND NPS MEDICINEWISE

▷ www.nps.org.au

▷ @NPSMedicineWise

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