

# Review of a competency framework for non-medical prescribers caring for people living with HIV

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## Introduction

Maintaining safe and effective prescribing practice is challenging for non-medical prescribers (NMPs). A recent increase in the availability of complex drug treatments and regimes especially for people living with HIV has led to an increased risk of medication errors and adverse drug reactions (ADRs).

The use of multiprofessional prescribing forums presents an opportunity for NMPs to reduce the risk of medication errors and improve quality of patient care by sharing information about actual or potential medication problems and address safety concerns on a regular basis. Prescribing forums can be used to identify and address factors contributing to medication errors, educate staff about medications, and promote a culture of change among prescribers. The Royal Pharmaceutical Society's (RPS) *Competency Framework for all Prescribers* (2016) provides an ideal structure for multiprofessional prescribing forums [1].

## Background

The World Health Organisation (WHO) launched its third *Global Safety Challenge: Medication without Harm* in 2017 [2]. Medication errors cause at least one death every day and injure approximately 1.3 million people annually in the US alone. Globally, the cost associated with medication errors has been estimated at 300 GBP billion annually or almost 1% of the total global health expenditure. The WHO identified that both health workers and patients can make mistakes that result in severe harm, such as ordering, prescribing, dispensing, preparing, administering or consuming the wrong medication or the wrong dose at the wrong time, but ultimately all medication errors are potentially avoidable. The WHO prioritised three areas in the challenge: high-risk medications, complex polypharmacy and transitions of care aiming to reduce medication related harm by 50% over 5 years.

The Policy Research Unit in Economic Evaluation of Health and Care Interventions (EEPRU) report, *Prevalence and Economic Burden of Medication Errors in the NHS in England* [3], estimated that 237 million medication errors occur every year and avoidable ADRs cause hundreds of deaths. The authors estimated 712 deaths had resulted annually from avoidable ADRs, however, they identified that ADRs could be a contributory factor to between 1700 and 22,303 deaths a year.

In the report 36 studies highlighting medication error rates across primary care, care homes and secondary care were reviewed. The majority of medication errors with potential to cause harm occurred in primary care, where an error rate of 71% was reported, however, this is where most medicines in the NHS are prescribed and dispensed. Errors were more likely to occur in older people and in patients with multiple comorbidities and complex polypharmacy.

## Non-medical prescribers and HIV

High incidences of medication errors have been reported in people living with HIV receiving combination antiretroviral therapy (ART) [4]. Multiple ARTs are now available to people living with HIV, they are mainly prescribed by specialists due to the complexity of the treatment regimens and the involvement multiple drug combinations. The success of combination ART relies on good patient concordance and adherence to prescribed drug treatments. ART medication error rates mainly occur in inpatient settings. Commers *et al.* identified a total of 289 medication errors in 146 out of 416 admissions, an error rate of 35% [4]. When patients on ART are admitted to hospital they are often cared for by non-specialist HIV teams, a lack of medication knowledge has been identified as one of the main reasons for reported drug errors, however poor communication between specialist and non-specialist HIV prescribing teams particularly around complex ART regimens has also been cited [5].

In response to WHO's Global Safety Challenge, the Department of Health and Social Care published: *The Report of the Short Life Working Group on Reducing Medication-related Harm* in 2018 [6]. This report highlights the role of professional regulators and professional bodies in ensuring continuing professional development (CPD) adequately reflects safe and effective use of medicines along with reporting and learning from medication errors. Improved shared care and communication between health professionals with increased knowledge and support was also highlighted particularly in relation to high-risk prescribing and patients with multiple comorbidities.

## The RPS competency framework

As from January 2019 the Nursing and Midwifery Council (NMC) replaced their current prescriber standards with two new documents, the RPS's *Competency Framework*

for all Prescribers [1] and their new Standards for Prescribing Programmes [7].

The original competency framework for prescribers was published in 2012 by NICE and the National Prescribing Centre. The RPS published the updated version in 2016 following collaboration and feedback from all professional healthcare regulators responsible for prescribing. The prescribing competencies in the framework support registered professionals to be safe, effective prescribers who are able to support patients to get the best outcomes from their medicines. The RPS framework can be used by any prescriber at any point in their career to underpin professional responsibility for prescribing.

The framework outlines 10 key prescribing competencies under two areas: the consultation, and prescribing governance, with the patient being at the centre of all prescribing decisions. Within these areas, statements describe the activity or outcomes prescribers should be able to demonstrate relating to communication, leadership and teamwork, patient safety and quality improvement, and dealing with complexity and uncertainty [8]. A key feature of the framework is that it is generic, so each prescriber interprets each of the statements within their own scope of practice. New behavioural statements explicitly reflect challenges in practice, for example, recognising inappropriate polypharmacy, or changes to practice, such as, understanding antimicrobial stewardship measures. Discussion about the application of professionalism sits alongside the framework rather than within it.

Competencies 7 to 10 of the framework focus on prescribing governance with prescribing safely, effectively and as part of a wider team key themes [1]. As previously highlighted ensuring safe prescribing practice is particularly challenging for people living with HIV as they are often prescribed multiple high-risk drugs and are seen by a range of healthcare professionals across primary and secondary care services [8]. Competencies 7 to 10 of the framework provide an ideal structure for a non-medical prescribing forum allowing prescribers time and space for critical discussions around prescribing governance whilst meeting requirements for continued professional development.

## Conclusion

As people living with HIV, age they are developing more comorbidities, there are increasing incidences of complex polypharmacy, an increase in potential for adverse drug reactions and drug–drug interactions. By utilising the RPS's *Competency Framework for all Prescribers* [1] within HIV care we can help minimise prescribing errors and promote safe prescribing practice.

## Acknowledgements

The authors would like to acknowledge the support and guidance given by Gilead's Outcomes and Support team to enable the development of the article to facilitate the sharing of good practice. Further information is available from Michelle Croston: michelle.croston@gilead.com.

## Funding

No funding was received to write this article.

## Conflicts of interest

The authors declare no conflicts of interests.

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