Competency framework for prescribing optometrists

First Edition
May 2004
About this document

The organisations involved

The National Prescribing Centre (NPC) worked in association with the General Optical Council (GOC) and the Department of Health (DH) in the development of this document.

National Prescribing Centre

The NPC is an NHS organisation, its aim is:

‘To promote high quality, cost-effective prescribing and medicines management across the NHS, to help improve services and patient care’

The NPC’s objective is to develop a co-ordinated programme of activities, within the wider context of evidence-based medicine, providing varying levels of support to relevant NHS audiences. This is achieved by considering the major short and medium term needs of each identified audience, around prescribing, within the following main areas of work:

- Information on medicines and their use
- Education and development
- Dissemination of good practice

Work in these three areas is supported and reinforced by additional umbrella activities in the broader developmental areas of information technology and informing research and development (R&D).

The NPC has collaborative links with a wide range of relevant national bodies and professional groups and is now also working closely with the National Institute for Clinical Excellence.

For more information on the work and publications of the NPC, including downloadable copies of this document, please visit our websites at www.npc.co.uk (Internet) or www.npc.nhs.uk (NHSNet).

The General Optical Council

The GOC is the regulatory body for optometrists and dispensing opticians. Its functions and duties are set out in the Opticians Act 1989. These are, in brief, ‘The Council shall have the general function of promoting high standards of professional education and professional conduct among opticians and the additional functions assigned by or under this Act’.

The GOC maintains a register of opticians who have achieved the necessary qualifications on courses that are accredited by the GOC. Certain activities, including the testing of sight and sale of optical appliances are regulated by the Opticians Act 1989 and the relevant provisions enforced by the GOC. In addition to these functions the GOC sets the standards which registered opticians are expected to continue to meet throughout their years of practice. Where there are concerns as to a registered optician’s fitness to practise, the GOC will investigate and if appropriate bring the matter before its Investigating and Disciplinary Committees.

For more information on the work of the GOC please visit our website at www.optical.org.

Project Team

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Foreword

The extension of the authority to prescribe to a wider range of health professionals is already bringing about benefits to patients. I am delighted that optometrists will soon be among the new prescribers and I have no doubt that this will greatly improve both the quality and the availability of care for people with eye problems. It will also allow optometrists to make better use of their expertise, to extend the range of services they can offer and to take full responsibility for their clinical management decisions.

I would like to congratulate the General Optical Council on its leadership in promoting optometrist prescribing and also acknowledge the work of the Joint Therapeutics Steering Group (College of Optometrists, Association of Optometrists, and Federation of Ophthalmic and Dispensing Opticians). This document, produced in collaboration with the National Prescribing Centre, sets standards for optometrist prescribers and provides a valuable tool to guide their training and continuing education. It will help to ensure that the benefits for patients, professionals and the health service are rapidly realised.

Dr June Crown CBE
Chairman, Review of the Prescribing, Supply and Administration of Medicines
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1 Introduction

1.1 Purpose of this document

*The NHS plan: a plan for investment, a plan for reform, July 2000* emphasised the requirement to organise and deliver services around the needs of patients. In order to achieve this, traditional demarcations between clinical roles will be broken down and clinical professionals will work more flexibly for the benefit of patients.

One area in which traditional barriers are being removed is around prescribing. Since August 2000, a range of health care professionals have been able to supply and administer medicines directly to some patients through the use of patient group directions. Independent prescribing by certain groups of nurses is now established and nurses and pharmacists were identified as the first professional groups to take supplementary prescribing forward.

Developments since then indicate that prescribing responsibilities are likely to be extended to optometrists. Supplementary prescribing (see box 1 for definition) for optometrists is currently scheduled to be introduced from the end of 2004, with work beginning on a policy framework for independent prescribing by optometrists in the second half of 2004. Optometrists can already sell, give written orders for, and supply and / or administer medicines through exemptions to the Medicines Act. It is proposed that the range of medicines available to optometrists through exemptions will be extended in 2004/05. These exemptions will emerge in parallel to new prescribing responsibilities.

**Box 1: Department of health definitions of independent and supplementary prescribers**

**An independent prescriber:** takes responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required, as well as responsibility for prescribing where necessary and the appropriateness of any prescription.

**A supplementary prescriber:** forms a voluntary relationship with an independent prescriber (a doctor or dentist). A clinical management plan is agreed for an individual patient and with the patient’s agreement, the supplementary prescriber manages the patient’s clinical condition, including prescribing, according to the clinical management plan.

See [www.dh.gov.uk](http://www.dh.gov.uk) and search for supplementary or independent prescribing.
In order to fully develop safe, effective prescribing practice, all prescribers need to achieve and maintain competency in this role. To make this happen, they clearly need an effective professional governance framework, appropriately designed training, and access to robust, quality assured support and continuing professional development materials.

This document presents a framework of prescribing competencies which can be used, in both independent and supplementary prescribing, to:

- Inform the development of an outline curriculum to prepare optometrists to prescribe
- Help ensure that optometrist prescribers possess all the relevant expertise to initially undertake supplementary prescribing and, eventually, independent prescribing
- Help optometrist prescribers and their employers / managers identify gaps in knowledge and skills and, therefore, identify ongoing training and development needs
- Inform the commissioning, development and provision of appropriate continuing education and training programmes for optometrist prescribers
- Support individual continuing professional development
- Support professionals locally by providing a framework to help recruitment and selection procedures, and to inform appraisal systems

1.2 Key facts about the competency framework

The framework can be found in section 4 of this document, along with an explanation of its structure and potential uses. However, some of the key features of the framework are emphasised here:

- It is an outline framework, so it applies to all optometrist prescribers, regardless of their area of practice
- Because it is an outline framework, to use it effectively, time must be spent considering how each of the competencies apply in any given instance
- For optometrist supplementary prescribers, some of the competencies have been modified or extended to reflect the supplementary prescribing concept
It was developed using a multidisciplinary approach (see appendix 1 for details) in order to draw on the experience of all professionals with expertise in prescribing.

1.3 Main audiences for this document

Main audiences for this document include:

- Optometrists who are, or wish to become, prescribers
- Optometrists using any extended exemptions to the Medicines Act to sell, write written orders for, or to supply and/or administer medicines
- Commissioners and providers of education and training
- Professionals and managers involved in supporting optometrist prescribers
- Primary care trusts, NHS trusts and strategic health authorities
- Local professional groups such as local optical committees, local medical committees, local pharmaceutical committees, pharmaceutical and optometric advisers
- Professional bodies
2 Optometrist prescribing

2.1 The story so far

The legislation surrounding the use of medicines, which is designed to protect patient safety, is built around the traditional model of prescribing. In other words, a doctor (or dentist) assesses a patient and if a medicine is necessary, writes a prescription. Normally, a pharmacist then dispenses the medicine to the patient against that prescription.

Whilst the 1968 Medicines Act reflects this traditional model, there are some long standing exemptions to the Act which allow certain health care professionals, amongst them optometrists, to either sell, write written orders for, or supply and / or administer specific medicines directly to patients (see www.college-optometrists.org/professional/index.htm where a list of the exemptions can be found in the formulary). Optometrists regularly make use of these exemptions in their practice.

The 1999 Crown Review of the *Prescribing, supply and administration of medicines* recommended that, in order to develop services around the needs of patients and to make best use of professional expertise, prescribing responsibilities should be extended beyond the traditional model of medicines use to professional groups other than doctors and dentists. Optometry was one of the professions where the extension of prescribing responsibilities was thought likely to be of benefit to patients. Optometrists are a readily available resource within the community, giving convenient access for patients, and their training and equipment should enable them to diagnose eye conditions and manage, prescribe or refer appropriately.

As well as extending prescribing responsibilities, the Review also proposed a new concept and suggested that, following diagnosis, responsibility for the clinical management of some patients, including prescribing, could be passed to another health care professional — now referred to as the supplementary prescriber.

Following the publication of the Crown Review, the General Optical Council and the Joint Therapeutics Steering Group (College of Optometrists, Association of Optometrists, and Federation of Ophthalmic and Dispensing Opticians) embraced and actively pursued the optometrists prescribing agenda.

In terms of widening prescribing responsibilities, a programme for appropriately trained district nurses and health visitors, prescribing from a limited formulary, was rolled out nationally from 1999. In April 2002, the scope of prescribing was expanded to allow a wider range of nurses to
Section 2

prescribe from an extended formulary. Most recently, in April 2003, supplementary prescribing for nurses and pharmacists was introduced.

It is expected that the extension of prescribing responsibilities will continue through a programme for non-medical prescribing. Optometrists are one of four health care professions that will soon have the opportunity to train for supplementary prescribing. The Department of Health plans to begin work on a policy framework for independent prescribing by optometrists in the second half of 2004.

2.2 Where next?

The Department of Health hopes that supplementary prescribing for optometrists will be introduced from the end of 2004. In order to become supplementary prescribers, optometrists will be required to complete an accredited training programme, based on an outline curriculum which is yet to be agreed. On successful completion, the optometrist will be registered as a supplementary prescriber with the General Optical Council. The framework of prescribing competencies for optometrists presented in section 4 of this document will be used to help develop a curriculum for the training of optometrist supplementary prescribers.

More information about the supplementary prescribing concept can be found on the Department of Health website www.dh.gov.uk (search for supplementary prescribing) or in the document, Supplementary prescribing: a resource to help healthcare professionals to understand the framework and opportunities, April 2003, see www.npc.co.uk.

Optometrists are currently utilising a range of exemptions to the 1968 Medicines Act which allows them to sell, write written orders for, and to supply and / or administer some specified medicines. The Medicines and Healthcare Products Regulatory Agency (formerly the Medicines Control Agency) is preparing a consultation on expanding the range of medicines available to optometrists through exemptions. The consultation is expected later in 2004.

Work will also begin on a policy framework for optometrist independent prescribing later in 2004. Ultimately, an outline training curriculum needs to be developed and agreed. If the training approach and curriculum develop along nursing lines, on successful completion of an accredited programme, optometrists may ultimately be able to register as both independent and supplementary prescribers.
3 Competencies and their uses

3.1 What is a competency framework?

A competency is a quality or characteristic of a person which is related to effective or superior performance. Competencies can be described as a combination of knowledge, skills, motives and personal traits. Competencies help individuals (and their managers) look at how they do their jobs.

A competency framework is a collection of those competencies thought to be central to effective performance. Development of competencies should help individuals to continually improve their performance and to work more effectively.

This document provides an outline framework of competencies that, if acquired and maintained, should help optometrists to be safe, effective prescribers. Because this is an outline framework, it is best used as a starting point for discussion of competencies required by individual, or groups of, optometrists either at a local or national level.

3.2 What can competency frameworks be used for?

Competency frameworks are extremely flexible tools which can be used to support a wide range of activities. Uses of this framework include to:

- Inform the development of an outline curriculum to prepare optometrists to prescribe
- Inform the commissioning, development and provision of appropriate continuing professional development programmes for optometrist prescribers
- Support professionals locally by providing a framework to help recruitment and selection procedures, and to inform appraisal systems

Extensive guidance on how to apply and use the competency framework for all these activities is outside the scope of this document. However, some brief examples have been included to give an idea of how the framework might be used:
Section 3

- As an aid to training and development
- By individuals for their own continuing professional development

Using the competency framework in training and development

The competency framework can be used as an aid to any training and development programme. For example, it can be used:

- To inform the development of an initial curriculum
- To help providers of initial training programmes to identify learning outcomes
- As a self-assessment tool for health care professionals to evaluate their own level of competency before beginning a training and development programme
- To help managers and optometrist prescribers to identify any gaps in their prescribing competency once they are established prescribers
- To provide an ongoing way of structuring continuing professional development (see below)

Using the competency framework to facilitate individual continuing professional development

The framework provides an excellent tool to help individuals assess their own prescribing practice. This sort of competency framework has already been used by independent nurse prescribers in this way. Here are some hints from nurse prescribers who have already used it:

- Think of the framework as a way of guiding your reflections on your practice
- Think about using it in a variety of settings to suit your needs. For example, it may be used alone, in a peer group or with your clinical lead
- The framework contains a lot of information. You might find it easier to work through it gradually, one section at a time or one competency at a time
- Remember, there are only nine different competencies, try not to get overwhelmed
- If it helps, download a copy of the framework along with a blank template with space for notes against each competency (www.npc.co.uk or www.optical.org)
Section 4

4 Introducing the competency framework for optometrist prescribers

4.1 Who is the framework for?

As prescribing responsibilities are extended to optometrists, the competency framework on pages 15–17 of this section will be relevant to:

- Optometrist independent prescribers
- Optometrist supplementary prescribers (the framework should be used with the modifications detailed on page 18)

The competency framework will also help optometrists using any extended exemptions to the Medicines Act to identify competencies that they may need.

4.2 The structure of the framework

This competency framework for optometrist prescribers is made up of the following components:

- There are three areas of competency in the framework:
  - The consultation
  - Prescribing effectively
  - Prescribing in context

- Each of these three areas contains three competencies. This framework, therefore, consists of NINE different competencies
Each of the nine competencies has:
- An overarching statement which gives a general flavour of what the competency is about
- A number of statements which represent how optometrists who have that competency will be behaving in practice

This outline structure is illustrated in figure 1 below.

Figure 1: Outline structure of the competency framework
4.3 Key features of the framework

Key point

Before using the competency framework on pages 15–17 read these key features. They will help you interpret this multidisciplinary framework.

☐ This framework is an outline framework which can be used by ALL prescribing optometrists, regardless of the area in which they are practising.

☐ All nine competencies will be relevant to all optometrists. However, some of the statements supporting the competencies will be more relevant to some optometrists than others.

☐ The framework should, therefore, be used as a starting point for discussion about the competencies required by optometrist prescribers.

☐ Initially, using this framework effectively will take time. How each of the statements supporting the nine competencies applies to optometrists (or groups of optometrists) must be considered.

☐ When considering these statements, be aware that some are more complex than others. Expect to spend more time on the more complex statements.

☐ The bullet pointed statements in each competency should be read one after another down the list, NOT across competency boxes.

4.4 The outline framework of prescribing competencies for optometrists

The competency framework for all optometrist prescribers is outlined on the following three pages. There are several modifications and additions to the framework which apply specifically to supplementary prescribers (see page 18). Where statements have been modified for supplementary prescribers this is cross referenced in the framework itself.

If you are unclear about the format refer to the notes earlier in this section which highlight key features and explain the structure of the framework.
### THE CONSULTATION

#### 1 CLINICAL AND PHARMACEUTICAL KNOWLEDGE

- Has up-to-date clinical and pharmaceutical knowledge relevant to own area of practice.

#### 2 ESTABLISHING OPTIONS

- Makes a diagnosis and generates management options for the patient. Follows up treatment.

#### 3 COMMUNICATING WITH PATIENTS (parents, carers and advocates where appropriate)

- Establishes a relationship based on trust and mutual respect. Sees patients as partners in the consultation. Applies the principles of concordance.

<table>
<thead>
<tr>
<th>#</th>
<th>CLINICAL AND PHARMACEUTICAL KNOWLEDGE</th>
<th>ESTABLISHING OPTIONS</th>
<th>COMMUNICATING WITH PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Understands the conditions being treated, their natural progress and how to assess the severity of disease</td>
<td>Takes a comprehensive medical and medication history, including presenting symptoms*</td>
<td>Approaches the consultation in a structured way</td>
</tr>
<tr>
<td>2</td>
<td>Understands different non-pharmacological and pharmacological approaches to modifying disease and promoting health, desirable and undesirable outcomes, and how to identify and assess them</td>
<td>Assesses the clinical condition using appropriate equipment and techniques*</td>
<td>Listens to and understands patients’ beliefs and expectations</td>
</tr>
<tr>
<td>3</td>
<td>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</td>
<td>Identifies the nature, severity and significance of the clinical problem (i.e. formulates a ‘working’ diagnosis from differential diagnosis)*</td>
<td>Understands the cultural, linguistic and religious implications of prescribing</td>
</tr>
<tr>
<td>4</td>
<td>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</td>
<td>Requests and interprets relevant diagnostic tests</td>
<td>Adapts consultation style to meet the needs of patients (e.g., for age, level of understanding, physical impairments etc.)</td>
</tr>
<tr>
<td>5</td>
<td>Maintains an up-to-date knowledge of products in the BNF / drug tariff (e.g. doses, formulations, pack sizes, storage conditions, costs)</td>
<td>Views and assesses the patient’s needs holistically (psychosocial, physical)</td>
<td>Deals sensitively with patients’ emotions and concerns</td>
</tr>
<tr>
<td>6</td>
<td>Understands how medicines are licensed, supplied and monitored (e.g. ADR reporting)</td>
<td>Considers no treatment, non-drug and drug treatment options (including referral and preventative measures)</td>
<td>Creates a relationship which does not encourage the expectation that a prescription will be supplied</td>
</tr>
<tr>
<td>7</td>
<td>Applies the principles of evidence-based medicine, and clinical and cost-effectiveness</td>
<td>Assesses the effect of multiple pathologies, existing medication and contraindications on treatment options</td>
<td>Explains the nature of the patient’s condition and the rationale behind, and potential risks and benefits of, management options</td>
</tr>
<tr>
<td>8</td>
<td>Understands the public health issues related to medicines use</td>
<td>Assesses the risks and benefits to the patient of taking / not taking a medicine (e.g. using / not using a treatment)</td>
<td>Helps patients to make informed choices about their management</td>
</tr>
<tr>
<td>9</td>
<td>Appreciates the misuse potential of drugs</td>
<td>Selects the most appropriate drug, dose and formulation for the individual patient</td>
<td>Negotiates an outcome of the consultation that both patient and prescriber are satisfied with</td>
</tr>
<tr>
<td>10</td>
<td>Is aware of infection control procedures</td>
<td>Monitors effectiveness of treatment and potential side-effects</td>
<td>Encourages patients to take responsibility for their own health and to self-manage their conditions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Makes changes to the treatment plan in light of ongoing monitoring and the patient’s condition and preferences*</td>
<td>Allows patients to know about their medication (e.g. how to take it / administer it, where to get it from, possible side-effects etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Establishes, and maintains, a plan for reviewing the therapeutic objective / end point of treatment and discharge</td>
<td>Checks patients’ understanding of, and commitment to, their management and follow up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensures that patients can access ongoing supplies of their medication (repeat prescribing)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Accesses and interprets all relevant patient records to ensure knowledge of the patient’s management</td>
<td></td>
</tr>
</tbody>
</table>

* These statements are modified for supplementary prescribers; refer to page 18.
## Prescribing Effectively

### Prescribing Safely
- Knows the limits of their own knowledge and skill, and works within them.
- Knows when to refer to, or seek guidance from, another member of the team or a specialist.*
- Prescribes a medicine only with adequate, up-to-date knowledge of its actions, indications, contraindications, interactions, cautions, dose and side-effects.
- Knows about common types of medication errors and how to prevent them.
- Makes prescribing decisions often enough to maintain confidence and competence.
- Keeps up-to-date with advances in practice and emerging safety concerns related to prescribing.
- Understands the need for, and makes, accurate and timely records and clinical notes.
- Writes legible, clear and complete prescriptions which meet legal requirements.

### Prescribing Professionally
- Accepts personal responsibility for their own prescribing and understands the legal and ethical implications of doing so.
- Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.
- Understands how current legislation affects prescribing practice.
- Prescribes within current professional codes of practice.
- Takes responsibility for their own continuing education and training, and continuing professional development.
- Keeps prescription pads safely and knows what to do if they are stolen / lost.
- Maintains patient confidentiality.

### Improving Prescribing Practice
- Reflects on their own performance, can learn and change prescribing practice.
- Shares and debates their own and others' prescribing practice (e.g. audit, peer group review).
- Challenges colleagues inappropriate practice constructively.
- Understands and uses tools to improve prescribing (e.g. review of prescribing data, audit).
- Reports prescribing errors and near misses, reviews practice to prevent recurrence.
- Develops own networks for support, reflection and learning.

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*This statement is modified for supplementary prescribers; refer to page 18.*
## PRESCRIBING IN CONTEXT

<table>
<thead>
<tr>
<th>INFORMATION IN CONTEXT</th>
<th>THE NHS IN CONTEXT</th>
<th>THE TEAM AND INDIVIDUAL CONTEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knows how to access relevant information. Can critically appraise and apply information in practice.</td>
<td>Understands, and works with, local and national policies that impact on prescribing practice. Sees how own practice impacts on wider NHS.</td>
<td>Works in partnership with colleagues for the benefit of patients. Is self-aware and confident in own ability as a prescriber.</td>
</tr>
<tr>
<td>1 Understands the advantages and limitations of different information sources</td>
<td>1 Understands and works with local NHS organisations</td>
<td>1 Thinks and acts as part of a multidisciplinary team to ensure that continuity of care is not compromised</td>
</tr>
<tr>
<td>2 Uses relevant, up-to-date information; both written (paper/electronic) and verbal</td>
<td>2 Works within local frameworks for medicines use as appropriate (e.g. formularies, protocols and guidelines)</td>
<td>2 Recognises and deals with pressures that result in inappropriate prescribing</td>
</tr>
<tr>
<td>3 Critically appraises the validity of information (e.g. promotional literature, research reports) when necessary</td>
<td>3 Works within the NHS/organisational code of conduct when dealing with the pharmaceutical industry</td>
<td>3 Is adaptable, flexible and responsive to change</td>
</tr>
<tr>
<td>4 Applies information to the clinical context (linking theory to practice)</td>
<td>4 Understands drug budgetary constraints at local and national levels; can discuss them with colleagues and patients</td>
<td>4 Negotiates the appropriate level of support for their role as a prescriber</td>
</tr>
<tr>
<td>5 Uses relevant patient record systems, prescribing and information systems, and decision support tools**</td>
<td>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)**</td>
<td>5 Establishes and maintains credibility with colleagues in the health care team</td>
</tr>
<tr>
<td>6 Regularly reviews the evidence behind therapeutic strategies</td>
<td>6 Establishes relationships with colleagues based on trust and respect for each others roles</td>
<td>6 Establishes relationships with colleagues based on trust and respect for each others roles</td>
</tr>
<tr>
<td>7 Seeks or provides support, advice and training from/to other prescribers, team members and support staff where appropriate</td>
<td></td>
<td>7 Seeks or provides support, advice and training from/to other prescribers, team members and support staff where appropriate</td>
</tr>
</tbody>
</table>

*This competency has an NHS focus. However, the principles underpinning several of the statements will apply to optometrists working in non-NHS organisations.

**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.
4.5 Competencies for optometrist supplementary prescribers

The competencies for optometrist supplementary prescribers are those presented in the competency framework for optometrist prescribers (pages 15–17). However, for supplementary prescribers, there are a few modifications and additions to the framework which reflect the supplementary prescribing concept. These modifications are presented in table 1 below and are cross referenced to the prescribing competency framework on pages 15–17.

Table 1: Modifications and additions to the optometrist prescribers competency framework relevant to optometrist supplementary prescribers

<table>
<thead>
<tr>
<th>Competency</th>
<th>Statement</th>
<th>Modification / new statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE CONSULTATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishing options</td>
<td>Reviews diagnosis and generates treatment options for the patient within the clinical management plan. Always follows up management</td>
<td>MODIFIED; overarching statement</td>
</tr>
<tr>
<td></td>
<td>Reviews the medical and medication history including changes in symptoms</td>
<td>MODIFIED; statement 1</td>
</tr>
<tr>
<td></td>
<td>Assesses the clinical condition using agreed equipment and techniques</td>
<td>MODIFIED; statement 2</td>
</tr>
<tr>
<td></td>
<td>Reviews the nature, severity and significance of the clinical problem</td>
<td>MODIFIED; statement 3</td>
</tr>
<tr>
<td></td>
<td>Makes changes within the clinical management plan in light of ongoing monitoring and the patient’s condition and preferences</td>
<td>MODIFIED; statement 11</td>
</tr>
<tr>
<td>PRESCRIBING EFFECTIVELY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribing safely</td>
<td>Knows how and when to refer back to, or seek guidance from, the independent prescriber, another member of the team or a specialist</td>
<td>MODIFIED; statement 2</td>
</tr>
<tr>
<td>Prescribing professionally</td>
<td>Understands the scope of own prescribing responsibility in the context of a shared clinical management plan</td>
<td>NEW STATEMENT</td>
</tr>
<tr>
<td></td>
<td>Ensures that the patient consents to be managed by a prescribing partnership</td>
<td>NEW STATEMENT</td>
</tr>
<tr>
<td>PRESCRIBING IN CONTEXT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The NHS in context</td>
<td>Understands the principles behind supplementary prescribing and how they are applied in practice</td>
<td>NEW STATEMENT</td>
</tr>
<tr>
<td>The team and individual context</td>
<td>Proactively negotiates with the independent prescriber to develop clinical management plans</td>
<td>NEW STATEMENT</td>
</tr>
<tr>
<td></td>
<td>Relates to the independent prescriber as a partner</td>
<td>NEW STATEMENT</td>
</tr>
</tbody>
</table>
Appendices

Appendix 1: How the framework was produced ................................................................. 20
Appendix 2: Acknowledgements ....................................................................................... 25
The purpose of this document is to outline the competencies that optometrists should acquire and maintain in order to support good quality prescribing. Additional and modified competencies for optometrist supplementary prescribers have also been identified. Since optometrists are not already prescribers and supplementary prescribing is a relatively new initiative, it was important to draw on expertise from all professional groups with experience of prescribing and supplementary prescribing. At the same time, the competencies in the competency framework had to reflect the specific needs of optometrist prescribers.

The development of the competency framework for optometrist prescribers builds on earlier work carried out by the National Prescribing Centre (NPC) identifying prescribing competencies for nurse prescribers, and nurse and pharmacist supplementary prescribers. The NPC has also produced a framework of competencies for all health care professionals supplying and/or administering medicines using patient group directions. These competency frameworks can be found on the NPC website www.npc.co.uk.

The competency framework for optometrists has been developed using the same broad methodology as that used to develop these earlier competency frameworks. This allowed some of the multidisciplinary work carried out during the development of these frameworks to be re-utilised, thus avoiding unnecessary duplication of effort and resources.

Whilst the competency frameworks for nurses, pharmacists and optometrists have been produced to reflect the needs of specific groups of new prescribers, all the frameworks have the same structure and many of the core competencies are the same. This has the potential to allow for a co-ordinated multidisciplinary approach to training and development for all new prescribers.

The methodology

The steps used to develop the prescribing competencies for optometrists are illustrated in figure 2 on page 21 and described in the following pages.

Before beginning development of the competencies, desk research was undertaken to determine the appropriate methodology and to investigate competency frameworks currently in use.
Appendix 1

Figure 2: How the prescribing competencies for optometrists were developed

**STEP 1: Development of draft prescribing competencies**

<table>
<thead>
<tr>
<th>OPTOMETRIST-SPECIFIC</th>
<th>MULTIDISCIPLINARY</th>
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</thead>
<tbody>
<tr>
<td>Focus group and one-to-one interviews</td>
<td>Focus group and one-to-one interviews</td>
</tr>
<tr>
<td>Draft optometrist framework produced (using focus group and small expert team)</td>
<td>Draft multidisciplinary framework produced (using small expert team)</td>
</tr>
<tr>
<td><strong>Frameworks merged to produce a draft framework of general prescribing competencies for optometrists</strong></td>
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</table>

**STEP 2: Validation of the draft framework of prescribing competencies**

- Validation by multidisciplinary group
- Validation by questionnaire to optometrists, ophthalmologists and existing prescribers

**STEP 3: Identification and validation of specific SUPPLEMENTARY prescribing competencies**

- Multidisciplinary focus groups
  - Identification of optometrist supplementary prescribing competencies (following extensive grounding in the supplementary prescribing concept)

**STEP 4: Circulation for comment**
STEP 1: Development of a draft framework of prescribing competencies

A two-pronged approach was taken in the early stages of development. Initially, two processes ran in parallel, one drawing on the expertise of optometrists, the second, which re-utilised existing work, drawing on the experience of a range of health care professionals with expertise in prescribing. The process is described in detail below.

Developing the competencies — focus groups and interviews
In order to identify the prescribing competencies, the optometrist and the multidisciplinary groups identified behaviours associated with effective prescribing (in its broadest sense) and produced statements which reflected these. Each group generated 200–300 statements which were then grouped into broad competency headings.

One-to-one interviews were conducted with optometrists, ophthalmologists, general practitioners, doctors, nurses and pharmacists. From these interviews more behavioural statements were generated, which were then fed into the development process.

Developing the framework
The two focus groups drafted two separate frameworks (one optometrist specific, the other multidisciplinary) based on the output of the focus groups and on the one-to-one interviews. Small expert teams (made up from the project team, steering group members and members of the focus groups) finalised the frameworks and then merged the two frameworks into a single draft framework of general prescribing competencies for optometrists.

STEP 2: Validating the framework

Once drafted, the prescribing competencies were validated in two ways:

- A multidisciplinary focus group tested the framework against their own experience and understanding to ensure that nothing had been missed, that the framework was clear and also made sense
The competencies were circulated to ophthalmologists and optometrists who were asked to rate how important the competencies were to effective prescribing practice.

As a result the framework was validated and refined.

**STEP 3: Identification of specific supplementary prescribing competencies**

The next step was to identify the competencies specifically relevant to optometrist supplementary prescribers. This was done in a focus group by utilising the experience of optometrists and other professionals with expertise in prescribing, and the supplementary prescribing concept.

In order to ensure a broad understanding of the realities of being a supplementary prescriber, individuals were asked to read a detailed briefing on the proposals for supplementary prescribing and had the opportunity to consider various supplementary prescribing scenarios. Once the theoretical and practical issues had been fully discussed, individuals were asked to identify the behaviours associated with supplementary prescribing and to produce behavioural statements which reflected these.

These statements were then tested against the draft framework of optometrist prescribing competencies produced in steps 1 and 2. Previous experience indicated that these general prescribing competencies were likely to form the basis of supplementary prescribing. The supplementary prescribing competencies for optometrists where identified as being broadly the same as the general prescribing competencies, although some statements were modified and new statements added.

The supplementary competencies were then validated using the same principles and methods outlined in step 2, and draft supplementary prescribing competencies identified.
Step 4: User testing and circulation for comment

The NPC has published a number of competency frameworks for different groups of NHS professionals and has considerable expertise in the presentation of these documents. Members of the project team have significant experience of developing, presenting and training individuals to use competency frameworks. All this experience has been fully utilised to ensure that the framework is as clear as possible and can be used practically by optometrist prescribers.

This document in final draft was circulated to key representative bodies for comment. Comments received were used to confirm the content and presentation of the final document.
Acknowledgements

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## Appendix 2

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Optometrist, Healthcall Optical Services Ltd, Croydon</td>
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<td>Ophthalmic Adviser, Islington and Camden PCTs, London</td>
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<td>Professional Services Manager, Asda Wal Mart-Optical, Leeds</td>
</tr>
<tr>
<td>Paul Spry</td>
<td>Optometrist, Bristol Eye Hospital, Bristol</td>
</tr>
<tr>
<td>Chris Steele</td>
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</tr>
<tr>
<td>Niall Strang</td>
<td>Senior Lecturer, Glasgow Caledonian University, Glasgow</td>
</tr>
<tr>
<td>John Thompson</td>
<td>Professional Services Director, G C Bateman Group, East Sussex</td>
</tr>
<tr>
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<td>Optometrist, Howie and Tickner Optometrists, Hampshire</td>
</tr>
<tr>
<td>Alison While</td>
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<td>Consultant Ophthalmologist, Royal Liverpool and Broadgreen University Hospitals NHS Trust, Liverpool</td>
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Questionnaire respondees

As part of the validation phase of this project, a confidential questionnaire was sent to existing prescribers asking them to rank the importance of the draft competencies to their prescribing practice. We would like to thank all the individuals who responded.

Circulation for comment

The document (in draft) was circulated widely for comment to a range of individuals / organisations. Those commenting were, or represented, optometrists, ophthalmologists, pharmacists, nurses, midwives and doctors. Commentators also included regulatory authorities, professional bodies and the Department of Health. Comments received were used to further refine the content and presentation of this document.