

# A competency framework for shared decision-making with patients

Achieving concordance for taking medicines

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medicines partnership programme

## About this document

This framework has been produced by the Medicines Partnership Programme at NPC Plus.

### **NPC Plus**

The NPC Plus programme was launched in 2003 by the National Prescribing Centre (NPC) to extend the support NPC offers to local NHS organisations and providers of NHS healthcare. In July 2006, NPC entered a partnership with Keele University and NPC Plus now operates as a separate unit within the Faculty of Health. The aims and objectives of NPC Plus are to support the delivery of high quality, effective healthcare by supporting healthcare practitioners and service providers.

### **Medicines Partnership**

Elements of the Medicines Partnership Programme (established by the Department of Health in 2002) transferred to NPC Plus in April 2006. At NPC Plus, Medicines Partnership work focuses on developing and delivering training and support to healthcare professionals to assist them to engage in shared decision-making with patients.

For more information on NPC Plus and its Medicines Partnership Programme please visit our website at [www.npc.co.uk/npc\\_plus.htm](http://www.npc.co.uk/npc_plus.htm) and [www.npc.co.uk/med\\_partnership/index.htm](http://www.npc.co.uk/med_partnership/index.htm).

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## Foreword

We know from research and from talking with patients, that people want to be involved in their own care and treatment. People want to be involved in deciding what treatment they should have and when and where to have it. For this to happen it is necessary for healthcare practitioners to discuss care and treatment options with patients in a way that invites patients to become as involved as they want to be in these decisions.

This document sets out good practice for health and social care professionals in their consultations with patients about their healthcare and treatment. It describes the skills and behaviours that practitioners need to ensure that they listen effectively to patients. The competency framework will also help them to respect diversity and patient beliefs and work with patients to reach a shared agreement about treatment where this is possible.

It is intended to be used by healthcare professionals wherever healthcare is provided. Involvement in care and treatment decisions is important for all patients; for those with long term conditions as their care is ongoing and also for those with acute episodes of ill-health.

You will find that this document refers to 'shared decision-making' and 'medicines concordance'. Whichever words we choose to use, the message remains the same: healthcare practitioners need to work alongside patients to ensure that patients can make informed decisions about their health. This framework is an important step towards achieving this aim.



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# 1 Introduction

## 1.1 Purpose of this document

With more patients taking medicines than ever before, encouraging patients to get the most out of their medicines is essential to avoid unnecessary ill health as well as reduce waste and unnecessary cost. Since the decision about whether to take a medicine or not ultimately lies with the patient<sup>1</sup> it is crucial that health professionals and patients engage in 'shared decision-making' about medicines usage. Shared decision-making, (similar to the concept 'concordance'), requires health professionals to engage with patients as partners, taking into account their beliefs and concerns.

This partnership approach to consultations needs to be underpinned by appropriate education and development for health professionals. The competencies presented in this document apply to any health professional engaging in discussions with patients about their medications and can be used to:

- Help ensure that individuals and teams who engage with patients in shared decision-making possess all the relevant expertise
- Help individuals, 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 education and training programmes at all levels
- Support individual continuing education and professional development
- Support professionals / managers locally by informing the wider clinical governance framework
- Support managers locally by providing a framework to help recruitment and selection procedures and appraisal systems.

<sup>1</sup> Where this document refers to patients, it is important that the health professional also considers the role of family members, carers and advocates.

### 1.2 Key facts about this 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 its key features are emphasised here:

- It is an outline framework, and as such it applies to all professionals making shared decisions with patients about their medications wherever healthcare is provided
- Because it is an outline framework, to use it effectively, time must be spent considering how each of the competencies apply to an individual health professional
- It was developed using a multidisciplinary approach (see Appendix 1 for details) in order to draw on the experience of a wide range of individuals.

### 1.3 Main audiences for this document

Given the uses of the framework highlighted in Section 1.1, the main audiences for this document will include:

- All health professionals engaging with patients in shared decision-making about their medicines
- Primary Care Trusts, NHS Trusts and Strategic Health Authorities
- Independent health, voluntary and social care providers
- Professional and regulatory bodies of healthcare professionals
- Commissioners and providers of all relevant education and development.

## 2 Shared decision-making

Prescribed medicine is the most common form of medical intervention, accounting for almost 15% of all health expenditure. The NHS spent £8 billion on medicines in England in 2005. Medicines use is also rising: the average person in England received 13.1 prescription items in 2003, a 40% increase over the previous decade (DH 2004). We know that non-compliance with prescribed medicine prevents many people from getting the most out of medicines. A recent review of the evidence (Carter and Taylor 2003) concluded that compliance overall is approximately 50% but varies across different medication regimens, different illnesses and different treatment settings.

There are many reasons why people do not take their medicines as prescribed. Practical and logistical difficulties may play a part in unintentional non-compliance — getting to the pharmacy, opening the container, and remembering the details of a complicated regimen. However, most non-compliance is intentional and results from conscious choices. Research shows that the most important factor determining whether, when and how patients take medicine, is their beliefs about the medication (Horne and Weinman 1999). Patients have their own views about medicines, how they should be used and how medicine taking fits in with their daily lives. These views are based on a personal set of beliefs and understanding influenced by factors including the experience of family and friends, culture, education, social circumstances, and fears and anxieties. They may be based on an incomplete understanding of the nature of the illness and the proposed treatment or at odds with scientific evidence. In other cases they may be based on a patient's own experience of medicine taking and their knowledge about what fits in with their lifestyle.

Patients may be unsure from the start whether the benefit of taking medicine will outweigh the risks. Changes in society also mean that information and mis-information about health and medicines is everywhere, and health information varies greatly in quality. When health professionals enter into more open and mature dialogue with patients about treatment choices, the general public and individual patients will be able to develop a more realistic understanding about the risks and benefits of medicines.

All these different sorts of beliefs play a very important role in a patient's conscious choice whether to take a medicine, reached as a result of weighing up perceived risks and benefits. Health professionals may not be aware of these beliefs and make assumptions about what is 'best' for a patient that are very different from patients' own perceptions. Research, surveys and people's individual stories show us that patients are making conscious decisions about whether to take medicines based on their views, beliefs and experiences. People are therefore more likely to benefit from therapy when they understand the diagnosis and treatment, have had a chance to discuss their views and beliefs and are actively involved in decisions about the management of the condition.

In the past, efforts to improve compliance have focused on providing clearer education and instruction about medicines, both written and face-to-face. It is increasingly recognised that the key to making better use of medicines is involving patients as partners in decisions about their medicines. Concordance or shared decision-making is a way for healthcare practitioners and patients to agree about medicines together. It looks for an alliance to be struck by prescribers and patients — an agreement on how medicines will be used to solve the problem under discussion, after both of them have had their say. In some cases that may mean a patient chooses to place all responsibility for treatment choices with their healthcare professional.

This approach recognises that the decision whether to take a medicine or not ultimately lies with the patient. A successful prescribing process will be an agreement that builds on the experiences, beliefs and wishes of the patients to decide whether, when, how and why to take medicines. This agreement may not always be easy to reach, but without exploring and addressing these issues patients may not be able to get full benefit from the diagnosis and treatment of the illness.

It is important to note that concordance is not a new politically correct way of referring to compliance. Compliance measures patient behaviour: the extent to which patients take medicines according to the prescribed instructions. However, concordance measures a two-way consultation process: shared decision-making about medicines between a healthcare professional and a patient, based on partnership, where the patient's expertise and beliefs are fully valued.



## 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, and attitudes. 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 a framework of competencies which, if acquired and maintained, should help individuals and teams to effectively engage patients in shared decisions about their medicines. The framework is best used as a starting point for discussion of competencies required by individuals or teams.

### 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:

- Helping to ensure that individual health professionals possess all the relevant expertise
- Helping individuals and their employers / managers, identify gaps in knowledge and skills and therefore identify ongoing training and development needs
- Informing the commissioning, development and provision of appropriate education and training programmes
- Supporting individual continuing education and professional development.

## 4 Introducing the competency framework

### 4.1 Key features of the framework

- The bullet pointed statements in each competency should be read one after another DOWN the list, NOT across competency boxes
- This framework can be used by ALL healthcare professionals involved in engaging patients in shared decision-making about their medicines regardless of professional background or employing organisation
- Some of the statements supporting the competencies will be more relevant in some consultations than others
- The framework should be used as a starting point for discussion about the competencies required by healthcare professionals
- Initially, using this framework effectively will take time. How each of the statements supporting the competencies applies to an individual, or a team, 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.

### 4.2 The structure of the framework

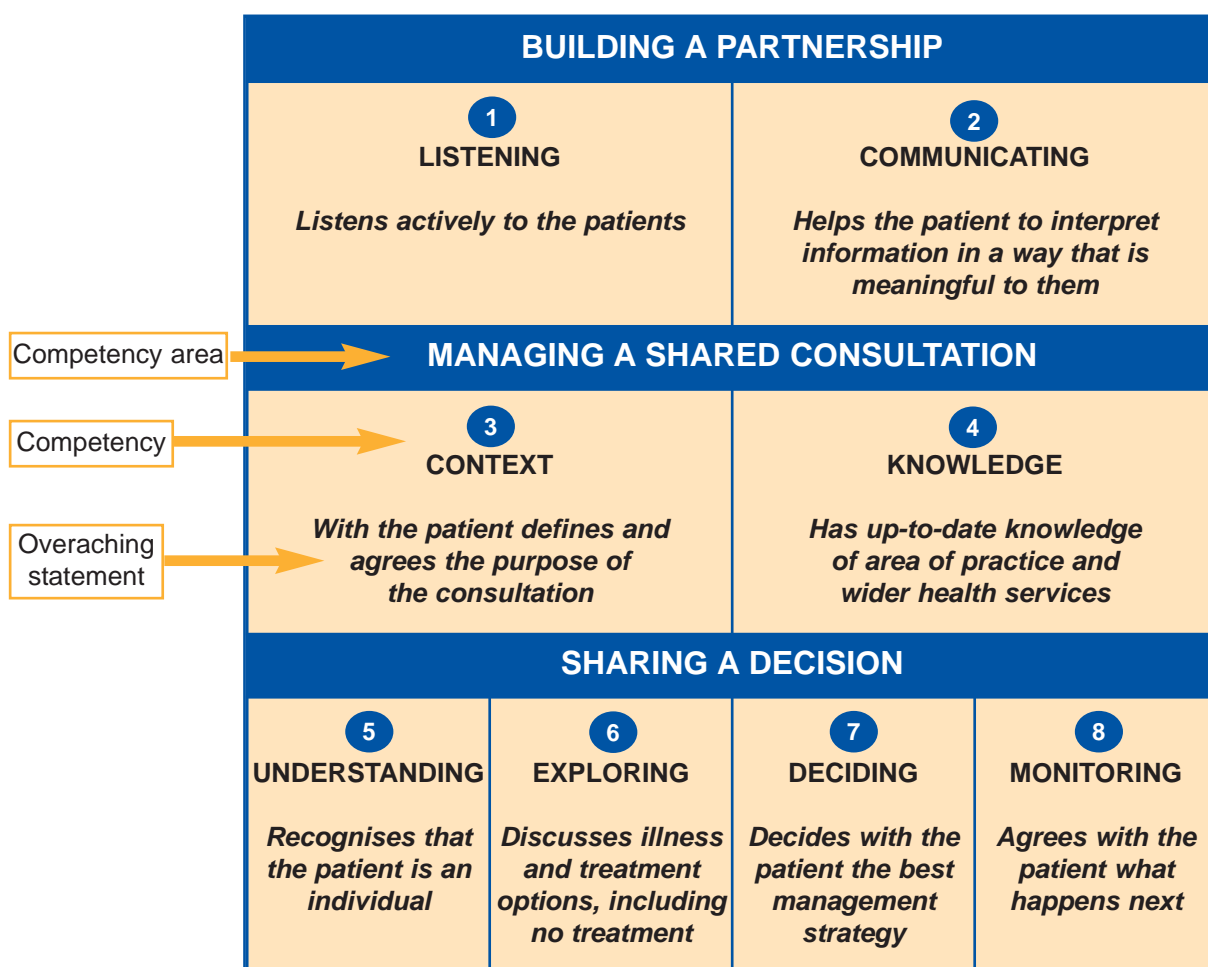
The competency framework contains eight competencies (listening, communicating, context, knowledge, understanding, exploring, deciding, monitoring).

Each of the eight competencies has:

- An overarching statement which gives a general indication of what the competency is about
- A number of statements which are a guide to how individuals who have that competency will be behaving in practice.

For ease of reference these eight competencies have been grouped into three areas as illustrated in figure 1 on page 9.

Figure 1: Competency framework for shared decision-making with patients: summary



## A competency framework for shared decision-making with patients

BUILDING A PARTNERSHIP	
1 LISTENING	2 COMMUNICATING
<i>Listens actively to the patient</i>	<i>Helps the patient to interpret information in a way that is meaningful to them</i>
<ol style="list-style-type: none"> <li>1 Reassures the patient so that they feel you have time for them</li> <li>2 Helps the patient feel at ease</li> <li>3 Gives the patient the opportunity to express their views</li> <li>4 Listens to the patients views and discusses any concerns</li> <li>5 Encourages the patient to ask questions about their condition</li> <li>6 Allows time for questions</li> <li>7 Treats the patient as an equal partner</li> <li>8 Respects diversity</li> <li>9 Expresses a willingness to be flexible</li> </ol>	<ol style="list-style-type: none"> <li>1 Identifies barriers to communication and responds appropriately</li> <li>2 Shares knowledge and information in a way the patient understands</li> <li>3 Explores and confirms the patient's understanding</li> <li>4 Checks own understanding of the patient's viewpoint</li> <li>5 Uses aids to help patient understanding</li> <li>6 Recognises the importance of non verbal communication and responds appropriately</li> <li>7 Uses open questions to elicit information</li> <li>8 Maintains appropriate eye contact</li> <li>9 Displays a non judgemental attitude</li> </ol>
<ul style="list-style-type: none"> <li>• Shared decision-making with patients may also involve others, e.g. family members, carers and advocates.</li> <li>• Health professionals clearly need a wide and variable range of competencies in their consultations with patients. This framework concentrates on the competencies that any healthcare professional might need when engaging their patients in shared decision-making and should be used in conjunction with other professional and organisational frameworks, for example the knowledge and skills framework.</li> </ul>	

MANAGING A SHARED CONSULTATION	
3 CONTEXT	4 KNOWLEDGE
<i>With the patient defines and agrees the purpose of the consultation</i>	<i>Has up-to-date knowledge of area of practice and wider health services</i>
<ol style="list-style-type: none"> <li>1 Reviews patient information prior to the consultation</li> <li>2 Introduces and explains own role</li> <li>3 Establishes how involved the patient wants to be in decisions about their treatment</li> <li>4 Clarifies the timing, boundaries and expectations of the consultation</li> <li>5 Ensures that the consultation takes place in an appropriate setting, minimises interruptions</li> <li>6 Keeps focused on the agreed aims of the consultation</li> </ol>	<ol style="list-style-type: none"> <li>1 Knows own limitations</li> <li>2 Maintains an up-to-date knowledge base appropriate to own role</li> <li>3 Knows when and how to seek further advice</li> <li>4 Refers on to other healthcare professionals as required / requested</li> <li>5 Works in partnership with colleagues</li> <li>6 Shares up-to-date information about specialist support and community resources</li> <li>7 Is aware of practical resources and aids to help patients</li> </ol>
<ul style="list-style-type: none"> <li>• Shared decision-making with patients may also involve others, e.g. family members, carers and advocates.</li> <li>• Health professionals clearly need a wide and variable range of competencies in their consultations with patients. This framework concentrates on the competencies that any healthcare professional might need when engaging their patients in shared decision-making and should be used in conjunction with other professional and organisational frameworks, for example the knowledge and skills framework.</li> </ul>	

## A competency framework for shared decision-making with patients

SHARING A DECISION			
5 UNDERSTANDING	6 EXPLORING	7 DECIDING	8 MONITORING
<i>Recognises that the patient is an individual</i>	<i>Discusses illness and treatment options, including no treatment</i>	<i>Decides with the patient the best management strategy</i>	<i>Agrees with the patient what happens next</i>
<ol style="list-style-type: none"> <li>1 Seeks to understand the patient's current circumstances and previous experiences (including disability) that may impact on treatment</li> <li>2 Awareness of whether the patient's cultural, religious or societal beliefs impact on treatment</li> <li>3 Agrees goals with the patient</li> <li>4 Respects the patient's expertise and knowledge of their own condition</li> <li>5 Establishes patient's readiness to make a decision</li> </ol>	<ol style="list-style-type: none"> <li>1 Elicits what the patient understands about their illness and treatment</li> <li>2 Explores what the patient has been doing to deal with the symptoms and / or illness</li> <li>3 Discusses with the patient their expectations and concerns regarding their illness and treatment</li> <li>4 Explores what the patient thinks about medicines in general</li> <li>5 Discusses what the symptoms and / or illness may be caused by and how it can be managed</li> <li>6 Establishes whether the health professional and the patient have similar or different views about an illness and / or symptoms</li> <li>7 Offers the patient information on their illness / symptoms and treatment</li> <li>8 Discusses any misunderstandings about illness or treatments</li> <li>9 Encourages the patient to express positive and negative views about treatment / no treatment options</li> </ol>	<ol style="list-style-type: none"> <li>1 Explains own thought process and reasoning about why medicines may or may not be necessary</li> <li>2 Provides full and accurate information about the pros and cons of all treatment options including side effects</li> <li>3 Discusses prognosis and likely health outcomes</li> <li>4 Communicates uncertainty and risk to the patient</li> <li>5 Checks that the patient understands reasons behind decisions</li> <li>6 Negotiates with the patient about the treatment decision</li> <li>7 Gives the patient time to consider the information before making a decision if appropriate</li> <li>8 Accepts the patient's decisions</li> <li>9 Explores the patient's ability to undertake the agreed plan</li> <li>10 Checks that the patient knows what they are taking and why</li> </ol>	<ol style="list-style-type: none"> <li>1 Ensures that the patient knows what to do if their symptoms change or a problem arises</li> <li>2 Discusses when treatment will be reviewed / stopped</li> <li>3 Expresses a willingness to review the decision</li> <li>4 Provides relevant contact details and encourages the patient to use them</li> </ol>
<ul style="list-style-type: none"> <li>• Shared decision-making with patients may also involve others, e.g. family members, carers and advocates.</li> <li>• Health professionals clearly need a wide and variable range of competencies in their consultations with patients. This framework concentrates on the competencies that any healthcare professional might need when engaging their patients in shared decision-making and should be used in conjunction with other professional and organisational frameworks, for example the knowledge and skills framework.</li> </ul>			

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- All the competency frameworks published by the National Prescribing Centre can be found on the NPC website [www.npc.co.uk/non\\_medical.htm](http://www.npc.co.uk/non_medical.htm)
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## How the framework was produced

The purpose of this document is to outline the competencies that any health professional engaging patients in shared decision-making about their medicines should acquire and maintain. In order to ensure a framework of competencies relevant to all current and future health professionals engaging patients, the development process drew on a wide range of experience across different health and social care organisations, professional and patient groups (see Appendix 2).

The development of the competency framework used a similar methodology as that used by the NPC to develop prescribing competency frameworks for nurse and pharmacist prescribers and nurse, pharmacist, optometrist and AHP supplementary prescribers. The NPC also used a similar methodology to produce a framework of competencies for all health professionals supplying and / or administering medicines using Patient Group Directions, for pharmaceutical advisers working in PCTs and for individuals inspecting and / or controlling the use of controlled drugs. These competency frameworks can all be found on the NPC website ([www.npc.co.uk/non\\_medical.htm](http://www.npc.co.uk/non_medical.htm)).

### The methodology

The methodology used to develop the competency framework is described in the following 4 steps:

#### STEP 1 Background research

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

#### STEP 2 Development of a draft framework of competencies for shared decision-making

In order to ensure that the competency framework is relevant both now and in the future, a wide range of individuals were involved in the development process. These individuals included patients, representatives from patient groups, doctors, nurses, pharmacists, physiotherapists, optometrists and psychologists.



The focus groups, interviews and key document review were designed to identify the behaviours associated with enabling patients to engage in shared decision-making. These behaviours were represented in statements and around 400 statements were identified and roughly grouped. From these statements and groupings, a small working group identified the competencies and drafted a framework.

### STEP 3 Validating the framework

Once drafted, the competency framework was validated by a multidisciplinary focus group which tested the framework against its own experience and understanding to ensure that nothing had been missed, that the framework was clear and that it made sense. As a result the framework was validated and refined.

### STEP 4 User testing and circulation for comment

This document in final draft was circulated to the project steering group, the Medicines Partnership Task Force, the Department of Health, a range of professional bodies and patient organisations for comment. Comments received were used to confirm the content and presentation of the final document.

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.

## Acknowledgements

### Steering group members

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### **Patient interviews**

A series of patient interviews informed the development of this framework. The patient interviews were facilitated by the Expert Patient Programme. We sincerely thank all the patients that we interviewed for their time.

### **Medicines Partnership Conference, May 2006**

Delegates at the conference contributed to the development of this framework.

### **Circulation for comment**

The document (in draft) was circulated widely for comment to a range of individuals / organisations. 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.



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