

Mapping of General Level Framework with MUR Service Delivery

This document provides GLF Users with a mapping against the Competencies required for a Medicines Use Review (DH 2005). Some examples of possible assessments/portfolio evidence are also included where appropriate.

Delivery of Patient Care (N.B: Codes in Brackets denote inclusion in LD/CM draft competencies)		Relevant Behavioural Statement from DoH MUR Competency Document	Relevance to MUR	Assessment possible (Essential in Bold)	Examples of Assessment/Portfolio evidence
Patient Assessment	Uses appropriate questioning to obtain relevant information from the patient	4.1 4.3 4.4	Essential to achieve the service aim, both as the MUR and Intervention service. Forms the initial part of the patient consultation. Linked to RPSGB Responding to Symptoms	Yes	Open questions from Case example (e.g. What information would you ask for from the patient?) or information obtained for patient in portfolio example.
Consultation or referral	Pharmaceutical or health problems are appropriately referred	5.2 5.3	Need for referral may be identified at various points during the MUR. The pharmacist should be able to demonstrate they can identify the need to refer and also whether the MUR should continue.	Yes	Case Example
Recording Consultations	Documents consultation where appropriate in the patient's records	5.1	A record of the MUR needs to be made in the patient's pharmacy record; GP and patient should receive a copy of the MUR summary.	Yes	As for Patient Assessment and include documents for MUR
Patient consent	Satisfactorily obtains patient consent if appropriate	1.1	This is not specifically mentioned in the service specification but would be necessary for the MUR to proceed and info to be shared.	No	
Relevant Patient Background	Retrieval of ALL relevant and available information	3.1 3.2 3.3	As for patient assessment above, but including written information as well (i.e. PMR info, other info from medical notes if available)	Yes	As for Patient Assessment

Drug History	Documents an accurate and comprehensive drug history when required	3.1 3.2 4.1 4.2	This is produced from the patient assessment and retrieval of relevant patient background. It should include OTC/herbal medicines.	No	
Drug – drug interactions	Identified, Prioritised and Acted upon	2.1	Drug Interactions are within the service aims. Prioritisation/clinical relevance of identified interactions is essential to ensure appropriate recommendations from MUR.	Yes	Case Example
Drug – patient interactions	Identified, Prioritised and Acted upon	2.1			
Drug – disease interactions	Identified, Prioritised and Acted upon	2.1			
Ensures appropriate dose	Appropriate dose is ensured	1.4	Dose of medicines is appropriate for indication. Incorporates dose optimization and clinical effectiveness.	Yes	Case Example
Selection of dosing regimen	Appropriate route is ensured	1.4	These are essential factors that may directly affect the patient's ability or willingness to take their medicines. e.g. When required medicines, appropriate and effective use of dosage forms	Yes	Case Example
	Appropriate timing of dose is ensured	1.4			
Selection of formulation and concentration	Appropriate formulation is ensured	1.4			
	Appropriate concentration is ensured	1.4			
The prescription is legal	Legality of prescription is ensured	Not included but assumed via Code of Ethics	Pharmacist may find patient has obtained POMs from a friend etc....	Yes	Case Example
Labelling of the medicine	The label on the dispensed medicine includes required information	1.5 4.4	Especially relevant to PRN medicines. "As directed" should be avoided	Yes	Case Example
	The dispensed medicine is labelled appropriately for the patient	1.5 4.4	Accommodates special requirements (large labels, literacy issues).	Yes	Case Example
Health Needs	Takes into account the patient's individual circumstances	1.3	Cultural and social background may influence medicines management and concordance	Yes	Case Example

Need for information is identified	Patient need for information is accurately identified	4.4	The MUR will identify MI needs for the patient either as part of the patient assessment or as a result of recommendations from the MUR. This will influence concordance.	Yes	Open questions from Case example (e.g. What information would you provide to the patient?) or information obtained for patient in portfolio example.
Medicines Information	Accurate and appropriate medicines information is communicated	4.4	MI needs should be communicated in a manner that is suitable for the patient	Yes	For specific needs e.g. partially sighted etc.
Provision of written information	Appropriate information is provided	3.1	Leaflets to support verbal advice should be available and provided in a manner suitable for the the patient	Yes	Open question: Which leaflets would you provide
Identification of medicines management problems	Medicines management problems are identified	1.5 2.1 2.2 2.3	From the MUR, the pharmacist should achieve this.	Yes	Case Example
Prioritisation of medicines management problems	Medicines management problems are accurately prioritised	3.3 4.2	The MUR may identify major and minor issues. The pharmacist should prioritise and act upon those that will provide most benefit to concordance.	Yes	Case Example
Use of Guidelines	Current clinical guidelines are applied as appropriate	1.2	Essential to allow appropriate interventions from MUR	Yes	Case Example
Resolution of medicines management problems	Appropriate action is taken to resolve or refer medicines management problems	1.5 4.3	Practical recommendations are made from the MUR and agreed with the patient or passed onto GP.	Yes	Case Example
Record of contributions	Appropriate documentation of the intervention is completed	5.1	Use of MUR recording template; PMR and patient/GP summary	Yes	MUR Documentation completion as part of case example
Assessing outcomes of contributions	Outcomes of contributions are appropriately assessed	To be inserted into the MUR spec but not included in assessment	Absent from MUR spec., but professionally essential??	No	

Personal Competencies					
Prioritisation	Prioritises work well	3.3 4.2	MUR will require prioritisation of problems. This is covered in Delivery of Patient Care competencies. But the MURs themselves will need to be prioritised into daily routine	No	
Efficiency	Uses time efficiently	Not included	Essential to ensure time to complete MUR is acceptable	Yes (?)	Audio/Visual Interactive assessment (can include time to completion in software?)
Communication with (patient/carer and health professionals and PCO)	Communication is clear, precise and appropriate	5.1	Communication skills are an essential component of delivering MUR.	No	
Multi-disciplinary Team	Recognises the value of other health professionals and uses appropriate channels for referral	5.2	Pharmacists need to know the roles of other health professionals to ensure referral is correctly applied	Yes	Case Example (who else they would refer the patient to)
Confidentiality	Maintains confidentiality	1.1	Included in Essential Services and needs to be applied to MUR	No	
Recognition of Limitation	Recognises limitations	1.1 5.3	Essential for patient safety and appropriate referral	Yes	Case example
Quality and Accuracy of documentation	Legally required info is documented	5.1	Completion of MUR documentation and recording of information on PMR	Yes	As part of assessment completion
Responsibility for own action	Takes responsibility for own action	Not Included	Recognises the accountability they have on completing the MUR	No	
Confidence	Inspires confidence	Not Included	Patients and health professionals will be more likely to accept recommendations	No	
Responsibility for patient care	Takes responsibility for patient care	Not Included	Pharmacists should understand how MUR fits into to overall patient care	No	

Problem Solving Competencies					
Accesses Information	Able to access information from appropriate information sources	3.1 4.1	These elements are essential to deliver a successful MUR. They provide the basis for completing the patient assessment and making appropriate recommendations	No	
Summarises information	Able to summarise key points from information gathered	3.2 3.3 4.2		Yes	Case Example (esp. if audio/visual as well)
Up to date information	Keeps information needed on a day to day basis up to date	3.1		No	
Pathophysiology	Knowledge of pathophysiology is EXCELLENT	1.2	These form the underpinning clinical knowledge required to complete the MUR	Yes	Case Example
Pharmacology	Able to discuss how drugs work	1.2		Yes	Case Example
Side effects	Able to describe the major side effects of drugs	1.2 2.2		Yes	Case Example
Interactions	Able to describe mechanisms of interactions	2.1		Yes	Case Example
Evaluates information	Is able to evaluate information gathered	3.2	Analysing and agreeing actions from information obtained ensures the MUR is completed effectively.	Yes	Case Example
Problem identification	Able to identify problems	1.5 2.1 2.2		Yes	Case Example
Appraises options	Appraises options	4.2		Yes	Case Example
Decision making	Demonstrates clear decisions making	4.3		Yes	Case Example
Logical Approach	Demonstrates a logical process to problem solving	Not Included		No	
Provides accurate information	Provides accurate information	4.4	The recommendations from the MUR need to be translated into information that can be communicated effectively (written and verbal).	Yes (Written Only)	Case Example
Provides relevant information	Provides relevant information	4.4		Yes (Written Only)	Case Example
Provides timely information	Provides timely information	4.3 5.1		No	

Ensures resolution of problem	Ensures resolution of problem	To ne inserted into Spec. Not in assessment.	Not in MUR spec. but required??	No	
Management and Organisation Competencies					
Standard Operating Procedures	Uses relevant and up to date procedures for practice	5.1	Pharmacists will need to show they can apply the national procedires to deliver the MUR	Yes	Use of MUR Documentation
Working Environment	Implements legal and professional requirements for a safe system of work	Not Included as environment for MUR is part of Essential Services	There are requirements around premises that need to be fulfilled for the MUR	no	Will be assessed in premises accreditation
Service Reimbursement	Uses relevant reference sources to ensure appropriate and accurate reimbursement	Not Included	There will be a mechanism for reimbursement that pharmacists will have to use for the MUR	Yes	Use of MUR Documentation
Prescribing budgets	Can interpret how prescribing affects prescribing budgets	2.3	This is essential if the pharmacists are to identify changes to medicine regimens/brands that improve cost-effectiveness	No	
Linked Organisation	Can describe the key organisations that affect service delivery	5.2	Pharmacists will need to know which organisations the MUR service impacts on (i.e. PCOs, GP practices, hospitals etc.).	No	
Pharmaceutical	Can describe how pharmaceuticals can be sourced	1.5	The context of these behaviours for the MUR is based on how the patient is able to access their medicines	Yes	Case Example
Supply problems	Supply problems are resolved promptly	1.5		Yes	Case Example
Cost effectiveness	Ensures stock purchased maximises cost effectiveness	2.3	For the MUR, this relates to the recommendations being cost-effective. Opportunities for improving value for money should be identified and recommended	Yes	Case Example