

# Electronic prescribing

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This issue's special feature, on which these questions are based, was commissioned from independent authors. The Life-long Learning scheme 2007 is supported by an educational grant from Martindale Specials but the company has no editorial input. The information in the box below should help readers to identify knowledge gaps and undertake continuing professional development. Readers are also invited to complete the questions overleaf to test their knowledge of the articles, and send their answers, together with a stamped and addressed C5 envelope, to:

Life-long Learning – ePrescribing  
*Hospital Pharmacist*  
1 Lambeth High Street  
London SE1 7JN

Name: \_\_\_\_\_

RPSGB registration number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_



Entries must be received by 3 September. Results will be returned with a certificate of completion.

## Life-long Learning competition

This is the final set of questions of the 2007 Life-long Learning competition, sponsored by Martindale Specials.

The entrant who achieves the highest marks in this series of six exercises will win attendance at the European Association of Hospital Pharmacists annual congress, to be held in Maastricht, the Netherlands, in spring 2008. The congress is entitled "Hospital pharmacists: added value for health".

The best five scores from the six exercises in this series will be taken into consideration.

The runner-up will receive registration and travel expenses for the *Hospital Pharmacist* conference in 2008. Third and fourth place will receive Pharmaceutical Press vouchers or British Society for the History of Pharmacy china mugs.

Your name, address and scores will be held on a database for the purpose of awarding prizes.

Should you not wish your details to be held in this way, please tick the box below. If you do this, you will be sent a certificate, but you will be ineligible for a prize.

## How to undertake continuing professional development

### Identify knowledge gaps

- ◆ How electronic prescribing is likely to impact on hospital pharmacy
- ◆ Examples of the functionality required of electronic prescribing systems

### Act

- ◆ Read the articles in this issue
- ◆ Test your knowledge by answering the multiple-choice questions overleaf

### Evaluate

- ◆ What have you learnt?
- ◆ How has it added value to your practice?
- ◆ What will you do now and how will this be achieved?

The feature on electronic prescribing has been accredited by the College of Pharmacy Practice against the Royal Pharmaceutical Society's general and hospital practice areas of competence, which can be accessed via *Hospital Pharmacist* online ([www.pjonline.com/links/hp](http://www.pjonline.com/links/hp))

Reading the feature and completing the questions will help readers to fulfil aspects of the following competency areas, depending on their area of practice and application of learning: G1, G5, G8, HP5, HP10, HP12, HP13, and HP14.

Completion of the questions entitles undergraduates to one point towards the

Professional Development Certificate, a joint initiative between the British Pharmaceutical Students' Association and the College.

The assistance of the College of Pharmacy Practice is acknowledged in producing the CPD elements of this month's special feature.

Further information on how hospital pharmacists are approaching the challenges of CPD can be found in articles in the February 2005 issue of *Hospital Pharmacist* (2005;12:65-72).



To answer the questions, tick either the True or False column

	True	False		True	False
<b>1. About the national programme for IT (NPfIT):</b>			<b>6. The functional specification:</b>		
a) Electronic prescribing (ePrescribing) is part of NPfIT, delivered by NHS Connecting for Health			a) Was produced in draft form following a series of clinical engagement workshops		
b) NPfIT aims to provide an electronic care record for the NHS across the whole of the UK			b) Was refined following feedback from over 100 individuals and organisations		
c) NPfIT aims to link primary care records with secondary and tertiary care records			c) Sets out the functionality identified by clinicians as being important		
d) ePrescribing will require major changes in practice to allow use of the new system			d) Only outlines immediate requirements for ePrescribing systems		
e) ePrescribing will play a minor role in supporting patients' treatment with medicines			e) Details system roll out requirements		
<b>2. ePrescribing:</b>			<b>7. Structure of the specification:</b>		
a) Is part of the electronic prescriptions service			a) The functions required are divided into general and specialist categories		
b) Will only impact on clinical pharmacists			b) Reporting, administration and discharge are categories in the "general system requirements" section		
c) Will not be implemented in mental health trusts			c) Different clinical specialities will often require different things from the functionality		
d) Will provide an audit trail of changes made to patients' medication			d) Users should only be able to use the functionality specific to their speciality		
e) Will not be advanced enough to integrate with stock control			e) A subsection covers paediatric decision support		
<i>The following questions all relate to aspects of ePrescribing and the functional specification</i>			<b>8. The specification requires that:</b>		
<b>3. Benefits:</b>			a) Access to the system must be password protected		
a) ePrescribing will allow easy access to information about patients' treatment to anyone who wants to see it			b) Proprietary names should be the primary mode of display		
b) ePrescribing systems will provide access to clinical decision support systems at the point of prescribing			c) All warnings and notes should be available at the point of administration		
c) ePrescribing can facilitate medicines cost reduction			d) Information should be transferred automatically to minimise the need for rekeying certain patient details		
d) ePrescribing can facilitate formulary compliance			e) The dictionary of medicines and devices should no longer be used		
e) A study has shown that IT systems reduce the amount of time pharmacists spend on clinical activities			<b>9. The following are essential clinical pharmacy requirements:</b>		
<b>4. Patient care:</b>			a) The system must allow structured capture of pharmacy care records		
a) The Healthcare Commission's report "The best medicine" stated that the involvement of patients in comprehensive medication reviews in hospitals is high			b) Following verification, requests should be forwarded to the stock system		
b) Accurate drug histories will be obtainable from electronic records without the need to speak to patients			c) Only doctors should be able to input notes onto the system		
c) Electronic records will identify where a pharmacist has made a contribution to a patient record			d) It should be possible to add ongoing pharmaceutical care requirements to discharge information sent to primary care		
d) Clinical decision support is a replacement for clinical pharmacy			e) Interventions made by pharmacy staff will only be recorded if they are considered to be vitally important		
e) Clinical checking will be carried out online with clear information about who verified the prescription			<b>10. The next steps:</b>		
<b>5. General functions:</b>			a) Local service providers are contracted to deliver the ePrescribing functionality between 2008 and 2010		
a) ePrescribing systems are expected to be capable of checking for drug interactions			b) The ePrescribing functionality will be delivered to each trust with implementation on a set date		
b) Decision support will not be available at the point of administration			c) The functional specification will play a key role in guiding software development by suppliers		
c) Electronic records will only be accessible from computers in the pharmacy			d) The programme is looking to develop best practice guidance to help trusts implement ePrescribing		
d) Electronic records will improve communication of medical issues between care settings			e) The specification will be regularly updated to reflect changes in policy		
e) The traditional dispensing process will be unaffected by ePrescribing					

Answers will appear in the October issue

