

New year regulations — developmental needs for 2006

By **Tony West**, BPharm, MRPharmS

As we recover from the excess of another holiday season, this comment is aimed at those struggling with continuing professional development, many of whom may have made a new year resolution to use the Society's online CPD package.

Following are six developmental needs that pharmacists should consider adding to their CPD portfolios this year, based on new regulations. While these are most applicable to those practising in England, the legislation that will underpin the regulations described below is generally UK-wide.

— The Health Bill

First, the Health Bill, which was under debate after its second reading as *Hospital Pharmacist* went to press. Like a lot of other legislation impacting on the NHS, this Bill is an enabler as it provides for Government to introduce supplementary regulations. Although these regulations are subject to scrutiny by Parliament, the process is nowhere near as complicated and time consuming as introducing new primary legislation. There are potential advantages in that changes can be made to adapt to differing circumstances, but these have to be balanced against the perceived disadvantage that Government has the option for greater deregulation.

Every pharmacist should be aware that part three, chapter

two of the Bill provides the enabling legislation altering the supervision requirements of pharmacies. I will not rehearse the debate within the *Pharmaceutical Journal*, just indicate that this will need to be a topic for pharmacists' CPD portfolios in 2006.

However, there is a range of other legislative enablers within the Health Bill. Of most significance is the supervision of the management of Controlled Drugs, this being found in part three, chapter one. Here the role of the "accountable officer" is described along with the duty of co-operation between organisations and powers to enter and inspect. With the expected guidance from the Department of Health and amendments to primary legislation that have been consulted on by the Home Office, it should be a busy year for revisions to medicines policies and training programmes for all health care staff.

Part one of the Health Bill deals with smoke-free premises, and although the Health Select Committee blasts the Cabinet for inaction we probably need to consider the response within our own organisations to assist smoking cessation for both staff and the patients and carers who use our services. May I suggest that another CPD entry for the start of 2006 is entitled pharmaceutical public health and that we all resolve to research what we might be able to deliver in the secondary care environment.

Finally, part two from the Health Bill, which partly deals with prevention and control of health care associated infections. Chief pharmacists in acute trusts in England will be faced with the termination of the

DoH funding for antibiotic pharmacists at the end of this financial year. They may therefore want to add this topic to their CPD portfolio as the new legislation is not simply about hand washing.

— Prescribing rights

So, four entries complete and the fifth could already be causing sleepless nights — the further extensions to prescribing rights. Although independent prescribing is broadly welcomed, the real issue will be in the detail of the guidance that follows and how it is implemented. For most of us this may be seen as purely a nurse and pharmacist issue, but in dental hospitals there are implications as dentists will probably get access to the whole of the British National Formulary when providing NHS care, subject to the same proviso of practising within their area of competence.

— Openness

From a personal perspective, the topics suggested above are fairly obvious candidates for developmental needs. Of more interest though is legislation that may have passed some pharmacists by — the NHS Redress Bill. This has its roots back in a "call for ideas" from the Chief Medical Officer in 2001, which was followed by a consultation paper entitled "Making amends". The Bill applies only to England and Wales, as Scottish law is significantly different. It is, once again, enabling legislation that allows a scheme to be set up under regulations to deal with liabilities arising out of hospital care provided as part of the NHS.

The key recommendation from "Making amends" was that an NHS redress scheme should be introduced to provide investigations when things go wrong, remedial treatment, rehabilitation and care when needed, explanation and apologies, and financial compensation in certain circumstances. The key policy drivers for such reform are based around openness, learning and reducing litigation costs.

There is good evidence that such an approach works¹, from the US, where the Veterans Affairs (VA) require full disclosure to patients. The VA has some remarkable similarities to the NHS in that it is federally funded (ie, from taxation) and offers universal health coverage.

The National Patient Safety Agency *Safety Matters* bulletin (issue two) references a training tool it has introduced entitled "Being Open", which also addresses informing patients of mistakes. The message is clear, NHS culture relating to human error will need to shift further. The question of what this means in relation to medicines and pharmacy practice remains. I believe this is a must for a CPD entry, probably under the "professional ethics" heading.

These developments should help pharmacists to have a professionally fulfilling 2006. One final thought — although most new year resolutions may well have been broken by the end of January, the same luxury cannot be afforded with regulations.

— References

1. Kraman SS, Hamm G. Risk management: extreme honesty may be the best policy. *Annals of Internal Medicine* 1999;131:963-7

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