

Framework for independent prescribing published by NPC

A new competency framework for prescribing pharmacists has been developed by the National Prescribing Centre, the Royal Pharmaceutical Society, the Department of Health and the Medicines and Healthcare products Regulatory Agency.

The document updates the framework for supplementary prescribers that was published in 2003. The new framework includes additional and modified competencies for supplementary prescribers, as well as new information for independent prescribers. Three areas of competency are set out — consultation, prescribing effectively and prescribing in context — with each area containing three competencies. Each competency has an overarching statement describing what it is about and a number of criteria that pharmacists who



have achieved that competency will be able to demonstrate, both during initial training and in their practice.

As well as helping to ensure that pharmacist prescribers

possess the relevant competencies to undertake supplementary or independent prescribing, the document is intended to be used to inform the commissioning and development of education and training programmes for pharmacist prescribers. The framework is also designed to support individual pharmacists' continuing professional development, by guiding reflective practice. It also provides support for recruitment and selection procedures, as well as the appraisal process.

The new prescribing framework should be read in conjunction with the clinical governance framework, published by the Society last year. Both documents can be accessed via *PJ Online* (www.pjonline.com/links/hp).

Hospitals fail to comply with NICE nutrition guidelines

Less than half of all UK hospitals have put in place multidisciplinary nutrition support teams to co-ordinate nutritional care for their patients. This is despite guidance from the National Institute for Health and Clinical Excellence, issued to trusts (in England and Wales) in February, which states that all hospital trusts should have such teams in place and they should include a pharmacist.

The research, carried out by a committee of the British Association for Parenteral and Enteral Nutrition, was presented at the group's conference held in Brighton earlier this month. Hospital nutrition is the subject of this month's *Hospital Pharmacist* special feature (see p353-66).

Life-long Learning series winners are announced

Alison Stribling, senior pharmacist for technical and cancer services at North Devon District Hospital, has been awarded first prize in *Hospital Pharmacist's* 2005/06 Life-long Learning series, sponsored by Mayne Pharma. Miss Stribling will attend the European Association of Hospital Pharmacists' conference in Bordeaux, France, in the spring, as a guest of Mayne Pharma.

The highest scores in the series were achieved by Mavis Furr, a locum community pharmacist from Cardiff who, as a non-hospital pharmacist, did not consider it appropriate to accept the conference place.

The runner-up prize has been awarded to Bronwen Montgomery, from Leighton Hospital, Crewe. Joint third-place prizes have been awarded to Colin Cable, senior

pharmacist practitioner at Western General Hospital, Edinburgh; Kathryn King, medicines management pharmacist at Altnagelvin Hospitals Health and Social Services Trust, Northern Ireland; Simon White, senior clinical pharmacist at the United Lincolnshire Hospitals NHS Trust; Elizabeth Lewis, senior pharmacist, medicines information at Frenchay Hospital, Bristol; and Jane Walton, specialist community services pharmacist at Alexandra Hospital, Worcestershire.

Prizes will be awarded on 31 January 2007 at the pre-conference dinner of the 10th *Hospital Pharmacist* conference. Further details about the dinner (also sponsored by Mayne Pharma) and the conference (on February 1 2007) can be found on p369.

brief

Final guidance about changes to record keeping for Controlled Drugs has been published by the Department of Health, along with interim guidance on the destruction of CDs. It can be accessed via *PJ Online* (www.pjonline.com/links/hp).

Mobile telephone use does not generally interfere with sensitive medical equipment, according to an article published in the *BMJ* (2006;333:767-8). Rather, the authors suggest that pharmacists and doctors should use mobile telephones rather than pagers, because this would result in fewer delays in communication.

Sir Derek Wanless is to revisit his 2002 NHS funding report, commissioned by the King's Fund. He will look at what has worked well and suggest the way forward in areas where he does not believe that money has been spent productively.

Routes to registration as a pharmacist in New Zealand for practitioners registered in various countries, including the UK, have been published by the Pharmacy Council of New Zealand. See www.pharmacycouncil.org.nz for further details.

Principles of good corporate governance are set out in a new code for NHS Foundation Trusts, compiled by Monitor. It can be accessed via *PJ Online* (www.pjonline.com/links/hp).

Evidence submitted by the Guild of Healthcare Pharmacists to the NHS pay review body can now be viewed at www.ghp.org. The Guild, together with its parent union, Amicus, is also involved in the "NHS together" campaign. This campaign included a lobby of parliament by health care workers earlier this month.

Large-scale study of ADEs in US reported



Adverse drug events (ADEs) account for about 2.5 per cent of visits to emergency departments in US hospitals for unintentional injuries, according to a large-scale study published in *JAMA* recently (2006;296:1858-66).

The authors analysed admissions to 63 US hospitals of varying sizes and specialties over a two-year period (from 1 January 2004) and used these figures to determine annual national estimates. Patients aged 65 or over accounted for about 11 per cent of all estimated unintentional injury visits but about 25 per cent of estimated visits relating to ADEs. They also

accounted for almost 50 per cent of estimated emergency department visits relating to ADEs that required patients to stay in hospital.

Of ADE-related admissions, about a third were attributed to unintentional overdoses. Drugs that commonly require regular outpatient monitoring (including lithium, digoxin and warfarin) were involved in over half of these cases. Among patients aged 65 years or older, such drugs accounted for over 85 per cent of estimated visits relating to overdoses and almost 90 per cent of estimated visits relating to overdoses that required a patient to stay in hospital.

Performance ratings out for English trusts

Last month saw the publication of annual health check ratings for all NHS trusts in England, as assessed from April 2005 to March 2006.

The Healthcare Commission classed 54 per cent of acute and specialist trusts as "excellent" or "good" for quality of services, and 7 per cent as "weak". For their use of resources, 30 per cent of these trusts were classed as excellent or good, and 42 per cent as weak. Strategic health authorities called for action plans to be in place by the middle of this month for trusts that were weak.

Overall, there were improvements in certain targets.

For example, the percentage of cancer patients treated within two months of referral increased from 75 per cent in the last quarter of 2004/05 to 91 per cent in the last quarter of 2005/06. Reported methicillin-resistant *Staphylococcus aureus* infections were 8 per cent lower than in the 2003/04 baseline year, but this was less than half of the reduction needed to keep the NHS on course to meet the target of reducing infections by 50 per cent by 2008.

The annual health check performance ratings replace star ratings. Scores can be accessed at www.healthcarecommission.org.uk.