



Hospital Matters

September 2007

FOREWORD

Dear Reader

At this momentous time for the profession, the Hospital Pharmacists Group committee is committed to playing an active role in helping to shape the future of pharmacy by drawing on the expertise of hospital pharmacists and the spirit of innovation within hospital practice. Our approach will continue to be collaborative and we value links with the Guild of Healthcare Pharmacists, the UK Clinical Pharmacy Association and the Association of Pharmacy Technicians UK, as well as our relationship with the Royal Pharmaceutical Society. I would like to welcome Sue Kilby back to the HPG committee. Sue joins Graham Phillips as the members of Council nominated to attend committee meetings.

This newsletter features articles on NHS Education for Scotland (pS3), developments in medicines management for mental health trusts and safer management of Controlled Drugs in hospitals in England (pS2).

Looking to the future, it highlights news on regulation and professional leadership and the Society's consultation of the proposed pharmacy practice framework — it has never been more important for hospital pharmacists to join in the debate.

Finally, I would like to record my thanks to Robert Clayton, who has announced his intention to leave his post as head of practice at the Society this autumn. Robert joined the Society in 2004 as the lead on long-term conditions and public health after a successful career in the NHS. He was appointed head of practice in January 2006 and has made an enormous contribution to the HPG over the past 18 months. I have valued his wise counsel, particularly at this time of great change.

Ray Fitzpatrick
HPG chairman

Committee gears up for the future

The White Paper, "Trust, assurance and safety", has been a catalyst for debate and an already significant amount of work on the regulation of pharmacy and the future of leadership in the profession. Of the key proposals in the paper, probably uppermost in readers' minds is the establishment of a General Pharmaceutical Council (GPharmC).

The subsequent Carter Report made a number of recommendations that have resulted in the appointment of a pharmacy regulation and leadership oversight group (*PJ*, 21 July, p61). This group will advise and work with health ministers on the establishment of the GPharmC and help to identify how leadership in the profession can best support it, for example, through a body for pharmacy similar to a royal college.

Lord Carter's recommendations for a royal college also included the creation of an academy of pharmacy practice to champion advanced practice and an academy of pharmaceutical sciences to provide a forum for pharmaceutical scientists.

Readers will recall that the HPG committee is seeking to revise its terms of reference and membership to reflect better the new reality for the profession. The main proposed changes are to adopt a new name (Hospital Pharmacy Committee), to draw membership from existing pharmacy groups rather than by election, and to create a unified voice for hospital pharmacy with clear links to the national pharmacy boards.

Although supported by the Society, these proposals require changes in byelaws that are not currently feasible. Instead, the HPG committee has agreed to adopt a hybrid model, which retains a core of elected members, but also brings in representatives from other organisations. To a large extent, this has already been achieved, but membership will continue to be strengthened as opportunities arise. The committee believes that having members from across the hospital sector in England, Scotland and Wales is vital, particularly as the pharmacy regulation and leadership oversight group discussions take shape.

HPG encourages registration of technicians

The HPG fully supports the registration of pharmacy technicians and previously issued a joint statement with the Guild of Healthcare Pharmacists and the UK Association of Pharmacy Technicians (APTUK) to endorse this approach (*The Pharmaceutical Journal*, 25 June 2005, p792). At a recent HPG committee meeting, it became apparent that although the number registrants is growing steadily (5,886 as at 6 August), the proportion of hospital technicians on the register is low compared with community pharmacy technicians.

Registration benefits both employers and technicians. For employers it means the technician will:

- Abide by the Society's Code of Ethics
- Commit to improving practice through continuing professional development
- Hold an appropriate qualification

For individuals, registration brings access to:

- Training programmes (eg, Centre of Pharmacy Postgraduate Education workshops and open-learning programmes are free to registered pharmacy technicians)

- *The Pharmaceutical Journal* and Society online CPD resources
- Roles where hospital pharmacy managers seek registered pharmacy technicians
- Electoral processes for the Society's Council and national boards

The HPG asks colleagues, particularly those in managerial roles, to encourage technicians to seek registration before it becomes a mandatory requirement.

Registering during the voluntary period means that if there are any problems with an individual's qualifications, these can be resolved without the pressures of a time-limited process.

New pharmacy awards

The Pharmas add an exciting new date in the pharmacy calendar. With the support of 21 representative organisations, an awards dinner on 14 October will celebrate and reward outstanding achievement in the field of pharmacy. For more information or to nominate a person for an award please visit www.pharmawards.co.uk



Managing medicines in mental health trusts

The key components for delivering effective medicines management have been clearly signposted and well understood for some time. Best practice is characterised by optimal use of staff, skill mix, robotics and information technology, and underpinned by efficient systems for the procurement and supply of medicines that enable pharmacists to devote the bulk of their time to direct patient care.

Given that each hospital in England administers about 7,000 doses of medicines every day, there are real reasons for prioritising medicines management as part of improving outcomes and ensuring systems are more responsive to patients. Earlier this year the Healthcare Commission published its reviews of medicines management in acute and specialist trusts ("The best medicine: the management of medicines in acute and specialist trusts") and trusts providing mental health services ("Talking about medicines").

The acute sector review identified some positive developments since the Audit Commission last looked at this area in 2001, including increased time devoted to clinical pharmacy and progress on antimicrobial prescribing guidelines and audit. It also highlighted scope to improve risk assessment of the preparation of injectables in clinical areas (a theme picked up by the National Patient Safety Agency), completeness of information about medicines on transfer across interfaces, and involvement of patients in decisions about medicines and in self-administration schemes.

The Healthcare Commission's review of mental health trusts (albeit with some caveats around methodology and sampling) found mental health services characterised by lower levels of medicines management support than acute hospital services, lower investment in



clinical pharmacy, a lack of clear strategy and leadership for medicines management in some organisations and more limited development of skill mix.

The Department of Health has recently commissioned the National Institute for Mental Health in England (NIMHE) to deliver a programme that builds on work already undertaken to develop the mental health workforce ("New ways of working in mental health"), and on learning from the medicines management collaborative hosted by the National Prescribing Centre. Key strands of the new initiative are to:

- Develop leadership for medicines management through a national learning set

of mental health trust chief pharmacists, medical and nursing directors (this is with a view to identifying key strategic themes that register with and engage senior trust managers in the medicines management agenda)

- Extend the role of pharmacy technicians
- Produce a medicines management framework for mental health
- Identify good practice model service level agreements for mental health pharmacy services

In taking the work forward, the DoH and the NIMHE are keen to ensure active engagement and ownership by key stakeholders. The multidisciplinary advisory group set up to oversee the programme held its first meeting in August. Although many of the issues are not unique to mental health services, the aim is to deliver a number of tangible products to support improvements in mental health pharmacy services and help mental health trusts in developing local medicines management solutions. — Anne Spence

IN BRIEF

Pharmacy practice framework

Last month, several members of the HPG committee met representatives from the Royal Pharmaceutical Society to give early feedback on the pharmacy practice framework, which will describe components of good pharmacy practice (*PJ*, 21 June, p651). Readers are reminded that the deadline for comments on this important issue is 31 October (e-mail practiceframeworkconsultation@rpsgb.org).

New CD guidance for secondary care in England

The new, strengthened arrangements for Controlled Drugs and legislative changes that flowed from the Government response to the fourth report of the Shipman Inquiry impose significant new responsibilities on health care organisations. However, as the inquiry recognised, Controlled Drugs are an essential part of modern clinical care and better governance has to be implemented in a way that supports professionals and encourages good practice in the use of these important medicines.

In 2006, the Royal Pharmaceutical Society was commissioned by Keith Ridge, chief pharmaceutical officer for England, to prepare a document that would build on "Safe and secure handling of medicines: a

team approach", the revised Duthie report (March 2005). This new guidance, "Safer management of Controlled Drugs", sets out how the recent changes apply to the use and management of Controlled Drugs in secondary care. It supports accountable officers and health care organisations in reviewing local procedures to ensure that they are robust and fit for purpose.

The guidance applies to all areas of secondary care in England, including private hospitals and clinics, and contains numerous practice recommendations and suggestions. It sets out robust systems for procuring, storing, supplying, transporting, prescribing, and disposing safely of Controlled Drugs, while helping to ensure appropriate and convenient

access for patients who require them. Different chapters deal with legal requirements, governance arrangements, guiding principles and the management of Controlled Drugs in wards, operating theatres and pharmacies. A section on special situations has been included to accommodate a number of topics that do not obviously fit elsewhere, such as Controlled Drugs stationery and the management of Controlled Drugs that are patients' own property.

The guidance is available via the Society and DoH websites. The intention is that this will be a "living" document: content will be reviewed periodically to ensure it takes account of any future changes to the legislative framework for Controlled Drugs.

Supporting hospital pharmacists in the past, present and future: NHS Education for Scotland

By Rose Marie Parr, director of pharmacy, Anne Watson, Arlene Brailey and Ailsa Power, assistant directors of pharmacy, NHS Education for Scotland



The NES pharmacy team: back row (left to right) Arlene Brailey, Val Findlay, Stephen Peddie, Anne Watson, Rose Marie Parr; front row (left to right) Fiona McMillan, June Beckett, Ailsa Power, Val McCaffery

NHS Education for Scotland (NES) is a special health board, set up by the Scottish Executive Health Department (SEHD) in 2002, with the remit of devising educational solutions for workforce development. It originally brought together the main educational bodies for doctors, nurses, dentists, pharmacists and clinical psychologists, but additional staff groups have since been added.

The pharmacy directorate within NES was previously known as the Scottish Centre for Post Qualification Pharmaceutical Education (SCPPE; known affectionately as “Skippy”— an epithet which is proving hard to shake off). The NES pharmacy team has grown from the small core of four individuals based at the University of Strathclyde, to the current team of nine, with an expanding remit for the educational issues for pharmacy in Scotland.

NES Pharmacy benefits greatly from becoming part of a multidisciplinary organisation and enjoys mutually supportive links with sister organisations responsible for pharmacy postgraduate education in England, Wales, Northern Ireland and Ireland.

Although based in the West Region at Central Quay, Glasgow, NES Pharmacy has a national function, providing appropriate post-

qualification education and training programmes for about 4,500 community and hospital pharmacist. NES is currently working with the NHS to develop and support a regional educational framework. Based on the West, East and North, initial priorities include training preregistration trainees, pharmacy support staff and pharmacist prescribers.

NES Pharmacy is the national provider of education and training for NHS pharmacists. Courses are offered free of charge to all NHS pharmacists in the form of face-to-face events around Scotland and distance learning. NES Pharmacy is also responsible for assisting around 50 pharmacists with funding to undertake postgraduate diploma and degree courses each year. Most applicants are hospital pharmacists who wish to undertake a PG diploma or MSc in clinical pharmacy, although masters in other specialties, such as aseptic services and public health, have also been funded.

The NES Pharmacy directorate comprises, in addition to the authors, three educational project managers (Stephen Peddie, Fiona McMillan and Val Findlay) and two administrative staff (June Beckett and Val McCaffery). At the front line, NES Pharmacy also employs 21 local pharmacist tutors based in health board areas around Scotland who

are contracted on a sessional basis to assist in the delivery of their face-to-face courses.

NES Pharmacy has fostered good links with many of the specialist pharmacist groups within Scotland. These groups consist mainly of hospital practitioners specialising in, for example, cardiovascular disease, oncology (including palliative care), clinical trials, neonatal and paediatric pharmacy and mental health. NES has worked with these groups to support their members as specialist practitioners and also to help develop educational materials for their areas of practice. This has been achieved through face-to-face learning events, distance learning materials, national conferences, national courses (including a bereavement course for pharmacists working in palliative care) and, more recently, through developing an e-portfolio of learning and associated competences for clinical trials pharmacists and their teams.

Preregistration trainees

Currently, NES Pharmacy co-ordinates and organises the recruitment of preregistration trainees for the hospital sector in NHS Scotland and supports preregistration trainees in all sectors of practice by providing direct and distance learning. NES Pharmacy also facilitates cross sector experience by co-ordi-



nating the allocation of available placements on a Scotland-wide basis.

NES Pharmacy organises and funds two national days for preregistration trainees. The first covers new developments in practice and issues specific to initiatives in Scotland. The second day, "A pre-reg guide to paediatric pharmacy," is organised in conjunction with the Scottish Neonatal and Paediatric Pharmacists group and involves hospital practitioners from this specialty.

Following an NHS circular from the SEHD in September 2006, the NES pharmacy remit for preregistration trainees will expand, with the development and management of an educational infrastructure (involving organisation, administration and funding) for trainees and tutors across both primary and secondary care in NHS Scotland. The NHS Preregistration Pharmacist Scheme (PRPS) will, from the 2008/09 cohort onwards, ensure that every preregistration trainee funded by NHS Scotland receives the same high quality training opportunities, support and experience, regardless of practice setting.

NES Pharmacy will work alongside the Royal Pharmaceutical Society to assure the quality of preregistration training in Scotland. As well as focusing on training placements, the PRPS will require all tutors and trainers to be suitably prepared and approved. Tutors and trainers will be provided with ongoing educational support to meet quality standards and accreditation.

Vocational training for pharmacists

The Scottish Hospitals Vocational Training Scheme (SHVTS) was under development for almost a decade before it was implemented in 1998. It emerged as a result of a 1993 report from the chief pharmacists in Scotland (known at that time as the chief administrative pharmaceutical officers group), which had established a strategy for the education of hospital pharmacists in Scotland.

The vocational training scheme aimed to equip pharmacists with the skills to undertake work in hospitals at increasing levels of responsibility. It involved different stages of development, starting with the pre-registration trainee becoming a pharmacist (stage I), then on to hospital pharmacist (stage II), specialist hospital pharmacist (stage III) and hospital pharmacist leader (stage IV).

Initially, the priority was to develop stage II training, which was launched in 1998 by the then association of trust chief pharmacists in Scotland. All newly registered hospital pharmacists are expected to undertake stage II training, which aims to develop a variety of general skills and normally takes two years to complete. During this phase, pharmacists rotate through a structured programme that enables them to collect a portfolio of evidence of all-round competence. NES Pharmacy has worked with hospital phar-

macy services to develop this programme and provides support in the form of funding as well as involvement in tutor training and trainee assessments.

The scheme was recently reviewed to link to the NHS Knowledge and Skills Framework (KSF) where possible. NES Pharmacy set up a working group to develop broad guidance on KSF outlines and identified a range of dimensions and levels likely to be appropriate for these outlines. In future years, NES hopes that there will be a remit to progress stages III and IV of the SHTVS formally to support hospital pharmacy practitioners through all the stages of their career.

However, NES has already developed a bespoke leadership course in recognition of the extent of change expected of individuals within pharmacy over the next few years (www.nes.scot.nhs.uk/pharmacy/courses/be spoke). The course was originally designed for, and marketed to, senior nominated hospital practitioners but, with the advent of the new community pharmacy contract in Scotland and the introduction of single system working, the course is now available for both hospital and community practitioners to train together, as the future leaders of pharmacy in Scotland. Eight cohorts have completed the course so far, and a further cohort started in June.

Non-medical prescribing

One of the key activities that NES Pharmacy has been involved with over the past few years has been the commissioning of supplementary prescribing accredited courses at the two schools of pharmacy in Scotland. NES Pharmacy is responsible for allocation of funding (from SEHD) based on specific entry criteria, while ensuring equity of access. As part of the commissioning role, NES is involved in the quality assurance and continual monitoring of the education and training provision from the schools in response to feedback from the service.

The funding will continue in the year ahead to enable qualified supplementary prescribing pharmacists to train as independent prescribers, and then to encourage additional pharmacists to undertake the full independent prescribing courses as they become avail-

able. In addition, NES has supported two annual conferences on supplementary prescribing for pharmacists to share best practice and promote the implementation of prescribing.

As well as developing an introductory pack for supplementary prescribing pharmacists, NES Pharmacy worked with its sister organisations in England, Wales and Northern Ireland on additional educational materials. This resource, called SUPPORT (supplementary prescribing pharmacists online resource training), is available on the NES Pharmacy website. This encourages pharmacists to train as prescribers, provides them with additional learning resources during training and supports continuing professional development once they have completed the university courses.

Significant event analysis

NES Pharmacy has launched a system for significant event analysis (SEA) that creates personal learning opportunities from incidents or near misses in practice. Adapted from an approach in medical education, the model has been developed for all pharmacists in Scotland and provides individualised educational feedback by specially trained peer reviewers on completed (but anonymous) SEA reports.

Promotional sessions in the hospital sector have elicited a good response to date. Further information and SEA forms are available at www.nes.scot.nhs.uk/pharmacy/sea.

Support staff

From early 2007, NES Pharmacy has been given the opportunity to develop a national educational framework for pharmacy support staff, jointly funded by NES and SEHD. Initially this will involve the implementation of training (distance learning packs as well as direct and bespoke courses) for hospital and community registered pharmacy technicians. A network of six pharmacy technician tutors will organise local courses. More formalised training allows a national approach to promote and support CPD for pharmacy technicians in Scotland as registration comes into force. However, the plan is that resources will be available for other pharmacy support staff in the future.

Note from the editor

After four newsletters published over the past 18 months or so, the editorial pen is now passing to Rachael Lemon, a member of the English Pharmacy Board and the HPG committee. My thanks go to Rachael for taking on this role and to the other members of HPG committee for their contributions.

Unless indicated otherwise, all articles and items in the newsletter are written by HPG committee members. In the last edition, however, the report on the HPG's emergency planning conference should have been attributed to Michael Thompson, assistant editor of *The Pharmaceutical Journal*. We would welcome more contributions from readers to the pages of the newsletter. Articles or stories from budding journalists should now be sent to Rachael.Lemon@poole.nhs.uk

Finally, I offer congratulations to our chairman and the other pharmacists who were presented with certificates of fellowship of the Royal Pharmaceutical Society at a ceremony held before the annual general meeting in May. — *David Webb*