

# Introduction to the Community Pharmacy Clinical Governance Assessment

The individual information supplied in the clinical governance assessment will be kept confidential and will only be published in a summarised and anonymised form (unless you give written consent).

The assessment consists of three parts.

## **1. Community Pharmacy Clinical Governance Assessment**

One form must be completed for every pharmacy. The Pharmacy Superintendent or Proprietor Pharmacist is responsible for the accurate completion of this form. The Superintendent/ Proprietor Pharmacist may delegate this task, but will still be responsible for the information given on behalf of the pharmacy.

The form has a section for the name and address of the pharmacy and eight sections numbered A to H. Each section should be completed as fully as possible. There is a further section at the end for any additional information or comments.

## **2. Community Pharmacy Clinical Governance Assessment - Pharmacist's Continuing Professional Development**

Each pharmacist regularly working in the pharmacy must complete this form. This includes pharmacists working full-time, part-time or as a regular locum. A regular locum is a pharmacist who regularly works in the pharmacy (on average at least one day per week throughout the year), but does not have a staff position in the pharmacy.

The forms are designed to remain in confidence and names and addresses are not required. However, it is the responsibility of the Superintendent Pharmacist or Proprietor Pharmacist to ensure that these forms are completed and that the details are correct.

## **3. Community Pharmacy Clinical Governance Assessment - Additional Services**

Additional forms are available for pharmacies that provide the following non-core services:

- Health screening
- Domiciliary oxygen services
- Needle and syringe exchange
- Instalment dispensing
- Services to residential and/or nursing homes

These cover specific issues about these services.

# Guidance on completing the Community Pharmacy Clinical Governance Assessment.

## A) Continuing Professional Development

### Question 1

#### How many pharmacists practise in the pharmacy?

Fill in the number of pharmacists practising in the pharmacy. This should include proprietors, partners, staff and regular locums. A regular locum is defined as a pharmacist who regularly works in the pharmacy (on average at least one day per week throughout the year), but does not have a staff position in the pharmacy.

A full time pharmacist is a pharmacist working at least 35 hours per week.

A part time pharmacist is one working less than 35 hours per week.

#### How many pharmacists have personal development plans?

A personal development plan is a systematic review of continuing professional development (CPD) needs, how these needs will be met, a record of participation in CPD and an evaluation of the outcomes of CPD. It is often based on a formal staff appraisal where each pharmacist is given feedback on their past performance and future training or development needs.

Further details about the process of writing a personal development plan can be found in Medicines, Ethics and Practice – A Guide for Pharmacists Published by the Royal Pharmaceutical Society of Great Britain every six months. The section of this book to refer to is “Good practice for ensuring professional competence”. Pharmacists who have taken part in the CPD pilot project or the College of Pharmacy Practice Portfolio will be familiar with this process.

#### How many of these pharmacists are subject to annual appraisal?

Annual appraisal is a system where each pharmacist is given feedback on their past performance and future training or development needs.

### Question 2

These questions ask about approval for training of pre-registration graduates and whether someone is undergoing pre-registration training. Premises are usually approved for the training of pre-registration graduates for up to 5 years, whether or not a graduate is currently being trained.

### Questions 3 and 4

For the purpose of this assessment, a dispenser is defined as anyone who will assist the pharmacist in dispensing prescriptions. In some pharmacies, only specific members of staff are allowed to dispense whereas in others any member of staff may dispense under the supervision of the pharmacist.

3a) A recognised dispensing qualification will include the BTec dispensing qualification, National Vocational Qualification (NVQ) level 3 dispensing qualification or an in-house dispensing qualification.

4a) A recognised medicines counter assistant qualification is completion of a course covering the knowledge syllabus of the chemist counter assistant unit of the National Vocational Qualification (NVQ) level 2 in retail operations.

A personal development plan is a systematic review of training needs, how these needs will be met, a record of participation in training and an evaluation of the outcomes of the training. It is often based on a formal staff appraisal where each member of staff is given feedback on their past performance and future training or development needs.

Annual appraisal is a system where each member of staff is given feedback on their past performance and future training or development needs.

## **B) Evidence based practice**

### **Question 5**

#### **Does the pharmacy hold current versions of the following books:**

The current versions are the most up to date version.

If an older version of a book is kept in the pharmacy, you should tick the box marked No.

#### **Do you keep any other reference material in the pharmacy?**

This question includes other books or any files of reference material taken from journals, etc.

### **Question 6**

#### **Do you have access to the internet in the pharmacy?**

Access to the internet allows pharmacists to conduct searches of past issues of the Pharmaceutical Journal; British Medical Journal; etc or to seek out other information sources.

#### **Do you have access to electronic sources of information (e.g. e-BNF, Martindales on-line, etc)?**

Many books are available as CD-ROMs or are accessible on line, etc.

You should list any information sources that you have or can access in your pharmacy.

### **Question 7**

#### **Do you have up to date copies of**

##### **Local GP formularies**

##### **Local prescribing/clinical guidelines**

Many GP Practice produce practice formularies that they aim to use to limit the range of medicines prescribed in the practice. Community pharmacists are often involved in writing the formularies with the GPs.

National Clinical Guidelines (such as the British Thoracic Society's "British Guidelines on Asthma Management") are being produced by many national organisations. These will increasingly come under the umbrella of NICE. The guidelines are usually adapted locally to meet local needs. Community pharmacists should have access to these if they are to reinforce messages given by other healthcare professionals.

#### **Do you have a system for dissemination of new information received, such as local prescribing/clinical guidelines, within the pharmacy?**

It is good practice to have a system for ensuring that all pharmacists (including locums) see new information disseminated locally or nationally. This is especially important in pharmacies with extended opening hours or larger pharmacies where several pharmacists are employed throughout the week.

## **C) Audit**

### **Question 8**

#### **Have you undertaken any audits in the past year?**

Audit is a method of measuring aspects of practice with a view to improving the quality of practice or confirming acceptable standards of practice. The result of an audit should either be a change in practice leading to higher standards or the confirmation that standards are acceptable.

Examples of types of audit include monitoring owing prescriptions; levels of counselling; significant events (e.g. dispensing errors, interventions on prescriptions); etc.

Further examples of audits can be downloaded from the Society's web site ([www.rpsgb.org.uk/audhome.htm](http://www.rpsgb.org.uk/audhome.htm))

You are asked to identify the topic of the audit (e.g. Owings) and any improvements or changes made (e.g. owings reduced to 3%). If your audit confirmed good practice, simply write "Confirmed good practice".

## **D) Research and Development**

### **Question 9**

#### **Have you undertaken any research projects in the past year?**

For this assessment, a research project is one that is conducted with a view to publishing the results or one that will count towards a further qualification such as a Diploma or MSc. You can include research undertaken as part of larger project run by a University, Academic Practice Unit, etc.

A brief description of the title of the research is all that is required.

## **E) Effective monitoring of clinical care**

### **Question 10**

The first three questions are simple questions about your Patient Medication Records.

#### **Do you keep patient medication records (PMRs)?**

#### **Are the PMRs computerised?**

#### **Does the pharmacy computer provide warnings about interactions?**

#### **Do you record clinical details about your regular patients (e.g. diagnosis, allergies, etc.)?**

This question asks about the clinical details that you store on your PMR. Having details about the diagnosis, etc can be useful information to know about a patient, especially when medication is changed. A regular patient can be taken as one who uses your pharmacy for the majority of their prescriptions.

#### **When you make a serious intervention with a GP or a patient, do you make a record either in the PMR or a separate place?**

This asks about whether you keep records when you make a serious intervention either in your PMRs or in a separate place such as an intervention book. This does not include notes made on the prescription, since the prescription will be sent for pricing and no longer be kept in the pharmacy.

A serious intervention can be defined as either potentially serious to the patient or one where the prescriber has to be contacted in order to dispense the prescription. Examples of prescriptions that would be dangerous to the patient if dispensed include dose of cardiac drug wrong by a factor of 10; confusion of handwriting between chlorpromazine and chlorpropamide, etc. Those where the prescriber has to be contacted before dispensing might include phenytoin prescriptions which omit to mention whether capsules or tablets, or completely illegible prescriptions.

## **F) Risk Management**

Risk management is how we prevent service failure. Examples of how pharmacists manage risks include the checking of prescriptions prior to issue; regular servicing of equipment to ensure that it continues to operate accurately; use of up to date procedures; etc.

### **Question 11**

#### **Does your pharmacy have written procedures for the following?**

Procedures do not have to be lengthy, but should be up to date and followed in practice. The use of procedures allows all staff and locums to understand how to deal with common (and rarer) occurrences and helps to ensure that standards are maintained at all times.

### **Question 12**

#### **Do you keep records of the following?**

Records provide both a proof of quality and a means of checking that a task has been conducted. Monitoring the fridge temperature, cleaning and freezer defrosting ensures that medicines that need refrigeration are kept at the correct temperature. Tablet counter cleaning ensures accuracy of counting while storage checks ensures that medicines are stored under the correct conditions.

Keeping records of dispensing errors is good practice for two reasons. It provides a record of action taken and hence a legal defence and it also provides a means of detecting potential problems with individual staff.

#### **How frequently do you have the balances serviced?**

#### **How frequently do have the electronic tablet counter(s) serviced?**

These questions deal with frequency of servicing of equipment. Regular servicing will prevent malfunction of equipment, which could have potentially disastrous consequences.

### **Question 13**

#### **Do you have any other systems for managing/reducing risk?**

Whereas written procedures are the ideal, it is recognised that some community pharmacies, particularly the smaller single handed pharmacies, will not have written procedures but will still have standard systems of working that minimise risk to patients. If you want to highlight what else you do to minimise risk to patients, please note it here. For example – standard systems of working; staff training in safe systems of working; etc.

## **G) Confidentially**

### **Question 14**

#### **Do you have written procedures for ensuring patient confidentiality?**

Pharmacists have access to confidential information about patients and record patient data in their computer systems. It is good practice to have written procedures for the accuracy, security, access and integrity of computer data as well as procedures for ensuring the confidentiality of any information divulged by patient during discussions with the pharmacist or his/her staff.

## **H) Public involvement**

### **Question 15**

#### **Do you involve the public in evaluating or planning your services?**

#### **(E.g. customer satisfaction surveys, focus groups, etc.)**

This question asks whether you periodically ask your customers or patients what they think about your services or what additional services they would like. This can be done by using a customer satisfaction survey or a focus group, etc. These techniques are routinely used by many large organisations and managers of multiples may wish to check with their head office before answering this question.

## **Comments**

Space is left at the end of the form for you to add any comments or to give further information if you want to clarify or continue an answer to a question.

# Guidance on completing the Community Pharmacy Clinical Governance Assessment – Additional Services

## Health Screening

### Introduction

Advice on good practice in the area of health screening is contained in the publication “Medicines, Ethics and Practice. A guide for pharmacists.” Most of the questions in this section of the assessment refer to elements of good practice contained in the practice advice from this publication.

### Question 1 Screening services

Tick the boxes of the screening services you provide.

If you provide more than one screening service, you should photocopy these pages and complete one per service provided. You should tick the second series of boxes to show which service each set of answers refer to.

### Question 2 Procedures

#### Does your pharmacy have written procedures for the following?

Procedures do not have to be lengthy, but should be up to date and followed in practice. The use of procedures allows all staff and locums to understand how to deal with common (and rarer) occurrences and helps to ensure that standards are maintained at all times.

### Question 3 Training

#### Have all those who may provide the service in the pharmacy satisfactorily completed a training programme provided by the supplier?

#### Has any further training on health screening been undertaken?

Training is an essential part of ensuring quality in a service. All pharmacists involved in providing the service should have received sufficient training.

### Question 4 Testing

#### Do you conduct the test on the premises?

This question asks whether the test is conducted on the premises. If you send the sample to an external laboratory for testing, you should answer No. If you use equipment to conduct the test on the premises, you should answer Yes.

#### How often are the machines serviced?

Fill in approximately how often you have the machines serviced (e.g. annually).

#### Are you a member of an external quality assessment scheme?

External quality assessment schemes are available in some areas. Membership of these schemes allows pharmacists to validate their results and ensure the reliability of the results obtained.

#### Do you send blind samples to an external laboratory in order to validate your procedures?

Pharmacists can make arrangements with a relevant laboratory, such as a clinical chemistry laboratory, for regular testing of blind samples to maintain confidence in the operator and equipment.

#### Do you have another quality assurance mechanism?

Any other internal or external quality assurance can be noted here.

### Question 5 Evaluation

#### Do you keep records of the following?

It is good practice to keep records to be able to evaluate the service and refer back to if patient's have queries about their results.

# Domiciliary oxygen services

## Introduction

Advice on good practice in the area of domiciliary oxygen services is contained in the publication "Medicines, Ethics and Practice. A guide for pharmacists." Most of the questions in this section of the assessment refer to elements of good practice contained in the practice advice from this publication.

## Question 1 Procedures

### Does your pharmacy have written procedures for the following?

Procedures do not have to be lengthy, but should be up to date and followed in practice. The use of procedures allows all staff and locums to understand how to deal with common (and rarer) occurrences and helps to ensure that standards are maintained at all times.

## Question 2 Servicing

### How often is the oxygen equipment serviced?

Equipment should be serviced regularly and should be replaced every five years or in accordance with the manufacturer's instructions.

## Question 3 Training

### Have all those who may provide the service in the pharmacy satisfactorily completed a training programme on domiciliary oxygen services?

### Has any further training on domiciliary oxygen services been undertaken?

Training is an essential part of ensuring quality in a service. All pharmacists involved in providing the service should have received sufficient training.

## Question 4 Evaluation

### Do you keep records of the following?

It is good practice to keep records to be able to evaluate the service and refer back to if patient's have queries about their results.

# Services to residential and/or nursing homes

## Introduction

Advice on good practice in the area of services to residential/nursing homes is contained in the publication “Medicines, Ethics and Practice. A guide for pharmacists.” Most of the questions in this section of the assessment refer to elements of good practice contained in the practice advice from this publication.

## Question 1 Procedures

### Does your pharmacy have written procedures for the following?

Procedures do not have to be lengthy, but should be up to date and followed in practice. The use of procedures allows all staff and locums to understand how to deal with common (and rarer) occurrences and helps to ensure that standards are maintained at all times.

## Question 2 Training

### Have all those who may provide the service in the pharmacy satisfactorily completed a training programme on services to residential/nursing homes? Has any further training on services to residential/nursing homes been undertaken?

Training is an essential part of ensuring quality in a service. All pharmacists involved in providing the service should have received sufficient training.

## Question 3 Evaluation

### Do you keep records of the following?

It is good practice to keep records to be able to evaluate the service and refer back to if there are queries about the service.

# Needle and syringe exchange schemes

## Introduction

Advice on good practice in the area of Needle and syringe exchange schemes is contained in the publication “Medicines, Ethics and Practice. A guide for pharmacists.” Most of the questions in this section of the assessment refer to elements of good practice contained in the practice advice from this publication.

## Question 1 Procedures

### **Does your pharmacy have written procedures for the following?**

Procedures do not have to be lengthy, but should be up to date and followed in practice. The use of procedures allows all staff and locums to understand how to deal with common (and rarer) occurrences and helps to ensure that standards are maintained at all times.

## Question 2 Training

### **Have all those who may provide the service in the pharmacy satisfactorily completed a training programme on needle and syringe exchange schemes? Has any further training on needle and syringe exchange schemes been undertaken?**

Training is an essential part of ensuring quality in a service. All pharmacists involved in providing the service should have received sufficient training.

## Question 3 Evaluation

### **Do you keep records of the following?**

It is good practice to keep records to be able to evaluate the service and refer back to if there are queries about the service.

# Instalment dispensing services

## Introduction

Advice on good practice in the area of instalment dispensing services is contained in the publication “Medicines, Ethics and Practice. A guide for pharmacists.” Most of the questions in this section of the assessment refer to elements of good practice contained in the practice advice from this publication.

## Question 1 Procedures

### **Does your pharmacy have written procedures for the following?**

Procedures do not have to be lengthy, but should be up to date and followed in practice. The use of procedures allows all staff and locums to understand how to deal with common (and rarer) occurrences and helps to ensure that standards are maintained at all times.

## Question 2 Training

### **Have all those who may provide the service in the pharmacy satisfactorily completed a training programme on instalment dispensing services? Has any further training on instalment dispensing services or drug misuse been undertaken?**

Training is an essential part of ensuring quality in a service. All pharmacists involved in providing the service should have received sufficient training.

## Question 3 Evaluation

### **Do you keep records of the following?**

It is good practice to keep records to be able to evaluate the service and refer back to if there are queries about the service.