About programme updates
The Centre for Pharmacy Postgraduate Education (CPPE) has a quality assurance process called programme guardians. A programme guardian is a recognised expert in an area relevant to the content of a learning programme who reviews the programme every six to eight months. Following the regular programme guardian review we have developed this update to inform you of any necessary corrections, additions, deletions or further supporting materials. We recommend that you check you have the most recent update if you are using a programme more than six months after its initial publication date.

This update has been prepared by Dianne Bell and should be read in conjunction with the Prescribing safely and accountably open learning programme. We have indicated the relevant section and page number of the original document wherever we provide updated information.

Learning with CPPE
CPPE offers a wide range of learning opportunities in a variety of formats for pharmacy professionals from all sectors of practice. We are funded by Health Education England to offer continuing professional development for all pharmacists and pharmacy technicians providing NHS services in England. For further information about our learning portfolio, visit: www.cppe.ac.uk

A note about web links
Where we think it will be helpful we have provided web links to take you directly to an article or specific part of a website. However, we are aware that web links can change. If you have difficulty accessing any web links we provide, please go to the organisation’s home page or your preferred internet search engine and use appropriate key words to search for the relevant item.

All web links were accessed on 5 July 2016.

Access to the BNF online
You can access the BNF online through MedicinesComplete. If you are not already registered, you will need to do so. UK-based individuals working for or on behalf of the NHS can register for free and access the BNF and BNF for children. To register, go to: www.medicinescomplete.com/about/subscribe.htm

Assessment
As part of your learning for this programme, you may wish to undertake the associated e-assessment. To access the assessment, go to: www.cppe.ac.uk/assessment

References in the programme to competency frameworks
In this programme we map our learning objectives against the Royal Pharmaceutical Society’s (RPS) prescribing competency framework. You can easily map the learning objectives against other competency frameworks that are relevant to your practice eg, Advanced Pharmacy Framework.
About this learning programme

Equity and excellence: Liberating the NHS
(page xii – amendment)
Most of the proposed changes have now occurred. Find out more about the new structure of the NHS at: www.nhs.uk/NHSEngland/thenhs/about/Pages/nhsstructure.aspx (for patients) and www.bma.org.uk/collective-voice/policy-and-research/nhs-structure-and-delivery/nhs-structure-new (for healthcare professionals).

Maintaining your CPD portfolio
(page xvi – amendment)
Change third paragraph to:
Throughout the programmes in this CPD series there are opportunities for taking action to support both the development of practice and skills. All of the programmes adopted the National Prescribing Centre (NPC) prescribing competencies, developed for non-medical prescribers to provide a structure that helps the recording of and reflection on practice. These profession-specific competency frameworks were consolidated and updated to provide A single competency framework for all prescribers\(^1\) that was relevant to doctors, dentists and non-medical prescribers. A further update of the prescribing competency framework was published on 14 July 2016 by the RPS and can be accessed here: www.rpharms.com/prescribingframework\(^2\)
The framework can be used to help healthcare professionals prepare to prescribe and help prescribers to identify strengths and areas for development through self-assessment. It is a generic framework that can be contextualised for application to specific clinical and professional settings.

Maintaining your CPD portfolio
(page xvii – addition)
Change second and third paragraphs to:
Health and Care Professions Council (HCPC). Continuing professional development. Available at: www.hpc-uk.org/registrants/cpd/

Maintaining your CPD portfolio
(page xvii – addition)
Prescribing safely and accountably
A CPPE open learning programme
Update July 2016

Developing and maintaining your CPD portfolio
(pages 14, 37, 57, 82, 101, 122 and 138 – amendments)
Replace the first paragraph on these pages with the following text:
In 2016, the RPS published a competency framework for all prescribers. The competencies listed in this
section are taken from the previous NPC competency framework for pharmacist prescribers. You should
now refer to the competencies in the new prescribing competency framework. You will find the
document at: www.rpharms.com/prescribingframework
An editable Word template of the competency framework can be downloaded and used to record
evidence and comments against each of the competencies. This is a useful document to use as part of your
CPD portfolio.

Section 1 Clinical governance and your scope of practice
1.2 Basic principles
(page 4 – amendment)
Change the third sentence of the first paragraph to:
Encouraging patient involvement and feedback is also important ie, finding out what a patient needs or
hopes for (this was looked at in more detail in Influences on you as a prescriber and in the Consultation skills

Survey results
(page 5 – amendment)
Change the web link in the first paragraph to:
www.cppe.ac.uk/wizard/files/developing_career/cppe%20prescribers%20survey%20report%20final%2
02009.pdf

1.5 Clinical scope of practice
(page 9 – amendment)
Change the second paragraph to:
As a non-medical prescriber you can prescribe any licensed medicine for any medical condition within
your competence. Amendments to The Misuse of Drugs Regulations 2012, to enable independent
pharmacist prescribers and independent nurse prescribers to prescribe, administer and give directions for
the administration of schedule 2, 3, 4 and 5 controlled drugs, came into force on 23 April 2012. Neither
independent pharmacist nor nurse prescribers may prescribe diamorphine, dipipanone or cocaine for
treating addiction, but they may prescribe these items for treating organic disease or injury. Nurse and
pharmacist independent prescribers may mix licensed medicines, including controlled drugs, for
administration and provide written directions for others to do so. Supplementary prescribers may also do
so when within the terms of a clinical management plan.

1.6 Non-clinical scope of prescribing practice
(page 10 – amendment)
Change the first sentence of the second paragraph to:
The RPS competency framework for all prescribers sets out competencies relating to both clinical and non-clinical skills. This is available from the RPS website at: www.rpharms.com/prescribingframework

1.6 Non-clinical scope of prescribing practice
(page 11 – amendment)
Change the wording of exercise 5 to:
Take a look at the RPS prescribing competency document and estimate the percentage of non-clinical competencies it includes, ie, competencies not directly related to the clinical elements of your practice.
Change the second paragraph to:
There are a number of CPPE resources that will help you keep up to date with non-clinical skills. In addition to this programme, consider completing the distance learning programme, Consultation skills for pharmacy practice: taking a patient-centred approach and completing the Consultation skills for pharmacy practice pathway (at www.consultationskillsforpharmacy.com) to ensure you meet the national practice standards for consultation skills in pharmacy.

Developing and maintaining your CPD portfolio
(page 14 – deletion)
There is now a competency framework for all prescribers, so delete the green information box and refer to the prescribing competency framework.

Exercise 4
(page 10 - amendment)
Change NPC competency documents to RPS competency documents.

References (page 18 – amendments)
1. Delete web address for UKCC reference, which is no longer available online.
4. NHS. Information governance toolkit. Available at: www.igt.hscic.gov.uk
7. CPPE. Survey of the continuing professional development needs of pharmacist prescribers. Available at: www.cppe.ac.uk/wizard/files/developing_career/cppe%20prescribers%20survey%20report%20final%202009.pdf
www.rpharms.com/prescribingframework

Section 2 Monitoring your clinical effectiveness and prescribing outcomes
2.3 Monitoring prescribing
Prescribing safely and accountably
A CPPE open learning programme
Update July 2016

Change the fourth sentence in paragraph one to:
You cannot access ePACT data unless you have NHS connectivity and you are registered with
Prescription Services to do so. You can find out more by looking at their
website: www.nhsbsa.nhs.uk/3230.aspx

2.3 Monitoring prescribing

In the fifth paragraph we mention the National Prescribing Centre. This website is no longer available
since the NPC became part of NICE.

The prescribing toolkit

The Health and Social Care Information Centre now provides information on prescribing performance
and comparative data at: www.hscic.gov.uk/prescribing

2.4 Prescribing indicators
Evaluating prescribing

The National Institute for Health and Care Excellence (NICE) publish Medicines optimisation: key
therapeutic topics annually to support improvements to patient safety and cost effectiveness. They are not
formal guidance, but can support prescribing initiatives and they can be found
at: www.nice.org.uk/about/what-we-do/our-programmes/nice-advice/key-therapeutic-topics

Clinical and Health Outcomes Knowledge Base

The Clinical and Health Outcomes Knowledge Base has been replaced by the Compendium of Population
Health Indicators, which is administered by the Health and Social Care Information Centre and can be
accessed at: www.hscic.gov.uk/article/1885/Compendium-of-Population-Health-Indicators

Patient-reported outcome measures (PROMs)

For more information visit the Patient Report Outcomes Measurement Group website
at: www.hscic.gov.uk/proms

2.4 Prescribing indicators

After the second paragraph add:
NHS Atlas of Variation Series
The NHS Atlas of Variation Series aims to stimulate, within all levels of the NHS, a search for unwarranted variation, defined as “Variation in the utilization of health care services that cannot be explained by variation in patient or patient preferences”. This provides opportunities to maximise health outcome and minimise inequalities by addressing unwarranted variation. The intention is to stimulate action to tackle the drivers of unwarranted variation to improve quality for patients and increase value for the NHS. More information and downloads of the NHS Atlas of Variation Series can be found online at: www.rightcare.nhs.uk/index.php/nhs-atlas/

Developing and maintaining your CPD portfolio
(page 37 – deletion)
There is now a competency framework for all prescribers, so delete the green information box and refer to the prescribing competency framework.

References
(page 41–42 amendments)
1. Replace web address with: www.healthcareimprovementscotland.org/previous_resources/standards/clinical_governance_and_risk_m.aspx
2. Replace web address with: http://eprints.soton.ac.uk/17584/1/Eval._Extended_Form...Independent_Nurs_Prescribing_June05.pdf
9. Replace reference with:
Health and Social Care Information Centre. Prescribing. Available at: www.hscic.gov.uk/prescribing
12. Replace web address with: www.nhsbsa.nhs.uk/3230.aspx
20. Replace web address with: http://mapofmedicine.com/about/

Section 3 Learning styles and clinical supervision
Developing and maintaining your CPD portfolio
(page 57 – deletion)
There is now a competency framework for all prescribers, so delete the green information box and refer to the prescribing competency framework.

References (page 61 – amendment)
Section 4 Auditing your practice and assessing risk

4.2 Clinical audit

External audit

*Replace the second paragraph with:*

The Healthcare Quality Improvement Partnership clinical audit pages explain clinical audit in clear terms and answer some frequently asked questions: [www.hqip.org.uk/resources/what-is-clinical-audit-and-other-frequently-asked-questions/](http://www.hqip.org.uk/resources/what-is-clinical-audit-and-other-frequently-asked-questions/)

National clinical audit

*Replace paragraph two to read:*

Go to: [http://hqip.org.uk/](http://hqip.org.uk/) and click on the ‘National programmes’ tab at the top for more information.

4.5 Risk management

A spoonful of sugar

*Replace web address with:*


Table 2

*Add to Topic of concern “Insulin”*

Summary of advice:

The NPSA issued an alert, *The adult patient’s passport to safer use of insulin* (March 2011) which is online at: [www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=130397](http://www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=130397)

The aim of this alert was to improve patient safety by empowering patients as they take an active role in their treatment with insulin.

Key points are that by 31 August 2012:

- Adult patients on insulin therapy receive a patient information booklet and an Insulin Passport to help provide accurate identification of their current insulin products and provide essential information across healthcare sectors.
- Healthcare professionals and patients are informed how the Insulin Passport and associated patient information can be used to improve safety.
- When prescriptions of insulin are prescribed, dispensed or administered, healthcare professionals cross-reference available information to confirm the correct identity of insulin products.
- Systems are in place to enable hospital inpatients to self-administer insulin where feasible and safe.

Add new Topic of concern “Loading doses”

Summary of advice:
The NPSA issued an alert, Preventing fatalities from medication loading doses (November 2010) which is online at: www.nrlns.npsa.nhs.uk/resources/type/alerts/?entryid45=92305

Key points include:
- All medicines that are likely to cause harm if loading doses maintenance doses are not prescribed and administered correctly should be risk assessed and used to produce a list of critical medicines. This must include warfarin, amiodarone, digoxin, phenytoin and any other medicines identified locally.
- There is effective communication regarding loading dose and subsequent maintenance dose regimens when prescribing, dispensing or administering critical medicines. This should include handover of patients between healthcare organisations.
- Clinical checks should be performed by medical, nursing and pharmacy staff (when available) so that loading and maintenance doses are correct. Appropriate information should be available to support these checks.

Healthcare professionals in the community know when to challenge abnormal doses of the identified critical medicines.

Developing and maintaining your CPD portfolio
(page 82 – deletion)

There is now a competency framework for all prescribers, so delete the green information box and refer to the prescribing competency framework.

References
(pages 86-87 – amendments)
2. Delete web address (no longer available).
4. Change to: NHS Business Services Authority. NHS Protect. Available at: www.nhbsa.nhs.uk/Protect.aspx
18. Add web address: www.nice.org.uk/standards-and-indicators

Section 5 Reporting errors and whistle-blowing
5.1 Medication errors  
*(page 89 – amendment)*

Replace paragraph four with:
The safety functions of the NPSA have now been transferred to NHS Improvement. You can find out more about this new NHS organisation and its functions at: https://improvement.nhs.uk/about-us/who-we-are/ The What is NHS improvement? animation provides a helpful introduction.

5.2 Error reporting  
*(page 94 – addition)*

After paragraph two (Being open) add:
The Duty of Candour is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. It was introduced to NHS organisations in November 2014 and to independent providers in April 2015. You can find out more about the Duty of Candour on the NHS Litigation Authority website at: www.nhsla.com/safety/pages/home.aspx. The role of health professionals in raising concerns about poor practice or when patient and public are at risk is described in the performance and in the Joint statement from the Chief Executives of statutory regulators of healthcare professionals, which you can access on the General Pharmaceutical Council (GPhC) website: www.pharmacyregulation.org/sites/default/files/joint_statement_on_the_professional_duty_of_candour.pdf

5.4 Fraud and criminal behaviour  
*(page 98 – amendment)*

Replace the first full paragraph with:
Examples can be found on the NHS Protect website at: www.nhsbsa.nhs.uk/Protect.aspx
Replace the last sentence of the section with:
If you suspect fraud it can be reported direct to the NHS Protect fraud and corruption reporting line (0800 028 4060) or using the online reporting facility at: www.reportnhsfraud.nhs.uk/

5.5 Whistle-blowing  
*(page 99 – addition)*

Add this text to the end of page 99:
The NHS constitution and whistle blowing consultation report was published on 17 October 2011 and given the broad support for the proposals, the Government decided to proceed with the changes to the Constitution, but in doing so has adopted a number of proposals for alterations to the text to ensure that it is accessible and gives staff the confidence to speak up without fear of reprisal. Changes to the constitution in March 2012 added:
- an expectation that staff should raise concerns at the earliest opportunity
- a pledge that NHS organisations should support staff when raising concerns by ensuring their concerns are fully investigated and that there is someone independent, outside of their team, to speak to; and
clarity around the existing legal right for staff to raise concerns about safety, malpractice or other wrong doing without suffering any detriment.


The GPhC have issued Guidance on raising concerns for pharmacy professionals. This sets out the responsibilities of pharmacy professionals to take action if they believe patients and the public are at risk. It also sets out how to raise a concern and where to go for support. Employers are advised of their responsibilities to support staff to raise concerns and to take appropriate action in response. Available online at: www.pharmacyregulation.org/sites/default/files/GPHC%20Guidance%20on%20raising%20concerns.pdf

5.3 Complaints procedures
(page 96 – amendment)
Replace the last sentence on the page with:
Go to ‘Find local services’, then type in the name of a hospital or GP practice.

Developing and maintaining your CPD portfolio
(page 101 – deletion)
There is now a competency framework for all prescribers, so delete the green information box and refer to the prescribing competency framework.

References
(page 105 – amendments)
13. Care Quality Commission. Regulation 18: notification of other incidents. www.cqc.org.uk/content/regulation-18-notification-other-incidents

Further reading
(page 106 – amendment)
Replace the last bullet point with:

Section 6 Writing prescriptions and record-keeping
6.3 Security and safe handling of prescription forms
(page 115 – amendment)
Following a re-procurement process, Xerox (UK) Ltd took over responsibility for the supply of secure and non-secure NHS forms. This contact was fulfilled by 3M Secure Printing & Systems Limited (3MSPSL) between 2008 and 2015, and RR Donnelly (Astron) before that. The Xerox contract began on 1 July 2015 and will continue until at least 2018.

Xerox (UK) Ltd print personalised prescription pads up to 42 days before the prescriber joins their parent organisation. The process of placing an order to receiving delivery normally takes six working days, provided that the prescriber details are held on the NHS Prescription Services and Xerox (UK) Ltd databases.

Loss of prescription forms

Change the first sentence of the first paragraph to:
The guidance relating to lost prescription forms was revised in August 2015.

And replace the text in the panel with:

And change the second paragraph to:
Lost prescription forms should also be reported by email to: prescription@nhsprotect.gsi.gov.uk using the missing/lost/stolen prescription notification form, which is in annex B of the NHS Protect Security of prescription forms guidance.

6.4 Clinical record-keeping

Exercise 22

The article by Kenneth Mullan can be accessed at: www.ibrarian.net/navon/paper/ACCESS_TO_MEDICAL_RECORDS___1__E.pdf?paperid=2525085

Barriers to accessing records

Add the following paragraph after the existing text:
The introduction of Summary Care Records (SCR) has the potential to improve patient care in many ways. One benefit will be for community pharmacist prescribers who, with the patient’s consent, will have direct access to key clinical information. You can find out more about Summary Care Records on the Health and Social Care Information Centre website at: http://systems.hscic.gov.uk/scr. Training, which is required to gain access to the Summary Care Record system can be accessed on the CPPE website at: www.cppe.ac.uk/programmes/l/summary-e-01/

Developing and maintaining your CPD portfolio
Prescribing safely and accountably
A CPPE open learning programme
Update July 2016

There is now a competency framework for all prescribers, so delete the green information box and refer to the prescribing competency framework.

References

4. Replace web address with: www.nhsbsa.nhs.uk/PrescriptionServices/811.aspx
5. Replace with:
11. The Pharmaceutical Journal article by Kenneth Mullan is available at: www.ibrarian.net/navon/paper/ACCESS_TO_MEDICAL_RECORDS___1__E.pdf?paperid=2525085

Section 7 Data protection and confidentiality

7.1 Handling information about patients
The Data Protection Act 1998 (DPA)
Replace the first paragraph with:
All businesses that process personal data (such as prescription data) must notify the Information Commissioner’s Office of their processing activity. Notification can be undertaken online at: https://ico.org.uk/

Access to Medical Records Act 1988

7.3 Guidance on the use of NHS records
Caldicott guardians
Replace the last sentence of the section with:

Case study 4
What should you do?
Add web link to reference 15:
Developing and maintaining your CPD portfolio
(page 138 – deletion)
There is now a competency framework for all prescribers, so delete the green information box and refer to the prescribing competency framework.

References
(page 142 – amendments)
Change reference 3 to: NHS Health Research Authority. Applying to RECs. Available at: www.hra.nhs.uk/resources/applying-to-recs

References for this update
3. The National Archives. The Misuse of Drugs (Amendment No. 2) (England, Wales and Scotland) Regulations 2012 - Amendment of regulation 6B. Available at: www.legislation.gov.uk/uksi/2012/973/regulation/7/made

Feedback
We hope you find this learning programme useful for your practice. Please help us to assess its value and effectiveness by visiting your learning record in the My CPPE section on our website: www.cppe.ac.uk/mycppe/record

Alternatively, please email us at: feedback@cppe.ac.uk

Copyright Controller HMSO 2016