



ROYAL
PHARMACEUTICAL
SOCIETY

Professional Standards For Hospital Pharmacy Services

Optimising patient outcomes from medicines

For pharmacy services in acute,
mental health, private and community
service providers

July 2012



FOREWORD

The Royal Pharmaceutical Society (RPS) is delighted to publish these professional standards for hospital pharmacy services. As the professional body for pharmacists, we provide these standards to be supportive, enabling and professionally challenging. Professional standards provide a broad framework which will support chief pharmacists and their teams to improve services, and shape their future services and pharmacy roles to deliver quality patient care.

The ten overarching standards in this document are intended to provide a framework to help pharmacy team members define and deliver quality, patient focused pharmacy services. The standards will support chief pharmacists to lead on medicines safety and use in their organisation and provide a framework for the application of professional standards in hospital pharmacy.

The professional standards, developed by the profession and facilitated by the RPS, are an important part of our work to support the pharmacy teams working in the managed sector. As a professional body our responsibility is to support the ongoing development and implementation of standards in practice. With that in mind, we now hope that pharmacy teams find these standards useful, and look forward to your feedback on implementation.



MARTIN ASTBURY FRPharmS PRESIDENT

1.1 Purpose of the professional standards

- One of the roles of a professional body is to develop professional standards that are supportive, enabling and professionally challenging.
- These overarching developmental standards give a broad framework which will support chief pharmacists and pharmacy teams to improve services continually and to shape future services and pharmacy roles to deliver **quality** patient care.

IN PARTNERSHIP WITH PATIENTS AND WITH MULTIDISCIPLINARY COLLABORATION, A QUALITY PHARMACY SERVICE STRIVES TO OPTIMISE PATIENT OUTCOMES THROUGH THE JUDICIOUS, SAFE, CLINICALLY EFFECTIVE, APPROPRIATE AND COST EFFECTIVE USE OF MEDICINES.

- Ultimately, these standards will help patients experience a consistent quality of service within and across healthcare providers that will protect them from incidents of avoidable harm and help them to get the best outcomes from their medicines.
- The development of the professional standards for pharmacy services in hospitals¹ has been led by the profession and facilitated by the Royal Pharmaceutical Society in close partnership with the Association of Teaching Hospital Pharmacists (ATHP), the Guild of Healthcare Pharmacists (GHP), our Partner groups and a pharmacy advisory group representing a broad range of hospital pharmacy services across all three countries in Great Britain.
- These professional standards will support ongoing work across the pharmacy profession in all settings that will inspire and enable the continual improvement of both pharmacy services and individual practice.

1.2 Scope of the professional standards

- They represent **quality pharmacy services** whether provided internally or outsourced, and are broad and applicable across the full range of service providers.
- The standards underpin **patient experience** and the safe, effective management of medicines within and across organisations.
- The **standards handbook** that accompanies the professional standards references the standards to relevant legal frameworks and the minimum standards required by 'systems' regulators, the NHS Litigation Authority (and their equivalents in devolved countries), the General Pharmaceutical Council and, for Controlled Drugs, the Home Office.
- In addition, the standards handbook highlights the work of national and international organisations (e.g. International Pharmaceutical Federation and the European Association of Hospital Pharmacists) that informed the development of the RPS hospital standards. The handbook further signposts to examples of good practice guidance that support the delivery of the individual standards, alongside illustrations of local practice. The standards handbook is updated on a regular basis, and published on the RPS website.

Figure 1 illustrates where the professional standards sit.

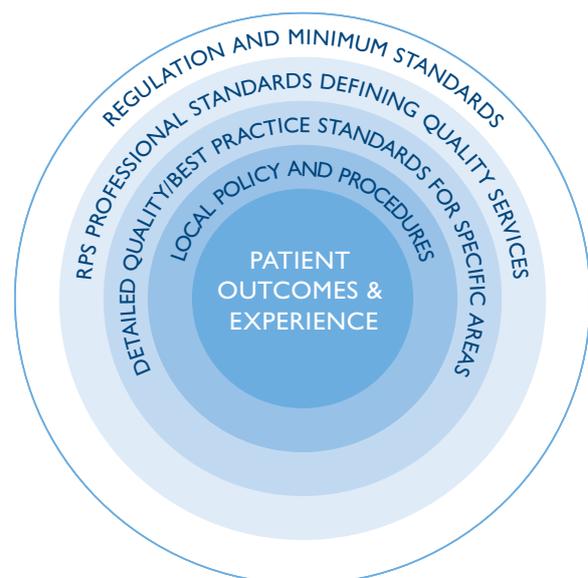


FIGURE 1 WHERE THE RPS PROFESSIONAL STANDARDS 'SIT'

¹ Aspects of the standards may also be of relevance to other organisations such as prisons, hospices, ambulance services.

1.3 Uses of the professional standards

The professional standards will be used both within the profession and more widely. They will give:

- **Patients** a clear picture of what they should expect in order to support their choices about, and use of, medicines when they experience care provided by (and transferred between) care providers. A patient factsheet is being developed to support these standards and will be published on the RPS website.
- **Chief executives** or board members a framework against which they can be assured that there is adequate professional input into policy making within their organisation and across partner organisations, and that appropriate levels and quality of pharmacy services are being provided within their organisation. A briefing for stakeholders, including chief executives and boards, supports these standards.
- **Commissioners/purchasers** of pharmacy services, regulators, insurers, governments, and legislators a framework for quality that will help to inform and complement their own standards and outcomes.
- **Chief pharmacists** a consistent set of standards against which they can be held accountable and use as a framework to continually improve services and innovate in their own organisations and with partners who deliver local health services.
- The entire **pharmacy team** a framework that allows them to recognise, develop and deliver the best possible outcomes for patients from pharmacy services.

1.4 Next steps in the development of the professional standards

- Development sites will put the standards into practice in their own organisations in order to provide an evidence base that will inform updates for the standards and provide the basis for identifying and sharing innovative and effective practice and patient care.
- RPS will work with specialist pharmacy partnership groups and other organisations to signpost to more detailed resources and guidance. See Figure 1 – Where the RPS professional standards fit.

1.5 Structure of the professional standards

- There are ten overarching standards. The ten standards are grouped into three domains, as illustrated by Figure 2 – The ten standards for pharmacy services.
- Each standard is defined by *dimensions*. For each dimension, *statements* describe what a quality pharmacy service should deliver.

1.6 Putting the standards into practice

- The ten standards are linked, so there may be overlap between the different sections. To ensure that the standards are used to fully reflect a quality service, we recommend that all ten standards are reviewed.
- The overarching standards are relevant to the breadth of pharmacy care providers, however; some of the underpinning dimensions and statements may be more relevant to some services than others. You should expect to spend some time thinking about how the standards apply to the context of your service.
- Similarly, there may be variation in the evidence used to assure the delivery of the standards, and the processes used to measure the achievement of the standards, in different organisations.
- Use the standards handbook to see where a standard refers to legislation and other national guidance.
- Before using the standards in your organisation, we recommend reviewing the PowerPoint presentation and the FAQ's so that you are familiar with the scope and purpose of the standards.
- Download a blank version of the standards in Excel format to use as a template with space for notes, evidence and actions.



FIGURE 2 THE TEN STANDARDS FOR PHARMACY SERVICES

DOMAIN I THE PATIENT EXPERIENCE

DIMENSION

STANDARD 1

PATIENT CENTRED

1.1 Patient focus

1.2 Information about medicines

1.3 Adherence to medicines

STANDARD 2

EPISODE OF CARE

2.1 On admission or at first contact

2.2 Care as an inpatient

2.3 Monitoring patients' outcomes

2.4 Care for patients not admitted

STANDARD 3

INTEGRATED TRANSFER OF CARE

3.1 Patient needs

3.2 Professional responsibilities

STANDARD 1.0 PATIENT CENTRED

Patients (and/or carers) are supported in their decision-making about medicines.

1.1 Patient focus

Communication and the involvement of patients and carers is an integral component of effective pharmacy services.

- Patients and their carers are treated with dignity and respect by pharmacy staff.
- The views of patients and carers are actively sought to inform the development and delivery of pharmacy services.

1.2 Information about medicines

Patients (and/or carers) have access to information and support in order to make informed choices about the use of medicines or the implications of choosing not to take them².

- The pharmacy team provides leadership, systems support and expertise to enable the organisation to:
 - Provide patients with information about medicines and their unwanted effects, in a form that they can understand.
 - Give patients the opportunity to discuss medicines with an appropriate healthcare professional.
- Pharmacists support the provision of clear, understandable information about medicines throughout the organisation.
- Patients (and/or carers) can ask to see a pharmacy team member or call a help line to discuss their medicines, or how pharmacy services can support them to improve health and well being through public health services and activities.

²When patients lack capacity, information about medicines is provided to a carer/next of kin to enable them to contribute to decisions about care.

1.3 Adherence to medicines

Systems are in place to identify patients who may need adherence support, or to allow patients to request support.

- Patients' ability to adhere to their medicines is routinely assessed by healthcare professionals. Where difficulties are identified further specialist input is provided by the pharmacy team.
- Medicines regimes are simplified as far as possible and/or appropriate aids and charts are made available to support patients.
- Liaison with other healthcare professions or agencies outside the organisation is undertaken where ongoing support is needed.
- Patients are signposted to a community pharmacy of their choice post discharge, for follow-up e.g. if high risk medicines are changed during admission (e.g. Targeted Medicines Use Review, Chronic Medication Service, Discharge Medicines Review Service³) or new medicines are started (New Medicine Service).

³N.B. are country specific services

STANDARD 2.0 EPISODE OF CARE

Patients' medicines requirements are regularly assessed and responded to in order to optimise their outcomes from medicines.

2.1 On admission or at first contact

Patients' medicines are reviewed; to ensure an accurate medication history, for clinical appropriateness and to identify patients in need of further pharmacy support.

- The pharmacy team provides the leadership, systems support and expertise that enables a multidisciplinary team to:
 - Reconcile patients' medicines as soon as possible, ideally within 24 hours of hospital admission.
 - Effectively document patients' medication histories as part of the admission process.
 - Give patients access to the medicines that they need from the time that their next dose is needed.
 - Identify patients in need of pharmacy support and pharmaceutical care planning.
 - Identify potential medicines problems affecting discharge (or transfer to another care setting) so that they can be accommodated to avoid extending patients' stays in hospital.

2.2 Care as an inpatient

Patients have their medicines reviewed by a clinical pharmacist to ensure that their medicines are clinically appropriate, and to optimise their outcomes from their medicines.

- Pharmacists regularly review patients and their prescriptions to optimise outcomes from medicines (timing and level of reviews adjusted according to patient need and should include newly prescribed medicines out of hours) and take steps to minimise omitted and delayed medicine doses in hospitals. (see also 7.1 & 7.3).
- Patients targeted for clinical pharmacy support have their medicines' needs assessed and documented in a care plan which forms part of the patient record.
- Pharmacists attend relevant multidisciplinary ward rounds and/or case reviews.
- Patients, medical and nursing teams have access to pharmacy expertise when needed.
- The pharmacy team provides the leadership, systems support and expertise that enables patients to:
 - Bring their own medicines into hospital with them and self-administer one or more of these wherever possible.
 - Have their own medicines returned at discharge where appropriate.

2.3 Monitoring patients' outcomes

Patients' outcomes from and experiences of treatment with medicines are documented, monitored and reviewed.

- As part of a multidisciplinary team, pharmacy team members monitor:
 - Patients' responses to their medicines.
 - Unwanted effects of medicines.
- Appropriate action is taken where problems (potential and actual) are identified.
- The pharmacy team provides the leadership, systems support and expertise that enables healthcare professionals to:
 - Avoid, document, report⁴ and manage adverse events that patients experience as a result of their medicines.

⁴Adverse events should be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme.

2.4 Care for patients not admitted (e.g. outpatients, outreach, homecare)

Patients who are taking medicines at home or in non-acute care settings, have access to continuing supplies of medicines and to pharmacy services and support appropriate to their care.

- Systems are in place to ensure patients whose care episode does not involve admission can access medicines when they need them.
- Patients (and/or their healthcare professionals) have access to the pharmacy expertise that they need to optimise their medicines.

STANDARD 3.0

INTEGRATED TRANSFER OF CARE

Patients experience an uninterrupted supply of medicines when they move care settings and the healthcare team taking over their care receives accurate and timely information about the patient's medicines.

3.1 Patient needs

Patients (and/or carers) are given information about their medicines and have their expressed needs for information met.

- The pharmacy team provides the leadership, systems support and expertise to enable the organisation to:
 - Give patients (and/or carers) information about their medicines in a form that they can understand before discharge or transfer to another service.
 - Advise patients (and/or carers) who to contact if they need more information about their medicines, who will prescribe continuing treatment and how to access further supplies.
 - Identify and put in place measures to support patients at high risk of experiencing problems with their medicines after discharge or on transfer to another setting.
 - Help patients find pharmacy support to improve health and well being through public health services and activities when appropriate.

3.2 Professional responsibilities

Accurate information about the patient's medicines is transferred to the healthcare professional(s) taking over care of the patient at the time of transfer⁵. Arrangements are in place to ensure a supply of medicines for the patient.

- The pharmacy team provides leadership, systems support and expertise to enable the organisation to:
 - Transfer information about patients' medicines to the professional(s) taking over care of the patient (for example; general practitioner, community pharmacist or care home staff).
 - Monitor the accuracy, legibility and timeliness of information transfer.
 - Ensure that patients have access to an ongoing supply of their medicines (based on local agreement and individual patient need).
 - Monitor, identify and minimise delays to patient discharge or transfer caused by waiting for medicines to be supplied.

⁵This also has relevance when patients move setting within the organisation.

DOMAIN 2

SAFE AND EFFECTIVE USE OF MEDICINES

	DIMENSION
STANDARD 4 EFFECTIVE USE OF MEDICINES	4.1 Medicines policy
	4.2 Medicines procurement
	4.3 Custom-made medicines
STANDARD 5 MEDICINES EXPERTISE	5.1 Expertise for healthcare professionals
	5.2 Expertise for patient care
STANDARD 6 SAFE USE OF MEDICINES	6.1 Safe systems
	6.2 Safety culture
STANDARD 7 SUPPLY OF MEDICINES	7.1 Dispensing
	7.2 Labelling
	7.3 Distribution and storage

STANDARD 4.0 EFFECTIVE USE OF MEDICINES

Medicines used in the organisation are chosen to maximise safety, effectiveness and adherence to treatment.

4.1 Medicines policy

The pharmacy team supports an integrated approach to the choice of safe and clinically effective medicines for patients.

- A multidisciplinary medicines management group provides a focal point for the development of medicines policy, procedures and guidance within the organisation, and is appropriately resourced with pharmacist leadership and support.
 - The pharmacy team leads the development and operation of processes that ensure prescribing is evidence-based, consistent with local, regional and/or national commissioning/purchasing arrangements, and linked to treatment guidelines, protocols and local patient pathways. This is achieved, for example, through horizon scanning, formulary systems and area prescribing committee membership.
 - Horizon scanning processes enable early discussions with clinicians, local partners and commissioners/purchasers about the financial and service implications of the introduction of new medicines, or new therapeutic practices.
 - The pharmacy team works with healthcare professionals throughout the local health economy to provide seamless pharmaceutical care for patients.
 - Opportunities for collaboration and sharing best practice across healthcare organisations are identified and exploited, for example through joint posts for 'regional' activities or meetings between senior pharmacy team members in different organisations.
- Governance arrangements are in place for management of all medicines, including licensed medicines, off-label use of licensed medicines, unlicensed medicines and Investigational Medicinal Products (IMPs, Clinical Trial medicines).
 - Governance arrangements are consistent with the MHRA position on unlicensed medicines:
 - Medicines are used in accordance with their marketing authorisations wherever possible. Selection between different licensed options for individual patients is guided by considerations of safe use, effectiveness, tolerability and value.
 - If individual clinical need cannot be addressed safely or appropriately by a licensed option, the off label use of a licensed medicine is the first alternative. Unlicensed medicines are used only where licensed or off-label medicines are inappropriate for an individual patient's needs.
 - Pharmacists work closely with patients and other health professionals to reach a joint decision on which treatment option best suits an individual patient's needs. This is based on the risks and benefits of each option and supported by high quality information that includes the licensed status of the chosen treatment.

4.2 Medicines procurement

Medicines procurement is managed by pharmacy in a transparent and professional way. Quality assured medicines are procured through robust and appropriate processes.

- Procurement decisions are informed by clinical practice and formulary systems to ensure that medicines meet the needs of patients and the healthcare staff prescribing and administering them.
- Medicines procurement takes into account nationally or locally negotiated contracts and the quality and safety of the products.
- Contingency plans are in place to manage product recalls and shortages of medicines.
- All medicines (licensed and unlicensed) are assessed and assured to be of appropriate quality before supply to patients.
- Medicines procured are safely and securely received and stored in pharmacy, in accordance with relevant professional guidance and legislation.

4.3 Custom-made medicines

Any medicines custom-made by, or for, the organisation are quality assured and appropriate for their intended use.

- Use of compounded, extemporaneously prepared, aseptically prepared, repacked and over-labelled medicines is consistent with the principles of risk reduction and using licensed medicines wherever possible.
- Aseptic preparation facilities (internal or outsourced) are subject to routine internal and external audit.
- Robust operator and patient safety systems are in place for the production of high risk medicines, for example, chemotherapy, radiopharmaceuticals, parenteral nutrition.
- Appropriate quality assurance and control systems support selection, management and use of all custom-made medicines whether produced internally or outsourced.

STANDARD 5.0 MEDICINES EXPERTISE

The pharmacy team provides expertise and advice to support the safe and effective use of medicines by patients.

5.1 Expertise for healthcare professionals

Healthcare professionals prescribing, administering and monitoring the effects of medicines have relevant, up-to-date, evidence-based information and pharmaceutical expertise available to them at the point of care.

- The pharmacy team supports induction, and ongoing training and education in the best practice use of medicines for relevant clinical and support staff across the organisation.
- Pharmacists are accessible in (or to) clinical areas to provide advice for other healthcare professionals on the choice and use of medicines.
- A pharmacist-led medicines information and query-answering service is available to healthcare teams, working to national standards for medicine information.
- The pharmacy team works to ensure that prescribers are supported in their everyday activities by readily-accessible information and guidance e.g. the British National Formulary, electronic guidance to support formulary choices and decision making, prescribing guidelines and medicines treatment pathways.

5.2 Expertise for patient care (see also *patient experience domain*)

Pharmacists are integrated into clinical teams across the organisation and provide clinical care direct to patients

- Pharmacist prescribers are integrated into multidisciplinary clinical teams where appropriate.
- Specialist / advanced practitioners work in clinical specialties as part of the multidisciplinary team.
- Pharmacists manage clinics for patients with long term conditions or who require ongoing support to help them to optimise the outcome of their treatment with medicines.
- Pharmacists support optimisation of treatment with identified high risk medicines.

STANDARD 6.0 SAFE USE OF MEDICINES

The pharmacy team ensures that safe medication practices are embedded in the organisation (including contracted or directly outsourced services and third party providers).

6.1 Safe systems

The chief pharmacist (or equivalent) leads on ensuring that all aspects of medicines use within the organisation are safe.

- Pharmacists are involved in the design and updating of prescription and administration documentation and systems (paper or electronic).
- A named senior pharmacist is directly involved in the planning and development of electronic (or other) prescribing systems.
- Pharmacists visibly record when they have seen a prescription and assessed it as clinically appropriate for the patient.
- Omitted doses are monitored and where necessary investigated as potential medication errors.
- The pharmacy team supports the implementation of relevant national therapeutic guidance and national patient safety alerts related to medicines.
- Systems are in place to ensure appropriate and timely responses to MHRA and supplier led defective medicines alerts and recalls within specified timescales.

6.2 Safety culture

The chief pharmacist (or equivalent) leads on promoting a “just” culture in which medication safety has a high profile, both within the organisation and its partner.

- The chief pharmacist (or equivalent) has representation on all high level medicines safety and governance groups in the organisation.
- Pharmacists intervene with prescribers, patients and other healthcare professionals to ensure medicines are safe and effective.
- Chief pharmacist (or equivalent) leads on Serious Incidents (SIs) involving medicines.
- Medication errors are identified, recorded, monitored, reported and investigated.
- Learning from medication errors and systems failures related to medicines is shared with the multidisciplinary team and the whole organisation if appropriate, and acted upon to improve practice.
- Shared learning is reviewed and reported at board level on a regular basis.

STANDARD 7.0 SUPPLY OF MEDICINES

Medicines are supplied, distributed, stored and if necessary disposed of in a legal, safe and timely way.

7.1 Dispensing

Medicines are dispensed or prepared accurately, available when needed and clinically appropriate.

- Before dispensing or preparation, prescriptions are reviewed for clinical appropriateness by a pharmacist.
- Systems are in place to prioritise dispensing in order to minimise the risks of omitted and delayed doses of critical medicines or of delayed discharge.
- Dispensing processes make appropriate use of technology, efficient ways of working and skill mix, for example, automated systems, near patient dispensing, accredited checking pharmacy technicians.
- Systems are in place to identify and review the causes of dispensing errors, to minimise the future risk of them reoccurring.

7.2 Labelling

Medicines dispensed or prepared are labelled for safety in line with legal requirements.

- Dispensaries have standards for labelling that ensure consistency and safe labelling practice.
- Labelling takes into account the diversity of patients accessing medicines, for example, age and disability.

7.3 Distribution and storage

Medicines are safely and securely distributed from a pharmacy and stored in a secure and suitable environment prior to administration.

- Supply systems ensure that clinical areas have timely access to medicines needed routinely. Where necessary, medicines needed urgently outside core pharmacy service hours can be obtained.
- Standard Operating Procedures (SOPs) and systems, informed and monitored by the pharmacy team, underpin the legal, secure and appropriate handling of medicines wherever they are stored (wards, outpatient clinics, patients' lockers, emergency drugs cupboard etc).
- Audit trails and governance processes are in place to underpin the supply and storage of medicines.
- SOPs are in place to ensure the appropriate management of waste and returned medicines.

DOMAIN 3 DELIVERING THE SERVICE

	DIMENSION
STANDARD 8	
LEADERSHIP	8.1 Strategic leadership
	8.2 Operational leadership
	8.3 Clinical leadership
STANDARD 9	
GOVERNANCE AND FINANCIAL MANAGEMENT	9.1 Systems governance
	9.2 Financial governance
STANDARD 10	
WORKFORCE	10.1 Workforce planning
	10.2 Workforce development
	10.3 Education and training

STANDARD 8.0 LEADERSHIP

Pharmacy has strong leadership, a clear strategic vision and the governance and controls assurance necessary to ensure patients get the best from their medicines.

8.1 Strategic leadership

The chief pharmacist (or equivalent) ensures that the organisation maintains a clear vision for pharmacy services and optimal use of medicines across the organisation.

- The chief pharmacist (or equivalent) is held accountable for the quality of medicines used and the standard of pharmacy services across the organisation.
- The chief pharmacist (or equivalent) is, or reports to, a designated Executive Board member.
- The chief pharmacist (or equivalent) provides assurance to the Board about the safe and secure handling of medicines within the organisation, on a regular basis.
- The organisation has a strategy for optimising patient outcomes from medicines that has Board approval and support and is regularly reviewed.
- The chief pharmacist (or equivalent) encourages improvement and innovation in the delivery of services involving medicines to better meet patients' needs, including the adoption of national initiatives and guidance.
- The chief pharmacist (or equivalent) engages with the health community to develop a whole system approach to medicines and public health, including emergency preparedness, resilience and response.

8.2 Operational leadership

Pharmacy services are patient centred, and aligned with organisational priorities and the range and level of healthcare commissioned/purchased.

- The type and level of resources required to deliver safe and effective pharmacy services and to support the safe and secure handling of medicines are identified and available to the chief pharmacist (or equivalent).
- The pharmacy services are delivered within appropriate allocated resources.
- Agreed key performance indicators (KPIs) are in place to enable internal and external assessment of the operational and financial performance of pharmacy services.
- All outsourced pharmacy services (including homecare) are performance managed through Service Level Agreements (SLA) and/or contract quality monitoring.
- The pharmacy service structure has clear lines of professional and organisational responsibility established and is regularly reviewed.
- Feedback from patients, service users and colleagues inform the development of services.
- Operational performance is benchmarked against other relevant organisations.

8.3 Clinical leadership

The pharmacy team is recognised as leading on medicines issues in the organisation.

- The pharmacy team provides leadership, advice, support and education to other clinicians and support staff about medicines usage.
- Pharmacy team input is an integral part of the design of any services involving medicines.
- The pharmacy team supports the development of integrated care pathways which involve medicines as a treatment option.
- The pharmacy team participates in relevant research and clinical audit activities within the organisation.

STANDARD 9.0 GOVERNANCE AND FINANCIAL MANAGEMENT

Safe systems of work are established and pharmacy services have sound financial management.

9.1 Systems governance (see also *Safe and effective use of medicines domain*)

Systems of work are established that are safe, productive, support continuous quality improvement, are regularly audited and comply with relevant regulations.

- Care contributions are documented and audited to demonstrate the impact of the service on patient outcomes and to help target resources.
- Controlled Drugs are managed in line with the requirements of the Misuse of Drugs legislation and governance requirements.
- Information governance processes in line with legislation are in place to safeguard patient identifiable information about care / medicines supplied.
- Governance systems are in place for working with the pharmaceutical industry.
- Technical and IT capabilities are progressive and fit for purpose.
- Working environments are planned and maintained in line with Health and Safety requirements, GPhC and professional best practice standards.
- Equipment is maintained and operated only by appropriately trained members of the team or external contractors.
- Standard operating procedures (SOPs) are in place for the delivery of all medicines management and pharmacy services across the organisation.
- SOPs are controlled, regularly reviewed and updated.
- A programme of audit informs the continuous improvement and development of systems.

9.2 Financial governance

Robust business planning, financial planning and reporting are undertaken.

- A business plan for pharmacy services, incorporating finance, service and workforce plans, linked to the organisation's corporate plan is devised, implemented and monitored through agreed KPIs.
- National initiatives and guidance relating to medicines and pharmacy are incorporated into business and financial planning activities.
- Medicines utilisation reports are produced that support budget management and monitoring of clinical practice. Pharmacists discuss these with other clinicians and managers to maintain or improve prescribing practice.
- Pharmacists engage with commissioners/purchasers and primary care clinicians to ensure prescribing delivers value from the investment in medicines across the health community.

STANDARD 10.0 WORKFORCE

The pharmacy team have the right skill mix and the capability and capacity to develop and provide quality services to patients.

10.1 Workforce planning

The pharmacy workforce is planned and appropriately resourced in order to support service quality, productivity and safety.

- There is a plan for reviewing, developing and funding a pharmacy workforce that optimises skill mix and meets the changing needs of the service.
- Where deficiencies or shortfalls in workforce are identified a corrective plan is put in place.
- Succession planning arrangements are in place and are linked to workforce training and personal development plans.
- Numbers of pre-qualification trainees are planned and agreed on an annual basis.
- There is pharmacy engagement with workforce planners and education commissioners at local level.
- The pharmacy service benchmarks its workforce and skill mix against other relevant organisations.

10.2 Workforce development

Pharmacy has an effective performance management and personal development planning process linked to workforce planning.

- The pharmacy team has roles and responsibilities clearly defined in job descriptions and are performance managed through appraisal and other regular means of engagement.
- All members of the pharmacy team are aware of their own level of competency and see how they can develop in their roles and careers. Processes are in place to identify and manage team members who fail to reach minimum competency or performance standards.
- Where they exist, recognised development frameworks and assessment tools are used for all grades of staff.
- Planning is in place to ensure that competency is maintained and developed to meet changing service needs, patient expectations and the introduction of new technologies.

10.3 Education and training

Induction and ongoing learning and development are provided for all members of the pharmacy team.

- All training programmes used are reviewed regularly and adapted to ensure that they remain fit for purpose.
- Training records are maintained for mandatory and role related training. Regular competency assessment is in place, revalidation and refresher training provided if necessary.
- Trainees receive support, facilitation and supervision from appropriate educational and practice supervisors.
- The pharmacy team has the opportunity to undertake further learning and development that delivers improvements in patient care.

APPENDIX I DEVELOPMENT PROCESS

The development process for the guidance is highlighted below.
The standards are scheduled for review no later than July 2014.

SCOPING

STEERING GROUP (SG) MEETING
LITERATURE REVIEW
INTERVIEWS AND FOLLOW-UP

DRAFT AND DEVELOP

ADVISORY GROUP (AG) MEETING
STANDARDS DRAFTED
DRAFT REFINED AND DEVELOPED
WITH INPUT FROM AG AND SG

CIRCULATION FOR COMMENT

WIDE CIRCULATION FOR COMMENT
FOLLOW UP INTERVIEWS
WHERE NECESSARY
STANDARDS REFINED AND
DOCUMENT DRAFTED

USER TESTING

USER GROUP TESTING
STANDARDS DOCUMENT REFINED
IMPLEMENTATION AND SUPPORT
TOOLS IDENTIFIED

SIGN OFF AND LAUNCH

AG AND SG FINAL REFINEMENTS
PUBLICATION ON RPS WEBSITE
PROMOTION OF STANDARDS

ONGOING WORK

DEVELOPMENT SITES
ONE DAY EVENT – INNOVATION
IN HOSPITAL PHARMACY

APPENDIX 2 ACKNOWLEDGEMENTS

The names of the organisations and individuals who have contributed to the project are listed below, their input and support is gratefully acknowledged.

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Other Contributors

The draft professional standards were sent to a wide range of individuals and organisations from within and outside pharmacy for comment; we are grateful for their feedback which was used to help refine the standards.

The organisations who responded included:

Alzheimer's Society
 Aneurin Bevan Health Board: Pharmacy Department
 Association of Pharmacy Technicians UK
 Association of Teaching Hospital Pharmacists
 Board of Community Health in Wales
 British Oncology Pharmacists Association
 HIV Pharmacists Association
 KSS Deanery Pharmacy, Princess Royal Hospital West Sussex
 National Voices (Patient Organisation)
 Neonatal & Paediatric Pharmacists Group
 NHS Grampian Acute Hospitals
 NHS Greater Glasgow and Clyde
 NHS South of England
 NHS TSET Pharmacy Technical Professional Development Portal (TPD)
 North West Clinical Forum
 Palliative Care Pharmacists Network
 Patients Association
 Primary and Community Care Pharmacy Network
 Royal College of General Practitioners
 Royal College of Nursing
 Scottish Pharmacy Board
 The NHS Pharmacy Education and Development Committee
 UK Medicines Information
 Unlicensed medicines/Extemporaneous group
 University Hospital Southampton NHS FT: Clinical Pharmacy Service
 Wirral University Teaching Hospital: Pharmacy Department

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