Preregistration Pharmacist

Handbook 2007/8
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INTRODUCTION

Congratulations on achieving a preregistration placement with us and welcome to the region.

All of the NHS Hospitals and Primary Care Trusts in Kent, Medway, Surrey, Sussex, Hampshire & Isle of Wight are supported by the South East Medicines Management Education and Development team. We are a regionally based team of pharmacists, pharmacy technicians and office staff who develop, co-ordinate and fund training according to the identified needs of the workforce within the region.

Details of the following can be found on our website www.semmed.nhs.uk

- Up to date contact details and roles for all of our team members
- Up to date information of all the training we provide
- Study day programmes - including the Preregistration programmes- available two weeks prior to each training event
- Maps to venues
- Precourse information where relevant e.g. reading for the statutory committee visit
- Electronic version of the Regional Preregistration Pharmacist Handbook

Here follows our Regional Preregistration Training Handbook that will help you apply the knowledge that you have gained as a pharmacy undergraduate into the skills that you require as a practising member of the pharmacy profession. It will assist you to develop a learning culture that will allow you to continue your professional development throughout your career.

The RPSGB requires you to undertake a training period of at least 52 weeks in order to demonstrate your competence against a range of practical and professional criteria known as “Performance Standards”. Providing you meet these standards you will be eligible to sit the registration examination in order to join the Register of practising pharmacists.

For each of the main areas of practice, specific objectives and practice activities are recommended in this manual to ensure that all the preregistration pharmacists in the region enjoy a similar quality of training and experience. These activities can then be used as evidence to demonstrate the relevant Performance Standard. They have been compiled by the relevant specialists and agreed by the Preregistration Training Managers and Tutors.

Your tutor and trainers will give you instruction and opportunities to develop your knowledge and skills but you must take ownership of your training year, as the ultimate responsibility for achieving the required standards is yours. Ensure that you set yourself realistic targets and review them regularly with your tutor.

Throughout the year you will attend a series of study days that have been designed to complement the practical experience that you gain at your hospital. These days are designed specifically for preregistration pharmacists and you are encouraged to play an active part in order to gain the most from the days. You will be sent a programme and directions to the study day’s venue beforehand and copies are always available on our website during the 2 weeks before the course. Some of the days require some preparatory work and it is important that you come prepared with this on the day. At the end of the day you will be asked to complete an evaluation form as well as a CPD form. We rely on the feedback provided by you to improve and develop the days for future cohorts of preregistration pharmacists.
You are also required to complete a work based audit project during the year. Usually you will not have time to complete the full audit cycle but you should be able to review current practice against guidelines and make clear recommendations to improve practice and re-audit. All the audits undertaken in the region are assessed and feedback provided.

In order to help you assess and improve your clinical competence, we run Objective Structured Clinical Examinations (OSCEs). A baseline version is run at the start of the prereg year in September and this can be invaluable in helping you identify your learning needs and prepare for registration. The OSCEs are repeated in spring to review your progress and help you plan your clinical training in the final quarter of the year.

As well as the Regional Preregistration Pharmacist Training Manual, there are other regional resources to support your Preregistration year. These include:

- Drug Tariff Workbook and Guide to the Pharmacy Contract- this will be available at the Cross Sector Experience Preparation Study Days in December.
- Technical services Workbook

Both of these are currently under review and additional resources may become available during the course of the year.

If you have any queries about preregistration training either within your own base or regionally, you are encouraged to discuss this with your tutor. However if you require further assistance please do not hesitate to contact any of the Pharmacists within the SEMMED team. These are:-

<table>
<thead>
<tr>
<th>Beth Gormer</th>
<th>Katie Murphy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Specialist Pharmacist / Prereg Pharmacist Training Lead</td>
<td>Programme Support Pharmacist</td>
</tr>
<tr>
<td>Email: <a href="mailto:Beth.gormer@southeastcoast.nhs.uk">Beth.gormer@southeastcoast.nhs.uk</a> (from Sept 3rd 2007)</td>
<td>Email: <a href="mailto:Catherine.murphy@southeastcoast.nhs.uk">Catherine.murphy@southeastcoast.nhs.uk</a></td>
</tr>
<tr>
<td>Tel: To be confirmed.</td>
<td>Tel: 01293 789444</td>
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<tr>
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<table>
<thead>
<tr>
<th>Gail Fleming</th>
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<tbody>
<tr>
<td>Director</td>
</tr>
<tr>
<td>Email: <a href="mailto:gail.fleming@southeastcoast.nhs.uk">gail.fleming@southeastcoast.nhs.uk</a></td>
</tr>
</tbody>
</table>

If you require any information or you are unable to attend a study day, please contact:

The Administration Team,
South East Medicines Management Education & Development,
NHS South East Coast
York House,
18-20 Massetts Road,
Horley, Surrey, RH6 7DE.
Tel: 01293 789445
E-mail: semmed@southeastcoast.nhs.uk
## Preregistration Pharmacists within SEMMED Region 2006/7

<table>
<thead>
<tr>
<th>South East Coast</th>
<th>No Places</th>
<th>Prereg</th>
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<tr>
<td>Ashford &amp; St Peters Hospitals NHS Trust</td>
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<td>Rajiv Godhania</td>
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<tr>
<td>Brighton &amp; Sussex Un. Hospitals NHS Trust</td>
<td>7</td>
<td>Heather Calvert, Rossana Viana, Colm O'Connell, Catherine Collins, Naomi Hobbs, Julia Mainstone, Annmarie Heffernan</td>
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<td>East Sussex Hospitals NHS Trust</td>
<td>3</td>
<td>Fariba Jabbari, Shahrzad Mohamadi, John Crimmins</td>
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<td>Frimley Park Hospital NHS Trust</td>
<td>2</td>
<td>Olufunke Sokan, Katherine Hall</td>
</tr>
<tr>
<td>Royal Surrey County Hospital NHS Trust</td>
<td>3</td>
<td>Sarah Burt, Celesta Riddles, Rene Chau</td>
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<tr>
<td>Royal West Sussex NHS Trust</td>
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<td>Hamde Nazar, Anthony Wise</td>
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<td>Surrey &amp; Sussex Healthcare NHS Trust</td>
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<td>Casey O'Neil</td>
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<td>Worthing &amp; Southlands Hospitals NHS Trust</td>
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<td>Lisa Stanton, James Richardson, Emma Golds, Graham Brown</td>
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<td>Gloria Omisakin, Priti Patel</td>
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<td>East Kent Hospitals NHS Trust</td>
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<td>Paul Gilvarry, Prashanthi Chenna, Nicholas Stubbings, Holly Carpenter</td>
</tr>
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<td>Maidstone &amp; Tunbridge Wells NHS Trust</td>
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<td>Mohammed Ali, Aneisha Patel, Kelly Brown, Jatin Vaidya</td>
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<tr>
<td>Medway NHS Trust</td>
<td>1</td>
<td>Tariq Azamgarhi</td>
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COMPETENCE BASED TRAINING

All trainees in the region follow the RPSGB Performance Standards programme.

Performance standards

For each Performance Standard the tutor/trainer in discussion with the trainee should:

1. Plan how it will be addressed by training, i.e.
   - What sort of training.
   - Who will be responsible for the training?
   - When and how the assessment will take place.

2. Examine the "evidence" produced by the student.

3. Decide whether evidence points to:
   - Competence.
   - Need for further training, practice or guidance.

4. Review and feedback to the student.

5. Document outcome

6. Complete a record of evidence for each Performance Standard achieved as illustrated on the following page

The responsibility for acquiring "evidence" and ensuring that competences are achieved is with the trainee. Further information about identifying your baseline knowledge, skills and competences and developing an action plan is contained in the RPSGB Preregistration Trainee's Workbook.

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<table>
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<tr>
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<td>Syajie Toon, Monica Martens</td>
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<tr>
<td>Isle of Wight Hospitals NHS Trust</td>
<td>1</td>
<td>Katie Barker</td>
</tr>
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<td>Portsmouth Hospitals NHS Trust</td>
<td>4</td>
<td>Zainab Ali, Louise Barwell, Zoe Hickman, Joanne Collins</td>
</tr>
<tr>
<td>Southampton University Hospitals NHS Trust</td>
<td>6</td>
<td>Joanna Oswald, Morenikey Adewuyi, Jessica Burnup, Sarah Sanderson, John Weston, Sarah Rimmer</td>
</tr>
<tr>
<td>Winchester &amp; Eastleigh Healthcare NHS Trust</td>
<td>1</td>
<td>Zachariah Nazar</td>
</tr>
</tbody>
</table>
**Records of Evidence**

Below is a guide diagram to illustrate how to complete a record of evidence.

- **Brief summary of nature of event / activity**
  
  Put us in the picture - where you were, what was the overall task?

- **What were you trying to achieve?**
  
  Is there a description of the learning objective?
  
  Is there a description of how this is relevant to you as a pharmacist?

- **What happened / What was the outcome?**


  2. Include any indication of interaction or feedback from the patient, healthcare professional, colleagues etc? e.g. Do you think the patient understood what you were saying?

  3. Relate your behaviour / actions to all the three main sections of the performance standards -
   
   A) Personal Effectiveness
   
   B) Interpersonal Skills
   
   C) Medicines and Health

  4. Look at your learning and performance objectives and assess if you have met them. If they have been met say so. Explain how or why they were met.

- **What have you learned as a result?**

  1. Did you learn what you set out to learn?

  2. Is there a clear *description* of what you have learnt?

  3. Have you related what you have learnt to the performance standards?

  4. Does the record show how you have or will apply this learning to your practice as a pharmacist?

- **What do you want / need to learn more about?**

  1. What part of the exercise did not go well?

  2. What *skills* or *knowledge* do you need to improve in this area?

  3. Think of all the three main sections of the performance standards -
   
   A) Personal Effectiveness
   
   B) Interpersonal Skills
   
   C) Medicines and Health

   and explain what you are going to do next to help yourself achieve these standards.

  4. Set yourself new SMART Objective(s)

   Get the evidence reviewed by the trainer / assessor as soon as is practically possible after the event has happened, and ask for written feedback on the record of evidence

And now …. These new objectives will take you back to the top!

*(Acknowledgment to Alison Marshall, Royal Surrey County Hospital March 2003)*
REGIONAL PREREGISTRATION PHARMACIST TRAINING

Each Trust which provides preregistration training is responsible for ensuring that work experience and training in the core areas of practice is made available. Within Kent, Surrey, Sussex and Hampshire all preregistration pharmacists are expected to rotate through the dispensary, clinical, medicines information, technical services, community pharmacy and mental health. Dependent on the characteristics of the Trust and its specialist services and resources, preregs should be able to gain experience in some optional areas of practice. Your tutor will explain what opportunities are available through your host hospital. In some instances secondments are arranged to other units. In addition the regional team also organise and provide study days in specialist areas of practice for trainees who are unable to gain hands on experience in the workplace.

SUGGESTED TIME DISTRIBUTION

<table>
<thead>
<tr>
<th>Time (weeks)</th>
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<tr>
<td><strong>CORE TRAINING</strong></td>
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<tr>
<td>Induction +</td>
<td>2</td>
</tr>
<tr>
<td>Clinical/Dispensary</td>
<td>21</td>
</tr>
<tr>
<td>(including ward visits, ward rounds and clinics, procurement/stock control, inpatient and outpatient services)</td>
<td></td>
</tr>
<tr>
<td>Medicine Information</td>
<td>6</td>
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<tr>
<td>Preparative services</td>
<td>2</td>
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<tr>
<td>(Aseptic preparative services)</td>
<td></td>
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<tr>
<td>Community Pharmacy</td>
<td>2</td>
</tr>
<tr>
<td>Mental health</td>
<td>1</td>
</tr>
<tr>
<td>Audit</td>
<td>1</td>
</tr>
<tr>
<td>Residential Courses &amp; Study Days</td>
<td>3</td>
</tr>
<tr>
<td><strong>SPECIALIST TRAINING</strong></td>
<td></td>
</tr>
<tr>
<td>Selection from:</td>
<td></td>
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<tr>
<td>• Large scale Hospital Pharmaceutical Manufacturing, Quality Control and Assurance</td>
<td>6</td>
</tr>
<tr>
<td>• Extended preparative services and radiopharmacy</td>
<td></td>
</tr>
<tr>
<td>• Community services/ intermediate care</td>
<td></td>
</tr>
<tr>
<td>• PCT placement</td>
<td></td>
</tr>
<tr>
<td>• Prison pharmacy</td>
<td></td>
</tr>
<tr>
<td><strong>PLUS:</strong></td>
<td></td>
</tr>
<tr>
<td>Annual Leave</td>
<td>4</td>
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<tr>
<td>Flexible time can be used to provide additional training to meet individual needs or recover time lost through annual leave, external training etc.</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>52</td>
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</table>
**Induction:** It is suggested the graduates should spend a minimum of two weeks, during their first six weeks, in dispensary/clinical services. This will include an induction programme that will introduce the Preregistration Pharmacist to all aspects of pharmacy work at base hospital.

The time allocation to each department is **offered as guidance only.** The emphasis of the preregistration year is on trainees becoming competent to practise as pharmacists. In order to achieve this, individual requirements may vary and it may become necessary to spend more or less time in a specific department.

**LEARNING OUTCOMES FOR PREREGISTRATION TRAINING**

For each area of work, a list of learning outcomes has been compiled. In order to achieve these, the recommended practice activities should be completed. To prevent duplication, a number of these have been cross-referenced to different sections.

For each practice activity, a list is attached of associated performance standards and exam syllabus taken from the RPSGB Preregistration Trainee’s Workbook. The purpose of this is to assist the preregistration pharmacist in ensuring that they have gained appropriate experience during the year.

Progress reports are appended (appendix one) to help you record completion of your practice activities. These forms have been produced as an aid to help you learn and structure your experience. It is entirely optional whether you use them. In the past some trainees have said that they have found them invaluable whereas others have stated that they prefer to use “records of evidence” and cross-reference them to practice activities as well as performance standards. Whatever method you choose, you should ensure that your documentation is methodical, thorough and easily accessed by yourself and your tutor. If you are using the progress reports, it will be necessary to link these to proof of competence to demonstrate your achievement of performance standards.

Within this section, we have also included a grid of the performance standards and suggestions as to how these can be achieved i.e. locally at regional study days or through self directed study.

A representative from the regional team may visit you and your tutor in the workplace during the preregistration year. This will provide an opportunity to review your progress with the practice activities and the RPSGB Performance Standards. If for any reason, you feel you may have difficulty achieving any of these, please liaise with the SEMMED Pharmacists (contact details in Introduction) as soon as possible.
CORE

Dispensary Services

Much of the experience gained will overlap with issues arising from medicines information, community and intermediate care services, and community pharmacy.

Specific learning outcomes are underpinned by many of the RPSGB preregistration performance standards.

Individual hospitals will have or may wish to expand their objectives in a different sequence and with different wording; however, each will embrace, as a minimum, the following learning outcomes and practice activities.

Learning Outcomes

1. To describe the individual roles of each member of the dispensary and their contribution to the dispensary service.

2. To undertake the procedure agreed for the receipt of prescriptions, including NHS charges and exemptions, screening and assessing the prescriptions and providing appropriate information to the patient.

3. To demonstrate all practical and manipulative skills associated with the dispensary process from receipt of a prescription or request to supply and issue to the patient, ward, department or clinic, with special emphasis on those requests which require extemporaneous dispensing.

4. To follow the procedures agreed for dealing with prescriptions that cannot be dispensed in full at the time that they are prescribed, with special emphasis on communication with the patient and nursing staff where applicable.

5. To demonstrate a full working knowledge of the use and properties of drugs and pharmaceutical preparations handled and dispensed in the pharmacy, and to be able to apply this knowledge to ensure that all drugs which are prescribed are dispensed in a correct, safe and appropriate manner.

6. To advise on the legal and procedural requirements for the receipt, dispensing, supply and destruction of all medicines, including controlled drugs (in accordance with new CD regulations).

7. To communicate effectively with the prescriber and ward nursing staff regarding queries which arise, relating to in-patient, out-patient and ward supplies.

8. To follow the procedures agreed for dispensing drugs which are the subject of clinical trials and to become familiar with the protocols drawn up.

9. To follow the policy of the hospital for patient own drugs, self-medicating schemes, dispensing for discharge, hospital doctors and their families and private in/out patient prescriptions, including the maintenance of records and methods of payment.

10. To apply COSH regulations within the dispensary.

11. To apply local policies for selling medicines to the general public.
12. To adapt to exceptional circumstances in the dispensary (e.g. failure of the dispensary-based computer system).

13. To demonstrate the ability to prioritise workload according to local needs.

14. To counsel patients on the use of medicines where appropriate, including the use of compliance aids, patient information leaflets, and medication warning cards.

15. To discuss the purpose of all records and requisition documents used including stock control documents.

16. To demonstrate a knowledge of the policy for collecting and recording workload statistics.

17. To apply the concepts of quality assurance and quality standards as they apply to dispensary services.

18. To utilise local formularies when screening and dispensing prescriptions.

19. To ensure continuity of medication supply once a patient is discharged.

20. To follow the procedure agreed for dealing with the receipt of requests for in-patient and discharge prescriptions.

21. To state the purpose of all essential requisition documents used and records kept for the supply of in-patient and discharge prescriptions, with special emphasis on the in-patient prescription card and discharge summary letter.

**Dispensary Practice Activities**

These should be carried out according to local hospital policy

The Preregistration Pharmacist should:-

1. Competently receive a minimum of 4 outpatient prescriptions.  
   *(Performance standards C1.1, C1.2)*

2. Competently dispense and endorse a minimum of 250 items of which to include:
   - 10 Out-patient items
   - 5 discharge items
   These should also include
   - specialist Outpatient/TTO items i.e. addict, oncology, paediatric, medicine compliance aid, extemporaneous preparation
   - Controlled Drug outpatient/discharge items

   In addition the preregistration pharmacist should gain experience of dispensing a hospital doctor prescription and a private prescription if possible.  
   *(Performance Standards A3.1, A3.2, A3.3, A3.4, A3.5, A4.1, A4.2, A4.4, C1.3 –C1.7, C1.11)*

3. Demonstrate an awareness of the spillage requirements of two of those items e.g. cytotoxics, reconstitution of antibiotics.  
   *(Performance Standards A2.2, A4.5)*
4. Record all personal dispensing errors throughout dispensary experience using the Regional dispensing error record sheets.  
*(Performance Standards A1.8, A3.1-5, A4.4, A5.1-7)*

5. Competently return in-patient and stock medication from a ward including CDs.  
*(Cross referenced to **DISTRIBUTION** Performance Standards A2.1, A2.2, A2.3, C1.9, C1.11)*

6. Be observed to competently undertake and document counselling to include, a minimum of 5 outpatients, each from a different speciality within the hospital. Using PIL's compliance aids etc or different drug forms, involving examples of the following dosage forms and drug therapies:

   - Inhalers
   - Eyedrops
   - Eardrops
   - Nasal Drops
   - Suppositories
   - Pessaries
   - Oral syringes
   - Medicines compliance aids e.g. Dosette box
   - Complex drugs e.g. warfarin, amiodarone, steroids

   *(Cross reference to **CLINICAL** Performance Standards A1.1, A1.3, A2.2, B1.1-11, C2.2, C2.11, C1.8)*

7. Document all personal contributions/interventions in patient care (including ward work) e.g. dosage adjustments, interactions identified and appropriate action taken.  
*(Cross referenced to **CLINICAL** Performance Standards A1.6, A2.4, A3.1, A4.6, C1.2-4, C2.3, C2.6, C2.7)*

8. Design a personal self-checking procedure to minimise dispensing errors.  
*(Performance Standards A2.1, A4.2, A4.4)*

9. Demonstrate the ability to accurately check the dispensing carried out by other members of staff of 250 items. This should be in accordance with the standards for Regional Accredited Checking, training in this is delivered locally.  
*(Performance Standards A1.1, A1.7, A2.1, A2.2, A2.3, A3.1, A4.3, A4.4, B2.4, C1.12, C1.2, C1.3)*

10. Competently assess the suitability of patient own drugs for 5 different patients.  
*(Performance Standards A1.6, A2.1, A4.4)*

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**Procurement and Drug Distribution Services.**

**Learning Outcomes**

1. To describe the principles, practices and purpose of stock control including:
   - re-ordering depleted stock from a variety of suppliers
   - recognition of ordering an item out of hours and method of obtaining such drugs without delay
   - stock rotation
   - receipt of incoming stock
   - notification of discrepancies or damages in incoming stock to the appropriate supplier
   - documentation of delivery notes, invoices and credit notes
   - stock checks
   - NHS supplies and contracts

2. To identify appropriate storage conditions for medicines and be aware of the medicine cold chain.
3. To describe the different procedures and methods for the supply of stock items to wards, departments and clinics in the hospital units where this experience is offered, i.e. topping up, patient’s own drugs, signed orders and verbal orders.

4. To describe the use and application of the different types of orders and requisitions used to facilitate the distribution of drugs together with maintenance, storage, and retrieval of the appropriate records.

5. To describe the procedures for handling a drug alert/product recall.

6. To define consortium purchasing.

7. To comply with legislation surrounding the dispensing and prescribing of medicines that do not have a product licence.

9. To comply with the policy and procedures for ensuring the accountability and security of drugs in transit and the functions and responsibilities of messengers/porters/drivers who transport drugs.

**Procurement and Distribution Practice Activities.**

The Preregistration Pharmacist should

1. Perform competently 2 stock top-ups including the issue and preparation of stock delivery *(Performance Standards C1.9)*

2. Dispose competently of unwanted medicines on 1 occasion *(Performance Standards A1.1, A2.1, A2.2, A2.3, C1.9, C1.11)*

3. Competently order 2 items of stock outside the normal top-up system *(Performance Standards C1.9)*

4. Receive and put away competently 2 wholesale orders including a fridge item and Controlled Drug *(Performance Standards A2.1, A2.3, C1.9)*

5. Follow one drug from purchasing, receipt to dispensing *(Performance Standards A2.4, C1.9)*
Clinical Pharmacy

The following learning outcomes should be covered throughout the Preregistration year. Some will specifically apply to time spent on the clinical part of the rotation, although it is expected that there will be overlap with medicines information.

You will also find that it is normal to be shadowing staff in the earlier part of the year to enable you to become familiar with clinical routines and activities. You will quite quickly find that you are required to become gradually more involved, carrying out clinical roles under supervision and normally resulting in allocation of your own ward or patients by the end of the year (with pharmacist support and clinical supervision).

Learning Outcomes

1. To take responsibility for ensuring the safe and effective use of medication to a group of patients
2. To demonstrate a knowledge and understanding of the systems of work used to deliver drugs to in-patients
3. To describe the workings of a ward and the communication network that exists at ward level
4. To identify patients with drug related problems that require the skills of a clinical pharmacist
5. To clarify prescription charts to ensure appropriate drug administration
6. To identify particular drug needs of common patient groups
7. To be able to take and document accurate patient medication histories
8. To communicate effectively with and refer to colleagues and fellow health care professionals to ensure effective patient management
9. To identify and provide counselling to patients who do not administer their drugs appropriately, including special formulations, the use of additional devices, and patient information leaflets
10. To promote cost effectiveness by observing and implementing any local formulary requirements without compromising patient safety
11. To be able to provide both active and passive drug information and advice to other health care workers, e.g. side effects, drug interactions, contra-indications, mechanisms of action, optimum drug formulation, appropriate route of administration
12. To be able to apply the principles of pharmacokinetics to individualise patient therapy
13. To recognise the pharmaceutical needs of patients following discharge and to be aware of the hospital pharmacist’s role in addressing these
14. To monitor the outcomes of drug therapy for effectiveness, adverse reactions and interactions
15. To document clinical contributions accurately and clearly
16. To present a critical review of a patients drug therapy to colleagues
17. To apply ‘patient group directions’ for pharmacists and other health care professionals as appropriate
18. To describe the benefits of non-medical prescribing to patients
Clinical Pharmacy Practice Activities

These are directly linked to, and should provide, evidence that clinical objectives have been met.

1. To shadow a minimum of two of the following health professionals: -
   - Ward Nurse
   - Specialist Nurse eg Diabetic Nurse/Macmillan Nurse
   - F1/F2 doctor
   - Dietician
   - Physiotherapist
   - Occupational Therapist

   *Performance Standard A5.3*

2. To attend a minimum of one multiprofessional ward round preferably involving pharmacy input.

   *Performance Standard A5.3*

3. To competently complete a minimum of 5 patient medicines management problems (PMMP) which includes
   - a patient in which Therapeutic Drug Monitoring is required
   - a patient whose therapy includes parental therapy and its associated pharmaceutical input

   and the remaining three PMMP from the following list of disease states:-
   - Ischaemic heart disease
   - Congestive cardiac failure
   - C.O.A.D.
   - Asthma
   - Diabetes
   - Parkinson's disease
   - Epilepsy
   - Thromboembolic disorders
   - Pain control
   - Hypertension
   - GI Ulceration
   - Infection

   In addition, the preregistration pharmacist should gain experience of completing patient management problems for patients in the following specialities if possible:-
   - renal disease
   - oncology/haematology
   - hepatic disease
   - HIV
   - psychiatry
   - paediatrics
   - TPN
   - intensive care

   *NB – The format of the PMMPs is based on one of the London School of Pharmacy Diploma activities – it is simply an extended interventions and should include the following steps (thus a similar format to a record of evidence)*-

   - Identification of pharmaceutical problems
   - Prioritisation of pharmaceutical problems
   - Development of an action plan to address or prevent problems
   - Outcome

   A template for PMMPs and sample completed ones are included in Appendix 2.

   *(Performance Standards A1.6, A3.1-5, A4.6, C1.2, C1.3, C1.4, C1.5, C2.3, C2.6, C2.7, C2.11)*
4. To competently undertake and document patient consultations which include a minimum of 2 competent medication histories from individual patients. (*Performance Standard C2.5, C2.6, B1.1- B1.11*)

and a minimum of 5 patients involving examples of the following dosage forms and drug therapies:

<table>
<thead>
<tr>
<th>Inhalers</th>
<th>Eyedrops</th>
<th>Eardrops</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal Drops</td>
<td>Suppositories</td>
<td>Pessaries</td>
</tr>
<tr>
<td>Oral syringes</td>
<td>Medicines compliance aids e.g. Dosette box</td>
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<tr>
<td>Complex drugs e.g. warfarin, amiodarone, steroids</td>
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</tbody>
</table>


5. To competently present a patient case focussing on pharmaceutical issues.

(*Performance Standards A1.1, A1.3, A1.6, A2.4, A3.1, A4.6, C1.2-4, C2.3, C2.6, C2.7*)

For assessment criteria see Appendix Eleven.

6. To document personal contributions/interventions in-patient care e.g. dosage adjustments, ADRs, interactions identified and appropriate action taken (*Cross reference to DISPENSARY*)

(*Performance Standards A1.1, A1.3, A1.6, A2.4, A3.1, A4.6, C1.2-4, C2.3, C2.6, C2.7*)

7. Demonstrate the ability to validate and monitor prescriptions

8. To act as a clinical ward pharmacist and take responsibility for pharmaceutical patient care (under supervision) for a minimum of one month.

(*Performance Standards A1.1, A1.3, A1.6, A2.4, A3.1, A4.6, C1.2-4, C2.3, C2.6, C2.7*)

**NB** Preregistration pharmacists are encouraged to use the General Level Framework in the later stages of the preregistration year to aid their development and support their identification of training needs, for example whilst undertaking practice activities.
**Medicines Information Services**

The following learning outcomes should be covered over a minimum period of four weeks. Each graduate should spend a minimum of one day at the start of the Preregistration year to familiarise themselves with the role of medicines information and the sources of information available to them throughout the year.

**Learning Outcomes**

1. To demonstrate an understanding of the medicines information network in UK and the roles of local and regional centres.
2. To describe and apply local medicines information procedures.
3. To take in enquiries received by the medicines information centre and obtain relevant background information.
4. To obtain information from sources available in the medicines information centre.
5. To obtain information from sources outside the medicines information centre, e.g. libraries, pharmaceutical manufacturers, experts.
6. To describe the systems available to report Adverse Drug Reactions.
7. To evaluate information in order to answer enquiries, problem solve effectively and communicate conclusions clearly to the enquirers.
8. To index enquiries correctly as per local procedures and select and index material for inclusion on in-house database(s) where applicable.
9. To appreciate and comply with legal and ethical guidelines.
10. To prioritise workload.
11. To demonstrate a knowledge of the principles and basics of on-line literature searching.
12. To evaluate advertising and promotional material.
13. To appreciate the role of pharmaceutical representatives.
14. To communicate effectively both by writing and speaking.
15. To demonstrate understanding of quality assurance measures in medicines information.

**Medicines Information Practice Activities.**

Follow guidance as per “UKMI Training Workbook” for preregistration training (available from MI departments).

These are linked to the learning outcomes and should provide evidence that competence is attained. They cover the following performance standards:

COMMUNITY PHARMACY

For each trainee undertaking a preregistration year in hospital, the RPSGB requires knowledge of certain aspects of community pharmacy. All hospital based preregistration trainees within the region will spend a minimum of 2 weeks placement within a community pharmacy. Provided in your RPSGB workbook is a resource pack entitled “An introduction to Community Pharmacy” that can be used to help plan your placement. There will be a regional cross sector experience preparation day in December that will incorporate some training on Responding to Symptoms and Health Promotion. Our regional Drug Tariff workbook will also be distributed at these study days.

In addition, a self-directed learning pack on Responding to Symptoms (C.P.P.E) is available to all preregistration pharmacists.

**Essential Learning Outcomes**

1. To effectively use the drug tariff
2. To gain experience in “over the counter” prescribing and responding to symptoms
3. To demonstrate a knowledge of the workings of Patient Medication Records and the legal requirements of their use
4. To describe the role of the community pharmacist in health screening and health promotion
5. To describe the range of compliance aids used in primary care
6. To discuss the role of the Superintendent Pharmacist
7. To dispense private prescriptions
8. To comply with the legal and professional requirements associated with supplying emergency hormonal contraception
9. To list the different types of prescriptions used in primary care
10. To gain experience of multiprofessional working in primary care
11. To discuss the process of the receipt, endorsement and filing of prescriptions according to the prescription pricing authority

**Desirable Learning Outcomes**

1. To demonstrate knowledge of the role of the community pharmacy in provision of advanced and enhanced services
2. To observe the role of the pharmacist in advising on alternative therapies and food supplements
3. To observe the fitting and supply of surgical appliances/stockings/stoma care
4. To observe a pharmacist dealing with a request for an “emergency supply” of a POM
5. To demonstrate a knowledge of the functions of the RPSGB Inspectorate

**Community Practice Activities**
1. Plan your placement in advance and complete the appropriate activities in the RPSGB resource pack or other agreed activities.

2. Complete the C.P.P.E. packs.

**PREPARATIVE SERVICES**

i) Mandatory - Aseptic Preparative Services

ii) Optional - Large Scale Hospital Pharmaceutical Manufacturing
- Radiopharmacy
- Quality Control and Assurance

**Aseptic Preparative Services - mandatory**

**Learning outcomes**

1. To identify the role and responsibilities of all members of staff working within the unit

2. To apply the following to the practical operation of the unit in which experience is based:
   - Rules Governing Medicinal Products in The European Community volume IV: Good Manufacturing Practice for Medicinal Products 1993. (EU GMP)
   - Aseptic dispensing for NHS patients (Farwell report)
   - Quality Assurance of aseptic preparation. (3rd edition)
   - Isolators for pharmaceutical applications

3. To apply the instructions set out in the department procedure manual, with particular reference to Health & Safety issues, safe systems of work for the operation of equipment and handling materials, COSHH and all aspects of department security

4. To use equipment in the unit correctly and safely

5. To safely handle drugs, chemicals and pharmaceutical products aseptically prepared within the unit, with special emphasis on cytotoxic preparations

6. To be aware of the formulation of products compounded within the unit

7. To state the sources of microbiological contamination, and how these can be controlled

8. To have a working knowledge of the environmental standards which are required for aseptic manipulation and the methods and equipment used to monitor the clean rooms and the workstations, i.e. LAF cabinets, isolators, etc

9. To undertake “dummy” aseptic manipulations

10. To describe the clinical application and administration of products prepared within the unit

11. To identify the factors affecting stability of aseptically manipulated preparations

12. To state the importance of environmental monitoring and the interpretation of results (cross linked with Quality Assurance)
**Preparative Services Practice Activities**

1. To read and discuss questions on the documents listed in the second and third learning outcomes

2. To undertake aseptic manipulation, under supervision (this may be ‘on the bench’ or in an aseptic environment depending on local procedures)

3. To witness the clinical application or administration of at least one intravenous product prepared within the unit

4. To perform competently daily and weekly environmental + microbiological monitoring at least once *(Performance Standards A2.1, A2.3, A4.5)*

5. To competently complete documentation for the aseptic preparation of three products - these do not need to be those mentioned in learning outcome 5 *(Performance Standards A2.1, A2.3, A4.1, C1.5, C1.11)*

**Preparative Services Optional activities**

1. To gain “hands-on” experience or observation of
   
   - Radiopharmaceutical Preparative Service  
     (cross reference to Radiopharmacy)
   
   - Miscellaneous  
     (aseptically prepared products not for intravenous use, e.g. eye drops)
Large Scale Hospital Pharmaceutical Manufacturing - optional

1. To list and describe the differences between the various types of regulatory licences for medicinal products.

2. To apply the principles of the EU-GMP and the departmental procedure manual to the activities of the unit.

3. To discuss the procedure manual and policies agreed for the services, with particular emphasis on safe systems of work, Health and Safety, adherence to British Standards and COSHH.

4. To identify and apply departmental procedures for the following specific areas:
   - cleaning schedules
   - the ordering and receipt of raw materials
   - the bonding, stock rotation and release of containers, raw materials and finished products
   - the preparation of worksheets/labels and documentation
   - process and operator validation
   - reworking/reprocessing of any products
   - recall

5. To explain the theory and application of the various methods used for terminal sterilisation of pharmaceuticals prepared in the unit, with particular reference to methods of validation, in process monitoring and maintenance of records.

6. To define the standards required for the environment.

7. To complete the relevant documentation associated with large-scale pharmaceutical manufacture and assembly.

Practice Activities

1. To spend a two-week placement in a large-scale pharmaceutical manufacturing unit.

2. To witness all administrative procedures associated with the ordering and receipt of raw materials, the preparation of worksheets/labels and the bonding, stock rotation and release of containers, raw materials and finished products.

3. To demonstrate the correct selection equipment used within the unit.
   (Performance Standards A2.1, A2.3, A2.4, A4.1, A4.5)

4. To participate in the production/assembly of all product types prepared within the unit.
   (Performance Standards A2.1, A2.3, A2.4, A4.1, A4.5, C1.5, C1.11)
Radiopharmacy - optional

The radiopharmacy learning outcomes may be covered by spending time at one of the radiopharmacy/nuclear medicine departments within the South East (South Coast) area.

Learning outcomes

1. To be aware of the principles and procedures of a radiopharmaceutical preparative service.
2. To identify the role of a pharmacist in nuclear medicine.
3. To appreciate the professional responsibilities of a radiopharmacist/nuclear medicine scientist
4. To discuss the roles of other disciplines in nuclear medicine and their working relationship with the radiopharmacist/nuclear medicine scientist.

Practice Activity

- To spend one day observing practice in a nuclear medicine department
**Quality Control and Quality Assurance - optional**

The following learning outcomes and practice activities link with the preparative services rotation.

**Learning outcomes**

1. To discuss the concept of quality assurance
2. To demonstrate the application of the principles of EU GMP and of Good Laboratory Practice
3. To demonstrate an awareness of safety in the laboratory and pharmacy in general with knowledge of local and national rules, guidance and legislation
4. To demonstrate an application of quality systems e.g. British and International Standards, Controls Assurance Standards and Health Technical Memorandums
5. To demonstrate an awareness of professional standards, e.g. RPSGB Standards of Good Practice
6. To discuss the role of the Medicines Inspectorate, Office of the Chief Pharmacist, and Department of Health in hospital pharmacy manufacturing, aseptic dispensing (Section 10), wholesale dealing and licensing
7. To demonstrate knowledge of the local organisation, policies and procedures to ensure a quality service
8. To be assessed competent in following all necessary quality assurance procedures during the preparation of a medicine either extemporaneously in the pharmacy or in pharmacy manufacturing units
9. To identify and discuss factors which affect stability of various formulations
10. To state the importance of environmental monitoring and the interpretation of results
11. To demonstrate knowledge of the principles of quality control of medical gases (in accordance with HTM2022 and HEI 163)
12. To demonstrate an awareness of the QA requirements for the management of unlicensed medicinal products (cross reference to clinical)
13. To discuss the complaint and recall procedures
Quality Control and Quality Assurance Practice Activities

1. To satisfactorily complete the enclosed Quality Assurance Pharmaceutical Calculations.  
   *(Performance Standards C1.5)*

2. To assist in carrying out environmental monitoring (both physical and microbiological) of clean rooms and/or isolators. Interpretation of previously exposed media to be included  
   *(Performance Standards A2.1, A2.4)*

3. To competently receive a Drug Alert and follow the local procedure through to completion *(Cross Reference to PROCUREMENT and DISTRIBUTION Performance Standards A1.1, A2.3, A2.4, C2.3)*

4. To competently release 3 products from the list below and write a standard operating procedure describing the process for 1 of the products:  
   - Adult TPN or Paediatric TPN or Neonatal TPN  
   - Sterile Manufacturing Product  
   - Non-sterile Manufacturing Product  
   - Extemporaneously Dispensed Product  
   - C.I.V.A.S. Product  
   *(Performance Standards A2.1, A2.3, B1.1)*

5. Competently prepare either a raw material specification or finished product specification using relevant sources of information  
   *(Performance Standards B1.1)*

6. Competently perform calculations commonly encountered in preparative and quality control work. Evidence from each of the list below is required:  
   - dilutions  
   - conversions from p.p.m.  
   - millimoles (and milliequivalents), percentages and ratios (e.g. 1 in 1,000)  
   Satisfactorily complete the enclosed exercise on pharmaceutical calculations. Cross reference to Technical Services Study day  
   *(Performance Standards C1.5)*

Some of the practice activities may need to be achieved during other rotations, for example no.5, due to the practicalities of scheduling them in the minimum allocated time for Quality Control and Quality Assurance Rotation.

Optional practice activity

1. To participate in medical gas testing
PHARMACEUTICAL CALCULATIONS

(please show calculation method and only use calculator if necessary)

1. How many ml of water should be added to a litre of 1 in 400 w/v solution to make a 1 in 900 solution?

2. Express 1 in 500w/v solution of potassium permanganate as %

3. 2000ml of 40%v/v ethanol, 1000ml of 10%v/v ethanol and 1500ml of 25%v/v ethanol are mixed. What is the final concentration?

4. How much lignocaine is present in 30ml of a 1:1000 solution?

5. Calculate the number of moles of chloride ion in 500mg of Calcium Chloride?
   [M.W. CaCl₂ = 110g]

6. Ranitidine Syrup contains ranitidine 75mg/5ml (as the hydrochloride). Calculate the amount of ranitidine hydrochloride needed to prepare 21L of the injection.
   [MW ranitidine = 314.4, ranitidine hydrochloride = 350.9]

7. How many mmol/L of chloride ions are contained in 0.3% w/v Potassium Chloride and 0.9%w/v Sodium Chloride Infusion fluid?
   [M.W NaCl = 58.5, KCl = 74.5]

8. The batch size for zinc oxide suppositories, 300mg is sixty. Calculate the amount of ingredients required.
   [The displacement value of zinc oxide is 4.7]

Optional

9. How many mEq of Na+ present in 250mL of normal saline solution?
   [NaCl = 58.5 gram/mole]

10. How many milliequivalents of ferrous are present in 1 mole of dried ferrous sulphate?
    [MW =152 gm/mole]
    BNF states 200mg of dried ferrous sulphate contain 65mg of ferrous ion.

There will be further regional training in calculations over the course of the year.
MENTAL HEALTH

A minimum of one week rotation in mental health should take place during the final 16 weeks of the prereg year and ideally between weeks 39 and 45. The placement may be within a mental health trust or there may be specialist services linked to your own organisation.

The placement is designed to provide an insight into the pharmaceutical care of patients with mental illness but at the same time afford you an opportunity to apply your clinical skills in a different environment. In this later stage of the year, you will be expected to actively contribute to the clinical care of patients rather than observing others.

Learning outcomes

1. To describe the signs, symptoms and treatments of common psychiatric illnesses i.e. depression, bipolar affective disorder and schizophrenia
2. To list the indications, side effects, contraindications and interactions occurring with the most commonly prescribed medicines in mental health
3. To discuss key counselling and concordance issues relating to psychotropic medication for at least 2 of the following group:-
   - antipsychotics including clozapine
   - antidepressants
   - benzodiazepines and hypnotics
   - prophylactic and anti manic agents used to treat BPAD
   - drugs used in dementia
   - drugs used in ADHD
4. To Describe the roles of different health care professionals within a mental health team and in particular how a specialist mental health pharmacist and/or technician may contribute to patient care
5. To discuss the basic principles of mental healthcare based and delivered within a community setting
6. To access and apply local and national resources for managing acutely disturbed behaviour e.g. rapid tranquilisation protocols, NICE Guidance, protocols for the management of behavioural and psychological symptoms of dementia
7. To discuss key medicines management procedures specific to the host mental health trust e.g. use of the drug chart, discharge prescriptions and outpatient prescribing
8. To safely dispense clozapine and to describe the use and purpose of the dedicated patient monitoring system.

(Outcomes 7 and 8 may be covered during general dispensary training)
Mental Health Practice Activities

1. Deliver a ten minute presentation to the local mental health pharmacy team on the pharmaceutical management of a patient with mental health problems. This patient profile can be worked up using the PMMP template in Appendix 2.

Guidance will be given but the prereg will need to prepare, practise and deliver the presentation, respond appropriately to questions and respond to feedback from the team

(Performance Standards A.3.1, A.3.2, A.3.3, A.5.1, B.1.1, B.1.10, B.2.2,)

2. Accompany a pharmacist to a multiprofessional team meeting

3. Review the medication of at least 5 patients using care plans or PMMPs and discuss them with a clinical pharmacist. Discussion must include the current treatment and its aims, together with any identified potential problems and suggested solutions

(Performance standards A.1.6, A.3.1-5, A.4.6, C.1.2-5, C.2.3, C.2.6, C.2.7, C.2.11, CROSS REFERENCE CLINICAL)

4. Accurately dispense clozapine for at least 5 patients – to include checking the prescription, accessing the manufacturers on line monitoring system, ensuring blood test results are up to date and within accepted parameters

(Performance standards c.1.2.6, c.1.11, c.2.7)

5. Either directly counsel a patient on their medicines or critically review a medicines consultation that has been observed

(Performance standards a.1.1, b.1.1, b.1.4, b.1.5, b.1.6, b.1.7, b.1.8, b.1.9, b.1.10, b.1.11, b.2.4)

6. Accompany a pharmacist on a teaching or educational visit to a ward or community team (where possible with at least 2 different care groups) and actively contribute to the session

7. Spend a session with other health professionals involved in mental healthcare e.g. community mental health team, crisis response team, outpatient clinic, memory clinic

Recommended reading

Fundamentals of Clinical Psychopharmacology (Anderson & Reid) or, Case studies in Psychopharmacology 2nd ed (Taylor & Paton)

Maudsley Prescribing Guidelines 9th edition

UKPPG (UK Psychiatric Pharmacists Group) Patient Information Leaflets Relevant NICE guidance e.g. treatment of depression Manufacturer’s information on clozapine Local formulary & guidelines
# How to achieve the performance standards

## Unit A - Personal Effectiveness

<table>
<thead>
<tr>
<th>Performance Standard</th>
<th>Local Training</th>
<th>Regional Training</th>
<th>Self-directed Learning</th>
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<tbody>
<tr>
<td></td>
<td>Underpinning knowledge</td>
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<tr>
<td><strong>A1-Manage Self</strong></td>
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<tr>
<td>A1.1</td>
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<td>Performance Standard</td>
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## Unit B-Interpersonal Skills

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<td>B1.11</td>
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<td>B1.12</td>
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<td><strong>B2-Work Effectively With Others</strong></td>
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<tr>
<td>B2.1</td>
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<td>Team working (Induction Residential)</td>
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<td>B2.2</td>
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<td>Influencing skills (Management Skills)</td>
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<td>✓</td>
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</tr>
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<td>B2.4</td>
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<td>B2.5</td>
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<tr>
<td>B2.9</td>
<td>✓</td>
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</tr>
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</table>

- Underpinning knowledge
  - Consultation, influence and conflict (Communication Skills)
  - Interview and feedback skills (Recruitment and Selection)
  - Principles of conflict resolution (Management Skills Day)
  - Responding to Symptoms (Exam Support Day)
### Unit C-Medicines and Health

<table>
<thead>
<tr>
<th>Performance Standard</th>
<th>Local Training</th>
<th>Regional Training</th>
<th>Self-directed Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C1-Manage the Dispensing Process</strong></td>
<td></td>
<td>Underpinning knowledge</td>
<td>Underpinning knowledge</td>
</tr>
<tr>
<td>C1.1</td>
<td>✓</td>
<td></td>
<td>COSHH Regulations</td>
</tr>
<tr>
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<td>Data Protection Act 1984</td>
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<td>Medicines Act 1968</td>
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<td>Misuse of Drugs Act 1971</td>
</tr>
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<td>Poisons Act 1972</td>
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<td>C1.6</td>
<td>✓</td>
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<td>Collection &amp; Disposal of Waste Regulations 1988</td>
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<td>C1.7</td>
<td>✓</td>
<td></td>
<td>Control of Pollution (Special Waste) Regulations 1980</td>
</tr>
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<td>C1.8</td>
<td>✓</td>
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<td>Environmental Protection Act 1990</td>
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<td>C1.9</td>
<td>✓</td>
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<td>Producer Responsibility Obligations (Packaging Waste) Regulations 1997</td>
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<td>RSPGB Code of Ethics</td>
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<td>Safer management of controlled drugs (<a href="http://www.dh.gov.uk">www.dh.gov.uk</a>)</td>
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<tr>
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## Unit C – Medicines and Health continued

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<td>C2-Provide Additional Pharmaceutical Services</td>
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<td><strong>Underpinning knowledge</strong></td>
<td><strong>Underpinning knowledge</strong></td>
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<td>RPSGB Code of Ethics</td>
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<td>C2.2 Consultation and MURs (Communication Skills Day)</td>
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<td></td>
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</tr>
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<td>✓</td>
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</tr>
<tr>
<td>C2.4</td>
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<td>C2.6</td>
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<td>C2.7 Role of the NPSA (Professionalism)</td>
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<td>C2.8 Responding to symptoms (CSE days and Exam Support Day)</td>
<td>✓</td>
<td></td>
<td>CPPE package</td>
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<tr>
<td>C2.9 Principles of Health Promotion &amp; Disease Prevention (CSE days)</td>
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<td>C2.10 Emergency First Aid (Optional study day)</td>
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<tr>
<td>C2.11 Consultation and MUR (Communication Skills Day)</td>
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</table>
PRE-COURSE WORK

Precourse reading and/or work will be recommended before the majority of the study days. It will normally be stated in the study day programme, which will be sent to you at least 2 weeks before the day. You will be expected to complete this for you to gain the maximum benefit from the sessions.
<table>
<thead>
<tr>
<th>Month</th>
<th>Dates</th>
<th>Location/ room needed details</th>
<th>Course Title</th>
<th>Topics to be covered</th>
</tr>
</thead>
</table>
| August  | 16th & 17th    | University of Sussex          | Induction Residential      | Intro to CBT  
Structure of NHS  
Role of the tutor  
Learning contracts  
Audit skills- prev prereg and tutor present what they did, what comps it covers, what benefit to preregs and organisation. Supported by precourse reading.  
Team working and working in a pharmacy team – precourse work to bring examples of roles within their dept that may have changed |
| September | 4th(Tues) | Guy’s Hospital, London        | Baseline OSCE              | Baseline OSCE, Calculations, Appraisals                                                                                                           |
| October | 16th (Tues)   | London, 3 rooms (1 x 60, 2 x 20) | Communication Skills       | Consultation & MURs, influence & Conflict                                                                                                        |
| November | 20th (Tues) | London, 3 rooms (1 x 60, 2 x 20) | Management Skills          | Leadership framework, managing people (motivation, building on prev sessions on teams and conflict), change management.                                                                 |
| December | 4th (Tues) | Medway London                 | Cross Sector Support       | Planning your placement, responding to symptoms, using the drug tariff, health promotion.                                                                                     |
| March   | 11th (Tues)   | 2 groups: Medway Portsmouth   | OSCEs                      | 10 stations                                                                                                                                         |
| April   | 2nd (Weds)    | St Thomas’ PGMC, London       | Professionalism            | Clinical governance, the law and your liability, role of the NPSA, ethical dilemmas.                                                                                                          |
| April/May | 29th (Tues) | Hampshire Horley Kent         | Exam Support Day           | More responding to symptoms, more calculations.                                                                                                     |
| June    | 11th (Tues)   | London                        | Developments in Medicines Management | Communication across the interface, Practice Based Commissioning, Care Closer to Home, Working with Social Services.                                                                 |
| July    | 15th (Tues)   | London                        | Pfizer Awards & preparing for practice | Shortlisted top 8 presentations, CPD and the KSF, professional leadership and support (future of RPSGB, role Guild, NPA, CPP)                                      |
### OPTIONAL DAYS

<table>
<thead>
<tr>
<th>Month</th>
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<th>Course Title</th>
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</thead>
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<tr>
<td>October</td>
<td>23rd (Tues)</td>
<td>London – 1 group</td>
<td>Critical appraisal</td>
</tr>
<tr>
<td>November</td>
<td>1st (Thurs)</td>
<td>Portsmouth Surrey Kent</td>
<td>First Aid</td>
</tr>
<tr>
<td></td>
<td>14th (Weds)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>28th (Weds)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>February</td>
<td>18th (Mon)</td>
<td>Guy's Hospital, London</td>
<td>Recruitment and Selection</td>
</tr>
<tr>
<td>February</td>
<td>26th (Tues)</td>
<td>Kent – 1 group</td>
<td>Mental Health</td>
</tr>
<tr>
<td>March</td>
<td>25th (Tues)</td>
<td>Hampshire – 1 Group</td>
<td>Children's Services and Oncology</td>
</tr>
<tr>
<td></td>
<td>To be confirmed</td>
<td></td>
<td>Statutory Committee visits</td>
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### BY INVITATION ONLY

<table>
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<tr>
<th>Month</th>
<th>Date</th>
<th>Location</th>
<th>Prereg Presentation skills day (TBC)</th>
<th>By invitation only for those chosen to present at Audit day</th>
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<tr>
<td>July</td>
<td>1st (Tues)</td>
<td>Horley</td>
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</table>
LEARNING OUTCOMES OF STUDY DAY PROGRAMME 2007/8

Mandatory Courses/Days

Introductory Residential Course

- To describe the role of Pharmacy within the NHS
- To describe the principles of ‘competence based training’ in relation to the RPSGB Workbook and SEMMED Handbook
- To produce learning contracts between the preregistration pharmacists and SEMMED Pharmacy Education & Training team
- To describe the principles of audit and its application to pharmacy
- To define the properties of an effective team
- To describe new and developing roles of pharmacy staff

Baseline OSCEs

- To identify a baseline level of clinical competence
- To develop an action plan to improve clinical practice
- To practice pharmacy calculations
- To describe the RPSGB appraisal process

Communication Skills Day

- To describe the components of an effective consultation and medicines use review
- Describe some of the causes of conflict in the work place
- Define and apply strategies to manage conflict
- Describe and apply influencing skills

Cross sector Planning and Responding to Symptoms

- To start a personal action plan for your community placement
- To describe the role of community pharmacists in Health Promotion
- To identify ‘warning signs’ and ‘care groups’ when Responding to Symptoms
- To practice decision making in community scenarios
- To list the core elements of the pharmacy services contract
- To competently use the Drug Tariff

Management Skills Day

- To describe the main leadership theories and styles
- To share practical examples of successful leadership
- To describe the principles of change management theory and apply them to practice
Professional responsibilities

- State the extent of a pharmacist’s liability when acting in a professional capacity
- Examine ethical issues facing pharmacists
- State the role of the NPSA in managing risk
- Describe how Clinical Governance applies to pharmacists

OSCEs

- To assess the level of clinical competence of preregistration pharmacists
- To develop an action plan to improve clinical practice

Exam Syllabus Support

- To gain additional training support in a selection of the following subjects in preparation for the RPSGB preregistration examination for example:- Calculations, The Drug Tariff, Adverse drug reactions, Drug interactions, and Responding to Symptoms.

Developments in Medicines Management

- To describe barriers to communication across the primary/secondary care interface
- To describe the key NHS policies driving changes in the delivery of services
- To describe how pharmacists can support other professions to maximise the safe use of medicines

Optional Courses/Days

Critical Appraisal Skills

- To identify sources of Evidence Based Medicine
- To describe the criteria used to evaluate the quality of a RCT
- To use the above for assessing the validity and applicability of the results of a randomised controlled trial (RCT)
- To use simple statistics in interpreting study results

First Aid

- To demonstrate basic first aid skills and knowledge in line with RPSGB performance standards C.2.D

Recruitment and Selection

- To describe the recruitment cycle
- To discuss how to get your application short listed
- To prepare and understand the importance of a personal supporting statement
- To participate in the mock interview process
- To demonstrate the skills required when answering interview questions
- To increase awareness of career options in pharmacy
Mental Health

- To recognise the signs and symptoms of depression, biopolar affective disorder, schizophrenia and dementia
- To describe the pharmacology of available treatments for the above conditions
- To discuss the issues concerning medically unwell psychiatric patients
- To discuss the major consultation points when advising patients with mental illness about their medicines

Children’s Services and Oncology

- To describe the most common childhood illnesses and their management
- To describe how pharmacy services are configured to support cancer patients
- To describe the risks associated with prescribing in paediatric and oncology

Statutory Committee Visits - Optional Study Day

Guidance on attending the statutory committee day.

1. Please dress smartly for your statutory committee visit.
2. Report to the main reception at the Royal Pharmaceutical Society of Great Britain Headquarters, 1 Lambeth High Street, London, SE1 7JN by 9.15 am.
3. Contact the SEMMED office on the working day before the scheduled visit to confirm that there are no changes to the start time or cancellations known about. In the event of the meeting being cancelled you will be allocated another date later in the year.
4. In the event of you needing to cancel your visit please notify the SEMMED team at the earliest opportunity and if it is on the day of the visit please contact the RPSGB.
5. Before your visit please read “How the RPSGB deals with complaints” which gives an overview of the route followed before cases reach the Statutory Committee- this can be downloaded from our website or the RPSGBs website.
6. These are observational visits of the proceedings of the Statutory Committee and there are therefore no refreshments provided on site.
7. It is not possible to provide a specific finish time for the day as this will be wholly dependant on the cases being heard on the day. Generally the meetings are finished by mid afternoon.
8. You will not be able to take bags into hearing chamber – there is only limited space to store belongings therefore please avoid taking large bags.
9. A course evaluation CPD form is available to download from our website, to help you reflect on the visit and it would be extremely useful if you could make a copy and forward this to SEMMED to allow us to evaluate whether arranging these visits for future prereg’s is worthwhile. Any additional feedback would also be appreciated.

NB - If you need to “swap” the date allocated for your visit for whatever reason- please discuss this with your tutor and then it is your responsibility to arrange a swap directly with another prereg.
OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)

The practice of pharmacy is a complex process, which requires the application of knowledge and various skills. These two aspects, combined with a professional attitude, allow a pharmacist to identify, resolve or prevent real or potential drug related problems.

In order to overcome some of the traditional problems of assessing clinical competence e.g. personality differences, variability of patients and settings, the Objective Structured Clinical Examination (OSCE) technique has been well developed. An OSCE is not really a method, rather a flexible examination structure in which it is possible to incorporate a range of methods and clinically relevant tasks to test the application of clinical knowledge and skills. The OSCE consists of a number of stations through which students rotate. At each station, a clinical task is performed and the student's performance assessed. Students may use their own notes or other clinical information or prompts during the examination. This method of examination is more objective than the tutor's reports and will assess the student's ability to perform clinical skills. If any preregistration pharmacist is concerned about their performance, they should ask their clinical tutor to observe them performing the various tasks.

A baseline OSCE is timetabled as an introductory session in September, with a further formative assessment in March. The 'mock' OSCE offers an opportunity to experience this examination method, and receive immediate feedback on performance. A report of your performance in the baseline and second assessment will be sent to your tutor.

Remember, the OSCEs assess how you do the task as well as what you know!
Preregistration Pharmacist Audit Project

Why do an audit project?

All preregistration pharmacists must “successfully complete a small, planned audit assignment” (RPSGB Performance Standard A4.8). The objectives are to:

1) develop your skills in audit methodology i.e. evaluation of current literature, planning and time management, questionnaire design, data collection, data analysis and interpretation, report writing

2) contribute to the quality of care provided to patients within your local area

3) allow you to study a topic of particular interest to yourself and relevant to the practice of pharmacy

4) contribute to the pool of studies conducted within your hospital and within the region

What should I audit?

Your audit should:

- be relevant to the NHS
- be able to assess current practice against recognised standards or clinical guidelines
- have clear objectives
- involve liaison with other health care professionals
- involve simple data collection techniques
- be able to sustain peer review
- be capable of being disseminated and published

The main type of audits are:

- Clinical audits e.g. “Infliximab usage for treatment of rheumatoid arthritis”
- Professional audit e.g. “Controlled drug prescribing errors”

You may not be able to complete a full audit cycle by the end of April, therefore it is essential that your audit includes clear recommendations and a timetable for actions and re-audit.

What support will I get?

Base Hospital Support

i) Audit supervisor

At your base hospital a member of your department will take on the role as your audit project supervisor. This person may not necessarily be your tutor and should have previous experience of undertaking audit work. Their role is primarily to provide direction, guidance and feedback on your audit.

ii) Time out of the department

You will be allocated a minimum of one week to carry out your audit. The distribution of time will depend on the type of audit and will vary between hospitals e.g. set number of hours per week vs. one afternoon per week vs. 2 hours per week plus data collection days etc.
**Regional Support**

i) An audit methodology training session is included the Induction Residential course in August.

ii) Informal feedback will be provided on your Audit proposal after this has been submitted at the end of September.

iii) Formal feedback will be sent to you after you have submitted your audit for assessment. This is returned to you by the middle of June for you to use as evidence for the RPSGB’s performance standards.

iv) A copy of the 2007/8 Audit Abstracts book will be provided to you by the end of June 2008.

**Audit Planning**

The key to success is good planning. You should think about your audit as early as possible to ensure you use your time effectively. We suggest the following programme:

**As early as possible** Decide on a title/concept. If you have one, bring your audit idea to the residential course for discussion in August

**September 28th**

Agree aim and objectives of audit with supervisor, complete the Audit Proposal shown in Appendix Four and send this to the regional team at the address at the front of this workbook.

This comprises of audit title, your name and supervisor names with contact details, background/rational, aim, objectives, proposed standards for auditing and should be signed by yourself and the audit project supervisor(s).

A sample of a completed Audit Proposal by a student is shown in Appendix five.

Informal feedback will be provided by the regional team.

**by end February** Complete data collection

**by end March** Complete draft report to submit to audit supervisor for comment

**April 30th** Submit ONE hard copy of your completed audit to the SEMMED team – this will not be returned

Email ONE copy of your abstract and full project to semmed@southeastcoast.nhs.uk

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**All audits must be submitted by April 30th 2008.**

**NB** A copy should be made for your base hospital and a personal copy for yourself.
How will the Audit be assessed?

For the purpose of fulfilling the RPSGB performance standard A.4.8, your tutor will assess whether you have completed the task and feedback provided by region can be used as evidence for this purpose.

For the regional requirement, the first draft should be submitted to your audit supervisor for approval although they are not responsible for assessment. The audits are reviewed by an independent panel whose members have experience of audit and research. The assessment guidelines are found in Appendix Six. Eight to ten projects will be selected for oral presentation in July. Short-listing for the oral presentations will be completed by the beginning of June. You will be sent written feedback on your audit and notified if you will be presenting your audit orally or as a poster.

How should I lay out my audit report?

- Maximum 4000 words (excluding the abstract, references and appendices)
- Minimum 25mm left hand margin
- Double spaced lines
- Pages to be numbered
- Typed and bound or held with a slip on plastic spine

The front cover of the audit project should be set out as follows:-

A. Prereg {Your Name}
   a.prereg@hospital.nhs.uk  (Your e-mail)
   Your employing organisation

Compliance with NICE guidance
   {Audit Title or Brief}
   { Date}

   A. Supervisor {Audit supervisor}

   Number of Pages: 20 {Number of Pages}

   Word Count: 8,000 {Word Count}
The report should be laid out as follows:

- Title page (including title of audit, prereg name, supervisor and employing Trust)
- Acknowledgements
- Abstract
- Contents page
- Introduction
- Aim, Objectives, Standards to be audited
- Method
- Results
- Discussion (including limitations of study and suggestions for future work)
- Recommendations and Action Plan
- Bibliography
- Appendices

Guidance on writing the bibliography is provided in Appendix Ten

How should I lay out my abstract?

- Maximum 400 words (one page of A4)
- Single spaced lines
- The abstract should be laid out as follows:
  - Audit title
  - Name of author & supervisor
  - Address of hospital department
  - Introduction/ objectives
  - Method
  - Results
  - Recommendations and action plan

Any tips for oral presentations?

- Presentations of maximum 10 minutes duration with 5 minutes for questions
- You may not be able to present your entire audit in the time allocated - be selective!
- You will be assessed on the following:
  - relevance to practice
  - methodology
  - interpretation of results & conclusions
  - quality of presentation
  - ability to deal with questions

Appendix Seven has the Assessment grid for the oral presentation

Any tips for poster presentations?

- Appendix Eight shows the Assessment Grid used for Poster Presentations.
- You will be marked on the following criteria:
  - relevance to practice
  - content & structure
  - visual effects
• Appendix Nine has the Guidelines for Poster Presentations.
APPENDIX ONE

PROGRESS REPORT

This progress report can have several uses:

- It can be used as an easy reference source to reflect on progress with Regional practice activities and RPSGB competencies.

- It can be used by the Tutor and preregistration pharmacist to support evidence of competence at quarterly appraisals.

- It can be used as evidence of training in reviews by the South East (South Coast) Pharmacy Education and Training Team.

You may prefer to use local documentation to record progress in achieving practice activities. If this is the case, please keep these records in a safe place as you may be asked to reproduce them during visits by the South East (South Coast) Pharmacy Education and Training Team.
### PROGRESS RECORD

#### DISPENSARY SERVICES

<table>
<thead>
<tr>
<th>Practice activity</th>
<th>Date Completed</th>
<th>Name &amp; Signature of Witness</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>1. Receive 4 outpatient Rxs</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2. Dispensing 250 items of which must include</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Outpatient items</td>
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<tr>
<td>3. Awareness of spillage requirements</td>
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<td>4. Record all personal dispensing errors</td>
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<tr>
<td>5. Return inpatient and stock drugs</td>
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<tr>
<td>6. Counsel 5 patients (out-patients) from different specialities</td>
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<tr>
<td></td>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Document all personal contributions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Design personal checking procedure.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Check 250 items</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Assess 5 Patients own drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## PROGRESS RECORD

### PROCUREMENT & DISTRIBUTION

<table>
<thead>
<tr>
<th>Practice Activity</th>
<th>Date Completed</th>
<th>Name &amp; Signature of witness</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stock 2 top ups</td>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Dispose of CDs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Order 2 stock items outside top up system</td>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Receive and put away 2 wholesale orders</td>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Follow drug from purchasing to dispensing</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
## PROGRESS RECORD

### CLINICAL PHARMACY

<table>
<thead>
<tr>
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<th>Date Completed</th>
<th>Name &amp; Signature of Witness</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Multiprofessional Ward round</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TDM</td>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenteral Therapy</td>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Patient consultations</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>. Medication histories</td>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice activity</td>
<td>Date Completed</td>
<td>Name &amp; Signature of Witness</td>
<td>Comments</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------</td>
<td>-----------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Patient consultations (devices, dosette boxes etc)</td>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Case Presentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Document interventions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Validate and monitor prescriptions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Act clinical; ward pharmacist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Pass end of year OSCE</td>
<td></td>
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## PROGRESS RECORD

### ASEPTIC PREPARATIVE SERVICES

<table>
<thead>
<tr>
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<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Read and discuss requested documents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Hands-on experience of two products</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Clinical application/ administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Environmental Monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Complete documentation</td>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### PROGRESS RECORD

**LARGE SCALE HOSPITAL PHARMACEUTICAL MANUFACTURING - OPTIONAL**

<table>
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<tr>
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<th>Name &amp; Signature of witness</th>
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</thead>
<tbody>
<tr>
<td>1. Two week placement</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2. Witness administrative procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Use of equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Participation in production/assembly</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
## PROGRESS RECORD

### QUALITY CONTROL AND ASSURANCE - OPTIONAL

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<th>Date Completed</th>
<th>Name &amp; Signature of Witness</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Complete QA Training calculation Questionnaire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Environmental monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Receive drug alert</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Prepare raw material or finished Product spec.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Perform calculations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Medical gas testing – optional</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## PROGRESS RECORD

### COMMUNITY PHARMACY

<table>
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<th>Learning outcomes achieved</th>
<th>Date Completed</th>
<th>Name &amp; Signature of Witness</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Complete appropriate objectives in RPSGB workbook</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Complete C.P.P.E. packs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Complete the regional Drug Tariff exercises</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## PROGRESS RECORD

### MENTAL HEALTH

<table>
<thead>
<tr>
<th>Learning outcomes achieved</th>
<th>Date Completed</th>
<th>Name &amp; Signature of Witness</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Presentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Team Meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Dispense clozapine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Counsel a patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Teaching or educational visit to a ward or community team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Session with other health professionals</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX TWO

PMMP Template

PATIENT MEDICINE MANAGEMENT PROBLEMS (PMMP)

Background
In clinical practice, decisions about pharmaceutical care are often made at the end of the bed while reviewing drug and fluid charts and the patient’s admission notes. Further insight is provided by reviewing the patient’s medical notes or lab results. Most pharmaceutical interventions take place at this point.
The PMMP is a record of the processes involved in this decision making sequence and is in essence an extended intervention.

The purpose of the PMMPs is to develop your ability to identify pharmaceutical care issues as well as develop your problem solving skills. This will enable you to develop your clinical skills in practice.

Aim
The aim of PMMP is to encourage the preregistration pharmacist to use a systematic approach to prioritising and solving patients’ problems.

Learning Strategy
Preregistration pharmacists will start by selecting simple management problems and slowly build to prioritise and solve more complex situations.
These exercises do not require an in depth analysis of patients’ problems. Rather you must simplify and state what the patient’s medicine management problems are and prioritize the main problem and what might be done about it. Bullet style writing is entirely appropriate.
You should submit with the PMMP a reflective account concerning the case. The PMMPs will be marked using the Patient Medicine Management Problem assessment sheet.
The prereg on the ward must select a patient and prioritise the patient’s current pharmaceutical problems. The main problem that day should be identified, analysed and the prereg must propose and implement actions to solve the problem. This must be documented to include the key patient profile principles i.e.

- Patient demographics (age/wt)
- Relevant past patient history
- Current medication
- List of current pharmaceutical problems (prioritised) highlighting one priority problem selected
- Symptoms and signs (Subjective/Objective) for that priority problem
- Analysis
- Plan including any monitoring
- Action taken and outcome
- Reflection on significant effects (can include CPD needs)
The PMMP should reflect any changes made to the patient’s care and evidence of the result of the change. This part may be completed after the ward round. The PMMPs should aim to cover the applied therapeutics topics that have been listed in the clinical section of the SEMMED regional preregistration handbook. This will then demonstrate application of pharmaceutical principles in a variety of clinical areas.

**APPENDIX TWO CONTINUED**

**Validation**
The PMMPs need to be **validated at the time** or within a short time of the event by a clinical pharmacist/technician or a person nominated by the prereg tutor. For example the PMMP could be validated by a senior technician and then the prereg meets with their clinical trainer/assessor to discuss the PMMP (see assessment sheet) alternatively the prereg tutor may attend the ward at the completion of the round for a brief review the written documentation. The clinical trainer/prereg meeting will allow the clinical trainer to question the prereg to establish the extent of their problem solving ability.

**Learning time**
The time required to complete a PMMP will vary. While the PMMP is in essence the practical application of theoretical knowledge, you may need to do background reading on the pathophysiology of the disease, tests required for diagnosis, monitoring of treatment efficacy and the evidence that support the treatment regime. Once all the preparation has been completed it should take 1-2 hours to write up the information in the required format.
### PATIENT MEDICINE MANAGEMENT PROBLEM

<table>
<thead>
<tr>
<th>Student Name</th>
<th>PMMP Therapeutic Area:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient code</td>
<td>Current pharmaceutical problems (list)</td>
</tr>
<tr>
<td>Date</td>
<td>Patient age and weight</td>
</tr>
<tr>
<td>Ward</td>
<td>Current pharmaceutical problems (list)</td>
</tr>
<tr>
<td>PMH</td>
<td>Priority pharmaceutical problem (details and explain why this is a priority)</td>
</tr>
<tr>
<td>Current medication</td>
<td>Relevant Signs/symptoms</td>
</tr>
<tr>
<td></td>
<td>Plan including monitoring</td>
</tr>
<tr>
<td>Reflection on significant events</td>
<td>Outcome including follow up performed/contacts</td>
</tr>
</tbody>
</table>

Signature of tutor: .............................................. Date: .............................................

Signature of student: .............................................. Date: .............................................

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Acknowledgments to London School of Pharmacy
## PATIENT MEDICINE MANAGEMENT PROBLEM ASSESSMENT SHEET

<table>
<thead>
<tr>
<th>Name of prereg</th>
<th>Name of Assessor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PMMP Therapeutic Area: | Comments
---|---
1. Choice of Patient | |
2. Investigations (relevant laboratory tests and clinical findings) | |
3. Identification of the main pharmaceutical problem within list of current problems | |
4. Priority pharmaceutical problem | |
5. Evaluation of priority problem | |
6. Plan for PMP | |
7. Action taken appropriately | |
8. Follow up performed/contacts made | |
9. Contribution to patient care | |
10. Reflection of significant events included | |

**Satisfactory practice achieved** | **Yes/No**
---|---

**Signature of Assessor** | **Date**
---|---

**Signature of prereg** | **Date**
---|---

Acknowledgments to London School of Pharmacy
APPENDIX TWO CONTINUED

PMMP Examples:

<table>
<thead>
<tr>
<th>Patient Management Problem Forma</th>
<th>Patient Management Problem Forma</th>
<th>Patient Management Problem Forma</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student name:</strong></td>
<td><strong>Student name:</strong></td>
<td><strong>Student name:</strong></td>
</tr>
<tr>
<td><strong>Patient code:</strong> PM</td>
<td><strong>Patient code:</strong> AW</td>
<td><strong>Patient code:</strong> AW</td>
</tr>
<tr>
<td><strong>Date:</strong> 3/1/06 Ward: MAU</td>
<td><strong>Date:</strong> 2/11/06 Ward: Pye Oliver</td>
<td><strong>Date:</strong> 4/21/06</td>
</tr>
<tr>
<td><strong>Patient age:</strong> 81 years</td>
<td><strong>Patient age:</strong> 35</td>
<td><strong>Current pharmaceutical problem (list):</strong></td>
</tr>
<tr>
<td><strong>Weight:</strong></td>
<td></td>
<td>1. insulin and metformin not documented on drug chart</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Diet was not given to patient and endorsed in the PRN section</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Pantoprazole 40mg IV prescribed QDS instead of OM</td>
</tr>
<tr>
<td><strong>PMH:</strong> H/ID: CABG 2000</td>
<td><strong>PMH:</strong> Atrial fibrillation 25mg ION</td>
<td><strong>PMH:</strong> Treating medical condition 25mg ION</td>
</tr>
<tr>
<td>Angina 6 years ago</td>
<td>Metformin 500mg I TDS</td>
<td>Metformin 500mg I TDS</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Valproate XL 250mg CD</td>
<td>Valproate XL 250mg CD</td>
</tr>
<tr>
<td>Preexisting hypertension</td>
<td>Novo Nordisk 50 units OM and OM</td>
<td>Novo Nordisk 50 units OM and OM</td>
</tr>
<tr>
<td>Thiazide diuretic</td>
<td>Diazapam on sliding scale</td>
<td>Diazapam on sliding scale</td>
</tr>
<tr>
<td></td>
<td>Acetaminophen 4mg QDS PRN</td>
<td>Acetaminophen 4mg QDS PRN</td>
</tr>
<tr>
<td><strong>Current medication:</strong></td>
<td><strong>Current medication:</strong></td>
<td><strong>Current medication:</strong></td>
</tr>
<tr>
<td>Bisoprolol 2.5 mg I OD</td>
<td>Atrial fibrillation 25mg ION</td>
<td>Atrial fibrillation 25mg ION</td>
</tr>
<tr>
<td>Ivermectin 0.1 mg I OD</td>
<td>Metformin 500mg I TDS</td>
<td>Metformin 500mg I TDS</td>
</tr>
<tr>
<td>Lainioz 100mg I OD</td>
<td>Valproate XL 250mg CD</td>
<td>Valproate XL 250mg CD</td>
</tr>
<tr>
<td>Benztropine 2.5 mg I OD</td>
<td>Thiamine 100mg OD</td>
<td>Thiamine 100mg OD</td>
</tr>
<tr>
<td>Agon 25 mg I OD</td>
<td>Pantoprazole 40mg IV QDS</td>
<td>Pantoprazole 40mg IV QDS</td>
</tr>
<tr>
<td>Aspirin 75 mg I OD</td>
<td><strong>Relevant signs/symptoms:</strong></td>
<td><strong>Relevant signs/symptoms:</strong></td>
</tr>
<tr>
<td>Aspirin 75 mg I OD</td>
<td>No dosage was given and patients blood sugar not measured</td>
<td>No dosage was given and patients blood sugar not measured</td>
</tr>
<tr>
<td>Warfarin 5 mg I OD</td>
<td><strong>Plan including monitoring:</strong></td>
<td><strong>Plan including monitoring:</strong></td>
</tr>
<tr>
<td><strong>Action taken:</strong></td>
<td><strong>The doctor was informed and it was decided that a diabetic nurse would review the patient’s blood sugar and medications</strong></td>
<td><strong>The doctor was informed and it was decided that a diabetic nurse would review the patient’s blood sugar and medications</strong></td>
</tr>
<tr>
<td>The cardiac team has reviewed the patient’s medication (3/1/06) and decided to stop thiazide and low dose diuretics and DCI (in progress)</td>
<td><strong>Outcome including follow up performed/concluded:</strong></td>
<td><strong>Outcome including follow up performed/concluded:</strong></td>
</tr>
<tr>
<td>The biopsy was reduced 2.5 mg I OD to keep the BP stable. The rest of the medication to be taken regularly.</td>
<td>Metformin 500mg I OD and insulin was documented on the drug chart.</td>
<td>Metformin 500mg I OD and insulin was documented on the drug chart.</td>
</tr>
<tr>
<td><strong>Reflection on significant events:</strong></td>
<td><strong>Reflection on significant events:</strong></td>
<td><strong>Reflection on significant events:</strong></td>
</tr>
<tr>
<td>The doctor was informed and it was decided that a diabetic nurse would review the patient’s blood sugar and medications.</td>
<td>On calling the GP, they were unable to find insulin on patient’s PM. I went to confirm about insulin with the patient who told me she got her insulin prescribed by her GP. The surgery was contacted again to reconfirm patient’s PM. I told the insulin was prescribed according to the surgery. The surgery phoned the patient in to confirm the insulin was actually prescribed by the diabetic nurse.</td>
<td>On calling the GP, they were unable to find insulin on patient’s PM. I went to confirm about insulin with the patient who told me she got her insulin prescribed by her GP. The surgery was contacted again to reconfirm patient’s PM. I told the insulin was prescribed according to the surgery. The surgery phoned the patient in to confirm the insulin was actually prescribed by the diabetic nurse.</td>
</tr>
<tr>
<td>The patient will visit his GP in 2 weeks time to review BP and medicines</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcomes following up performed/concluded:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX THREE

**Preregistration Pharmacist Audit Proposal 2006/7**

<table>
<thead>
<tr>
<th>Audit Title:</th>
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</table>

<table>
<thead>
<tr>
<th><strong>Preregistration Pharmacist</strong></th>
<th><strong>Supervisor(s)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Email:</td>
<td>Email:</td>
</tr>
<tr>
<td>Work Telephone no:</td>
<td>Work Telephone no:</td>
</tr>
<tr>
<td>Work Address:</td>
<td>Work Address:</td>
</tr>
</tbody>
</table>

**Background / Rationale for Audit**

Ref:

**Aim**

**Objectives**

**Proposed Standards for Auditing**

The above details have been discussed and agreed by project supervisor(s) and preregistration pharmacist.

<table>
<thead>
<tr>
<th>Signed:</th>
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<tbody>
<tr>
<td>Preregistration Pharmacist</td>
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</table>

<table>
<thead>
<tr>
<th>Signed:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Supervisor</td>
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</tr>
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</table>
APPENDIX FOUR

Preregistration Pharmacist Audit Proposal 2006/7

<table>
<thead>
<tr>
<th>Audit Title:</th>
<th>An audit of total parenteral nutrition initiation at HVD NHS Trust Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preregistration Pharmacist</td>
<td>Name: A Prereg Email: <a href="mailto:aprereg@HVD.nhs.co.uk">aprereg@HVD.nhs.co.uk</a> Work Telephone no: 01273 445566 ext 3609 Work Address: HVD NHS Trust</td>
</tr>
<tr>
<td>Supervisor(s)</td>
<td>Name: A Supervisor Email: <a href="mailto:asupervsiosr@HVD.nhs.co.uk">asupervsiosr@HVD.nhs.co.uk</a> Work Telephone no: 01273 445566 ext 3609 Work Address: HVD NHS Trust</td>
</tr>
</tbody>
</table>

Background / Rationale for Audit
- TPN is costly with potential complications for patient
- Should only be used in select patients i.e. other feeding cannot be tolerated
- Current perceived in-house problems: Inappropriate referrals; appropriate referrals left for several days; low profile of nutrition team
- TPN requested but no dedicated line; no bloods taken; dietician/ nutrition team not informed

Ref:
1. HVD Trust; Guidelines for total parenteral nutrition,

Aim
To assess whether HVD Trust guidelines on TPN initiation are being followed

Objectives
- To establish if patients referred for TPN are referred in line with the Trust guidelines
- To investigate at what stage the pharmacist, dietician and nutrition team are informed about TPN, i.e. before, at initiation or after.
- To ascertain if preliminary bloods are taken and nutritional assessments made before TPN is ordered

Proposed Standards for Auditing
1. Although not exhaustive, most patients should fall into the categories detailed in the “Indications for TPN” section of the guidelines.
2. Baseline investigations (U&Es; Ca^{2+}, Mg^{2+} & PO_4^{3-}; albumin, weight; blood sugar) and cardiac, renal and liver function should be assessed by junior doctor when TPN is first considered.
3. The nutrition team should be informed immediately a patient is considered for TPN.
The Trust nutrition team drew up the local guidelines from national guidelines produced by BAPEN (British Association for Parenteral and Enteral Nutrition) in 1996.

The above details have been discussed and agreed by project supervisor(s) and preregistration pharmacist.

Signed: A Prereg Date: 5/09/05
Signed: A Supervisor Date: 5/09/05

Project Supervisor

Preregistration Pharmacist
Informal feedback from Region
completed after the audit proposal sent to South East Medicines Management Education & Development team

Signed: ___________________________ Date: ___________________________

APPENDIX FIVE
Assessment Guidelines for Audit
Preregistration Pharmacist Audit Project 2006/7

Assessment Grid for written report

Name of Preregistration Pharmacist: ___________________________ Trust: ___________________________

Title of Audit: ___________________________

Name of Assessor: ___________________________ Date: ___________________________

<table>
<thead>
<tr>
<th>Written report (clear, accurate grammar, spelling and bibliography)</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Rationale and objectives (background clearly explains reason for conducting audit, relevance to practice, realistic goals and measurable outcomes)</th>
</tr>
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<table>
<thead>
<tr>
<th>Methodology (valid and reliable method, comparison to evidence based standards, protocols or guidelines)</th>
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<table>
<thead>
<tr>
<th>Results and Discussion (clear presentation of data, appropriately evaluated and interpreted, includes limitations of study and suggestions for future work)</th>
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</tbody>
</table>
Conclusions and action plan (drawn from information presented, implications for service provision discussed)

Recommendation for oral presentation? – please indicate

YES, DEFINITELY □  MAYBE □  DEFINITELY □  MAYBE □

Comments: .................................................................................................................................................................
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APPENDIX SIX

Preregistration Pharmacist Audit 2006/7
Assessment Grid for Oral Presentations

Name of Preregistration Pharmacist: _______________________________________________________

Trust: ________________________________________________________________________________

Title of Audit: _________________________________________________________________________

Name of Assessor: ___________________________ Date: ___________________________ 

<table>
<thead>
<tr>
<th>Quality of oral presentation</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Relevance to practice</th>
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<table>
<thead>
<tr>
<th>Methodology (including aims and objectives, comparison to evidence based standards)</th>
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<table>
<thead>
<tr>
<th>Recommendations and action plan</th>
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<table>
<thead>
<tr>
<th>Ability to deal with questions</th>
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</tbody>
</table>

Recommendation for award?

YES, DEFINITELY □ MAYBE □ NO □

Comments:

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### APPENDIX SEVEN

**Preregistration Pharmacist Audit 2006/7**

**Assessment Grid for Poster Presentation**

<table>
<thead>
<tr>
<th>Name of Preregistration Pharmacist:</th>
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</thead>
<tbody>
<tr>
<td>Trust:</td>
<td></td>
</tr>
<tr>
<td>Title of Audit:</td>
<td></td>
</tr>
<tr>
<td>Name of Assessor:</td>
<td>Date: ________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poster (relevance to practice)</th>
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<tbody>
<tr>
<td>Content and structure</td>
</tr>
<tr>
<td>Visual effects</td>
</tr>
</tbody>
</table>

**Recommendation for award?**

- YES, □
- DEFINITELY □
- MAYBE □
- NO □

**Comments:**
APPENDIX EIGHT

Guidelines for Contributions to Poster Sessions

Why a Poster?

The poster format is intended to facilitate presentation of experimental or research work, to relatively small groups of people, as an alternative to a full, formal presentation in front of a large audience.

This is less intimidating for the presenter, allows the audience to gravitate towards work of specific interests of their own, and encourages an informal dialogue on a one-to-one basis, rather than in open forum in a lecture theatre.

Work suitable for this medium may be self-contained, part of a larger project, or a preliminary communication about work yet to be completed or published.

Designing a Good Poster

A good poster conveys its message in a simple, clear and coherent fashion. It is readable, attractive and easy to digest. Following these basic rules will help in the design of a good poster.

1. **The poster must make sense.** There should be no need for verbal explanation. The aims, methodology, results and conclusion of the research should therefore be clearly laid out in a logical fashion.

2. **Keep written information to a minimum.** After a clear and succinct introduction and a statement of the aims of the work, only minimal text should be used. Wherever possible use flow diagrams, tables, charts and pictorial material to convey the message. A written summary or conclusion should be as concise as possible.

3. **Legibility is crucial.** Posters must be easily read from a distance of a few feet. Avoid hand-written material. Photo enlargement of printed material, use of letraset, or large typeface "bulletin" typewriter copy are all acceptable. Most hospital illustration departments will assist in the presentation.

4. If appropriate, **a handout may be provided** for interested delegates for example an A4 copy of the poster or a copy of the abstract. Such a vehicle may allow fuller discussion of any complex sections of the work.

A typical poster design is illustrated overleaf.
**Suggested Arrangements for a Poster Presentation**

Title and Authors should be clearly defined.

<table>
<thead>
<tr>
<th>AUDIT TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of auditor and Trust</td>
</tr>
</tbody>
</table>

| BACKGROUND |
| STANDARDS |
| RESULTS |

| AIM |
| METHODOLOGY |

| OBJECTIVES |
| CONCLUSIONS |
| ACKNOWLEDGMENTS |

| REFERENCES |

Mounting your poster can take more time than anticipated: Make sure that you have all the relevant material easily accessible when you arrive. Find out in good time what method of fixing will be provided by the conference organisers.

Additional guidance may be found in Pharmacy Practice Research Resource Centre Bulletin, Volume Three, Number Two: April 1994, available in all Pharmacy Departments.
APPENDIX NINE

Guidelines on how to Reference using the Vancouver Format

Acknowledgements: Dr Jane Portlock Principal Lecturer in Pharmacy Practice University of Portsmouth

The Uniform Requirements style (the Vancouver style) is based largely on an ANSI (American National Standards Institute) standard style adapted by the US National Library of Medicine for MEDLINE and other databases. This style is referred to as the Vancouver style because it originated at a meeting of medical journal editors in Vancouver (British Columbia) in 1978.

Referencing is important in all academic work as it indicates to the reader the sources of your quotations and borrowed ideas. Failure to indicate your sources is tantamount to plagiarism (literary theft). The purpose of the referencing system is to describe your sources in an accurate and consistent manner and to indicate within the text of your paper where particular sources were used.

Don't Get Caught Out!

- Keep a careful note of all sources used as you prepare your assignments
- Record all the details you need about a library book (including page numbers for any quotations) before you return it - someone else may have the book if you try to go back and check later
- Make sure you write down the source details you need on any photocopies you make
- Remember to print or save details of any Website you want to refer to (your tutor may ask to see this) and record the date when you accessed the information
- Make sure you are following the referencing system used in your department.

Reference list at end of paper

References should be numbered consecutively in the order in which they are first mentioned in the text; they should not be listed alphabetically by author or title or put in date order.

Printed publications

Book

Note: Where there are more than six authors list the first six names, followed by et al. (and others).

Edited book

Chapter in edited book

Note: Vancouver style used to have a colon rather than a "p." before pagination.

Government publication/Corporate author

Report

Conference paper in published proceedings
Journal article

Note:

Journal titles which are just a single word are not abbreviated.
The titles of other journals should be abbreviated according to the style used in Index Medicus. Consult the List of Journals Indexed in Index Medicus, published in the January issue of Index Medicus. The list can also be obtained through the NLM=s web site (http://www.nlm.nih.gov).

Newspaper article

Electronic media

Individual works

Journal article

Computer File

Citing references in the text
References are made from the text of the paper to the full details of the work in the reference list in the following manner:
In clinical practice, up to 2.5-L of fluid has been administered in one infusion (1). A number of studies have...
Scholtz (5) has argued that...
You should use Arabic numerals within parentheses e.g. (5) for in-text citations; the number in parentheses links directly to the reference list at the end of the piece of work which lists references as follows:
Note: Do not put parentheses round the numbers at the start of each entry in the reference list.

AB/AW 7/99