



ROYAL  
PHARMACEUTICAL  
SOCIETY

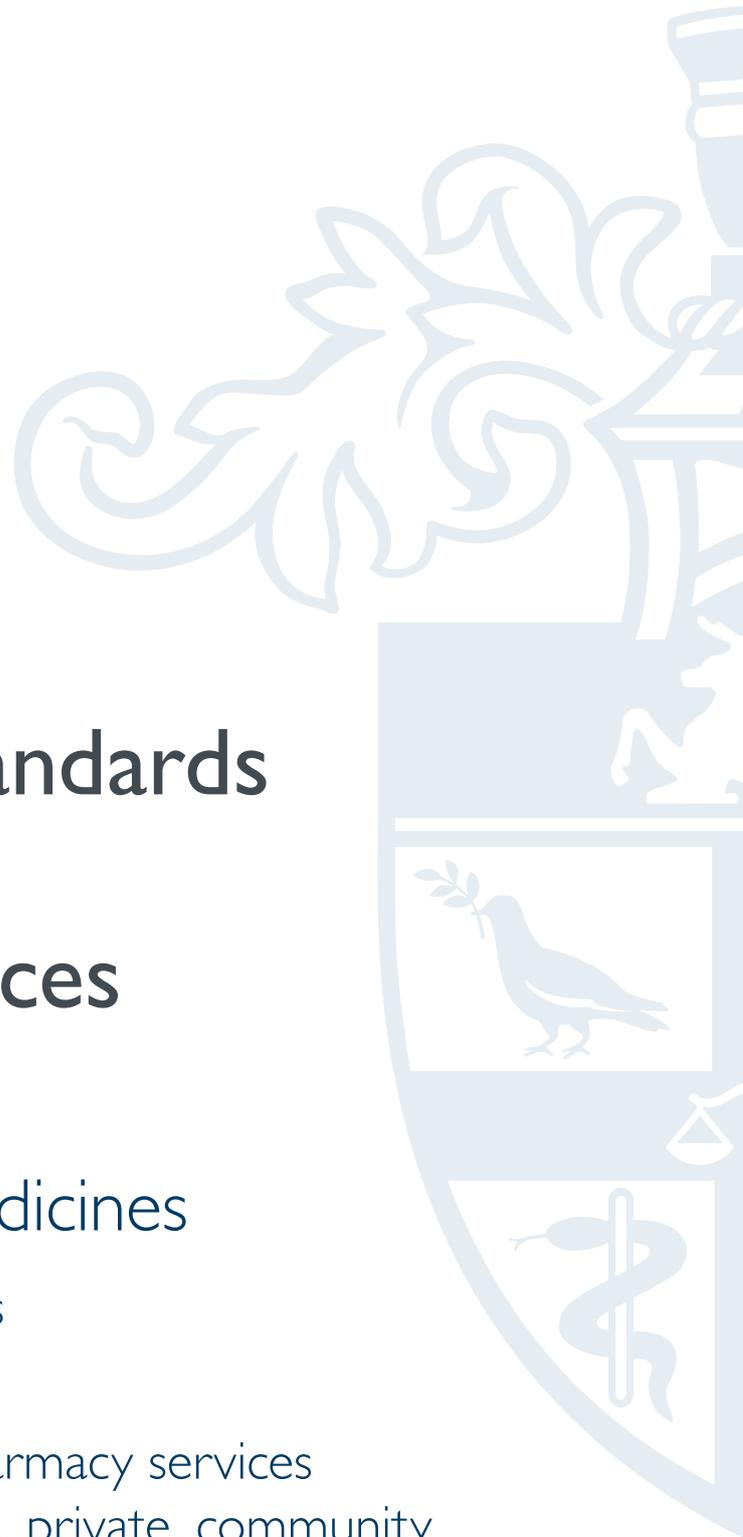
# Professional Standards for Hospital Pharmacy Services

Optimising Patient  
Outcomes from Medicines

England, Scotland and Wales

Relevant to providers of pharmacy services  
in or to acute, mental health, private, community  
service, prison, hospice and ambulance settings

Version 2 | July 2014



# FOREWORD

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The Royal Pharmaceutical Society (RPS) is delighted to re-launch these refreshed professional standards for hospital pharmacy services, revisited in light of the findings from the Francis Review of events at Mid Staffordshire Foundation Trust and the response to that review, the report of the National Advisory Group on the Safety of Patients in England (commonly referred to as the Berwick report). The standards have also been reviewed to ensure they align with developments in pharmacy and healthcare agendas in Scotland and Wales.

The Professional Standards for Hospital Pharmacy Services, published in 2012, were developed to provide the profession with developmental standards that are supportive, enabling and professionally challenging. They were developed to help organisations across Great Britain (GB) to ensure patient safety – making healthcare safer by the development of quality services. These professional standards provide a broad framework to support Chief Pharmacists, Directors of Pharmacy and their teams to improve services, and to shape future services and pharmacy roles to deliver quality patient care.

The message post-Francis is clear: professional standards, such as these, should support the development of safe, quality services that put patients and their needs first. As such, the ethos, scope and remit of these standards are already largely consistent with the recommendations of both Francis and Berwick. We have therefore not changed the fundamentals. What we have done is to use this opportunity to give more emphasis to some of the key themes that emerged from the reports.

Specifically, we have put more emphasis on the need to increase patient involvement and feedback in the development, delivery and improvement of pharmacy services. Alongside increased patient involvement, we have given more focus to organisational culture and the need to provide services in a candid, transparent and open way in an environment that supports continuous learning.

Central to improving services and changing culture is leadership behaviour and in these standards we signpost to key RPS resources that support the development of leaders. With the support of the Leadership Competency Framework for Pharmacy Professionals, RPS Faculty membership and the use of the hospital standards, we encourage the pharmacy profession to lead by example through commitment, encouragement, compassion and a continued learning approach.

As part of the standards refresh we have also taken the opportunity to incorporate the experience of the 35 development sites from across GB that spent a year putting the standards into practice. As a result, we have recognised the increasing need to integrate pharmacist prescribers into relevant care pathways and the changing balance of services delivered in the community. The redesigned **hospital standards web pages** contain a report of the development sites programme that shares their experiences and learning. There are also links to useful tools and resources that will help all pharmacy providers who are seeking to improve the quality and safety of their services.



**MARTIN ASTBURY FRPharmS** PRESIDENT

# I. INTRODUCTION

## I.1 Purpose of the professional standards

- One of the roles of a professional body is to develop professional standards that are supportive, enabling and professionally challenging. The importance of these professional standards alongside regulatory standards in supporting patient safety has been emphasised in both the Francis and Berwick<sup>1,2</sup> reports. There is a clear imperative for the providers of all pharmacy services to use professional standards to improve and develop services that are safe and put the needs of patients first.
- The RPS provides professional standards that are developed and owned by the profession, which describe good practice, systems of care or working. They provide a broad framework to support pharmacists and their teams to develop their professional practice, improve services, shape future services and deliver high quality patient care across all settings and sectors.
- These overarching standards give a broad framework that will support Chief Pharmacists\* and pharmacy teams to continually improve services and to shape future services and pharmacy roles that deliver **quality** patient care. Our definition of quality pharmacy services can be found in Box 1.
- Ultimately, these standards will help patients experience a consistent quality of service within and across healthcare providers that will protect them from incidents of avoidable harm and help them to get the best outcomes from their medicines.
- The development of the professional standards for pharmacy services in hospitals was led by the profession and facilitated by the RPS in close partnership with the Association of Teaching Hospital Pharmacists (ATHP), the Guild of Healthcare Pharmacists (GHP), our Partner groups and a pharmacy advisory group representing a broad range of hospital pharmacy services across all three countries in Great Britain.
- These professional standards will support ongoing work across the pharmacy profession in all settings that will inspire and enable the continual improvement of both pharmacy services and individual practice. The professional standards will help to support a culture of openness, transparency and candour that puts patients first through encouraging professionalism.

## I.2 Scope of the professional standards

- They represent **quality pharmacy services**, whether provided internally or outsourced, and are broad and applicable across the full range of service providers.

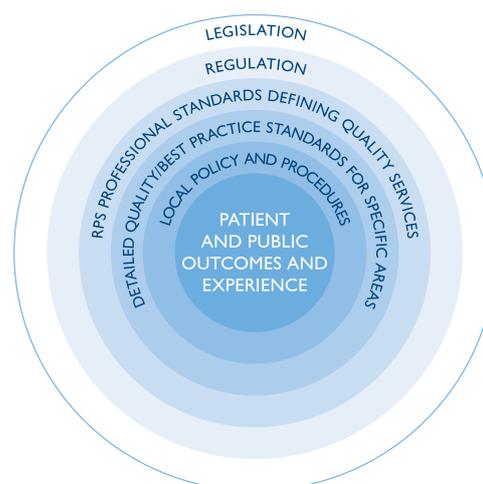
### BOX 1: OUR DEFINITION OF QUALITY

In partnership with patients and with multidisciplinary collaboration, a quality pharmacy service strives to optimise patient outcomes through the safe, judicious clinically effective, appropriate and cost effective use of medicines.

*Consistent with consensus statements from the International Pharmaceutical Federation (FIP).*

<http://www.fip.org/statements>

- The standards underpin **patient experience** and the **safe, effective** management of medicines within and across organisations.
- The **Handbook** that accompanies the professional standards references these to relevant legal frameworks and the core standards required by 'systems' regulators, the NHS Litigation Authority (and their equivalents in devolved countries), the General Pharmaceutical Council and, for Controlled Drugs, the Home Office. Figure 1 outlines where the professional standards sit.



**FIGURE 1: WHERE THE RPS PROFESSIONAL STANDARDS 'SIT'**

\*While we recognise that organisations across GB will have a range of different names for the role of Director of Pharmacy, Chief Pharmacist or equivalent, for the purposes of this document we will refer to Chief Pharmacist throughout, whilst understanding the systems differ across the nations.

<sup>1</sup> Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. February 2013.

<sup>2</sup> National Advisory Group on the Safety of Patients in England. A promise to learn – a commitment to act. Improving the safety of patients in England. August 2013.

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“THE GENERAL PHARMACEUTICAL COUNCIL BELIEVES THAT PHARMACISTS AND THEIR TEAMS SHOULD BE AWARE OF AND USE ALL RELEVANT PROFESSIONAL STANDARDS AND GUIDANCE, BOTH REGULATORY AND PROFESSIONAL, TO DELIVER PATIENT-CENTRED CARE AND GOOD QUALITY OUTCOMES.”

Duncan Rudkin, Chief Executive, GPhC

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- In addition, the standards Handbook highlights the work of national and international organisations (e.g. International Pharmaceutical Federation and the European Association of Hospital Pharmacists) that informed the development of the RPS hospital standards. The Handbook further signposts to examples of good practice guidance that support the delivery of the individual standards, alongside illustrations of local practice. The standards Handbook is updated on a regular basis, and published on the RPS website.

### 1.3 Uses of the professional standards

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**The professional standards are used both within the profession and more widely. They give:**

- **Patients** a clear picture of what they should expect in order to support their choices about, and use of, medicines when they experience care provided by (and transferred between) care providers
- **Chief Executives** or Board Members a framework against which they can be assured there is adequate professional input into policy making within their organisation and across partner organisations, and that appropriate levels and quality of pharmacy services are being safely provided within their organisation. A briefing for stakeholders, including Chief Executives and Boards, supports these standards

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“IN ENGLAND, THE CARE QUALITY COMMISSION ALREADY EXPECTS PROVIDERS TO REFLECT THE KEY EXPECTATIONS OF GOOD PRACTICE GUIDANCE FOR THEIR SERVICE, AS THEY RELATE TO THE CQC ESSENTIAL STANDARDS OF QUALITY AND SAFETY. THIS GOOD PRACTICE GUIDANCE WOULD INCLUDE THE RPS PROFESSIONAL STANDARDS.”

Brian Brown, National Pharmacy Manager, Care Quality Commission.

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- **Commissioners/purchasers** of pharmacy services, regulators, insurers, Governments, and legislators a framework for safety and quality that will help to inform and complement their own standards and outcomes
- **Chief Pharmacists** a consistent set of standards against which they can be held accountable and use as a framework to continually improve services and innovate in their own organisations and with partners who deliver local health services
- The entire **pharmacy team** a framework that allows them to recognise, develop and deliver the best possible outcomes for patients from pharmacy services.

### 1.4 Resources to support implementation of the standards

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- Some 35 development sites from across GB have put the standards into practice in their own organisations; a report of their experiences including examples of innovative and effective practice and patient care can be found on the RPS website (<http://www.rpharms.com/unsecure-support-resources/professional-standards-for-hospital-pharmacy.asp>).
- The hospital standards web pages also contain links to other resources (e.g. briefings for Chief Executives and commissioners/purchasers) to assist in the implementation of the standards, as well as information about the latest RPS work to promote the standards and support pharmacy teams.

## 1.5 Structure of the professional standards

- There are 10 overarching standards. The 10 standards are grouped into three domains, as illustrated by Figure 2 – The 10 standards for pharmacy services.
- Each standard is defined by *dimensions*. For each dimension, *statements* describe what a quality pharmacy service should deliver.
- Tips for putting the standards into practice are included in Box 2.

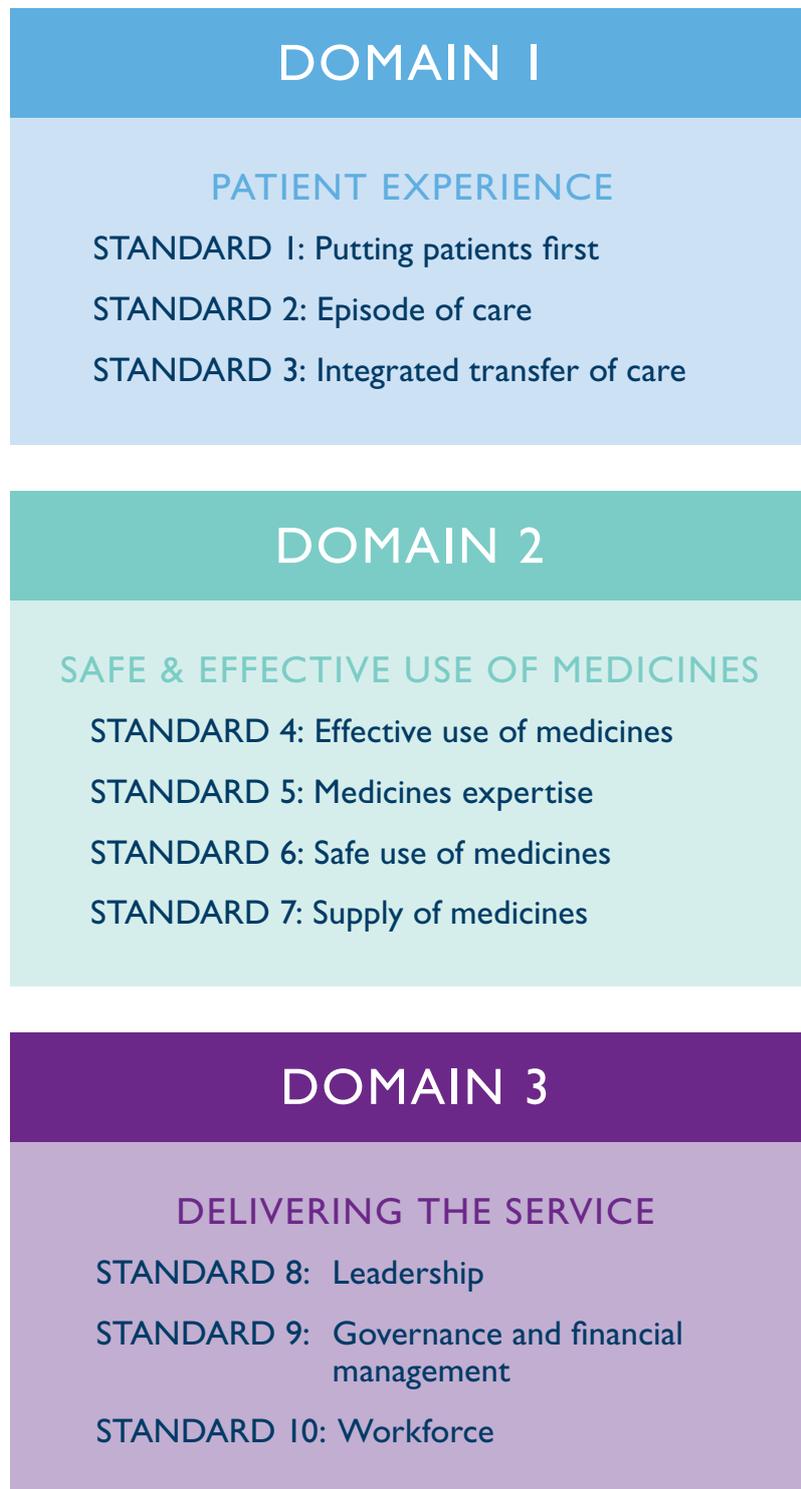
### BOX 2: PUTTING THE STANDARDS INTO PRACTICE

#### When using the standards, remember:

- The 10 standards are linked, so there may be overlap between the different sections. To ensure that the standards are used to fully reflect a quality service, we recommend that all 10 standards are reviewed
- The overarching standards are relevant to the breadth of pharmacy care providers, however, some of the underpinning dimensions and statements may be more relevant to some services than others. You should expect to spend some time thinking about how the standards apply to the context of your service
- Similarly, there may be variation in the evidence used to assure the delivery of the standards, and the processes used to measure the achievement of the standards, in different organisations
- Use the standards Handbook to see where a standard refers to legislation and other national guidance
- **Download** a blank version of the standards in Excel format to use as a template with space for notes, evidence and actions.

#### Before you start don't forget to review:

- The **PowerPoint presentation** and the **FAQs** so that you are familiar with the scope and purpose of the standards
- The **development sites report** to see what colleagues have learnt while implementing the standards
- The RPS quality systems hub, which contains links to resources that support organisations to implement quality systems such as the hospital standards.



**FIGURE 2:** THE 10 STANDARDS FOR PHARMACY SERVICES

# DOMAIN I THE PATIENT EXPERIENCE

|   | DIMENSION   |
|---|---|
| <b>STANDARD 1</b><br><b>PUTTING PATIENTS FIRST</b>      | <b>1.1</b> Patient focus<br><b>1.2</b> Information about medicines<br><b>1.3</b> Adherence to medicines   |
| <b>STANDARD 2</b><br><b>EPISODE OF CARE</b>             | <b>2.1</b> On admission or at first contact<br><b>2.2</b> Care as an inpatient<br><b>2.3</b> Monitoring patients' outcomes<br><b>2.4</b> Continuity of care for patients not admitted |
| <b>STANDARD 3</b><br><b>INTEGRATED TRANSFER OF CARE</b> | <b>3.1</b> Patient needs<br><b>3.2</b> Professional responsibilities  |

# STANDARD 1 PUTTING PATIENTS FIRST

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

## 1.1 Patient focus

**Communication with, and the involvement of, patients and carers is an integral component of safe, effective pharmacy services.**

- a Patients and their carers are treated with compassion, dignity and respect by pharmacy staff.
- b The views of patients and their carers are actively sought to inform the development and delivery of pharmacy services, enabling patients to have direct input into the services that they receive.

## 1.2 Information about medicines

**Patients and their carers have access to information and support in order to make informed choices about the use of medicines or the implications of choosing not to take them\*.**

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

## 1.3 Adherence to medicines

*For England, see also Medicines Optimisation: Helping patients to make the most of medicines*

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

- a Patients' beliefs about, and experiences of, taking, their medicines are routinely explored by healthcare professionals to assess the impact on adherence. Where difficulties are identified, further specialist input is provided by the pharmacy team.
- b Medicines regimes are simplified as far as possible and/or appropriate aids and charts are made available to support patients.
- c Liaison with other healthcare professions or agencies outside the organisation is undertaken where ongoing support is needed.
- d When care is transferred to another setting, patients are referred or signposted to appropriate follow-up or support. For example, if high-risk medicines are changed during admission or new medicines are started. (Examples of country-specific national community pharmacy services include: Targeted Medicines Use Reviews; the Chronic Medication Service; the Discharge Medicines Review Service; and the New Medicine Service. Other local support may be available, e.g. through intermediate care or community services).

\* When patients lack capacity appropriate procedures should be followed.

# STANDARD 2 EPISODE OF CARE

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

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## 2.1 On admission or at first contact

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

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

## 2.2 Care as an inpatient

**Patients have their medicines reviewed by a clinical pharmacist to ensure that their medicines are clinically appropriate, and to optimise<sup>3</sup> their outcomes from their medicines.**

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

<sup>3</sup> See also *Medicines Optimisation: Helping patients to make the most of medicines.*

## 2.3 Monitoring patients' outcomes

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

- a** As part of a multidisciplinary team, pharmacy team members monitor:
  - Patients' responses to their medicines
  - Unwanted effects of medicines.
- b** Appropriate action is taken where problems (potential and actual) are identified.
- c** The pharmacy team provides the leadership, systems support and expertise that enables healthcare professionals to:
  - Help patients to avoid adverse events resulting from their medicines
  - Document, report<sup>4</sup> and manage any adverse events that do arise.

## 2.4 Continuity of care for patients not admitted (e.g. outpatients, outreach, homecare – see also *RPS Professional Standards for Homecare Services in England*)

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

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

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

# STANDARD 3 INTEGRATED TRANSFER OF CARE

Patients experience an uninterrupted supply of medicines when they move care settings and the health and (where relevant) social care teams taking over their care receive accurate and timely information about the patient's medicines.

## 3.1 Patient needs

**Patients and their carers are given information about their medicines and have their expressed needs for information met.**

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

## 3.2 Professional responsibilities

**Accurate information about the patient's medicines is transferred to the healthcare professional(s) taking over care of the patient at the time of transfer.<sup>5</sup> Arrangements are in place to ensure a safe supply of medicines for the patient and ongoing support where necessary.**

- a The pharmacy team provides the leadership, systems support and expertise to enable the organisation to:
  - Transfer information about patients' medicines to the professional(s) taking over care of the patient (e.g. general practitioner; community pharmacist, or care home or domiciliary care agency staff). (See also Keeping patients safe when they transfer between care providers – getting the medicines right)
  - Monitor the accuracy, legibility and timeliness of information transfer
  - Ensure that patients have access to an ongoing supply of their medicines (based on local agreement and individual patient need)
  - Monitor; identify and minimise delays to patient discharge or transfer caused by waiting for medicines to be supplied
  - Signpost or refer patients and their carers to sources of support for medicines use once they have been transferred to another setting.

<sup>5</sup> This also has relevance when patients move setting within the organisation.

# DOMAIN 2 SAFE AND EFFECTIVE USE OF MEDICINES

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

# STANDARD 4 EFFECTIVE USE OF MEDICINES

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

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## 4.1 Medicines policy

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

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

## 4.2 Medicines procurement

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

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

## 4.3 Custom-made medicines

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

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

# STANDARD 5 MEDICINES EXPERTISE

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The pharmacy team provides expertise and advice to support the safe and effective use of medicines by patients (where necessary, seven days a week).

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## 5.1 Expertise for healthcare professionals

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

- a** The pharmacy team supports induction, and ongoing training and education, in the best practice use of medicines for relevant clinical and support staff across the organisation.
- b** Pharmacists are accessible in (or to) clinical areas to provide advice for other healthcare professionals on the choice and use of medicines.
- c** A pharmacist-led medicines information and query-answering service is available to healthcare teams, working to national standards for medicine information.
- d** The pharmacy team works to ensure that prescribers are supported in their everyday activities by readily-accessible information and guidance. (See also 4.1 Medicines policy).

## 5.2 Expertise for patient care (see also Domain 1 *The patient experience*)

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**Pharmacists are integrated into clinical teams across the organisation and provide safe and appropriate clinical care directly to patients.**

- a** Pharmacists are integrated into multidisciplinary clinical teams and contribute to multidisciplinary clinics where appropriate.
- b** Specialist/advanced practitioners work in clinical specialties as part of the multidisciplinary team.
- c** Pharmacist prescribers are integrated into relevant care pathways across the organisation, e.g. in accident and emergency, on admissions wards, in specialist clinics and outreach services.
- d** Pharmacists support optimisation of treatment, especially with identified high-risk medicines.

# STANDARD 6 SAFE USE OF MEDICINES

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The pharmacy team encourages and supports a multidisciplinary approach to safe medication practices and a culture of continuous learning in the organisation (including contracted or directly outsourced services and third-party providers).

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## 6.1 Safe systems of care

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**The Chief Pharmacist leads in ensuring that all aspects of medicines use within the organisation are safe.**

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

## 6.2 Safety culture

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**The Chief Pharmacist ensures that medication safety has a high profile, both within the organisation and with partner organisations.**

- a** The Chief Pharmacist has overall responsibility for and/or is closely linked to the Board to support medicines safety in the organisation.
- b** The Chief Pharmacist has representation on all high-level medicines safety and governance groups.
- c** Senior pharmacists must be party to, or lead on Serious Incidents (SIs) involving medicines. Systems and processes are in place to ensure other medication errors are identified, recorded, monitored, appropriately reported and investigated.
- d** Pharmacists intervene with prescribers, patients and other healthcare professionals to ensure medicines are safe and effective.
- e** Systems are in place to ensure patients who have experienced a medication error are informed, apologised to, and appraised of any action being taken to rectify the error.
- f** Learning from medication errors and systems failures related to medicines is shared with the multidisciplinary team and the whole organisation if appropriate, and acted upon to improve practice and safety.
- g** Shared learning is reviewed, reported at Board level on a regular basis, and shared within professional networks.

# STANDARD 7 SUPPLY OF MEDICINES

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Medicines are supplied, distributed, stored and, if required disposed of in a safe, legal and timely way, where necessary, seven days a week.

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## 7.1 Dispensing

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

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

## 7.2 Labelling

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

- a** Dispensaries have standards for labelling that ensure consistency and safe labelling practice.
- b** Labelling (and packaging) take into account the diversity of patients accessing medicines, e.g. age and disability.

## 7.3 Distribution, storage and unused medicines

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

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

# DOMAIN 3 DELIVERING THE SERVICE

|                                     | DIMENSION                   |
|-------------------------------------|-----------------------------|
| <b>STANDARD 8</b>                   |                             |
| LEADERSHIP                          | 8.1 Professional leadership |
|                                     | 8.2 Strategic leadership    |
|                                     | 8.3 Operational leadership  |
|                                     | 8.4 Clinical leadership     |
| <b>STANDARD 9</b>                   |                             |
| GOVERNANCE AND FINANCIAL MANAGEMENT | 9.1 Systems governance      |
|                                     | 9.2 Financial governance    |
| <b>STANDARD 10</b>                  |                             |
| WORKFORCE                           | 10.1 Workforce planning     |
|                                     | 10.2 Workforce development  |
|                                     | 10.3 Education and training |

# STANDARD 8 LEADERSHIP

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Pharmacy has strong professional leadership, a clear strategic vision and the governance and controls assurance necessary to ensure patients are safe and get the best from their medicines. (See also *RPS Leadership Competency Framework for Pharmacy Professionals*).

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## 8.1 Professional leadership (see also *The right culture for patient safety and professional empowerment*)

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**The pharmacy team recognises that they have a duty of care to patients and act in the patients' best interests.**

- a** The Chief Pharmacist leads by example through commitment, encouragement, compassion and a continued learning approach.
- b** The Chief Pharmacist promotes a just, open and transparent culture.
- c** Professional leadership at all levels is encouraged and developed.
- d** The pharmacy team behaves in a candid, open and transparent way.
- e** Peer review is an integral part of workforce development.
- f** All members of the pharmacy team are encouraged to raise any professional concerns they may have both from within the pharmacy service, and from other parts of the organisation.
- g** Professional concerns are investigated and, if substantiated, dealt with at an appropriate level in the organisation.

## 8.2 Strategic leadership

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**The Chief Pharmacist ensures that the organisation maintains a clear vision for pharmacy services and optimal use of medicines across the organisation.**

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

## 8.3 Operational leadership

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**Pharmacy services are safe, put patients first, and are aligned with organisational priorities and the range and level of healthcare commissioned/purchased.**

- a** The type and level of resources required to deliver safe and effective pharmacy services and to support the safe and secure use of medicines are identified and available to the Chief Pharmacist.
- b** The pharmacy services are delivered within appropriate allocated resources.
- c** Agreed key performance indicators (KPIs) are in place to enable internal and external assessment of the operational and financial performance of pharmacy services.
- d** All outsourced pharmacy services (including homecare) are performance-managed through Service Level Agreements (SLA) and/or contract quality monitoring. Immediate action is taken if services fail to meet contracted standards.
- e** The pharmacy service structure has clear lines of professional and organisational responsibility established and is regularly reviewed.
- f** Feedback from patients, service users and colleagues inform the development of services.
- g** Operational performance is benchmarked against other relevant organisations.

## 8.4 Clinical leadership

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**The pharmacy team is recognised as leading on medicines issues in the organisation at all levels.**

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

# STANDARD 9 GOVERNANCE AND FINANCIAL MANAGEMENT

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

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## 9.1 Systems governance (see also Domain 2 Safe and Effective Use of Medicines)

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

- a** Care contributions are documented and audited to demonstrate the impact of the service on patient outcomes and to help target resources.
- b** Controlled Drugs are managed in line with the requirements of the Misuse of Drugs legislation and governance requirements.
- c** Pharmacy services have effective complaints systems for patients and staff to use that are aligned to organisational systems encouraging patient safety, continuous learning and service improvements.
- d** Information governance processes, in line with legislation, are in place to safeguard patient-identifiable information about care/medicines supplied.
- e** Governance systems are in place for working with the pharmaceutical industry.
- f** Technical and IT capabilities are progressive and fit for purpose.
- g** Working environments are planned and maintained in line with Health and Safety requirements, regulatory and professional best practice standards.
- h** Equipment is maintained and operated only by appropriately trained members of the team or external contractors.
- i** Standard operating procedures (SOPs) are in place for the delivery of all medicines management and pharmacy services across the organisation.
- j** SOPs are controlled, regularly reviewed and updated.
- k** The continuous improvement and development of systems is informed by a programme of audit and/or other improvement techniques/methodologies.

## 9.2 Financial governance

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**Robust business planning, financial planning and reporting are undertaken.**

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

# STANDARD 10 WORKFORCE

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

## 10.1 Workforce planning

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

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

## 10.2 Workforce development

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

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

## 10.3 Education and training

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

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

# APPENDIX I APPROACH TAKEN TO THE STANDARDS REFRESH

The process for the standards refresh is highlighted below.  
The standards are scheduled for review no later than July 2016.

## SCOPING

RPS HOSPITAL STANDARDS REVIEWED IN THE CONTEXT OF THE FRANCIS AND BERWICK REPORTS.  
COMMISSIONED REPORT HIGHLIGHTS THE POTENTIAL OMISSIONS OR CHANGES IN EMPHASIS REQUIRED.

## REVIEW OF RECOMMENDATIONS

ADVISORY GROUP MEETING HELD TO REVIEW THE REPORT AND RECOMMENDATIONS.  
MODIFICATIONS TO THE ORIGINAL STANDARDS AGREED.

## UPDATING OF STANDARDS

STANDARDS REFINED AND UPDATED IN LIGHT OF THE ADVISORY GROUP MEETING.  
ALL CHANGES DISPLAYED IN TRACK TO FACILITATE REVIEW OF THE DOCUMENT.

## CIRCULATION FOR COMMENT

REFINED STANDARDS CIRCULATED IN TRACK CHANGES FOR COMMENT.  
CIRCULATION INCLUDED ALL ORIGINAL ADVISORY GROUP MEMBERS, THE DEVELOPMENT SITES AND OTHER KEY STAKEHOLDERS.

## REVIEWING AND UPDATING

COMMENTS REVIEWED AND STANDARDS REFINED.  
FINAL REFINEMENTS SENT TO THE ADVISORY GROUP FOR REVIEW.

## SIGN OFF AND LAUNCH

RPS HOSPITAL STANDARDS UPDATED.  
PUBLICATION ON RPS WEBSITE.

## APPENDIX 2 ORIGINAL DEVELOPMENT PROCESS

The development process for the hospital standards published in 2012 is highlighted below. The standards were scheduled for review no later than April 2014.

### SCOPING

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

### DRAFT AND DEVELOP

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

### CIRCULATION FOR COMMENT

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

### USER TESTING

USER GROUP TESTING.  
STANDARDS DOCUMENT REFINED.  
IMPLEMENTATION AND SUPPORT  
TOOLS IDENTIFIED.

### SIGN OFF AND LAUNCH

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

### ONGOING WORK

DEVELOPMENT SITES.  
ONE DAY EVENT – INNOVATION  
IN HOSPITAL PHARMACY.

## APPENDIX 3 ACKNOWLEDGEMENTS

The names of the organisations and individuals who contributed to the development of the hospital standards in 2012 and those who supported the subsequent refresh in 2014 are listed below, their input and support is gratefully acknowledged.

### HOSPITAL STANDARDS REFRESH 2014

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 Association of Teaching Hospital Pharmacists  
 Board of Community Health in Wales  
 British Oncology Pharmacists Association  
 HIV Pharmacists Association  
 KSS Deanery Pharmacy, Princess Royal Hospital West Sussex  
 National Voices (Patient Organisation)  
 Neonatal & Paediatric Pharmacists Group  
 NHS Grampian Acute Hospitals  
 NHS Greater Glasgow and Clyde  
 NHS South of England  
 NHS TSET Pharmacy Technical Professional Development Portal (TPD)  
 North West Clinical Forum  
 Palliative Care Pharmacists Network  
 Patients Association  
 Primary and Community Care Pharmacy Network  
 Royal College of General Practitioners  
 Royal College of Nursing  
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We would also like to thank all the individuals and pharmacy networks who responded and contributed to the development of the professional standards.

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## LIST OF WEB LINKS

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Redesigned hospital standards web pages link

<http://www.rpharms.com/unsecure-support-resources/professional-standards-for-hospital-pharmacy.asp>

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Briefing for chief executives and boards

<http://www.rpharms.com/support-pdfs/1953---rps---professional-standards-pdfs-briefing-web.pdf>

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Blank version of the standards in Excel

<http://www.rpharms.com/download.asp?file=Hospital-Standards-Data-Collection-Form.xlsx>

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The PowerPoint presentation

<http://www.rpharms.com/download.asp?file=RPS-Standards-for-Hospital-Pharmacy-Services.pptx>

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FAQ's

<http://www.rpharms.com/support-pdfs/1953---rps---professional-standards-pdfs-faqs-web.pdf>

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The development sites report link

<http://www.rpharms.com/hospital-pharmacy-services/development-sites-experience-report.asp>

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See also RPS standards for Public Health

<http://www.rpharms.com/support-resources-a-z/professional-standards-for-public-health.asp>

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See also RPS principles for medicines optimisation

<http://www.rpharms.com/promoting-pharmacy-pdfs/helping-patients-make-the-most-of-their-medicines.pdf>

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See also RPS standards on Homecare

<http://www.rpharms.com/unsecure-support-resources/professional-standards-for-homecare-services.asp>

---

See also RPS guidance on keeping patients safe when they transfer between care providers

<http://www.rpharms.com/previous-projects/getting-the-medicines-right.asp?>

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See also RPS leadership competency framework for pharmacy professionals

<http://www.rpharms.com/pressreleases-pdfs/1445---rps-lcf-document---final.pdf>

---

See also RPS guidance on the Right Culture

<http://www.rpharms.com/unsecure-support-resources/the-right-culture-quick-reference-guide.asp?>

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