



Royal Pharmaceutical Society Of Great Britain

Legal and Ethical Advisory Service Fact Sheet: Ten

Employing a Locum/Working as a Locum

This is an information sheet designed to be of assistance to pharmacists. The contents have not been issued as Council policy, but it is intended as a resource which pharmacists and registered pharmacy technicians may use to review their practices and policies. It is not intended to interpret the law, the Code of Ethics or Council policies, but offers common sense guidance on issues of topical interest.

If any questions arise from this document, please do not hesitate to contact the Legal and Ethical Advisory Service on 0207 572 2308 for further clarification. Email queries may be sent to leadvice@rpsgb.org.

The Fitness to Practise and Legal Affairs Directorate gives permission for copies to be made of this guidance, provided that the entire guidance is copied with no amendments to the text provided by the Royal Pharmaceutical Society of Great Britain. The RPSGB must be acknowledged as the source of this guidance and is © RPSGB (2007). Copies must state that they have been reproduced with the kind permission of the RPSGB. Guidance may be subject to change and up to date guidance must be used at all times. The most up to date guidance should be obtained either by downloading it from the RPSGB website at www.rpsgb.org or by post from the RPSGB on receipt of a stamped addressed envelope. This guidance is intended for use by members of the RPSGB, the RPSGB will accept no liability for any circumstances arising as a result of any third party following the advice and guidance therein.

Updated September 2007

Version 1.0

Introduction

This Fact Sheet is designed to be a helpful guide to locum pharmacists and those who employ locum pharmacists.

The Fact Sheet is split into two parts. Part A is a guide for pharmacists who work as a locum and Part B is a guide for those who employ a locum.

The information provided aims to offer practical suggestions to both locums and employers. This includes what to do when booking a locum, things to consider during and after the locum.

Part A

Working as a Locum

Things to Consider Before Working as a Locum

The following is a list of the key things to consider before working as a locum pharmacist. These are expanded on later in Part A of this document. (Please note this list is not exhaustive).

- 1. Keep a diary of all locum bookings made (together with cancellations made either by yourself or the employer).**
- 2. Ensure that a contract exists between you and the employer. N.B. The Society advises that any contract made is in writing, to ensure cover for both the pharmacist and the employer. Before you sign the contract and begin to work ensure you understand what is expected of you.**
- 3. Contact the employer prior to attending work to re-confirm dates and times.**
- 4. Find out what (if any) indemnity insurance is provided. Ensure all your activities are covered by professional indemnity insurance.**
- 5. Check the level of support staff available, and find out what level of experience/training they have.**
- 6. Does the pharmacy operate with an Accredited Checking Technician (ACT)? Have you worked with an ACT before? Do you understand their role and how that may affect the way in which the pharmacy operates?**
- 7. Check what the volume and nature of the work is like in the pharmacy.**
- 8. Check what additional services (i.e. blood pressure monitoring, number of addicts, care homes etc) the pharmacy provides, and be satisfied that you would be competent to undertake and supervise these.**
- 9. Find out in advance what type of computer system is in use.**
- 10. Check the location of the pharmacy and consider traffic, access by public transport and parking.**
- 11. Are you a pharmacist who qualified with the Society by virtue of a qualification in pharmacy awarded in a relevant European State? If so, you can not be the pharmacist in personal control of premises in Great Britain that have been registered as a pharmacy for less than three years.**
- 12. Ensure that you take your certificate with you and display it conspicuously.**
- 13. Find out what resources the pharmacy has available. For example, the British National Formulary, the Medicines, Ethics and Practice guide, etc.**
- 14. Ensure you comply with tax and National Insurance requirements as a self employed person.**

Record all Bookings

Principle 6.7 of the Code of Ethics, states that a pharmacist must, "Honour commitments, agreements and arrangements for the provision of professional services."

In order to provide the locum with an audit trail and also to aid them in cases of dispute, a locum pharmacist is advised to obtain confirmation of the booking in writing (for example via e-mail, fax or letter). A diary of all locum bookings should be kept. The pharmacist is advised to record:

- Date on which the booking is confirmed
- Details of the pharmacy, including the person with whom they spoke
- Date on which they are required to work
- Times of employment
- Rate of pay agreed

In addition, the pharmacist should log with respect to cancellations:

- Date and time at which the booking was cancelled
- Date and time of the cancelled booking
- Reason for the cancellation.
- With whom they spoke
- Who cancelled the booking (i.e. employer or locum)

Contract

Ensure you understand and will be able to comply with any contract that is in place for your locum work before you sign it and begin work. This will ensure you understand what is expected of you by your employer and should clarify payment arrangements.

The Society receives a number of queries from locums regarding cancellation of bookings. The Society does not become involved in contractual matters, and would advise the locum to obtain independent legal advice where they feel that a breach of contract has occurred. It is for the benefit of both the employer and the locum that the Society advise a contract is made, ideally in writing, where the terms and conditions are clearly stated.

Confirm Bookings

It is advisable for the locum to contact the employer prior to the day/s on which they are expected to work in order to re-confirm the booking and to obtain any last minute information.

Indemnity Insurance

Principle 7.7 of the Code of Ethics, states that a pharmacist must:

“Ensure that all professional activities undertaken by you, or under your control, are covered by appropriate professional indemnity arrangements.”

The Society does not endorse a specific professional indemnity insurance provider. Pharmacists are advised to check the classified section of the Pharmaceutical Journal for information regarding indemnity insurance providers. A pharmacist should consult each provider and then decide which provides the most appropriate insurance cover for the professional services that s/he intends to provide.

The locum may also wish to check with their employer, who may have insurance that covers them for their time in that pharmacy. However, a locum pharmacist should consider that employer insurance may not provide comprehensive cover should the employer make a claim against the locum.

N.B. A pharmacist should not assume that they are covered by a pharmacy company’s indemnity insurance.

Consider services provided and support staff

Principle(s) 5.3 and 5.6 of the Code of Ethics, state(s) that a pharmacist must:

“5.3 Recognise the limits of your professional competence; practise only in those areas in which you are competent to do so and refer to others where necessary.”

And:

“5.6 Practise only if you are fit and competent to do so. Promptly declare to the Society, your employer and other relevant authorities any circumstances that may call into question your fitness to practise or bring the pharmacy professions into disrepute, including ill health that impairs your ability to practise, criminal convictions and findings by other regulatory bodies or organisations.”

The Society advises that prior to accepting a locum booking the pharmacist considers the role which they are agreeing to undertake. The pharmacist should take into account how busy the pharmacy is (i.e. number of items dispensed, level of OTC sales, additional services provided etc.), and also take into account the number of support staff present and the level of training that they have.

In light of the new pharmacy contract, pharmacists should also enquire as to the enhanced and/or advanced services that are being offered. Other factors which may influence a decision include the type of computer system in use, whether the pharmacy services a care home, lunch breaks, number of addicts, whether the locum is expected to open/close the pharmacy or cash up at the end of the day. Consideration must also be given to travelling times and distances to the pharmacy.

A pharmacist must not accept employment where there will be unacceptable pressure on them that may interfere with their ability to comply with their professional duties in accordance with

legislation and the Code of Ethics. The pharmacist should consider and assess whether they have the requisite skills and fitness for the tasks to be performed.

Section 4 of the Professional Standards document for “Pharmacists and Pharmacy Technicians in Positions of Authority” details the responsibilities your employer has to ensure you are not hindered in your ability to comply with the relevant legal and professional requirements.

Standard Operating Procedures (SOPs)

Principle 7.4 of the Code of Ethics states that a pharmacist must:

“7.4 Be satisfied that appropriate standard operating procedures exist and are adhered to, and that clear lines of accountability and verifiable audit trails are in place.”

From January 1, 2005, the Society required pharmacists to put in place and operate written standard operating procedures (SOPs) within individual pharmacies covering the dispensing process, including the transfer of prescribed items to patients. The SOPs should be made available to locum pharmacists. It may prove useful to request that copies of the SOPs are made available within the locum file. The Society’s Practice and Quality Improvement Directorate has published a document entitled “Developing and Implementing Standard Operating Procedures for Dispensing” (www.rpsgb.org/pdfs/sops.pdf). The document contains a specific section relevant to locums:

“Each SOP should specify an appropriate level of responsibility for each member of staff involved in the dispensing process. This should be based on an assessment of each person’s competence and level of qualification. In the absence of the pharmacist under whose authority the SOP has been prepared pharmacists should not increase the responsibility of a member of staff whose qualifications and competence they are unsure of. For example, it would not be appropriate to ask someone to prepare labels if this is not something that they normally do. It would, however, be appropriate to decrease the responsibility of an unfamiliar member of staff if this is considered necessary and appropriate. The professional judgement of the pharmacist in charge of a pharmacy at any given time must remain paramount. It is good practice to report any concerns arising when following a procedure developed by another pharmacist. These concerns should be addressed to the pharmacist under whose authority the SOP has been prepared.”

In some cases, locums may wish to develop their own SOPs covering the pharmacies in which they normally work. These should fall within the parameters of the SOP prepared by the pharmacist in charge or superintendent pharmacist and may form part of the locum’s agreement to work at a particular pharmacy.”

Since the 1st January 2007 in England, and from the 1st March 2007 in Scotland, (date yet to be determined in Wales), the Controlled Drugs (Supervision of Management and Use) Regulations 2006, require any body or person providing services under arrangements made with a designated body, (such as a pharmacy providing NHS services for a PCO) to have up to date SOPs in place to cover controlled drugs. See Fact Sheet number One “Controlled Drugs and Community Pharmacy” for further information on this matter.

Personal Control

Personal control is a requirement of the Medicines Act 1968, but has not been interpreted in the courts. A number of cases have been considered by the Statutory Committee, and while each case is viewed on its merits, the following advice is offered to pharmacists.

All supplies of prescription-only medicines (POMs) and pharmacy (P) medicines from registered retail pharmacy premises must be made under the supervision of a pharmacist. Sales of general sale list (GSL) medicines do not require supervision, but do require a pharmacist to be in personal control of the premises. Thus, if a pharmacist is not in personal control, for instance because he or she is not on the registered pharmacy premises, no sales of medicines can be made, and this includes GSL medicines.

If a pharmacist was not in personal control, the premises could remain open for trading as long as nothing requiring the presence of a pharmacist (ie, POMs, Ps and GSLs) is sold.

In addition to the sale of any medicine being unlawful, unless there is a pharmacist in personal control, the display of any restricted titles, such as "Chemist" or "Pharmacy," in connection with the sale of any goods (medicinal or non-medicinal) by retail, is unlawful. If, therefore, a pharmacy has no pharmacist in personal control, the safest option is to close the pharmacy. Where the pharmacy has a contract with the Primary Care Organisation (PCO) to dispense NHS prescriptions, the PCO should be contacted, as to close the pharmacy may be in breach of that contract.

Pharmacists who registered with the Society by virtue of a qualification in pharmacy awarded in a relevant European State, are not able to be the pharmacist in personal control of premises in Great Britain that have been registered as a pharmacy for less than three years.

Registration certificate

The Medicines Act 1968 requires a pharmacist to display their registration certificate conspicuously in the pharmacy in which they work. A pharmacist should therefore ensure that, when working as a locum, they not only carry their certificate with them but also display it appropriately. Pharmacists must display their original certificate i.e. not a photocopy. An A4 version of the registration certificate can be obtained from the Registration Department at the Society. (See Appendix 1 for further information regarding registration certificates).

Religious beliefs/Personal Convictions

Principle(s) 3.3 and 3.4 of the Code of Ethics state(s) that a pharmacist must:

"3.3 Make sure your views about a person's lifestyle, beliefs, race, gender, age, sexuality, disability or other perceived status do not prejudice their treatment or care."

And;

"3.4 Ensure that if your religious or moral beliefs prevent you from providing a particular professional service, the relevant persons or authorities are informed of this and patients are referred to alternative providers for the service they require."

For example where a pharmacist does not wish to supply emergency hormonal contraception (EHC) they should inform their employer prior to accepting the locum position. The pharmacist

should take steps to ascertain which local pharmacies will supply EHC in the event that a request is made. Pharmacists should ensure that all requests are dealt with in a compassionate and professional manner.

Patient Group Directions

There will increasingly be a number of pharmacists named within a Patient Group Direction (PGD). Each PGD is specific to a particular Primary Care Organisation (PCO). Therefore, if a pharmacist is authorised to sell, supply or administer a medicine under a PGD in one PCO, this does not allow them to sell, supply or administer in another PCO. The pharmacist will only be able to supply or administer a medicine when working within the PCO which has authorised the PGD under which they are named. Additionally, if a locum pharmacist is working in a community pharmacy where the permanent pharmacist is named within a PGD, the locum pharmacist will not be able to supply or administer a medicine, unless they are also named within the PGD.

Raising Concerns

Locum pharmacists have a duty to report any concerns about practices that they witness rather than ignoring any problems and deciding not to return to the pharmacy. Principle 7.9 of the Code of Ethics states:

“7.9 Raise concerns if policies, systems, working conditions, or the actions, professional performance or health of others may compromise patient care or public safety. Take appropriate action if something goes wrong or if others report concerns to you.”

The Society's full guidance on raising concerns can be found at:

www.rpsgb.org/pdfs/raisingconcernsguid.pdf

Resources

Pharmacies should hold a number of reference sources that may be required by pharmacists while working. There is no specific list of which resources a pharmacy should hold (unless they are a premises registered for training a pre-registration pharmacist).

These may include the British National Formulary, Drug Tariff, Martindale etc. N.B. The Medicines, Ethics and Practice (MEP) guide is sent to each pharmacist individually, as opposed to each pharmacy. Therefore, a locum is advised to ensure that they take their copy of the MEP guide with them on each locum booking.

VAT and Tax

A self-employed locum is responsible for ensuring that they make their own tax and National Insurance payments. An accountant, if consulted, should be able to advise on this. The local tax office should also be able to advise on this matter.

Part B

Employing a Locum

Things to Consider Before Employing a Locum

The following is a list of the key things to consider before employing a locum pharmacist. These are expanded on later in Part B of this document. (Please note this list is not exhaustive).

- 1. Check a locum pharmacist's registration status.**
- 2. Obtain recent references for the locum pharmacist.**
- 3. Ensure that a contract exists between yourself and the locum. N.B. The Society advises that any contract made is in writing to ensure cover for both the employer and the locum.**
- 4. Keep a diary of all locum bookings made (together with cancellations made either by the locum or yourself).**
- 5. Contact the locum prior to the day they are working to re-confirm dates and times.**
- 6. Provide a list of useful contact numbers.**
- 7. Leave the locum clear instructions of how to use the computer and if possible the computer manual.**
- 8. Provide a list of all staff, and outline their level of training and the tasks they are involved in.**
- 9. Ensure that the dispensing error log is kept in a prominent place.**
- 10. Inform the locum of any additional services the pharmacy provides including any homes that the pharmacy services.**
- 11. Provide details of the opening and closing procedures at the pharmacy, together with the procedure for locking away the controlled drug cabinet keys.**

Credentials and References

In order for a pharmacist to work in Great Britain, they must be registered with the Royal Pharmaceutical Society of Great Britain. Therefore when employing a locum, it is advised that their registration status is checked. Checks can be made by either searching the Society's website www.rpsgblist.org/membership.asp or by contacting the Society's Registration Department directly (Tel: 020 7572 2322; email: registration@rpsgb.org).

Pharmacists who registered with the Society by virtue of a qualification in pharmacy awarded in a relevant European State, are not able to be the pharmacist in personal control of premises in Great Britain that have been registered as a pharmacy for less than three years.

An employer is also advised to obtain recent references for any pharmacist they intend to employ.

The professional requirements for pharmacists in a position of authority are outlined in the Professional Standards document titled "Pharmacists and Pharmacy Technicians in Positions of Authority".

Contract

The Society receives a number of queries from locums and employers regarding cancellation of bookings. The Society does not become involved in contractual matters and would advise the locum or employer to obtain independent legal advice where they feel that a breach of contract has occurred. It is for the benefit of both the employer and the locum that the Society advises that a contract is made, ideally in writing, where the terms and conditions are clearly stated.

Record all Bookings

The employer should consider keeping a record of all locum bookings made. The employer is advised to record:

- Date on which the booking is confirmed
- Details of the locum, i.e. name, contact number, registration number
- Date on which they are required to work
- Times of employment
- Rate of pay agreed

In addition, the employer should log with respect to cancellations:

- Date and time at which the booking was cancelled
- Date and time of the cancelled booking
- Reason for the cancellation.
- With whom they spoke
- Who cancelled the booking (i.e. employer or locum)

In addition, if the locum is booked through a locum agency, it would be useful to also log the name of the agency together with the person the employer spoke to.

Confirm Bookings

It is advisable for the employer to confirm the booking with the locum on the days prior to the booking. This provides an opportunity to discuss the opening of the pharmacy and any recent information that needs to be passed on.

Locum File

It may prove useful to produce a locum file that locums can use as a quick reference source to familiarise themselves with the pharmacy. Whilst this may appear to be time-consuming initially, once the file has been produced it should be relatively easy to keep the information contained within up to date.

Please see Appendix 2 for the types of information that could be kept in this file.

Your Professional Responsibilities as an Employer

The Professional Standards Document “Pharmacists and Pharmacy Technicians in Positions of Authority” which supports the Code of Ethics details your responsibilities as an employer. Sections 4 and 5 of this document are particularly relevant to employing a locum pharmacist.

Using the Computer

Pharmacies will use different computer systems. Therefore it may prove useful to ascertain whether a pharmacist seeking locum work is familiar with the computer system in use. It is advised that the instruction manual is left with the computer. Ensure the locum has been informed of any passwords required to access the computer. In addition, information should be available on what to do should the computer system fail.

Dispensing and Near Miss Error Logs

The Society advises that pharmacies have procedures in place to deal with dispensing errors. A dispensing error log and near miss error log should be in the dispensary for any pharmacist, locum or other to use to record any errors or near misses that occur. (See Appendix 3: Dealing with Dispensing Errors and Appendix 4: Near Miss Error Log).

Complaints Handling Procedure

Principle 7.8 of the Code of Ethics states that:

“7.8 Be satisfied that there is an effective complaints procedure where you work and follow it at all times.”

Section 7 of the Professional Standards Document “Pharmacists and Pharmacy Technicians in Positions of Authority” states:

“7. ENABLING OTHERS TO RAISE CONCERNS

STANDARDS

It is important that those you employ, manage or lead, including temporary staff and locums, are able to raise concerns about risks to patients or the public.

Appropriate systems need to be in place to deal with these concerns. You must make sure that:

7.1 there is an appropriate and effective mechanism for staff to raise concerns about risks to patients or the public, including concerns about inadequate resources, policies and procedures, or problems with the health, behaviour or professional performance of others.

7.2 staff have ready access to information on how to raise concerns, and who they should be raised with.

7.3 staff who raise genuine concerns are appropriately supported and protected.

7.4 systems are in place to investigate concerns promptly, fully and fairly, and appropriate records are maintained of any investigations and action taken.

7.5 concerns which cannot be addressed at a local level are referred to senior management and/or the appropriate authority, such as a regulatory body.”

Section 8 states:

“If you are in a position of authority you must be satisfied that:

8.1 an effective complaints handling procedure exists to deal with all complaints promptly, constructively and honestly.

8.2 those you employ, manage or lead, including temporary staff and locums, are familiar with the complaints procedure.”

The complaint handling procedure should be given to the locum pharmacist, so that if a complaint is received it is handled in accordance with the procedure.

Raising Concerns

Where there are concerns about a locum pharmacist’s conduct or fitness to practise, it is not acceptable to simply decide not to employ the locum again as any problems will remain unresolved and the pharmacist may pose a threat to patient safety elsewhere.

Principle 7.9 of the Code of Ethics states:

“7.9 Raise concerns if policies, systems, working conditions, or the actions, professional performance or health of others may compromise patient care or public safety. Take appropriate action if something goes wrong or if others report concerns to you.”

In addition, the Professional Standards and Guidance document titled “Pharmacists and Pharmacy Technicians in Positions of Authority”, Section 7, contains mandatory standards that you must comply with (see above).

The Society's full guidance on raising concerns can be found at:
www.rpsgb.org/pdfs/raisingconcernsguid.pdf

Standard Operating Procedures

Principle 7.4 of the Code of Ethics states that a pharmacist must:

"7.4 Be satisfied that appropriate standard operating procedures exist and are adhered to, and that clear lines of accountability and verifiable audit trails are in place."

From January 1, 2005, the Society required pharmacists to put in place and operate written standard operating procedures (SOPs) within individual pharmacies covering the dispensing process, including the transfer of prescribed items to patients. The SOPs should be made available for the locum pharmacist. It may prove useful to enclose copies of the SOPs within the locum file. The Society's Practice and Quality Improvement Directorate has published a document entitled: "Developing and Implementing Standard Operating Procedures for Dispensing": (www.rpsgb.org/pdfs/sops.pdf). The document contains a specific section relevant to locums:

"Each SOP should specify an appropriate level of responsibility for each member of staff involved in the dispensing process. This should be based on an assessment of each person's competence and level of qualification. In the absence of the pharmacist under whose authority the SOP has been prepared pharmacists should not increase the responsibility of a member of staff whose qualifications and competence they are unsure of. For example, it would not be appropriate to ask someone to prepare labels if this is not something that they normally do. It would, however, be appropriate to decrease the responsibility of an unfamiliar member of staff if this is considered necessary and appropriate. The professional judgement of the pharmacist in charge of a pharmacy at any given time must remain paramount. It is good practice to report any concerns arising when following a procedure developed by another pharmacist. These concerns should be addressed to the pharmacist under whose authority the SOP has been prepared."

In some cases, locums may wish to develop their own SOPs covering the pharmacies in which they normally work. These should fall within the parameters of the SOP prepared by the pharmacist in charge or superintendent pharmacist and may form part of the locum's agreement to work at a particular pharmacy."

Since the 1st January 2007 in England, and from the 1st March 2007 in Scotland, (date yet to be determined in Wales), the Controlled Drugs (Supervision of Management and Use) Regulations 2006, require any body or person providing services under arrangements made with a designated body, (such as a pharmacy providing NHS services for a PCO) to have up to date SOPs in place to cover controlled drugs. See Fact Sheet number One "Controlled Drugs and Community Pharmacy" for further information on this matter.

Services provided by the Pharmacy

In light of the new contract, the employer should enquire whether the locum has undergone any required training or accreditation to be able to undertake any additional services that the

pharmacy normally provides. If the locum cannot provide these services, systems should be in place to advise patients accordingly.

Patient Group Directions

Only named individuals, designated in writing by the authorising NHS body can supply or administer medicines under Patient Group Directions. Therefore, if the permanent pharmacist is named within a PGD, and the locum who is providing cover is not named within the PGD, the locum pharmacist will be unable to supply or administer a medicine under that PGD. It is therefore essential that when a named pharmacist is not available, the locum pharmacist and pharmacy staff have instructions on how to deal with customer requests and where to refer patients for treatment if required.

Appendix 1

Registration Certificates

Sizes of certificate available and procedures for replacement

If you need a replacement, return the original certificate (using Royal Mail recorded delivery or other secure method of delivery). Certificates are A4 size.

Change of name

If you have changed your name, you may return your current registration certificate, as above, with a photocopy of your marriage certificate, decree absolute or copy of your deed poll document, to have the Register amended and a new certificate printed. If documentation supporting your change of name is not written in English, an original certified copy of a translation will also be required. No payment is required.

Lost or stolen

If your certificate has been lost or stolen you will need to sign a statutory declaration of loss form. E-mail, fax or write to the Registration Department with your name and registration number, to request a statutory declaration form. The form must be signed in the presence of and witnessed by a solicitor or commissioner of oaths, for which they may make a small charge. Return the completed form to the Registration Department with a fee (£10), to order your new certificate.

Framing Service

E-mail, fax or write to the Registration Department with your membership number and they will send you a leaflet about our recommended framing service company.

Appendix 2

Locum File

- Pharmacy details
 - Name
 - Address
 - Phone/Fax Number
 - Opening Hours
- Society Inspector details
- Accountable Officer's details
- Wholesaler contact telephone numbers
- Society's contact details
 - Legal and Ethical Advisory Service (Tel: 020-7572-2308; email: ftp@rpsgb.org).
 - Information Pharmacists (Tel: 020-7572-2302; email: infopharm@rpsgb.org)
- NPA number (if pharmacy is an NPA member)
- List of resources available
- List of local doctors
- The Society has published a list of contact details for organisations who may help with pharmacists' enquiries (www.pjonline.com/Editorial/20060603/society/ethics.html#1)
- Other emergency contact telephone numbers e.g.
 - Computer maintenance
 - Superintendent pharmacist/owner
 - Local police station
 - Primary Care Organisation
- Number of members of staff, names, hours to be worked, contact telephone numbers and level of training
- Number of breaks to be taken and at what time
- Ordering cut off times and delivery times
- Security Information
- Computer password
- Number of addicts, (if any) and any set times at which they come in
- Details of any extra services provided
- Location of the controlled drug register, private prescription register, poison register
- Location of controlled drug cabinet key
- Copies of the Legal and Ethical Advisory Services Fact Sheets (www.rpsgb.org/informationresources/advisoryservices/legalandethicaladvisoryservice/#fact).
- Cashing up procedure (if the pharmacist is expected to help with this)
- Copies of the Standard Operating Procedures

Appendix 3

Dealing with Dispensing Errors

Dispensing errors do occur within a pharmacy. The purpose of this guidance is to provide advice on how to handle and record such errors so that you can review and learn from them in order to prevent similar errors occurring in the future. When a dispensing error is made, the person responsible for making the error is often very upset – this document will guide you through the process of recording and acting on the error. It should be viewed as a tool to help identify training needs, performance issues and deficiencies within the systems.

Any trends and patterns of dispensing errors should be noted and acted upon.

GUIDANCE ON DEALING WITH THE INITIAL CONTACT WITH CUSTOMERS REGARDING A DISPENSING ERROR.

Below is set out a mnemonic, “E THE DARE”, which might help you to remember what to do when a dispensing error occurs.

- E** Establish the ERROR IS YOURS – EITHER THE PHARMACIST OR A MEMBER OF STAFF
- T** TAKEN any?
H HARM caused?
E EMERGENCY TREATMENT necessary?
- D** DOCTOR: Always inform the doctor if the patient has consumed the medicine even if there appear to be no apparent consequences.
- A** APOLOGISE. You may have already done this but it doesn't hurt to reinforce the message because it is surprising how often the complainant doesn't think the pharmacist apologised.
- R** REVIEW.
This is where you use “CHAPS” [see Fact sheet 8 for details]. It is well worth asking the person who presented the prescription if they can remember the time they presented the prescription and what the conditions were like in the pharmacy at the time. You are looking for anything that might have contributed to the error. There are often two errors to find within every dispensing error – one being the assembly error, the second being the checking error where the assembly error was not detected.
- E** Establish the complainant's EXPECTATIONS.
If you don't know what they want out of this complaint then it might be difficult to satisfy their complaint. Usually, the patient wants to know that the pharmacy procedures have been / will be reviewed and that the pharmacy is a safe place to use. Sometimes they want compensation for loss or injury. Sometimes they want an independent review of procedures. Sometimes they want retribution!

Be prepared to offer them the Primary Care Organisation's adviser or the Society's Inspector as a means of obtaining an independent review of procedures. This is a good way of defusing a situation where you feel you are losing control.

Top tips:

- It may be easier to make a contemporaneous note of the error and fill in the official form at a later time (should not be left for more than two working days, otherwise details sometimes become confused or forgotten)
- Customers should be asked whether they are satisfied with how the matter has been dealt with

Please use the Patient safety Incident Form available on PSNC website at

www.psn.org.uk/uploaded_txt/e-form%20CP%20Pt%20Safety%20incident%20reporting%20form.doc and refer to their guidance available at:

www.psn.org.uk/uploaded_txt/CP%20Pt%20Safety%20incident%20report%20form%20guidance%20notes.pdf

Appendix 4

Near Miss Error Log

Mistakes do happen. This guidance and error log will help you, and your pharmacy team, to work through the mistake and learn from it. Regular reviews of near misses and action taken can prevent similar mistakes from happening in the future. The RPSGB have produced this guidance to help support clinical governance in pharmacy.

Before using the form it is recommended that you define what you think a near miss is within your pharmacy team. You will then all know what you should be recording and why.

Top tips:

Designate a period of time in each quarter of the year to record near misses e.g. the first two weeks of every quarter

Establish a procedure of recording near misses that works for your dispensary

Ensure that the near miss record sheet is accessible to all staff when it is needed

Potential types of error:

Code	Type of Near Miss	Options	Things to consider
D	Wrong drug	Product put away at wrong location Product selected incorrectly Products mixed on dispensing bench	Do the packs look similar? Should you separate? Who puts away the goods? Training issues? More than one Rx being dispensed at a time? Are packs placed on shelf with contents visible? Consider the use of dispensing baskets? Have you read the Rx correctly? Do you dispense from the Rx & not the labels? Consider use of dispensing baskets
E	Out of date product	Out of date products on shelf	Are there any more on the shelf? Are you carrying out a quarterly stock control? Are you checking the expiry dates of medicines regularly?
F	Wrong Form	Inadequate prescription detail Misread prescription	Are you familiar with all formulations? CPD issue? Distractions?
L	Wrong label	Incorrect transfer of information from the Rx Misread prescription Labelling in batches	Errors likely when label selected from repeats on PMR Are products dispensed and labelled one at a time?
M	Missing item	Products mixed up on dispensing bench Fridge line / CD / Owing	Has the missing product been placed in another bag? Consider use of dispensing baskets? Warning label informing of fridge / CD line / owing still to come Dispense and label one product at a time

Legal and Ethical Advisory Service Fact Sheet: Ten

Code	Type of Near Miss	Options	Things to consider
N	Wrong patient name	Incomplete Rx reception process Previous patient selected from PMR Identical patient names Wrong patient selected from PMR	Staff training issues? Distractions? Warning for locums that two patients have the same name Enough detail on PMR to deal with similar names?
P	Misread prescription	Inadequate / ambiguous details Hand-written prescription Poorly performed Rx evaluation process	Training issue? Visual impairment? Was professional evaluation performed?
Q	Wrong Quantity	Incorrect transfer of information from Rx Misread prescription or calculation error	Have you selected label from PMR or Rx? Can someone else check your calculation?
S	Wrong Strength	Product put away at wrong location Product selected incorrectly Products mixed on dispensing bench	Do the packs look similar? Should you separate? Who puts away the goods? Training issue? Are packs placed on shelf with contents identity visible? Have you read the Rx correctly? Dispense from the Rx not the label
X	Transposed Labels	Products mixed on dispensing bench	Dispense and label one product at a time

