

Consultation on cases for non-referral to the Investigating Committee - Questionnaire

The Society would like to hear your views on the questions set out below. The questionnaire may be photocopied. Please continue your comments on a separate sheet if necessary. The questionnaire can also be completed online at www.rpsgb.org.

PART A: Non-referral of single one-off dispensing errors

Question A1

Do you think that single one-off dispensing errors are suitable for non-referral to the Investigating Committee (subject to threshold criteria; see Panel 2)?

Yes

Please explain your answer

Most pharmacists at some point in their career will have made, or will make, a dispensing error, these could not possibly all be referred to the Investigating Committee. It is unrealistic to suggest that pharmacists can be 100% accurate all of the time. Local processes and procedures already exist within Health Boards and PCTs to manage dispensing errors as part of governance arrangements. The RPSGB needs to take account of these to avoid duplication of effort.

Question A2

Do you think that the threshold criteria (see Panel 2) for single one-off dispensing errors need to be amended and/or added to in order to ensure that they are adequate to protect the public?

No

Please explain your answer

Criteria all seem appropriate – no others to add

Question A3

Do you think that the remit of single one-off dispensing errors should encompass errors made during the dispensing process, from receipt of prescription through to supply of dispensed medicine to patient, eg, errors made in delivery of medicines?

Yes

Please explain your answer

Dispensing process is all about getting the right drug to the right patient, this includes all aspects from receipt of the prescription to handing the dispensed drugs over to the right patient. Cannot only apply criteria to one small part of this.

Question A4

Do you think that the proposed course of action to be taken in cases involving single one-off dispensing errors is appropriate?

Yes

Please explain your answer

There should be close working relationship between the Society's inspectorate and Health Boards to manage these issues.

PART B: Consideration of other cases for non-referral to the Investigating Committee**Question B1**

Do you think that further categories of cases should be considered for non-referral (subject to threshold criteria; see Panel 4)?

Yes

Please explain your answer

Many of the cases cited here concern contractual issues with NHS contracts and it is not appropriate for the RPSGB to manage these but much more appropriate for Health Boards and PCTs to manage these as part of their governance agenda and contract monitoring arrangements.

Other issues are relatively trivial and not appropriate for the Society to deal with and some are better taken up elsewhere, e.g. employment tribunals, Health Boards complaints teams

Question B2

Do you think that the further categories of cases proposed (see Panel 4) for non-referral should be amended and/or added to?

No

Please explain your answer

Criteria all seem appropriate – no others to add

Question B3

Do you think that the threshold criteria (see Panel 2) for the non-referral cases need to be amended and/or added to in order to ensure that they are adequate to protect the public?

No

Please explain your answer

Criteria all seem appropriate – no others to add

Question B4

Do you think that the proposed course of action to be taken in cases involving the further categories of non-referral cases is appropriate?

Yes

Please explain your answer

There should be close working relationship between the Society's inspectorate and Health Boards to manage these issues.

PART C: General**Question C.1**

Do you think that the records maintained as a result of action taken in non-referral cases should form part of the fitness to practise history of the registrant?

No

Please explain your answer

If a case is deemed not to require referral then it should not be part of a fitness to practice history. Repetitive errors are a referral issue anyway but an old one-off error held on record from many years previous is unlikely to have a bearing on current issues. If the Society were to keep these as part of the history of the registrant the Society would need to determine how long the records were held and at what point they would be "spent". Issues concerning data protection would need to be addressed. Would also not necessarily be complete as one-off dispensing errors are mainly handled by local processes and not referred to the inspectorate, so inequity could be claimed. Better to avoid this and not allow them to form part of fitness to practice history

Question C.2

Do you think that cases subject to non-referral should be dealt with via the Society's inspectorate?

Not necessarily

Please explain your answer

There should be much closer working relationship between the Society's inspectorate and Health Boards to manage these issues. Improved guidance from the Society on how these issues should be managed would be welcomed. The NHS works in a "no-blame culture" with provision of supportive networks to help the individual.

Further comments

Please let us have any other comments on the proposals for the handling of non-referral cases.

The NHS Datix system will form the basis for error recording and management across all parts of the service. The process makes provision for local action to resolve issues and learn from errors whilst at the same time informing managers and service leads, who are able to provide appropriate support and input. This will allow for local resolution of issues but also provide a bigger picture of system or process failures which can then be rectified to prevent errors occurring elsewhere within the system. Dispensing errors, once notified to them, will always be dealt with by Health Boards and managed within their existing systems. There is a danger of duplication of effort if the inspectorate repeats the same process. Health Boards have greater opportunity to provide the supportive framework to help make the changes necessary to prevent the error occurring again.

About you

If you are responding as an individual, which of the following categories best describes you.

Completed questionnaire forms should be sent to Kate Benetis, Inspectorate Case Manager, 1 Lambeth High Street London SE1 7JN , to arrive by **18 April 2008**