

Assessing Risk Associated With Contemporary Pharmacy Practice in Northern Ireland

Executive Summary of the Final Report

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Executive Summary

Background

As with other healthcare regulators in the United Kingdom, the PSNI intends to develop a risk-based revalidation scheme for its registrants. In order for such a scheme to be proportionate to risks posed by pharmacy practice, there is a need to understand the nature of these risks and how they can be assessed and managed. Previous studies suggest that a range of contributory factors – person-specific, task-related and organisational – serve to increase or reduce the risk of individual practitioners. There remains, though, a need to measure the prevalence of the identified risk factors across the pharmacy profession. In addition, one risk factor that has not been explored in any great depth is pharmacists who return to practice following a career break or make a change of sector. There is anecdotal evidence to suggest that these processes might embody risk, but it is not clear what that risk is or how it should be managed. Finally, there is a need to understand how risk-based revalidation in general can be delivered by the PSNI.

Aims and objectives

The aim of the study was to provide the PSNI with guidance to support its development of risk-based revalidation. Specific objectives were to:

- i. map the risks associated with different areas of pharmacy practice
- ii. investigate the risks associated with return-to-practice and consider how these can be minimised;
- iii. apply existing knowledge on risk in pharmacy practice to the PSNI's needs, particularly with regard to developing models for risk-based revalidation;

Survey of practice risk factors

A population-level survey of PSNI registrants was conducted. This survey included measures of several practice risk factors – safety climate, job characteristics, psychological health and risk behaviour. From a sample of 543 respondents, the survey provided an indication of the extent of these risk factors amongst Northern Irish pharmacists. The risk factors were, for the most part, similar across the pharmacy profession, and were comparable to pharmacists and other healthcare professionals in Britain. However, they do indicate issues of concern from a risk management point of view, and some areas of increased risk relative to others emerged from the data:

- pharmacists in patient-facing roles;
- pharmacists returning to practice following a career break.

In addition, many pharmacists reported working in environments that imposed a high workload with low support (such as staffing and breaks), and required them to work for long hours. Such settings are also likely to carry a high risk, and so may require attention outside of any practitioner revalidation scheme proposed here.

Registrants' changes in practice

An interview study was carried out, involving 18 Northern Irish pharmacists who had either returned to practice following a career break, moved from one sector of practice to the other, or been involved in the management of a pharmacist who had undertaken one of these processes. This study found that changes in practice occurred under a variety of circumstances, which have an impact on the level of preparation an individual will have for the new role. Also, there is considerable variation in both the level of support that individuals receive, and the understanding of who is responsible for ensuring that individual returners or transferees are fit to practice. The risk associated with returning to practice or changing sector of practice can be reduced by the provision of guidance and support to registrants going through either of these processes.

Key issues and models for risk-based revalidation

A workshop was held with stakeholder representatives from the Northern Irish pharmacy profession. During this workshop, a number of issues were raised with respect to risk-based revalidation. Generally, it was considered to have potential as a means of managing risk in pharmacy practice. It would achieve these aims by assessing competency against defined standards of practice, and it would acknowledge that risk is a characteristic of the work environment as well as individuals, and is broader than dispensing errors. Specific issues raised were: the use of CPD as part of the process; roles and responsibilities (especially in the management of pharmacists' return to practice and changing sector); and cost implications.

Two exemplar models are presented to illustrate ways in which risk-based revalidation can be carried out. One model is based largely on CPD, while the other combines CPD with competency-based assessments. Either of these schemes, or elements from both, could be used to formulate a revalidation programme. In addition, it was suggested that the CPD process should be aligned to explicit performance criteria and additional support provided to those registrants who are required to submit portfolios.

Recommendations

The authors recommend that the PSNI:

- Develops explicit standards of safe practice. These standards can be derived from existing standards (in pharmacy and in other healthcare sectors), from analysis of previous critical incidents and disciplinary hearings, and from consultation with pharmacy stakeholders;
- Considers developing the existing CPD scheme by aligning it to the standards of practice, and provide additional support for registrants in the compilation of CPD portfolios;

- Considers the use of either a CPD-only scheme, a CPD-plus-assessment scheme, or elements from either scheme, in the design of a risk-based revalidation process;
- Considers the prioritisation of registrants in patient-facing roles and those returning from a career break in risk-based revalidation and the provision of support measures;
- Considers developing guidelines, and training and development resources, for registrants returning to practice or changing sectors and for their employers.