Pharmacy Competency Improvement Process

The Pharmacy Competency Improvement Process should be followed to provide a structured and timely framework for dealing with competency concerns. This applies to Near Miss reports (errors identified and rectified prior to leaving the Pharmacy Department) and for Incident Datix reports (errors not identified in the Pharmacy Department and have reached wards or patients).

This process applies to all errors within the Pharmacy Department including; clinical pharmacy validation and documentation, transcribing, dispensing, checking, Medicines Information, Aseptics Service, Procurement, Stores and Distribution and administration.

Incident Datix Reports

All incidents reported via the Datix system for the Pharmacy Department will require the following actions:

- The individual(s) responsible should complete a Reflection on Error Form (Appendix 1) within two weeks of the incident.
- This should be followed up with a professional discussion with a member of the Medication Safety (MS) Team within one week of completing the Reflection on Error Form.
- An action plan and any further training should be identified and agreed at this point with the MS Team.

If a member of staff is responsible for 3 or more Incident Datix Reports in a rolling 2 month period, the informal part of the Pharmacy Competency Improvement Process (detailed below) should be initiated.

Near Miss Data

Near Miss reports for trainees (Pre-Registration Pharmacists, Pre-Registration Pharmacy Technicians and Pharmacy Assistants who have not completed their competencies) should be managed through the individual's training programme. This should be under the supervision and the responsibility of the Education and Training Team, with the support and monitoring of the MS Team. For other members of staff, the process below should be followed according to the stage of the Near Miss reports.

For members of staff undertaking additional qualifications, e.g. Diploma in Clinical Pharmacy, the Education and Training team should be informed if there are concerns related to their courses.

Dispensing:

If a member of staff triggers between *1% and 1.5%* of Near Miss errors in one month, then a Professional Discussion should be carried out with a member of the Medication Safety Team (Appendix 2).

The informal part of the Pharmacy Competency Improvement process should be initiated for any member of staff who has triggered *more than 1.5%* of Near Miss errors where the incidents reported are classed as Serious or Moderate (Appendix 3). The percentage is calculated from the total number of dispensed items for the individual per month, which can be obtained from JAC.

Clinical Pharmacy processes and documentation, transcribing, Procurement, Stores and Distribution, Medicines Information and Aseptics Service:

For all Near Miss errors within Pharmacy Department where a percentage of the workload cannot be obtained, the informal stage of the Competency Improvement Process should be initiated for any

member of staff who has 5 or more Near Miss reports (classed as Serious or Moderate) in one calendar month.

If there is a *combined number* of Near Miss reports and Incident Datix Reports of a *total of 5 or more in one month*, then the informal stage of the Competency Improvement process should also be initiated.

Informal Competency Improvement Process

On initiation of this process, a member of the Medication Safety Team should meet with the individual(s) involved to inform them and explain the process. Details of actions and outcomes must be documented using the Pharmacy Competency Improvement Process Form (Appendix 4).

Where the errors have taken place in a specialised area, for example Aseptics Service, a senior member of the team for that area should also be involved in the process and any agreements of actions and targets.

Stage 1

The following steps should be completed within two weeks of initiation of the process.

Task	**Responsible**
Staff member to complete a Global Self-Reflection form (Appendix 5) for all incidents.	Staff member/MS Team
Staff member to read relevant SOP(s) (as agreed with the Medication Safety Team) and confirm completion within 2 weeks.	Staff member/MS Team
Staff member to document any relevant process depending on the type(s) of incidents, i.e. Clinical Pharmacy processes and documentation, transcribing, dispensing or checking. Training gaps should be identified and action plan developed if necessary.	Staff member/MS Team
Staff member to discuss with the Medication Safety Team the implementation aspects of any changes identified .	Staff member/MS Team
The following should also be completed depending on the stage of errors: • Dispensing errors - staff member to complete a 100 item log. • Transcribing or final checking errors - staff member to complete a 50 item log. • Validation errors – MS team to review the errors and conclude if a professional discussion, clinical screening test, accompanied ward visits or other form(s) of evaluation/supervision is needed. • All other errors – to be agreed with a senior member or manager for the area of incident(s).	Staff member/MS Team

The Medication Safety Team must inform the relevant Line Manager upon initiation and completion of Stage 1 of the Competency Improvement Process. The Line Manager is not required to take any action at this stage.

- If the member of staff is unsuccessful in their first attempt at completing the logs required in Stage 1, then a second attempt is provided. If this is still not completed successfully within two months of first initiation of the process, then consideration should be given to progress to Stage 2. If there are issues with engagement and motivation to carry out all or some of the required steps, then the process should be escalated to Stage 2.

- If Stage 1 tasks above are completed successfully, the Medication Safety Team should review the error reports for a period of two months following completion;

    - If no further Incident Datix Reports or triggers for Near Miss reports (as outlined above) are identified, then the individual should be signed off the process.
    - If the individual was responsible for any further Incident Datix Reports or is over the Near Miss threshold, then consideration to progress to Stage 2 of the Competency Improvement Process should be carried out by Medication Safety Team with the involvement of the Line Manager.

For escalation to Stage 2, The Medication Safety Team must consider the following with the Line Manager:

- Themes or trends of reported errors.
- Input from immediate supervisor or Line Manager.
- System failures, i.e. issues with SOPs or IT systems.
- Human factors, to include inattention, poor motivation, carelessness and negligence.
- Personal circumstances.

A decision should then be made if to proceed to Stage 2 or if a more appropriate course of action is identified, for example referring to Staff Health and Wellbeing. All decisions at this stage should be discussed at a Closed Medication Safety Improvement Group Meeting and approved by the Medication Safety Team Manager to ensure consistency and fairness.

Stage 2

The following steps should be taken according to the stage of errors:

For **dispensing or checking**, logs should be completed as follows:

- 200 items with no errors.
- 2 attempts (maximum)

For **transcribing triggers**, the following should be completed:

- 5 accompanied ward visits with a senior pharmacist or senior pharmacy technician over a one month period.
- Transcribing of 100 items with no errors.
- 2 attempts maximum.

For **Clinical Pharmacy processes and documentation errors**, depending on any identified themes/trends, agreed steps from the options below should be completed within two months:

- 5 accompanied ward visits with a senior pharmacist over a one month period.
- Discharge prescriptions – validation of 10 discharge prescriptions with a minimum of 100 items with no errors.
- Clinical screening test.
- Validation of 20 inpatient and 20 outpatient prescriptions with no errors.
- 2 attempts maximum for any of the required steps above.

For **all other errors**, the necessary steps and targets should be agreed with a senior member or manager for the team responsible for the area.

If Stage 2 is completed successfully, the Medication Safety Team should monitor competency over a 3 month probation period. If no Incident Datix Reports or Near Miss threshold breaches were identified during this period, then the process will be complete and the member of staff should be signed off by the Medication Safety Team.

If further Incident Datix Reports or Near Miss threshold breaches were identified during this period, then escalation to Sage 3 should be considered. All decisions at this stage should be discussed at a Closed Medication Safety Improvement Group Meeting with the involvement of the Line Manager and approved by the Medication Safety Team Manager to ensure consistency and fairness.

Stage 3

The Trust Policy 'Managing Employee Performance' should be followed by the Line Manager at this stage. The Medication Safety Team should meet with the Line Manager to handover a summary of the process, steps and actions taken and outcomes.