

NHS Working Group for development of training and accreditation of checking activity carried out in aseptic services.



Nationally Recognised Framework for Accreditation of Pre and In-Process Checking within Aseptic Services 2nd Edition



Contents page

1	Introduction.....	4
2	Example Framework Structure.....	6
3	Aims of the Competency Assessment.....	6
4	Learning Outcomes.....	7
5	Entry Criteria.....	8
6	Registration for this Framework.....	8
7	Study Sessions.....	9
8	Practice Activities.....	9
9	Notes for the Practice Supervisor.....	11
10	Chief Pharmacist / Senior Pharmacy Manager or Designated Deputy.....	13
11	Assessment.....	13
12	Appeals.....	16
13	Validity of the Award.....	16
14	Re-accreditation.....	16
15	Error Reporting Categories and Potential Consequences of Errors.....	18
16	Bibliography.....	21
17	References as Stated or Current Editions.....	21
18	Appendix 1 Definition of a Check: worked examples.....	22
19	Appendix 2 Sample Documentation.....	23
20	Appendix 3 Glossary.....	28
21	Acknowledgements.....	28

Scope

Welcome to the nationally recognised Framework for Pre and In-Process Checking Accreditation within Aseptic Services.

Pre-check being defined as the accuracy checks undertaken on starting materials, disposables, worksheets and labels before the product is prepared. *In-process checks* are those carried out during the preparation process including the accuracy checking of volumes.

This Framework has been developed as best practice guidance to promote robust checking systems in aseptic services throughout the NHS as well as developing a safe and portable skill mix in line with government policy to ensure the patient receives a product suitable for its intended use.

Other work is currently being undertaken looking at other checking functions within aseptic services areas (e.g. final accuracy check and release).

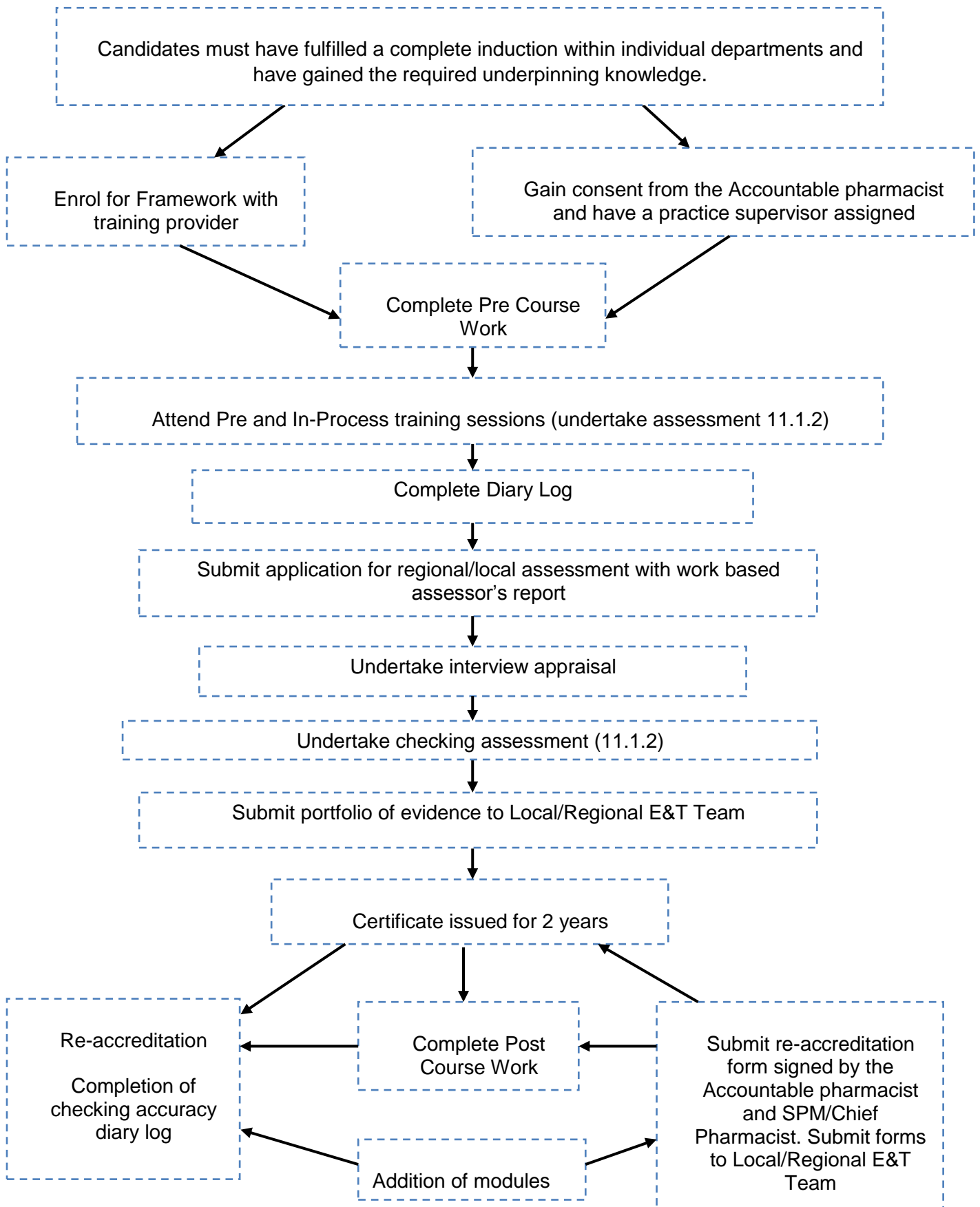
1 Introduction

- 1.1.1 This document provides details of a training and assessment process covering the pre and in-process checking function within aseptic services, including radiopharmacy. This Framework is aimed at personnel within aseptic services who wish to become accredited checkers and is designed to give guidance and direction to *mentors* and *Practice Supervisors* who will be involved in the mentoring and assessment of candidates throughout the process.
- 1.1.2 This Framework has been developed by a Working Group that has members from several professional areas of pharmacy: the NHS Pharmaceutical Quality Assurance Committee, NHS Pharmaceutical Production Committee, NHS Pharmaceutical Aseptic Services Group, NHS Pharmacy Education and Development Committee, Pharmaceutical Aseptic Specialist Education and Training Group, pharmacists and pharmacy technicians. It is endorsed by the NHS Education and Development Committee, and Technical Services Education and Training (TSET).
- 1.1.3 This Framework is designed to cover pre and in-process checking functions in aseptic preparation services. The principles may be applicable to pre and in-process checking in other technical services. Additional work is currently being undertaken looking at other checking functions within aseptic services areas (e.g. final accuracy checking and release).
- 1.1.4 The Framework is designed around a set of principles that would be the foundation of any accreditation system designed for technical services, licensed or unlicensed.
- 1.1.5 Throughout the document the term “*Accountable Pharmacist*” is used. It is acknowledged that in licensed units the named Quality Controller on the licence will have responsibilities equal to the Accountable Pharmacist in an unlicensed unit.
- 1.1.6 The first time a term defined in the glossary is used it is italicised.
- 1.1.7 Key issues that must be considered in any accreditation systems are:
- Accredited checking will only work within a robust system as a whole, incorporating premises, quality management systems, training and management, all of which are subject to external audit; under EL97 (52) or equivalent or MHRA.
 - In unlicensed aseptic preparation units the Accountable Pharmacist remains professionally responsible for the total operation but can leave the pre or in-process check to the accredited person when all parameters are satisfied;
 - The Accountable Pharmacist remains responsible for the service and may select which product groups are suitable for accredited checking and which are not. This should be agreed locally;
 - The Accountable Pharmacist is professionally accountable for the operation of the process according to GMP principles and is responsible for ensuring there is supervision by a suitably trained and experienced person;
 - All practice will adhere to the RPSGB Code of Ethics and Standards;
 - Personnel in aseptic services must complete a training and competency assessment programme in aseptic services prior to undertaking any tasks or checking functions in

this area; it is recommended that a training and competency assessment for accredited checking is operated through a standardised approach;

- The training programme incorporates clear entry criteria, teaching of underpinning knowledge base and assessment of competence;
- The accreditation is to specify:
 - a. The scope within which the persons may operate, including types of products;
 - b. The elements of checking that are accredited (e.g. pre and in-process)
- Ongoing practice is required in order to maintain accreditation;
- The application of accredited checking in aseptic services should be sanctioned under local clinical governance arrangements.

2 Example Framework Structure



3 Aims of the Competency Assessment

The Framework aims to:

- provide personnel working within aseptic services with the skills and knowledge to be able to confidently and competently undertake pre and in-process checks within specified local parameters to ensure patient safety and product quality;
- encourage best practice;
- develop aseptic services personnel in areas of continuing professional practice and accountability within pharmacy services;
- encourage the further development of effective communication skills;
- support appropriate skill-mix within pharmacy departments;
- reduce overall error rates.

4 Learning Outcomes

By the end of the Framework the candidate will be able to:

- undertake pre and in-process checks within the specified parameters set locally;
- describe the legal implications of pre and in-process checking in aseptic services;
- develop a robust checking method in line with approved *Standard Operating Procedures* (SOPs) that will be applicable in the workplace;
- list different factors that contribute to errors and suggest methods to overcome them;
- demonstrate communication skills required when informing others about errors made;
- demonstrate ability to recognise their own limitations and make appropriate referrals.

5 *Entry Criteria*

5.1 The normal minimum entry requirements are:

The candidate must have:

- 5.1.1 a recommendation and support from the Senior Pharmacy Manager/*Chief Pharmacist* or Designated Deputy to undertake an accreditation scheme based on the Nationally Recognised Framework for the Accreditation of Pre and In-Process Checking within Aseptic Services;
- 5.1.2 a minimum of six months aseptic preparation experience in current aseptic unit within the 12 months prior to commencing this Framework. Section 13.1 describes the application of the framework to accredited staff moving to a post in another trust;
- 5.1.3 demonstrated ability to aseptically prepare accurately according to locally approved SOPs;
- 5.1.4 an allocated Practice Supervisor who has attended an appropriate mentoring training day;
- 5.1.5 demonstrated a good working knowledge of locally approved SOPs to the Accountable Pharmacist or Practice Supervisor.
- 5.1.6 The unit must be able to offer an appropriate workload to enable the candidate the opportunity to complete accreditation within at least one *product type*, e.g. Centralised Intravenous Additive (CIVA), Parenteral Nutrition (PN), Cytotoxics, Aseptic Preparation, and Radiopharmacy in technical services. Accreditation in other specialities will require additional evidence collection and competency assessment.

6 *Registration for this Framework*

Candidates wishing to register for the Framework should complete the agreed application process according to local guidelines.

6.1 Pre-scheme preparation

- 6.1.1 Prior to attending the first study day, candidates must have completed a full in-house induction programme for their base unit and the pre course work, outlined within the pre course handbook.
- 6.1.2 Confirmation of this must be included with the nomination form to the *Framework Leader* prior to attending the training days. The Practice Supervisor should countersign both forms.
- 6.1.3 Candidates must have access to the current national guidance and other publications listed in the references section.
- 6.1.4 Candidates must have familiarised themselves with their local aseptic preparation SOPs.
- 6.1.5 Pre course work study guides should be made available to give the candidate an appropriate foundation to the learning outcomes

- 6.1.6 Candidates may be required to undertake a calculation assessment prior to starting the assessment to confirm a basic level of mathematical understanding. This requirement would be decided between the accountable pharmacist and the candidate.

7 Study Sessions

7.1 Study sessions

Candidates are required to attend all training sessions prior to undertaking the worked based checking activity.

7.2 Learning outcomes

By the end of the scheme the candidate should be able to:

- state the reasons why a nationally recognised Framework for pre and in-process checking has been developed;
- list the stages of the pre and in-process course and explain how the assessment documentation should be used;
- describe the legal requirements for aseptic preparation of medicinal products;
- state the laws and guidance relating to the aseptic preparation of medicinal products;
- discuss the legal and ethical implications of accredited checking;
- discuss the impact of aseptic preparation/checking errors on patient safety and product quality.
- demonstrate communication skills required in the process of pre and in-process accuracy checking;
- explain the necessity of referral to colleagues in the pre and in-process accuracy check;
- perform the pre and in-process accuracy check of aseptically prepared items.

8 Practice Activities

8.1 Overview

8.1.1 Candidates must undertake the collection of 1000 accuracy checks across a range of product types and record the evidence. The percentage of pre and in process checks and product types will be decided at the discretion of the accountable pharmacist. A single item, such as a PN bag will represent more than one check. A worked example is included in Appendix 1.

8.1.2 All evidence collected must be included in the portfolio for review and discussion as part of the summative assessment. The portfolio forms part of the assessment.

8.1.3 the portfolio consists of two elements:

8.1.4 a diary log of 1000 accuracy checks;

- 8.1.5 appraisal of the candidate by the Practice Supervisor.
- 8.1.6 The purpose of the portfolio is to:
- 8.1.7 document the checking that has been undertaken;
- 8.1.8 ensure that a breadth of experience has been covered (see 8.2);
- 8.1.9 highlight areas where further training is required.
- 8.1.10 evidence must be collected between the final study day and the final assessment.
- 8.1.11 The awarded certificate will reflect the types of checks and product types that the candidate has completed

8.2 Diary log

- 8.2.1 The candidate must carry out 1000 pre and/or in-process accuracy checks on aseptically prepared items. The prescription must be pre-screened/approved prior to the preparation process according to local procedure.
- 8.2.2 The checking evidence must be documented using the Framework Leader approved diary log form (Appendix 2). These forms must be numbered and issued by the Practice Supervisor.
- 8.2.3 Correction fluid/tape must not be used on the log sheets.
- 8.2.4 The Accountable pharmacist and/or Practice Supervisor will decide with the candidate how the pre and in-process checks will be divided over the range of product types for the 1000 checks.
- 8.2.5 The checking sessions should cover a breadth of items within the product type to reflect current practice within the practice base unit.
- 8.2.6 The candidate and the *checker* must sign each item checked on the log so it is clear that each item has been checked correctly. Bracketing of items for signing is not allowed as this can lead to errors being made.
- 8.2.7 The candidate will only check the work of others and must have played no part in the aseptic preparation or labelling of any items they check.
- 8.2.8 The candidate will check items under normal working conditions, the collection of evidence will span a minimum of a month to a maximum of 12 months from commencement of training. If not completed within 12 months the Framework Leader must be consulted, and a course of action decided upon on a case by case basis.

8.3 Error reporting

- 8.3.1 The candidate must not miss any errors during the collection of 1000 checks. This is due to the relatively low incidence of errors in aseptic preparation activities and the clinical consequences to patient safety.
- 8.3.2 The portfolio should also contain a report of any aseptic preparation errors not detected by the candidate, which have occurred during the checking practice

activity. Reflection and outcomes should be documented and included in the portfolio.

- 8.3.3 If a candidate fails to detect an error in something which was incorrectly validated by a pharmacist, then this will not be classified as an error on behalf of the candidate. However, any validation error detected by the candidate should be referred back to the validating pharmacist.
- 8.3.4 The department must have a mechanism for reporting and reviewing errors and should submit error data to the National Aseptic Error Reporting Scheme (1). It is important that all persons involved in the accreditation process are aware of the classification of the potential outcome of errors.
- 8.3.5 No candidate will be allowed more than two attempts in total at completing the collection of 1000 accuracy checks without retraining. Before the retraining commences the Practice Supervisor/ Accountable pharmacist should review the candidate's suitability for the role.

8.4 Candidate review

- 8.4.1 In association with the practice activity, the candidate's progress must be reviewed by the Practice Supervisor at regular intervals and on a minimum of two occasions. The portfolio should be reviewed at this stage.
- 8.4.2 Candidates must be counselled after any checking error has occurred and a period of reflection is recommended.
- 8.4.3 At the completion of the practice activity of 1000 checks, a review must occur by the framework Leader

9 Notes for the Practice Supervisor

9.1 Registration as a Practice Supervisor

9.1.1 The Practice Supervisor must:

- be the Accountable pharmacist for the unit, or a person accredited to undertake pre and in process checking in aseptic services with at least two years post basic qualification experience in pharmacy technical services, including aseptic services;
- be able to meet regularly with the candidate.
- Additionally it is preferable that the assessor has experience of mentoring staff.

9.1.2 All new Practice Supervisors must register with the Framework Leader in accordance with local arrangements, prior to undertaking the role.

9.1.3 Regional study days for Practice Supervisors should ensure they are able to meet the following learning outcomes:

- define principles of the checking Framework;
- describe the legal implications of pre and in-process checking in aseptic services;

- describe the Nationally Recognised Framework Accreditation of Pre and In-Process Checking within Aseptic Services;
- define the role of the Practice Supervisor;
- discuss the need for locally agreed aseptic preparation procedures;
- define the process of work-based assessments, accreditation assessment and re-accreditation process;
- be familiar with the practice activity documentation;
- understand the process for the development and approval of SOPs and impact of any changes;
- be aware of other suitable training resources to facilitate this Framework;
- to be able to use the assessment documentation.

Practice Supervisors must have a working knowledge of this Framework.

9.2 Role

- 9.2.1 The Practice Supervisor is required to offer support, guidance and feedback to the candidate whilst they undertake the practice activity, to facilitate the local implementation of this Framework and carry out formative appraisals in the workplace.
- 9.2.2 It is recommended that the Practice Supervisor is given time within work to support their candidates.
- 9.2.3 The Practice Supervisor is responsible for numbering / issuing each page of the assessment documentation and signing each blank page before issuing to the candidate.
- 9.2.4 The Practice Supervisor should complete the candidate review and the summary of activity (Appendix 2). This may be based on comments from other colleagues who have worked closely with the candidate during the practice activity. The assessment panel will review this information, as appropriate.
- 9.2.5 All documentation including the nomination forms must be submitted to the Framework Leader prior to final assessment as directed by local Framework co-ordinator.
- 9.2.6 Where appropriate, the Practice Supervisors must plan the probationary period in line with regional requirements.

10 Chief Pharmacist / Senior Pharmacy Manager or Designated Deputy

10.1.1 The Chief Pharmacist / Senior Pharmacy Manager or Designated Deputy must ensure that:

- checking accreditation is covered by the vicarious liability of the employing organisation;
- approved and current SOPs are in place and that the candidate is familiar with and works competently within these;
- support mechanisms are in place for the candidates.

11 Assessment

11.1 The competency-based assessment

11.1.1 The competency-based assessment will assess performance and will be in three parts:

- a) A checking assessment of 20 aseptically prepared items.
- b) Review of the diary log.
- c) Evidence of understanding of the aseptic process and the role that pre and in process checks play in Quality Assurance.
- d) Evidence that the required underpinning knowledge has been completed.

Checking assessment of 20 aseptically prepared items

11.1.1 This assessment must be arranged and completed at the base unit or at a regional base.

- a) Checking assessment: The simulated checking of aseptically prepared items against test documents is intended to test the skills and application of knowledge. Candidates will check 10 items over a range of products made in the unit or sample products from a regional base. The assessment will contain 6-8 deliberate errors. The time allowed to complete this assessment should be appropriate to the types of checks being undertaken. The candidate must detect each of these errors. It may be more appropriate to carry out this test before the candidate begins the 1000 check log to ensure that they can identify errors.

Candidates who are not successful at the checking assessment must collect a further 100 checks at work base, with no errors, and re-apply for the next available practical assessment. If candidates make an error whilst collecting their 100 checks they must notify the Framework Leader. Candidates should undergo further training in checking before carrying out a final attempt at the practical assessment. Candidates are allowed a total of two attempts of the practical assessment. Failure on the second attempt would suggest that they are not ready to proceed and further preparation/ manufacturing experience would be recommended.

Review of the diary log

- b) Diary log: This should be a satisfactorily completed log of 1000 checks, including all errors detected and not detected.

Candidates **must not make any errors** on the diary logs to successfully complete this stage. If the candidate does not detect an error then they must restart the 1000 checks.

If the candidate is unsuccessful in this second attempt then they will be expected,

- to undergo re-training in checking
- carry out 250 checks successfully and pass another practical test before attempting a final 1000 checks.

The 250 checks would not count towards the 1000 checks. If a candidate is unsuccessful at this **third and final attempt** it would suggest that the candidate is not ready to progress. Further preparation/manufacturing experience is recommended before re-applying to start the course.

- c) Evidence of understanding: The evidence of understanding of the aseptic process is assessed by an interview/appraisal, and a review of a portfolio.

The assessment is intended to measure achievement of the learning outcomes; these can be assessed by means of an interview, portfolio review, practice supervisor's final report, and the checking assessment.

This final assessment should be undertaken within eight weeks of completion of the diary log.

11.1.2 The portfolio must contain:

- Practice Supervisor's report based on a minimum of two reviews and after any serious error.
- Information about the Candidate, e.g. CV/Job description.
- Evidence that the candidate understands the aseptic process and meets the learning outcomes.

11.1.3 In some cases it may be appropriate to assess evidence of understanding and acceptance of associated responsibility via an interview. If an interview is not held then all evidence of these aspects must also be provided in the portfolio.

11.1.4 The optional interview will consist of an assessment panel of two of the following:

- a member of Regional Pharmacy E&T Team or Framework Leader;
- the Accountable Pharmacist for the unit or designated deputy;
- a currently accredited checker ;
- the Practice Supervisor.

11.1.5 Candidates must meet the criteria (with zero error rate) set for the portfolio and in the interview.

- 11.1.6 If candidates do not satisfactorily meet the portfolio and/or oral assessment requirements the Practice Supervisor will contact the Accountable Pharmacist and/or Framework Leader and decide on an appropriate course of action.
- 11.1.7 Candidates will be permitted to re-sit the assessment on one further occasion, a total of two attempts. There may be a recommendation or a requirement to undertake relevant remedial work prior to registration for the next assessment. Candidates are permitted to re-sit individual parts of the assessment.
- 11.1.8 Error reporting should be completed when any error is made. This should be a formal process of documenting and reflecting with the Accountable Pharmacist.
- 11.1.9 Candidates referred to in category 13.1.2, who register directly for an assessment and who fail, will not be permitted another attempt until they have participated in the full training programme.
- 11.1.10 Candidates wishing to extend the role into a previously non accredited area (either pre or in process checks or within a new speciality) can do this by adding additional checks to their accreditation. The numbers of checks required for these additions should be decided locally with the Accountable Pharmacist.

11.2 Optional probationary period

- 11.2.1 Following satisfactory completion, the candidate and/or Practice Supervisor may feel that the candidate may benefit from a probationary period.
- 11.2.2 The probationary period recognises that up to its commencement, all of the checks carried out by the candidate will have been subject to a further check by the Practice Supervisor. At the commencement of the probationary period the candidate's checking should continue to be re-checked, but over two weeks the extent of the re-checking should rapidly decline so that in the final 3-4 days, the candidate assumes full responsibility for the checking of items. The probationary period should last a minimum of two weeks. However, to meet specific circumstances the assessment panel, the Practice Supervisor or the candidate may extend this period.
- 11.2.3 If a checking error occurs during the probationary period, this should be recorded and reported to the local scheme co-ordinator. Any action taken should be in accordance with local error monitoring procedures. The Practice Supervisor should counsel the candidate during this time.

11.3 The award

11.3.1 Certificates will be awarded to all candidates who:

- submit a satisfactory portfolio of evidence;
- have a satisfactory Practice Supervisor's report;
- achieve a pass in the checking assessment;
- pass the evidence and portfolio review

11.2.4 The certificate is valid for two years from the date of successful completion of the assessment, and states the areas of practice to which it applies.

11.2.5 Candidates will be informed whether they have achieved a pass or fail within an agreed period of the assessment.

11.2.6 The Chief Pharmacist / Senior Pharmacy Manager / Designated Deputy and Accountable Pharmacist will be notified of the results.

12 Appeals

There should be a local system in place to allow candidates undertaking the accreditation programme to appeal against any decision or conduct of any assessment process associated with this Framework.

13 Validity of the Award

13.1 Staff transfers

13.1.1 Staff moving between Trusts This Framework is intended to enable skills to be recognised if staff move from Trust to Trust. It is essential that when there are transfers between Trusts or departments that the checker undergoes a period of probation of 3 months before re-assuming their accredited checking role in the new department. During this probationary period the checker must become familiar with local policies and procedures and complete a log of a suitable number of checks to reflect local practice within the same product type as previously accredited (minimum 100 checks).

If the candidate makes an error during the probationary period, further training should be provided in accordance with the local SOP.

On completion of this process they must inform the Framework Leader to allow updating of records and inform the Accountable Pharmacist.

13.1.2 Candidates who have completed accreditation using other frameworks

13.1.3 In certain circumstances any candidate who considers their knowledge to be sufficient due to previous experience or by completion of another checking Framework may apply to register directly with the Framework Leader for an assessment. Any such candidate must meet the Framework's entry criteria, successfully complete the checking assessment and provide evidence of existing knowledge.

13.2 Periods of absence

If Accredited Checkers have not checked for a period of 6 months or more for any reason e.g. maternity leave, long term sickness etc, or their certificate has expired they must contact the Practice Supervisor and agree an appropriate course of action.

14 Re-accreditation

14.1.1 Guidance regarding reaccreditation and post course development must be available for all Accredited Checkers.

14.1.2 For Accredited Checkers to remain "current" they must keep an ongoing log of any checking errors they have made and document these according to their department error recording policy. Any error must be reflected on and recorded with the staff members learning from this incident using the continuous

professional development [CPD] cycle. These logs must be reviewed and discussed every 6 months with the Accountable Pharmacist.

- 14.1.3 It is recommended that all staff undertake regular performance management review. Any serious error or series of minor errors should require a review of the suitability of the individual to continue the role without further training.
- 14.1.4 Accredited checkers are responsible for their personal re-accreditation before their certificate expires.
- 14.1.5 Accredited checkers must liaise with their Practice Supervisors to ensure they complete the re-accreditation process.
- 14.1.6 Every two years all the Accredited Checkers must complete a re-accreditation assessment consisting of:
 - 100 Checks completed on assessment documentation and submit a supporting statement from the Accountable Pharmacist

15 Error Reporting Categories and Potential Consequences of Errors

The following classification is based on the National Aseptic Error Reporting Scheme (7)

15.1 Licensed Status

- A Section 10, individual patient non-licensed
- B Section 10, batch non-licensed
- C Section 10, individual patient, licensed
- D Section 10, batch licensed
- E Licensed, individual patient
- F Licensed, batch

15.2 Product category

- A Cytotoxic adult
- B Cytotoxic paediatric
- C Parenteral nutrition – adult
- D Parenteral nutrition – paediatric
- E Other IV additive
- F Other pre-filled syringes
- G Other

15.3 Error type – Please include all errors

- A Incorrect transcription
- B Calculation error
- C Incorrect drug
- D Incorrect dose/strength
- E Incorrect diluent/Infusion fluid
- F Incorrect final volume
- G Labelling error
- H Incorrect expiry date
- I Incorrect container, eg infusor, bag
- J Other

15.4 Who detected error

- A Accountable pharmacist
- B Technician
- C ATO
- D Student Technician
- E Pre Reg
- F Nurse
- G Doctor
- H Patient
- I Other

15.5 When was error detected

- A First check in assembly area
- B Operator check in preparation area
- C During labelling
- D Final check prior to release
- E At release stage
- F In clinical area prior to administration
- G In clinical area during or after administration
- H Other

15.6 Who made the error

As in, "Who detected error" above. More than one person may be involved since one person may have compounded the error or missed a check.

15.7 Contributory factors

There may be more than one

- A Staff error
- B Inadequate training
- C Facility/equipment error
- D Poor quality of starting materials used
- E Inadequate computer system
- F Process design
- G Poor storage/distribution
- H Staffing level below establishment
- I Workload above planned capacity
- J Poor segregation
- K Distraction/interruptions

15.8 Potential outcome or actual outcome

If the error is spotted before administration, there should be no actual outcome. Therefore, for the report, Accountable pharmacists should estimate the potential outcome if the error had not been spotted. If the medication has been administered to a patient, the actual outcome should be recorded.

Errors are to be classified according to the categories defined in the National Patient Safety Agency document entitled "Doing Less Harm." These may be defined as follows:

Descriptor	Actual or potential unintended or unexpected impact on patient
Catastrophic	Death
Major	Major permanent harm
Moderate	Semi permanent harm (up to one year)
Minor	Non permanent harm (up to one month)
None	No obvious harm

Further detail on classification of errors can be found in the Doing Less Harm document in Section 4 "Incident Grading and Stakeholder Reporting." Particular attention is drawn to Table 1 – Definitions for impact/consequence on page 25. The full text of the document can be accessed on the NPSA web site at www.npsa.org.uk/html/incidents.htm.

16 Bibliography

1. Pharmaceutical Isolators, Ed. B. Midcalf et al, Pharmaceutical Press (London), 2004
2. Aseptic Dispensing for NHS Patients, Department of Health, January 1995
3. Guidance to the NHS on the Licensing Requirements of the Medicines Act 1968, Medicines Control Agency, September 1992
4. MHRA: Rules and Guidance for Pharmaceutical Manufacturers and Distributors 2007, The Stationery Office, 2007
5. The Quality Assurance of Aseptic Preparation Services, 4th Edition, Ed A.M. Beaney Pharmaceutical Press (London), 2006
6. Medicines, Ethics and Practice 30 2007, RPSGB, ISBN 0-85369-680-2
7. Medicines Act 1968

17 References as Stated or Current Editions

1. National Error Reporting Scheme. Pharmaceutical Aseptic Services Group.
<http://www.civas.co.uk>

18 Appendix 1 Definition of a Check: worked examples

Introduction

It should be noted that there have been no specific numbers attributed to each type of check in order to complete the accreditation. This is left to the discretion of the Accountable pharmacist within the unit. However the numbers set should reflect the types of checks carried out and ensure that the candidate is able to demonstrate consistency and competency across the range.

Chemo / CIVA (individual)

1 check for worksheet

1 check for labels

x checks for x number of ingredient products to be in completed product. If more than one of the same product, that is one item, eg 2 vials Amikacin for one dose, is one item.

x critical volume checks. This would include ensuring that the correct starting material has been used and would not count as separate check.

2 reconciliation checks (labels and ingredients)

For PN :

1 check for worksheet

1 check for labels

x checks for x number of ingredient products to be in completed product

x critical volume checks. This would include ensuring that the correct starting material has been used and would not count as separate check.

2 reconciliation checks

Worked example:

In a PN solution where there was:

1 amino-acid container (e.g. Vamin 14)

1 bottle of lipid (e.g. Intralipid 10%)

2 bags of different strength glucose solution (e.g. Glucose 5%, Glucose 10%)

1 trace element via (e.g. Additrac[®])

2 x ampoules of sodium chloride 30%

5 x ampoules of potassium chloride 15%;

1 vial of Solivito N[®]

1 ampoule of Water for Injection (to reconstitute Solivito N[®])

would count as:

1 worksheet, 1 label check, 9 ingredient checks, 9 critical volume checks and 2 reconciliation checks

19 Appendix 2 Sample Documentation

Pre and In Process Checking Scheme

Application/Nomination Form

Course Dates:.....

Applicant Details:

Name

Job Title

Full Name and Address of Hospital

Home Address

Telephone Number (Emergency Use Only)

Professional Qualification (eg BTEC, NVQ)

Relevant Underpinning Knowledge

Candidate statement in support of application. (Why do you think you should undergo this training eg Experience, benefits and relevance to your post)

Practice Supervisor Details

Name

Job Title

I am willing to mentor the candidate named above.

Signed

Approval by Accountable pharmacist

I recommend this candidate for the Pre and In Process Checking Scheme and

I also approve the Practice Supervisor named above

Signed

Date

Approval by Senior Pharmacy Manager/Chief Pharmacist

I recommend this candidate for the Pre and In Process Checking Scheme and

I also approve the Practice Supervisor named above

Signed

Date

The application form must be completed and returned to:

Pre and In Process checking

Summary of Assessment

Candidate Name:.....

Date Assessment started:	Date assessment Finished	Time taken to complete assessment	Did you record your assessment continuously?
-----------------------------	-----------------------------	--------------------------------------	---

Total number of pre process checks	Modules covered -
Total number of in process checks	

Points discussed:

Outcome of the assessment
The candidate has */ has not * demonstrated their ability to accurately perform in process* and or pre process* systems.
* Delete as applicable

Action Plan

Candidate comments on review of performance

Accountable Pharmacist/Practice Supervisor comments on review of performance

Next Assessment Date:

Candidate signature.....	Accountable pharmacist signature.....	Date.....
Chief Pharmacist/Senior Pharmacy Manager Signature.....	Date.....	

Pre and In Process Checking

Ongoing feedback appraisal

Name

Points discussed

-
-
-
-
-

Action plan

-
-
-
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Candidate comments on review of performance

Accountable pharmacist/Practice Supervisor comments on review of performance

Signed by Candidate _____ **Date** _____

Signed by Accountable pharmacist _____ **Date** _____

sample

Accuracy Assessment Diary Log form for aseptic services – pre process / in process checks (*please circle*)

Initials.....**BD**.....Hospital code.....**A**.....

Date	Product Category	Licensed status	Product Name / code, (refer to key)	Tray / Worksheet/ Label T/ W/ L	Error Type	Who detected the error	When was error detected	Contributory factors	Potential or actual outcome	Trainees signature	Error type found	Checkers signature
25/5	A	C	A	W						B Dowling		<i>A Pharmacist</i>
25/5	A	C	A	T	C	B	B	A	Major	B Dowling		<i>A Pharmacist</i>
25/5	C	C	B	T						B Dowling		<i>A Pharmacist</i>
25/5	C	C	B	T						B Dowling		<i>A Pharmacist</i>
25/5	C	C	B	T						B Dowling		<i>A Pharmacist</i>
25/5	C	C	B	T	A	B	B	A	None	B Dowling		<i>A Pharmacist</i>
25/5	E	C	C	L	H	B	A	B	Minor	B Dowling		<i>A Pharmacist</i>
25/5	E	C	D	W						B Dowling		<i>A Pharmacist</i>
25/5	E	C	E	L						B Dowling		<i>A Pharmacist</i>
25/5	A	C	F	L						B Dowling		<i>A Pharmacist</i>

This sheet is page.....of..... Signed by Accountable pharmacist:.....

To successfully achieve the assessment you should make no errors

Code Descriptions Product category	Licensed Status	Error Type	Who detected the error
A Cytotoxic adult	A Section 10 individual patient non licensed unit	A Incorrect transcription	A Pharmacist
B Cytotoxic paediatric	B Section 10 batch non licensed unit	B Calculation error	B Technician
C Parenteral nutrition – adult	C Section 10 individual patient licensed unit	C Incorrect drug	C ATO
D Parenteral nutrition – paediatric	D Section 10 batch licensed unit	D Incorrect dose / strength	D Student Technician
E Other IV additive	E Licensed individual patient	E Incorrect diluent / infusion fluid	E Pre Reg
F Other pre filled syringes	F Licensed batch	F Incorrect final volume	F Nurse
G Other		G Labelling error	G Doctor
		H Incorrect expiry	H Patient
		I Incorrect container eg infuser, bag	I Other
		J Other, please give details on attached sheet.	

When was the error detected	Contributing Factors, there may be more than one.	Actual or potential outcome descriptor	Actual or Potential unintended or unexpected impact on patient
	A staff error		
A First check in assembly area	B Inadequate training	Catastrophic *	Death
B Operator Check in preparation area	C Facility / equipment error	Major *	Major permanent harm
C During labelling	D Poor quality of starting materials used	Moderate *	Semi permanent harm (up to one year)
D Final Check prior to release	E Inadequate computer system	Minor*	Non permanent harm (up to one month)
E At release stage	F Process design	None	No obvious harm
F In clinical area prior to administration	G Poor storage / distribution		
G In clinical area during or after administration	H Staffing level below establishment		
H Other	I Workload above planned capacity		
	J Poor segregation		
	K Distraction. Interruptions		

20 Appendix 3 Glossary

Authorised Pharmacist – The person designated in writing by the Accountable pharmacist to supervise the aseptic process and release the product for use.

Checker – The person who checks the accuracy of the work of the candidate and who is normally responsible for carrying out the checks themselves.

Chief Pharmacist or Senior Pharmacy Manger – The Pharmacist responsible for the pharmacy services within a corporate body.

Framework Leader – The person responsible for the operation of the framework within the region.

In-process check – In-process check is carried out during the preparation process including the accuracy checking of volumes.

Pre-check – Pre-check is the accuracy check undertaken on starting materials, product type e.g. disposables, worksheets and labels before the product is prepared.

Accountable pharmacist – The person responsible for all aspects of the services within an aseptic preparation unit. The duties of the Accountable pharmacist include the approval of all systems of work and documentation used in the unit. In a licensed unit this role is performed by the person named on the licence as Responsible for Quality Control.

Standard Operating Procedures – These are detailed written documents formally approved by the Accountable pharmacist and or Quality Controller. They describe the operations to be carried out, the precautions to be taken and the measures applied that are directly or indirectly related to the preparation and supply of the product. They give directions for performing certain operations to ensure they are performed to a consistent standard.

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