

GUIDANCE AND COMPETENCES FOR THE PROVISION OF SERVICES USING PHARMACISTS WITH A SPECIAL INTEREST (PhwSIs)

ANTICOAGULATION THERAPY



FOREWORD

The White Paper *Our health, our care, our say: a new direction for community services* (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453), published in 2006, set out the vision for the future of care outside hospitals. It reinforced the importance of services provided by healthcare professionals working in community settings. The public involved in the consultation process that informed the White Paper made it clear that while convenient care was important, it must be of high quality and that a transparent process should underpin that quality.

In his interim review, Lord Darzi re-emphasised this need for quality, drawing on four overarching themes for the NHS over the next 10 years, where he describes the vision of a health and care system that is fair, personalised, effective and safe. Much of the vision continued in his main report, *High Quality Care for All* and in the primary and community care strategy] is underpinned by the movement of more complex care out of hospitals and into community settings – just the sort of services that PwSIs provide. *World Class Commissioning* (“*Adding years to life and life to years*”) will be the key vehicle for delivering a world leading NHS, equipped to tackle the challenges of the 21st Century. By developing a more strategic, long-term and community focused approach to commissioning and delivering services, where commissioners and health professionals work together to deliver improved local health outcomes, world class commissioning will enable the NHS to meet the changing needs of the population and deliver a service which is clinically driven, patient centred and responsive to local needs. PCT Commissioners will therefore be looking for PwSI commissioned services to link to the world class competencies which ensure the best value of service for patients

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080956

Many PwSIs in Anticoagulation Therapy have been established around the country and much has been learnt from examples of best practice. All those involved in the delivery of these services recognise the need to ensure that PwSIs are suitably qualified, with demonstrable competences, training and experience. These factors underpin the delivery of safe, high quality care. As we move steadily towards a regulated service, with registration of NHS organisations and increasing use of accreditation schemes, such as that currently being piloted by RCGP, there is increasing pertinence of the processes described in this document. Through implementation of this guidance, there will be a more vivid guarantee of quality.

This document, which should be read in conjunction with *Implementing care closer to home: Convenient quality care for patients* (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419), describes different models of care and provides information about the competences, training, accreditation and assessment processes to support the accreditation of PwSIs in Anticoagulation Therapy . For Commissioners, this should be

read in conjunction with the World Class Commissioning Assurance Framework and associated competencies

<http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/Assurance/index.htm>

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INTRODUCTION

This framework for pharmacists with special interests (PhwSIs) in anticoagulation monitoring has been developed as part of a wider suite of updated PwSI specialty-specific guidance, led by the Royal College of General Practitioners and endorsed by the Royal Pharmaceutical Society of Great Britain (RPSGB, most of which have been developed for use both by GPs and pharmacists. This framework applies only to PhwSIs, in line with the anticipated demand for PwSIs within this specialty. The framework has been developed with support from pharmacist practitioners, secondary care specialists, the Royal Pharmaceutical Society and a patient organisation.

This guidance provides more detailed information to guide accreditors and practitioners towards the kind of evidence and competences that may be expected to be seen and tested during the nationally mandated accreditation process set out in *Implementing care closer to home: Convenient quality care for patients, Part 3: The accreditation of GPs and Pharmacists with Special Interests*.

http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

This guidance, developed by a stakeholder group, relates **only** to the specific training and accreditation needs of pharmacists seeking accreditation as PhwSIs in anticoagulation therapy.

The competency framework is designed to help practitioners understand and develop the extended knowledge and skills they will require to provide services beyond the scope of their generalist roles. Such developments are expected to occur within a negotiated local framework. It is not intended that pharmacists with a special interest in anticoagulation therapy have all the competences listed in this document. Commissioners will need to identify the specific competences (detailed in Chapter 3) required by the practitioner in order to meet the service specifications.

Commissioners should note that the training and personal development of practitioners with special clinical interest need to be ongoing and will require support from specialist practitioners and/or access to relevant peer support.

This framework does not preclude commissioners from developing specialist services using other practitioners, for example nurses or healthcare scientists. Competences for NHS-employed staff providing specialist care in community settings may be assessed through the knowledge and skills framework. Specialist practitioners are expected to operate within the local clinical governance framework and within their scope of professional practice. They must be able to demonstrate relevant expertise when moving into new areas and commissioners will need to take a more competence-based approach to reflect the current work on modernising healthcare careers.

1. PhwSI SERVICE PROVISION

1.1 DEFINITION OF A PhwSI

GPs or Pharmacists with a Special Interest supplement their core generalist role by delivering an additional high quality service to meet the needs of patients. Working principally in the community, they deliver a clinical service beyond the scope of their core professional role or may undertake advanced interventions not normally undertaken by their peers. They will have demonstrated appropriate skills and competencies to deliver those services without direct supervision.

1.2 LOCAL SERVICES THAT CAN BE PROVIDED BY A PhwSI

The needs of the local population will inform the services to be provided. Practitioners with a special interest will form one of a series of integrated options for the delivery of these services. The specific activities of the PhwSI will depend on the service configuration, and will include raising awareness of the primary and community practitioners' role in anticoagulation therapy.

As the local service is developed, commissioners may need to consider whether all pharmacists offering an anticoagulation therapy service must be accredited at PhwSI level, or alternatively put in place a 'tiered' approach whereby only those pharmacists offering a more complex service must be accredited at this level. The guiding principle in any such considerations should be the extent to which the specialist role being commissioned extends beyond the pharmacists' core generalist role and the relative level of risk this presents to patients. Anticoagulation Europe have expressed support for the PhwSI in anticoagulation role, particularly if this allows patients to use locally-based and familiar pharmacists to provide continuity of care for patients with appropriate governance, even when their clinical needs change or become more complex.

It is very important that all service providers and patients and carers are involved at every stage of service development. The types of patients suitable for the service should be considered, including age range, co-morbidities, minimum and maximum caseload/frequency and reason for referral.

The definition of a practitioner with a special interest requires provision of a clinical service to individual patients, and therefore a direct clinical care element must be included in any PhwSI service. Other additional elements described below may also be needed and may be included where specified by service commissioners.

The practitioner with special interest in anticoagulation monitoring will be accredited in the context of the service to be provided and the competences required in providing it. Section 3, which identifies competences, supports this approach.

EXAMPLES FOR A PhwSI ANTICOAGULATION THERAPY SERVICE

<p>Clinical Services</p> <ul style="list-style-type: none"> • Works with local specialist services and GPs to provide anticoagulation therapy to a specified group of patients through agreed protocols. • Monitors anticoagulation therapy appropriately including adverse events. • Provides clinical support to other pharmacists and practices within the locality and may provide pharmaceutical care for more complex patients referred by them. • Provides patients with advice, information and educational materials to aid their understanding of all aspects of their medication. • Advises on heparin therapy for patients in primary care settings. 	<p>Leadership</p> <ul style="list-style-type: none"> • Acts as a pharmacist clinical lead for anticoagulation therapy within a locality and contributes to multi-professional groups across the primary and secondary care sectors. <p>Service Development</p> <ul style="list-style-type: none"> • Helps develop models of provision based on locally agreed, whole system pathway, aligned with the local strategy for anticoagulation therapy. • Contributes to development of governance framework eg clinical guidelines, audits, standard operating procedures (SOPs) and patient surveys. • Aware of changing indications for anticoagulation therapy and how this impacts on local services.
<p>Education</p> <ul style="list-style-type: none"> • Provides education and support to pharmacists, primary care organisations and practices to raise the general standard, safety and consistency of anticoagulation care across primary care. • Facilitates and encourages the spread of good practice within primary care. • Contributes to patient education both on an individual or wider basis eg, through links with patient groups in the locality. 	<p>Liaison</p> <ul style="list-style-type: none"> • Provides a link / liaison role between specialist services and local pharmacies providing or dispensing anticoagulation therapy. • Works with pharmacists, GPs, primary care nurses and other health care staff such that current best practice is implemented within the primary care environment for the management of all patients requiring anticoagulation monitoring.

1.3 PRINCIPLES OF SERVICE DELIVERY

Models of service delivery are expected to reflect the important principles outlined in the *Implementing care closer to home: Convenient quality care for patients* documents (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

Local guidelines for the service should reflect and incorporate nationally agreed guidelines. Both the commissioner and PhwSI should demonstrate awareness of national relevant advice issued by organisations such as:

- The British Heart Foundation <http://www.bhf.org.uk/>
- National Patient Safety Agency (see also below) www.npsa.nhs.uk
- National Institute for Health and Clinical Excellence <http://www.nice.org.uk/>
- The Department of Health <http://www.dh.gov.uk/en/index.htm>

In addition:

The service model should take account of nationally agreed guidance, especially:

- National Patient Safety Agency
The NPSA has produced the following patient safety alert and support materials to help manage the risks associated with anticoagulants and reduce the risks of patients being harmed in the future. All templates and exemplar documents provided as supporting materials for all patient safety alerts are drafts intended for local adaptation. Organisations should ensure that they are adapted locally and that they meet the requirements of specialist clinical areas and services and are ratified prior to use. All below are available at: www.npsa.nhs.uk/patientsafety/alerts-and-directives/alerts/anticoagulant/
 - Patient safety alert
 - Patient briefing (English and Welsh versions)
 - Template service audit form
 - Summary of stakeholder consultation January-March 2006
 - Anticoagulant therapy: information for community pharmacists, GPs and social care providers
 - Managing patients who are taking warfarin and undergoing dental treatment
 - Information for Patients and Carers:
 - Anticoagulant Alert Card
 - Oral anticoagulation therapy: important information for patients (booklets available in several languages)
 - Anticoagulant treatment record form
 - Anticoagulant treatment record booklet
 - Oral anticoagulant therapy: important information for dental patients
 - Social care provider information
 - Patient and public workshop report: anticoagulants
 - Risk assessment of anticoagulant therapy
 - Appendix - Risk assessment grid

British Society of Haematology Standards for Anticoagulants

- [Safety indicators for anticoagulant services](#)
- [Oral anticoagulants 3rd edition -2005 update](#)
- [Oral anticoagulants 3rd edition 1998](#)
- [Guidelines on the use and monitoring of heparin](#)
- National service frameworks
- The model should incorporate examples of nationally agreed good practice such as care closer to home demonstration sites.

2. INFRASTRUCTURE REQUIRED

2.1 SERVICE LEVEL AGREEMENTS

It is important that the commissioned service meets the agreed specifications as laid down by the commissioners.

This will include for example:

- Type of service to be delivered including inclusions and exclusions; for example will the service include:
 - Stable, easily controlled patients
 - Patients whose needs are more complex
 - Patients with DVT or PE completing a course of warfarin
 - Initiating warfarin treatment
 - Patients also requiring LMWH
 - Warfarin patients leaving hospital
 - Patients with atrial fibrillation where a cardioversion is being planned
 - Stopping heparin or warfarin therapy if indicated
 - Out of hours or urgent care for patients on anticoagulation therapy.
- Joint working arrangements
- How referrals are received and referred on; for instance referral into the service by both specialist services and GPs, and direct 'fast tracking' to specialists by PhwSIs if required
- Respective roles and responsibilities for PhwSIs, GPs and specialist services
- Waiting times and any follow up action for patients who do not attend
- Means of communication between referrer and PhwSI, and ongoing communication with the secondary care service and GPs as required
- Confidentiality/Information sharing
- Number of sessions to be worked, and optimal workload
- Location of the service
- Contact with other health professionals
- Direct access to diagnostic provision (including reporting)
- Internal and external quality assurance of testing equipment eg, via NEQUAS
- Process for following patient up / review
- Communication and updating medical records
- Reporting mechanism
- How the service links with the commissioner's requirements

2.2 SUPPORT AND FACILITIES

Facilities will vary according to the commissioned service. The basic requirements for a PhwSI in anticoagulation therapy include the following:

- Access to support and supervision from a specialist service and from specialist clinical pharmacists with expertise in anticoagulation therapy
- Clinical and administrative support staff available as required for the service
- Access to patients' INR results
- Adequate means of record keeping
- Education mentoring support and clinical network facilities-
- Appropriate support to facilitate effective clinical audit and performance monitoring-
- Access to educational material / clinical reference databases, events and conferences to ensure they are undertaking appropriate CPD
- Access to relevant infection control support and guidance eg, for fingerprick tests, Hep B vaccination, handwashing
- Access to premises which are suitable for the service being commissioned
- Access to professional guidance from an accredited laboratory service eg, through a local NHS Trust
- Access to advice from healthcare scientists or quality assurance specialists relating to standards and maintenance of testing equipment, for instance linked with UK National External Quality Assurance Service (NEQUAS).

NB: Facilities must be kept up to date in keeping with national guidance. Such facilities are to be accredited and should take account of the Government's *Standards for Better Health*.

www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086665&chk=jXDWU6)

2.3 CLINICAL GOVERNANCE AND STANDARDS

PhwSIs will operate within the local clinical governance framework and within their scope of professional practice.

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety. Nationally agreed standards for the provision of facilities exist, and are referred to in, *Implementing care closer to home: Convenient quality care for patients*

http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

The commissioner should give consideration to the following aspects of the PhwSI service:

- **Lines of responsibility:** Accountability for overall quality of clinical care.

- **Monitoring of clinical care:** Patients' and carers' experience to be included in patient surveys. Staff to be encouraged to participate in clinical governance programmes.
- **Workforce planning and development:** Continuing professional development, which may include peer review, support and mentoring, will be built into the organisations' service planning. Succession and contingency plans will be in place and service users will be involved and their opinions taken into account.
- **Risk management programmes:** Included in clinical risk management, and in protocols on good record keeping, patient safety, confidentiality, and handling complaints.
- **Poor performance management:** All organisations should have systems in place for identifying and managing poor professional performance in line with professional organisations and national bodies eg, NCAS.
- **Linked to this is reporting of critical incidents:** Such as medication incidents and serious untoward incidents which should be mandatory for all settings, not just the NHS.
- **Adherence:** to the requirements set down by the Accountable Officer in relation to controlled drugs.

3. THE COMPETENCES REQUIRED

3.1 GENERALIST COMPETENCES

A pharmacist with a special interest is expected to demonstrate that he/she is a competent and experienced generalist, as well as having the specific competences and experience for anticoagulation therapy.

Competent practitioners will be able to demonstrate:

- Good communication skills during interaction with patients, carers and colleagues
- The ability to explain risk and benefits of different treatment options
- Skill in involving patients and carers in the management of their condition(s).

A generic PhwSI competency framework was published within the national framework for PhwSIs and is available at http://www.primarycarecontracting.nhs.uk/uploads/Pharmacy/PhwSI/launch_sept_06/annex_a_phwsi_competency_framework_version_1_sept_06.doc.

It is recommended that this be used to assess generalist (practitioner-level) skills and experience. CPD records are expected to form a significant part of this evidence. This framework may also be used to identify skills and experience that go beyond the core role.

3.2 SPECIFIC COMPETENCES FOR ANTICOAGULATION THERAPY

The PhwSI will demonstrate a knowledge and skill level reflecting a higher level than those acquired by non-specialist colleagues; whilst recognising the limitations of their own knowledge and competences. Competences listed below by the NPSA include both generalist and specialist levels of practice, and the generic competency framework referenced above may also be used to clarify advanced or specialist levels.

It is not intended that practitioners with special interest in anticoagulation therapy possess all the competences listed in this document, rather that commissioners ensure that the practitioner has the specific competences, drawn from the overall list, to meet the requirements of the service specification. As an example, PhwSIs in anticoagulation therapy will need to be competent to monitor anticoagulation therapy, some may be required to advise on stopping heparin therapy if indicated, but it is less likely that they may make the decision to start anticoagulation therapy.

A summary of the key workforce competences is below, developed by the NPSA
 For full details see <http://www.npsa.nhs.uk/patientsafety/alerts-and-directives/alerts/anticoagulant/>.

1. Initiating anticoagulation therapy
2. Maintaining anticoagulation therapy
3. Managing anticoagulation in patients requiring dental surgery
4. Dispensing anticoagulation therapy
5. Preparing and administering heparin therapy
6. Reviewing the safety and effectiveness of an anticoagulation service

There may be other additional competences that need to be evidenced at accreditation, dependent on the service specification. These are listed below:

Objectives	Knowledge (The practitioner can...)	Skills (The practitioner is able to...)	Attitudes
To provide anticoagulation therapy for patients including those with more complex requirements, in line with service specification	Understand local protocols in place in secondary and primary care settings for anticoagulation therapy	Manage warfarin patients during admission and discharge from hospital, including outpatient or day case procedures such as endoscopy, cardioversion or ablation	An appreciation of how health and life events may affect warfarin treatment and also how the complications linked with warfarin use may have an impact on the patient's lifestyle and limit the treatment options available for their other illnesses
		Manage anticoagulation where there is an element of the patient's anticoagulant care that involves a hospital specialist such as an obstetrician for women planning a pregnancy or a haematologist where thrombophilia is being investigated	
		Monitor or stop treatment with heparin products eg, for DVT or pulmonary embolism	
	Understand clinical signs in patients taking warfarin that indicate the need for medical – specialist referral/advice	Identify patients with thrombophilia	
To maintain up to date clinical knowledge of anticoagulation therapy	Awareness of the emerging new oral anticoagulant therapies		

4. TEACHING AND LEARNING

The PhwSI outline portfolio provides a useful guide towards the types of evidence that applicants may need to gather during the training and accreditation process. This can be downloaded at <http://www.primarycarecontracting.nhs.uk/246.php>

Practitioners are expected to demonstrate that they have completed recognised training, which may include acknowledgement of prior learning and experience. Training can be acquired in several ways and would be expected to include both practical and theoretical elements.

For example:

- Experience (current or previous) relevant to the specialist area
- Centre for pharmacy postgraduate education distance learning : Anticoagulation: managing patients, prescribing and problems
- BMJ e-learning modules ((BMJ learning website - free registration required):
 - [Starting patients on anticoagulants](#)
 - [Maintaining patients on anticoagulants](#)
- Attendance at recognised meetings/lectures/tutorials on specific relevant topics
- As a clinical placement agreed locally; normally this will be with the local specialist service
- As part of a recognised university course for example those offered at the Universities of Sunderland, Birmingham and Hertfordshire (see Appendix 2 for links).

The precise nature and duration of supervised practice will depend on the specific service requirements. PhwSIs in anticoagulation therapy are expected to demonstrate a range of evidence in line with the generic competency framework, and in addition a structured reference from an objective, relevant and independent clinician to confirm their competence to take on the new role. It is anticipated that this evidence will include formal learning, supervised practice and relevant expertise in the special interest area. Pharmacists applying for accreditation as a practitioner with a special interest in anticoagulation therapy will need to draw on support from the relevant specialist services and hospital pharmacy colleagues to develop this range of evidence, including periods of supervised practice.

The role of both the secondary care haematology specialists, and the hospital clinical pharmacy lead are key to the successful training and development of PhwSIs in anticoagulation therapy.

Many universities are developing training modules that include theoretical training followed by supervised practice and formal competence-based assessments. Such courses use many of the assessment tools described in this framework. While these courses are no substitute for clinical experience, the use of supervised practice and formal competence-based assessment is likely to become widely accepted, mirroring the robust assessment processes used in undergraduate and post-graduate training. This type of training module would therefore be useful in supporting the training and accreditation process for PhwSIs.

5. ASSESSMENT

The most suitable teaching and learning and assessment methods will vary according to individual circumstances and it is recommended that these are agreed with an educational supervisor and/or trainer in advance. The PhwSI can be assessed across many of the clinical domains set out in section 3, but it is expected that the assessment process will be tailored towards the service that the PhwSI will deliver.

The assessment of individual competences will be undertaken by a combination of some of the following:

- Observed practice using modified mini clinical examination (eg mini-CEX, examination of video, see Appendix 1)
- Case note review
- Reports from colleagues in the multidisciplinary team (using 360-degree appraisal tools)
- Demonstration of skills under direct observation by a specialist clinician DOPS (see Appendix 1)
- Simulated role play objective structured clinical examination (OSCE)
- Reflective practice
- Further training in anticoagulation therapy (eg, postgraduate short course)
- Logbook/portfolio of achievement
- Observed communication skills, attitudes and professional conduct
- Demonstration of knowledge by personal study supported by appraisal (+/- knowledge based assessment); and
- Evidence of gained knowledge via attendance at accredited courses or conferences.

Versions of these tools suitable for use in this context are available to download at <http://www.primarycarecontracting.nhs.uk/246.php>

6. ACCREDITATION, MAINTENANCE OF COMPETENCE AND RE-ACCREDITATION

The mandatory processes for accreditation and re-accreditation are set out in *Implementing care closer to home: Convenient quality care for patients, Part 3 The accreditation of GPs and Pharmacists with Special Interests*. During the accreditation process, the PhwSI is expected to provide evidence of their acquisition and maintenance of appropriate competences in anticoagulation therapy.

A practitioner should only be employed to work as a PwSI once their competence for that service has been assessed and confirmed against the standards described in this document.

6.1 MAINTENANCE OF COMPETENCES

Practical arrangements for the maintenance of competences should be agreed by all key stakeholders as part of the service accreditation.

To develop and maintain skills it is important to see sufficient numbers of patients in a clinical setting in accordance with the scope of the commissioned service.

It is recommended that PhwSIs:

- Work regularly within the specialist area in order to obtain adequate exposure to a varied case mix to support CPD; this should occur across the spectrum of the role, including leadership and teaching.
- Undertake a joint clinic or clinical supervision session at least on a quarterly basis, commensurate with the number of sessions worked by the PhwSI. These should be with a more specialist practitioner for the discussion of difficult cases and as an opportunity for CPD. In the absence of this there should be evidence of working and / or learning with peers. Arrangements for this should be agreed during the training programme.

It is also expected that practitioners will:

- Be actively involved in the local specialist service
- Contribute to local clinical audits.

Active membership of an appropriate professional group or clinical pharmacy organisation will provide further opportunities for PhwSIs to develop their knowledge and skills through attendance of educational and networking at update meetings.

PhwSI IN ANTICOAGULATION THERAPY PORTFOLIO

PhwSIs are expected to maintain a personal development portfolio to identify their education requirements matched against the competences required for the anticoagulation therapy service and evidence of how these have been met and maintained. An outline portfolio to support the accreditation of pharmacists with a special interest has been developed and is available at <http://www.primarycarecontracting.nhs.uk/246.php> and can be supported by CPD. This provides a guide to the range and types of evidence that will need to be included.

This portfolio can act as an ongoing training record and logbook and be countersigned as appropriate by a supervisor to confirm the satisfactory fulfilment of the required training experience and the maintenance of the competences enumerated in this document and by the accreditors. The portfolio should also include evidence of audit and CPD relating to the PhwSI role.

6.2 MONITORING

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety.

PhwSIs are expected to be involved in the monitoring of service delivery, which incorporates the following (see NPSA guidance for further detail):

- Clinical outcomes and quality of care
- Referral rates of patients to specialists by the PhwSI
- Access times to the PhwSI service
- Patient experience questionnaires
- Audits eg, attendance, INRs outside of range, patient outcomes.

6.3 RE-ACCREDITATION

Practitioners with a special interest must maintain their specialist skills and competences on an ongoing basis as outlined in national PwSI accreditation guidance.

The recommendations for re-accreditation are set out in *Implementing care closer to home: Convenient quality care for patients*, Part 3: The accreditation of GPs and Pharmacists with Special Interests.

http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

APPENDIX 1: ASSESSMENT TOOLS

It is expected that, as part of the accreditation process, the assessment of individual competences will include observation of clinical practice.

The following notes are intended to support the effective use of these assessment tools:

- It is recommended that a series of clinical assessments, eg, using a modified mini-CEX or video assessment or other face-to-face assessment, takes place during period of training prior to the PwSIs becoming accredited.
- Each clinical assessment should be performed by a specialist clinician, consultant or clinical pharmacy lead, ideally an alternative to the educational supervisor.
- The assessor is expected to be present throughout the session and to make assessments, covering different clinical domains, from a number of patient interactions.
- Several assessments covering different areas are expected to be performed during each of the clinical assessment sessions.
- The subject/areas covered will depend on the type of service the PwSI is going to offer. This will be agreed at the start of the training.
- The assessment outcome will be 'satisfactory' or 'unsatisfactory'. Time will be allocated for feedback.
- It is expected that one of the assessments should include a review of case notes.
- It is expected that PwSIs will need training in the recognition and management of conditions normally seen/managed in secondary care and that this knowledge will be acquired via continuing education.
- PhwSI Portfolio – there will be other competences that are not included but desirable; these can be documented in the PhwSI's portfolio and signed off by the trainer. This will probably differ for the individual PwSIs and the detail will need to be agreed with the trainer at the beginning of training.
- For PhwSIs who have not completed a specialist course, it is envisaged that a formal test of knowledge should be included and submitted as evidence to the accreditation panel.

APPENDIX 2: LINKS TO OTHER RESOURCES, IMPLEMENTATION AND ASSESSMENT TOOLS

GUIDELINES AND STANDARDS FOR ANTICOAGULATION THERAPY

British Society of Haematology Standards for Anticoagulants:

- Safety indicators for anticoagulant services
- Guidelines on oral anticoagulants (warfarin) 3rd edition - 2005 update
- Oral anticoagulants 3rd edition 1998
- Guidelines on the use and monitoring of heparin

All available at:

www.bcshguidelines.com/publishedHO.asp?tf=Haemostasis%20and%20Thrombosis&status

National Patient Safety Agency www.npsa.nhs.uk

Guidelines on oral anticoagulation (warfarin): third edition 2005 update
British Committee for Standards in Haematology

Procedures for the outpatient management of patients with deep vein thrombosis 2005 Committee for Standards in Haematology
www.bcshguidelines.com/pdf/dvt_220506.pdf

Antithrombotic therapy. A national clinical guideline. SIGN 1999 www.sign.ac.uk

Atrial fibrillation – management issues

National Library for Health: Clinical Knowledge Summaries
http://www.cks.library.nhs.uk/atrial_fibrillation

USEFUL DOCUMENTS

NICE resources relating to anticoagulation therapy

- Commissioning guide: Commissioning an anticoagulation therapy service
 - Specifying an anticoagulation therapy service
 - Commissioning an anticoagulation therapy service and the commissioning tool
 - Determining local service levels for an anticoagulation therapy service.
- Clinical guideline 36. Atrial fibrillation: the management of atrial fibrillation, June 2006.

National Service Framework for Coronary Heart Disease,
Chapter 8: Arrhythmias and sudden cardiac death DH 2005

Brief Guide to pharmacy anticoagulation services NPA July 2007
Available to NPA members email m.peyke@npa.co.uk

Centre for Pharmacy Postgraduate Education
Anticoagulation: managing patients, prescribing and problems
www.cppe.manchester.ac.uk

e-PIC References on: Pharmacist-led anticoagulant clinics
Royal Pharmaceutical Society of Great Britain
<http://www.rpsgb.org/pdfs/anticoag.pdf>

Anticoagulation Europe
AntiCoagulation Europe (ACE) is a registered charity committed to the prevention of thrombosis and the provision of information and support for people already receiving anticoagulant and anti-platelet therapy. <http://www.anticoagulationeurope.org> includes details of publications available including a quarterly magazine, factsheets and leaflets on:

- Living with Warfarin
- Living with Atrial Fibrillation
- Living with Prosthetic Valves
- Draft sheet of drug interactions and vitamin K content of some foods
- Living with Heart Failure

Available from: AntiCoagulation Europe, PO Box 405, Bromley, Kent BR2 9WP

Self management of oral anticoagulation; randomised trial
Fitsmaurice DA et al. 2005, BMJ 331 1057

United Kingdom National External Quality Assessment Service
UK NEQAS facilitates optimal patient care by providing a comprehensive external quality assessment service in laboratory medicine. Through education and the promotion of best practice, it helps ensure that the results of investigations are reliable and comparable wherever they are produced.
<http://www.ukneqas.org.uk>

Examples of good practice from PCTs and NHS Trusts
<http://www.bradfordairedale-pct.nhs.uk/>

APPENDIX 3: MEMBERSHIP OF THE STAKEHOLDER GROUP FOR PhwSIs IN ANTICOAGULATION THERAPY

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