



### Competencies for EHC Enhanced Service using the General Level Framework & Service Portfolio

This is a comprehensive mapping of the GLF against the enhanced service specification (where this exists) and the use of PGDs where applicable. The mapping interprets the key GLF behaviours for the enhanced service. The HAG competencies are also listed against the relevant behavioural statements of the GLF. Pharmacists should use this mapping to support and identify portfolio entries for CPD.

A quick reference guide showing where the HAG competencies specifically map to the GLF behaviours is also available at [www.codeg.org](http://www.codeg.org) and <http://www.pcc.nhs.uk/200>. This excludes the interpretation of the behaviours against the service specification.

| Delivery of Patient Care Cluster  | Interpretation for EHC Service ( <i>using national service spec<sup>i</sup> and NMC competencies for sexual health</i> )   | Link to HAG Competencies for EHC <sup>ii</sup>   | Examples of Evidence for a Portfolio  |
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| <b>Patient Assessment</b><br>Uses appropriate questioning to obtain relevant information from the patient | 1.1 Pharmacists will supply Levonorgestrel Emergency Hormonal Contraception (EHC) when appropriate to clients in line with the requirements of a locally agreed Patient Group Direction (PGD). The PGD will specify the age range of clients that are eligible for the service; it may facilitate supply to young persons under 16 in appropriate circumstances.<br><br>3.2 A service will be provided that assesses the need and suitability for a client to receive EHC, in line with the PGD. Where appropriate a supply will be made; where a supply of EHC is not appropriate, advice and referral to | a) Able to communicate with clients appropriately and sensitively<br><br>b) Able to counsel and advise on emergency contraception and regular methods of contraception<br><br>h) Able to demonstrate knowledge of the clinical content of the relevant PGD | Witness Statement<br>Patient feedback /audit of the EHC service<br>Performance record from informal/formal training role play/OSCE<br><br>Successful completion of HAG workshop or similar assessments (i.e. role play)<br><br>Completion of CPPE open learning programme 'Emergency Contraception'<br><br>Case Example<br><br>Critical Incident e.g. where information was later identified that could have been |

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|   | <p>another source of assistance, if appropriate, will be provided. Clients who have exceeded the time limit for EHC will be informed about the possibility of use of an IUD and should be referred to a local service as soon as possible.</p> <p>3.3 Inclusion and exclusion criteria, which are detailed in the PGD, will be applied during provision of the service.</p> <p>3.4 The service will be provided in compliance with Fraser guidance and Department of Health guidance on confidential sexual health advice and treatment for young people aged under 16.</p> <p>Essential to establish client eligibility (clinical) and inclusion criteria for the service. Elicit a clear and concise clinical picture of the client's presenting problems including recent sexual history (previous EHC use). Obtains information on physical signs and symptoms of infection and risk of pregnancy. Completion of the Service Proforma required.</p> |  | elicited earlier  |
| <p><b>Consultation or referral</b><br/>Pharmaceutical or health problems are appropriately referred</p> | <p>1.4 Pharmacists will link into existing networks for community contraceptive services so that women who need to see a doctor can be referred on rapidly.</p> <p>1.5 Clients excluded from the PGD criteria will be referred to another local service that will be able to assist them, as</p>  | c) Understands how and when to refer clients and when to ask for support or advice | <p>Case Example where referral to local services took place</p> <p>List of relevant local services, including those who fit IUDs</p> <p>Successful completion of HAG workshop or similar assessments (i.e. role play)</p> |

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|  | <p>soon as possible</p> <p>Aims of the service:</p> <p>2.4 To refer clients, especially those from hard to reach groups, into mainstream contraceptive services.</p> <p>2.6 To refer clients who may have been at risk of STIs to an appropriate service.</p> <p>3.2 A service will be provided that assesses the need and suitability for a client to receive EHC, in line with the PGD. Where appropriate a supply will be made; where a supply of EHC is not appropriate, advice and referral to another source of assistance, if appropriate, will be provided.</p> <p>3.6 Verbal and written advice on the avoidance of STIs and the use of regular contraceptive methods, including advice on the use of condoms, will be provided to the client. This should be supplemented by a referral to a service that can provide treatment and further advice and care.</p> <p>3.13 The PCO will need to provide up to date details of other services which pharmacy staff can use to refer service users who require further assistance.</p> <p>Need for referral may be identified at various points during the client encounter. The pharmacist should be able to demonstrate they can identify the need to refer from initial questioning or</p> |  | <p>Examples of completed paperwork related to scheme</p> |
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|   | criteria within the PGD, service specification and service proforma.   |  |  |
| <p><b>Recording Consultations</b><br/>Documents consultation where appropriate in the patient's records</p> | <p>3.9 The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit.</p> <p>3.12 The PCO will need to provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.</p> <p>A record of the supply or exclusion to be made in the client's pharmacy record and proforma as indicated in the service specification</p>   | g) Understands and able to apply the medico-legal aspects of EHC provision in accordance with a PGD  | Copy of an example of a record (anonymised)  |
| <p><b>Patient consent</b><br/>Satisfactorily obtains patient consent if appropriate</p>                     | <p>3.4 The service will be provided in compliance with Fraser guidance and Department of Health guidance on confidential sexual health advice and treatment for young people aged under 16</p> <p>Signature of client on proforma; verbal consent of EHC supply on initial assessment as appropriate. Assess barriers to the client making an informed choice (e.g. language). Should consider Fraser Guidelines in assessment for the capacity of a young person to give valid consent. Document any factors taken into account in the client record.</p> | d) Understands confidentiality issues and is aware of their role in the process of child protection. | <p>Service documentation showing consent +/- or knowledge and use of Fraser Guidelines</p> <p>Case example demonstrating where consent was problematic</p> <p>Completion of CPPE open learning programme 'Child Protection'</p> <p>Successful completion of HAG workshop or similar assessments (i.e. role play)</p> |

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| <b>Relevant Patient Background</b><br>Retrieval of ALL relevant and available information | As for client assessment above, but including written information as well (i.e. PMR info).  | h) Able to demonstrate knowledge of the clinical content of the relevant PGD.  | Case example<br>Successful completion of HAG workshop assessments (i.e role play)   |
| <b>Drug History</b><br>Documents an accurate and comprehensive drug history when required | 3.2 A service will be provided that assesses the need and suitability for a client to receive EHC, in line with the PGD<br>3.3 Inclusion and exclusion criteria, which are detailed in the PGD, will be applied during provision of the service. This is produced from the client assessment and retrieval of relevant client background. Allows for medicines exclusions to be identified. | g) Understands and able to apply the medico-legal aspects of EHC provision in accordance with a PGD<br><br>h) Able to demonstrate knowledge of the clinical content of the relevant PGD. | Case Example<br>Successful completion of HAG workshop assessments (i.e role play)   |
| <b>Drug – drug interactions</b><br>Identified, Prioritised and Acted upon                 | 3.4 A service will be provided that assesses the need and suitability for a client to receive EHC, in line with the PGD   | b) Able to counsel and advise on emergency contraception and regular methods of contraception  | For all of these behaviours case examples using straight forward supplies and/or examples where an exclusion criterion was identified and the supply not made.<br><br>CPD entry demonstrating that clinical knowledge is updated (e.g. review articles, completion of formal CE programmes) |
| <b>Drug – patient interactions</b><br>Identified, Prioritised and Acted upon              | Drug Interactions are stated in the PGD and should be identified to establish service exclusions.   | e) Understands the different types and methods of hormonal contraception; their use, advantages, failure rates and complications   |   |
| <b>Drug – disease interactions</b><br>Identified, Prioritised and Acted upon              |   | f) Understands the pharmacotherapy for the full range of available medication and appropriate clinical guidance (e.g. NICE).   |   |
| <b>Ensures appropriate dose</b><br>Appropriate dose is ensured                            | 3.5 A service will be provided that assesses the need and suitability for a client to receive EHC, in line with the PGD<br><br>Dose of medicines is appropriate for indication and supplied as per the PGD  | h) Able to demonstrate knowledge of the clinical content of the relevant Patient Group Direction(s).   |   |
| <b>Selection of dosing regimen</b><br>Appropriate timing of dose is ensured               | The regimen is provided in the PGD. Advice on dose timing is provided to the client.  |  |   |
| <b>Selection of formulation and concentration</b><br>Appropriate formulation is ensured   | The formulation supplied is defined in the PGD  |  |   |

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| <p><b>The prescription is legal</b><br/>Legality of prescription is ensured</p>                               | <p>3.2 Where appropriate a supply will be made</p> <p>The supply of the POM against the PGD complies with legal requirements i.e. the PGD is signed by all pharmacists delivering the service in the pharmacy.</p>   | <p>g) Understands and able to apply the medico-legal aspects of EHC provision in accordance with a PGD</p>   |  |
| <p><b>Labelling of the medicine</b><br/>The label on the dispensed medicine includes required information</p> | <p>Prior to supplying the EHC, the product should be labeled as per POM requirements.</p>  | <p>g) Understands and able to apply the medico-legal aspects of EHC provision in accordance with a PGD</p>   | <p>A copy of an anonymised label could be used with a case example</p>   |
| <p>The dispensed medicine is labeled appropriately for the patient</p>  | <p>Accommodates special requirements (large labels, literacy /language issues).</p>  |  | <p>Case example where special requirement was identified and provided for</p>  |
| <p><b>Public Health</b><br/>Provides lifestyle advice appropriately</p>                                       | <p>1.6 The pharmacy will provide support and advice to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use, advice on the use of regular contraceptive methods and provide onward signposting to services that provide long-term contraceptive methods and diagnosis and management of STIs.</p> <p>2.1 To increase the knowledge, especially among young people, of the availability of emergency contraception and contraception from pharmacies.</p> <p>2.5 To increase the knowledge of risks associated with STIs.</p> <p>3.6 Verbal and written advice on the avoidance of STIs and the use of regular contraceptive methods, including advice</p> | <p>b) Able to counsel and advise on emergency contraception and regular methods of contraception</p> <p>e) Understands the different types and methods of hormonal contraception; their use, advantages, failure rates and complications</p> | <p>Copies of leaflets available or given to clients</p> <p>Witness statement</p> <p>Case example</p> <p>CPD example demonstrating update on knowledge in this area</p> <p>Completion of CPPE open learning programme 'Emergency Contraception'</p> <p>Completion of CPPE open learning programme 'Contraception'</p> |

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|  | <p>on the use of condoms, will be provided to the client.</p> <p>Contraceptive and sexual health promotion advice is provided. These may be sourced locally or nationally.</p>   |  |  |
| <p><b>Health Needs</b><br/>Takes into account the patient's individual circumstances</p>                   | <p>1.2 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.</p> <p>Cultural/social background may influence client choice. Repeated access to the service should be referred to GP or sexual health clinic. Need to assess and account for the psychosocial aspects in relation to sexual and reproductive healthcare and management (e.g. stigma, shame)</p>   | <p>b) Able to counsel and advise on emergency contraception and regular methods of contraception</p> <p>e) Understands the different types and methods of hormonal contraception; their use, advantages, failure rates and complications</p> | <p>Case Example</p> <p>CPD information on psychosocial aspects of sexual healthcare</p> <p>Successful completion of HAG workshop or similar assessments (i.e. role play)</p> |
| <p><b>Need for information is identified</b><br/>Patient need for information is accurately identified</p> | <p>2.1 To increase the knowledge, especially among young people, of the availability of emergency contraception and contraception from pharmacies.</p> <p>2.5 To increase the knowledge of risks associated with STIs.</p> <p>3.2 A service will be provided that assesses the need and suitability for a client to receive EHC, in line with the PGD</p> <p>This includes specific information about the EHC and wider sexual health promotion information. Obtain and interpret client's knowledge and understanding in order to meet their information needs.</p> | <p>a) Able to communicate with clients appropriately and sensitively</p> <p>b) Able to counsel and advise on emergency contraception and regular methods of contraception</p>  | <p>Case Example</p> <p>Copies of leaflets available or given to clients</p> <p>Successful completion of HAG workshop or similar assessments (i.e. role play)</p>             |

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| <p><b>Medicines Information</b><br/>Accurate and appropriate medicines information is communicated</p> | <p>3.2 A service will be provided that assesses the need and suitability for a client to receive EHC, in line with the PGD. Where appropriate a supply will be made; where a supply of EHC is not appropriate, advice and referral to another source of assistance, if appropriate, will be provided. Any written or verbal information given about medicines should be communicated in a manner that is suitable for the client.</p>   |  | <p>Case Example</p>   |
| <p><b>Provision of written information</b><br/>Appropriate information is provided</p>                 | <p>3.6 Verbal and written advice on the avoidance of STIs and the use of regular contraceptive methods, including advice on the use of condoms, will be provided to the client.</p> <p>3.15 The PCO will be responsible for the provision of health promotion material, including leaflets on EHC, long-term contraception and STIs to pharmacies.</p> <p>Written information to support verbal advice should be available and provided in a manner suitable for the client. Use relevant information sources (leaflets, internet etc). Information should enable the client to make informed choices about their care and condition.</p> | <p>a) Able to communicate with clients appropriately and sensitively</p>                             | <p>Copies of leaflets available or given to clients</p> <p>List of useful internet sites passed on to clients</p> <p>List of local related services and IUD centres</p> |
| <p><b>Use of Guidelines</b><br/>Current clinical guidelines are applied as appropriate</p>             | <p>3.4 The service will be provided in compliance with Fraser guidance and Department of Health guidance on confidential sexual health advice and</p>   | <p>b) Able to counsel and advise on emergency contraception and regular methods of contraception</p> | <p>Copy of Guideline (or executive summary) and Local Service Specification that includes clinical information</p>  |

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|  | <p>treatment for young people aged under 16.</p> <p>3.5 The service protocols should reflect national and local child and vulnerable adult protection guidelines.</p> <p>3.8 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.</p> <p>Pharmacists should follow the Clinical Guidelines. Use of local guidelines when neglect, physical or sexual abuse, sexual assault is suspected in any client</p> | <p>e) Understands the different types and methods of hormonal contraception; their use, advantages, failure rates and complications</p> <p>f) Understands the pharmacotherapy for the full range of available medication and appropriate clinical guidance (e.g. NICE).</p> | <p>Case example demonstrating where guidance applied e.g. Fraser Guidelines</p> <p>Completion of CPPE open learning programme 'Child Protection</p> <p>Case example of provision of EHC according to the PGD e.g. outside its licence</p> |
| <p><b>Record of contributions</b><br/>Appropriate documentation of the intervention is completed</p>       | <p>3.9 The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit.</p> <p>3.12 The PCO will need to provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.</p> <p>Service Proforma is completed and retained.</p>   | <p>g) Understands and is able to apply the medico-legal aspects of EHC provision in accordance with a Patient Group Direction</p>   | <p>Case Example<br/>Service proforma / examples of record keeping<br/>Documented use of Fraser Guidelines</p>   |
| <p><b>Assessing outcomes of contributions</b><br/>Outcomes of contributions are appropriately assessed</p> | <p>3.12 The PCO will need to provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.</p> <p>4.3 The pharmacy participates in an annual PCO organised audit of service provision.</p> <p>4.4The pharmacy co-operates with any</p>  | <p>g) Understands and is able to apply the medico-legal aspects of EHC provision in accordance with the PGD</p>   | <p>Copy of information on service provision</p>   |

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|   | locally agreed PCO-led assessment of service user experience.<br><br>Data is submitted as requested to PCT for evaluation.   |  |  |
| <b>Personal Competency Cluster</b>  | <b>Interpretation for EHC Service</b> ( <i>using national service spec<sup>1</sup> and NMC competencies for sexual health</i> )  | <b>Link to HAG Competencies for EHC<sup>2</sup></b>                                | <b>Examples of Evidence for a Portfolio</b>  |
| <b>Efficiency</b><br>Uses time efficiently  | Able to meet the service waiting time; provides the service in a timely way.   |  | Service audit  |
| <b>Communication with (client/carer and health professionals and PCO)</b><br>Communication is clear, precise and appropriate    | 1.2 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.<br>3.7 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service, including sensitive, client centred communication skills.<br><br>Communication skills are an essential component of delivering the service due to its sensitive nature. | a) Able to communicate with clients appropriately and sensitively                  | Witness statements<br><br>Case example demonstrating communication skills<br><br>Case example where a referral was made<br><br>Successful completion of HAG workshop or similar assessments (i.e. role play) |
| <b>Multi-disciplinary Team</b><br>Recognises the value of other health professionals and uses appropriate channels for referral | 1.4 Pharmacists will link into existing networks for community contraceptive services so that women who need to see a doctor can be referred on rapidly.<br><br>2.7 To strengthen the local network of contraceptive and sexual health services to help ensure easy and swift access to advice.<br><br>3.10 Pharmacists may need to share relevant information with other health care professionals and agencies, in line  | c) Understands how and when to refer clients and when to ask for support or advice | Local Referral Pathways/services<br><br>Case example where referral was made<br><br>Successful completion of HAG workshop assessments (i.e. role play)   |

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|  | <p>with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the client to share the information.</p> <p>3.13 The PCO will need to provide up to date details of other services which pharmacy staff can use to refer service users who require further assistance.</p> <p>Pharmacists need to know the roles of other health professionals and sexual health service providers to ensure referral is correctly applied</p>                      |   |  |
| <p><b>Confidentiality</b><br/>Maintains confidentiality</p>        | <p>1.2 Pharmacies will offer a user-friendly, non-judgemental, client-centred and confidential service</p> <p>3.1 The part of the pharmacy used for provision of the service provides a sufficient level of privacy</p> <p>3.10 Pharmacists may need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the client to share the information.</p> | <p>d) Understands confidentiality issues and is aware of their role in the process of child protection.</p> | <p>Premises accreditation record</p> <p>Critical Incident e.g. of Service SOPs re record keeping / confidentiality for staff involved with service</p> |
| <p><b>Recognition of Limitation</b><br/>Recognises limitations</p> | <p>Access suitable clinical support.</p> <p>As for consultation or referral</p>   | <p>c) Understands how and when to refer clients and when to ask for support or advice</p>                   | <p>Example of when advice was sought from a colleague</p> <p>Successful completion of HAG workshop or similar assessments (i.e. role play)</p>         |

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|   |  |   | Example of CPD where performance gap identified                                       |
| <b>Quality and Accuracy of documentation</b><br>Legally required info is documented | 3.9 The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit.<br>Completion of service documentation and recording of information on PMR  | g) Understands and able to apply the medico-legal aspects of EHC provision in accordance with a PGD   | Copy of a sample proforma   |
| <b>Legislation</b>  | 3.4 The service will be provided in compliance with Fraser guidance and Department of Health guidance on confidential sexual health advice and treatment for young people aged under 16.<br>3.5 The service protocols should reflect national and local child and vulnerable adult protection guidelines.<br><br>Laws relating to younger clients (e.g. as detailed in Children's NSF); Data protection; | d) Understands confidentiality issues and is aware of their role in the process of child protection.<br><br>g) Understands and able to apply the medico-legal aspects of EHC provision in accordance with a PGD | Critical Incident<br><br>Completion of CPPE open learning programme 'Child Protection |
| <b>Confidence</b><br>Inspires confidence  | The results of the annual patient survey will provide an indication of patient confidence  |   |   |
| <b>Responsibility for patient care</b><br>Takes responsibility for patient care     | Duty of care to counsel/refer clients.<br>Responsibility to provide contraceptive and sexual health advice   |   | Critical Incident<br><br>Case Example   |
| <b>CPD</b>  | 4.1 Pharmacists and appropriate support staff attend a PCO organised update meeting each year.<br><br>Mandatory CPD updates attended as advised by the PCT   |   | CPD entry (i.e. plan and record entry relating to EHC)                                |

| Problem Solving Cluster  | Interpretation for EHC Service ( <i>using national service spec<sup>1</sup> and NMC competencies for sexual health</i> )  | Link to HAG Competencies for EHC <sup>2</sup>  | Examples of Evidence for a Portfolio  |
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| <b>Accesses Information</b><br>Able to access information from appropriate information sources | These may be clinical information about the patient <b>or</b> information about EHC services. The information provides the basis for completing the client assessment and EHC supply.         | h) Able to demonstrate knowledge of the clinical content of the relevant Patient Group Direction(s).                             | Case Example<br>Critical incident (e.g. out of date)  |
| <b>Up to date information</b><br>Keeps information needed on a day to day basis up to date     | 3.13 The PCO will need to provide up to date details of other services ..<br><br>Pharmacists must ensure that they have access to the most current version of information provided by the PCO |  | CPD entry (i.e. plan and record entry relating to EHC)  |
| <b>Pharmacology</b><br>Able to discuss how drugs work  | The pharmacist will require underpinning knowledge of sexual health and contraception   | e) Understands the different types and methods of hormonal contraception; their use, advantages, failure rates and complications | CPD record (i.e. plan and record entry relating to EHC)   |
| <b>Side effects</b><br>Able to describe the major side effects of drugs                        | Knowledge from Clinical Guidance notes and BNF/SPC  | h) Able to demonstrate knowledge of the clinical content of the relevant Patient Group Direction(s).                             | Completion of underpinning knowledge course (e.g. CPPE)   |
|  |   | f) Understands the pharmacotherapy for the full range of available medication and appropriate clinical guidance (e.g. NICE).     | Completion of CPPE open learning programme 'Emergency Contraception'<br><br>Completion of CPPE open learning programme 'Contraception'<br><br>Successful completion of HAG workshop assessments (i.e role play) |
| <b>Problem identification</b><br>Able to identify problems                                     | Any problem the client may have in taking the EHC should be identified via the assessment and medication history. Other non drug problems may be  | f) Understands the pharmacotherapy for the full range of available medication and appropriate clinical guidance (e.g. NICE).     | Case Example<br><br>Critical Incident   |

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|  | identified for example the need for contraceptive advice.   |   |  |
| <b>Provides accurate information</b>                                 | 1.6 The pharmacy will provide support and advice to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use, advice on the use of regular contraceptive methods and provide onward signposting to services that provide long-term contraceptive methods and diagnosis and management of STIs. | b) Able to counsel and advise on emergency contraception and regular methods of contraception<br><br>d) Understands the different types and methods of hormonal contraception and non-hormonal contraception; their use, advantages, failure rates and complications. | Case example<br><br>Examples of leaflets used  |
| <b>Provides relevant information</b>                                 | 3.6 Verbal and written advice on the avoidance of STIs and the use of regular contraceptive methods, including advice on the use of condoms, will be provided to the client. This should be supplemented by a referral to a service that can provide treatment and further advice and care.   |   |  |
| <b>Provides timely information</b>                                   | 3.2 Clients who have exceeded the time limit for EHC will be informed about the possibility of the use of an IUD and should be referred to a local service as soon as possible.   | b) Able to counsel and advise on emergency contraception and regular methods of contraception   | Case example   |
| <b>Ensures resolution of problem</b>                                 | This could include, where possible, following up clients who were referred to another service   |   | Case example   |
| <b>Standard Operating Procedures</b><br>Uses relevant and up to date | 3.8 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service  | <b>Link to HAG Competencies for EHC<sup>2</sup></b>   | <b>Examples of Evidence for a Portfolio</b>  |
|  |   | g) Understands and is able to apply the medico-legal aspects of EHC provision in accordance with a Patient Group  | Examples of SOPs used for the service<br>Case example demonstrating provision of EHC according to the PGD e.g. outside |

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| procedures for practice  | are aware of and operate within local protocols.<br>4.2 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.<br><br>Pharmacists will need to show they can apply the service to the specification and have SOPs in place for the service.                 | Direction | its licence<br>Evidence of regular review of Service SOPs |
| <b>Working environment</b><br>Implements legal and professional requirements for working environment             | 3.1 The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.   |           | Premises accreditation record                             |
| <b>Risk management</b><br>Documents critical incidents and forwards to appropriate organisations                 | Recording of critical incidents relating to delivery of the service   |           | Critical incident   |
| <b>Service Quality</b><br>Looks to improve the quality of the service offered                                    | 4.3 The pharmacy participates in an annual PCO organised audit of service provision.<br>4.4 The pharmacy co-operates with any locally agreed PCO-led assessment of service user experience.<br><br>Quality measures met as detailed in the service specification. Participation in new developments as advised by the PCT |           | Service Audit   |
| <b>Service Reimbursement</b><br>Uses relevant reference sources to ensure appropriate and accurate reimbursement | Pharmacists will follow the reimbursement process as detailed in the service specification  |           | Completion of service reimbursement proforma              |
| <b>Prescribing budgets</b><br>Interprets how prescribing   | 1.3 The supply will be made free of charge to the client at NHS expense   |           |   |

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| affects prescribing budgets  |  |  |  |
| <b>Linked Organisation</b><br>Can describe the key organisations that affect service delivery  | 1.4 Pharmacists will link into existing networks for community contraceptive services so that women who need to see a doctor can be referred on rapidly.<br><br>Linked organisations for referral and support  |  | Local Referral Pathways/services   |
| <b>Staff Training</b><br>Ensures staff are competent to undertake the tasks allocated to them. | 3.7 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.... |  | Example of training information provided<br><br>Witness statement of staff observation<br><br>SOPs defining role of different staff in the provision of the service<br><br>Review of own and staff competencies against the roles. |
| <b>Supply problems</b><br>Supply problems are resolved promptly                                | Pharmacists need to be aware of how to access alternative sources of EHC in case of supply difficulties.   |  | Critical incident with stock   |
| <b>Stock management</b><br>Ensures stock is managed  | Stock levels of the EHC need to be maintained to ensure service continuity.  |  | Copy of SOP<br>Critical incident   |

<sup>i</sup> EN11 NHS Community Pharmacy Contractual Framework Enhanced Service – Emergency Hormonal Contraception Version 1 (Final) October 2006

<sup>ii</sup> Harmonisation of Accreditation Group (HAG) “Competencies and Training Framework: Provision of an Emergency Hormonal Contraception Service” Version 2b May 2009