

# Return to practice

A CPPE online workshop

Workshop book  
Week 5



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# Ethical dilemmas

## Dilemma 1

A patient requests an emergency salbutamol inhaler late on a Friday, but they do not appear to be having an asthma attack or suffering from shortness of breath. They say their inhaler has run out. What do you do?

1. What do you need to think about before deciding whether to make the supply?

2. What are the options? Identify at least three, discuss the pros and cons of each and make a case for your preferred option.

## Dilemma 2

A child who is around 12 years old comes into your pharmacy with a prescription for amoxicillin for their mother, who, they say, is at home in bed poorly. What do you do?

1. What do you need to think about before deciding whether to make the supply to the child?

2. What are the options? Identify at least three, discuss the pros and cons of each and make a case for your preferred option.

### Dilemma 3

A local GP calls into your pharmacy and writes out a private prescription for themselves for 30 diazepam 10 mg tablets, explaining they have been having a bit of trouble sleeping and have anxiety. What do you do?

1. What do you need to think about before deciding whether to make the supply to the GP?

2. What are the options? Identify at least three, discuss the pros and cons of each, and make a case for your preferred option.

**This activity can be used as supporting evidence for GPhC standards (insert standard numbers):**

# Incident reporting

As part of terms of service (clinical governance), community pharmacists are required to be competent in risk management. This includes maintaining logs of patient safety incidents, analysis of critical incidents, and the application of root cause analysis (RCA).

## The story of Gladys Evans' prescription

Gladys Evans is an 80-year-old who has been coming to your pharmacy for many years. She came in to pick up her regular repeat prescription and was concerned that her water tablets were not in the bag.

The pharmacy technician, Kirti, checked on the Patient Medication Record (PMR) and found an available electronic prescription for furosemide 40 mg tablets for Gladys, which had not been dispensed. They downloaded the prescription from the NHS spine and the pharmacy dispensed the tablets and supplied them to Gladys.

When Gladys arrived home her daughter, Sarah, put her medicines away for her and checked them. On finding the water tablets she became very angry as the hospital consultant had recently stopped these since they made her mother dehydrated and confused. Sarah noted that they were not listed on the repeat side of her mother's prescription and so called the pharmacy to complain.

When the prescription from the GP practice was then checked using the prescription tracker, it was noted that it had been authorised four weeks previously but had been returned to the spine by Raj, who was the responsible pharmacist on that date. There was no note on the PMR about the reason.

Discuss the following questions to assist you in investigating what has happened with Gladys' prescription and what steps you would take to improve patient safety in your practice.

1. Describe what has actually happened in this incident. Consider in your answer what went wrong. Were there any contributing factors and did anything go well?

2. Identify what the causes of the incident were. You could use the 'five whys' approach by simply starting by asking "why" something happened, taking the answer and then asking "why" again and so on.

3. What changes in practice would you recommend to improve patient safety following this incident?

# Clinical effectiveness

As a pharmacist, you must ensure that best current practice and evidence-based guidelines are used all the time for every interaction with your patients and other healthcare professionals. As a healthcare professional, you should strive to work within policies, protocols or guidelines intended to manage risk and reduce harm to patients.

For this session we would like you to review the following scenarios and consider which reference source you would use to find the supporting evidence.

## Question 1

You are completing the clinical assessment of a new prescription for Cyrus Ashkan, age 74. The items are:

Medicine	Dose
Amlodipine 5 mg	One tablet a day
Atorvastatin 40 mg	One tablet a day
Clopidogrel 75 mg	One tablet a day
Omeprazole 20 mg	One capsule a day

**What would be your course of action?**

**What evidence would you cite?**

## Question 2

Eleanour Cummings is aged 76, has a height of 1.52 m, weighs 41 kg and has a Body Mass Index (BMI) of 17.75. She had a fragility fracture of the wrist six months ago. Her PMR shows hormone replacement therapy until 2011 and more recent acute infections and painkillers, none of clinical significance. Levothyroxine has been taken since the start of PMR. She presents a prescription for:

Medicine	Dose
Levothyroxine 100 microgram tablets	Two tablets once daily
Calcichew D3 Forte tablets	Two tablets once daily

**What would be your course of action?**

**What evidence would you cite?**

### Question 3

You receive a prescription for a new patient, Angie Smith, age 42. Her GP has prescribed:

Medicine	Dose
Epilim Chrono 300 mg Tablets	One tablet three times a day

You check the PMR to confirm this is a new patient, and you have no prior information recorded.

**What would be your course of action?**

**What evidence would you cite?**

### Question 4

A customer presents at your pharmacy and asks to purchase Benylin Children's Chesty Cough mixture for their granddaughter who has a cough and cold. They explain that they are familiar with the product as they gave it to their own daughter (the granddaughter's mother) when she was young. On questioning, they tell you that their granddaughter is 18 months old.

**What would be your course of action?**

**What evidence would you cite?**



## Question 5

Sam Reyner is 74. They are a new patient to your pharmacy and they present you with a prescription for:

Medicine	Dose
Methotrexate 10 mg tablets	As directed
Folic acid 5 mg tablets	As directed
Ibuprofen 400 mg tablets	One table three times a day as required

**What would be your course of action?**

**What evidence would you cite?**

## Question 6

Stevie Roberts, aged 60, is a regular patient of yours. Their past medical history includes an ischaemic stroke 28 months ago. Stevie pays regular monthly visits to your pharmacy to have their prescription dispensed. The repeat medicines include:

Medicine	Dose
Aspirin 75 mg	One tablet daily
Dipyridamole MR 200 mg	One capsule twice a day

**What would be your course of action?**

**What evidence would you cite?**

**This activity can be used as supporting evidence for GPhC standards (insert standard numbers):**

# Overview of controlled drugs legislation

## Case studies

### Case study 1 – Maura Bloor

You are a regular locum in a busy pharmacy. You download a batch of Electronic Prescription Service (EPS) prescriptions and among these is one for Maura Bloor (age 82), a regular patient. However, the PMR shows this is a new item for Maura. She has also requested home delivery (assume this prescription is written correctly).

Medicine	Dose
Fentanyl patches 25 micrograms/hr, five patches	Change patch every 72 hours

1. Review the Medicines and Healthcare products Regulatory Agency (MHRA) drug safety update on [transdermal fentanyl patches](#) and the summary of product characteristics (SPC) for [fentanyl patches](#). Is it safe to dispense this prescription? What actions will you take?

2. What processes and procedures do you have in place for delivery of controlled drugs (CDs)?

3. Who should sign the back of the prescription token?

FP10DT1219 © Crown Copyright

If you paid Enter amount paid and sign below £    .

If you didn't pay Mark a line in one box and sign below ☐

A ☐ is 60 years of age or over or is under 16 years of age (unless your date of birth is printed on the form)

B ☐ is 16, 17 or 18 and in full time education

D ☐ Maternity exemption certificate

E ☐ Medical exemption certificate

F ☐ Prescription prepayment certificate

G ☐ Prescription exemption certificate issued by Ministry of Defence

L ☐ HC2 (full help) certificate

H ☐ Income Support or Income-related Employment and Support Allowance

K ☐ Income-based Jobseeker's Allowance

M ☐ Tax Credit exemption certificate

S ☐ Pension Credit Guarantee Credit (including partners)

U ☐ Universal Credit and meets the criteria. Find out more at [www.nhsbsa.nhs.uk/UC](http://www.nhsbsa.nhs.uk/UC)

Read the declaration and sign the form

The information I have given is correct and complete and I confirm proper entitlement to exemption.

**!** I understand that if I falsely claim, I may be issued a Penalty Charge Notice, and I may have to pay up to £100 - as well as my prescription charge(s).

I understand the NHS Business Services Authority may use and share my information within the NHS and with relevant Government bodies to check for fraud and mistakes. Find out more at: [www.nhsbsa.nhs.uk/yourinformation](http://www.nhsbsa.nhs.uk/yourinformation)

Signature  Date    On behalf of patient ☐

SIGNATURE OF COLLECTOR OF SCHEDULE 2 & 3 CDs  PHARMACY USE ONLY EVIDENCE NOT SEEN ☐

**4. What entries should be made in the CD register?**

**5. During the afternoon, the delivery driver telephones you and tells you Maura is not in and asks what they should do with the delivery. How would you advise them?**

**6. How would you document the return of Maura's medicines? What details would need to be included?**

**7. The next day, another delivery driver takes out Maura's medicines, which are delivered successfully. Is there anything you need to document for this second delivery?**

**8. Maura's carer calls you the following week to ask if it is safe to give Maura some paracetamol as she seems to have a temperature. What would you advise the carer to do?**

## Case study 2 – Hilda Fischer

Hilda Fischer is a regular customer at your pharmacy. She has collected prescriptions for herself and her family on a regular basis for the past five years. Two years ago Hilda was diagnosed with cancer and despite receiving treatment she is now terminally ill. Late one Saturday afternoon her son hands in a prescription as follows. When you ask how Hilda is, her son becomes upset and tells you his mother is in a lot of pain today. The on-call doctor, whom you know well, has been out and left this prescription for her.

Please note 'Date today' would be written correctly – we just use today rather than an actual date so the prescription remains current.

Pharmacy Stamp	Age	Title, Forename, Surname & Address
	D.O.B.	Fischer Hilda 20 Anywhere Ln
PLEASE DON'T SIGN OVER AGE 65		NHS Number: Anytown
Number of days treatment N.B. Ensure date is signed		
Endorsements		
Actiq Loz 200 micrograms		
One to be sucked when needed for pain		
4		
Signature of Prescriber	Date	
[Signature]	today	
For dispenser No. of Prescriptions on form	Anywhere surgery Lively Lane	
NHS	FP10SS0406	
PRINTED SERIAL NUMBER		

1. What are your thoughts on dispensing this prescription?

2. If you decided to supply four lozenges for this prescription, how would you endorse the prescription that you have corrected the missed information?

3. Would you ask Hilda's son for proof of identification?

4. What types of identification could you use?

Two weeks later, Hilda's son comes into the pharmacy and tells you that his mother has passed away. He hands you a large bag of drugs to be disposed of. When he has gone, you look in the bag and find a number of morphine sulphate tablets, diamorphine injections and some Actiq lozenges. You are very busy with prescriptions at the moment and decide to deal with this later.

5. What should you do next?

6. Later on in the day you get time to sort the CDs returned to you. What processes would you carry out when sorting unwanted patient returns of CDs?

7. What are the procedures to follow when denaturing and disposing of unwanted patient returns of CDs?

8. What records would you need to keep?

**This activity can be used as supporting evidence for GPhC standards (insert standard numbers):**

# New medicine service

## Intervention interview schedule

1. Have you had the chance to start taking your new medicine yet?
2. How are you getting on with it?
3. Are you having any problems with your new medicine or concerns about taking it?
4. Do you think it is working? (Prompt: *Is this different from what you were expecting?*)
5. Do you think you are getting any side effects or unexpected effects?
6. People often miss taking doses of the medicines, for a wide range of reasons. Have you missed any doses of your new medicine or changed when you take it? (Prompt: *When did you last miss a dose?*)
7. Do you have anything else you would like to know about your new medicine or is there anything you would like me to go over again?

## Follow-up interview schedule

1. How have you been getting on with your new medicine since we last spoke? (Prompt: *Are you still taking it?*)
2. Last time we spoke, you mentioned a few issues you'd been having with your new medicine. Shall we go through each of these and see how you are getting on?
3. A. The first issue you mentioned was [*refer to specific issue*] – is that correct?  
B. Did you try [*the advice/solution recommended at the previous contact*] to help with this issue?
4. Did you try anything else?
5. Did this help? (Prompt: *How did it help?*)
6. Is this still a problem or concern?
7. Have there been any other problems/concerns with your new medicine since we last spoke?
8. People often miss taking doses of their medicines, for a wide range of reasons. Since we last spoke, have you missed any doses of your new medicine or changed when you take it? (Prompt: *When did you last miss a dose?*)

## Case study – Working through the steps of the service

### Patient engagement

Following a consultation with the respiratory nurse at your local practice, Bianca Ohakim has been prescribed a new medicine, Clenil Modulite 200 micrograms inhaler (one puff twice a day) for her asthma. She has been using a salbutamol inhaler for some time. The asthma clinic is held on a Thursday morning when there are also a number of doctors on duty, so your pharmacy is always extremely busy dispensing prescriptions.

**1. How could Bianca be identified as a suitable patient for the new medicine service?**

**2. On first dispensing the Clenil Modulite what advice would you give to Bianca?**

Since Bianca is eligible for the new medicine service you need to gain her consent to share her information. Think about the actual words you would use with a patient to briefly describe the new medicine service, the consent required, the benefits of the service and what issues you might come across at this stage.

**3. Discuss the words and phrases you could use and make a note of some of them here.**

Bianca agrees to take part in the service and gives you consent to share her information. As she works full-time she would like a telephone interview.

**4. What are the issues you might face with a telephone consultation, compared with a face-to-face interview in the pharmacy's consultation area?**

You explain that it would be better if she could come into the pharmacy and as you are open on Saturdays she agrees to make an appointment for 16 days' time.

### Intervention (Days 7-14)

Two weeks later, Bianca arrives at the pharmacy for her appointment. With the help of the questions in the interview schedule, you ask Bianca to describe how she's getting on with her new medicine. She is happy with the medicine at this stage and is using it regularly as prescribed. She is not experiencing any side effects and she is sleeping better at night and not coughing as much during the day.

**5. What would you do next?**

**Follow-up (14-21 days after intervention date)**

Bianca made an appointment to have her follow-up interview carried out by phone about two weeks later. However, when you phone Bianca at the agreed time you get her work answerphone.

**6. What would you do?**

You call again the next day and speak to Bianca.

**7. Which questions in the follow-up interview schedule could have received the following response from Bianca?**

*"I am no longer using the new inhaler because it is affecting my voice."*

You explain to Bianca how she can reduce the side effects and she agrees to continue to take the medicine.

**8. What would you do next?**

**This activity can be used as supporting evidence for GPhC standards (insert standard numbers):**



# Consultation skills – key phrases

## Opening the consultation

“Hello, my name is... and I am...”

“What would you prefer to be called?/What would you like me to call you?”

“Please tell me how to say your name.”

## Sharing the agenda

“I’d like a quick chat to see how you are getting along with your medicines.”

“How are you managing with your...?”

“Tell me what you would like to discuss today.”

“Do you have anything you would like to ask before we go on?”

## Information gathering and listening

“Tell me what you know about your medicines.” (TED)

“Tell me how your medicines fit into your day.” (TED)

“Do you have any worries or concerns about your medicines?” (ICE)

“Explain to me what you understand about your medicines.” (TED)

“Explain to me how you think your medicines are helping you.” (TED)

“Explain to me how your medicines make you feel.”

“Describe how you are managing to fit taking medicines into your day or routine.” (TED)

“What is stopping you from using your medicines as intended and how can I help you to get the most from them?”

Summarise at intervals before moving on: “So let me just take a second to make sure I’ve heard you correctly... ”

## Providing information and shared decision making

“What would you like to do about this problem with your medicine; do you have any thoughts on this?”

“There are a couple of options we could discuss if you’d like some help. One option you could try is...”

“What other information would be helpful to you?”

“Which one of those options do you think would be best for you?”

## Closing

“We’ve covered quite a lot, so just to make sure we both agree, could you tell me what your plan is when you get home?”

“Do you have any last questions before we finish?”

“If at any point you need to chat or you feel like things aren’t going right with the plan, then you can contact me by...”

# NHS Pharmacy First consultations

## Consultation review

Assess the NHS Pharmacy First clinical consultation using the consultation skills assessment form on the following page.

To get the most from this activity, focus on the consultation skills of the pharmacist and not the clinical aspects of the NHS Pharmacy First consultation.

## Identifying effective consultation skills

**As a group, select the three consultation skills the pharmacist demonstrated most effectively during the NHS Pharmacy First consultation and list them here.**

1.

2.

3.

## Developing consultation skills

**As a group, list three further consultation skills which you think could have been introduced into the consultation, or could have been used more effectively.**

1.

2.

3.

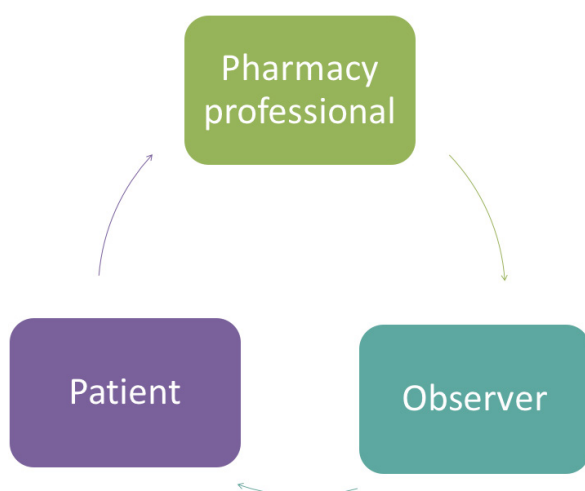
## Video critique – consultation skills assessment form

Does the pharmacist demonstrate the following during the consultation?	Achieved Yes/No	Is there anything you would do differently?	Note key points you could adopt when delivering your consultations
<b>Opening the consultation</b> <ul style="list-style-type: none"> <li>Introduces themselves</li> <li>Obtains consent for the consultation</li> <li>Explains to the patient what the NHS Pharmacy First consultation involves</li> <li>Builds rapport with the patient</li> </ul>			
<b>Questions asked by pharmacy professional</b> <ul style="list-style-type: none"> <li>Asks a majority of open questions to establish the patient's ideas, concerns, and expectations.</li> <li>Asks closed questions infrequently and only when appropriate</li> <li>Asks few or no leading questions</li> </ul>			
<b>Listening</b> <ul style="list-style-type: none"> <li>Actively listens</li> <li>Identifies relevant problems</li> </ul>			
<b>Body language</b> <ul style="list-style-type: none"> <li>Smiles and shows empathy at appropriate times</li> <li>Demonstrates eye contact that reflects that of patient</li> </ul>			
<b>Reflecting and responding</b> <ul style="list-style-type: none"> <li>Acknowledges key issues and responds appropriately</li> </ul>			
<b>Person-centred consultation</b> <ul style="list-style-type: none"> <li>Discusses options following the NHS Pharmacy First consultation</li> <li>Involves the patient in planning of options</li> <li>Continues to build rapport with the patient</li> </ul>			
<b>Explaining</b> <ul style="list-style-type: none"> <li>Explains information clearly in simple terms</li> <li>Does not use medical terminology/jargon, unless appropriate</li> </ul>			
<b>Closing the consultation</b> <ul style="list-style-type: none"> <li>Summarises the key issues</li> <li>Asks patient to reflect back the actions</li> <li>Discusses feedback to GP if appropriate</li> <li>Gives visual clues to indicate closure</li> </ul>			

## NHS Pharmacy First Scenarios

This exercise is designed to focus on your consultation skills. It will also help you become more familiar with the NHS Pharmacy First service.

For each scenario there is a patient brief and a professional brief. There are three roles, and three rounds of approximately 20 minutes each. You should take a turn at each role.



### Pharmacy professional

Your brief reflects the information you will have in advance of an NHS Pharmacy First supply or NHS Pharmacy First minor illness referral. The focus is on consultation skills to obtain additional information from the patient, discuss and agree a shared plan and close the consultation effectively.

### Patient

For these briefs, you are willing to use the pharmacy service and are co-operative with questions asked, but share the information only in response to appropriate questioning.

### Observer

You will have the information for both the pharmacy professional and the patient. Your role is to observe the consultation, make notes on the consultation skills assessment form, timekeep, and manage the feedback process.

The pharmacy professional brief for each role play is in the workbook. Patient information is distributed just prior to the session. The person playing the pharmacy professional will need to use their consultation skills to gather relevant information from the patient.

## Feedback (Pendleton model)

First – What went or was done well by the pharmacy professional:

From the pharmacy professional perspective?

From the patient perspective?

From the observer perspective?

Next – What could be improved:

From the pharmacy professional perspective?

From the patient perspective?

From the observer perspective?

## Timekeeping guidance

For each round of approximately 20 minutes

- 2 minutes, reading brief and preparation
- 8 minutes, consultation
- 10 minutes, feedback using Pendleton's rules.

## Mark Young – Pharmacy professional brief

### NHS 111 Referral

The following referral has come through on from the NHS referral system.

Original referral	[today's date]
Referred from	NHS 111 Call Centre
Client name	Mark Young
Date of birth	19/06/1964
Gender	Male
Address	16 Yellow Rd, Bluesville Othertown, Midshire
Postcode	OT4 1SW
NHS number	123 4567 8910
Contact details	07987 123456
Consent to share	Yes
GP practice selection	Pink Rd Surgery, Bluesville, Othertown, Midshire
NHS case ID	987654
Reason for referral	Ear pain, earache, more than 24 hours
Disposition description	To contact a Primary Care Service within 24 hours
Clinical summary	Earache; lasting more than 24 hours, no previous history
Pharmacy name	YourPharmacy, Othertown. Midshire

Mark calls you to say he would like to see you as soon as possible, as the ear pain has got worse. You have arranged to see him in your pharmacy. He arrives at the agreed time and you take him into the consultation room.

### Clinical knowledge summary

Based on this referral, you also check the [Clinical Knowledge Summary \(CKS\)](#) for otitis to prepare for your consultation.

## Helen Brooks – Pharmacy professional brief

### NHS 111 Referral

The following NHS Pharmacy First urgent medicine supply referral has come through from the NHS referral system.

Original referral	[today's date]
Referred from	NHS 111 call centre
Client name	Helen Brooks
Date of birth	05/05/1945
Gender	Female
Address	14 Green St, Anytown, Southshire,
Postcode	CP1 2PE
NHS number	12345678
Contact details	07123 45678
Consent to share	Yes
GP practice selection	The Anytown Medical Practice, Anytown, Southshire
NHS case ID	123456
Reason for referral	Repeat prescription required within two hours
Clinical summary	Prescription request Not enough medication Not enough medication until surgery opens No medication available Next dose due within two hours
Pharmacy name	YourPharmacy, Othertown, Midshire

About 20 minutes after the referral arrives, you take a call from Helen Brooks to say she has phoned NHS 111 and is on the way to collect her prescription.

While she is on the phone you obtain her consent to access her national care record.

You don't know Helen Brooks at all, but know that Anytown, Southshire is at least a two hour drive away.

### National Care Records Service

Medicine	Dose	Last issue date
Bendroflumethiazide	2.5 mg daily	[date three weeks ago]
Simvastatin	40 mg at night	[date three weeks ago]
Risedronate	35 mg weekly	[date three weeks ago]
Calcium and ergocalciferol tablets	Two daily	[date three weeks ago]

## Christopher James – Pharmacy professional brief

### NHS 111 Referral

The following referral has come through from the NHS referral system.

Original referral	[today's date]
Referred from	NHS 111 Call Centre
Client name	Christopher James
Date of birth	20/06/1992
Gender	Male
Address	44 Blue Rd, Bluesville Othertown, Midshire
Postcode	OT4 9NE
NHS number	987 654 3210
Contact details	07987 654321
Consent to share	Yes
GP practice selection	Pink Rd Surgery, Bluesville, Othertown, Midshire
NHS case ID	987654
Reason for referral	RASH ON HAND – NEEDS TREATMENT
Disposition description	To contact a Primary Care Service within 24 hours
Clinical summary	Rash Rash/dermatitis on hands Unsure of cause
Pharmacy name	YourPharmacy, Othertown. Midshire

Christopher calls you about an hour later to ask if you can see him later in the day, as he has been referred by the NHS. He gives consent for you to access his national care record.

### National Care Records Service

Medicine	Dose	Last issue date
Salbutamol MDI 100 micrograms	One to two puffs when required	[date six months ago]
Beclometasone MDI 100 micrograms (Qvar)	Two puffs twice a day	[date two weeks ago]

### Clinical knowledge summary

Based on this referral, you also check the [CKS](#) for dermatitis to prepare for your consultation.

**This activity can be used as supporting evidence for GPhC standards (insert standard numbers):**

## Consultation skills assessment form

Does the pharmacist demonstrate the following during the consultation?	Achieved Yes/No	Is there anything you would do differently?	Note key points you could adopt when delivering your consultations
<b>Opening the consultation</b> <ul style="list-style-type: none"> <li>Introduces themselves</li> <li>Obtains consent for the consultation</li> <li>Explains to the patient what the NHS Pharmacy First consultation involves</li> <li>Builds rapport with the patient</li> </ul>			
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<b>Listening</b> <ul style="list-style-type: none"> <li>Actively listens</li> <li>Identifies relevant problems</li> </ul>			
<b>Body language</b> <ul style="list-style-type: none"> <li>Smiles and shows empathy at appropriate times</li> <li>Demonstrates eye contact that reflects that of patient</li> </ul>			
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<b>Closing the consultation</b> <ul style="list-style-type: none"> <li>Summarises the key issues</li> <li>Asks patient to reflect back the actions</li> <li>Discusses feedback to GP if appropriate</li> <li>Gives visual clues to indicate closure</li> </ul>			



# Acknowledgements

## CPPE Content development

CPPE acknowledges the writers and developers of CPPE learning programmes used in this workshop.

## CPPE tutor team

*Return to practice* is run by Simon Butterworth, senior pharmacist, Return to practice and Zara Mehra, national lead tutor, Return to practice, with support from Leanne May, Karen Murden and Martin Littleton, CPPE tutors.

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[www.cppe.ac.uk](http://www.cppe.ac.uk)

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Notes

## Notes

## Contacting CPPE

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