EUROPEAN FOUNDATION FOR THE ADVANCEMENT OF HEALTHCARE PRACTITIONERS

Technicians' extended roles in modern day pharmacy practice

The European Foundation for the Advancement of Healthcare Practitioners organised a meeting that took place in Manchester on 26 September. The meeting informed technicians of a regional initiative in preparing for the new NVQ level 2 for pharmacy assistants, an overview of the revised NVQ level 3 for technicians and highlighted some new clinical and managerial roles for technicians undertaking extended roles in medicines management in pharmacy departments, wards and clinics. Diane Evans reports

NVQs: support for level 2 and changes to level 3

The forthcoming professional requirement for staff involved in dispensing activity to be competent to a minimum standard has led one National Health Service region to set up a working group of technicians to devise a regional training package for use with pharmacy assistants to meet these needs. TESS FENN, chief technician, Guy's Hospital, London, is a member of the working group. She outlined the development and contents of the training package.

A group of experienced technicians from NHS hospitals in London, Hertfordshire and Essex are working together to devise training materials which will be generic and achievable by assistants in the London region. The training package is user friendly for both trainers and trainees and will support the NVQ level 2 in pharmacy services.

The pack will consist of core modules covering customer services, health and safety, computers, self-development and team working. There will also be specialist modules covering dispensing, distribution, production and retail sales. The modules have been devised so they can be used as an integrated package or as stand alone modules. There is also a trainer support pack with guidance on training and assessment.

The benefits of developing the training package to the region were seen as aiding recruitment, motivation and retention, enabling career progression and providing support for the NVQ level 2. The training package is expected to be available early in 2003 for use throughout the region.

CHANGES TO LEVEL 3

The main changes to the NVQ level 3 in pharmacy services, which must be used from September 2002, are to the structure, which now contains four mandatory units and eight optional units (from which four options must be taken), explained BARBARA WENSWORTH, pharmacy sector committee member from St Luke's Hospital, Bradford. As well as updating the qualification, the revision attempts to simplify the language, long considered to be a problem. The evidence requirements are now in a separately published assessment and guidance document, which was not previously available and will help assessors through the process.

All verifiers are to be trained in the implementation of the new requirements. Assessors will have to supply evidence of sufficient time and authority to carry out their role. Trainee assessors will need to have their assessment decisions countersigned by a qualified assessor and there will be a tariff of sanctions for NVQ centres not complying with the requirements. To support the qualification the Quality and Curriculum Authority has introduced a more robust and auditable system including new assessor and verifier qualifications, although existing assessors qualifications are still valid.

Multidisciplinary diploma for MTOs

The development of a multidisciplinary diploma for medical technical officers (MTOs) was described by JENNIFER HARRIS, from the Northern General Hospital, Sheffield.

The diploma is a course developed by hospital pharmacy technicians, operating department practitioners and medical physics and physical measurement technicians in collaboration with Sheffield Hallam University. It was developed in response to changing and extended roles for technicians both in hospital and community. The diploma will offer a major opportunity for the development of pharmacy technicians who are undertaking new responsibilities.

The course took two years to develop starting with a functional mapping exercise and continuing with the development of a comprehensive course proposal which was validated by the university. The course addresses the MTOs' education and training needs with emphasis on broad professional and practice development as distinct from development of the clinical/scientific expertise.

Three elements of the course help to make it attractive to MTO groups — flexible learning, professional development and practice development. The diploma is a two-year course and once completed the student can progress to the university's BA (Hons) in health care practice or BA (Hons) in health and social care.

Further details are available at Hallam University's website (www.shu.ac.uk).

United Kingdom Clinical Pharmacy Technician Network

The UK Clinical Pharmacy Technician Network was described by SARAH GRAY, the network co-ordinator, who works as a technician at Addenbrooke's Hospital. The network was set up in January 2001 and the first meeting was held in April 2001. The network's mission statement and terms of reference were proposed, discussed and agreed at this meeting. National advisors and regional steering group representatives were approached. In July 2001 London hosted the first national/regional group meeting.

The aims of this group are to set the frequency and content of the network meetings, set up relationships with other pharmacy groups and feed into the development of education and training provision for ward-based and clinical technicians.

Since January 2001 the network has increased its membership to over 250 from hospital, the prison service and primary care. It has developed relationships with both the UK Clinical Pharmacy Association and the Association of Pharmacy Technicians UK but remains an independent body. A website is being developed to share information and a mental health subgroup has been set up. All regional steering group members are encouraged to lead meetings within their region to encourage the sharing of information and innovative ideas and to feedback to the steering group. "The future for the Clinical Pharmacy Technician Network is bright," said Ms Gray. "We will continue to meet regularly, share ideas and disseminate good practice to all members."

Ward-based technicians — do they make a difference?

BRENDA FITZGERALD, acting hospital services manager, Lowestoft Hospital, described a pilot that was carried out in the James Paget Hospital, Great Yarmouth.

Recruitment problems were putting extra pressures on already stretched services, which highlighted the need to find new ways of working. After extensive research of schemes already running nationally, procedures were adapted for a ward-based technician pilot and this was carried out on a surgical ward for three months with technicians providing a 9am to 5pm, Monday to Friday service. The pilot had the following aims:

- To improve patient care by ensuring sufficient supplies of medicines are available
- To reduce waiting times at discharge
- To reduce the drugs bill by efficient use of patients' own drugs (PODs)
- To relieve pressure on nursing time spent on medicine supply
- To free pharmacists' time, enabling them to have more clinical input into patient care
- To relieve pressure on the pharmacy department by ensuring medicine requests are kept to a minimum and are problem free

The pilot involved the pharmacist seeing all new patients and screening their prescription charts with follow-up by the technician. The technician saw every chart daily, screened PODs, supplied drugs and referred problems to the pharmacist. Ward staff liaised closely with the technician and out-of-hours supplies were as usual.

The pilot was audited and it revealed that PODs were being used, charts were on the ward, discharge time was reduced, working relationships were improved, there was less stress for nurses, dispensing was problem-free, missed doses were reduced and a more responsive, proactive and consistent service was provided. There was no change to the drugs bill.

The aims of the pilot were achieved with 95 per cent of prescription charts seen daily ensuring a timely supply. Discharge time was reduced by at least three hours and 20 minutes and 64 per cent of medicines ready before discharge.

One-stop and nurse dispensing on a mental health unit

There has to be a better way, said DEBBIE BROOKS, dispensary manager, Essex Rivers Healthcare Trust. "After a particularly bad day of dispensing many short-leave prescriptions for mental health patients and carrying out a top-up of medicines for self-administration on one of my care of the elderly wards, it occurred to me that the cost implication of not reissuing patients' own drugs to mental health patients and the time spent dispensing short-leave medication represented an inappropriate use of clinical resources."

A need for change to the medicines delivery system was identified and implemented and went some way towards fulfilling the recommendations of the national service framework in involving service users and their carers in planning and delivery of care. It also allowed clinical resources to be used appropriately.

The implementation of one stop and nurse dispensing on mental health units was piloted on an acute mental health unit within Essex Rivers for six months from October 2001 to March 2002. A multidisciplinary team of nurses, auditors and pharmacy staff undertook the pilot, and stakeholders were identified, including service users, ward staff and senior management, at the start of the process.

A 28-day individual supply of medicines was issued to all patients, using PODs and patient packs; a duplicate set of containers was also issued to the unit to enable ward staff to dispense short-leave medication. Each patient was issued with a container for their medicines and the trolley was decommissioned allowing the patients and their key workers to have a more confidential and focused approach to medication. The aims of the system were:

- To decrease the POD wastage on a mental health unit, so leading to decrease in drug expenditure
- To improve the use of resources to the unit, allowing pharmacy to have a more patient-focused approach
- To improve patients' awareness of their needs and their ability to cope with medication before discharge
- To decrease prescribing errors on admission

The aims and objectives were met during the pilot and feedback from the nursing staff and patients has been used to monitor the successes and the inevitable failures. Although Ms Brooks said she has received her share of moans and groans, she has also had positive feedback from staff and patients alike. "We have also proved the system saves money," she said.

Registration of pharmacy technicians

LESLEY MORGAN, president of the Association of Pharmacy Technicians UK, gave an update on registration and technicians' code of conduct. A recent survey of non-members as well as members of the APT received 1,033 replies (72 per cent hospital and 22 per cent community). Registration was wanted by 97 per cent and 93 per cent agreed with the criteria laid out for registration.

In December 2001 the Royal Pharmaceutical Society agreed that it will move towards regulation of support staff and following this held a brainstorming meeting. The Society carried out a members' consultation exercise and held a steering group meeting. A plan is expected in the autumn of 2002. One of the issues under debate is the definition of a "pharmacy technician".

Role for a clinical technician in oncology outpatients

The establishment of a clinical technician role in the multidisciplinary care of oncology outpatients was described by MICHELLE ROWE, chief technician, Christie Hospital, Manchester. The Christie Hospital is the largest single site oncology hospital in Europe with 60,000 chemotherapy doses dispensed annually and patient activity increasing by 14 per cent annually. Ms Rowe described her role to make a clinic more efficient and reduce patients' waiting time. She splits her time into three days of pharmacy and two days of business management for the gastrointestinal team.

Her present role is clinical audit, education and training with overall responsibility for clinical services, and involvement in two outpatient clinics per week. She manages the financial negotiations for clinical trials and organises the team.

As a result of her work patient waiting times have been reduced, there has been an increase in pre-ordering, queries have been dealt with in the clinic and there has been a reduction in wasted chemotherapy. Further extension of her role will lead to clinical screening of chemotherapy prescriptions, since she is ideally placed to pick up any problems or errors, and in-house pharmacy training.

For questions about the meeting or about EFAHP, please contact the European Foundation for the Advancement of Healthcare Practitioners Secretariat, Le Travez, BP 28, 81260 Brassac, France (tel 020 8761 6400, fax 020 8761 6464, e-mail info@efahp.org, website www.efahp.org)