

# Measures of competence now required

Research papers that aim to inform policy and practice development were presented at a recent conference. Dawn Connelly reports

Objective and reliable measures of pharmacists' competence in history taking and diagnosis must be developed and applied as part of the prescriber registration process, according to researchers at the Robert Gordon University and the University of Aberdeen. This, they say, will dispel the concerns of doctors and others regarding pharmacists' ability to progress to independent prescribers.

Lesley Diack presented the results of a study, which concurrently explored the views of pharmacist supplementary prescribers, their corresponding independent prescribers (doctors) and patients recruited by the pharmacist prescribers. Dr Diack and colleagues conducted telephone interviews with nine supplementary prescribers in Scotland, eight doctors and 18 patients. The pharmacists worked in a variety of areas, including respiratory, cardiovascular, rheumatology and oncology.

Pharmacists and doctors were asked about the perceived benefits and challenges of supplementary prescribing, changes in pharmacists' roles, relationships, support structures, continuing professional development and independent prescribing.

Patients were asked about their understanding of supplementary prescribing, their expectations of and experiences with a pharmacist prescriber and satisfaction with the service.

The researchers found that all three groups were supportive of supplementary prescribing. They identified benefits for patients and further integration of pharmacists into the healthcare team. The patients interviewed did not raise any concerns. However, they had little idea of what to expect, which in turn led to feelings of anxiety. But overall, they felt the consultation met their needs and were satisfied.



**Paul Buckley: pharmacist prescribing supported by hospital trusts**

Both pharmacists and doctors were worried about a lack of funding for service development and a lack of appropriate CPD. In addition, pharmacists believed that there was a lack of pharmacist support networks.

A tension between pharmacists and doctors emerged with respect to independent prescribing, with pharmacists being keen to undertake it but doctors being less supportive, citing worries around inadequate history taking and clinical examination skills. In contrast, patients had no views about pharmacist independent prescribing.

"Perhaps what needs to be developed is some objective methods to assess pharmacists' competence," said Dr Diack. "This is one of the things that we are now developing. The next stage of our research is to look at pharmacists' competence using videos and to try to see if we can get a competence base."

Richard Cooper, of the University of Nottingham, presented findings from a study of pharmacists' views on their supplementary prescribing training. A postal questionnaire was sent to all pharmacists registered as supplementary prescribers in England in April 2007 and 411 responses were received.

Respondents were generally positive about the training but suggested some improvements that could inform course development. These included more training on patient examination, clinical, consultation and diagnostic skills, as well as more learning from practising non-medical prescribers and guidance on implementing supplementary prescribing.

Some respondents criticised the amount of pharmacology training received, which they viewed as a waste of time.

A third study on supplementary prescribing was presented by Paul Buckley, of the pharmacy department at Leighton Hospital, Mid Cheshire NHS Trust. This study investigated implementation of prescribing within five NHS trusts in the north west of England.

Mr Buckley and colleagues found that pharmacist prescribing was supported within the trusts and was implemented to varying degrees. Being a foundation trust or a teaching trust did not affect the extent of implementation, he said.

The study identified that clear governance arrangements and good interprofessional relationships were key supporting factors in the introduction of pharmacist prescribing. A potential barrier to implementation identified was the attitudes of pharmacists within the trusts. Reasons for not prescribing included perceived bureaucracy and reluctance to undertake a conversion course to become an independent prescriber.

## Reclassification of sumatriptan

Most pharmacists are confident to sell sumatriptan over the counter but few have the opportunity, according to a study of pharmacists' early experiences of selling the drug after its switch from prescription-only status.

Melanie Tasker, a preregistration trainee, presented the results of a study she conducted as part of her MPharm final-year project at the University of Nottingham. Semi-structured interviews were carried out with 20 community pharmacists in January and February 2007, around six months after sumatriptan became available over the counter.

Participants were generally positive about the reclassification but felt that the volume of sales had been low. This was attributed to the high cost of the medicine, the availability of

alternative medicines and a lack of awareness among customers that they can buy sumatriptan's over the counter. Respondents were happy with the training material they received from the drug's manufacturer.

Ms Tasker noted that the drivers for reclassification — cost control, brand awareness and self-care — had not yet been met in this case.

A poster on the same subject, with similar results, was presented by researchers from the Robert Gordon and Cardiff universities.

The 14th Health Services Research and Pharmacy Practice Conference "Health and the younger generation" was hosted by the School of Pharmacy and Chemistry, Liverpool John Moores University, from 14–15 April

## Simulated patients

Using simulated patients (SPs) is an acceptable and suitable way of assessing pharmacy practice in Britain but to determine whether it improves the quality of consultations will require large-scale trials, say researchers at the University of Aberdeen. The researchers randomised 20 pharmacies in Grampian to receive three covert visits from SPs who presented them with three scenarios — a direct request for ibuprofen, an advice request for indigestion and a direct request for omeprazole.

The pharmacies were given immediate feedback from the SP or feedback from a pharmacy educator (a middleman between the SP and the pharmacist).

The researchers found that, although the outcome of consultations was appropriate, the way pharmacists and their staff derived their recommendations needs to be improved.

## Can antenatal care be provided by community pharmacists?

Pharmacists are well placed to provide support in pregnancy but confidence levels, and time and premises constraints, need to be addressed, according to researchers at Brighton University. Mike Ellis-Martin presented findings from a survey of 105 community pharmacists in the Brighton, Worthing and Eastbourne areas conducted in February 2007.

The self-reported attitudinal questionnaire related to specific topics in antenatal care and was drawn up using guidelines developed by the National Institute for Health and Clinical Excellence on antenatal care in the community. It was designed to test pharmacists' confidence in areas of advice giving and their opinions on providing certain services.

A total of 70 pharmacists responded to the survey. Pharmacists were most confident (>90 per cent) about giving advice in pregnancy on alcohol, smoking, heartburn and constipation. However, they were not quite as confident at talking about medicines, with only around 80 per cent of respondents being confident about giving advice on prescribed and over-the-counter medicines, said Mr Ellis-Martin.

Pharmacists were least confident about giving advice on vaginal discharge, travelling abroad, food-acquired infections and complementary therapies — over 50 per cent of respondents were “not at all” or only “slightly” confident about advising on these issues.

Regarding which tests could be provided from a community pharmacy, respondents indicated that weight measurements and tests for gestational diabetes and pre-eclampsia would be appropriate. They considered breast examination and tests that involved handling bodily fluids to be inappropriate.

In general comments made about the possibility of greater involvement in antenatal care, respondents cited issues such as lack of time and training, lack of confidence, liability and handling blood as possible problems.

The researchers concluded that further work needs to be done to canvas the opinions of midwives and patients. Mr Ellis-Martin revealed that the research group had just completed an online survey of 16–70-year-old women about attitudes to the provision of antenatal advice from pharmacies. Preliminary results indicate that those surveyed had little intention of consulting a pharmacist for advice on anything, let alone antenatal care, he said.

Karen Rosenbloom, of King's College London, suggested that pharmacists should look at what they can achieve under the existing contractual arrangements, such as providing targeted medicines use reviews for pregnant women and those planning to conceive. However she noted that pharmacists' lack of confidence in this area would need to be addressed first.

## Perceived costs of employing accuracy checking technicians

Accuracy checking technicians (ACTs) may not be financially viable in small pharmacies or those within primary care trusts that have limited pharmacy service development, said Nicola Turner, University of Manchester.

Ms Turner presented findings from a study of the perceived financial factors affecting employment of ACTs in 33 pharmacies within a PCT area. She said that 17 pharmacists considered that ACTs would increase profit, seven thought that they would decrease profit, five said that they would keep the profit neutral and four were unaware of the potential financial impact.

Freeing pharmacists' time to deliver additional services, improving customer satisfaction and replacing a second pharmacist were reasons cited for ACTs increasing profitability.

Those who thought ACTs would decrease profits gave their wages, unproductive use of their skills and training costs as reasons.

Ms Turner said that it is a concern that ACTs may be deskilling the pharmacy workforce by replacing second pharmacists without being able to provide additional services and suggested that the potential affects of this on service delivery should be assessed. Other challenges include getting the right balance to enable service development and ensuring financial barriers do not prevent patient access to additional services, she said.

## Medicines information on the internet

How medicines information on websites is presented determines how easily it is found and understood by patients, according to Donald Nicolson, of the University of Leeds.

Mr Nicolson evaluated the five most frequently accessed UK and US health websites for ease of use and understandability of their information. He recruited 15 medicines users over 30 years old who were randomly assigned to each website and asked to search for specific information about simvastatin.

On four occasions, less than 80 per cent of participants located the information, being hampered by site layout, including cluttered links, and failing to notice the table of contents.

The study also identified conflict between personal knowledge and online information, which made it difficult for participants to locate and explain the information, said Mr Nicolson. Participants had a lack of trust for pharmaceutical company and US-developed websites.

Mr Nicolson recommended that sites should have no cluttering of text links, display a warning when the user exits the site, have a find bar and have a professional design.

## Evaluation of a “do not dispense” intervention

A community pharmacy “do not dispense” scheme could be considered as part of an NHS waste reduction strategy. This was the conclusion of researchers at King's College London following a four-week trial of the scheme in two Hertfordshire community pharmacies.

Karen Rosenbloom explained that, during the study, 45 out of 14,495 prescribed items were not dispensed. These items had a value of £483.96, with the most expensive item being £96.60.

Most of the reasons identified for not dispensing items were processing rather than clinical. Reasons given included repeat prescriptions being instigated unnecessarily by medical staff, and intentional non-adherence and hoarding of medicines by patients.

No medicines use reviews were triggered as a consequence of this scheme, Dr Rosenbloom admitted. The researchers had hoped that MURs would support the scheme financially.

“From analysing the data, we have come up with a funding structure for this intervention of £2.50 plus 15 per cent of the value of the item not dispensed. That seems to hold

for items up to a value of £100 or £150,” said Dr Rosenbloom. Above that value, the funding structure no longer works and pharmacists are unlikely to intervene, she added. The funding structure is based on 28-day prescribing, which is being implemented throughout the primary care trust area.

The study identified the need for GP staff to be supported to reduce errors in prescription processing and that a way of covering the remuneration issues for expensive items ordered but not dispensed needs to be developed.

Dr Rosenbloom said that one interesting observation to come out of the study was that patients could not identify which medicines they did or did not need from their prescription.

“We had to introduce an additional intervention where the patients physically viewed the items and selected which ones they needed,” she explained. We need to look at why patients don't recognise their medicines, she added.

The service has now been commissioned by practice-based commissioning groups across Hertfordshire.