

Patients would benefit from the registration of pharmacy technicians

Patients stand to gain from the registration of pharmacy technicians with a professional organisation.

This was the view expressed by Diane Evans, student pharmacy technician training facilitator, London, at a clinical governance conference organised by the Royal Pharmaceutical Society's Hospital Pharmacists Group last month.

Ms Evans explained that although many patients might not be aware of the existence of pharmacy technicians, they would prefer that anybody dispensing their medicines or giving them advice was well trained and competent. Registration would provide an assurance of such competence.

Pharmacy technicians were now involved in a wider range of tasks than the traditional dispensing and distribution, and Ms Evans noted that it was

common to see pharmacy technicians carrying out dispensing accuracy checks. Pharmacy technicians also worked in areas such as medicines information and anticoagulant clinics, and some also worked with primary care trusts.

Since some of these new roles for pharmacy technicians took place outside the pharmacy department, where there was no direct supervision, Ms Evans said that registration and regulation would provide a framework for ensuring that they were equipped to perform such roles.

Ms Evans, who has worked as a pharmacy technician for 35 years, believed that registration of pharmacy technicians would allow pharmacists to meet clinical governance requirements. The existence of a registering body for pharmacy technicians would also provide a reference point

when recruiting overseas qualified candidates.

On pharmacists' attitudes towards registration of pharmacy technicians, Ms Evans was pleased that the Guild of Healthcare Pharmacists was in support of it. She said that

registration with the Society would have been ideal, but that this was not feasible, owing to certain legal obstacles.

Therefore, she said, pharmacy technicians would have to look for another organisation with which to register.

New EPR system for Barts

Barts and the London NHS Trust is introducing a new electronic patient record (EPR) system.

The web-based system, which was developed with Microsoft Consultancy, was set up to make use of the trust's existing IT systems. This means that the

trust will not have to invest in expensive new hardware. The trust's finance director, Barry Elliot, believes that such an approach could be adopted by other trusts looking to improve their EPR systems.

Speaking to *Hospital Pharmacist* on May 15, Mike Cross,

director of pharmacy, said that the introduction of the new system was a welcome and necessary development, especially since the system could undertake some basic clinical checks. This would free pharmacists to spend more time with patients.

Guild appoints officers for Wales, Scotland and Northern Ireland

The Guild of Healthcare Pharmacists has appointed secretaries for Wales, Scotland and Northern Ireland. Previously, the guild's professional secretary, Ian Simpson, handled all matters across the United Kingdom.

Gerald Wilson, MRPharmS (Wales), Colin Rodden, MRPharmS (Scotland) and Tracey Boyce, MPSNI (Northern Ireland).

Helen Remington, guild president, hoped that the appointment of the new

communication between the guild and governmental and professional bodies in Scotland, Wales and Northern Ireland.

Mr Simpson will continue to be the first point of contact for matters relating to the UK as a whole, as well as those specific to

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A website designed to provide healthcare professionals with information on mental health has been launched. The website (www.psychiatry24x7.co.uk) contains news, events and background information on various psychiatric disorders.

Correction The special feature on systemic lupus erythematosus in the March issue of *Hospital Pharmacist* contained an error. In Table 1 on page 63, the footnote stated that the antinuclear antibody (ANA) and rheumatoid factor (RF) were considered positive if present to a titre of $\leq 1:80$. This should

New drug codes can help reduce prescribing errors

A new set of codes for identifying medicinal products in the United Kingdom has been introduced by First DataBank.

The electronic drug identifier, or eDrugID, is a 16-digit code which characterises each product down to the level of the formulation and pack size.

In hospitals or GP surgeries having the appropriate systems, the new codes can be used in the electronic transfer of prescriptions to indicate which medicinal product is being prescribed. The use of a code that is unique to the product and pack size can help to reduce the risk of errors inherent in using text descriptions.

The new codes can also be used to facilitate the ordering of drugs. Mr Nick Ford, information pharmacist at Burton Hospitals NHS Trust explained: "There are many coding systems (EAN, PIP, LINK, NDC, etc) used to enable

MDDF_EDrugID		Contact FDBe
EDrugID Version	EDrugID	Contact FDBe
EDrugID	0010-0510-0001-1410	Product Name alfacalcidol oral solution 0.2 micrograms/ml 60 mls
Product Status	Discontinued	
Product Type	Drug	
Parent Drug ID	0010-0510-0000-1209	
Generic Drug ID	0010-0510-0000-1209	
Date Drug Added	29/09/1993	
Date Drug Disc	22/08/2000	
Choose Product	alfacalcidol oral solution 0.2 micrograms/ml	
Choose Pack	alfacalcidol oral solution 0.2 micrograms/ml 60 mls	
<input checked="" type="checkbox"/> Include Discontinued		
<input checked="" type="checkbox"/> Include Withdrawn		

The eDrugID code is made up of 16 characters: the first nine digits identifies the product and the next three digits identifies the pack. The last four digits are check digits on the product and pack codes

electronic data interchange with suppliers and automate order processing. eDrugID can be used to link one coding system to another." He said that this would enable a hospital to use whichever coding system was "in vogue."

First DataBank is making the database of codes available free of charge to all health care organisations, including hospitals and community pharmacies.

Further information can be obtained on e-mail edruid@multilex.com.

Best practice guidelines on product deletions published

The Department of Health (DoH), in conjunction with the Association of British Pharmaceutical Industry, has published a document containing best practice guidelines on product deletions.

The document says that pharmaceutical companies wishing to delete a product should start discussions with the DoH at least 12 months before the planned date of deletion.

Companies are also asked to notify regional medicines information centres, the NHS Purchasing and Supply Agency, as well as doctors, pharmacists and other relevant groups three months before the deletion. The media, including *The Pharmaceutical Journal*, should be sent a press release two months before the product is to be removed from the market.

Under the guidelines,

wholesalers will not be notified until one month prior to the deletion date to ensure that the product is not prematurely removed from their computer systems, which would prevent them from being able to order further supplies from the company.

The full document can be viewed on the internet at www.doh.gov.uk/discontinued/medicines.

New technician group formed

A newly formed clinical pharmacy technician network committed to spreading good clinical practice among pharmacy technicians has been

The group, to be known as the National Clinical Pharmacy Technician Network held its first meeting at Addenbrooke's Hospital on April 23.

network, said that pharmacy technicians had been re-inventing the wheel for too long. She hoped that the network would help avoid this

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■ The College of Pharmacy Practice is to hold a study day on "Postmenopausal women's health" on Tuesday, June 5, at Boots the Chemists' headquarters, Nottingham. The programme aims to raise awareness of the consequences of menopause, as well as drug interventions of, for example, menopausal symptoms and osteoporosis. Details can be found at www.collpharm.org.uk

■ The Guild of Healthcare Pharmacists Compounding Interest Group is to hold a symposium entitled "Getting research into patients" on Wednesday, June 27, in Coventry. Details from Christina Lowe (e-mail compounding@ghp.org).

■ The Cardiac and Critical Care Organisation is to hold a conference on respiratory disease management on Friday, October 5, at the Royal Pharmaceutical Society's headquarters in London. Registration fee is £50 (or £60 after August 1). Further details from Jodie Lacey (tel/fax 020 7928 6572).

■ Christopher Green (senior pharmacist, Wirral Hospitals NHS Trust) wants to hear from any pharmacists interested in forming a rheumatology practice interest group as a subgroup of the UK Clinical Pharmacy Association. Dr Green is on e-mail c.f.green@livjm.ac.uk.

■ The Health and Safety Commission (HSC) is calling for comments on a consultation document which proposes to make it compulsory for all organisations to investigate work-related accidents, ill health or "near misses." The proposals would require employers to keep records of investigations for at least three years. The document is on