

# SKILL MIX

## — *shifting roles and responsibilities*

■ By DEBBIE ANDALO

*Traditionally, only pharmacists take the roles which carry responsibility in pharmacy departments. This does not have to be the case, as has been shown in the North of England*

**H**ospital pharmacists in South Yorkshire are breaking down professional barriers to create a new kind of pharmacy team for the 21st century. The Doncaster Royal Infirmary has already gained national recognition for the work it has done in changing the way its pharmacists and technicians work alongside each other. Now, it is ready to push those barriers back even further by allowing pharmacy technicians to triage non-emergency patient admissions to see whether or not they need to be assessed by a pharmacist. The hospital predicts that only 25 per cent of all elective cases will need to be seen by a qualified pharmacist, leaving the technicians, working to agreed protocols, to care for the remainder. This will free up the pharmacists to look after the more urgent needs of emergency admissions. The system is still being developed but is an indication of how Doncaster is continuing to be an innovator in skill mix in the pharmacy team.

Eight years ago, the pharmacy department at the district general hospital became one of the first in the UK to extend the responsibilities of its technicians in order to allow pharmacists to devote more time to patient-centred clinical work. The shift in roles and responsibilities meant the time pharmacists spent on clinical work went up from 19 to 68 per cent. This new way of working was brought in by its then director of pharmacy, Andrew Barker, who is now director of pharmacy at the Doncaster and Bassetlaw Hospitals NHS Trust. The department was under pressure because patient turnover was increasing at the same time that it was being told by trust bosses to work faster. "The popular sound bite is that we were being expected to work 24/7. In reality, we were having to run extra services in the evening and working full days at weekends," he said.

"The whole problem was compounded by the issue of recruitment — even if we had

been given a lot more money to solve the problems, we would not have been able to get the bodies because they didn't exist.

"At the same time, there was friction among our staff — pharmacists felt they were stuck in the dispensary because the way we were working required their presence there, and that they didn't get out on the wards enough to be able to do the work that was expected of them. The technicians also felt frustrated because they believed they had skills which were not being used."

His way out of the crisis was to look at the resources he had, in an effort to keep both the trust and patients happy. His solution not only achieved that, but also led to greater job satisfaction across his team. In addition, recruitment problems at the Doncaster Royal Infirmary disappeared.

His success is due to his vision in being able to look at the individual and not be blinded by academic achievement or qualification. "We took the view that we were more concerned with an individual's competency to do the work rather than the qualification they held," he explained.

This principle revolutionised the way the pharmacy team worked because the sheet was clean and old working practices were banished. The Doncaster model for the roles of pharmacists and technicians can be seen in Panel 1; the advantages of the Doncaster skill mix can be seen in Panel 2 (both on p158).

### ■ PHARMACISTS' NEW ROLE

**A** commitment to delivering clinical pharmacy was the starting point in deciding the new role of the pharmacists. "The simple definition for that is that pharmacists have the responsibility to ensure that medicines are used appropriately.

"In another sense, what it means to me is having the right drug for the right patient at the right time, based on your knowledge of the patient. If the task of the pharmacist is to make sure that the treatment is right for the patient, then the place to do that is on the

wards where the notes are and where the doctors and nurses are," he explained. The obvious move was to take pharmacists out of the inpatient dispensary and put them on wards instead. The gap they left in the dispensary was filled by technicians and checking technicians who have been given overall responsibility for the supply and preparation of medicines. They also have the added task of taking details from patients about their current medication when they are admitted.

"In the new system, the pharmacist has taken the decision about the appropriateness of the medication so all that is left is to make sure that the right medicines get put in the right container with the right label. That work is done by the technicians and the checking technicians in the dispensary" Mr Barker explained.

### ■ TECHNICIANS' NEW ROLE

**T**he changes did not stop with the development of pharmacists' roles. Mr Barker decided to take a look at managerial posts which had historically been held by pharmacists. "There was a whole range of jobs which had traditionally been done by a pharmacist because that had always been the case. When we looked closely at the posts, we realised that few required the expertise of a pharmacist," he said.

All section heads in the pharmacy department are now non-pharmacists and appointments are made according to the managerial skills of the individual rather than their clinical qualification.

Changes were also made to the outpatient dispensary. Although a pharmacist is present, the role is patient-centred — the time is spent endorsing the prescription and talking to the patient before the technicians take on dispensing and checking duties.

The new skill mix within the pharmacy team means that the department has been able to extend its hours of business because it frees up pharmacists' time, and technicians undertake tasks which have previously been

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### *Panel 1: The Doncaster model*

#### Role of pharmacists

- 1 Are more patient-focused
- 1 Are committed to clinical pharmacy
- 1 Are taken out of in-patient dispensary and moved onto wards
- 1 Make sure medicines are used appropriately and safely
- 1 Optimise individual patient's drug therapy
- 1 Have a role in out-patient pharmacy to advise patients and endorse prescriptions

#### Extended role of technicians:

- 1 Are more product-focused
- 1 Carry out dispensing accuracy checks
- 1 Authorise repeat supplies of in-patient medication
- 1 Approve patients' own medicines
- 1 Dispense medicines
- 1 Oversee drug storage

### *Panel 2: The advantages of the Doncaster skill mix*

- 1 Improves job satisfaction for pharmacists and technicians because skills are used more appropriately
- 1 Pharmacist time dedicated to clinical duties increases from 19 to 68 per cent
- 1 The pharmacy department is better organised because managers are selected according to managerial ability and not just because they are pharmacists
- 1 Enables an extension to services
- 1 Frees pharmacists from dispensing work
- 1 Improves quality of service to patients
- 1 Improves recruitment and retention

carried out by pharmacists. The pharmacy is able to open in the evenings, as well as from 10am until 6pm on Saturdays and all day on Sundays. "We would never have been able to extend our hours under the old system because it was too reliant on pharmacists — we didn't have enough of them and they were too expensive. In the past, we would have needed at least two pharmacists to extend the service into the evening. Changing the skill mix has enabled us to extend our hours and we have been able to match the staff on duty with the demand," said Mr Barker.

#### — THE REACTION

The radical overhaul of professional responsibilities and duties at Doncaster was bound to trigger some dissension even though the overall reaction was positive. He said, "Some of the technicians were reluctant to work extended hours but not reluctant about an extended role. There was also some concern about where they stood if something went wrong. The human resources director explained to them that it is the organisation which takes responsibility — I think they needed a boss to tell them it was all okay." The trust also decided that technicians with an extended role were eligible for extra annual increments worth around an additional £2,000 per year.

There was also some resistance to change from pharmacists who were concerned that

they lacked the ability to take on a more clinical role. "They had a performance anxiety that they could not do what was expected of them, so we provided them with an environment where they could develop at a slower speed," said Mr Barker.

Eight years after the new ways of working were brought in, Mr Barker says if the system is to succeed elsewhere it needs the full support of the chief pharmacist and the trust. "If it doesn't have the support of the chief pharmacist it will never happen. When I was a junior pharmacist I would have killed for the kind of advantages that this system brings but not everybody is like me."

Senior pharmacist, Lee Wilson, however, does share his boss's passion for this new way of working. Mr Wilson joined Doncaster five years ago as a preregistration trainee.

He said, "Speaking to colleagues at different hospitals, I realise that the system here is very good.

"The support I am given means that by the time I see a patient they have already been seen by a technician. I get a head start as far as their drug history is concerned.

"The way the technicians work here is certainly saving me time. It is allowing me to think about the clinical issues and to decide what has to be done. But it's not just about freeing up my time on the ward; it's giving me more time to work on guidelines and protocols and giving me time, as well, to speak to consultants."

He thinks he may move on to new pastures in a few years' time but is in no hurry to find a different job.

Mr Wilson's desire to stay put reflects the success of the skill mix initiative. Mr Barker admits, "Doncaster is not a teaching hospital, we are just an ordinary district general hospital but I believe people come and work here because of the way that we work. I can say that we don't have a recruitment problem here — which is a reasonably rare thing to be able to say these days."

The working practices in Doncaster are put forward as an example of best practice in changing the skill mix of the pharmacy team, and were featured in the Department of Health document "Improving working lives in the pharmacy team" published last year.<sup>1</sup> The document is aimed at boosting the quality of the pharmacy team and helping recruitment and retention.

Helen Remington, immediate past president of the Guild of Healthcare Pharmacists and member of the Pharmaceutical Whitley Council for the past 10 years, said that looking at skill mix in the pharmacy team was "critical" at a time when vacancy rates for pharmacists were as high as 15 per cent in some parts of the UK.

At her own hospital, Addenbokes, in Cambridge, where she is chief pharmacist, the department is extending the role of senior assistant technical officers to take on some of the work traditionally carried out by pharmacy technicians.

She said the key to successful skill mix is to take a team approach to the pharmacy needs of the hospital. That approach should be based on an individual's competency to complete tasks but clear lines of accountability and responsibility were also vital. She warned, "It has to be carefully organised and sorted out otherwise it will lead to confrontation and conflict."

Mrs Remington, who is also a member of the Royal Pharmaceutical Society council, was concerned that the Doncaster development to stretch the role of technicians to assess elective patients might be a skill mix too far and urged caution. She said, "It makes sense but skill mix is all about competencies and I don't know whether I would judge that a pharmacy technician had the competency to evaluate the patient care needs of an elective admission.

"I think you need to be careful that your lead technicians don't start to go beyond what their competencies are and move too fast. You have to take everybody with you — not just the leaders. If you lead too fast from the front you will lose people."

#### REFERENCES

1. Department of Health. Improving working lives for the pharmacy team. London: DoH; 2001. [www.doh.gov.uk/iwl/iwlparmacy.pdf](http://www.doh.gov.uk/iwl/iwlparmacy.pdf)