

RUB HANDS AND MIX SKILLS

By RACHEL GRAHAM, MRPHARM S, DPHIL

Sessions about controlling MRSA, skill mix and Agenda for Change were among those with relevance to pharmacy technicians held at the British Pharmaceutical Conference in Manchester from 27 to 29 September. Rachel Graham reports

Ward based pharmacy technicians need to protect patients and themselves from infection by maintaining high standards of hygiene, according to Phil Wiffen, formerly a pharmaceutical adviser at the Department of Health and now part of the Cochrane review team.

Mr Wiffen explained to delegates that technicians (along with clinical pharmacists) often believe that they do not have physical contact with patients. This can be a misconception, he pointed out, because activities such as shaking a patient's hand, handling drug charts and medicine bottles can all result in the transfer of methicillin-resistant *Staphylococcus aureus*. Protocols for pharmacy staff working on wards should be drawn up, which should include hand washing directions. Mr Wiffen also stressed that both technicians themselves and hospital managers need to be aware that pharmacy technicians working on wards (as well as clinical pharmacists) need to have more to do with, for example, alcohol-based hand rubs than just being part of the chain supplying them to doctors and nurses.

Another role for technicians in the fight against MRSA is in supporting prudent prescribing, Mr Wiffen explained. Most of the posts created as a result of the £12m funding for clinical pharmacy initiatives announced by the Department of Health last year have been for pharmacists, he pointed out, but there are some good examples where roles for technicians have been developed in this area. Much has been achieved with the money, Mr Wiffen said, but a lot also remains to be done. For example, when he made an internet search of hospitals' antibiotic prescribing policies and guidelines, Mr Wiffen found several that did not even mention MRSA.

NEW ROLES AND SKILL MIX

Technicians' involvement in medicines management can increase patient safety, according to Helen Dalrymple, vice president of the Association of Pharmacy

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Shaking a patient's hand can transfer MRSA

Technicians UK. She cited as an example an instance where a patient had brought in her husbands' as well as her own medicines when admitted to hospital. All of these medicines had been written up on the patients' drugs chart, an error which was spotted by the ward-based technician.

As well as medicines management roles, technicians are increasingly becoming involved in other areas, and are able to add value, Mrs Dalrymple continued. In UK hospitals today, there are technicians involved in patient counselling and concordance reviews, management, education and training, medicines information, prescribing audits and accredited checking, she pointed out.

Panel 1: Consultation about control and skill mix

Delegates at the British Pharmaceutical Conference heard from both Jim Smith, Chief Pharmaceutical Officer and Sir Nigel Crisp, Permanent Secretary at the Department of Health and chief executive of the NHS that the Department of Health is to issue a consultation document on skill mix and personal control shortly.

Challenges faced by technicians wanting to take on extended roles include finding suitable training and development programmes. There also needs to be greater awareness of the roles and responsibilities of technicians, she added. Consultation about the law (see Panel 1) will help but, even then, resistance to change, both among pharmacists and technicians, is an issue that needs to be addressed.

AGENDA FOR CHANGE

Front-line experiences of implementing the Agenda for Change process (AfC) were set out by Tess Fenn, chief pharmacy technician for education and training at Guy's and St Thomas' NHS Foundation Trust, London.

The sheer enormity of the task was one of the main challenges of being an early implementer, Mrs Fenn explained to delegates. For example, job analysis questionnaires were 40 pages long. Having each member of pharmacy staff (270 in all, 70 of whom are technicians) fill them in individually was impractical, so staff grouped together to complete them. The process had to be done to tight deadlines, she explained, so that the job evaluation process could begin.

The other main issue was the fact that the decisions made as a basis of their responses in the questionnaires could have knock-on effects for pharmacy technicians working in other trusts, she added.

Concerns among technicians include that the areas where they were expected to score well (such as those relating to extended roles work) did not seem to be highly rated under AfC. Technicians have done reasonably well out of the job evaluation process (as have pharmacists and pharmacy assistants), Mrs Fenn explained, although assimilation of staff to bands has not taken place yet.

Further coverage of the British Pharmaceutical Conference

Further details about these and other sessions held at the BPC are set out in recent editions of *The Pharmaceutical Journal* (PJ), 2 October, p478-88; 9 October, p525-35, 16 October, p570-4 and 23 October, p615-20)