

For personal use only. Not to be reproduced without permission of the editor
(permissions@pharmj.org.uk)

New era for technicians

Adapting to changes in professional regulation while continuing to care for patients was the theme of the Association of Pharmacy Technicians United Kingdom (APTUK) conference. Rachel Graham reports

There has never been a better time to become a profession, was the message given to pharmacy technicians by Keith Ridge, the recently-appointed Chief Pharmaceutical Officer for England, during what was effectively his inaugural speech.

Patients are now more informed and more demanding and want health professionals to work in partnership with them, Dr Ridge said, with risks and benefits being shared. There are still challenges. These include some awareness that patients do not believe that they are given enough information about their medicines. For example, in 2004, 43 per cent of inpatients, 39 per cent of outpatients and 49 per cent of accident and emergency patients said they were not given any information about possible side effects and, in 2005, only 37 per cent of mental health patients said they were definitely told about possible side effects (according to work carried out by the Picker Institute).

There is also a need to move services nearer to patients, as set out in the NHS Plan 2000. In particular, half of hospital outpatient appointments could take place in a community setting, particularly in specialities such as nose and throat, urology and gynaecology, Dr Ridge suggested, referring to the recent White Paper "Our health, our care, our say — a new direction for community services".

Because of these and other changes that are being made to the professional environment, regulatory systems need to adapt. Regulation needs to be fair to the profes-



Keith Ridge, Chief Pharmaceutical Officer for England spoke at the APTUK conference

sional, but sufficiently stringent to prevent incidents such as those involving Harold Shipman. It is with this in mind that the Section 60 Order has been brought in, Dr Ridge explained. The draft "Pharmacists and Pharmacy Technicians Order 2006" represents the biggest change to the pharmacy profession for 50 years, moving its regulatory environment more in line with that of other health professionals, Dr Ridge said.

Proposals include those associated with education and training, such as a requirement for pharmacists and pharmacy technicians to undertake continuing professional development. Also in the draft Order are provisions for the Royal Pharma-

ceutical Society to be given improved capacity to address fitness to practise issues. The current statutory committee will be replaced by two committees — one dealing with disciplinary issues and another with health-related matters — which will have a wider range of sanctions available to them than currently exist, such as placing conditions upon a pharmacy professional's registration.

Three new committees are also proposed — covering the investigation of CPD matters, education and registration appeals. Another proposal includes an "attitudes and behaviours" requirement for registration (in addition to an initial assessment of good character). "In my view, this is a good thing," Dr Ridge said, "in order to ensure that future practitioners have a real sense of professionalism."

Commenting on the proposal not to include the registration of technicians working in Scotland in the draft Order, Dr Ridge said it was a pity but suggested that there is a logic to this outcome given that pharmacy technicians are part of a new profession since their register was created after devolution. "We will do our best to ensure collaboration continues," Dr Ridge added.

Dr Ridge concluded by wishing the profession of pharmacy technicians well. He stressed that the pharmacy technicians whom he has met and worked with have all been sensible and practical people. "Please do not lose sight of that common sense approach as you develop your professional careers," he urged.

Pharmacy technicians: adaptable and innovative

What are the similarities between Alf Garnett and pharmacy technicians, was one of the questions posed by Darren Leech, immediate past president of the Association of Pharmacy Technicians UK. Not many, being the obvious answer. The character

from the 1980s situation comedy programme "In sickness and in health" (the conference title) found coping with change particularly difficult, Mr Leech said, whereas pharmacy technicians have proved to be adaptable and innovative. Their role has evolved, so that they are now a critical member of the health care team, with a direct impact on patient health and a knowledge and competency that has developed over the years. This is of benefit to patients as well as technicians, Mr Leech stressed.

Part of adapting to the new era includes the registration of pharmacy technicians. Commenting on the absence of a provision to register technicians working in Scotland in the draft Pharmacists and Pharmacy Technician's Order 2006, Mr Leech stressed that APTUK's position was that "it would not be giving up the fight". However, whatever the outcome, it is important that pharmacy technicians do not lose sight of their core business, which is the care of patients, Mr Leech added.

The APTUK conference — "In sickness and in health" — was held in Maidstone, Kent on 6–9 April. Rachel Graham is staff editor at *Hospital Pharmacist*

New roles for pharmacy technicians in promoting better use of antimicrobials

Health care-associated infections cost the UK economy about £1bn a year, and technicians are well-equipped to play their part in reducing this wastage, according to Helen Gisby, specialist clinical pharmacy technician at East Kent Hospitals NHS Trust.

Reasons why there are so many health care-associated infections include an increase in the incidence of serious illnesses, an increase in the use of in-dwelling devices, high bed-occupancy rates, increased patient movement, lack of good hygiene practices and inappropriate use of antibiotics. Tackling the latter of these is the main focus of Ms Gisby's role. Her work includes monitoring antibiotic use and setting up appropriate audits, Ms Gisby explained. At East Kent NHS Trust, the use of 17 (initially 13) different antibiotics is monitored each month at each of the three acute sites that comprise the trust and across each directorate. Data is presented as defined daily doses, as recommended by the World Health Organization, and is used to highlight problems and develop policies, she explained. For example, data showed that there was a particularly high use of ceftriaxone at one site, where there was also a high incidence of *Clostridium difficile* infection. The instigation of a policy to restrict ceftriaxone use brought down *C. difficile* infection rates. An inappropriate use of intravenous ciprofloxacin was also revealed, and a policy to allow pharmacists to switch patients from IV to oral ciprofloxacin was brought in. It is estimated that this could save the trust up to £90,000 per year, with the IV drug being 600 times more expensive than the oral drug, and also requiring more nursing time to administer.

Moving on to other aspects of her role, Ms Gisby explained that she had helped produce a "pocket size" version of the trust's



Health care-associated infections cost the UK economy approximately £1bn per year

antimicrobial and surgical prophylaxis guidelines, which have been circulated to all wards, are available on the trust's intranet and are also distributed to junior doctors on induction. An "antibiotics awareness week" in November 2005, where patients and doctors were made aware of the importance of appropriate antibiotic prescribing, was another trust initiative.

Ms Gisby spends more time working on her own than she did before when she was a ward-based clinical technician, which can be challenging. Volume of work is another issue — "there is only one of me for 1,600 beds," she said. A multidisciplinary approach is vital — she liaises with the trust's director of pharmacy and chairman of the drugs and therapeutics committee, secondary care prescribing advisers, and others. She also meets with the trusts' four consultant microbiologists every four to six weeks.

Ms Gisby explained that her post was set

up in November 2004, initially for 18 months, and was funded from monies received from the Department of Health as part of its clinical pharmacy initiative. Future plans, if trust funding allows her to continue her role, include looking at ways to improve antibiotic documentation — for example, introducing a specific section on the trust's drug chart to include information on diagnosis when antibiotics are prescribed. Implementing an intranet-based referral system between pharmacy staff and microbiologists is also planned, there being such a database running already at St Mary's Hospital, London [Editor — see *Hospital Pharmacist* 2006;13:131-2]. Following through initiatives into a community setting and carrying out an audit of antibiotic use in older people are other potential developments, she added.

As far as she is aware, Ms Gisby is one of about eight technicians who are involved in promoting better antibiotic prescribing. She would encourage other technicians to take on this type of work. "It is an interesting and varied role with excellent opportunity for learning and development," she concluded.

"Focus on technician" articles

Any pharmacist or technician who is involved in any new developments in work undertaken by technicians is asked to consider writing an article for publication. Advice on the publication process can be obtained by telephoning the editorial office on 020 7572 2425/2419. Articles can be sent by post to Hospital Pharmacist, 1 Lambeth High Street, London, SE1 7JN, or submitted by e-mail to hannah.pike@pharmj.org.uk or rachel.graham@pharmj.org.uk

New APTUK president has been elected

Sarah Wilcox, senior technician for training and development at the University Hospital of Wales in Cardiff has been elected president of the Association of Pharmacy Technicians UK. The position of vice-president is currently vacant.

Those nominated to serve as national officers are:

- Joanne Taylor, employee relations officer (community sector), Jamieson's Pharmacy, Birkenhead, Merseyside
- Suki Tagger, employee relations officer (NHS and other sectors), previously at Warwick Hospital
- Tess Fenn, education and development officer, pharmacy NVQ and technical staff development manager at Guy's and St Thomas' NHS Foundation Trust
- Vanessa Eggerdon, publicity officer, principal for pharmacy technician education and training at Addenbrooke's Hospital, Cambridge
- Alison Hemworth, branch and projects officer (a newly-created APTUK post), prescribing support technician at Bradford South and West Primary Care Trust
- Rachael Lemon, editor of the *Pharmacy Technician Journal*, specialist medicines management technician at Poole Hospital, Dorset
- Catherine Davis, honorary treasurer, a pharmacy technician training consultant

Reducing work-related upper limb disorders

Christine Wilson, a senior technician at the University Hospital of Wales, part of the Cardiff and Vale NHS Trust, has won the APTUK poster award, sponsored by AAH Hospital Services, for her project about reducing the incidence of work-related upper limb disorders (WRULD). In 2003, when the project started, 90 per cent of staff carrying out aseptic manipulations at the trust's unit presented with some form of WRULD (an umbrella term to describe various muscular skeletal conditions that are caused by carrying out repetitive tasks), with 25 per cent requiring some form of surgery. Mrs Wilson identified a number of reasons behind this, including that:

- Trays of products to be prepared had to be held in one hand because the "exit" and "entry" hatches on the isolators were difficult to open
- The inward and outward hatches of the negative pressure isolator were difficult to open and the bar underneath this equipment prevented operators from sitting comfortably
- Preparation of some products required a "squeezing" action



Christine Wilson, standing with her prize-winning poster at the APTUK conference

- Manual filling was still required to prepare a number of syringe products

Following on from the investigation, measures taken to counter WRULD included changing the skill mix, with assistant technical officers (ATOs) being trained to prepare doses and technicians being trained in supervisory and checking roles. This means that there are now more people who can prepare products and so a rota, where the maximum amount of time an operator can spend preparing products in a cabinet is

one hour (usually per day, or per morning and afternoon if the workload is particularly high), has been introduced. More automation (ie, pumps for filling 50ml syringes) is also now being used. In addition, an ergonomic assessment was carried out. Based on this, some existing isolators were modified, and some new isolators and chairs were bought.

All these changes have meant that levels of WRULD have been reduced to 10 per cent and staff morale has increased, because less time is lost to sickness.