

Developing a medicines management course for pharmacy technicians

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Training pharmacy technicians for extended roles has traditionally taken place "in house". This article describes a programme to develop a standardised course for medicines management technicians working in the north-east of England and Cumbria



Workshops at study days form part of the standardised medicines management course

Increased opportunities for pharmacists' employment in different sectors of the profession, such as within general practitioners' surgeries and primary care trusts, together with a general shortage of pharmacists, has led to the role-development of pharmacy support staff. For example, assistant technical officers (ATOs) have taken on roles such as dispensing that were previously the remit of technicians. ATOs also carry out much of the routine work within aseptic and manufacturing units, and many pharmacy distribution centres are wholly run by ATOs. In turn, technicians have taken on roles traditionally performed by pharmacists, such as the final accuracy checking of dispensed products, basic clinical screening of prescription charts and taking drug histories.

These initiatives have released pharmacists' time (and technicians' time, as appropriate), thereby increasing the capacity of pharmacy departments to provide patient-focused clinical services. It has also become apparent that role-development can be taken even further at ward level, integrating members of pharmacy teams with members of ward-based teams.

Before carrying out any of these extended roles, including those at ward level, appro-

appropriate training is required. The medicines management programmes provided for pharmacy technicians have traditionally been carried out in-house, meaning that they are not standardised, which can make it more difficult for staff moving between trusts to have their education, training and skills recognised.

To address this, the Northern Sector Clinical Pharmacy Network (NSCPN), the Northern Sector Technicians' Continuing Development Group (NSTCPDG) and the regional Pharmacy Education and Training Office (PETO) set about developing a training scheme for technicians working in the north-east of England and Cumbria. Such a system enables the training of a number of technicians to be delivered centrally and means that participating trusts know what training their technicians have received and what ward-based tasks they are capable of performing. An initial course was developed during 2003, with some modifications, such as modularisation, having been carried out since then.

Initial course design

Pharmacy technicians from the NSTCPDG designed the course framework with the help and support of NSCPN and PETO. PETO organise the course each time it runs, with study days being led by clinical pharmacists. The aim is to provide technicians with the practical skills they will need to

develop their role at ward level together with the relevant theoretical knowledge to underpin these. Initially, the programme consisted of eight study days which involved lectures, workshops and problem-solving exercises, all covering a variety of physiologically-, pharmacologically- and practice-related subjects, with a ninth being added at the request of participants (see p340). Details of the subjects covered are set out in Panel 1, (p340). At the end of each study day, technicians are given a set of ward-based activities to complete at their base hospital (see Panel 2, p340). Clinical decision-making is not covered.

Before starting the course, each technician needs to have a nominated mentor in place at their base hospital to help and guide them. Mentors are required to attend a training session to make them aware of the detail of the course and of their responsibilities but their role is not meant to be time-consuming or onerous.

Technicians who enter the programme must have at least one year's post-qualification experience. In addition to attending the study days, they need to compile a portfolio of evidence to demonstrate that they have completed the course work. Tasks include taking drug histories and reporting adverse drug reactions and drug interactions.

Assessment is by means of written examinations, objective structured clinical examinations and ward-based assessments carried out by an independent clinical pharmacist (ie, not that particular technician's

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Panel 1: Subjects covered during the formal taught sessions

- Day 1: Ward orientation and near-patient skills
- Day 2: Gastrointestinal system and rheumatology
- Day 3: Anticoagulation and diabetes therapy
- Day 4: Surgery, pain control and anaesthetics
- Day 5: Cardiovascular system
- Day 6: Respiratory system and anti-infective/antibiotic therapy
- Day 7: Symptom control and palliative care, drug history taking and counselling
- Day 8: Mental health
- Day 9: Elderly patients, patients with strokes, Parkinson's disease and epilepsy

Panel 2: Examples of ward-based activities to be completed at a technician's base hospital

- Identifying adverse drug reactions
- Researching the role of palliative care and other specialist nurses
- Taking a certain number of drug histories
- Identifying patients with, for example, chronic obstructive pulmonary disease, Crohn's disease, heart failure and commenting on their drug therapy
- Undertaking case studies
- Counselling patients

mentor). Portfolios are verified by the chief pharmacist at a technician's trust, with external verification being carried out by a panel consisting of members of two of NSCPN, NSTCPDG or PETO.

After passing the course (known as the Technicians' Medicine Management Qualification), technicians join a regionally-held register, similar to those held for technicians who have completed regional checking schemes. Technicians need to be re-accredited every two years.

— Outcomes

Since September 2003, 33 technicians have gained the qualification, one withdrew, two gained partial awards, and a further 29 are currently working towards qualification.

Participants are asked to evaluate each day of the course, and the content or arrangement of subsequent courses are modified in line with these responses. For example, the course was amended for the current (fourth) cohort, to include a day on mental health, increasing the number of study days to nine.

Technicians who undertake the course are asked to rate their involvement in a number of ward-based activities at the start and end of the programme. All technicians stated that their ward and clinical involvement increased during this time. A more formal assessment of the benefits of the course has also been carried out, involving the first cohort of technicians a year after they completed the course. All technicians stated that their involvement in ward-based activities had further increased during this time and that their job satisfaction had increased. They said they felt confident making interventions

— queries they reported included dose clarification, drug interactions, brand clarification, taking accurate drug histories and questioning the timing of doses. Technicians who have undertaken the course work in a variety of specialties, including medicine, surgery, care of the elderly and paediatrics. Some of the comments that they made are shown in Panel 3.

Pharmacists from trusts involved in the scheme have said that they value the course because qualified technicians benefit both patient care and the wider health care team. The skill-mix and role development of pharmacy support staff has released pharmacists' time.

— Latest developments

The course has recently been modified, and is now available in three modules, described below:

- Module 1: Patients' own drugs. (This module covers checking that patients' own drugs are fit for use.)
- Module 2: One-stop dispensing. (This module covers the common aspects of one-stop dispensing.)
- Module 3: Medicines management. (This module involves attendance at the study days, assessment, examination and preparation of a portfolio. It covers drug history taking, reading and understanding patient's notes, counselling patients in the use of their medicines, basic clinical and technical accuracy checks on ward prescriptions, and underpinning therapeutic knowledge.)

Getting time off work to attend the study days seems to be the rate-limiting step for technicians who want to obtain the qualification. Making the course modular has helped to address this issue, because modules 1 and 2 can be undertaken solely within trusts. Each trust can therefore use the framework in conjunction with their own policies and procedures. In addition, the potential to make module 3 a distance learning package is being explored.

It should be noted that module 1 can also be used to train ATOs to ensure patients' own drugs are fit for use. The names of technicians and ATOs who complete these modules are entered on a regional register but technicians must complete all three modules in order to gain the medicines management qualification.

NSCPN, NSTCPDG and PETO are currently working towards having the course accredited by Sunderland University. This would enable technicians to build their development portfolios independently of their employer organisations and, perhaps, in the future, gain a nationally transferable qualification.

Finally, it is hoped that wider use of this course will lead to there being more knowledgeable and confident technicians with the skills to help deliver front-line clinical pharmacy services. In addition, pharmacists will have an external marker of a technician's training.

Panel 3: Comments made by technicians who have completed the course

- ... makes you think about the patient and not just look at the drug chart.
- ... makes you realise that things aren't cut and dried — not black and white. It's a balancing act.
- ... gives me confidence to extend my role on the ward.
- ... reading the [patient's] notes makes you realise that one disease, and its treatment, can lead to another.
- ... [makes you realise that] doctors don't have all the answers, and so you feel more helpful in your role.

“Focus on technician” articles

Any pharmacist or technician who is involved in any new developments in work undertaken by technicians is invited to write an article for publication. Advice on the publication process can be obtained by telephoning the *Hospital Pharmacist* editorial office on 020 7572 2425/2419. Articles can be submitted by e-mail to hannah.pike@pharmj.org.uk