

Pharmacy support staff need ongoing training if goals are to be realised

By Margaret Watson and Alison Blenkinsopp

Over the past 20 years scores of prescription only medicines (POMs) have been reclassified to pharmacy only (P) status, and from P to general sale list (GSL) status. The greater availability of non-prescription medicines (NPMs) means that the public is better able to self-care and that community pharmacy staff have more medicines to recommend. POM-to-P switches are set to continue with drugs such as proton pump inhibitors and lipid lowering agents as possible candidates.

The Royal Pharmaceutical Society is one of many advocates for increasing self-care and recently issued a briefing paper on the treatment of minor ailments, providing further support and encouragement for the supply of NPMs from community pharmacies. The briefing paper also covered a significant development — the establishment and increasing spread of NHS minor ailment schemes in community pharmacy. These changes raise questions about the respective roles of pharmacists and medicines counter assistants in relation to NPMs. Society policy has supported delegation of much of this work from pharmacists to assistants. In this article we ask whether this policy needs to be revisited and updated with an eye to the future.

BUDGETS UNDER PRESSURE

Health care budgets in the United Kingdom and around the world are under pressure with increasing demand for care, developments in technology and the growing burden of disease due to ageing populations. Evidence-based practice has been heralded as an attempt to promote better quality of care and to ensure the effective and efficient use of these limited resources. The code of ethics states that “pharmacists should be aware of current evidence and ideas, applying these to their practice and sharing them with professional colleagues and patients”.

As is often the case in health care, medicine and medical professionals have tended to lead the field in the development of evidence-based practice, but it is equally applicable to all other health professionals, including pharmacists. To date, however, there has been little identification and assimilation of evidence to inform the supply of NPMs from community pharmacies. Some may question whether there is a need for evidence to support this activity. Although there is a lack of evidence to support the use of some (particularly older) NPMs the evidence is stronger for more recently licensed ones, including those switched from POM to P. We would argue emphatically that there is a large and growing need to promote the evidence-based supply of these medicines. Furthermore, if

the reclassification process continues, as it most certainly will, with more potent drugs becoming available for sale to the public, the need for evidence-based treatment recommendations will be even greater.

BRAVE NEW WORLD

A problem exists, however, with this brave new world of greater opportunity for self-care and an enhanced role for community pharmacy. Most NPMs are supplied by assistants, not pharmacists. Although pharmacists have a professional duty to supervise staff it is unrealistic to expect their direct involvement in every sale of every NPM and Society guidance takes this into account. However, currently, assistants are neither registered nor regulated. They are required to complete (and pass) an assistants' qualification within two years of commencing in post. After that, there are no compulsory further training or education requirements. No organisation or agency is tasked with providing any form of ongoing training or continuing education for assistants. A recent survey of support staff training needs in Northern Scotland showed that 81 per cent of community pharmacists believed that their support staff were not receiving enough training. Yet, it is these staff who are faced with an increasing array of NPMs from which they must make their recommendations. Articles in pharmacy magazines (often good but generally without meaningful independent accreditation), and promotional literature from the pharmaceutical industry may be their only sources of information. It has been suggested that the supply of NPMs is the activity in community pharmacies that is associated with greatest risk, yet it is the least trained members of staff who are often solely involved in the sale of these medicines.

A recent study conducted in Scottish pharmacies, which involved observation of transactions for NPMs and interviews with pharmacy staff, showed that many interactions with customers continue to be structured according to the WWHAM framework for questioning. Although this mnemonic provides a systematic approach to eliciting information from a customer during the decision-making process to supply a NPM, this study showed that it was often used as a matter of rote rather than in an informed manner. It was as if WWHAM

was being used as a safety net: if I ask all these questions (whether they are appropriate or not), I will be doing the right thing, or more importantly perhaps, I will not be doing the wrong thing. The implications of this type of questioning and its effect on outcomes requires further investigation. It is insufficient merely to obtain information; the right information has to be obtained and then used appropriately to inform the decision-making process. A previous study that evaluated the effectiveness of educational strategies on improving the appropriateness of sales of antifungal medicines for the treatment of vaginal candidiasis showed that customer consultations in which pharmacists were involved were more likely to result in an “appropriate” outcome compared with consultations where a non-pharmacist member of staff was involved. It is an unpalatable fact that research has consistently shown that the quality of advice from pharmacists is better than that from assistants.

The Government has introduced clinical governance as a strategy to promote quality improvement and ensure high standards of care within the NHS. One important component of clinical governance is the requirement for all registered health care professionals to undertake continuing professional development. CPD is recognised as essential if health care professionals are to provide safe, effective and efficient health care. Mandatory CPD for pharmacists becomes a reality in 2005. Pharmacy technicians will soon be subject to a regulatory framework and they too will be required to undertake CPD. But what about assistants and other pharmacy support staff? A recent survey of community pharmacy support staff in Northern Scotland showed that most staff have favourable attitudes towards training with most respondents stating that they would prefer more training than they currently receive. Over 25 per cent of support staff stated that they currently receive no training.

TRAINING NEEDS

There is no suggested framework of registration for this large and important cohort of pharmacy workers. It is questionable whether a regulatory framework would indeed be appropriate. However, the continuing education and training needs of these staff need to be recognised and addressed if we are to achieve the goal of the community pharmacy as centre of quality care for minor (and not so minor) ailments. We argue that pharmacy support staff need appropriate and ongoing training to fulfil the Society's aim of promoting community pharmacy as the centre for self-care.

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