



Competency Development & Evaluation Group

FPT

Framework for Pharmacy Technicians

A Professional Development Framework for Pharmacy Technicians in Medicines Management

Handbook
June 2010

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On behalf of the Project Team

About CoDEG

The Competency Development and Evaluation Group (CoDEG) is a collaborative network of developers and researchers, practitioners, specialist and academic pharmacists.

Further information and implementation resources and guidance are available from www.codeg.org

CoDEG is supported by the following organisations:



East & South East England Specialist Pharmacy Services
East of England, London, South Central & South East Coast
Clinical Pharmacy



School of Pharmacy and Biomolecular Sciences,
University of Brighton



The School of Pharmacy
University of London

Organisational Endorsement

The following organisations have endorsed the Framework for Pharmacy Technicians:



**UNITED KINGDOM CLINICAL
PHARMACY ASSOCIATION**



**ASSOCIATION OF PHARMACY
TECHNICIANS UK**

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Introduction

Welcome to the handbook for the Framework for Pharmacy Technicians (FPT) a professional development framework for pharmacy technicians in medicines management. Previously known as the TLF or Technician Level Framework, it was felt this title did not necessarily make sense nor reflect the framework.

As the range of activities for Medicines Management Technicians (MMTs) varies from organisation to organisation, so does the job title – MMT, ward based technician, clinical technician. For the purposes of this framework we have adopted the term pharmacy technician. However the framework covers the role of technicians in medicines management.

The purpose of this document is to provide guidance on a competency framework that supports the development of pharmacy technicians as safe, effective practitioners. It has been adapted from what was called the General Level Framework for Pharmacists (GLF) delivering core services in hospital practice and primary care, on the basis that appropriate medicine management functions should be performed competently by any individual who has the capability to undertake those functions. There are however differences in the roles of pharmacists and pharmacy technicians in terms of accountability. The Code of Ethics for Pharmacists and Pharmacy Technicians (RPSGB August 2007) states that 'pharmacists have overall responsibility for provision of pharmaceutical services. Pharmacy Technicians undertake work to support, develop or provide these services. Every registered pharmacy professional is responsible for their own actions'. Thus the pharmacy technician undertakes to refer any issues they are not trained or competent to deal with, and any clinical issues identified. There may be locally agreed situations where appropriately trained and assessed pharmacy technicians undertake some clearly defined clinical roles within standard operating procedures (SOPs) however the accountability for their actions remains with the pharmacist.

Medicines Management activities are undertaken in accordance with a system of governance that reflects roles, responsibilities and accountabilities of different professional groups. Before using the framework it is important to identify or develop locally an agreed scope of practice for pharmacy technicians in respect of medicines management.

The framework will:

- Help individuals and their reviewer (see next section) define gaps in knowledge and skills, and identify training and development needs.
- Provide documentary support for appraisals.
- Facilitate Continuing Professional Development.

The first edition of the GLF for pharmacists was evaluated among general level hospital pharmacists in the late 1990s, whilst a second edition in 2004 was piloted in primary care and community pharmacy as many of the core competencies are the same in any area of practice. An opportunity was taken with the second edition to update some of the behavioural statements as practice had moved on during the use of the first edition. The second edition (2007) is currently being promoted in both primary and secondary care. The GLF or country-specific adaptations of it are being used in Australia, the South Pacific and Croatia. Individuals with no prior experience of these frameworks may find it useful to read the references which describe the early pilots and development of the GLF. These can be accessed via the Competency Development and Evaluation Group (CoDEG) website www.codeg.org

Publications

Mills E et al. Pharmaceutical Journal, 2005; 275: 48-52

Antoniou S et al. Pharmacy Education 2005; 3-4 : 201-7

Webb D et al. Int J Pharm Prac 2003; 11(suppl): R91

Goldsmith G et al. Pharmacy Education 2003; 2: 127-134

McRobbie D et al. Pharmacy Education 2001; 2: 67-76.

Development of the Framework for Pharmacy Technicians (FPT)

To develop the competency framework for pharmacy technicians, a task group of interested medicines management technicians, trust based pharmacy education technicians, education providers and Primary Care Trust (PCT) technicians were identified and met on a number of occasions with a Project Lead to review which behavioural statements in the GLF were applicable to pharmacy technicians, those which were not applicable and those which may need adapting. The group also worked on revising this handbook.

The TLF/FPT was piloted during 2008 and early 2009 in 10 acute trusts (5 teaching and 5 district generals) and two mental health trusts. It was found to improve competence over time in each of the four clusters. The pilot identified behavioural statements that could be merged, modified further or deleted and where the handbook sections needed reviewing.

A conference abstract describing the development of the pilot version of the TLF, the piloting and evaluation of the results can be found in Appendix 1. Further details are available on the CoDEG website at www.codeg.org.

Behavioural statements have also been labelled CORE or OPTIONAL in an attempt to reflect differences in the scope of practice for pharmacy technicians across the country. It is anticipated all pharmacy technicians delivering medicines management services would deliver the core activities – individual trusts/departments would then identify those optional behavioural statements that best fits their service. Some of the core behavioural statements may not be applicable to all sectors eg assessing Patient's Own Drugs for suitability for reuse on a ward would not be considered a primary care activity – these behavioural statements would therefore be marked as not applicable to that pharmacy technician's role.

Role of Reviewer (also known as mentor or tutor)

In order to use the framework successfully each pharmacy technician needs to be assigned a reviewer (the terminology has been taken from the Knowledge and Skills Framework) who will support the pharmacy technician and either personally carry out or ensure assessments are carried out.

What can competency frameworks be used for?

Competency frameworks can be used to support a range of different things. Typically, they are used to help with:

- ❑ Training and development
- ❑ Identifying the potential scope of a role
- ❑ Recruitment
- ❑ Performance review

We envisage that this framework will be used in the first instance to help with training and development activities (see below) and to support appraisals.

How can the framework help in training and development?

The framework can be used in the following ways:

- ❑ To help individuals and managers define gaps in knowledge and skills, and identify specific training and development needs

- To help identify, at organisational level, training and development needs that may be common to all pharmacy technicians
- To help identify, at an organisational level where improvements could be made in service delivery and/or training and induction of staff.
- As a tool to facilitate continuing professional development
- To provide documentary evidence for appraisals and service delivery

Pharmacy Technicians working at a high level in specialised roles may find it helpful to consider the competencies described in the pharmacist's Advanced and Consultant Level Competency Framework (ACLF), which is also available on the CoDEG website: www.codeg.org

Who can use the framework?

The framework can be used by:

The individual Pharmacy Technician

- To facilitate continuing professional development
- To help individuals identify gaps in knowledge and skills and identify training and development needs
- To demonstrate requirements of service delivery

Employers

- As an aid to appraisals and setting personal development plans
- To provide opportunities for individual employers in a geographical area to work collaboratively to deliver training for their staff.
- To provide support for recruitment and induction process

Commissioners

- To set standards and monitor service delivery
- To provide a framework for accreditation for service delivery
- To identify and remedy poor performance

Education and training providers

- To provide training linked to service provision
- To provide the link between training and practice
- To underpin competency led training programmes.

Introducing the Framework

The structure of the framework

This framework is made up of the following components:

The main areas of competency (**competency clusters**): which are:

- Delivery of patient care
- Personal
- Problem Solving
- Management and Organisation

Each of these clusters contains closely related competencies. Using the *Delivery of patient care* competency cluster as an example, the **competencies** in this area pertain to:

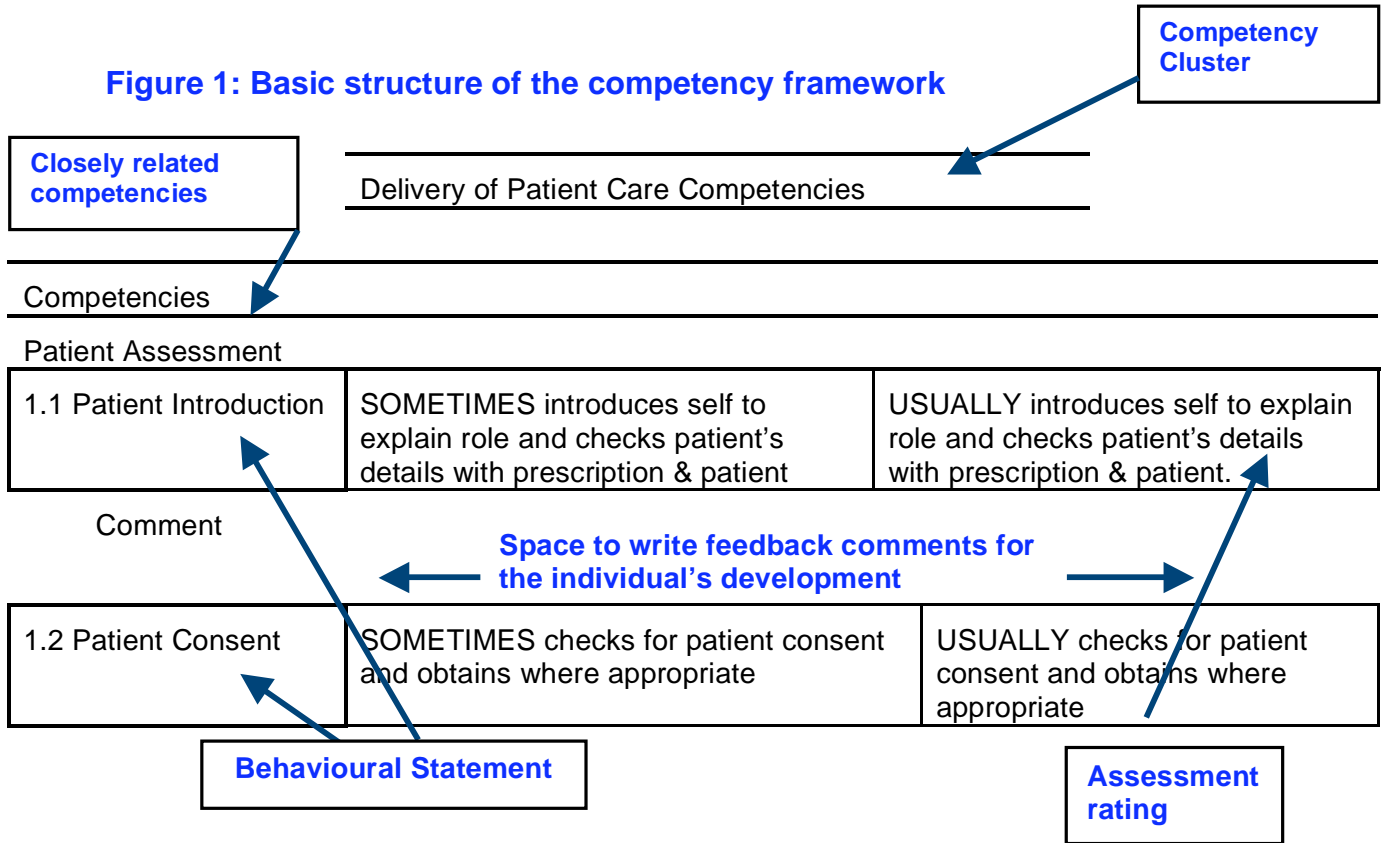
- Initial patient contact
- The prescription
- Patient's Own Drugs
- Medicines Reconciliation
- Supply of Medicines
- Use of Guidelines
- Drug specific Issues
- Drug Interactions
- Medicines Information and Patient Education
- Additional Activities
- Identification of Medicines Management Problems
- Transfer of Care
- Evaluation of outcomes

Each of these competencies has:

- A number of statements, known as **behavioural statements** that define how that competency would be recognised.
- Each behavioural statement is numbered so it can cross-referenced to the explanations in the handbook.
- An **assessment rating** ranging through rarely, sometimes, usually to consistently.
- There is also a not assessed box, that can be used when the activity has not been assessed or it is not applicable to the role of the pharmacy technician. A comment should be made in the appropriate place as a record for the "non-assessment".

The basic structure is illustrated in figure 1.

Figure 1: Basic structure of the competency framework



Assessment Rating

The assessment rating is on a 4-point scale ranging from rarely, sometimes, usually to consistently

Feedback from the evaluation of the GLF in secondary care suggested the definitions below for the assessment ratings. Assessment should be referenced to the norm or standard practice that would be expected. This may vary between areas, trusts or organisations, however the task group have highlighted in yellow on the grids the rating the group considered to be the norm.

Rating	Definitions	Percentage expression
Rarely	Very rarely meets the standard expected. No logical thought process appears to apply	0-20 %
Sometimes	Much more haphazard than “usually”	21-50 %
Usually	Implies standard practice with occasional lapses	51-84 %
Consistently	Demonstrates the expected standard of practice with very rare lapses	85-100 %

Guidance notes on assessment

There are various acceptable methods of assessment using the framework. This includes direct observation by the reviewer, another individual and feed-back from other healthcare professionals. Comparison and discussion of reviewer and self-assessment can be useful for the pharmacy technician to gain an understanding of an acceptable level of practice and as a means to give feedback. In the pilot some pharmacy technicians collected portfolio evidence, such as interventions made, witness statements. Where there is a lack of evidence or not the opportunity to observe an activity it may be possible to use a documented Question and Answer format. For each of the behavioural statements the task group has made suggestions for suitable evidence that could be collected/used – this information can be found in Appendix 2. Examples of assessment methods include:

Day to day observations

In the secondary care pharmacist evaluation this method of assessment was used in sites where junior pharmacists are supervised day-to-day by a more experienced member of staff; for example, ward based teams or pharmacy manager. For ward

based pharmacy technicians the clinical pharmacist for the ward could undertake this role. For pharmacy technician's in other roles a pharmacist or more senior/higher level pharmacy technician could be the observer.

Observations from Accompanied visits

This option would be used where the reviewer does not have the opportunity to observe the pharmacy technician's daily practice and hence needs to make arrangements to accompany the pharmacy technician in their work. Assessment could be based on a number of brief accompanied visits or during a period at work.

Using other staff to assess

The use of staff, other than the reviewer, to assess competencies has been found to be useful. This included other pharmacists, pharmacy technicians, nurses, medical staff or other relevant personnel. The opinion of other staff may be particularly helpful in relation to problem solving and personal competencies. However, assessment should not be based solely on the reports of staff other than the reviewer. The assessment should at least include some direct observation.

Question and Answer

There were occasions during the assessments when there were no patients to demonstrate a particular competency e.g. following up a discrepancy between a Patient's Own Drug and the prescription. In these circumstances, the reviewer constructed a hypothetical scenario i.e. they might ask what action the pharmacy technician would take if the doses on the boxes did not match those on the drug chart. The assessment is then based on their response.

Portfolio Evidence

Pharmacy technicians can be encouraged to collect pieces of evidence to support their practice which would then be assessed by the reviewer.

Examples of suitable evidence can include:

- Plan and record documentation from the RPSGB's CPD folder
- Case scenarios
- Intervention records
- Anonymised pharmaceutical care records
- Any written documentation or procedures used in their practice
- Records relating to any continuing education undertaken.

A proforma for portfolio evidence collection is provided in Appendix 3.

Assessment Guide

To help with the assessment process there is a tool in Appendix 2 where the Task Group have made suggestions for the type of evidence (observation, portfolio etc) that could be used to assess each behavioural statement

Using the rating scale

The following is an example of how to assess an individual against the four-point scale.

Following an accompanied visit, it was seen that the individual assesses Patient's Own Drugs (PODs) accurately but on occasions does not document discrepancies.

This would be assessed by:

Consistently assesses PODs accurately

Usually ensures discrepancies are documented and resolved, referred appropriately.

This example highlights that the pharmacy technician can identify discrepancies but they need to ensure they are aware of and use the procedure for documenting and referring/resolving discrepancies.

Who does the assessments?

Depending on local circumstances the reviewer could be the lead pharmacy technician or pharmacist for Medicine Management Services, or the pharmacy technician/pharmacist responsible for education and training, or the clinical area's pharmacist. The reviewer needs to be familiar with the FPT or GLF and be familiar with assessment techniques. There should be a local process for identifying appropriate reviewer/assessors and matching them with the pharmacy technician.

Setting a standard

The task group developing the FPT proposed some standards and these are highlighted in yellow on the accompanying grids. Individual organisations can raise or lower these standards to suit their local service delivery and/or the banding of the pharmacy technician delivering the service.

Guidance for Reviewers on how to use the framework

1. Familiarise yourself with the framework – talk to pharmacists who have used the GLF, or pilot sites who have used the FPT. Visit the CoDEG website (www.codeg.org) for further information.
2. Identify how your assessment system will work – you will need a Reviewer, who could be the Education and Training Technician, Lead Medicines Management Technician or the pharmacist responsible for Medicines Management Technicians or the pharmacist for the clinical area. Decide whether this person will undertake all the assessments or use day to day observation reports from other people eg the ward's clinical pharmacist. Some options for types of assessments are given in Appendix 2.
3. Identify the local scope of practice for pharmacy technicians with respect to medicines management, and decide which of the optional behavioural statements apply to your local service delivery. Cross through and mark N/A, for those statements that do not apply to your service. Ensure you have local policies and/or procedures in place to support the scope of practice.
4. The Task Group recommend not deleting behavioural statements but indicating where they are not part of the local service or not part of an individuals role, so that when a pharmacy technician moves work place the new employer can easily see the scope of practice expected in the previous organisation.
5. Review each behavioural statement standard of performance as indicated by the yellow highlights, if you wish to raise or lower these standards highlight the appropriate box.
6. For each pharmacy technician identify which behavioural statements fit their role – if any are not applicable cross through and mark N/A.
7. Use the evidence grid provided (Appendix 2) to help decide what evidence you will need to assess the behavioural statement and plan when and how you will collect and review the evidence.
8. Some tasks/experience occur infrequently, when they do occur they need to be performed accurately and consistently; however the reviewer should make a note that it was a rare event. On the occasions when the task/experience is not observed it can be marked as not assessed; include a note in the comments section.

9. The pharmacy technician will need to undertake a self-assessment at the same time as the reviewer takes a base line assessment, any differences in standards should be discussed and agreed.
10. Have a local plan as to how often to undertake assessments, pilot sites would recommend six monthly, or a build up of competency clusters assessed eg start with Delivery of Patient Care, then add in personal or problem solving competencies. There are some aspects of the Management and Organisation cluster that apply to all pharmacy technicians, but others are only relevant where management of staff is part of the pharmacy technicians role.
11. The competency grids are quite large, and it may not be practical to take them on an accompanied visit. The reviewer may wish to make brief notes and then complete the competency grids immediately after the visit or they could use a proforma to record observations and the standard of practice. An example of a proforma is provided in Appendix 4.

Glossary

Adherence (Medicine's)	Extent to which patient's actions match agreed recommendations (for taking medicines)
ADR	Adverse Drug Reaction
APTUK	Association of Pharmacy Technicians UK
BTS	British Thoracic Society
CoDEG	Competency Development and Evaluation Group see www.codeg.org
Code of Ethics	Royal Pharmaceutical Society's Code of Ethics for Pharmacists and Registered Pharmacy Technicians 2007
CD/Controlled Drugs	Those drugs regulated under the Misuse of Drugs Act 1971
Clinical Tech	Pharmacy Technician undertaking medicines management activities
Concordance	More usually referred to as adherence
COPD	Chronic Obstructive Airways Disease
COSHH	Control of Substances Harmful to Health
CPD	Continuing Professional Development
CPPE	Centre for Postgraduate Pharmacy Education (England)
CYP450	Cytochrome P450 – responsible for a number of drug-drug interactions
DDA	Disability Discrimination Act 2005
FPT	Framework for Pharmacy Technicians – a professional development framework in Medicines Management

GLF	General Level Framework (a professional development for junior pharmacists)
GP	General Practitioner
HCP	Health care professional
GHP	Guild of Healthcare Pharmacists
JPB – Joint Programme Board	An organisation representing universities in the south of England using a common postgraduate training programme.
KSF	Knowledge and Skills Framework
LPC	Local Pharmaceutical Committee
MAR	Medicines Administration Record (often used in nursing homes)
Medicines Reconciliation	Ensuring medicines prescribed on admission correspond to those the patient was taking before admission
MMT	Medicines Management Technician ie Pharmacy Technician undertaking medicines management activities
MHA	Mental Health Act 1983
MI	Medicines Information
NICE	National Institute for Clinical Excellence
NPA	National Pharmacy Association
NPC	National Prescribing Centre
NPSA	National Patient Safety Agency
OTC	Over the Counter (Medicine)
(e)PACT	(electronic) Prescribing Analysis and Cost data – from FP10 prescriptions
PCT	Primary Care Trust
PMR	Patient Medication Record
POD /Patient's Own Drugs	Medicines that a patient would bring into hospital with them.
POD Locker	Locked bedside cabinet to hold PODs.
PSNC	Pharmaceutical Services Negotiating Committee
RPSGB	Royal Pharmaceutical Society of Great Britain
SHA	Strategic Health Authority
SOP	Standard Operating Procedure
T2 and T3	Forms used for consent to administer medicines for patients detained under the Mental Health Act 1983,
TDM	Therapeutic Drug Monitoring
TLF	Technician Level Framework – a previous name for the FPT
UKCPA	United Kingdom Clinical Pharmacy Association
UKCPTN	UK Clinical Technicians Network
UKPPG	UK Psychiatric Pharmacy Group now part of the College of Mental Health Pharmacy
WCPPE	Welsh Continuing Pharmacy Professional Education

Pilot Task Group Members

A small group of pharmacy technicians led by Jane Hough (Pharmacy Clinical Services Manager, Oxford Radcliffe Hospitals NHS Trust/Associate Director Clinical Pharmacy, East and South East England Specialist Pharmacy Services) have worked on the Framework for Pharmacy Technicians (FPT) to develop the version that was piloted and then have contributed to its up-dating . Some have also represented a professional body or organisation eg APTUK. All would be happy to discuss their experiences of the TLF.

Pharmacy Technician	Employer	Representing
Diane Blunden	London Pharmacy Education and Training	London Pharmacy Education and Training
Julie Chatters	Colchester University Foundation Trust	
Kulpna Daya	Bedford Hospitals NHS Trust	UKCPTN
Dawn Dennison	Cambridgeshire PCT	
Vanessa Eggerdon	Addenbrookes NHS Trust	UKCPTN
Bev Faulkner	Oxfordshire & Buckinghamshire Mental Health Trust	College of Mental Health Pharmacy
Tess Fenn	Guys and St Thomas' Foundation Trust	APTUK
Elizabeth Fidler	SEMMED	SEMMED
Sarah Gray	Addenbrookes NHS Trust	UKCPTN
Paul Lindars	Westminster PCT	
Tracey Tisley	Chelsea and Westminster NHS Trust now at London Pharmacy Education and Training	

Pilot Site Participants

Ten acute and two mental health Trusts completed the pilot, they are listed below.

All are happy to be contacted to share their experiences of using the TLF.

Site	Contact Person	Contact Details
Addenbrookes	Sarah Gray	Sarah.gray@addenbrookes.nhs.uk
Cardiff and Vale	Caroline Sutton	Caroline.sutton@cardiffandvale.wales.nhs.uk
Chelsea and Westminster	Charlotte Mays	Charlotte.mays@chelwest.nhs.uk
Colchester	Julie Chatters	Julie.chatters@colchesterhospital.nhs.uk
Frimley Park	Winglam Yeung	Winglam.yeung@fph-tr.nhs.uk
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Hinchingbrooke	Fiona Donaldson	Fiona.donaldson@hinchingbrooke.nhs.uk
Kings	Samantha Butler	Samantha.butler1@nhs.net
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UCLH		
South London and Maudsley	Neelam Sharma	Neelam.sharman@slam.nhs.uk
Oxfordshire and Buckinghamshire Mental Health Trust	Bev Faulkner	Beverley.faulkner@obmh.nhs.uk

Delivery of Patient Care Competencies

Initial Patient Contact

This first cluster of behavioural statements covers the initial contact the Pharmacy Technician will have with the patient and covers the core activities of obtaining various types of back ground information, ensuring consent has been obtained and the initial introduction and explanation of their role. The personal skills needed for effective communication in this process are described in the personal competencies cluster.

1.1 Patient Introduction (core)

The pharmacy technician should be able to:

- Identify the patient
- Introduce self to patient and explain their role

1.2 Patient Assessment (Core)

The pharmacy technician should be able to:

- Question the patient (parent or carer) or a health care professional to obtain information
- Use a variety of information sources to gather information
- Interpret records made by other health care professionals when appropriate
- Identify if the patient has brought in their medicines and/or encourage medicines to be brought in – assessment of Patient Own Drugs (PODs) is covered in behavioural statements 1.11 and 1.12

1.3 Patient Consent (Core)

For ward based pharmacy technicians, the main focus for obtaining patient consent is for using safe and/or removing unsafe Patient's Own Drugs. This should follow the local process. As pharmacy technicians develop new roles and provide additional services they will require a greater understanding of the issues surrounding consent. Patient led services and consent are an increasing focus for NHS services¹. There are already key areas of practice where consent is obtained e.g. sharing of patient information, recording of patient information in Patient Medication Records (PMR) and where patients are detained under Mental Health Act (1983).

¹ 12 Key points on consent: The law in England. London; Department of Health, 2001

Additional services such as screening or monitoring for chronic diseases, medication review, non-medical prescribing and Patient Group Directions (PGD) usage all require consent.

Pharmacy Technicians working with Mental Health patients should be aware to ensure that either form T2 or T3 is in place for detained patients. The details of exactly when such forms need to be used are provided by the Mental Health Act Commission in their Guidance on Consent to Treatment.

1.4 Relevant medicines management information (Core)

During the consultation with the patient, health problems and medicines management background should be identified and documented as per local procedure. Medicines Management background information could include use of compliance aids, information on who usually fills this, need for large print labels, resident of a nursing home requiring specific discharge instructions, support offered by social services etc. Identification of allergies and poor adherence

Some pharmacy technicians with extended roles will under-take a more in-depth review of the patient according to local procedures. In providing pharmaceutical care for a patient it is essential that background information about the patient's health and social status is identified. Without this information it is difficult to establish the existence of, or potential for, medication related problems. Clinical review of prescriptions without this information risks flawed judgements on the appropriateness of therapy for that individual. The pharmacy technician will be collating this information on behalf of the patient. The detail required will vary depending on the circumstances. And the activities undertaken and to whom any issues are referred will depend on local procedures, but could include the following:

- ❑ *Age* – the very young and the very old are most at risk of medication related problems. A patient's age will indicate their likely ability to metabolise and excrete medicines and therefore have implications for appropriate selection of drug dosage.
- ❑ *Social background* – this may impact on their ability to manage their medicines and may influence their pharmaceutical care needs e.g. what are their home circumstances? - do they live in their own home or in residential accommodation? - do they have a visiting district nurse or carer etc.

- ❑ *Presenting condition* – may need to establish what ongoing or additional symptoms the patient describes and to refer to a pharmacist – but the pharmacy technician should consider whether they could be attributed to the side-effects of the prescribed or purchased medicines.
- ❑ *Previous medical history* - establishing concurrent medical conditions will support the pharmacy technician in establishing any contra-indications to prescribed, OTC medicines or herbal/homeopathic remedies etc
- ❑ Refer any findings appropriately to the pharmacist.

Sources of patient information include medical, nursing and electronic records, as well as directly from the patient or carer themselves. Obtaining relevant information will depend on your sector of practice. Routine review of medical notes (if available) may be inappropriate and unnecessary for the retrieval of basic information, and the most concise information source should be used. Possible sources of information include:

- ❑ *Patients* – patients are often able to provide information, particularly in relation to medicine taking, although some skill is required in terms of managing the consultation to avoid becoming sidetracked. However, there are times when they are the only accurate source for the information you require.
- ❑ *Patient's Own Drugs* – may identify medicines patient's not actually taking or taking at a different dose to the one prescribed. Or where a compliance aid is used or the patient has difficulty in using eg an inhaler
- ❑ *Nursing 'Kardex'* – In a hospital setting, this is usually an excellent basic summary of the patient's admission details and should be used as the first source of information. It is concise and accessible and will provide all of the key features identified above, with the possible exception of laboratory findings, although abnormal results are often commented upon. In primary care, if pharmacy staff provide domiciliary visits, then nursing care plans are normally found in the patient's home if they are being treated by community nurses
- ❑ *Medical notes* – will provide the most detailed description of the patient's care to date, although they are often lengthy and repetitive and should therefore be used to confirm findings rather than as a first source of reference. Previous hospital admissions and subsequent discharge summaries are often useful to clarify medication use histories.

- ❑ *GP clinical system records* – will provide the most detailed description and in a primary care setting is usually the most up to date and appropriate source of information
- ❑ *Pharmacy based information* – e.g. *Patient Medication Records (PMR)*. In community pharmacy an up to date PMR is the most accessible and relevant source of information about the patient's medication use history.
- ❑ *Nurses (including practice and district nurses)* – are the frontline care providers for the patients in hospital and increasingly in primary care. Hence developing a good working relationship with the nurses is a valuable exercise. In hospital a daily handover from the nursing team can prove to be an excellent source on information about the patient's current condition.
- ❑ *Allied health care professionals* - e.g. physiotherapists, social services care workers, occupational therapists etc. maybe involved in the patient's medicines management e.g. assessing compliance and recommending compliance aids.
- ❑ *Laboratory results systems* - If laboratory results are readily available and would be useful in the role being undertaken, the pharmacy technician should ensure that they have personal access and have been trained in retrieving correct patient information from the database.

Finally remember that all patient information that comes to your attention is CONFIDENTIAL and should not be discussed with anyone not involved in that patient's care.

1.5 Identification of Non-Adherence (Core)

Pharmacy technicians are ideally placed to identify patient's with non-adherence to their medicines, such as an inability to use inhalers correctly, a fear of taking medications, or an inability to open clic locs or blister packs. These issues should be resolved and documented by the pharmacy technician or referred according to local policy.

The National Prescribing Centre (NPC) published a competency framework for Health Care Professionals supporting concordance and shared decision making with patients about their medicine - it provides useful background reading. (NPC January 2007 – A competency framework for shared decision making with patients).

In 2009 NICE issued a Clinical Guideline (number 76) on Medicines Adherence – Involving patients in decisions about medicines and supporting adherence. The key principles are useful but many organisations are finding their implementation challenging. The Quick Reference Guide and slide presentation are useful starting points.

1.6 Identification of allergies (core)

It is important patient's do not receive medicines they allergic to, nor be exposed to products that contain substances they are allergic to eg latex or nuts (some topical preparations contain nut oils).

A pharmacy technician should:

- Ensure that any allergy identified, including the type of reaction, is documented according to local procedure
- Review the prescription to ensure that no culprit medicines have been prescribed.
- Refer any patients who are prescribed medicines to which they have a documented allergy according to local procedure.

Pharmacy technicians should also be aware some patients describe diarrhoea with antibiotics as being allergic to them.

1.7 Consultation and referral (Core where pharmacy technician has direct patient contact)

When a pharmacy technician during a consultation with the patient identifies a pharmaceutical or health problem, they should resolve or refer the problem.

This competency incorporates the structure and processes needed to gather information from and provide information to a patient or representative/carer. Giving information may be part of a request for the treatment of symptoms e.g. pain, whether coming from an in-patient or an out-patient in hospital or in the community. The personal skills needed for effective communication in this process are described in the personal competencies cluster. There must be a system in place to support quality and consistency whilst allowing the user to bring in their own knowledge and experience.

The pharmacy technician should:

- Take account of the patient's own health beliefs and preferences.
- Give self-care advice and/or reassurance without recommending a medicine or other treatment
- The following information should be provided where appropriate:

- ❖ Information on the reasons for referral and the action required.
- ❖ Information on the medicine and how to use it when appropriate
- ❖ Advice on when it would be appropriate to seek further advice from either the pharmacist or someone else if the condition does not improve
- ❖ A combination of the above

The pharmacy technician should demonstrate a structured, patient-centred process of consultation with patients and carers.

The pharmacy technician should be aware of their limitations and always consult a colleague if necessary or refer the patient appropriately. The referral and consultation process should form part of continuing professional development and it is expected that during the course of an individual's work, repeated exposure to similar pharmaceutical problems will result in development of the pharmacy technician's experience and competence.

The pharmacy technician should always refer to the pharmacist (or to other healthcare professionals as per local procedure) the following:

- ❖ Patient's prescribed medication to which they have a documented allergic reaction.
- ❖ Any concerns described by the patient.
- ❖ Any changes in visual signs where patients may be at an increased risk.

The pharmacy technician should endeavour to follow up the referral(s) (s)he has made.

Assessment of the patient consultation competency could be facilitated using the Medicines Consultation Framework. The full tool and a summary assessment tool are available on the CoDEG website www.codeg.org.

The Prescription

1.8, 1.9 and 1.10 The prescription (core)

Prescriptions are legal documents, which facilitate the supply of medications. The pharmacy technician has a role to play in ensuring prescriptions are clear and legal. The pharmacy technician should ensure:

- The prescription is legal:

- The prescription is clear and unambiguous, including their own endorsements as per local guidelines/SOP.

Clarification or correction of unclear or illegal prescriptions should be according to local procedure. The pharmacy technician should support clear prescribing by ensuring any endorsements, including those around the supply process, made by themselves on prescriptions are appropriate legible and auditable.

Patient's Own Drugs (PODs)

1.11 and 1.12 Assessment of PODs, Identification of discrepancies

A key role for pharmacy technicians working in secondary care is to accurately assess according to local criteria the medicines that patients have brought into hospital from home (also known as Patient's Own Drugs - PODs). A record or transcription is usually made of these medicines. Any discrepancies should be documented and referred appropriately. What is referred and to whom will vary from one organisation to another.

Medicines Reconciliation

1.13 and 1.14 Medicines Reconciliation, Identification of discrepancies (core)

Taking a comprehensive medication history may not form part of the service the pharmacy technician is delivering. However pharmacy technicians need to be aware of the patient's medications to support the pharmacist. Involvement in medicines reconciliation is becoming more wide spread.

Medicines Reconciliation is relatively new terminology for the UK and is used to describe the compilation of an accurate list of current medicines on admission. The National Patient Safety Agency (NPSA) and the National Institute for Health and Clinical Excellence (NICE), issued their first Technical Patient Safety Solution in December 2007, this required each trust to have in place a policy for Medicines Reconciliation by the end of 2008. Your organisations Medicines Reconciliation policy should describe the role, if any, that pharmacy technicians will have in Medicines Reconciliation and the training and accreditation to be undertaken. More information is available on the NPSA website (www.npsa.nhs.uk) and the guidance is available on the NICE website (www.nice.org.uk)

NICE/NPSA describe the aim of Medicines Reconciliation:

The aim of medicines reconciliation on hospital admission is to ensure that medicines prescribed on admission correspond to those that the patient was taking before admission. Details to be recorded include the name of the medicine(s), dosage, frequency and route of administration. Establishing these details may involve discussion with the patient and/or carers and the use of records from primary care. This does not include medicines review.

A key aspect of the guidance is to ensure communication of discrepancies identified (as well as collecting information on medication history and checking this list against the hospital drug chart). Pharmacy technicians must resolve or refer to a pharmacist, unintentional discrepancies identified through medicines reconciliation according to local procedures.

Supply of Medicines

1.15, 1.16 and 1.17 Supply of Medicines, including ensuring problem resolution and labelling (Core)

The pharmacy technician is responsible for the efficient supply of medicines to patients. When supplying a medicine for an individual patient the pharmacy technician should:

- Consider the availability of the drug within the hospital or community (eg formulary, on drug tariff and local shared care policy).
- Consider if the prescribed medicine is licensed. Refer any medicines prescribed for indications that are not licensed following the local unlicensed medicines procedure.
- Follow local guidelines to re-use or obtain non-formulary medicines and ensure that appropriate documentation is completed. This may involve referral to the pharmacist.

- ❑ Order all medicines required accurately and appropriately as per local procedure
- ❑ Ensure timely supply of medicines
- ❑ Communicate clearly with the relevant people to ensure the efficient and safe supply of medicines.
- ❑ Ensure continuity of supply for in-patient use, discharge and in the community.
- ❑ Document supply issues clearly on the drug chart or prescription, and ensure that all instructions are clear. In secondary care endorsement of drug chart should follow local trust guidelines. Follow the drug tariff in primary care.
- ❑ Ensure medicines are labelled accurately e.g. with clear dosage instructions. Consider products with similar names or packaging, patients with similar names, and dispensing for many family members at the same time.
- ❑ Ensure medicines are labelled appropriately for the patient e.g. the visually impaired, non English speakers.

Some trusts have the facility to provide labellers at satellite locations or at ward level – where this is in use medicines should be labelled or relabelled accurately to contain all the information appropriate for the patient. Where this activity is not available PODs should be taken/sent to the dispensary for labelling/re-labelling in the traditional way.

Most trusts are working through the NPSA Rapid Response Report (RRR 009) issued in February 2010 on Reducing harm from omitted and delayed medicines in hospital; pharmacy technicians will have a role in ensuring supplies they facilitate making meet the requirements of their organisations response to this RRR

Use of Guidelines

1.18 Use of Guidelines (Core)

A pharmacy technician should be able to demonstrate an awareness of guidelines available for the area in which they are practicing and the practical implications of these guidelines. In secondary care these guidelines will include the relevant medicines management and pharmacy standard operating procedures, the local formulary and may include local policies eg the trust nil by mouth policy or peri-

operative insulin sliding scales guidelines on surgical wards or the adoption of national guidelines from established groups e.g. British Thoracic Society guidelines for respiratory diseases, National Service Frameworks, NICE guidance.

The pharmacy technician should support the pharmacist in the utilisation of the guidelines and be aware of both the advantages and disadvantages of their use, and show regard for individual patient need when using them. They should refer non-adherence to guidelines by the prescriber or person administering the medicines to the pharmacist.

In primary care awareness of and ensuring adherence to national guidance is usually a key aspect of the pharmacy technician's role.

Drug Specific Issues

1.19, 1.20 Medicines Use including high risk medicines (Core)

Pharmacy technicians should be able to describe the actions and uses of the medicines routinely prescribed in the area they usually work. They should have an awareness of the principles of evidence-based medicine, clinical and cost-effectiveness in the selection of the most appropriate drug, dose and formulation for an individual patient. Pharmacy technicians are not expected to know the full breadth of clinical evidence for all conditions, but should familiarise themselves with and be able to demonstrate appreciation of key literature and local guidelines relevant to their current field of practice e.g. for respiratory conditions they should know the British Thoracic Society (BTS) guidelines on the management of asthma, COPD etc. Pharmacy technicians should also be aware of local trust formularies.

Pharmacy Technicians should also be able to recognise those medicines that are classed as high risk, both by national organisations (eg through NPSA alerts on eg Methotrexate, potassium ampoules and high strength opiates) and locally (eg insulin or un-fractionated heparin). The pharmacy technician should follow any additional precautions or processes to help ensure these medicines are used safely.

1.21 Ensures appropriate dose (Core), 1.22 Selection of dosing regimen (Optional) and 1.23 Selection and supply of formulation (Core)

The pharmacy technician should ensure that the medicines prescribed can be administered safely and effectively to the individual patient. Pharmacy technicians

are involved to different extents with identifying drug specific issues. The pharmacy technician could be involved in the following:

- ❑ Assessing the prescription to ensure that the dose is appropriate and referring any patients where adjustments are required.
- ❑ Referring to the pharmacist if the prescribed route is not available for that patient (E.g. is the patient nil by mouth? Are they able to take medicines orally?) is it appropriate for that patient? (e.g. unnecessary prescription of IV antimicrobials when the patient can swallow, or a solid dosage form when the patient has dysphagia.)
- ❑ Checking the timing of medication is appropriate and referring inappropriate timings, e.g. allowing for a nitrate free period or sedation prescribed in the morning.
- ❑ Checking if the medicine is available in a suitable formulation for administration via the prescribed route.
- ❑ Refer any requests from the nurses or care staff required on any specific information in order to administer the medicine safely (e.g. appropriateness of crushing tablets)
- ❑ Checking patients' ability/dexterity to use a device and refer if necessary for assessment for aids to ensure safe and effective administration e.g. volumatics for inhalers (also covered in adherence issues)
- ❑ Ensuring documentation is completed to ensure the safe and effective administration of the medicines as per local procedure.

Drug Interactions

1.24 Drug Interactions (core)

The identification and recording of drug allergies is covered in behavioural statement 1.6.

Where pharmacy technicians identify or suspect drug interactions whether they are drug-drug or drug-patient interactions as part of their routine work, these should be reported to the pharmacist. However some pharmacy technicians after attending appropriate medicines management/clinical training would be expected to be more proactive in identifying and helping to resolve drug interactions:

Medicines Information and Patient Education

It is expected that the pharmacy technician will refer to a pharmacist or provide (according to local procedure) any information on medicines or health issues, both to patients, carers and nursing and medical staff.

1.25 Public Health (Optional) - community/mental health

Some pharmacy technicians have the opportunity to actively explore the patient's need for lifestyle advice e.g diet, smoking and exercise. The contribution that pharmacy can make to public health is detailed in 'Choosing Health through Pharmacy (Department of Health 2005). This includes brief opportunistic advice. A wide range of resources to support pharmacy involvement in public health are available at <http://www.pharmacymeetspublichealth.org.uk>

An awareness of local services and initiatives and the referral process in primary care or discharge planning is essential.

1.26 Health needs (Core)

The pharmacy technician must take into account the patient's cultural and social background when assessing their health need. This may influence their health beliefs and may affect the style of communication adopted.

1.27 Need for information is identified (Core)

It is important that the pharmacy technician is aware of differing individual needs for information and facilitate its provision in an appropriate format or refer where necessary. Pharmacy technicians should be cautious about providing information to patients in a 'blanket' format. This may not be appropriate for patients who have been on a medicine long term whom may require specific information relevant to their situation – this will not be established unless the pharmacy technician allows the patient an opportunity early in the consultation to ask their own questions.

1.28 Medicines information (Core)

Pharmacy technicians are ideally placed to provide patient's with information about their medicines. This may be in the form of counselling a patient newly started on warfarin, providing a patient held monitoring booklet for methotrexate or answering a query why the patient gets headache after taking a glyceryl tri-nitrate tablet. They may also be able to answer some queries from nursing and medical staff. The pharmacy technician should ensure the accuracy of any medicines information they

give, use appropriate resources and consult with appropriate colleagues. The information should then be delivered in a manner appropriate to the recipient. Jargon should be avoided when speaking to patients, carers or parents, but caution is required not to cause confusion by trying to over simplify information – many warfarin patients will have no more idea about the state of their blood if it is described as ‘too thin’ or ‘too thick’ or the implications for their health, than if given a list of the clotting factors that warfarin inhibits.

1.29 Provision of written information (Core)

Where necessary the pharmacy technician may provide written information on medicines such as:

- A product information leaflet must be provided with dispensed medicines. This is a legal requirement and all manufacturers produce them.
- Health information leaflets are produced by many national organisations e.g. Diabetes UK, British Heart Foundation. Pharmacy technicians should be aware of and provide these valuable resources.
- Patients may need specific information e.g. medicines reminder chart. The individual preparing the information should ensure that the print is legible, of an appropriately sized font if necessary, and that the information is accurate. Written information should be checked by a pharmacist (unless the pharmacy technician has proved competency as per local procedure) and dated to facilitate the response to any subsequent queries.

Additional activities

1.30 Self Administration of Medicines (optional)

Under self administration schemes patients are responsible for storing and administering their own medicines on wards. Nursing and pharmacy staff may act as educators and supervise the process. This ensures that drugs are correctly and safely taken and that the patient understands their drug regimens. Self administration fits with the concept of patient partnership in medicine taking.

The aim of self administration is for the patient to have full understanding of purpose, dose and side effects of their medication therefore improving compliance at discharge which helps reduce re-admission to hospital.

The pharmacy technician should:

- Identify patients who wish to self administer e.g. from nurse or pharmacist referral and ensure assessment of the patient for self administer has been completed.
- In partnership with the patient and nursing staff give verbal and written information to the patient.
- Ensure patient consent obtained as per local SOP.
- Provide medication according to locally agreed standards eg labelled with directions.

1.31 Administration of Medicines by Pharmacy Technicians (optional)

In a small number of Trusts pharmacy technicians undergo local training and assessment of competency to participate in the administration of oral medicines to patients on wards. For those pharmacy technicians who have been assessed as competent, administration of the medicines should be under-taken accurately and documented according to the local procedure.

1.32 Controlled Drug Checks on wards

Recent changes to the secondary care guidance on the Safer Management of Controlled Drugs: A guide to good practice in secondary care in England (Department of Health and RPSGB May 2007) allows the routine regular stock checks on wards to be undertaken by pharmacy technicians.

Where organisations have opted to have pharmacy technicians undertaking this role, there is usually training and a competency assessment; whilst undertaking this role the pharmacy technician should:

- Follow the local procedure for checking CD stocks.
- Perform the check accurately.
- Document the check has been carried out.
- Report any discrepancies immediately to the pharmacist &/or appropriate ward staff according to local procedure.

1.33 Identification of Medicines Management problems (core)

Once a drug has been appropriately selected for a patient, supplied and administered, ongoing use of the drug should be assessed, both for the desired therapeutic effect and the appearance of adverse reactions.

Therapeutic drug monitoring (TDM) is an essential duty for hospital pharmacists. Pharmacists in primary care may not always have access to this information but need to be aware of its importance.

The pharmacy technician may support the pharmacist where appropriate and according to local procedures identify patients for whom ongoing monitoring of therapy is required and record any relevant data.

Drug characteristics

The pharmacy technician where involved in supporting the pharmacist with TDM, should identify patients prescribed drugs with narrow therapeutic indices and be familiar with the monitoring parameters for these drugs.

According to local procedure the pharmacy technician should identify monitoring parameters for ongoing disease management and refer patients to the pharmacist where appropriate e.g abnormal BP, cholesterol or blood glucose measurements. Some mental health pharmacy technicians have an active involvement in Clozapine monitoring services.

Patient characteristics

The pharmacy technician should be able to recognise those patients who will require ongoing pharmaceutical input because of their clinical condition and refer appropriately to the pharmacist. For example, concomitant:

- ❑ Renal impairment
- ❑ Hepatic impairment or
- ❑ An unstable clinical condition

Local Policy implementation

The pharmacy technician can support the pharmacist according to local procedure to ensure implementation of medicines management related policies eg identifying or following up patients for therapeutic switches/substitution, or those on duplicated therapy. Or monitoring anti-microbial durations, routes or ensuring indications are documented.

Transfer of Care

To maximise effective discharge and minimise the risks relating to medicines use there needs to be effective communication in place between all health and social

care professionals involved in the care of the patient allowing planning for discharge to start as early in the admission as possible. Communication may occur between GP, care home staff, social worker, hospital, ward staff, discharge or ward based pharmacist/pharmacy technician, primary care pharmacist, community pharmacist, specialist contractor providing home care and pharmacy staff. Using patients' own drugs and dispensing for discharge reduce the risk of duplicate or discontinued medication being taken once the patient returns home. By combining inpatient and discharge supplied medicines, many patients now go home with at least two weeks supply (depending on local policy). Obtaining discharge prescriptions and highlighting items required or needing re-labelling in good time will allow medicines to be provided and avoid patients running out before they can obtain further supplies.

Care should be taken with high risk patients to ensure that they are able to continue with their medication regimen after discharge. Direct contact with the patient's usual community pharmacist can avoid problems with unusual medicines and requirements for compliance aids.

The RPSGB has produced a useful document in 2006 called Moving Patients Medicines Safely – Guidance on Discharge and Transfer Planning. It is available on the RSPGB website www.rpsgb.org

Where there are PCT commissioned services that support referred patients in managing their medicines, the pharmacy technician should be aware of these and if they identify potential referrals, they should liaise with their supervising pharmacist who will make the referral.

Pharmacy Technicians in primary care may be involved in Medication Use Reviews according to local procedures.

Those pharmacy technicians particularly interested in this area may find the October 2009 national report from the Care Quality Commission on Managing Patient's Medicines after Discharge from Hospital an interesting read. (www.cqc.org.uk)

1.34 Discharge Date (Core)

The pharmacy technician should:

Identify patients with a known discharge date or those about to be discharged, and be pro-active in ensuring medication is available in time for discharge.

1.35 POD locker check (Core) and 1.36 Ordering Supplies (Core)

The pharmacy technician should follow the local procedures for checking POD locker contents against the (clinically screened) discharge prescription identifying those suitable for use on discharge and re-ordering any medication that is not available in sufficient quantity, was not available as a POD, is unsuitable for re-use, or is newly prescribed.

In some trusts pharmacy technicians have been trained to check discharge prescriptions against in-patient prescriptions and where there are no discrepancies to then undertake POD locker checks.

1.37 Discharge Medication – discrepancies (Core)

Where the pharmacy technician has identified discrepancies between POD locker contents and discharge prescriptions or discharge prescriptions and in-patient prescriptions these should be resolved or referred according to local procedure.

1.38 and 1.39 Compliance Aids – Monitored Dosage Systems (optional)

Non-compliance with medication regimens is a recognised problem that can lead to treatment failure and early hospital re-admission. Compliance aids such as multi-dose systems (e.g. Dosette™, Medidos™) can play a useful role in prompting and reminding patients to take their medication at the correct time and at the correct dose. However, optimising the use of such aids requires careful assessment of needs and liaison with groups such as primary care or social services and relatives at home.

In some parts of the country patients discharged with Social Services care packages need to have their medicines supplied in a multi-dose system in order that the care staff can administer the medicine.

The pharmacy technician should be aware of and be supporting existing patients using compliance aids. They should follow local guidelines in assessing new patient's suitability for a compliance aid by:

- Take into account the perceived need for an aid
- Patients' dexterity and ability to use the aid
- Stability of medicines in the container
- The regimen prescribed in relation to the timings/administration requirements for the medication;
- Where appropriate recommend alternative compliance aids that could be used in place of MDS containers
 - Blister pushers

- Braille/Moon labels
- Bottles instead of blisters
- Wing top bottles
- Moving doses to times of carer visits (via the pharmacist)
- Clear medication information sheet or MAR charts (via the pharmacist).
- Simplified regimen (via pharmacist)

Pharmacy Technicians should follow local guidelines in order to arrange supplies of compliance aids for both existing and new patients within and between care settings.

Pharmacy Technicians need to be aware that in primary care/community pharmacy, patients are assessed formally to enable free provision of aids to patients that are identified as meeting Disability Discrimination Act 2005 (DDA) requirements. It is important that at discharge plans are made to continue to supply the aid if necessary and pharmacies will vary how they take these referrals i.e. there may be a need to complete the DDA assessment post discharge prior to providing an aid.

Evaluation of Outcomes

1.40 Record of contributions/interventions (Core)

Pharmacy technician's make many contributions or interventions that improve patient care, these should be documented both to identify their contribution to patient care and ensure information is available to other members of staff as per local procedure.

1.41 Assessing outcomes of contributions (Core)

Reflection and evaluation of practice is essential if an individual pharmacy technician is going to undertake effective work based learning. Contributions to care should be recorded and followed up where possible to establish the outcomes of individual actions. It may not be appropriate or possible for a pharmacy technician to follow the care of an individual patient every time, but effective communication with colleagues will often establish outcomes.

There are different mechanisms for assuring evaluation of contributions:

- Actual feedback from patient, carer, or health professional on a specific issue/service
- Reflecting on service delivery or patient encounter and as a result identifying a service improvement or a personal learning need from it.

The pharmacy technician should be able to demonstrate that they reflect on their contributions and learn from the outcomes, ensuring that the opportunity for CPD is followed up wherever possible.

Personal Competencies

Organisation

2.1 Prioritisation (Core)

The pharmacy technician should be able to prioritise their own work and adjust priorities in response to changing circumstances; for example, knowing which patients/tasks take priority. We recognise that it is not possible or necessary to review the pharmaceutical care of every patient, every day.

2.2 Punctuality (Core)

The pharmacy technician should ensure satisfactory completion of tasks with appropriate handover and recognise the importance of punctuality and attention to detail.

2.3 Initiative (Core)

The pharmacy technician should demonstrate initiative in solving a problem or taking on a new opportunity/task without the prompting from others, and demonstrate the ability to work independently within their limitations.

2.4 Efficiency (Core)

This section deals with time management, and the pharmacy technician should demonstrate efficient use of their time. An example could be reviewing the allocated patients in the given time to an appropriate standard.

Effective Communication Skills

Good communication is essential if pharmaceutical care is to be provided for patients. This involves communicating effectively in verbal, electronic and written form, using the language appropriate to the recipient; for example, use of open questions initially followed by appropriate closed questions and supporting any recommendations with evidence.

Effective communication encompasses the following skills:

- Questioning.
- Explaining.
- Listening – active listening demonstrates genuine respect and concern for the individual. It involves both verbal and non verbal aspects.

- Feedback – to ensure that the message is understood. It can take the form of appropriate questions, paraphrasing and asking the individual to demonstrate that they understand or can now do what you have explained.
- Empathy – seeking to understand where other people are coming from – what their wants and needs are.
- Non verbal communication.
- Over coming physical and emotional barriers to effective communication instilling confidence e.g. speech difficulties, fear and aggression.
- Negotiating.
- Influencing.
- Ability to modify the style or form of communication e.g. simplifying the content, using communication aids, or changing the context.
- Ability to pass on essential and accurate information to others.

The desired outcome of effective communication skills should be a concordant relationship. There are three aspects of concordance with medicines:

1. Patients as partners: the patient and the healthcare team participate as partners to reach an agreement on the illness and its treatment.
2. Patient's beliefs: the agreement on treatment draws on the experiences, beliefs and wishes of the patient to decide when, how and why to use medicines;
3. Professional partnerships: healthcare staff treat one another as partners and recognise each other's skills to improve the patient's participation.

Similar recommendations can be found in NICE Clinical Guideline 76 – Medicines Adherence – involving patients in decisions about prescribed medicines and supporting adherence. This is available on the NICE website www.nice.org.uk

2.5 Patient and carer (core)

The 'carer' may be a friend or relative as well as a social services or private agency care worker.

2.6 Healthcare professionals (core)

This includes not only nurses and doctors but also physiotherapists, occupational therapists, dieticians, opticians, paramedics etc. And can include ward clerks, practice managers, GP receptionists, prescription clerks, and medical secretaries.

2.7 The immediate pharmacy team (core)

This includes all members of the pharmacy team including those providing specialist services, e.g. MI, Technical Services, and Patient Services etc

2.8 Across the Interface (core)

In healthcare the interface generally refers to the interface between primary and secondary care, it is important there is good communication between different organisations. Problems often occur for patients when they transfer between one care setting eg hospital to another eg their own home or a nursing home.

Communication between interface organisations such as GP practices, hospitals, residential homes, nursing homes, community pharmacies etc. regarding information about the patient's medicines at transfer of care should smooth the process of obtaining supplies of medication and help with the administration of complex medication regimens. Many pharmacy technicians are involved in obtaining or supplying information, eg this may involve faxing a community pharmacy the details of changes to a compliance aid, or requesting a MAR sheet from a nursing home.

Team work

It is important for the pharmacy technician to be a team player. This includes understanding the roles and responsibilities of team members and how the team works. Respecting the skills and contributions of colleagues and directly managed staff as well as recognising one's own limitations within the team and within the job role.

2.9 Pharmacy team (core)

Within the pharmacy team, the pharmacy technician should be expected to:

- Be a committed member of the team
- Establish good working relationships with all colleagues
- Accept responsibility for own work (& for those in training where appropriate)
- Give and receive constructive criticism
- Work efficiently in a team
- Share learning experiences with colleagues
- Know when to ask for help
- Understand the roles of all other team members
- Identify when team members need support and provide it
- Understand individuals' strengths and weaknesses
- Identify and solve any problems with working relationships

2.10 Multi-disciplinary teams (core)

The pharmacy technician should recognise the roles and skills of other healthcare professionals and seek to establish co-operative working relationships with colleagues, based on understanding of, and respect for, each other's roles.

Professionalism

The Code of Ethics states that 'pharmacists have overall responsibility for pharmaceutical services' and therefore remain accountable for clinical services. Pharmacy Technicians undertake to support, provide or develop these services and practice within local clinical governance frameworks and standard operating procedures. Work activities, roles and responsibilities must be outlined to provide clear and transparent guidance that can be easily understood by the entire pharmacy team.

2.11 Attitude (core)

It is essential for all pharmacy technicians to present a positive attitude in carrying out their duties. The RPSGB Code of Ethics for Pharmacists and Pharmacy Technicians confirms that registration carries obligations and registrants must "act in a way that promotes confidence and trust in the pharmacy profession. Registrants must abide by the code's seven principles. They must ensure they behave with integrity and honestly and do not engage in any behaviour or activity likely to bring the profession of pharmacy into disrepute or undermine public confidence in the profession". Presenting a positive attitude to work, even if under duress, includes displaying:

- ❑ A professional appearance
- ❑ A positive and mature approach to work, patients and colleagues
- ❑ Positive behaviour in carrying out duties
- ❑ Positive acceptance of constructive feedback
- ❑ Adherence to quality, legal and ethical standards

2.12 Confidentiality (core)

As for all health care professionals, pharmacy technicians must respect individual's right to confidentiality, maintain confidentiality and understand the circumstances when information about the patient's condition can be shared with colleagues. This includes an awareness of local policies and relevant legislation e.g. Data Protection Act 1998, Caldicott guidance, Code of Ethics. As this behaviour is essential there

are no assessment ratings in the competency grid. Confidentiality must always be maintained.

2.13 Recognition of limitation

The pharmacy technician should know their own professional and personal limitations and seek advice or refer when necessary. The individual must continue to work within the professional code of ethics.

2.14 Responsibility for own actions

To be responsible is to be prepared to give an account of your professional judgements, acts and omissions in relation to your professional role. Accountability flows from such responsibility. Hence anyone who is responsible is also accountable. In professional ethics responsibility is of paramount importance. Pharmacy technicians must only work within the limits of their own knowledge and expertise and referral must be made to a pharmacist or other appropriate authority where appropriate.

Although pharmacists remain overall responsible for the pharmaceutical services, every registered pharmacy professional is responsible for their own actions' and professionally accountable for their practice.

2.15 Responsibility for patient care (core)

The pharmacy technician should adopt a non-discriminatory attitude to all patients and recognise their needs as individuals. Pharmacy technician should take responsibility for the care they provide. As part of their responsibility, pharmacy technicians should recognise when to ask for advice and when to refer. Any errors or health and safety issues identified should be acted upon and/or referred.

2.16 Personal Development (core)

The pharmacy technician should understand the need for, and take personal responsibility for professional development. This involves:

- ❑ Reflecting on own practice, e.g. using critical incident review
- ❑ Maintaining current awareness of professional, pharmaceutical and clinical issues (e.g. attends clinical pharmacy meetings, UKCPTN, APTUK, College of Mental Health Pharmacy, RPSGB, CPPE, WCPPE, SCPPE or NPC workshops)
- ❑ Maintaining a broad background clinical knowledge
- ❑ Developing new knowledge and skills in a new area and own work area
- ❑ Recognising and using learning opportunities

- Evaluating learning
- Being self-motivated and eager to learn
- Show willingness to learn from colleagues
- Willingness to accept criticism for the benefit of their own development

Demonstration of the above may be facilitated by review of a CPD record, formal recording of CPD will become necessary as registration of pharmacy technicians becomes mandatory.

Problem Solving Competencies

Gathering information

3.1 Accesses information (Core)

The pharmacy technician should be able to demonstrate that they can access all the information necessary in order to make an initial assessment of the medicines prescribed for a patient. They should be able to access this information from a variety of sources and in the most time-efficient manner.

3.2 Summarises information (Core)

Following review of the information, the pharmacy technician should demonstrate the ability to summarise by extracting the key points, and if necessary, be able to relay concisely this information to another colleague.

3.3 Up to date information (Core)

Information needed on a day to day basis should be kept up to date. This will include relevant aspects of the patient's care and up to date texts and guidelines.

Knowledge

3.4 Actions and Uses of Drugs (Core)

The pharmacy technician should be able to clearly discuss the mode of action and the use of medicines that they routinely review in the course of their daily practice. An appreciation of the distribution, metabolism and elimination of these medicines and the influence of disease states (e.g. renal failure) and patient factors (e.g. age) should also be demonstrated.

3.5 Describing Side effects (core)

Pharmacy technicians should be able to describe common and major side effects of medicines seen routinely. This knowledge should be used when counselling patients or answering questions from patients.

Analysing information

3.6 Evaluates information (Core)

The pharmacy technician should demonstrate the ability to effectively evaluate information they have retrieved. This could include repeat prescriptions/MARs, GP summary, discharge prescription etc. The information could be used for a variety of

purposes for example undertaking a medicines reconciliation, or designing a local patient information leaflet. The pharmacy technician should be able to assess information taking into account the following aspects:

- Reliability of source – depending on the nature of information retrieved, the pharmacy technician should be able to evaluate the accuracy of information.
- Relevance to patient care – the impact the information could have on the pharmaceutical care the patient requires.
- Response required – identification of an appropriate response (or referral for confirmation or action) for the patient or appropriate healthcare professional, with an assigned priority.

3.7 Problem identification (Core)

The pharmacy technician should be able to identify a range of problems where they occur.

3.8 Appraises options (Core)

The pharmacy technician should demonstrate that they have considered the various options available to them to resolve a problem. They should consider the possible outcomes of any action and recognise the pros and cons of the various options.

3.9 Decision making (Core)

Having appraised a selection of options, the pharmacy technician should be able to identify the most appropriate solution and be able to justify the decision taken. However the pharmacy technicians should recognise their limitations and seek advice from an appropriate person wherever necessary.

3.10 Logical approach (Core)

The pharmacy technician must develop a logical approach to their work. They should be able to demonstrate that they use a logical process for example when reviewing a prescription and that this process identifies the key action points that need to be addressed for that patient. It is recognised, however, that individuals will use different approaches to problem solving and still achieve the required outcome. The competency framework however guides the activities that should be undertaken for each task.

Providing information

3.11 Provides accurate information (Core)

Whenever information is requested, or a need for information is identified, it is the pharmacy technician's responsibility to ensure that the response they give is

accurate. Information should be accessed from a reliable source and, if necessary, reference should be made to appropriate literature or person.

3.12 Provides relevant information (Core)

The content and style of presentation should be appropriate to the recipient's needs. Establishing the reason for the request, and appreciating what action will be taken on receipt of the information, should be a first priority. The pharmacy technician should demonstrate that they have considered these aspects and responded appropriately by tailoring the information that they provide.

3.13 Provides timely information (Core)

When information is requested, or the need for information is identified, the pharmacy technician should provide it in a timely manner. It may be that the information is immediately required for patient care and it will take priority over other activities.

Follow up

3.14 Ensures resolution of problems

If a problem is identified by, or reported to the pharmacy technician, it is their responsibility to ensure that it is appropriately resolved. This may not require their direct action, but they must ensure that the appropriate person is alerted to the situation and that accurate information is given to them. For development purposes the pharmacy technician should seek to follow up problems, both those that they had dealt with directly and those that were referred to another party, and reflect on the outcomes.

Management and Organisation Competencies

Clinical Governance

Clinical governance has been defined as:

*'A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care can flourish.'*²

It requires an understanding of why incidents and errors happen and the importance of reporting and documenting these. This encompasses the knowledge and skills to undertake the roles required and an ability to keep up to date with developments. It is about evaluating one's own practice, considering how it might be improved, and then changing practice, implementing the changes and finding out if the changes worked.

4.1 Clinical governance issues (Core)

Clinical governance consists of a series of processes for improving quality and ensuring that professionals are accountable for their practice. These processes have been identified as continuing professional development, evidence-based practice, audit, dealing with poor performance, managing risk, monitoring clinical care and patient involvement.

These processes underpin all areas of practice. The pharmacy technician should understand issues surrounding clinical governance and continuous quality improvement. These should be applied in their area of practice and also consider applicability in the wider context of patient care.

4.2 Risk Management and Medicines Safety (Core)

Pharmacy technicians should apply the principles of Medicines Safety during their work. Where they are involved in or are aware of critical incidents such as dispensing errors, missed doses and patient complaints, these should be reported in line with national and local policy. These documents may need to be forwarded to the appropriate person. Incidents may be referred on through the organisation to the

² Clinical Governance: Quality in the new NHS. (HSC 1999/065) Department of Health, London, 1999.

Strategic Health Authority (SHA) and to the National Patient Safety Agency's (NPSA) National Reporting and Learning System (NRLS).

4.3 Standard Operating Procedures (Core)

Standard operating procedures (SOPs) are part of risk management and harm minimisation strategies. They are part of a process of assuring clinical governance. SOPs will examine current practice and ensure that systems of operating within pharmacies are safe. They should allow for continual improvement of standards of service and provide evidence of commitment to protecting patients.

SOPs are used for a wide range of activities and the pharmacy technician should be aware of these and how to follow all the Standard Operating Procedures in place in their organisation.

4.4 Working Environment (Core)

The Code of Ethics for Pharmacists and pharmacy technicians describes the requirements for a suitable working environment that facilitates the legal and professional requirement for a safe system of work. There are also other national policies relevant to the work place e.g. Health and Safety, Control of Substances Hazardous to Health (COSHH), Hygiene, Infection Control, Controls Assurance and Stress Management.

Service Provision

4.5 Quality of Service (core)

Ensuring a high quality service is central to the NHS Plan³ and clinical governance. All healthcare professionals are expected to regularly review the quality of their services and make improvements where necessary. Improvements in quality of care are also being driven by the Care Quality Commission; NHS organisations have to provide an annual return to the commission. Pharmacy technicians should be able to review their services, with the relevant pharmacist to ensure they meet local and national standards, or in local Service Level agreements or Key Performance Indicators. Where potential improvements to the quality of services have been identified the pharmacy technician should alert the appropriate person.

4.6 Service Delivery (core)

³ Department of Health. The NHS Plan: A plan for investment, a plan for reform. London: HM Stationery Office; 2000

Pharmacy Technicians should have an awareness of local drivers for service delivery, e.g. performance improvement programmes, cost reduction. New services or new ways of working (eg working smarter through LEAN or Productive Ward initiatives) where identified should be brought to the attention of line manager so that they may be incorporated into local plans.

Budgeting and Reimbursement

4.7 Service Reimbursement (Optional)

Pharmacy Technicians are expected to have an appropriate level of knowledge to ensure suitable and accurate reimbursement for services offered and items dispensed. The process by which reimbursement is claimed and services paid for will vary in the different sectors. For example, in the community, reimbursement for dispensed medicines is laid out in the drug tariff, in primary care, reimbursement for services is likely to come from the PCT. The knowledge of the differences between formulary and non-formulary medicines is essential in the delivery of patient care. Some services are reimbursed locally i.e. from the PCT or hospital trust. Each service may have a unique reimbursement process. In community the new pharmacy contract has had an impact on local services. Essential services (e.g. dispensing and health promotion) and advanced services (e.g. MUR -medicine use review) are paid for nationally. Enhanced services (e.g. minor ailments scheme, care home services, supervised administration schemes) are paid for by the PCT according to local needs. Hospital budgets are entirely funded by local PCT's. Pharmacy services delivered by hospital-based pharmacists or pharmacy technicians could be funded via the PCT's.

4.8 Prescribing/Drugs Budget (Core)

Prescribing can greatly influence expenditure. Pharmacy Technicians who are working in community are expected to have an awareness of the overall allocation of funds for healthcare and its components. All Pharmacy Technicians should be able to describe where the prescribing/drugs budget fits in to the overall budget for healthcare and how prescribing affects the prescribing/drugs budget both in general medical services (via PCTs and PACT data) and hospital services (e.g. formularies).

4.9 Formularies and Substitution procedures

Pharmacy Technicians should be aware of formulary/preferred products and have an awareness of why they are chosen in respect of value for money. Pharmacy

Technicians could recommend/instigate substitution procedures for generics and specific medicines eg statins. Some hospitals run therapeutic switch policies and/or antibiotic stop policies.

Organisations

4.10 Organisational Structure (Core)

The Pharmacy Technician should have an awareness of the general structure of the organisation they work in, both their own department and how it fits into the wider organisation. Pharmacy Technicians need to know the organisational hierarchy, their place within it and should be able to refer queries appropriately.

4.11 Professional Organisations (core)

There are many organisations that are linked to the different sectors of pharmacy. These organisations often influence policy and affect service delivery. Pharmacy Technicians should be able to describe the roles of the key professional organisations appropriate to their sector, for example secondary care links include UKCPA or UKCPN whilst primary care might include LPC, or NPA.

In addition pharmacy technicians should be able to describe the key organisations involved in continuing professional development eg The Association of Pharmacy Technicians UK (APTUK), CPPE.

4.12 Pharmaceutical Industry (Optional)

Where pharmacy technicians are in contact with medical representatives or industry medicines information departments or home care organisations, the pharmacy technicians should work within national and local policies on working with the pharmaceutical industry. This includes NHS Policy, Association of the British Pharmaceutical Industry policies, and local organisation or trust policies.

Training

4.13 Staff Induction (core)

Pharmacy technicians are often asked participate in the induction of new staff. This can range from a person shadowing them to get an appreciation of the role(s) the pharmacy technician performs to being a role model for a new pharmacy technician who will undertake a similar job.

4.14 Staff Supervision (optional unless manage staff)

Pharmacy Technicians need to ensure that all staff for which they are responsible are working within national and employing organisational requirements. The Royal Pharmaceutical Society has introduced minimum competence requirements for dispensing and pharmacy support workers/assistants involved in providing pharmacy services. The policy covers dispensing/pharmacy support workers working under the supervision of a pharmacist in the community, hospital or other pharmacy sector. In hospital pharmacy it may also include other staff who may not necessarily be based in the dispensary e.g. assistant technical officers working in a manufacturing unit or staff who work in stores and distribution etc. In addition, the Code of Ethics for Pharmacists and Pharmacy Technicians states that all staff whose work regularly includes the sale of pharmacy medicines must be competent. They should have undertaken, or be undertaking an accredited medicines counter assistant course or equivalent.

Dispensing and pharmacy assistants are working under the supervision of the pharmacist when undertaking the tasks associated with their job. Where staff are working in liaison with a Registered Pharmacy Technician then either the pharmacist or the pharmacy technician must ensure that they are competent. They must make arrangements for training where necessary and keep records of their achievement/s up to date.

Where pharmacy technicians train staff as part of their everyday to day role they must ensure that they understand and comply with the key responsibilities of a pharmacy technician and in particular in relation to their key responsibilities for services to the public.

4.15 Other healthcare professionals (optional)

Other healthcare professionals may need training in the provision of medicines to the public. A pharmacy technician may identify their training needs in the course of their interactions with such staff. For example ward staff and appropriate storage of medicines; staff working in care homes and domiciliary care workers administering medicines; prescription clerks issuing repeat prescriptions. These training needs could be met by the pharmacy technician. This does not necessarily entail organising a training event, it could be an opportunistic chat or provision of an aide memoir e.g. how to write prescriptions for controlled drugs.

Staff Management (optional)

This competency is only relevant if the pharmacy technician has direct managerial responsibility for other staff.

4.16 Performance management (optional)

The purpose of the staff appraisal is to discuss achievements, expectations and outcomes related to work content, contribution, development and aspirations in relation to the individuals own role, and the strategic plans of the organisations. The appraisal process should realise potential, monitor performance and recognise contribution.

The key to appraisal is the opportunity to discuss openly, issues that are important to both parties.

The appraisal can be carried out against last year's objectives, using work activities, knowledge, skills and experience or the job description. The outcomes of the appraisal will relate directly to the expected level of performance, responsibility and competence for the job.

The appraisal should be carried out in a fair and equitable way with due consideration paid to the individual's needs in relation to the process and outcomes of appraisal. Appraisals should be carried out at least annually.

4.17 Staff development (Optional)

Staff should be supported to realise their potential in relation to organisational strategy and personal development. Development objectives and aspirations should be identified and reassessed during regular appraisals.

4.18 Employment Issues (Optional)

Pharmacy Technicians are expected to have awareness of employment issues, including employment legislation, whether directly involved in employing staff or not. Such issues include interviewing skills, statutory rights (e.g. annual leave, maternity leave, minimum wage, sick pay, stress management, European Working Time Directive), disciplinary procedures etc. Such issues must be considered when managing staff.

Procurement

Not all Pharmacy Technicians will be sourcing pharmaceuticals themselves, but they will still need to understand how products are sourced.

4.19 Pharmaceutical (core)

Most medicines are readily available from the wholesaler. However there may be occasions when special products need to be sourced. This may include specially manufactured products such as griseofulvin suspension; unlicensed products; imported products; products only available from the manufacturer e.g. NeoRecormon; hospital only products e.g. Roaccutane or products only available in the community. Pharmacy technicians should be aware of such products and where to source them, or refer to a pharmacist who may be able to suggest suitable alternatives.

4.20 Supply problems (core)

Pharmacy Technicians need to ensure patient's in their care receive medicines in a timely manner. Resolution of supply problems does not just include obtaining the product. In some cases this is not possible. In this situation resolution of the supply problem would entail arranging a suitable alternative product for the patient; usually following referral to a pharmacist.

4.21 Stock Management (core – secondary care, optional – primary care)

Well-managed stock levels reduce the possibility of owing the patient part of a prescription, yet minimise excess stock and the risk of products on the shelf reaching their expiry date. Pharmacy technicians should ensure their patients receive their medication in a timely fashion from the dispensary, as well as managing the contents of POD lockers. Pharmacy technicians may also support pharmacists and ward managers in updating ward stock lists.

4.22 Cost effectiveness (core)

When purchasing and dispensing medicines, consideration must be given to its cost effectiveness (e.g. dispensing generics, buying in bulk). This is usually reflected in local hospital or PCT formularies. The Pharmacy technician must be aware of the automatic formulary switches that are recommended by the formulary pharmacist and implement these when and where appropriate in liaison with the pharmacist. However patient care must not be compromised. Brand substitution for those

therapeutic agents for which variations in bioavailability may affect clinical outcome should be carefully considered. These agents include:

- ❑ Carbamazepine
- ❑ Phenytoin
- ❑ Sodium valproate
- ❑ Theophylline
- ❑ Aminophylline
- ❑ Diltiazem (long acting)
- ❑ Nifedipine
- ❑ Lithium
- ❑ Ciclosporin