

Evaluating the Technician Level Framework (TLF) – a professional development framework for pharmacy technicians in medicines management

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Introduction

Continuing professional development using tools such as the General Level Framework (GLF)¹ and the Advanced Level Framework (ACLF)² clearly support the professional development of pharmacists, and both of these development frameworks are now in common use across the UK and Australia (www.codeg.org). The net result is a continuing development of skills and competencies for the pharmacy workforce that enables role development, and hence workforce development towards a more cognitive service provision³. The pharmacy technician workforce, by comparison, is a neglected sector with unfulfilled opportunity for development – both of individuals and the health care activities of the workforce. If pharmacy technicians undertake complementary medicines management activities to pharmacists then such a framework would be a valuable addition for individual development.

Objectives

To construct a developmental framework that includes behavioural competency statements relevant to pharmacy technicians working in medicines management (Technician Level Framework – TLF).

To pilot the TLF, evaluate it over time and to compare self and reviewer assessment.

To validate the TLF for this sector of the workforce.

Method

A task group drawn from across the UK of interested managers of medicines management technician services, and technician educationalists met during 2007 to reconstruct the GLF according to previously described principles.^{4,5} Medicines Management activities carried out by pharmacy technicians are very variable, so the new technician framework needed to cover a wide of range of competencies. The task group highlighted those competencies they considered to be core or optional and indicated what they considered to be an acceptable level of competence for most pharmacy technicians. The group changed some of the terminology; “never” as a frequency became “rarely” and numbering of behavioural statements made cross referencing with the supporting handbook easier. The approval of the CoDEG board to pilot was given.

The TLF pilot was launched in January 2008, and test sites were asked to identify at least one experienced pharmacy technician and one new to the role of medicines management. The pharmacy technicians self-assessed their competence at time zero (baseline) and at the same time were observed by a site-based reviewer. The reviewer carried out further assessments at 6 and 12 monthly intervals. The data from the assessment was coded for analysis using SPSS.

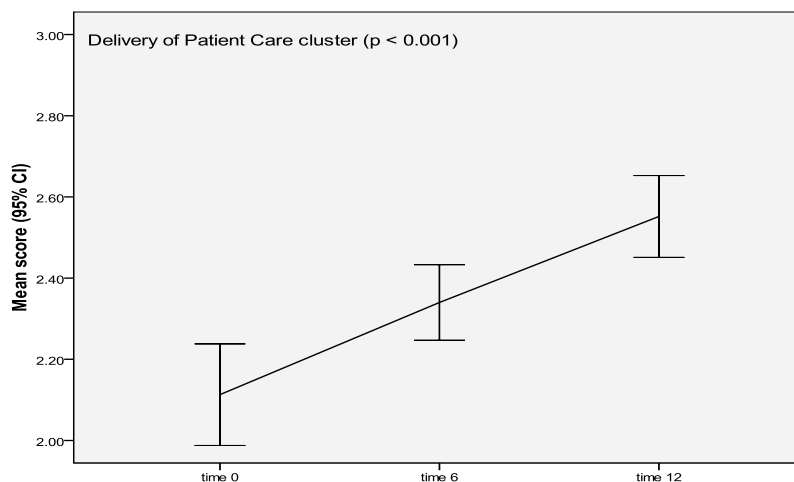
A validation tool was developed to ask specific questions about each of the 114 behavioural statements. The lead investigator made site visits during the summer of 2008. The notes from these meetings, the feedback from the validation tool and the results from the analysis of the assessments were used to triangulate the findings of the quantitative analysis and are being used to revise the TLF.

Results

Twenty-seven pharmacy technicians from ten acute trusts (five teaching and five non-teaching) and two Mental Health Trusts completed the year long pilot. Sixteen of the technicians had at least one year of experience of medicines management and eleven were new to the role.

In general, the technicians (n=21) overrated themselves on the “Delivery of Patient Care” cluster (this cluster is more task related and considered easier to self-assess). Pharmacy technicians are less familiar with the concept of reflection, and tended to underrate themselves on the “Personal” and “Problem solving” clusters.

Figure 1 – Mean scores over time for Delivery of Patient Care Cluster



There was an improvement over time (n=23) in all four clusters, with an example given in figure 1. The improvement was tested by the Kendall's W test ($p < 0.001$) over the three successive time points.

Comparison of the 95% confidence intervals for Teaching and Non-Teaching Trusts showed no significant differences.

Triangulation of the results with the validation tool suggests the behavioural statements are valid, and the handbook generally easy to follow. However 9 statements could be merged, and 25 need modification or further explanation in the handbook. Most of the management and organisation cluster was not relevant to most technicians. The outcomes are being used to refine the TLF.

Discussion

The TLF supports a development of competence over time and is a valid framework for pharmacy technicians in medicines management. Further work will be undertaken to ensure applicability of the findings to those pharmacy technicians working in Primary Care Trusts.

References

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