Community Pharmacy Technician Training and Development Pilot Programme 2018

First Report
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Contents

Scope of this Report

This report, the first of three to be produced, focuses on the initial commencement of the Community Pharmacy Technician Training and Development Pilot 2018. The report will concentrate on the available literature regarding community pharmacy and technicians, presenting some initial findings and case studies to provide a fresh look at the current situation within community pharmacy, within the pilot area of the West Midlands.

This report outlines the direction of the programme and how future reports will provide additional information.

Introduction and Background

The Community Pharmacy Technician Training and Development Pilot Programme 2018 is supported by NHS England and Health Education England through the Pharmacy Integration Fund. It will strengthen and diversify the pharmacy workforce and help to improve patient care. The fund has been set up by NHS England to enable pharmacist and pharmacy technician integration in primary care as part of new multi-disciplinary healthcare teams, making the most of their clinical skills, particularly for the benefit of people with long-term conditions.

The aim of the programme is to have an immediate impact to improve community pharmacies and it will explore ways to assist in discharge processes, Healthy Living Pharmacies, new medicines, and health screening programmes (such as BP and Diabetes, which has income associated for community pharmacy) that can be established for patients. Its overall aim is focused on how to improve productivity within community pharmacy.

In 2017 following a procurement process Coventry University were successfully awarded the Community Pharmacy Technician Training and Development Pilot. This was supported by the Local Pharmaceutical Committees across the West Midlands. The pilot explores three areas:

1) Leadership and management training and development for community pharmacy technicians
2) Organisational development for the pharmacies that support technicians on the programme
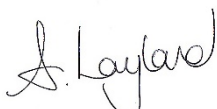3) Research to focus on the future of the community pharmacy and technician role

The programme was launched in January 2018 and training commenced in March 2018. A significant campaign to recruit community pharmacy technicians to the programme resulted in 16 participants being nominated from around the West Midlands region. Despite smaller numbers than anticipated, the

community pharmacy technicians have developed a network of collaboration that brings together a diverse range of professionals who have the motivation and ambition to improve services that they provide to patients, whilst enhancing their own profession.

The programme is designed to be reactive to the needs of organisations and community pharmacy as a whole. We are extremely flexible in the approach, allowing a choice to participants and pharmacies to minimise the impact on day-to-day operations. Supporting the programme is online content that can be completed at the participant's own pace and an individual portfolio is developed throughout the programme (that can be used for re-validation with the GPhC). Coventry University has provided a mobile tablet that can be used during the programme, in order to support flexible learning approaches.

The cohort have already demonstrated that they can influence and support better integrated care in communities, some of which are shared within this report.

Learning and findings, to date, are shared in this report. We are very excited to share our initial findings

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Engagement Challenges and Barriers

One of the major challenges identified is that engagement with community pharmacy is difficult, especially with the pharmacy technician workforce. This is due to the workload and capacity of predominantly small independent organisations. Despite over 25,000 registered pharmacy technicians in the UK, there is anecdotal evidence to suggest that these professionals are predominantly in hospitals whereas community pharmacies predominately have staff who are dispensers, rather than registered pharmacy technicians.

Within smaller organisations there is limited available time to engage as fully (as would be liked) with programmes such as this one. The structure within community pharmacy often means that individuals are operating in multiple roles and therefore have limited capacity to engage with everything presented, particularly if there is minimal direct benefit to that organisation at the immediate time. Larger organisations, or individuals who operate in large organisations, seldom recognise that these challenges exist with smaller organisations and therefore makes it difficult to develop programmes or engage easily, as what could be achieved within large organisations. Therefore, the Organisational Development strand to the programme is exploring ways to support smaller independent Pharmacies to develop capacity to improve their services, at the same time as supporting larger organisations to advance their teamworking. Both smaller and larger organisations will be supported to develop further skills that will support the the day-to-day pressures.

Despite these challenges, the engagement so far has demonstrated that there is overwhelming support within pharmacies to become better and to improve the services that they can provide to their communities.

> The programme has led to creating new relationships on a professional and personal level and has been fantastic. I have learned new skills that have really improved my development and the pharmacy
>
> *Participant*

> This programme has helped me to recognise that pharmacy technician's opinions matter and that we can make a difference for patients
>
> *Participant*

Programme Outline

The programme covers key themes throughout: however it was important that the programme specifically met the needs of the participants.

On commencement a learning agreement was made by the participants which was used to further develop the content that mirrored the current needs of community pharmacy technicians. This is an ongoing process and Coventry University is reactive to the needs of community pharmacy, so that the programme has real benefit to patients and the organisations.

Themes on the Programme

- Styles of learning
- Principles of Leadership and Management
- Evidence Based Management
- Experience Based Co-Design
- Professional Behaviour and Judgement
- Leadership and Management Skills (Simulation)
- Person-Centred Care
- Professional Knowledge and Skills
- Commercial Skills
- Social Media awareness
- Developing and Improving Leadership and Management (Personal, Team, Organisation, Community)
- Communication Skills

There are no formal methods of assessment within the programme, however participants are completing an ongoing portfolio that shares their learning, allowing for a confidential space for reflection whilst supporting individual personal development. This is closely monitored by the course tutor, who will evaluate participation before confirming that participants have passed.

> The programme has opened up a whole new lifetime of leadership support and effective communication…a brilliant idea and a real eye opener!
>
> *Participant*

Organisational Development: Findings so far

Community pharmacies have engaged well with the organisational development element of the programme. This has been established by holding individual meetings at the pharmacy, to explore specific needs. This work commenced in April 2018 and the initial individual meetings have been completed. This has resulted in some findings which are displayed below. Further work is now ongoing with the pharmacies to support the development needs that they have, with individualised plans being compiled and actions being taken with each community pharmacy, following this comprehensive review of their needs.

Key Findings from Organisational Development interviews regarding the current needs of Community Pharmacy

There is a need to:
- Identify the exact role of a 'community' pharmacy technician
- Hold team development sessions to better relationships and build upon current strengths, which may also be unknown
- Understand how to better manage team members who are in close proximity
- Develop awareness of how to effectively hold people to account for their actions and behaviours
- Understand how to effectively delegate tasks
- Develop skills that can energise team members, despite day-today operations
- Ensure that pharmacy technicians can support with healthy living advice, whilst developing confidence to support patients in this area
- Develop Appraisal Management systems
- Support the improvement of the culture to be one for patient improvements

To support the pharmacies a portal is being developed to share good practice that is accessible by all the pharmacies involved in the programme. This portal will hold tools and provide techniques that can be used independently of a facilitator.

Future reports will provide an update to the organisational development progression, alongside any subsequent findings from the organisational development activity.

In future reports...

The organisational development strand is progressing with the community pharmacies individually, developing specific plans that can support that particular pharmacy. It is envisaged that future reports will provide anonymised details on these plans, using case studies and outlining a typical example that any other community pharmacy could utilise in the future.

There will be triangulation between the impact of the organisational development plans, its effect on the pharmacy technicians and its correlation to the research strand. This will be analysed and critiqued by the programme board, providing discussion within future reports that can be used to progress community pharmacy and the role of a pharmacy technician.

Research: Findings So Far

Scoping Review

A desktop review of the available literature over the last 10 years was undertaken between April and May 2018. Key words such as *community pharmacy, roles and responsibilities, workforce development in community pharmacy technicians, training needs, and advanced roles* were entered into English language selected databases. These were agreed on by the Coventry University Programme Board. Databases included PubMed, Cinahl, Medline and Embase, which are commonly used databases for literature reviews.

The aim of the review was to scope the current available academic literature on the role, responsibilities, training needs and attitudes concerning the development of community pharmacy technicians. Due to limited literature available from England, the review took an international perspective. Literature was excluded if it was older than 10 years; included details of hospital pharmacists/technicians; or covered dispensing roles. The inclusion criteria allowed for both quantitative and qualitative papers on the community pharmacy technician's role and development.

From 78 papers found, only 20 abstracts were potentially relevant. A total of 16 full text papers were available. Two papers included the views of both hospital and community pharmacy where the majority of respondents were practicing as community pharmacy technicians and therefore it was considered worthy of inclusion in the review. Appendix 1 shows the details of the selected papers.

Case studies

All participants were provided with a template to consider how they could make service improvements in their respective pharmacy practice. Participants will have the opportunity to develop these further as part of the organisational development aspect of the programme.

Below are some preliminary examples of the areas felt important to the needs of their pharmacy:

- How to ensure 'housebound' patients have medication reviews at home

- How to explain to patients the difference between GP clinical reviews and pharmacy medication reviews and 'sell the benefits' more effectively

- How to improve relationships/communication between pharmacies and prescription ordering services

- How to provide clear guidance on 'consent issues' for vulnerable patients, due to a lack of consistency when pharmacy professionals can speak to other professionals on behalf of patients

- How to improve on review systems when patients do not re-order medications

- How to improve on inter-agency working arrangements e.g. the case of a terminally ill patient who had a long history of substance abuse. No key worker e.g. social worker, community nurse. Agencies would not visit in high rise flat (12th floor, lift out of action) but pharmacy technicians continued to visit daily, deliver medication and supervise usage

- How do we better support patients who cannot visit surgeries/pharmacies and potentially 'fall through the net'

Individual Case Study

Describe the quality improvement project you have initiated.

The change initiated has been to inform GP surgeries when we are advised by manufacturers that certain medications are unavailable.
We do this by sending a print out with out of out of stock medications listed and emails to the surgery manager.

What change/improvement are you wanting to achieve?

We are aiming to improve patient experience by improving communication systems between the pharmacies and local surgeries.
This improvement advises GPs on what not to prescribe at that point in time, which saves their time and saves patients possible extra trips to the pharmacy and phone calls to surgeries to request alternative treatments.   This is particularly helpful to older patients who may have physical or mobility problems.

What patient feedback have you had on this project so far?

When patients were advised that their prescribed medication is not available they can be upset and frustrated as they were not aware that GPs were uninformed of that. However, when this change was implemented it led to a much more streamlined system and feedback from patients to date is that they are much happier that available medications are prescribed and are available for them to collect. One patient commented "this is much easier than it used to be" and another stated "this saves me returning to the surgery in a taxi to sort it out". Overall, feedback is extremely positive, and patients feel the systems are improving for them.

How do you think this project can lead to better patient care?

Fewer delays whilst GPs are prescribing alternative medications. Minimises phone calls and visits to GP surgeries for patients trying to collect medication. It is more patient centred and personalised for patients who are sometimes vulnerable and in need of support. Patients becoming aware that 'joined up' services are working for them and that pharmacies are being proactive in aiming to save them from delays and any gaps with their medications which could lead to discomfort and health issues including stress. Patients are now more likely to ask the pharmacy service for advice and help as they are more aware of the ways we are serving the local community.

Who have you influenced in your pharmacy and network to make the change happen?

This change has led to better communication and relationships between pharmacies, GP surgeries and wholesalers/drugs manufacturers who have all been influenced by the changes implemented. Manufacturers now inform us of what items are not obtainable and we are instrumental in sharing that information with surgeries efficiently. The attitudes of the pharmacy team have improved as this change has led to improved teamwork and a "can make a difference" approach.

What aspects of your role have made a difference?

My role as a community pharmacy technician has provided me with a good insight into patient experience and the need for me to demonstrate leadership skills in suggesting proactive solutions. This change has also supported the role of pharmacists who can focus on their clinical roles whilst technicians can provide surgeries with accurate information and improve patients' experience.

How has your employer helped to enable to make this change?

Yes, my employer has been completely supportive of this change as patients are at the centre of our service and it is a "win-win" situation to ensure that available and appropriate medication is prescribed and that patients know that the pharmacy provides an excellent service for the local community.

Interview with Course Tutor

As part of the first report, an interview with the course tutor took place, to understand how the programme has commenced and what, if any, learning can be established at this point. The course tutor is the person who has most direct contact with the participants and therefore was able to provide some useful insight on the pilot's progress so far. The main themes elicited from the interview were *Engagement with the pilot programme*; *Learning needs of participants*; *Innovative ways to extend the community pharmacy technician role.*

Engagement with the pilot programme

As a key part of the pharmacy workforce, it was felt that community pharmacy technicians have not received a structured programme of educational development previously. Despite this, the course tutor reported this pilot cohort being primarily very engaged:

> *"Glad to be part of a new programme…as technicians they recognised gaps in learning and they had been qualified for a long time with limited opportunities… The programme was seen as attractive to develop leadership skills, to learn and think about new ideas, but at the same time both a challenge and opportunity to share their ideas."*

Pharmacy Managers were also encouraging and supported an overall feeling of positive engagement. Participants have reported a lot of encouragement from managers with no issues raised with their attendance on the programme.

The course team had also tried a number of ways to assist with the student's engagement on the programme. These included:

> *"Flexible two-days per month attendance at sites convenient to the students, with group learning, facilitators who have experience with health and social care professionals, guest presenters from for example*

> *the General Pharmaceutical Council, support from allocated mentor, cycle of feedback, online support."*

All participants on the pilot are provided with a mentor. The course tutor suggested further methods for encouraging engagement and these mainly centred on the role of the mentor:

> *"Mentors would like more contact from students, and work place visits were encouraged"*

In contrast to this, a few barriers were identified affecting participant's engagement. It was suggested these centred on:

> *"Reluctance from staff within some pharmacies to change, some perceived threats from expanding the role and how are the roles blurring"*

Four mentors have been supporting the programme and have been allocated participants for their journey throughout the programme. The mentors are from community pharmacy, with three of the four being senior pharmacy technicians in roles that are regional or national. The fourth is a pharmacist with a regional role. The mentors support individuals with their professional identify and act as a specialist from community pharmacy.

Learning Needs of participants

The course tutor was asked whether any participants have any learning skill deficits that the course team are trying to assist with.

> *"Two areas mainly; online learning aspect is difficult and some have made small steps, some struggle with online elements and reflective practice. I also over estimated how confident they were to reflect. We are going to offer further sessions on reflective writing, but they are able to communicate their reflections well [in a classroom setting]…they have not had the opportunity previously to develop the skill of writing reflections"*

The participants have formed as a cohesive group and the course tutor's following comments reflects this:

> *"They do gel well in group discussions, one of the technicians is also based at GP surgery and is very proactive...they share a lot when they are together"*

The participants have also adopted some form of social media to enhance their learning:

> *"They set up their own private facebook page….they will use this to put three learning areas to share with other technicians across the West Midlands."*

Innovative ways to extend community pharmacy technician role

All the participants are expected to develop a portfolio which includes their reflections. The following account reflects the types of areas students were reflecting on:

"Improving medication reviews, why can't technicians do this? A major issue is always communication, so the participants have been looking to establish better systems which in turn improves the patient experience. There was a lot of discussion on vulnerable patients who cannot get to a Pharmacy and lots of ideas were presented around those patients who cannot collect prescriptions. Practical ways were explored to pick up medications, deliver them and some technicians are already proactive in this area, but it's about encouraging others to be as proactive with their managers"

The course tutor was asked another question. What ways are the technicians hoping to extend their roles? Is there anything innovative about this?

"One idea has already been implemented in other areas after sharing current practice. This is where the pharmacy informs the local GPs when medications are not available, this then saves patients considerable time and frustration."

"Patients tend not to understand what the pharmacy offers and how this compliments the GP services and the technicians are exploring how they can clarify this through a possible script that can be read to patients"

Other innovative suggestions were:

"Their [the community pharmacy technicians] individual role in training new staff, providing more clarity between what dispensing is and how their role, as a registered professional, can encourage other staff members and patients to speak to a pharmacy technician when required rather than the pharmacist. Obviously, this would vary across pharmacies and would be dependent on the confidence the manager has. However, there are concerns that this may be seen as a potential threat to the pharmacist themselves."

In future reports…

Within the Research strand the next stages include continuing searches for any new literature that may appear, whilst preparing a critical discussion document and conclusion of the literature research undertaken. In future reports this will be accompanied by further case studies and critical analysis of findings from the research being undertaken with the participants and organisations.

Future Research

Research is currently being undertaken with the individual community pharmacy technicians to understand their personal journeys so far, this will reflect their pre-course perceptions and will be presented in the second report. Furthermore, focus groups will take place with the participants to explore the potential role of community pharmacy technicians, with the new learning that they have acquired from the programme. This will be presented and analysed to provide a discussion on the future role of community pharmacy technicians and will aim to establish a definition of the specifics to determine what a community pharmacy technician is.

Within community pharmacies

Currently community pharmacies are arranging individual appointments to partake in research that explores the future role of community pharmacy and pharmacy technicians. This research will provide foresight from practice on the possible future direction of services available.

Case Studies

Individual and organisational case studies will continue to be collected and shared within future reports.

Closing Statement

This report has provided an initial view into the Community Pharmacy Technician Training and Development Programme Pilot 2018. There are future areas of work that will detail and explore the role, benefits, advancement and direction of community pharmacy and pharmacy technicians.

Appendix 1

Study Citation and country	Aims	Sample	Data Collection Method	Key findings
Alkhateeb F.M. et al. 2011 USA	To present a review and comparison of the role of the CPT in the UK and USA.	Targeted public perceptions; pharmacy organizations' perspectives; programmes for pharmacy technicians and accreditation of pharmacy technicians	Literature review	Providing a pharmacy technician with proper training and education is necessary for operating a successful pharmacy. In the USA, mandating a national standardized training programme is the source of the debate; rules and regulations regarding the training and education needed for a pharmacy technician vary from state to state in the USA.
Boughen E. 2017 England	To capture the current roles of pharmacy technicians and identify how their future role will contribute to	393 CPTs in different pharmacy settings including community pharmacy, secondary care,	Online survey	Tasks core to hospital and community pharmacy should be considered for inclusion to initial education standards to reflect current practice. Post qualification, pharmacy technicians indicate a significant desire to expand clinically and managerially allowing pharmacists more time in patient-facing/clinical roles.

	medicines optimisation	pharmaceutical industry responded		
Bradley F. et al. 2013 England	To explore the potential for changes to supervision, allowing pharmacist absence, and greater utilisation of pharmacy support staff.	21 community pharmacists (CPs), community pharmacy support staff, hospital pharmacists and hospital pharmacy support staff,	Nominal Group Technique for Group Discussions	CPs' perceptions about their presence being critical to patient safety, reluctance to relinquish control, concerns about knowing and trusting the competencies of support staff, and reluctance by support staff to take greater professional responsibility
Fera T. et al. 2018 USA	To create a clinical support role for a pharmacy technician within a primary care resource center is described.	6 community hospital pharmacists	Observations and interviews	The addition of a pharmacy technician to augment pharmacist care in a Primary Care Resource Center (PCRC) team extended the reach of the pharmacist and allowed more time for the pharmacist to engage patients
Frost et al. 2018 USA	To summarize the existing research on pharmacist and technician perceptions of community pharmacy–based	A literature review to establish if final verification of prescriptions can be done effectively by CPT previously reviewed for	Narrative review	In the 7 studies reviewed, both pharmacists and technicians in community pharmacy settings generally perceived TCT to be safe, and this perception existed in both theoretical surveys and in surveys following actual TCT demonstration projects.

	TechCheckTech (TCT)	appropriateness by a pharmacist.		
Grootendorst P. et al. 2018 Canada	To investigate the uptake and impact of pharmacy technicians on pharmacists' provision in Ontario.	Based on employment data, pharmacy claims data for the 12-month period ending March 31, 2016, were obtained from the Ontario Public Drug Programs (OPDP).	Retrospective retrieval of data form the Ontario College of Pharmacists.	Pharmacies differ in their employment of technicians and in the apparent impact of technicians on the provision of Medication Checks
Gregory P.M.A and Austin, Z. 2016 Canada	To describe and characterize the experience of intraprofessional conflict within the pharmacy team from the perspective of pharmacists, technicians and assistants	41 Pharmacy technicians and assistants	Interviews and focus groups	This study highlighted the need for greater role clarity and additional conflict management skills training as supports for the pharmacy team. the impact of conflict in the workplace was described by participants as significant, adverse and multifactorial

Kraus, S.K 2017

USA | To evaluate the impact of a pharmacy technician-centered medication reconciliation program by quantifying and identifying the frequency of medication discrepancies and pharmacist's recommendations. | A stratified systematic sample approach and included if they received a pharmacy technician medication history and a pharmacist medication reconciliation at any point during their hospital admission. 365 medication discrepancies were identified out of the 200 included patients | A retrospective chart review was performed on two-hundred patients admitted to the internal medicine teaching services | The four most common discrepancies were omission (64.7%), non-formulary omission (16.2%), dose discrepancy (10.1%), and frequency discrepancy (4.1%). Twenty-two percent of pharmacist recommendations were implemented by the prescriber within 72 hours. |
| Mihalopolous, C.C and , Powers, M.F 2017

USA | To review community pharmacy accreditation and identify opportunities for pharmacy technicians to help community pharmacies meet | Collation of Articles describing the role of the pharmacy technician, community pharmacy accreditation, and | Small scale literature review | Pharmacy technicians can play a vital role in helping pharmacies meet standards for community pharmacy accreditation practice in particular areas of management, patient counselling, patient care services, technology, and quality improvement. |

	accreditation standards.	health care reform were included.		
Napier, P. et al. 2015 New Zealand	To investigate the opinions of New Zealand pharmacists regarding the potential introduction of an advanced technician's role into the New Zealand pharmacy setting.	Pharmacists registered with the New Zealand Pharmacy Council. 736 respondents	Survey with free text boxes	The pharmacists were of the opinion that the separation of clinical from mechanical parts of the dispensing process would increase the time available to spend interacting with patients. Coupled with more time dedicated to a clinical assessment of prescriptions.
Odukoya, O.K et al. 2015 USA	To describe how pharmacy technicians use e-prescribing and to explore the characteristics of technicians that support pharmacists in ensuring patient safety.	Fourteen pharmacy technicians and 13 pharmacists from five community pharmacies participated.	Observations within pharmacies over a 24 hour period; 20 face-face interviews and 2 focus groups	Findings suggest that pharmacy technicians have an important role in supporting pharmacists to prevent medication errors. Certain characteristics of pharmacy technicians were identified with the potential to improve the e-prescription medication dispensing process and decrease patient harm through the identification and resolution of errors
Potter, H. et al. 2013 England	To explore the views of pharmacists and technicians about the revalidation of fitness to practice.	Randomly selected sample of 4640 practising pharmacists and 738 technicians working in	6 focus groups, 14 one-to-one interviews, and a postal survey	Pharmacists (86%) and technicians (81%) were in favour of continuing professional development records being used as evidence to inform revalidation, but only a small proportion of both groups agreed that patient feedback should be used. Evidence from appraisals and peers/ colleagues was also well supported. Technicians

		England, Scotland, and Wales.		were significantly more likely than pharmacists to indicate that their assessment for revalidation should be undertaken by their main employer.
Al-Worafi Y.M. et al. 2017 Yemen	To compare the knowledge, attitude and barriers of pharmacy technicians and pharmacists toward pharmacovigilance, adverse drug reactions (ADRs) and ADR reporting in community pharmacies in Yemen.	A total of 289 community pharmacies were randomly selected. The validated and pilot-tested questionnaire consisted of six sections: demographic data, knowledge about pharmacovigilance, experience with ADR reporting, attitudes toward ADR reporting, and the facilitators to improve ADR reporting	A Cross sectional survey	Pharmacists have a significantly better knowledge than pharmacy technicians with regard to pharmacovigilance. More than half of pharmacy technicians showed a negative attitude towards ADR reporting.

Schafheutle, E.I et al 2012 (a)

England | To investigate pharmacy technician's understanding of CPD and learning and how they implement their learning into practice | 216 attendees of an interactive continuing education workshop provided in 12 different geographical locations in England. | Survey design | The majority (94.5%) of respondents were female, aged between 40 and 49 years (43.8%),and had qualified less than 10 years ago (49.4%).Most worked in community (56.2%) or hospital (19.9%) pharmacy. When asked about whether they had implemented any of the workshop learning into practice, 84.2% ticked at least one option from a predetermined list, and 83.6% provided detailed descriptions of a situation, what they did and its outcome. |
| Schafheutle, E.I et al 2012 (b)

England | To profile recently registered pre-registration trainee pharmacy technicians (PTPTs) in GB and capture views on PTPTs' training experiences, focussing on differences in community and hospital settings. | 632 questionnaires were returned Three quarters (75.9%) of respondents had trained in community; the majority (88.0%) were female, the average age was 35.26 ± 10.22. | Mixed Methods Approach | Those based in hospitals were more satisfied with their training: hospital trainees worked in larger teams and tended to be better supported, they had more study time, and were more likely to complete their training in the intended two-year period. Interviews with staff in 17 Further Education colleges, 6 distance providers, 16 community pharmacies and 15 NHS organisations confirmed survey findings and offered explanations into why differences in training experiences may exist |