The BSc Pharmacy Technician
MPharm
DPharm Pharmacists

Professor David Gerrett

Credentials

- BTec PD programmes in clinical pharmacy and aseptic services to level 5
- NVQ2/3
- External examiner for FDs

- MSc/DPharm progressing MPharm

Fundamental question No 1.

1. What does SOCIETY want us to do?

- Not what do WE want!
- The code of ethics applies to us all

Its **PUBLIC SAFETY**
First, Foremost and finally

So what have we got?

It takes two to tango

Causes of preventable admissions to hospital

- Systematic review: preventable drug-related admissions to hospital was 3.7%.
- The majority (51%) involved
  - Diuretics (16%)
  - Anti-platelets (16%)
  - Non-steroidals (11%)
  - Anticoagulants (8%)

  - Howard et al 2006. Br J Clin Pharmacol 2006. 63: 136-147

Causes of preventable admissions to hospital

- Preventable drug related admissions associated with:
  - Prescribing (30.6%)
  - Adherence (33.3%)
  - Monitoring (22.2%)

  - Howard et al 2006. Br J Clin Pharmacol 2006. 63: 136-147

National implications of preventable harms from medicine causing admissions

- Pirmohammed et al 2004 – rate 5.2%
- Projected annual burden and costs on the NHS in England
- 5,700 deaths
- 250,000 admissions
- annual cost of preventable medicines related admissions to the NHS in England £466 Million

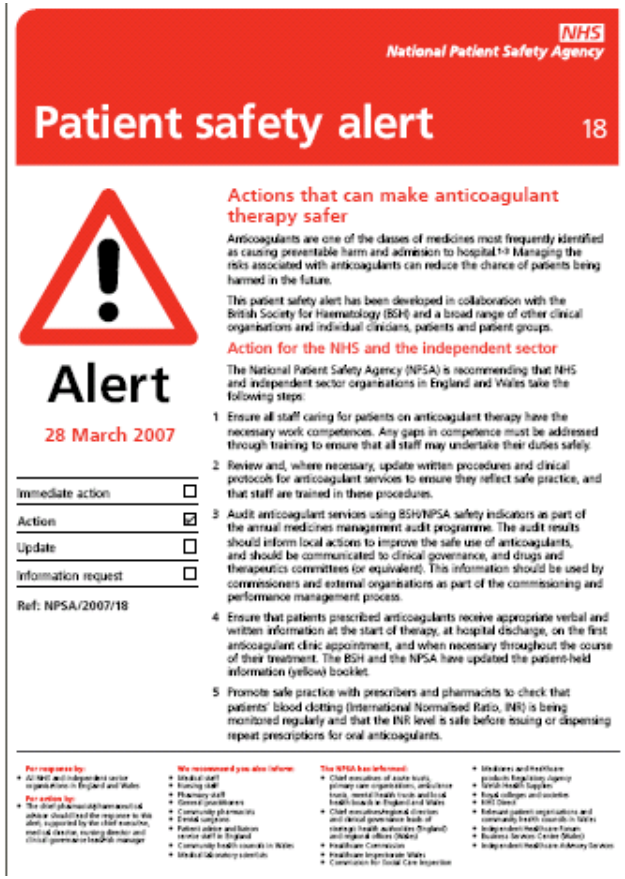
Pirmohammed et al BMJ 2004; 329:15-19

Imagine this!

- 74 year old man on warfarin for recurrent pulmonary emboli.
- Admission to hospital for myocardial infarction. Discharged from hospital on warfarin 4mg daily.
- Given appointment at anticoagulant clinic 2 weeks later. He did not attend the clinic as he felt unwell.
- Consulted his GP with symptoms of a urinary tract infection. Prescribed co-trimoxazole. Dispensed by community pharmacist.
- Fell at home three days later. Admitted to hospital – INR >20
- Patient died the following day – post mortem examination showed cerebral haemorrhage as the cause of death

Reardon et al BJCP 1995; 49:

Alert 18: Actions That Can Make Anticoagulant Therapy Safer



NHS
National Patient Safety Agency

Patient safety alert 18

Alert

28 March 2007

Immediate action	☐
Action	☑
Update	☐
Information request	☐

Ref: NPSA/2007/18

Actions that can make anticoagulant therapy safer

Anticoagulants are one of the classes of medicines most frequently identified as causing preventable harm and admission to hospital.[1–3] Managing the risks associated with anticoagulants can reduce the chance of patients being harmed in the future.

This patient safety alert has been developed in collaboration with the British Society for Haematology (BSH) and a broad range of other clinical organisations and individual clinicians, patients and patient groups.

Action for the NHS and the independent sector

The National Patient Safety Agency (NPSA) is recommending that NHS and independent sector organisations in England and Wales take the following steps:

1 Ensure all staff caring for patients on anticoagulant therapy have the necessary work competences. Any gaps in competence must be addressed through training to ensure that all staff may undertake their duties safely.

2 Review and, where necessary, update written procedures and clinical protocols for anticoagulant services to ensure they reflect safe practice, and that staff are trained in these procedures.

3 Audit anticoagulant services using BSH/NPSA safety indicators as part of the annual medicines management audit programme. The audit results should inform local actions to improve the safe use of anticoagulants, and should be communicated to clinical governance, and drugs and therapeutics committees (or equivalent). This information should be used by commissioners and external organisations as part of the commissioning and performance management process.

4 Ensure that patients prescribed anticoagulants receive appropriate verbal and written information at the start of therapy, at hospital discharge, on the first anticoagulant clinic appointment, and when necessary throughout the course of their treatment. The BSH and the NPSA have updated the patient-held information (yellow) booklet.

5 Promote safe practice with prescribers and pharmacists to check that patients' blood clotting (International Normalised Ratio, INR) is being monitored regularly and that the INR level is safe before issuing or dispensing repeat prescriptions for oral anticoagulants.

For response by:
- All NHS and independent sector organisations in England and Wales

For action by:
- The chief pharmaceutical/pharmaceutical adviser should lead the response to this alert, supported by the chief executive, medical director, nursing director and clinical governance lead/NHS manager

We recommend you also inform:
- Medical staff
- Nursing staff
- Pharmacy staff
- General practitioners
- Community pharmacists
- Dental surgeons
- Patient advice and liaison service staff in England
- Community health councils in Wales
- Medical laboratory scientists

The NPSA has informed:
- Chief executives of acute trusts, primary care organisations, ambulance trusts, mental health trusts and local health boards in England and Wales
- Chief executives/regional directors and clinical governance leads of strategic health authorities (England) and regional offices (Wales)
- Healthcare Commission
- Healthcare Inspectorate Wales
- Commission for Social Care Inspection
- Medicines and Healthcare products Regulatory Agency
- NHS Health Supplies
- Royal colleges and societies
- NHS Direct
- Relevant patient organisations and community health councils in Wales
- Independent Healthcare Forum
- Business Services Centre (Wales)
- Independent Healthcare Advisory Services

THE BRITISH SOCIETY FOR HAEMATOLOGY

NHS
National Patient Safety Agency

Oral Anticoagulant Therapy

important information for patients

It is important that you always carry your 'Anticoagulant Alert' card and show this card when you:

- visit your GP;
- visit or admission to hospital;
- request a new prescription;
- have a new prescription dispensed;
- buy a new medicines or supplements over the counter; or visit your dentist or other healthcare professional.

Anticoagulant Alert Card

This patient is taking anticoagulant therapy
This card should be carried at all times and shown to healthcare professionals

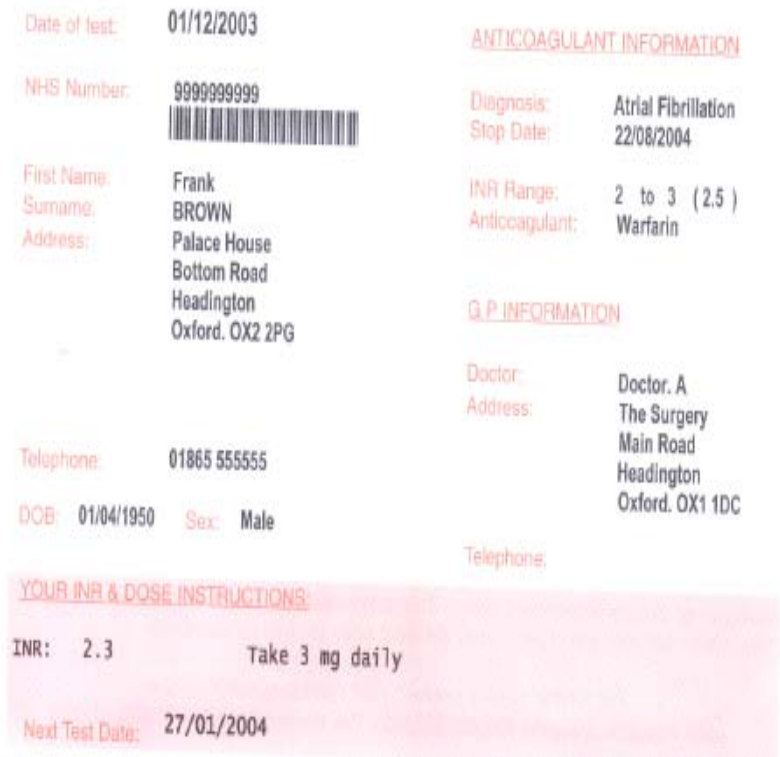
Name of patient:	
Address:	
Post Code:	Telephone:
Hospital number:	NHS No:

For specific questions and information about your treatment contact your local anticoagulation service at:

Monitoring and Treatment Records

Anticoagulant Treatment Record

Date	INR	Daily Dosage (mg)	Comments	Signature



Date of test: 01/12/2003

NHS Number: 9999999999

First Name: Frank
Surname: BROWN
Address: Palace House
Bottom Road
Headington
Oxford. OX2 2PG

Telephone: 01865 555555

DOB: 01/04/1950 Sex: Male

ANTICOAGULANT INFORMATION

Diagnosis: Atrial Fibrillation
Stop Date: 22/08/2004

INR Range: 2 to 3 (2.5)
Anticoagulant: Warfarin

G.P. INFORMATION

Doctor: Doctor. A
Address: The Surgery
Main Road
Headington
Oxford. OX1 1DC

Telephone:

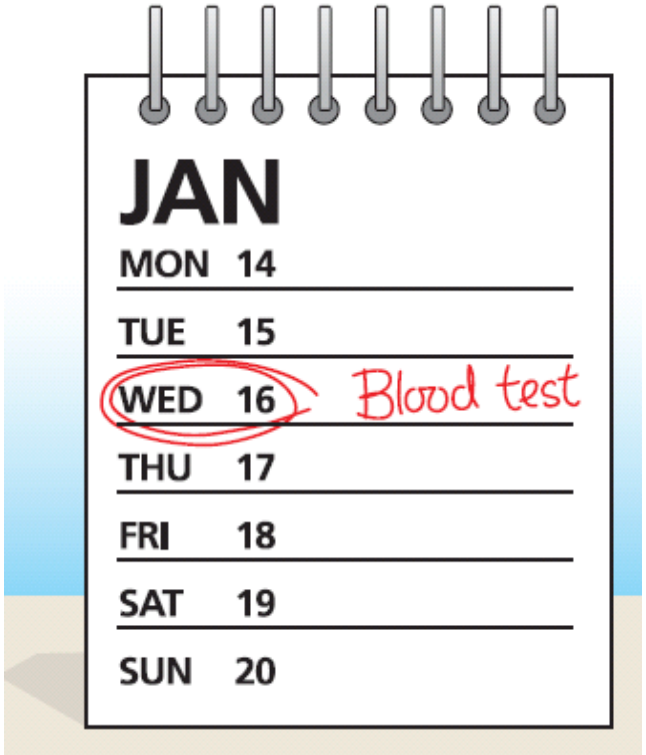
YOUR INR & DOSE INSTRUCTIONS:

INR: 2.3 Take 3 mg daily

Next Test Date: 27/01/2004

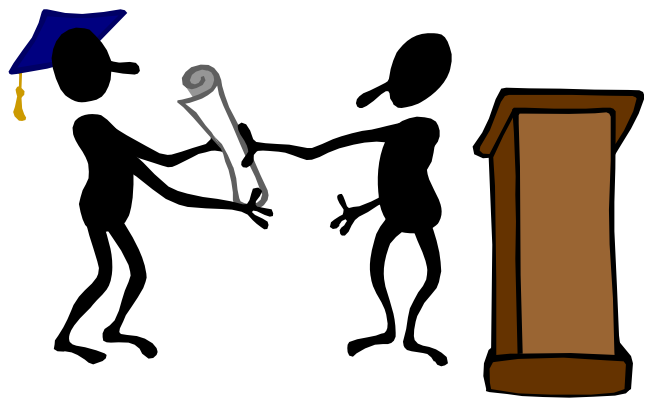
Safer Practice Recommendations For Anticoagulants

- Repeat prescriptions – check blood test results – on prescribing and dispensing
- Safer practice when co-prescribing and dispensing interacting medicines



Technician education

- NVQ 2/3 (competencies mapped, services being extended, role blurring)
- FD BSc (?)
- Portsmouth – more practice
- LJMU – more technical
- Government agenda



What is TECHNICAL

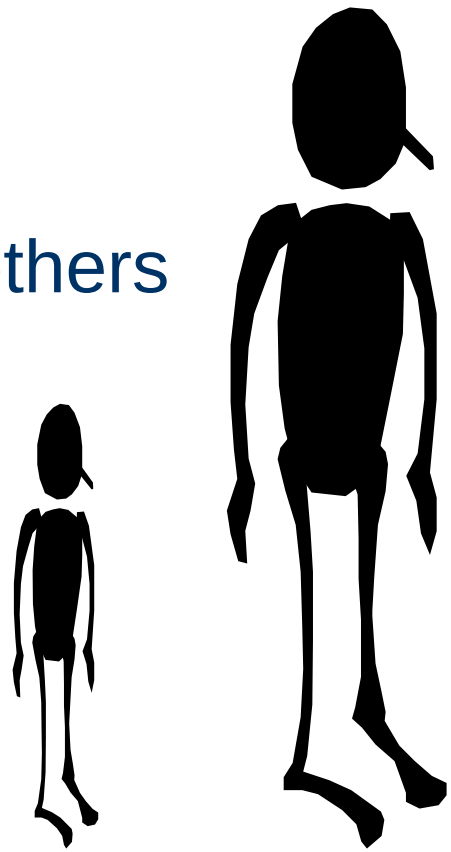
- the 'rise of the robots'
- the process of supply
- error minimisation
- identification and referral of medicines-related issues outside competency
- extemporaneous dispending
- compounding
- counselling (for 70% yes?)

Fundamental question No2

- What is the level of TECHNICAL skill required in pharmacy practice and what level of education is necessary to underpin such skill?

Pharmacists education

- MPharm
- Indicative content, 50 Criteria
- Critically, we are NOT like the others



History lessons

- 1703 Rose Case
- The strength of the 'public need'
- Change, in the future drugs will be targeted (by whom), patient-specific (who determines this), monitored (litigation)

  Arguably
- MORE COMPLICATED
- MORE SPECIALISED

This is in the PUBLIC 'eye'.

£1.4m for a life ruined by a wrong prescription

BY AIDAN RADNEDGE

A LAWYER mistakenly prescribed eight times her normal dose of steroids for a minor ailment was yesterday awarded £1.43million compensation.

Cathy Horton, 44 – who used to earn £287,000 a year – suffered paranoia, depression and psychotic episodes after taking the 'super' steroid tablets.

Mrs Horton, who is also ordained as a priest, launched a damages claim for £5million against a doctor and Coventry-based Lloyds Pharmacy Ltd.

The compensation, she said, was for the deterioration in her health and the "enormous disruption to her life" which followed.

Last November, Mr Justice Keith ruled in her favour against Lloyds, which had denied negligence.

Her claim against the doctor who provided her with the prescription had previously been settled.

The same judge has now ruled in the High Court that "the sum which Mrs Horton is entitled to be paid is the sum

'Her life went into a downward spiral'

for of Selsdon in South-East London, while she worked in London.

When giving his ruling against Lloyds last year, the judge said Mrs Horton was "a woman of many accomplishments – lawyer, businesswoman, athlete and priest".

She preached at St Leonard's Church in Chelsham, Surrey.

But, he said, things "changed dramatically for her in 2001 after she had been mis-prescribed some medication for a minor ailment". The prescription was for her adrenal deficiency.

Her life, he said, went into a downward spiral and she ended up in The Priory hospital in North London.

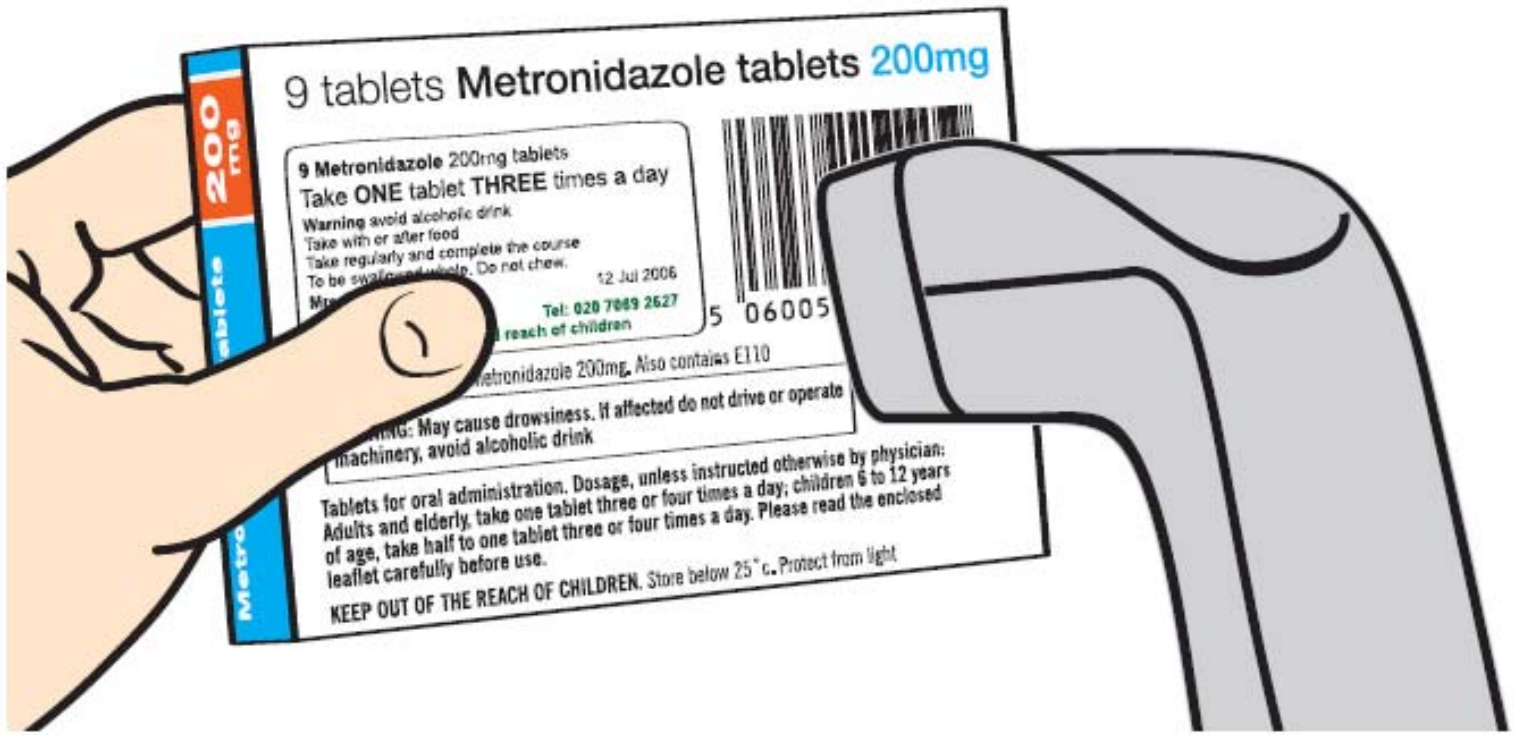
He ruled that when the prescription was dispensed at Lloyds' Selsdon branch in 2001, the dispensing pharmacist should have followed procedures and questioned the correctness of the prescription.

Critically the pharmacist "should have followed procedures and checked the correctness of the prescription" ..the clinical check'

Anon. Metro 2007;(8th Mar):5

From this

Moving to this



and this

and this

Do we want this? This is how it appears to be going!!!

- Technicians as
  mini pharmacists
  pharmacists' helpers!
- Technicians to replace pharmacists
  Cost less
  expediency
  solve staffing issues

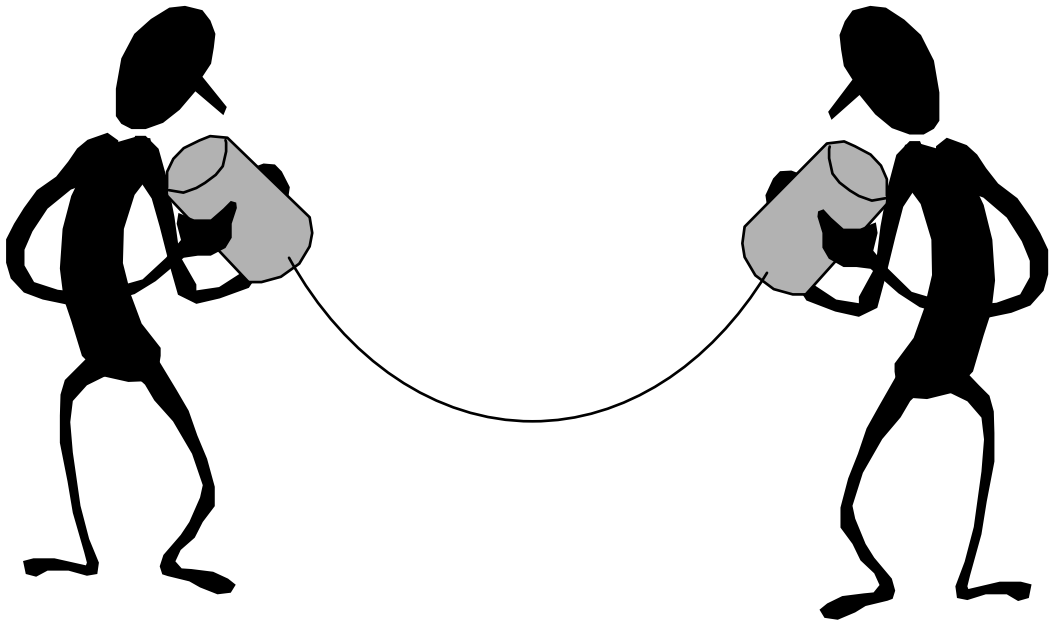
...or do we EVOLVE!

More history

Radiologists and Radiographers

History tells us

... but if this is the way it is?



History tells us

Then history tells us

Technician today, Pharmacists tomorrow

The danger

- Without separate, discrete readily identifiable roles, then there will be boundary issues, with blurring of roles and responsibilities.

- Critically, this will impact on education providers, "Who do you teach, both?"

What is the role of a pharmacy technician?

- Pharmacy Technicians dispense and supply medicines to patients
- Working under the guidance of a responsible pharmacist
- Up to BSc
- Professional registration

What is the role of a pharmacist?

- Pharmacists ensure the safe, effective clinical use of medicines – not just dispensing
- Entry level MPharm
- Develop specialist practice
- Postgraduate/Royal college qualifications
- To consultant level DPharm

What of Education?

- How might this work?
- Intake two streams Pharmacy Technician and Pharmacy
- Much of first three years common
- Potential for exit award and progression
- Pharmacist additional (band A funded) two years

Need to consider

- How many of each to meet PUBLIC need
- management of change
- the curricula
- accreditation
- registration
- Professional body, General Pharmaceutical Council

Guaranteed

- Need to be proactive
- Need to show impacts that benefit the public
- Have the expertise, can do it but have to chart the evolution with stakeholders

In summary

- We have holes in the service
- We can/have to plug them, or someone else will/should!
- Let Pharmacy Technicians be TECHNICIANS
- Let Pharmacists be ClINICAL PHARMACISTS
- Let there be synergy not conflict

In summary

- Have two 'professions'
- Have one aim

PUBLIC SAFETY

First, Foremost and finally