



Aston University

Life & Health Sciences

How can universities enhance the teaching and learning pharmacy techs working in mental health?

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Who Am I?

- Qualified '87 - industrial, acute, community pharmacy
- 20 years MHT; 8 years senior level; chief pharmacist - 2 NHS trusts
- Long-term clinical & research interest medication safety Dementia
- Started academia – February 2012
- Programme Director – Psychiatric PG Pharmacy Programme

Overview

- Introduction
- Aims
- Methods
- Results
- Discussion/Conclusion

Introduction

- Research project part of PGCert
- Pharmacy services increasingly clinically focussed; techs developing clinical role.
- Pharmacy techs registered with GPhC; typically trained community or acute hospital pharmacy.
- Mental Health clinical specialty – 25% all consultations
- Registration training generic and lack post-reg clinically-focused courses mental health.

Aims

1. Does current pre-registration and any post-registration qualifications adequately prepare pharmacy technicians for their role, particularly clinical role, within mental health trusts.
2. Building on any gaps identified in current training provision, how universities can enhance the teaching and learning of pharmacy techs.

Method

- Exploratory qualitative approach used.
- Invite from College Mental Health Pharmacy e-group & APT UK.
- Each interview lasted up to 1 hour (conducted by IM)
- Semi-structured interview schedule developed input from experienced mental health pharmacy tech (CH)
- Online interviews - Instant Messaging (e.g. Facebook® or Skype®).
- Thematic analysis used identify key themes.

Why use IM service?

- Conversation in real-time and automatically transcribed.
- Participants may be interviewed across a wide area at a convenient time
- Issues may be discussed more freely as online interviewing allows greater anonymity.
- Set-up dedicated accounts.
- Takes longer (writing slower than speaking)
- Email doesn't work – transmission too slow



Results

- Preliminary analysis identified data saturation (HM, IM) reached; interviewing ceased.
- Thematic analysis identified three key themes:
 - Current Role
 - Current Training for Role and education needs
- Demographic Data

- Ten pharmacy technicians were interviewed
- 7 = female
- Mean age = 36.9 +/- 8.68
- Years MH = 5.2 +/- 4.3
- Mean years qualified = 11.2 +/- 7.0

Table 1. Details of Pharmacy Technicians Interviewed

	Gender	Age	Years qualified	Years MH pharm tech	Role
T1	M	30	11	11	Clinical
T2	F	40	12	12	Supply
T3	F	53	27	7	Clinical
T4	F	46	< 1	< 1	Clinical
T5	F	45	12	1	Clinical
T6	F	31	11	2	Clinical
T7	M	29	6	2	Clinical
T8	F	27	Student	2	Supply
T9	M	33	9	9	Clinical
T10	F	35	17	5	Clinical

Current Role

Pharmacy technicians were increasingly developing a clinical role:

- *No such thing as Clinical Tech when I first started working...definitely more clinical (T5).*
- *Role has developed past few years...more medicines reconciliations (T2).*

Role included:

- *Attending multi-disciplinary / multi agency ward rounds (T3); working within MDTs to develop treatment guidelines (T1); checking drug charts for errors (T4)*
- *...screen patients on admission, med rec, checking prescriptions to ensure accuracy...highlight 'high risk patients' for review by pharmacist... (T6)*

Management responsibilities for clinical services:

- *I took over the clozapine service, (which) manages the treatment including monitoring of patients with Chronic Schizophrenia (T1)*

Clinical roles had to be balanced against supply activity:

- *But supply issues (remain) a constant force (T5).*



Training for Current Role

Unclear courses adequately covered these clinical aspects:

- *I don't think covered antipsychotics at all; we certainly didn't cover drugs used for dementia patients (T5)*
- *I can't remember covering any mental health topics at college (T10)*

Worryingly, student techs may not be aware of these deficiencies in the training:

- *Not [medicines/diseases] adequately [covered] and tutors depth of knowledge not good...others students on the course oblivious to lack of knowledge of tutor (T4)*

Training for Current Role (cont).

Technicians may lack the required skill set:

- *Techs lack the knowledge on how drugs work...we know the basics but need a greater understanding (T1)*
- *Our student Tech...said that she'd been making suppositories and creams (T5)*

Lack of suitable post-registration clinical courses:

- *I have done various courses (for management), but nothing really relevant to (Mental Health) Pharmacy (T1)*

Limitations

- Results are based on the interviews with ten participants; may not reflect the opinions of the wider body of pharmacy technicians.
- Techs interviewed self-selected sample may have had more interest training.
- Socially desirable responses and reflexivity
- Interviews experienced mental health in academia, participants over-emphasised the potential need further training.

Discussion/Conclusion

- Clinical training for pharmacy techs not up to date with current practice.
- Fails to adequately train the future workforce
- Fails provide training main mental health diseases, treatments nor skills required deliver clinical services.
- Confirms results large project pre-reg training pharmacy techs in UK.

Discussion/Conclusion

- Issue broader than pharmacy techs working in MH
- Stigma key in MH – most pharmacy techs contact people with MH issues
- **Do pharmacy staff hold stigmatising views?**
- Challenging area to research
- Signal from NZ plus anecdotal evidence.

Do pharmacy staff hold stigmatising views?

- Impact on adherence?
- Similar pharmacists curriculum fails cover communication skills, stigma, some clinical areas.
- Train pharmacy staff appropriately combat stigma
- Training pharmacy techs in mental health needs enhancement.

Acknowledgements/References

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