

# A MULTI-HOSPITAL VICTORIAN COLLABORATION TO DEVELOP A STANDARDISED PHARMACY TECHNICIAN ROLE EXPANSION FRAMEWORK

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## BACKGROUND

In November 2016, SHPA released its White Paper on the findings and outcomes of the Pharmacy Technician and Assistant Role Redesign within Australian Hospitals (Redesign) Project<sup>1</sup>.

The White Paper highlighted many areas where Pharmacy Technician roles vary considerably across the country. The reasons for these variations are multifactorial including pharmacy technician education and training, service structure, accreditation and evaluation of pharmacy technician roles and resources available.

## AIM

To collaborate across six metropolitan health services to consolidate and expand the role of hospital pharmacy technicians by developing a consistent approach to education and training

The Pharmacy Technician Role Expansion Collaboration (PTREC) has been established to improve and standardise the education, training, service provision and evaluation of pharmacy technician roles across the participating health services.

PTREC aims to :

- Develop and implement systems to consistently improve the education of pharmacy technicians across the health services
- Identify and implement appropriate best practice for pharmacy technician services
- Provide systems to evaluate pharmacy technician service performance against these standards
- Make recommendations for improved performance to address any identified risks or gaps
- Identify expanded roles for pharmacy technicians and identify how to consistently provide these services across the health services
- Improve recognition of pharmacy technician training and capability across the health services with the long term aim to make pharmacy technician skills more transferable.

## METHODS

A collaborative of six health service pharmacy departments (Royal Children's Hospital joined group in September 2018) was established to identify technician roles within their hospitals where either existing roles could be improved or an expanded role could be implemented.

Consistency in education and the training, evaluation, and accreditation of key dispensing and clinical support roles across the organisations were identified as areas for development.

In order to support expanded roles it was identified that technician education and training needed to be supported and improved.

Each health service identified an operational role and 3 clinical education packages to develop (Table 1):

- Procedures for the operational roles included use of a standard template including outline of the process, training requirements, and assessment method.
- Clinical education packages were also developed using a standard template and included assessment of understanding.

The objective is to share these resources in order to provide consistency across health services and reduce workload on individual departments.

**Table 1. Operational and Clinical Education Packages**

HOSPITAL	PACKAGE TO DEVELOP	EDUCATION & TRAINING PACKAGE
Peter MacCallum Cancer Centre	• Cytosuite Accuracy Checking Pharmacy Technician Procedure	• Nausea & Vomiting • G-CSF • Cancer Pain • Anticoagulants/ VTE
Alfred Health	• Inpatient Dispensary Accuracy Checking Pharmacy Technician	• Gastrointestinal medications
Royal Melbourne Hospital	• Dispensing Credentialing	• HIV • Stroke • Postoperative Pain
Monash Health	• Medico-Pak Dose Administration Aid Procedure and Competency Tool	• APINCH & Critical Medications • Chronic kidney disease • Infections • COPD
Austin Health	• Receiving Prescriptions	• Dosage Forms • Drugs of Addiction regulations
Royal Children's Hospital	Pharmacy Technician S8 & S4D Distribution	• Cystic Fibrosis (Child/Adolescent) • Paediatric HIV • Immunisations

G-CSF: Granulocyte Colony Stimulating Factor

VTE: Venous Thromboembolism

HIV: Human Immunodeficiency Virus

APINCH: Anti-infective, Potassium, Insulin, Narcotic, Chemotherapy and Heparin (Anticoagulants)

COPD: Chronic Obstructive Pulmonary Disease

## RESULTS

A consistent education and training approach across each of the health services was regarded as a priority and the current gaps in knowledge and skills from the current hospital pharmacy technician qualification are being addressed.

The PTREC group participated in the SkillsIQ feedback for the case for change for Hospital/Health services pharmacy support qualifications.

Each health service has either developed or is in the process of developing the required education/operational packages.

The training and credentialing packages included a dispensing accuracy assessment for pharmacy technicians to provide a standardised process to monitor dispensing accuracy.

After consolidating and credentialing, the intention is to provide a consistent approach to the expanded role of an accuracy technician checking training program.

Other technician education and training packages are forthcoming.

## CONCLUSION

This collaborative endeavour has allowed for rapid development of multiple training packages for technician advancement within hospital pharmacy. Collaboration has reduced individual health service workload, prevented duplication and allowed for the undertaking of multiple complex and challenging projects in an efficient and timely manner.

## REFERENCES

Exploring the role of hospital pharmacy technicians and assistants to enhance the delivery of patient centred care. A White Paper on the findings and outcomes of the 'Pharmacy Technician and Assistant Role Redesign within Australian Hospitals (Redesign) Project'. SHPA; 2016