

CONFERENCE ABSTRACTS

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Pharmacy technicians

Leadership development of pharmacy technicians

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Background

In 2011, pharmacy technicians gained recognition as a health care profession in many jurisdictions in Canada, but until recently, formal education for pharmacy technicians was lacking leadership instruction or exposure to leadership opportunities. Consequently, pharmacy technicians may feel restricted in their roles, with little direction on how to progress their careers. Opportunities for leadership development exist within Alberta Health Services, but pharmacy technicians may be unaware of the offerings. Alberta Health Services (AHS) is a provincewide, integrated health system, responsible for delivering health services to more than 4.4 million people living in Alberta. 900 pharmacy technicians are employed within Alberta Health Services.

Purpose

Determine the awareness of leadership development resources for the pharmacy technician profession, whether there are perceived leadership opportunities, and ascertain the level of interest in leadership development for pharmacy technicians in AHS.

Method

A qualitative survey was distributed to all pharmacy technicians in AHS and was open for a 4-week period. Questions were divided into demographics and personal interest in leadership, motivation, awareness, and opportunities for leadership development, and developing self.

A review of the curricula of pharmacy technician educational programs showed little to no formal coursework related to leadership development at colleges offering these programs in Alberta, Canada.

A literature search compared the approaches to leadership development that various healthcare organizations use to develop their pharmacy technicians into leaders.

Results

The survey was emailed to 861 AHS pharmacy technicians. Overall, a 38% response rate was achieved with 324 respondents. Of the respondents, 14% were already in formal leadership positions. A significant number of respondents aspire to be in a leadership or management position – 59%, but only 28% had participated in any leadership training. From the responses, 87% were interested in growing and developing as a leader but only 65% felt that they had been provided with any opportunities to develop themselves.

When questioned about self-development, 58% responded that they had expressed interest or had had a conversation with a leader about their own growth and development. Some individuals had started to develop themselves as leaders (67%), but only 35% were familiar with the leadership development program available through AHS. Many pharmacy technicians see themselves as a leader, whether or not they have a formal leadership position (82%).

Conclusion

Although there is support in principle for pharmacy technician leadership, development of the pharmacy technician cadre has not been seen to be a high priority within the organization. A significant learning from the survey was that those who were already in a formal leadership position were aware of self-development opportunities, while those not yet in leadership positions were unaware of the program. Little to no information appears to be shared with front line pharmacy technicians.

Further study of the implications of the results of the survey is required.

Understanding hospital pharmacy assistant training needs to facilitate modularised credential training module that supports extended roles

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Background

Pharmacy assistants and technicians are valued members of the pharmacy team in hospital pharmacy departments. Internationally, role extension for assistants and technicians has facilitated greater pharmacist focus on more complex clinical services, with subsequent benefits including improved job satisfaction, career progression, and workforce retention. Pharmacy Accuracy Checking Technician (i.e., dispensed items) or 'check-tech' is one example of an extended role in the New Zealand and United Kingdom respectively. In the Australian context, career advancement opportunities are more limited for hospital pharmacy assistants and technicians, and lack of relevant training is a factor. Greater understanding of these training needs is integral to future implementation of extended support roles.

Purpose

To qualitatively explore training needs and priorities for Australian hospital pharmacy assistants to inform collaborative co-production of modularised credentialed training.

Method

An expert working group comprising pharmacy assistants and pharmacists from public and private sectors, pharmacy education providers, and health service managers, provided project oversight. Pharmacists, pharmacy assistants, allied health professionals, and managers from four public and private hospitals in South-East Queensland, and two Registered pharmacy Training Organisations, were invited to participate in semi-structured interviews to explore opportunities for extended roles and identify training needs. Interview questions were informed by previous research and data were analysed using a general thematic analysis approach.

Results

Face-to-face, online or phone interviews were conducted between December 2021-March 2023. Twenty-two interviews were conducted with eleven pharmacists, ten

pharmacy assistants, and one allied health professional, averaging 31.24 minutes (range 17 to 49 minutes). Some participants represented dual roles (e.g., pharmacist/educator). There was overwhelming support for extending pharmacy assistant roles through greater involvement in medication safety and patient facing activities, including prescription checking, pre-admission assessment, taking medication history, patient counselling, and medication discharge support. A broad range of training priorities were identified, including therapeutic knowledge, prescription medication checking skills, medication safety processes, and communication skills related to patient and health professional interactions. Preferred formats for training and assessment included dedicated modular programs via blended models that combined didactic content with practical application, allowed for distance and work-based learning and assessment (e.g., competency log). The majority of pharmacy assistants and pharmacists interviewed reflected similar views, however, one allied health professional expressed a novel strategy to amalgamate clinical assistant roles across multiple health disciplines. Interview findings have informed further consensus-based research with pharmacy assistants and pharmacists (i.e., end users) to prioritise content and format through co-production of modular training for extended roles.

Conclusion

Overwhelming support for extending pharmacy assistant roles accompanied by comprehensive suggestions for training topics, content and delivery formats will facilitate development of modular education that is relevant and will effectively upskill pharmacy assistants for extended roles with potential benefits for them, pharmacists, and hospital health services. Future development of education modules should be informed by ongoing input from all key stakeholders.

Assessing the applicability and relevance of the FIP-GCFE framework for pharmacist and technician educators: A case study in a tertiary hospital setting

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Background

In Australia, pharmacy technicians are not recognised as registered practitioners, unlike in other OECD countries. Consequently, professional development tools specifically for pharmacy technicians are lacking. The International Pharmaceutical Federation (FIP) Global Competency Framework for Educators (GCFE) was launched in 2022 and is a competency framework that can be used by pharmaceutical educators and trainers for professional development and reflection. This inclusive framework broadly applies to pharmaceutical educators, including technicians, and recognised globally. As the scope of technician service rapidly expands, adopting the FIP-GCFE

may be useful to ensure that all educators have the competence to deliver training effectively in Australia.

Purpose

The aim of this case study was to compare and contrast the applicability, relevance and usability of the FIP-GCFE between a pharmacist educator and a technician educator.

Method

The participants were two pharmaceutical educators, a Senior Education Pharmacist (participant 1) and Lead Workforce Development and Education Technician (participant 2), in an Australian tertiary hospital setting.

Each has held education-specific leadership responsibilities for six and two years respectively and worked in prior roles as a Clinical Pharmacist and Hospital Pharmacy Technician for eight years and nine years respectively. Both participants have additional qualifications in education; participant 1 has a Graduate Diploma in Clinical Education, and participant 2 has a Certificate IV in Training and Assessment.

Both participants undertook the self-reflection by reviewing the behavioural descriptors described for each indicator of competency in the FIP-GCFE framework, discussed, mapped their performance to an Advancing Stage (AS) level 1, 2 or 3 and cited examples of evidence that they have or could produce to support the claim.

Results

Participant 1 found that all competencies and their indicators were applicable to their role, performing most advanced in competencies that related to "Expert professional practice", averaging AS level 2.75. Thereafter, ranked from most advanced to less advanced were competencies that related to: "Leadership", "Education training and development", "Research, Evaluation and scholarship", "Working with others, "Management, planning and strategy".

For participant 2, 29 of 34 (85%) competencies were applicable. The competencies that were not relevant related to "Research, evaluation and scholarship" and "Expert professional practice", where it specifically related to "scientific content" and "evidence-based practice" as these are currently beyond the scope of technicians. Participant 2 performed most advanced in "Communication & working with others" averaging an AS level 2.67. Thereafter, ranked from most advanced to less advanced were competencies that related to: "Leadership" and "Expert professional practice", "Management, planning and strategy", "Education, training and development", "Research, evaluation and scholarship".

Conclusion

The FIP-GCFE was found to be less applicable to a technician as compared to a pharmacist but a useful and effective tool nonetheless for personal and professional reflection for both pharmaceutical educators in the tertiary hospital setting. The tool is relevant to both educators as it has potential to provide workplaces with standardised indicators to recognise expertise in pharmaceutical education and identify opportunities to support their ongoing professional development to advance the profession and its workforce.

Money does not grow on trees: Three hospital pharmacy technician interventions that optimized sustainability

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Sustainability of health implies using only what we need so future generations also have access to the current resources. Healthcare professionals need to optimise use of our finite resources. Pharmacy technicians in a large hospital in Australia made it their mission to lead the way in sustainability. The technicians focused on three interventions: reducing medication wastage, reducing paper wastage and reducing costs associated with staff overtime.

To reduce wastage of medications, paper and costs by implementing three pharmacy technician interventions.

Intervention one was ward-based education sessions lead by technicians on how to reduce medication wastage within the hospital. Education sessions were provided for nursing staff. Intervention one was implemented after an audit was conducted in 2016 on returned medications from the ward. The audit was recorded in Microsoft Excel, identifying how many medication returns were required to be discarded. The audit identified the reason for disposal in the following categories: medications removed from packaging, inappropriately stored medications, products that may have left the hospital, products where expiry dates or batch numbers were removed or no longer distinguishable.

The second intervention was implemented to reduce paper wastage when printing medication shelf labels for hospital ward areas. In 2017, an audit was conducted to identify how much paper was wasted when printing medication shelf labels for a single item, compared to using a screenshot application. Screenshot is a tool that can be used to copy and paste labels from the pharmacy database onto a word document where multiple labels can be printed on less paper.

The third intervention was aiming to reduce costs and fatigue for full-time workers who had been working more than five days in a row for the week. Rostering was adjusted, having more casual pharmacy technician staff work on weekends instead of full-time staff. A report was used to identify if there had been a reduction in costs, compared to previous rostering.

The 2016 audit highlighted that an extrapolated value of \$160,102 of medications were potentially discarded. Between 2016–2018, 518 nursing staff were educated. A re audit in 2018 showed that the education sessions may have reduced the wastage by \$58,103. This highlighted a pattern that the education sessions were helpful in reducing medication wastage.

Intervention two found that using a screenshot application to print 38 shelf labels took an extra 8 minutes and 41 seconds compared to the old process. This process saved 33 pieces of paper, equalling a saving of \$5.50 when printing 38 shelf labels, as there was a reduction in paper and ink used.

The final intervention regarding rostering depicted that there was approximately \$6,000 saved compared to the previous six months of weekend rostering. This helped with the technician budget, and a potential reduction in staff fatigue.

The three interventions in the pharmacy hospital department maximized the utilization of finite resources, which potentially improved the sustainability of health services. Although it was challenging to encourage staff to implement these interventions, once the advantages were shown, pharmacy technicians became champions of change.

Increasing vaccination service capacity by use of injection-certified pharmacy technicians: A qualitative analysis of best practices

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Background

Community pharmacies have demonstrated their role as accessible vaccination hubs. Yet community pharmacists' prioritization of clinical and dispensary activities limits their ability to fit vaccination services into their busy practice. To meet increasing patient vaccine needs, pharmacy technicians can be an important member of the vaccination team by screening prospective patients for eligibility and/or providing injectable administration to support vaccination. This research describes injection-certified pharmacy technician and pharmacist self-identified best practices for optimal vaccination workflow and pharmacy/patient experience in Ontario, Canada.

Methods

12 injection certified pharmacy technicians-pharmacist pairs completed individual semi-structured interviews (24 in total). Qualitative data was categorized using a thematic content analysis to identify themes related to injection certified technician role in the vaccination workflow, important workflow influences and associated workflow impacts in community practice in Ontario.

Results

Pharmacy technician impact on workflow was described as increasing efficiency, capacity, pharmacist time, safety, patient access and improved patient experience. Improved efficiency (2.5-10 minute vaccine appointments) was further characterized by pharmacy assistants completing patient intake, injection-certified technicians conducting vaccinations, and pharmacists providing therapeutic approval and patient engagement roles. Pharmacists and technicians described comfort with identifying when pharmacist involvement was needed to answer patient

questions, provide clinical context, and manage challenging patient situations. Pharmacy assistant staffing shortages or busy dispensary times resulted in intake roles collapsing onto the injection certified pharmacy technicians resulting in less efficient 15-20 minute vaccinations. Injection certified technicians conducting the intake role as well as vaccine administration, resulted in a protective effect against interruption of concurrent dispensary or clinical services.

Conclusions

Community pharmacy professionals should tailor their pharmacy's planning of vaccination services to optimally use pharmacy staff, consider concurrent dispensary services and clinical services, and manage temporary surges in patient volumes. These role-optimization strategies can allow safe and effective expansion of community pharmacy vaccination services.