Lessons for a smooth integration of pharmacy technicians into general practice Namibian perspective

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Background

- Sustainability of health service delivery is depended on the availability of skilled health workers. In many countries, the shortage of human resources for health continues to negatively affect health service delivery
- Pharmacy cadres are necessary to ensure that medicine and other health commodities for HIV/AIDS, family planning and other long-term chronic diseases reach the people who need them; and in doing so will ensure that universal health coverage is reached.



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Pharmaceutical Staffing requirements

- WHO minimum health workforce: 45 health workers per 10 000 population (MoHSS, 2017)
 - In Namibia, ratios of frontline health workers in public health sector is far below the WHO recommended
 - Pharmacy frontline health workers are in shortest supply as compared to doctors and nurses in the public health sector
 - Pharmacists (1:20881), Doctors (1:4234) and registered nurses (1:761) (MoHSS, 2017)



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Pharmaceutical Staffing requirements (2)

- WHO recommended action: Task shifting towards effective Pharmaceutical Workforce (Up-skilling)
 - Task sharing and extending of scopes of practice of middle level cadres for effective service delivery
 - Pharmaceutical technician: SADC (South Africa, Zimbabwe, Zambia, Botswana); East Africa (Uganda, Kenya, Tanzania); Canada, UK, Americas



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Pharmaceutical Staffing requirements (3)

- In Namibia: MoHSS supported a work-based programme to skill up Pharmacist assistants to Pharmaceutical Technician
 - UNAM programme: accredited by HPCNA to ONLY up-skill Pharmaceutical Assistants to Technicians
 - Support: Nurses in prescribing and dispensing medication in primary health care (Integrated services)
 - Support: Pharmacists in Clinical and operational services (e.g. clinical audits)
 - Minimal supervision required: Inventory management, dispensing of PHC medicines, audits



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WISN staffing requirements for pharmacists

(Includes volunteer staff and development partner staff) 70% gap

		Calculated		
Facility	Total Pharmacists	Requirement	Gap	WISN Ratio
Intermediate				
Hospital	27	51.78	-24.78	0.52
District				
Hospital	22	117.24	-95.24	0.19
TOTAL	49	169.02	-120.02	0.29



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WISN staffing requirements for pharmacist assistants

66% gap

	Total Pharmacist	Calculated		
Facility	Assistants	Requirement	Gap	WISN Ratio
IH	33	56.45	-23.45	0.58
DH	58	130.65	-72.65	0.44
НС	18	64.53	-46.53	0.28
Clinic	18	123.56	-105.56	0.15
TOTAL	127	375.19	-248.19	0.34

UNAM HAS graduated A total of 120 PT Majority from the public sector to date (2015-2018)



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Education and Training

 The training for pharmacy cadres are cascaded as follows (UNAM, 2018; MoHSS, 2017):

Cadre	Qualification	Duration of study	
Pharmacist Assistants	Certificate in Pharmacy	2 Years full-time (NQF 5)	
Pharmaceutical Technicians	Diploma in Pharmacy	2 Years full-time (as PAs) +	
		2 Years (Work based)	
		4 years (NQF 6)	
Pharmacists	Degree in Pharmacy	4 Years full-time (NQF 8)	



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Scope of practice of pharmacist

- The following acts must be regarded as acts pertaining to the profession of a pharmacist
 - practicing pharmacy in a professional and ethical manner;
 - manufacturing pharmaceuticals and related substances;
 - planning and organizing pharmaceuticals and related supplies logistics;
 - manage pharmaceutical human resources;
 - manage pharmacy budget and financial operations;
 - manage physical facilities for pharmaceutical operations;



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Scope of practice of pharmacist

- manage pharmaceutical information systems;
- dispensing medicines;
- providing pharmaceutical care;
- retrieve and providing information on medicines;
- promoting primary health care;
- conducting pharmaceutical research; and
- applying interpersonal and workplace skills for work as a pharmacist.



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Scope of practice of pharmaceutical technician

- The following acts must be regarded as acts pertaining to the profession of a pharmaceutical technician under the personal supervision of a pharmacist in a health facility
 - practicing as a pharmaceutical technician within the legal requirements in a professional and ethical manner;
 - providing pharmaceutical care;
 - managing medicines inventory in a pharmacy setting; 6470 Government Gazette 15
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 - designing and implementing strategies to promote rational and safe use of medicines in healthcare;
 - maintaining pharmaceutical equipment;
 - promoting good dispensing and pharmacy practices;



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Scope of practice of pharmaceutical technician

- effectively controlling the medicine supply system at the health facility;
- participating and conducting medicine use audits and research at the health facility;
- assisting the pharmacist in the provision of pharmaceutical information;
- implementing and maintaining standard operating procedures to control the quality of medicines and services;
- implementing the basic concepts of primary healthcare related to pharmacy;
- organizing and conducting activities in quality analysis and pharmaceutical sciences;
 and
- assisting in the regulatory process of the registration of medicines.



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Scope of practice of pharmacist's assistant

The following acts must be regarded as acts pertaining to the profession of a pharmacist's assistant under the personal supervision of a pharmacist in a health facility

- providing pharmaceutical care;
- managing medicines inventory in a pharmacy setting;
- providing and contributing to comprehensive health services to the community with emphasis on community development;
- providing appropriate pharmaceutical services;
- practicing pharmacy within the ethical and moral codes of the profession and within the Namibian legal parameters;
- participating in health information systems and research activities and to utilize the results to improve health care; and
- initiate and participate in mobilization for community development projects



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Where does the PT cadre fit in the public service scheme?

- pharmaceutical technician: provides technical services
 - Audits: Supply chain, Rational Use of Medicines and Clinical Audits
 - Pharmaceutical Management information Systems:
 - Dispensing: Point of Care provision of medicines information and Extemporaneous preparations
 - All duties performed by a PA: Inventory management, and Dispensing and labelling



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Where does the PT cadre fit in the public service scheme?

pharmacist provides clinical and operational services

- Clinical services: That are patient centered to Optimize medicine therapy
- Operational services: Therapeutic committees, Medicine use reviews,
 Medicines Information
- Managerial services: Strategic planning and Pharmaceutical M & E, COST MINIMIZATION



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- 1. Supply management (PT can do)
 - ensure availability of pharmaceutical supplies
 - regularly control inventory
 - ensure adherence to appropriate stock management techniques
 - ensure appropriate storage conditions
 - organise and monitor ward supply
 - Management of electronic dispensing and inventory management tools /records



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- 2. Planning and Budgeting (PT can better assist the Pharmacist)
 - determine pharmaceutical requirements
 - prepare budgets
 - monitor expenditure
 - compile statistics regarding medicine utilisation in different departments (ABC Analysis, antibiograms, medicine use reviews)
 - Cost minimization at point of care



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- 3.Supervision and Training (pharmacist at district hospital level; PT at primary health care unit level)
 - supervise the dispensing of medicines
 - supervise the pre-packing and reconstitution of medicines
 - determine training needs and conduct respective training sessions
 - assist ward staff in appropriate stock management (in-service training)
 - Support supervision of health services



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- 4. Provide clinical pharmacy and information services
 - advise prescribers on appropriate prescribing practices
 - monitor prescriptions with regard to suitability, side effects, appropriate dosages, adherence to guidelines and policies (compliance studies)
 - disseminate up-to-date information on pharmaceuticals
 - provide literature (computer) search on request
 - function as secretariat of the therapeutics committee
 - Routinely participate in the development of clinical guidelines and review of NEMList



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- 5. Human resources management
 - co-ordinate working hours of the pharmaceutical personnel
 - appraise pharmaceutical personnel
- 6. Miscellaneous
 - participate in hospital management meetings as required
 - compile quarterly reports
 - control schedule 3 to 4 medicines and balance schedule4 medicines quarterly



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Tasks and responsibilities Pharmacist Assistant(1)

- Pharmacist Assistants in the MoHSS have three different functional levels. These include Pupil Pharmacist Assistant, Pharmacist Assistant and Senior Pharmacist Assistant.
- The PAM for pharmacist assistants indicates that the main tasks are at operational level, including:
 - To be responsible for bulk stock management (medicines and clinical supplies).
 - To be responsible for ward stock supply issues.
 - To handle Schedule 1 and 2 medicines as required in your work place.



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Tasks and responsibilities Pharmacist Assistant(2)

- To supply the district clinics with stock, and to check their orders to avoid over stocking
- To visit the clinics periodically to check their pharmaceutical services and give them support, and to ensure that the pharmaceutical standards are maintained.
- To check expiry dates of medicines as part of stock control functions.
- To dispense prescriptions in accordance with the current official policies (i.e. Standard Treatment Guideline, NEMList).
- To advise ward/clinic staff on the ways by which different medicinal and clinical items could be used economically, and to advise on optimal storage conditions for various pharmaceutical preparations.
- To repack medicines for internal clinics and/or departments.



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Tasks and responsibilities Pharmacist Assistant(3)

- To carry out additional manipulation of medicines (e.g. dilution, packing and labelling of antiseptics and disinfectants, reconstitution of antibiotic powders, compounding of various ointment bases).
- To record statistical data including specific data on drug utilisation in order to monitor service utilisation, and to ensure that there is sufficient stock in the hospital.
- To contribute to effective and efficient management of quality health services in the district by making suggestions for improvement.
- To submit quarterly reports to the supervisor and to contribute to the planning of district health services.
- To submit annual work plan and annual report as applicable.
- To organise and attend TC meetings as applicable.
- To attend DCC meetings as a member.
- To perform other official duties as required by the supervisor.



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Conclusion

- Skill gap for Pharmaceutical human resources in Namibia
 - Pharmacist Assistant not sufficiently equipped set to provide TECHNICAL pharmaceutical services
 - Negatively affect health service delivery: rampant stock outs, expiry of medicines, pilferage
- Most Pharmacist Assistants in Public sector have skilled up to PHARMACEUTICAL TECHNICIANS
 - Continued professional development for changing roles in pharmacy towards clinical services and cost minimization
 - PT to provide a level of pharmaceutical care in chronic diseases: HIV/AIDS, family planning and Hypertension and Diabetes
 - PT custodians of the Universal Health Package Trained for primary health care



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Conclusion

- A pharmaceutical technician is recognized as a mid-level pharmacy professional
 - who serves alongside the pharmacist
 - Most PTs are pharmacist's assistant (PA) who have upgraded and will take on more
 Technical and Senior roles
- The PT program serves to bridge the existing career gap between the pharmacist assistant and the pharmacist, thus providing clear career paths particularly for the pharmacist's assistant.
- The unique pharmaceutical skills of the PT will thus strengthen the existing pharmaceutical sector of Namibia through the provision of the technical pharmacy resource.



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QUESTIONS





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THANK YOU!



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