

Education and training for pharmacy professionals and their support staff to manage requests for emergency contraception within community pharmacy in England

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INTRODUCTION

The article by Turnbull *et al*¹ reports that pharmacies are important in the choice of settings from which emergency hormonal contraception (EHC) can be obtained. This article outlines the postgraduate education that is provided to pharmacy professionals and support staff in England relating to the provision of emergency contraception (EC).

EHC can be provided by community pharmacists under patient group direction (PGD), as an over-the-counter sale or, if the pharmacist is a prescriber, on a private prescription. PGDs allow health-care professionals to supply and administer specified medicines to predefined groups of patients, without a prescription. The majority of PGD EC schemes in England are funded by local authorities, so patients treated under PGDs do not need to self-fund treatment.²

Data on EHC provided by PGD are not collected centrally; however, the number of prescriptions dispensed in the community fell to 130 000 in 2018, a fall of 51% from 265 000 in 2008, while overall the use of EC increased in the decade up to 2012.^{3 4}

PGDs have the advantage of allowing timely access to medicines; however, they are rigid and do not allow for the same degree of tailoring to the needs of individuals or the use of clinical judgement that is possible when a prescription is written for a specific named patient. Therefore, the National Institute of Health and Care Excellence (NICE) guidance states that dispensing a prescription to a named patient after the prescriber has assessed the patient on

an individual basis remains the preferred option in healthcare.⁵ Table 1 lists the advantages and disadvantages of PGDs, taken from the Centre for Pharmacy Postgraduate Education (CPPE) patient group directions e-learning.⁶

Benefits and limitations of EC in community pharmacies

The Turnbull *et al*¹ article reports that some women perceived a lack of privacy as a disincentive to obtaining EHC from a community pharmacy; however, the majority of the pharmacies have a private consultation area. These are required for other services including medication use reviews which were conducted in over 85% of pharmacies in England in 2018–2019.⁷

Ease of access without appointment is a factor that service users have recognised as an advantage in pharmacy,⁸ however, this also may be a limitation. A drop-in service without appointment slots that needs to fit in around other pharmacy services and functions may limit the time available for consultations compared with clinics with allocated appointment times.

Postgraduate education for pharmacy professionals in EC

The CPPE provides Health Education England funded education for General Pharmaceutical Council (GPhC) registered pharmacy professionals in England.

Currently PGDs are locally commissioned, which means that they vary in different areas of the country both in content and educational requirements for those pharmacists operating under PGDs.



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Table 1 Advantages and disadvantages of patient group directions (PGDs)

Advantages of PGDs	Disadvantages of PGDs
<ul style="list-style-type: none"> ▶ Allow a specific group of patients timely access to medicines 	<ul style="list-style-type: none"> ▶ Patients must fit the criteria set out in the PGD in order for a supply to be made ▶ The authorised health professional must assess the patient to make sure that they fit the criteria set out in the PGD ▶ A PGD is not appropriate for uncertain diagnosis⁶

This could potentially mean that pharmacists working over a range of geographies (eg, as locums) may need to duplicate education and training to provide EHC under a number of different PGDs. Potentially this could also cause local variation in patient experience.

The Community Pharmacy Competence Group, in conjunction with the CPPE, developed the Declaration of Competence system. This system supports pharmacy professionals to assure commissioners that they have the appropriate knowledge, skills and behaviours to deliver high-quality, consistent services. Declaration of Competence is endorsed by NHS England and Public Health England and is intended to support professionals and employers in assuring the delivery of high-quality services for patients.⁹

When using Declaration of Competence, pharmacy professionals wanting to provide a service complete a self-assessment framework. The competencies within the framework cover the clinical, ethical, cultural and legal aspects of providing each service. By working through the self-assessment and reflecting on each individual competency, pharmacy professionals are able to identify gaps in their knowledge and skills. Details of the recommended learning and assessment which meet the individual competency requirements for the service (eg, CPPE learning programmes, which includes face-to-face events and e-learning programmes, assessments and in-house training) are signposted in the framework and these can be used to fill any gaps in an individual's knowledge and skills.⁹ The reflection on consultation skills that this framework requires aims to improve patient experience. **Box 1** details the competencies listed in the self-assessment framework for EC with the use of a PGD.

In 2018, CPPE updated their EC programmes. This was to ensure that there was a stronger focus on sensitive communication, and engaging the whole of the pharmacy team, within workshop material. The e-learning programme structured the EC consultation around the Calgary Cambridge model, with the aim that this would support pharmacy professionals to take a more patient-centred approach.

Box 1 Core competencies included in the self-assessment framework for Emergency Contraception Service with the use of a patient group direction declaration of competence

1. Do you meet or are you actively working towards the Consultation Skills for Pharmacy Practice: Practice Standards for England, as determined by Health Education England?
2. Do you meet the competencies expected of all healthcare professionals with regard to safeguarding children and vulnerable adults? Service-specific competencies:
 - a. Do you understand the aims of the Emergency Contraception Service and other sexual health services in your community?
 - b. Can you apply effective consultation skills to communicate with clients appropriately and sensitively when dealing with sexual health?
 - c. Do you have the skills and knowledge to identify individuals who may be at risk of sexual exploitation or abuse, and to take appropriate actions?
 - d. Do you know the most up-to-date information about general contraception, emergency contraception and sexual health; and understand the different types and methods of hormonal, non-hormonal and emergency contraception, their use, advantages, failure rates and complications?
 - e. Do you understand the full range of emergency contraception available and the appropriate clinical guidance relating to these (eg, NICE, Faculty of Sexual and Reproductive Healthcare)?
 - f. Are you able to advise using an evidence-based approach?
 - g. Do you understand how, when and where to refer clients, and when to ask for support and advice yourself? Are you able to support and develop the pharmacy team in the delivery of a safe and effective service, including referral to other emergency contraception services when these are not available in your pharmacy?
 - h. Can you satisfy the NICE competency framework for health professionals using patient group directions (PGDs), including understanding the legal implications and professional responsibility of using a PGD, where applicable?
 - i. Are you able to demonstrate knowledge of the clinical content of the relevant PGD(s)?⁹

Education and training for pharmacy support staff

The GPhC regulates pharmacies in Great Britain. They require that medicines counter assistants and other staff that work in the pharmacy are trained using accredited courses.¹⁰

A Healthy Living Pharmacy framework that was published in 2010 has enabled pharmacy support staff to undertake further training to proactively support and promote behaviour change and to improve health and well-being. The framework aims to support community pharmacies to achieve a consistent delivery of a broad range of high-quality services to meet local need, improving the health and well-being of the local population and helping to reduce health inequalities.¹¹ The majority of pharmacies are now Healthy Living Pharmacies.¹¹

In order to meet the Healthy Living Pharmacy criteria all pharmacy staff must understand the basic principles of health and well-being, and that every interaction is an opportunity for a health-promoting intervention. One member of staff, the Health Champion, must also undertake the Royal Society for Public Health (RSPH) Level 2 Award in Understanding Health Improvement.¹¹

CONCLUSIONS

Pharmacies are well set up to be one of the settings offering EC. We welcome this insight into patient perceptions of EC in pharmacies; however, a number of changes have been made to CPPE EC education programmes in order to take a more patient-centred approach. It will take up to 3 years from the date that these changes were made for pharmacy professionals to update their education around EC. Going forward, we would welcome larger-scales studies to explore the acceptability of pharmacy as a provider, to those in need of EC, in order to assess these changes over a larger number of pharmacies.

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