Regional Drug History Taking Programme for Pharmacy Technicians

N. Ireland
# Contents

1. Introduction 3

2. Drug History Taking (DHT) programme 3

2.1 Aim 3

2.2 Candidate entry criteria 3

2.2.1 Essential entry criteria 3

2.2.2 Desirable entry criteria 3

2.3 Mentor criteria 4

2.4 Skills development throughout the programme 4

2.5 Responsibilities throughout the programme 4

2.5.1 Responsibilities of NICPLD 4

2.5.2 Responsibilities of the Trust 4

2.5.3 Responsibilities of the mentor 5

2.5.4 Responsibilities of the candidate 5

2.6 Programme overview and format 5

Overview of the programme (flow diagram) 6

2.6.1 Pre-course work 7

2.6.2 Workshop 7

2.6.3 In-house interviews 8

2.6.4 Observation of candidate by mentor/witness pharmacist 8

2.6.4.1 Information to record 8

2.6.4.2 Patient types 8

2.6.5 Final appraisal 9

2.6.5.1 Appeals 9

2.6.6 Probation 9

2.6.7 Accreditation 10

2.6.7.1 Competence range post-accreditation 10

2.6.8 Reaccreditation 10

2.7 Periods of absence 10

2.8 Change of Trust for a drug history taking pharmacy technician 11

2.9 Evaluation of the programme 11

3 Contact details 11

Appendix 1 Range of errors 12

Appendix 2 Terminology used in this document 13
1. Introduction

‘Medicines management in hospitals encompasses the entire way that medicines are selected, procured, delivered, prescribed, administered and reviewed to optimise the contribution that medicines make to producing informed and desired outcomes of patient care.’

Audit Commission, 2001

This Drug History Taking (DHT) programme has been requested by the Clinical Lead Pharmacists in N. Ireland to develop the skills of hospital pharmacy technicians in drug history taking, thereby supporting the role of pharmacists on the wards and ensuring that skill mix within the ward setting is optimised. Representatives of all Trusts in Northern Ireland have been involved in the consultation of this programme, which has been supported by all Trust Pharmacy Managers.

The programme conforms to the National Framework for Medicines Management Pharmacy Technicians who are currently working in the United Kingdom (UK).

NICPLD would like to pay tribute to London Education and Training, in particular Diane Blunden, for permission to modify and adapt their programme.

2. Drug History Taking Programme

2.1 Aim

The aim of the Drug History Taking programme is to:

• provide pharmacy technicians in Northern Ireland with a regional programme for Drug History Taking that conforms to the National Framework for Medicines Management Pharmacy Technicians
• equip pharmacy technicians with the communication and transcription skills required to effectively take a drug history from a patient
• aid the development of professional relationships and interaction between pharmacy technicians, pharmacists, patients, colleagues and healthcare professionals within the ward setting
• support appropriate skill-mix within pharmacy.

2.2 Candidate entry criteria

2.2.1 Essential entry criteria

Pharmacy technicians in Northern Ireland (NI) may apply to enrol on this programme if they meet the following criteria:

• candidate is a qualified pharmacy technician
• candidate must be registered with NICPLD
• candidate must have at least two years experience as a qualified pharmacy technician working in NI in a hospital setting
• candidate has carried out a ward-based role for a minimum of six months
• candidate has identified a designated mentor
• candidate agrees to work within the limitations and remit of their own ability and has demonstrated that they know when to refer to their mentor.

2.2.2 Desirable entry criteria

Further desirable entry criteria include that the candidate is:

• an Accredited Checking Pharmacy Technician (ACPT)
• a POD Checker.
2.3 Mentor criteria
The individuals nominated as mentors to pharmacy technicians undertaking the DHT programme, must fulfil the following criteria:
• be a qualified and registered pharmacist
• have experience of mentoring staff according to the specific requirements of their Trust
• be a Clinical Pharmacist within the Trust.

2.4 Skills development throughout the programme
This programme is designed to promote the development of the specific skills required of anyone taking drug histories in practice. Throughout the course of the programme, candidates should demonstrate improving competence in the following areas:
• effective communication skills
• effective interpersonal skills
• effective time management skills
• effective problem-solving skills
• the ability to provide medicines-related information
• the ability to accurately transcribe legible information
• an awareness of the issues relevant to working within a patient-focused environment
• the ability to apply key clinical skills
• the ability to comply with the NICPS and local Trust policy for drug history taking
• the ability to operate within the remit of their job role.

All of these skills will be assessed by the mentor or witness pharmacists during the process of observations. Candidates must be deemed competent in all these areas before completion of their accreditation.

2.5 Responsibilities throughout the programme
During the course of the programme, NICPLD, the Trust, the mentor and the candidate all have defined responsibilities to ensure that a supportive learning environment is provided for the candidate and to facilitate the completion of the accreditation.

2.5.1 Responsibilities of NICPLD
The role of the Northern Ireland Centre for Pharmacy Learning and Development is to:
• promote the DHT programme through advertising in the NICPLD brochure and online at the NICPLD website
• process approved applications for candidates and mentors
• provide training by experts in the field of drug history taking
• monitor the candidate’s progress throughout the programme
• support mentors and candidates, if required, by facilitating the DHT OSCE
• support individuals who fail to meet the criteria and offer guidance
• provide guidance to mentors and candidates regarding queries throughout the programme
• issue a certificate of completion when candidates have successfully submitted the required documentation
• review the reaccreditation documentation submitted by candidates within a two year time frame to ensure those accredited with the DHT accreditation maintain their competencies
• maintain a database of all trainee and DHT accredited pharmacy technicians
• review and update the regional programme on an annual basis.

2.5.2 Responsibilities of the Trust
Pharmacists have overall responsibility for the pharmaceutical services being provided to patients with the Trust Pharmacy Manager having ultimate responsibility for the quality of the service provided. It is the role of the Trust to ensure that anyone involved in the delivery or implementation of this programme has the required resources and support to successfully complete their role. Trusts are also required to support all participants particularly with regard to equality and diversity, before, during and after training.
2.5.3 Responsibilities of the mentor
Each nominated mentor must commit to:
- attending the mentor workshop for the DHT programme at NICPLD
- completing a learning contract with each candidate they are mentoring
- fulfilling the role of mentor as described in the Mentor flowchart (DHT admin 6), assessing candidates for consistency and documenting evidence
- meeting regularly with their mentee to provide support, ensure development of underpinning skills and offer guidance
- liaising with NICPLD to support the completion of the programme within the one year time frame.

2.5.4 Responsibilities of the candidate
Pharmacy technicians are responsible for their own professional actions and must work within their own Trust's Standard Operating Procedures (SOPs). They should also consult the most recent Medicines Ethics and Practice Guide and PSNI Code of Ethics for guidance relating to professional conduct. The role of the pharmacy technician is to provide support to the pharmacist and to ensure the patient receives care that is safe and effective. Please note that throughout this document the term ‘candidate’ refers to the qualified pharmacy technician.

2.6 Programme overview and format
Two routes exist for completing this accreditation. These two routes are dependent on the candidate’s experience and qualifications.

**Route A**
For those candidates who meet both the essential and the desirable entry criteria.

**Route B**
For those candidates who met the essential criteria but do not meet the desirable entry criteria. These candidates will be required to undertake an OSCE to demonstrate their communication skills. Additional details relating to this OSCE will be provided to those candidates on entry to the programme.

Irrespective of the route that the candidate takes to complete the programme, the following principles apply:
- All candidates are required to complete the DHT programme in not less than three months but within twelve months of the workshop date
- All candidates are responsible for their own completion of the programme and for maintaining and reviewing their accreditation
- Candidates should report to NICPLD for their final appraisal (and OSCE, if applicable) fifteen minutes before the stated time. They should report to the NICPLD administration team. If a candidate fails to arrive on time, they will not be permitted to undertake the final appraisal.

To aid the development of the underpinning skills of all candidates, the programme consists of a number of elements, including:
- Pre-course work
- Workshop
- In-house interviews
- Observations of drug history taking
- Final appraisal
- Probation
- Accreditation
- Reaccreditation

Each of these elements is demonstrated on the programme overview on page 6 (Diagram 1).
Applications must be received before the closing date and be endorsed by the relevant manager. Applicants must meet the required criteria. Learning contract completed (DHT Admin 9).

Mentors attend the DHT programme workshop for mentors.

Prior to attending the DHT programme workshop, candidates must complete pre-course work as outlined.

Candidates must attend the DHT programme workshop. Candidates must complete the programme within 3-12 months of the workshop date.

First in-house interview to be undertaken prior to commencing drug histories (DHT 7).

Candidate continues to develop their portfolio of evidence by completing five drug histories, two of which should be observed by their mentor, others may be observed by appropriate witnesses and all reviewed for accuracy by mentor with appropriate feedback throughout (DHT Admin 2 & 3). Distance learning may be completed any time during the course of the programme.

Candidates may proceed to second interview with mentor (DHT 9). If satisfactory, they may proceed to complete final ten drug histories, all of which must be observed.

Upon completion of fifteen drug histories candidate should apply for final appraisal and review at NICPLD.

Attend NICPLD for reflection (DHT 10), final appraisal & portfolio review (DHT 11 & 12). Receive probation advice if successful (DHT 13).

Candidate must complete probationary period and submit final documentation to NICPLD (DHT 14).

Certificate issued for 2 years. Candidate to apply for reaccreditation before two year expiry date.

Candidate will be issued with certificate if they successfully meet the criteria for reaccreditation (DHT 15).
2.6.1 Pre-course work
Pharmacy technicians wishing to register for this DHT programme must complete the application form online and once they have received confirmation of a place, commence the pre-course work before the workshop date.

The pre-course work includes:
1) reading the NI Clinical Pharmacy Standards (NICPS) for Drug History Taking (February 2011).
2) reviewing the SOPs relevant to Drug History Taking in their Trust and describe how patient confidentiality is ensured. A reflection of this should be recorded using DHT2.
3) work-shadowing a minimum of three pharmacists and observe them taking at least ten drug histories in total. A summary of these observations should be completed (DHT4). Observed histories should include:
   • patients taking a minimum of five drugs each
   • a range of different medical conditions as described in DHT Admin 1.
4) provide an up-to-date curriculum vitae (CV)
5) provide an up-to-date job description, which details the extent of their medicines management role
6) candidates must complete a distance learning programme during the course of the DHT programme that reflects the patient types they are including within their patient range.

All pre-course documentation must be signed by the mentor where appropriate and stored in the candidate's portfolio. The witness signatures should be included in the candidate's witness list, which should also be included in their portfolio (DHT 2).

The SOP review (DHT2) and the summary of the ten observed drug histories (DHT4) must be submitted to NICPLD two weeks prior to the workshop date. Failure to submit this paperwork by the required date will result in the candidate being withdrawn from the programme.

2.6.2 Workshop
Candidates are required to attend a one-day workshop at NICPLD and on completion of this workshop should be able to:

• understand the principles of drug history taking
• define the role of the pharmacy technician and that of the pharmacist
• appreciate the consequences of errors when taking drug histories
• explain the two routes available for this programme and the route they will be required to undertake
• describe the importance of accurate transcribing
• work within the requirements of the Trust’s SOPs for DHT
• realise the importance of patient consent and confidentiality
• explain the necessity of referral when limits of authority have been reached
• explain the documentation that supports this programme.
2.6.3 In-house interviews
During the course of the programme, candidates are required to have two in-house interviews with their mentor. The first interview will take place prior to commencing the drug history taking.

The second interview will take place once five drug histories have been completed and at least two of these have been observed by their mentor and documented using the observations checklist and the cover note (DHT Admin 2 & 3).

The purpose of these interviews is to document that the candidate is supported and that they continue to make progress against the required competences. The in-house interviews should be recorded using DHT 7 and DHT 9 and these should be faxed to NICPLD and the originals stored in the candidate’s portfolio.

2.6.4 Observation of candidate by mentor/witness pharmacist
To record their 15 drug histories, all candidates must complete the documentation used routinely within their own Trust to record all medicines being taken by the patient. Mentors should record their observations of the candidate’s performance using DHT Admin 2 and DHT Admin 3 and these should be stored in the candidate’s portfolio. The observer is required to tick the appropriate competency when they observe the candidate demonstrating it. Please note that these 15 drug histories should be completed with no errors. Five of the drug histories must be observed by the mentor, the remaining ten may be observed by the other approved witnesses. Candidates must ensure they include all patient types they are specialising in within their observations. If an error occurs, candidates should complete DHT 8 and undertake an additional ten accurate drug histories.

Candidates are required to recognise the limitations of one source of drug history information and ensure they have access to, and document evidence from, at least two of the following sources as per NI Clinical Standards, which are listed in preferential order:
1. Patient
2. Carer
3. Patient’s own drugs
4. GP surgery
5. Patient’s pharmacy.

2.6.4.1 Information to record
Each drug history must be recorded on the Trust documentation for drug histories and must include the following information:
• accurate medication details of the drugs currently being taken by the patient (name, form, dose, frequency, and other relevant details, e.g. type of device)
• details and description (nature of reaction) of all allergies and/or ADRs
• details of discrepancies between information sources, e.g. GP = Tegretol Tablets 200mg twice daily, Patient = Tegretol Tablet 300mg twice daily
• information of any herbal or complementary products that are being taken
• information on any over-the-counter (OTC) medicines that are being taken
• information of any borrowed medicines that are being taken
• all completed documentation must be dated and endorsed with appropriate feedback from the mentor or witness pharmacist
• details of specific issues of non-adherence, e.g. ‘only uses inhalers during winter months’.

2.6.4.2 Patient types
When selecting suitable patients for whom to record their drug histories, candidates are required to:
• include three different types of patients (DHT Admin 1)
• provide a minimum of three histories in a clinical practice area that they have chosen to specialise in
• choose patients taking five or more medicines
• ensure that at least one patient is on a specialist or Red List medicine
• check that each drug history is countersigned by one of the witness pharmacists
• ensure they complete a distance learning opportunity that reflects their choice of patient speciality.
2.6.5 Final appraisal
On completion of the fifteen drug histories, candidates should apply to NICPLD for their final appraisal. This appraisal is a three-stage process and includes:

- a reflection on the candidate's participation in all stages of the programme
- a review of their portfolio of evidence (refer to DHT Admin 7) (Evidence of all criteria being completed by the candidate must be checked off before the candidate may proceed with the final interview)
- a competence-based interview.

The three members of the final appraisal panel must include a Clinical Lead Pharmacist as chair who is not based at the same Trust as the candidate, as well as another pharmacist or pharmacy technician and a representative from NICPLD.

Candidates who fail to meet the assessment criteria within the final interview must discuss with their Trust if a second attempt at the programme will be permitted. If permission is granted, candidates must re-start the process from the beginning and complete an additional reflection on how the original errors occurred.

2.6.5.1 Appeals
NICPLD will treat all candidates fairly, equally and with respect in relation to any assessment. If a candidate is dissatisfied with the outcome of their final appraisal they must, within 5 working days, contact NICPLD and give notice of their dissatisfaction and of their intent to forward an appeal. The formal appeal procedure must then be followed:

1. All appeals against the conduct, adequacy or outcome of an assessment must be forwarded, in writing, to NICPLD within 10 working days after the candidate has given notice of their intent.

2. On receipt of notification of an appeal NICPLD will set a date for the appeal to be heard by an appeals panel. The appeals panel will consist of:
   - A representative of NICPLD
   - A Medicines Management Lead or Clinical pharmacy manager not otherwise involved in the original final appraisal
   - A Pharmacy Technician not involved in the original final appraisal.

The candidate will be offered the opportunity to be accompanied by another person not involved in their accreditation to help them present their case.

3. The appeals panel will meet within 30 working days of receipt of the written notification of the appeal.
4. The appeals panel will reach a decision and all involved parties will receive verbal notification of the outcome on the day of the appeal and written notification within 5 working days. This decision will be final.

2.6.6 Probation
Following successful completion of the final appraisal, candidates will be required to undertake a probation period. This should be for a period of two weeks or ten working days depending on the number of hours usually worked by the candidate. During this probation period, candidates should:

- comply with the required observation of all drug histories at the start of probation, and then should decrease everyday so that at the midpoint of the probation period approximately 50% of the drug histories should be observed by a witness pharmacist. On nearing completion of the two weeks, the candidate should be observed randomly whilst taking drug histories but should ask every time if the witness pharmacist wants to observe the drug history taking process.
- ensure that all drug histories during the probation period are 100% accurate and contain no errors.
- re-start their probation period if an error is detected by the pharmacist so that they complete a full two weeks or ten days of drug history taking with no errors.
2.6.7 Accreditation
On completion of probation, successful candidates will receive an accreditation certificate. This certificate is valid for two years from the date of accreditation and it is the responsibility of the candidate to ensure they are reaccredited before their certificate of accreditation expires.

2.6.7.1 Competence range post-accreditation
Once accredited, pharmacy technicians are able to expand their areas of clinical competence. This will require them to submit three drug histories relating to the new clinical practice area. They are also required to submit a supporting statement from their mentor to confirm that they have worked under their supervision whilst compiling these additional drug histories.

2.6.8 Reaccreditation
It is the responsibility of all pharmacy technicians to gain reaccreditation before the expiry of their accreditation period.

All pharmacy technicians seeking to be re-accredited must:
• maintain an on-going log of any errors made relating to drug histories and document these according to their department error-recording policy.
• reflect on any errors made and record, using DHT 8, or if a learning need is required, using CPD cycle, a reflection. These reflections should be reviewed periodically by the mentor to ensure they are within Trust error-reporting limits.
• provide documentation to confirm the opportunity to work within the scope of the role on a regular basis, defined as at least two hours weekly (DHT 12).
• provide evidence of an appraisal that has reviewed their role over the last two years and include a summary of performance by a senior clinical manager (DHT 13).

2.7 Periods of absence
If a pharmacy technician is unable to work on a regular weekly basis as a drug history taker for a minimum of two hours per week, it is recommended that before re-commencing drug history taking they undertake a review of the SOPs and re-familiarise themselves with the process.

If the pharmacy technician is absent from this role for a longer period of time, it is recommended that they undertake the minimum quantity of observed drug histories as described in the table below. All drug histories must be observed and endorsed by their mentor. Documented evidence of their observation must be recorded on at least two occasions using DHT admin 3 marking scheme.

<table>
<thead>
<tr>
<th>Period of absence</th>
<th>Required quantity of observed drug histories</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 6 months</td>
<td>minimum of three</td>
</tr>
<tr>
<td>6 – 12 months</td>
<td>minimum of ten</td>
</tr>
<tr>
<td>12 – 18 months</td>
<td>minimum of fifteen</td>
</tr>
<tr>
<td>18 - &lt;24 months</td>
<td>Minimum of twenty</td>
</tr>
<tr>
<td>≥ 24 months</td>
<td>Must restart the accreditation</td>
</tr>
</tbody>
</table>

Accredited drug history taking pharmacy technicians and their mentors should conform to this guidance relating to periods of absence. If any pharmacy technician is absent from the DHT role for more than two years, they must re-start the process.
2.8 Change of Trust for a drug history taking pharmacy technician

Prior to a pharmacy technician moving from one Trust to another it is the responsibility of the technician to have their accreditation documentation validated by their Senior Clinical Lead Pharmacist before leaving their original Trust. To demonstrate accreditation, the mentor must sign the appropriate form (DHT 12) and the pharmacy technician is required to provide their current valid certificate.

A pharmacy technician who transfers from a hospital in Great Britain will have to present their relevant certificates, which must be endorsed by their Senior Clinical Lead Pharmacist. It is the Clinical Manager’s decision at each Trust to agree with the pharmacy technician the amount of time required to re-train in their new and different environment. A three-month period of orientation at their new site would always be recommended.

2.9 Evaluation of the programme

The evaluation of this programme is a three-stage process:

• Workshop evaluation – the DHT workshop is evaluated by all participants using the standard NICPLD workshop evaluation form
• Programme evaluation by candidates – the candidate’s evaluation of the programme is captured using the final reflection form (DHT10)
• Programme evaluation by experts – the programme is reviewed on an annual basis by experts who are involved in the delivery of the training. The recommendations of these individuals are presented to the Regional Medicines Management Lead Pharmacists group who will decide if any changes are needed due to changes in service or its requirements.

3. Contact details

If you have any queries regarding this, or any of the training programmes offered for pharmacy technicians through NICPLD, please contact:

Julie Jordan
Lead for Pharmacy Technician Training
NICPLD
Riddel Hall
185 Stranmillis Road
Belfast
BT9 5EE

Tel: 028 9097 4477
Fax: 028 9097 4488
j.a.jordan@qub.ac.uk
Appendix 1 - Range of errors

This list provides examples of error(s) that may be detected by the mentoring pharmacist or witness pharmacist.

<table>
<thead>
<tr>
<th>Types of errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong ward or department</td>
</tr>
<tr>
<td>Wrong patient name</td>
</tr>
<tr>
<td>Wrong medicines generic name</td>
</tr>
<tr>
<td>Wrong medicines brand name</td>
</tr>
<tr>
<td>Wrong medicine form</td>
</tr>
<tr>
<td>Wrong medicine strength or dose</td>
</tr>
<tr>
<td>Wrong frequency on directions</td>
</tr>
<tr>
<td>Wrong allergy status</td>
</tr>
<tr>
<td>Insufficient sources used according to NI standards</td>
</tr>
<tr>
<td>Missing details, e.g. start or stop dates</td>
</tr>
<tr>
<td>Lack of referral according to NI standards</td>
</tr>
<tr>
<td>Inappropriate referral</td>
</tr>
<tr>
<td>Incomplete history taken</td>
</tr>
<tr>
<td>Discrepancy</td>
</tr>
</tbody>
</table>
## Appendix 2 - Terminology used in this document

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICPLD</td>
<td>Northern Ireland Centre for Pharmacy Learning and Development</td>
</tr>
<tr>
<td>DHT</td>
<td>Drug history taking</td>
</tr>
<tr>
<td>CV</td>
<td>Curriculum vitae</td>
</tr>
<tr>
<td>ACPT</td>
<td>Accredited checking pharmacy technician</td>
</tr>
<tr>
<td>POD</td>
<td>Patient's own drugs</td>
</tr>
<tr>
<td>PSNI</td>
<td>Pharmaceutical Society for Northern Ireland</td>
</tr>
<tr>
<td>Mentor for DHT</td>
<td>A pharmacist who has the relevant clinical experience</td>
</tr>
<tr>
<td>OSCE</td>
<td>Objective Structured Clinical Exam</td>
</tr>
<tr>
<td>Essential criteria</td>
<td>Criteria candidates must have to enrol for Routes A &amp; B</td>
</tr>
<tr>
<td>Desirable criteria</td>
<td>Criteria candidates may have achieved and that facilitate Route A only</td>
</tr>
<tr>
<td>Competence range</td>
<td>The range of patients within a candidate's clinical area of practice</td>
</tr>
<tr>
<td>Witness pharmacist</td>
<td>A pharmacist who has been deemed fit to observe a candidate undertaking a drug history of a patient</td>
</tr>
<tr>
<td>Probation</td>
<td>Period of time prior to completion when the candidate is under a lesser level of observation</td>
</tr>
</tbody>
</table>
Candidate details:

Candidate name:

I confirm that I have completed the pre-course activities; I have read the programme and am aware of my responsibilities and evidence requirements to successfully complete this programme.

Candidate signature: Date:

Work base address:

Telephone: Fax:

Email:

Range of drug histories planned as part of the programme:

Mentor details:

Workplace mentor name:

Job title:

I have observed the candidate and have organised they will work shadow three pharmacists whilst completing ten drug histories. I understand my role as a mentor and will support this candidate throughout this programme. I can confirm the candidate signature as authentic.

Mentor signature: Date:

Clinical lead confirmation and details:

Clinical lead name:

I confirm that the candidate has permission to attend this workshop and undertake the programme; they have the required two years post-qualification experience as well as six month’s ward experience. The candidate also has read the Northern Ireland Clinical Pharmacy Standards and understands the relevant SOPs for Drug History Taking. I can also confirm that this candidate will be supported throughout this programme.

Clinical lead signature: Date:
Pre-course work:
Reflection on SOPs

Please provide a review of the SOPs relevant to Drug History Taking in your Trust; include how patient confidentiality is maintained and the types of information you may have access to.

What preparation is required before taking a drug history?

Outline the actual process for taking a drug history.

What SOPs regarding confidentiality are relevant during a drug history?

What happens after having taken a patient’s drug history?

Candidate name: 
Date: 

Candidate signature: 
Mentor signature: 

DHT 2
<table>
<thead>
<tr>
<th>Candidate name:</th>
<th>Candidate signature:</th>
</tr>
</thead>
</table>
| Mentor confirmation of true signature of candidate:

<table>
<thead>
<tr>
<th>Name (Please print full name)</th>
<th>Role in hospital or Job title</th>
<th>Registration number</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please provide an account of your experience whilst observing the pharmacists completing ten drug histories. Focus on the questioning techniques used and the skills employed to approach patients with various complexities.

First impressions:

Initial approach with new patients:

Making conversation to establish communication:

Questioning techniques:

Allowing patient time for questions:

Thanking patients:

Candidate name: ___________________________ Date: ___________________________

Candidate signature: ___________________________ Mentor signature: ___________________________
Please provide an account of how medicines management has developed in your Trust since the publication the NI Clinical Pharmacy Standards for Medication History Taking or any other relevant publications, as well as your Trust’s SOPs.

What changes have affected the role of the pharmacist?

What changes have affected the role of the pharmacy technician?

What changes have occurred within the dispensary?

What impact has drug history taking by pharmacy staff had on patients?

Candidate name: __________________________ Date: __________________________

Candidate signature: __________________________
Please provide a brief summary of the importance of the actions that must be taken to ensure risk management is a priority for patients, you and other members of staff.

Actions relevant to ensure safety of patients:

Actions relevant to ensure your safety:

Actions relevant to ensure other members of staff:

Candidate name: ___________________________ Date: ___________________________

Candidate signature: ___________________________
Candidate name:      Date:

This document will be used as part of the information reviewed by the final assessment panel. This appraisal should be completed before any drug histories are attempted by the candidate.

Provide notes on the following (If required continue on a separate page)

• Does the candidate feel confident and sufficiently motivated to proceed with the programme?

• Has the candidate read and agreed to comply with the NI Clinical Pharmacy Standards and the Trust's Standard Operating Procedures for Drug History Taking?

• Does the candidate have the required documentation in their portfolio?

• Has the candidate included a copy of their job description in their portfolio?

• Has the candidate an up-to-date CV in their portfolio?

• Has the candidate a personal statement which includes their experience relevant to the programme in their portfolio?

• Has the candidate or any of the staff required training or re-training because of the programme? (Provide details)

• Does the candidate have sufficient time and support to proceed? (Provide details)

• Is the candidate aware of the remit of their role and when to refer to their mentor? (Provide details)
• Please give details of the planned breakdown of the patient range for the 15 Drug Histories.

• Please provide details of the allotted time slot for the programme or describe how it will be achieved.

• What is the projected time frame for completion?

Please provide notes of any required action plan or points discussed by in-house panel

Candidate comment on pre-course work, confidence throughout training and support received.

Candidate signature: Date:

Mentor comment on candidate's pre-course work, their confidence and ability.

Mentor signature: Date:

Please note that Route B candidates are required to make contact and enrol for an OSCE with NICPLD after they complete 5 drug histories.
Error report form

This document will be used as part of the information reviewed by the in-house & final assessment panels.

Brief description of error made or discovered by you:

What have you learnt from this?

Candidate reflection on error:

Candidate signature: ___________________________ Date: ___________________________

Mentor comments on error:

Mentor signature: ___________________________ Date: ___________________________
<table>
<thead>
<tr>
<th>Candidate name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

This document will be used as part of the information reviewed by the in-house & final assessment panels.

**Brief description of referral made:**

**What are the reasons for this referral?**

**Referral information:**

DHT number: 

Name of person to whom the referral was made: 

Date: 

Candidate signature: Date: 

**Mentor comments on referral:**

Mentor signature: Date: 

DHT 8a
This document will be used as part of the information reviewed by assessment panel; this appraisal should be completed when candidates has completed 5 accurate drug histories.

- Does the candidate feel confident during the observation by their pharmacist?

- Has the candidate continued to work within the Standard Operating Procedures?

- Does the candidate maintain their focus whilst undertaking drug histories?

- Has the candidate provided a detailed review of their errors together with any action taken?

- Does the candidate continue to have support from their mentor and others?
• Has the candidate faxed all relevant documentation to NICPLD?

• Provide details of the patient range covered to date.

• What is the projected time frame for completion?

Please provide notes of any required action plan or points discussed by panel:

Candidate comment on first 5 drug histories and support received:

Candidate signature: ____________________________ Date: ____________

Mentor comment on candidate’s first 5 drug histories and candidate’s ability:

Mentor signature: ____________________________ Date: ____________

Please note that Route B candidates are required to make contact and enrol for an OSCE with NICPLD after they complete the first 5 drug histories.
**Part two - Review of essential skills and abilities by mentor**

To date this candidate has demonstrated the following competencies whilst completing their first 5 drug histories:

<table>
<thead>
<tr>
<th>Competence</th>
<th>Yes</th>
<th>Development required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective communication skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective interpersonal skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective time management skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective problem solving skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide medicines related information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete accurate and legible transcription of information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have awareness of the issues relevant to working in a patient focused environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apply key skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comply with the NI Clinical Pharmacy Standards and the Trust's SOPs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operate within the scope of the job role</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any of the competencies not demonstrated must be covered in the remaining 10 drug histories and a CPD plan drafted of how to achieve the outstanding competencies should be discussed and documented with the candidate at this interview.

Candidate name: ____________________ Date: ____________________

Candidate signature: ____________________ Mentor signature: ____________________
This document will be used as part of the information reviewed by the final assessment panel.

Since your first observations of drug history taking what has been the most important aspect of this programme?

What beneficial impact will this programme have within your Trust? (Please provide details of any improvements)

What impact has this programme had on you personally?

Given the opportunity, is there any aspect of the training you would change? (Consider the pre-course reading and activities as well as the workshop at NICPLD and the portfolio documents.)

How relevant was the NICPLD workshop to the actual work activity at your Trust? (Consider the theory from the day compared with the real life experience of actual work.)

Describe two occasions when you demonstrated effective communication skills try to include when you interacted with other members of the medicines management team?

Describe two occasions when you had to provide medicines related information to a patient, try to include how you insured confidentiality and maintained the Trust health and safety policies?
Describe two occasions when you had to refer the patient to a pharmacist?

Describe two examples of how you were able to solve problems whilst completing a drug history?

Whilst building the portfolio did you make any errors? How did it feel? If no errors were made can you explain what steps were taken to ensure the required accuracy?

Upon completion of this programme you will be allowed to undertake drug histories unsupervised, can you describe when you would anticipate not being able to complete a drug history, provide two examples.

Did you feel equipped with the appropriate skills to undertake the drug histories?

How did your Trust's Standard Operating Procedures support this programme?

Do you now feel professionally competent to undertake drug histories without being observed by a mentor?

Candidate name: __________________________

Candidate signature: __________________________ Date: _______________
## Portfolio appraisal

**Candidate name:**      **Date:**

*This document will be used as part of the information reviewed by final assessment panel.*

<table>
<thead>
<tr>
<th>Document /task</th>
<th>Confirmed</th>
<th>Requires completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has provided a CV detailing their work experience relevant to their current role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has an up to date job description relevant to the Medicines Management role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a personal statement which includes information of their relevant experience within Medicines Management and how this experience has allowed their development within the MM service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has successfully completed an Objective Structured Clinical Exam (OSCE) Or has the relevant current accreditation certificates as outlined in the programme (ACPT/POD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has evidence of completion of the pre-course tasks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attended the Drug History Taking Programme at NICPLD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has completed at least one Distance Learning course relevant to their practice are. Please provide the title of the pack and the completion date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has provided evidence of 15 drug histories, which have been observed, and countersigned by an appropriate pharmacist witness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within the 15 histories, no errors have been made</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The fifteen drug histories contain a minimum of three patient types</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has written a final reflection of their experience of the drug history taking programme</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reviewer comments regarding portfolio:**

**Reviewer name:**

**Reviewer signature:**      **Date:**
Provide notes on the following (If required continue on separate page)

• Describe two occasions when you demonstrated effective communication skills try to include when you interacted with other members of the medicines management team?

• Describe two occasions when you had to provide medicines related information to a patient, try to include how you insured confidentiality and maintained the Trust health and safety policies?

• Describe two occasions when you had to refer the patient to a pharmacist?

• Describe two examples of how you were able to solve problems whilst completing a drug history?
• Did you feel equipped with the appropriate skills to undertake the drug histories?

• How did your Trust's Standard Operating Procedures support this programme?

• Whilst building the portfolio did you make any errors? How did it feel? If no errors were made can you explain what steps were taken to ensure the required accuracy?

• Upon completion of this programme you will be allowed to undertake drug histories unsupervised, can you describe when you would anticipate not being able to complete a drug history, provide two examples.

• Do you now feel professionally competent to undertake drug histories without being observed by a mentor?

• Review by panel (please provide short notes referring to feedback for portfolio review & final reflection by candidate (DHT 10))

Signed by Panel 1: ___________________________ Panel 2: ___________________________

Panel 3: ___________________________ Date: ___________________________
Candidate name: Date:

This candidate has attended NICPLD on the date above and as part of the final assessment for the drug history taking programme for pharmacy technicians has completed the following:

- produced appropriate certificates as proof of their ACPT and POD accreditation or their successful completion of the DHT OSCE at NICPLD,
- produced their portfolio for scrutiny by the NICPLD assessment panel, and
- passed the final interview with the NICPLD DHT panel.

**Final steps of programme**

To complete the final element of the drug history taking programme for pharmacy technicians this candidate is required to:

- continue to be observed by a pharmacist over the next two weeks or ten working days,
- ask every time if the pharmacist wants to observe them during the course of their probation but remind the pharmacist that the number should decrease everyday so that at the midpoint of the probation roughly half the drug histories should be observed, and,
- ensure that all drug histories are accurate with no errors permitted.

If an error is found by the observing pharmacist, the candidate is required to re-start their probation period so that they complete a full ten days of drug history taking with no errors. If the candidate makes further errors their mentor should contact NICPLD to discuss appropriate action.

This candidate’s expected date of completion is:

---

**On completion of the probation period please forward the candidates final documentation (DHT 14) to NICPLD. The mentor is required to confirm the patient range completed by the candidate and that they have fulfilled all DHT criteria.**

Names and signatures of DHT appraisal panel:

1)  

2)  

3)  

---
**Drug History Taking Programme**

**Completion form**

<table>
<thead>
<tr>
<th>Candidate name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place of work</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of completion</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Documentation required</th>
<th>Date</th>
<th>Mentor or NICPLD signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Pre-course tasks completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Attended NICPLD DHT programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 ACPT/POD or OSCE certificates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 First in-house interview (DHT 6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Completed required evidence of 15 drug histories and observations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Second in-house interview (DHT 7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Successfully completed the final appraisal at NICPLD (DHT 10, 11 and 12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Completed probation period, forward completion form to NICPLD (DHT 14)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mentor confirmation:**

I can confirm that the candidate named above is competent in taking the drug histories of patients of the following types:

- 
- 
- 
- 

Mentor signature: Date:
Drug History Taking Programme

Reaccreditation or additions to competencies or change of work base

This document is required for reaccreditation of the DHT programme in N. I.

Mentors must complete the questions below regarding candidate performance:

- Has the candidate been taking drug histories on a regular basis (2 hours per week) over the last two years?

- Does the candidate work consistently to a high level when completing the drug histories?

- Has the candidate developed a professional approach whilst taking drug histories?

- Has the candidate made any errors over the last two years? (Please provide details of review of errors with their mentor, how the candidate has performed in line with the DHT programme and any action taken) (Confirmation that candidate error rate is within Trust error reporting limits)

- Has the candidate always worked within the Trust's DHT SOPs?

- Has the candidate maintained the range of patient types listed on their certificate?

- Has the candidate continued to work within the remit of their role and ensured they were updated as required and fit for practice?

Mentor name:

Mentor signature: Date:
If you have answered no to any questions on the first page please provide additional information on another page.

Senior Clinical Lead Pharmacist (SCLP) name:

**Summary of candidate performance covering last two years by SCLP:**

SCLP signature: 

Date:

**Summary of personal performance covering last two years by candidate:**

Candidate signature: 

Date:
Mentors must complete the questions below regarding candidate performance:

- Prior to their absence has the candidate worked as a drug history taker on a regular basis over the last two years?

- Throughout their collection of evidence to re-familiarise themselves with the DHT programme has the candidate worked consistently to a high level with a professional approach when taking drug histories?

- Has the candidate been observed twice since their return to the role as a drug history taker?

- Has the candidate made any errors over the last two years or during this recent return to practice? (Please provide details, on another sheet, of review of errors with their mentor to ensure it is within Trust error reporting limits and any action taken)

- Has the candidate always worked within the Trust’s DHT SOPs?

- Will the candidate maintain this competence by taking drug histories for at least two hours per week?

- During this return to practice has the candidate continued to work within the remit of their role and ensured they were updated as required and fit for practice?

- Has the candidate provided the required number of drug histories as outlined in the DHT programme?
If you have answered no to any questions on the first page please provide additional information on another page.

**Summary of candidate performance since return to practice by Lead Clinical Pharmacist:**

Lead clinical pharmacist signature: ___________________________ Date: ________________

**Summary of personal performance covering last two years by candidate:**

Candidate signature: ___________________________ Date: ________________
### Drug History Taking Programme

**Patient types**

This list provides examples and is not meant to restrict patient selection

<table>
<thead>
<tr>
<th>Examples of conditions and codes</th>
<th>Examples of requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticoagulation (Code 1)</td>
<td>≥ 3 patients on warfarin or long term LMWH treatment prior to admission.</td>
</tr>
<tr>
<td>Oncology/Haematology (Code 2)</td>
<td>≥ 3 patients currently receiving chemotherapy.</td>
</tr>
<tr>
<td>Cardiology (Code 3)</td>
<td>≥ 3 patients currently receiving &gt;2 drugs for treatment of a diagnosed cardiac condition.</td>
</tr>
</tbody>
</table>
| Care of the older patient (Code 4)| ≥ 3 older patients who live alone & manage their own medication at home or  
|                                  | ≥ 3 older patients whose relative or carer manages their medication (excludes nursing/residential care patients). |
| Diabetes (Code 5)                | ≥ 3 patients on ≥ 2 anti-diabetic drugs. |
| Gastrointestinal (Code 6)        | ≥ 3 patients requiring treatment for gastro-intestinal disorders. |
| Mental health (Code 7)           | ≥ 3 patients requiring management for diagnosed mental health conditions. |
| Neurological (Code 8)            | ≥ 3 patients requiring pharmacological management of epilepsy/head injury/Parkinson’s disease. |
| Renal (Code 9)                   | ≥ 3 patients on ≥ 2 renal disease-specific medications eg. EPO, phosphate-binders etc. |
| Respiratory (Code 10)            | ≥ 3 patients requiring treatment for an exacerbation of asthma or COPD. |
| Rheumatic (Code 11)              | ≥ 3 patients requiring treatment for an exacerbation of a rheumatic disease. |
| Surgical (Code 12)               | ≥ 3 patients requiring post-surgery treatment. |
| Urological (Code 13)             | ≥ 3 patients requiring pharmacological treatment for management of urological disorders. |
Cover note for drug histories completed by mentor or witness

Candidate name: 

Completed by mentor or witness: 

Observed by: (Print name) 

Patient type observed: 

**Declaration**

1. I have observed this pharmacy technician completing a drug history.
2. I have also completed an observation checklist (DHT Admin 3) which has been numbered, signed, and then stored in the candidate's portfolio.
3. I can confirm that during the course of the observation the candidate demonstrated they were competent in all points listed below or have been given advice on how to achieve the required skill.

<table>
<thead>
<tr>
<th>Competence/skill/task</th>
<th>Achieved</th>
<th>Development required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to demonstrate the accurate and legible transcription of information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided medicines related information to the patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to demonstrate effective interpersonal skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to demonstrate an awareness of the issues relevant to working in a patient focused environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective communication skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective time management skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective problem solving skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to demonstrate the application of key clinical skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conformed to relevant legal and professional codes of practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to demonstrate working within the remit of their role</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Witness pharmacist signature: 

Date: 

Candidate signature: 

Date:
<table>
<thead>
<tr>
<th>Please note the patient type observed and enter code used in DHT admin 1 (If not coded please note patient type on DHT admin 2)</th>
<th>Ob/PT</th>
<th>Ob/PT</th>
<th>Ob/PT</th>
<th>Ob/PT</th>
<th>Ob/PT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observers must tick criteria achieved at each observation and number the observation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Examines case notes for background patient information such as reason for admission, past medical history, social factors and medication history.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Greets patient (introduces self, identifies self as pharmacy technician, establishes identity of patient, calls patient by name).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Describes purpose of interview in terms of benefit to patient.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Talks in a confidential way to the patient ensuring patient’s dignity and privacy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Asks questions to establish medicine names, form, strength, dose, dosing schedule, duration (repeat or acute medicine) including self-medication (Includes OTC, Complimentary or ‘Borrowed’ medicines). Record detail of all medicines using Trust documentation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Asks questions to assess frequency, how each medicine is actually being used (e.g. number of doses missed, reasons for missed doses, as required doses, non-compliance due to side-effects).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Identifies any compliance or non-concordance issues (also patient needs) and refers these to a pharmacist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Assesses allergies and nature of reaction to medicines.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Assesses lifestyle issues (eg. smoking, alcohol use, diet, exercise) that might relate to specific medical conditions or medicines being used, if appropriate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Uses open-ended and closed questions appropriately</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Uses probing questions to clarify vague or incomplete patient responses.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Organises the interview in a logical and timely manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Maintains control and direction of the interview.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Behaves in an appropriate manner (eg.eye contact, head nods, posture, ‘body language’, avoids interrupting).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Demonstrates interest and empathy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Gives the patient an opportunity to ask questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. All documentation must be completed accurately and legibly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Thanks patient for participation, finish politely, close conversation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Asks about and reviews other sources of medication histories e.g. PODs, GP referral. ‘N/A’ only applies if candidate asks about other sources (but unavailable).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Signs and dates the medication history taking section</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Can prioritise patients with a range of needs when referring them to a pharmacist if discrepancies/interventions are identified.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Observations must record how the candidate demonstrated their ability to employ a variety of communication skills. To record this candidate has met the criteria please tick appropriately.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Observed (Date)</th>
<th>Not observed (Discussed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-verbal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active listening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective questioning techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective negotiation skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate use of language (i.e. avoiding jargon) and clear explanation where needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment of understanding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encouraging the individual/carer to ask questions, raise concerns and seek information or advice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Candidates are required to have been observed demonstrating their ability for the above communication skills throughout the observations by their witness.

Observations must record how the candidate demonstrated their ability to identify and resolve barriers to effective communication. To record this candidate has met the criteria please tick appropriately.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Observed (Date)</th>
<th>Not observed (Discussed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient with communication problem and candidate can discuss possible solutions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient with particular needs such as:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• hearing impaired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• sight impaired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• confused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candidate modifies method of communication to meet needs of patient</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(If all criteria is not met candidates and their mentor are required to have a professional discussion which should allow mentors to be satisfied that the candidate has the ability to identify barriers to communication and to communicate effectively with a range of patients and their needs)

Witness pharmacist name: ____________________________ Date: __________

(The name and signature must correspond with the name on the cover note DHT Admin 2)

Candidate signature: ____________________________
Applications must be received before the closing date and be endorsed by the relevant manager. Applicants must meet the required criteria. Learning agreements completed.

Mentors attend the DHT programme workshop for mentors

Prior to attending the DHT programme workshop, candidates must complete pre-course work as outlined.

Candidates must attend the DHT programme workshop. Candidates must complete the programme within etc

Candidate continues to develop their portfolio of evidence by completing five drug histories, all should be observed and reviewed for accuracy by mentor with appropriate feedback throughout (DHT Admin 2 & 3).

Route A

Candidates may proceed to second interview with mentor (DHT 9). If satisfactory, they may proceed to complete final ten observed drug histories.

Upon completion of fifteen drug histories candidates should apply for final interview and review at NICPLD.

Attend NICPLD for reflection (DHT 10), final appraisal & portfolio review (DHT 11 & 12). Receive probation advice if successful (DHT 13).

Candidate must complete probationary period and submit final documentation to NIPCLD (DHT 14).

Certificate issued for 2 years. Candidate must apply for reaccreditation before two year expiry date.

Candidate will be issued with certificate if they successfully meet the criteria for reaccreditation (DHT 15).

Route B

Candidates must liaise with NICPLD to arrange for OSCE before second interview. Successful OSCE candidates may proceed with second interview (DHT 9). Candidates requiring a second attempt must complete required criteria as outlined in programme.

Candidates must attend the DHT programme workshop. Candidate must complete the programme within 3-12 months of the workshop date. The distance learning pack may be completed at time during the programme.

Candidate must complete probationary period and submit final documentation to NIPCLD (DHT 14).

Certificate issued for 2 years. Candidate must apply for reaccreditation before two year expiry date.

Candidate will be issued with certificate if they successfully meet the criteria for reaccreditation (DHT 15).

Candidates must attend the DHT programme workshop. Candidate must complete the programme within 3-12 months of the workshop date. The distance learning pack may be completed at time during the programme.
Applications should be completed before closing date and must be endorsed by manager with mentor details. Candidates must also complete pre-course work as required (Observe 10 drug histories by 3 pharmacists).

Attend DHT programme workshop at NICPLD.

Include copy of CV & job description with required copies of certificates in DHT portfolio.

Discuss with mentor and identify patient range appropriate to their level of experience (DHT Admin 1). Distance learning pack may be completed anytime during the programme.

Arrange suitable date for first interview (DHT 7). On completion, fax completed form to NICPLD.

Commence first 5 observed drug histories using Trust documentation and include cover notes (DHT 2) and observation checklists (DHT 3) in portfolio. Candidates must notify NICPLD each time they make an error (DHT 8).

Following completion of 5 drug histories Route A candidates may proceed to second interview (DHT 9). If satisfactory they may proceed to complete final 10 observed drug histories.

Candidates should arrange OSCE with NICPLD. Upon successful completion may proceed to second interview (DHT 9). If satisfactory, proceed to complete final 10 observed drug histories.

All candidates must apply for and attend final reflection, portfolio review and interview at NICPLD. If successful, candidates will receive probation advice (DHT 13).

Complete probationary period and submit completion form (DHT 14).

Certificate issued for 2 years. Prior to expiry date, candidate must re-accredit with NICPLD.

To successfully reaccredit, candidates must meet criteria outlined in programme (DHT 15).

To successfully reaccredit, candidates must meet criteria outlined in programme (DHT 15).
**Mentor responsibilities**

- Obtain permission from Chief or Lead Pharmacist prior to commencing mentor role. Endorse candidate application.
- Apply for DHT mentor workshop at NICPLD and ensure candidate’s application is completed accurately and is received by programme closing date.
- Attend mentor workshop. Ensure appropriate Trust DHT template is available for candidate’s portfolio of evidence. Provide candidate with observation checklists for use during 10 observations (DHT Admin 3). Mentor should direct candidate to appropriate CV guidance. Candidate should attend NICPLD workshop.
- Discuss and identify patient range and distance learning for the candidate. Advise appropriate pharmacist witnesses, provide written and verbal support to candidate, countersign/date and number all required documentation. Complete first in-house interview before candidate starts drug histories (DHT 7) and fax completed form to NICPLD.
- Each drug history should be documented (DHT Admin 2 & 3) and retained in candidate’s portfolio. Support and observe required work-based activity using appropriate documentation and forward to candidate for inclusion in portfolio. Mentor provides support when candidate makes an error and takes appropriate action.
- **Route A** When candidate completes 5 observed drug histories the second interview should be carried out (DHT 9).
- All candidates proceed to complete final 10 observed, 15 in total drug histories.
- For all candidates a final reflection, final interview and portfolio review at NICPLD. Successful candidates will be issued with probation advice (DHT 13.)
- Upon completion of their probationary period, candidates and mentor must complete form DHT 14. Mentor is responsible for on-going support post-accreditation.
- Certificate issued for 2 years, mentor needs to encourage candidate to keep up-to-date with any changes to SOPs or the DHT programme.
- To successfully reaccredit, candidates must meet the required criteria outlined in programme (DHT 15).
- **Route B** candidates complete 5 observed drug histories then mentor should contact NICPLD to arrange DHT OSCE.
- Submit to NICPLD for DHT reaccreditation with DHT 15. If candidate meets criteria, is reaccredited for 2 years.
<table>
<thead>
<tr>
<th>Document reference</th>
<th>Description</th>
<th>When to be completed</th>
<th>Supporting signatures or feedback</th>
<th>Action</th>
<th>Date task Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHT 1</td>
<td>Application form</td>
<td>Online before attending workshop</td>
<td>Mentor &amp; Candidate</td>
<td>Fax to NICPLD</td>
<td></td>
</tr>
<tr>
<td>DHT 2</td>
<td>Pre-course work reflection of SOPs</td>
<td>Before workshop at NICPLD</td>
<td>Candidate</td>
<td>Fax to NICPLD</td>
<td></td>
</tr>
<tr>
<td>DHT 3</td>
<td>Witness list</td>
<td>During programme</td>
<td>Appropriate Witnesses</td>
<td>Keep in folder</td>
<td></td>
</tr>
<tr>
<td>ACPT/POD/OSCE DHT</td>
<td>Current ACPT/POD or DHT OSCE certificate</td>
<td>Start of programme or when completed</td>
<td>NICPLD signatures</td>
<td>Keep in folder</td>
<td></td>
</tr>
<tr>
<td>DHT 4</td>
<td>Reflection of observed drug histories</td>
<td>Before workshop at NICPLD</td>
<td>Candidate</td>
<td>Fax to NICPLD</td>
<td></td>
</tr>
<tr>
<td>DHT 5</td>
<td>Reflection of MM in Trust</td>
<td>At workshop</td>
<td>Candidate</td>
<td>Keep in folder</td>
<td></td>
</tr>
<tr>
<td>DHT 6</td>
<td>Reflection of risk management in Trust</td>
<td>At workshop</td>
<td>Candidate</td>
<td>Keep in folder</td>
<td></td>
</tr>
<tr>
<td>DHT 7</td>
<td>First interview</td>
<td>Before taking drug histories</td>
<td>Mentor &amp; Candidate</td>
<td>Fax to NICPLD</td>
<td></td>
</tr>
<tr>
<td>DHT 8</td>
<td>Error review</td>
<td>After discovering errors</td>
<td>Mentor &amp; candidate</td>
<td>Fax to NICPLD &amp; Keep in folder</td>
<td></td>
</tr>
<tr>
<td>DHT 8a</td>
<td>Referral report form</td>
<td>Upon referral to pharmacist</td>
<td>Mentor &amp; candidate</td>
<td>Keep in folder</td>
<td></td>
</tr>
<tr>
<td>DHT 9</td>
<td>Second interview</td>
<td>After 5 drug histories (must be observed)</td>
<td>Mentor &amp; candidate</td>
<td>Fax to NICPLD</td>
<td></td>
</tr>
<tr>
<td>DHT Admin 2</td>
<td>Cover added to all completed drug histories which have been photocopied mentor to complete</td>
<td>To be attached to each drug history when signed off by mentor</td>
<td>Signed off by mentor or other appropriate witness</td>
<td>Store in portfolio for final appraisal</td>
<td></td>
</tr>
<tr>
<td>Document reference</td>
<td>Description</td>
<td>When to be completed</td>
<td>Supporting signatures or feedback</td>
<td>Action</td>
<td>Date task Completed</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------</td>
<td>----------------------</td>
<td>-----------------------------------</td>
<td>--------</td>
<td>---------------------</td>
</tr>
<tr>
<td>DHT Admin 3</td>
<td>DHT observation checking list</td>
<td>15 completed by mentor(within 1 year)</td>
<td>Signed by mentor as witness to DH</td>
<td>Store in portfolio for final appraisal</td>
<td></td>
</tr>
<tr>
<td>NICPLD certificate</td>
<td>Distance learning completion record</td>
<td>When distance learning and MCQs completed</td>
<td>Confirmation from NICPLD</td>
<td>Store in portfolio</td>
<td></td>
</tr>
<tr>
<td>DHT 10</td>
<td>Final reflection</td>
<td>At final appraisal</td>
<td>Candidate</td>
<td>At NICPLD</td>
<td></td>
</tr>
<tr>
<td>DHT 11</td>
<td>Portfolio appraisal</td>
<td>At final appraisal</td>
<td>NICPLD panel</td>
<td>At NICPLD</td>
<td></td>
</tr>
<tr>
<td>DHT 12</td>
<td>Final appraisal with NICPLD panel</td>
<td>At final appraisal</td>
<td>NICPLD panel</td>
<td>At NICPLD</td>
<td></td>
</tr>
<tr>
<td>DHT 13</td>
<td>Probation advice from NICPLD</td>
<td>After final appraisal</td>
<td>NICPLD panel</td>
<td>At NICPLD</td>
<td></td>
</tr>
<tr>
<td>DHT 14</td>
<td>Completion of programme</td>
<td>End</td>
<td>Mentor &amp; Candidate</td>
<td>Fax to NICPLD</td>
<td>Before 1 year expiry</td>
</tr>
<tr>
<td>DHT 15</td>
<td>Reaccreditation sign off</td>
<td>Before accreditation expiry date</td>
<td>Mentor &amp; Candidate</td>
<td>Fax to NICPLD</td>
<td>Submit to NICPLD before accreditation expiry date</td>
</tr>
<tr>
<td>Document reference</td>
<td>Description</td>
<td>When to be completed</td>
<td>Supporting signatures or feedback</td>
<td>Action</td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------------------------</td>
<td>---------------------------------------</td>
<td>-----------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>DHT Admin 1</td>
<td>Examples of patient types</td>
<td>Selected patient types listed on first interview</td>
<td>Mentor &amp; candidate to agree</td>
<td>None-store in portfolio</td>
<td></td>
</tr>
<tr>
<td>DHT Admin 4, 5, 6</td>
<td>Drug History Flow Charts</td>
<td>Advice of process</td>
<td>Not required</td>
<td>Store in portfolio as guide to programme and responsibilities</td>
<td></td>
</tr>
<tr>
<td>DHT Admin 7</td>
<td>Documentation for candidate portfolio</td>
<td>Advice of process</td>
<td>Not required</td>
<td>Store in portfolio as guide to documents</td>
<td></td>
</tr>
<tr>
<td>DHT Admin 8</td>
<td>Mentor documents or advice references</td>
<td>Advice of process</td>
<td>Not required</td>
<td>Store in portfolio as guide to documents</td>
<td></td>
</tr>
</tbody>
</table>
Learning contract

Candidate name:  Trust:

This contract details the agreement between the candidate and the pharmacist mentor. It should be signed and dated by each party at the start of the drug history taking programme.

Part One: The mentor’s undertaking

I, (mentor’s name) make the following commitments to you, (candidate’s name) for the duration of the drug history taking programme at this hospital trust.

I will

• Meet regularly with you to provide support and guidance

• Discuss Trust documentation of drug histories with you

• Support and encourage you to set dates/ times for 10 observed pharmacist drug histories with three different pharmacists before the NICPLD candidate workshop

• Discuss nurse involvement for important information prior to drug history

• Discuss health and safety issues to consider

• Discuss time management so that you can complete other commitments

• Discuss when to move on/ how to get away from the talkative patient

• Discuss when you need to refer to a pharmacist and the limits of your authority

• Provide a copy of NI Clinical Pharmacy Standards

• Provide trust documentation for you for the NICPLD candidate workshop

• Discuss a time line with candidate to ensure completion within 3-12 months of workshop date

• Encourage your CPD

• Treat you in a manner to facilitate your learning. This will include
  – Giving you the opportunity to contribute and put forward your ideas
  – Being approachable and providing help when asked or referring you to a more appropriate source of help
  – Agreeing targets with you and adapting plans as required

• Welcome feedback from you an all aspects of the drug history taking programme

Mentor signature:  Date:

Candidate signature:  Date:
Drug History Taking Programme
Learning contract

Candidate name:          Mentor:    Learning provider: NICPLD

This contract details the agreement between the technician, the pharmacist or pharmacy technician who is mentor and the learning provider. It should be signed and dated by each party at the start of the DHT programme

Part Two: The candidate’s undertaking

I, (candidate’s name) make the following commitments to you, (mentor’s name) for the duration of the drug history taking programme at this hospital trust.

I will
• Meet regularly with you to discuss my progress
• Take responsibility for my own learning and development
• Undertake the pre-course work
• Engage in CPD
• Adhere to Trust SOPs and policies
• Respect and be prepared to learn from colleagues at all levels
• Be a reliable and trustworthy member of the pharmacy team
• Receive feedback and use it to help me develop further
• Provide honest and constructive feedback about the drug history taking programme and highlight any problems encountered
• Agree to work within the limitations and remit of my own ability
• Refer to you for guidance
• Meet deadlines

Mentor signature:       Date:
Candidate signature:     Date:
Learning contract

Candidate name:          Mentor:    Learning provider: NICPLD

This contract details the agreement between the technician, the pharmacist or pharmacy technician who is mentor and the learning provider. It should be signed and dated by each party at the start of the DHT programme.

Part three: the learning provider’s undertaking
NICPLD, the learning provider, make the following commitments to the candidate and mentor named at the top of this page for the duration of the DHT programme at this hospital trust.

NICPLD will:

• promote the DHT programme through advertising in the NICPLD brochure and online at the NICPLD website
• process approved applications for candidates and mentors
• provide training by experts in the field of drug history taking
• maintain copies of candidate’s progress throughout the programme
• support the mentors and candidates, if required, with the DHT OSCE by facilitating this at NICPLD
• support individuals who fail to meet the criteria and offer guidance
• provide guidance to mentors and candidates regarding queries throughout the programme
• issue a certificate of completion when candidates have successfully submitted the required documentation
• review the reaccreditation documentation submitted by candidates within a two year time frame to ensure those accredited with the DHT accreditation maintain their competencies
• maintain a data base of all trainee and qualified pharmacy technicians with the DHT accreditation in NI
• review and update the regional programme on a yearly basis

Candidate signature:     Date:  
Mentor signature:      Date:   
Learning provider signature:     Date:
What is the purpose of the DHT programme?
The DHT programme offered by NICPLD conforms to a national framework and the accreditation is recognised across the United Kingdom in the secondary care sector. It provides pharmacy technicians with the skills and knowledge to undertake the task of recording an accurate drug history. It also develops the technician's professional awareness of pharmacy practice, communication skills and professional interactions thereby supporting appropriate skill-mix within pharmacy departments.

What are the benefits of the DHT programme to individuals?
During the course of the programme individuals will develop a range of skills including accurate transcribing skills, effective communication skills and team working skills. It is also recognised as relevant continuing professional development for pharmacy technicians.

What are the benefits of the DHT programme within the practice setting?
The DHT programme supports the role of the pharmacist by allowing pharmacy technicians to undertake the task of recording an accurate drug history, thereby allowing the pharmacist more time to focus on their clinical role. It creates a career structure for pharmacy technicians in the hospital setting and motivates others to aspire to the medicines management role of the qualified pharmacy technician.

Who can enrol on the DHT programme?
All pharmacy technicians interested in applying for the programme are required to meet the following essential criteria:
• candidate is a qualified pharmacy technician
• candidate must be registered with NICPLD
• candidate must have at least two years’ experience as a qualified pharmacy technician working in NI
• candidate has carried out a ward-based role for a minimum of six months
• candidate has identified a designated mentor
• candidate agrees to work within the limitations and remit of their own ability and has demonstrated that they know when to refer to their mentor.

Please note:
Those pharmacy technicians meeting the desirable criteria of the Patient's Own Drugs accreditation will not have to complete an OSCE at NICPLD; those not meeting this criterion will have to apply for, and attend, an OSCE at NICPLD.

How long will it take to complete the DHT programme?
This will depend on the individual pharmacy technician. The minimum completion period is three months (twelve weeks) as individuals need to demonstrate that they can consistently work within the DHT framework at their work-base. The programme must be completed within a twelve month time frame.

How do I apply?
To apply for the DHT Programme, you should go online and download an application form from the NICPLD website. The application form must state the name of a mentor who will support you through the programme and must be endorsed by the Clinical Lead at your Trust. Completed application forms must be received by NICPLD by the closing date specified in the online workshop information.
**What does the DHT programme consist of?**
The DHT programme consists of a number of elements:

- pre-course work as described in the next section
- attendance at a one-day workshop
- practice activity which relates to the development of a portfolio of evidence
- final assessment
- probation
- certification.

**How do I complete the pre-course work?**
All candidates must complete the following pre-course work prior to attending the DHT workshop:

- reading the NI Clinical Pharmacy Standards (NICPS) for Drug History Taking (February 2011).
- reviewing the SOPs relevant to Drug History Taking in their Trust and describe how patient confidentiality is ensured. A reflection of this should be recorded (using DHT2).
- work-shadowing a minimum of three pharmacists and observe them taking at least ten drug histories in total. A summary of these observations should be completed (DHT4). Observed histories should include:
  - patients taking a minimum of five drugs each
  - a range of different medical conditions as described in DHT Admin 1.
- provide an up-to-date curriculum vitae (CV)
- provide an up-to-date job description which details the extent of their medicines management role
- complete their learning agreement (DHT Admin 9).

The learning agreement (DHT Admin 9) should be downloaded, read and signed by both the candidate and the mentor and brought to the workshop to be signed by a NICPLD representative. This is to ensure that all parties are aware of the commitment required to complete the programme.

**What information will be covered in the workshop?**
Following this one-day workshop candidates will be able to:

- understand the principles of drug history taking
- define the role of the pharmacy technician and that of the pharmacist
- appreciate the consequences of errors when taking drug histories
- explain the two routes available for this programme and the route they will be required to undertake
- describe the importance of accurate transcribing
- work within the requirements of the Trust's SOPs for DHT
- realise the importance of patient consent and confidentiality
- explain the necessity of referral when limits of authority have been reached
- explain the documentation which supports this programme.

**What is the practice activity?**
Each pharmacy technician undertaking the DHT programme must complete a range of practice activities, including fifteen drug histories which have been observed by a pharmacist and checked for accuracy. For full details relating to the practice activities please see the programme booklet.

Two routes exist for completing this accreditation. These two routes are dependent on the candidate’s experience and qualifications as described previously.

**Route A**
For those candidates who meet both the essential and the desirable entry criteria.

**Route B**
For those candidates who met the essential criteria but do not meet the desirable entry criteria. These candidates will be required to undertake an OSCE to demonstrate their communication skills. Additional details relating to this OSCE will be provided to those candidates on entry to the programme.
What does the final assessment consist of?
On completion of the fifteen drug histories, candidates should apply to NICPLD for their final appraisal. This appraisal is a three stage process and includes:

- a reflection on the candidate’s participation in all stages of the programme
- a review of their portfolio of evidence (refer to DHT Admin 7) (Evidence of all criteria being completed by the candidate must be checked off before the candidate may proceed with the final interview)
- a competence based interview.

What happens if my portfolio is incomplete?
The candidate is required to submit a portfolio which meets the full criteria required to meet the standards of the programme. Failure to meet the required standards will result in the candidate returning to work to complete the criteria before they re-apply for a second interview date. Candidates have a maximum of two attempts at the final assessment.

What happens if I fail the interview?
The candidate will be asked questions by the panel which should allow them, the candidate, to explain how the training and assessment they have been exposed to in their Trust has facilitated the fulfilment of the programme aims and objectives.

If the candidate fails to answer a question correctly they will be given the opportunity to look for supporting evidence in their portfolio and hopefully answer the question correctly. If the candidate is unable to complete the interview they may re-apply for a second interview. Candidates have a maximum of two attempts at any stage of the final assessment process.

What is probation?
Probation is the final required element of the DHT programme. Following successful completion of the final interview, all candidates are required to continue to get their drug histories double checked for a period of two weeks or ten working days (depending on the number of hours usually worked by the candidate).

Double checks on the drug histories are required on all drug histories at the start of probation, and then the frequency of double checks should decrease. By the end of the two week period the candidate should have random checks carried out on their work but ask every time if the pharmacist wants to double check the drug history.

During the probation period, no errors are permitted.

What happens if an error is missed by the candidate during probation?
If an error is discovered by the double checker, which has been missed by the candidate during their completion of a drug history, the candidate is required to re-start their probation period so that they complete a full ten days of drug history taking with no errors. If the candidate misses further errors their mentor should contact NICPLD.

What happens when I complete the programme?
Successful candidates will receive a certificate of completion which will list the patient types in which the pharmacy technician may undertake drug histories.

What happens after I am accredited?
In order to maintain the DHT competencies all drug history takers are required to meet the criteria of work for a minimum of two hours each week as a drug history taker within the competency range listed on their certificate.

My accreditation expires soon, how do I reaccredit?
All drug history takers seeking to be re-accredited must complete the following:

- maintain an on-going log of any errors made relating to drug histories and document these according to their department error recording policy.
- reflect on any errors made and record, using DHT 8, or if a learning need is required, using CPD cycle, a reflection. These reflections should be reviewed periodically by the mentor to ensure they are within Trust error reporting limits.
- provide documentation to confirm the opportunity to work within the scope of the role on a regular basis, defined as at least two hours weekly (DHT 12).
- provide evidence of an appraisal which has reviewed their role over the last two years and include a summary of performance by a senior clinical manager (DHT 13).
- The drug history taker, the mentor and the senior manager must sign and date the re-accreditation document.
- Post all original documentation to NICPLD before expiry of your current certificate.

What happens if I am not working as a DHT for a period of time?

If a pharmacy technician is unable to work on a regular weekly basis as a drug history taker for a minimum of two hours per week it is recommended that before re-commencing drug history taking they undertake a review of the SOPs and re-familiarise themselves with the process.

If the pharmacy technician is absent from this role for a longer period of time, it is recommended that they undertake the minimum quantity of observed drug histories as described in the table below. All drug histories must be observed and endorsed by their mentor. Documented evidence of their observation must be recorded on at least two occasions using DHT admin 3 marking scheme.