



Medicines  
Management  
Accredited Programme  
(MMAP)  
Northern Ireland

Framework

Module 4 – Patient medication counselling

## **Introduction**

The Modernising Pharmacy Careers review of Post-Registration professional development (2014) recognised that pharmacy has moved away from a simple supply function to one encompassing extended services. A review of Health and Social Care in Northern Ireland<sup>1</sup> supports this role expansion for pharmacy in the arena of health promotion and medication management of long-term conditions. All such services require pharmacy professionals to work more closely with patients, undertaking a greater number of more in-depth consultations.

Pharmacy professionals provide information to patients', carers, nurses and medical staff with the aim of improving compliance and the effectiveness of the patients medicines. The advice must be given using appropriate communication skills to facilitate the patients understanding. The medication advice given by pharmacy professionals should be provided in addition to that given by the prescriber rather than given as an alternative.

Pharmacy technicians are responsible for maintaining and developing their professional skills and knowledge within the area they are working and providing patients with the required level of accurate information in an understandable form. Where a member of staff feels they are not able to provide the advice required, or if they are in any doubt about the level of complexity involved, they must refer the patient or query to a pharmacist.

Practice standards for consultation skills were developed in 2014 around the following areas:

1. Management of patient centred consultations
  - a) Organisational and management skills
  - b) Key consultation skills and behaviours, including those relating to health coaching and taking a patient centred approach
2. Context specific skills
3. Delivering a comprehensive approach to patient care
4. Understanding the health need of your local population
5. The essential features that relate to you as a pharmacy professional

This framework focuses on the patient medication counselling aspects of practice and adopts all relevant standards of practice for this.

Pre course work:-

See appendix 1 for mandatory eLearning links and suggested reading for reflection.

## Consultation Skills

The Cambridge Dictionary defines a consultation as 'a meeting to discuss something or get advice'

Effective consultation is central to the delivery of high quality clinical services for patients. In recent years, the medical profession have focused more attention on the consultation to ensure it is conducted to the satisfaction of both the patient and the practitioner and that care delivered is patient-centred. In order to consult with patients effectively for both medication-related encounters and public health interventions, it is necessary to have good communication skills.

There are available consultation assessment tools such as the Calgary Cambridge guide, the MRCF and the MR-CAT <sup>10</sup> - these are all reflective tools and are used to structure and evaluate the consultation skills of healthcare professionals undertaking medication-related consultations.

What is a patient-centred consultation? Patient-centred care means that we should put the patient at the centre of all decisions about their healthcare which includes their medicines. This is not just about the physical care a patient receives whilst in hospital from doctors, nurses and health care workers. Adopting a patient-centred approach moves away from the previous model of healthcare where the professional was in charge and the patient adopted a passive role. This approach is exemplified by the NHS Constitution (below) and aspired to in a 2011 review of Health and Social Care in Northern Ireland

*The NHS aspires to put patients at the heart of everything it does. It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment... NHS Constitution, 2013*

A patient-centred healthcare service should enable professionals to work collaboratively with patients to support them to make better-informed decisions and manage their own health and care. This approach requires a change in behaviour and mind-set from HCP and patients in order to establish a relationship based on power-sharing<sup>6</sup>. It should be noted that not all patients wish to be involved in decision-making.

Benefits of patient-centred consultations

- Patients get the best from their medicines and make informed choices based on all the facts, including risks
- Patients can receive healthy lifestyle advice and a better understanding of how to manage their condition and health problems
- Empowering the patient to take control of their condition and treatment may lead to better medicines adherence
- Patient feels supported and openly and honestly discuss their medicines, including reasons for non-adherence, and their attitudes to medicines and health

## Medicines optimisation

Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time. By focusing on patients and their experiences, the goal is to help patients to:

- improve their outcomes; take their medicines correctly
- avoid taking unnecessary medicines
- reduce wastage of medicines
- improve medicines safety.

Ultimately medicines optimisation can help encourage patients to take ownership of their treatment<sup>4</sup>.

The Royal Pharmaceutical Society guidance identifies four main principles for medicines optimisation as shown in the diagram (adapted from RPS).



Medicines optimisation skills ensure that every time we speak with a patient about their medicines and health we are placing them at the centre of this discussion, we acknowledge their values and beliefs, accept their differences and work in partnership with them.

This is different from patient counselling where the focus is primarily on delivering information on prescribed medicines and how to take them, in a clear and structured way.

## Compliance, Concordance and Adherence

When we counsel a patient, we are passing on the information they need to take their medication correctly. This is not just about how and when to take the medicine, the patient must understand why they must follow the instructions given.

When counselling a patient, the process is two way. it's not just about telling the patient the important information relating to the medication. We need to give the patient time to process what we are saying and allowing the patient time to ask us questions. This requires excellent communication skills. Both the patient and the pharmacy professional need to work together to get the most from a patient counselling session.

If your communication is not effective, this could affect how much the patient follows the instructions and advice they have been given (i.e. how the patient behaves), this is known as adherence.

In the past when patients did not follow instructions for taking their medication this was known as non-compliance. However, non-adherence is the term more widely used these days.

Compliance refers to a patient following advice and instructions fully.

Concordance is the process of engaging a patient in shared decision making about their treatment and medication. It means taking into consideration the patients' beliefs and views on their illness and treatment and involving them in the process. This leads to improved adherence to their medication.

## **Patient counselling**

### **Preparation for patient counselling**

Counselling needs can be identified by staff whilst performing other duties and speaking to the patients or their carers, or it can be highlighted if a new medication has been prescribed for the patient. Any type of planned counselling session should be prepared for by reading the patients notes, speaking to any relevant people and reading any materials beforehand.

Remember to check:

- who manages or is responsible for the medication – should the patient and/or carer be counselled?
- the medication is prescribed for that patient
- Does the patient / carer have any specific communication needs?
- if this is discharge medication, what care setting is patient being discharged into?
- if there are any compliance aid requirements
- any necessary additional printed information is available to give to the patient e.g. for Warfarin, DOAC, inhaler therapy, Steroids etc.

## **Counselling procedure**

### **Introduction**

- Explain who you are and the purpose of the meeting
- Confirm the patient's identity
- Gain consent to carry out a counselling session
- Identify the patient's needs-what do they already know about their medicines?

### **Explanation**

- Use simple language (no jargon or abbreviations)
- Important points first – side effects later
- Provide the advice in a structured way – easy to understand/remember
- Cover all main points (meeting the patient's needs)
- Give the patient the opportunity to repeat back the information you have given
- Give the patient time to process what you are saying
- Give the patient an opportunity to ask questions
- Maintain good eye contact in a friendly and approachable way
- Check the patient is not allergic to any of the medication prescribed

### **Closure**

- Check that the patient understands
- Let the patient ask more questions
- Explain how and where the patient can obtain more information
- Reassure patient all information is printed on medication labels and in the Patient Information Leaflets
- Recognise when patient is having difficulties with their medicines
- Resolve problems when able to do so or refer to appropriate person

### **Patients Questions**

- Answer or refer where needed
- Remember to explain why you can't answer a particular question and need to refer a pharmacist

# Appendix 1

## e-Learning links (mandatory learning)

e-Learning NICPLD Consultation skills [https://www.nicpld.org/online/consultation\\_skills/](https://www.nicpld.org/online/consultation_skills/)

e-learning NICPLD – for in depth knowledge of medicines e.g. (anticoagulants) mandatory pre course completion

## Suggested Reading links

1. Department of Health, Social Services and Public Safety. Transforming Your Care. A Review of Health and Social Care in Northern Ireland. accessed at [www.health-ni.gov.uk/topics/health-policy/transforming-your-care](http://www.health-ni.gov.uk/topics/health-policy/transforming-your-care) on 20.9.23
2. NI Medicines Optimisation Quality Framework <https://www.health-ni.gov.uk/publications/northern-ireland-medicines-optimisation-quality-framework>
3. Royal Pharmaceutical Society Medicines Optimisation Guidelines <http://www.rpharms.com/>
4. Royal Pharmaceutical Society. Medicines Optimisation: Helping patients to make the most of medicines. Good practice guidance for healthcare professionals in England. May 2013. accessed at [www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/helping-patients-make-the-most-of-their-medicines.pdf](http://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/helping-patients-make-the-most-of-their-medicines.pdf) on 20.09.23
5. Centre for Postgraduate Pharmacy Education (CPPE) and NHS Health Education England (HEE). Consultation Skills for pharmacy practice: Practice Standards for England accessed at [www.consultationskillsforpharmacy.com/docs/docc.pdf](http://www.consultationskillsforpharmacy.com/docs/docc.pdf) on 16.11.23
6. And Patient experience in adult NHS services: improving the experience of care for people using adult NHS services Issued: February 2012, NICE clinical guideline 138 <http://www.nice.org.uk/guidance/cg138>
7. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes NICE Guidelines March 2015 <https://www.nice.org.uk/guidance/ng5>
8. Medicines adherence : Nice clinical guideline 76 (January 2009) National Institute for Health and Care Excellence. NICE guidelines [CG76]. Medicines adherence: Involving patients in decisions about prescribed medicines and supporting adherence 2009. accessed at NICE Clinical Guideline 76-Medicines Adherence (January 2009) <https://www.nice.org.uk/guidance/cg76>
9. Royal College of General Practitioners. Consultation Observation Assessment Tool (COT). accessed at [www.rcgp.org.uk/mrcgp-exams/wpba/assessments](http://www.rcgp.org.uk/mrcgp-exams/wpba/assessments) on 22.11.23
10. Medicine Related CAT: Middleton H, Grimes L, Willis SC, Steinke D, Shaw M. Reliability and validity testing of the medicines related - consultation assessment tool for assessing pharmacists' consultations. Int J Clin Pharm. 2023 Feb;45(1):201-209. doi: 10.1007/s11096-022-01489-2. Epub 2022 Nov 17. accessed at [www.ncbi.nlm.nih.gov/pmc/articles/PMC9938801/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC9938801/) on 16.11.23 MRCAT tool link <https://www.consultationskillsforpharmacy.com/>
11. Abdel-Tawab R, James DH, Fichtinger A, Clatworthy J, Horne R & Daview G. Development and validation of the Medication-Related Consultation Framework (MRCF). Patient Education and Counseling 2011; 83: 451-457. accessed at [dx.doi.org/10.1016/j.pec.2011.05.005](https://doi.org/10.1016/j.pec.2011.05.005) on 10.10.14

## MMAP Module 4 (Patient counselling) framework

