



Research Brief

Can pharmacy assistants play a greater role in public health programs in community pharmacies? Lessons from a chlamydia screening study in Canberra, Australia

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Abstract

Background: Little is known about the engagement of pharmacy assistants (PA) in public health service provision.

Objective: To explore the experiences of PA participating in a study to determine whether a cash reward, offered to consumers and pharmacy businesses, increased participation in community pharmacy-based chlamydia screening.

Methods: PA experience of the study education and training package, participant recruitment and conducting screening (providing information about chlamydia, specimen collection and handling urine samples) were evaluated using knowledge assessment, a questionnaire and focus groups.

Results: Twenty PA participated in the study: 15 (75%) completed all education and training components, 20 (100%) completed the questionnaire and 10 (50%) attended a focus group. PA rated all education and

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training components as effective (mean visual analog scale scores >8.5). Most PA (13/18, 72.2%) did not support/were unsure about continuing the program, citing the 25% repeat testing rate (presumed to relate to the cash reward) and privacy/confidentiality issues as reasons. Qualitative analysis suggested that minimizing repeat testing, improved workload management and recognition of, and remuneration for, education and training would make this model more acceptable to PA.

Conclusion: Findings from this study support the assertion that PA can play a significant role in public health initiatives.

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Introduction

Factors such as location, convenience, anonymity, extended opening hours and immediate access to a qualified health professional contribute to the increasing role community pharmacies are playing in public health.^{1–4} Growth in this area is constrained because service delivery usually relies on the availability of pharmacists.^{5–7} Expanding the role of paraprofessional staff to deliver public health services offers one solution.^{8,9} Pharmacy assistants (PA) are staff trained to appropriately sell pharmacy medicines, some are technicians or dispensers. PA are the ‘public face’ of community pharmacy. They are ideally placed to fulfill this role as they constitute the majority of the pharmacy workforce, are generally the initial contact for consumers and conduct the majority of health triage interactions, but not all PA feel adequately trained to expand their role.¹⁰

Studies show that pharmacy staff can provide public health services such as smoking cessation,⁶ weight management,¹¹ sexual health,¹² and drug use,^{13,14} but few studies have determined PA attitudes toward this development.¹⁵ One New Zealand study found not all staff wish to expand their current roles,¹⁶ while in England, counter staff in 10 community pharmacies were receptive to providing public health advice.¹⁷ During a study designed to determine if a AUD10 cash reward increased participation of males and females in chlamydia screening in community pharmacies, we explored the experiences of the PA involved.

Methods

This mixed methods study was approved by research ethics committees of the Australian Capital Territory Government Health Directorate, the University of Canberra and the Australian National University. Pharmacists and PA were asked to offer

chlamydia screening to people aged 16–30 years attending their pharmacy for any reason. Participants who returned a urine sample were rewarded with AUD10. The study was advertised through radio, television and print media. The uptake of screening, and the views of the people screened for chlamydia have been published elsewhere.^{18,19}

The aim of this analysis was to explore the experiences of PA exposed to a chlamydia education and training package, and determine their involvement in recruiting and processing of study participants.

The education and training package was undertaken during the three weeks before urine sample collection began. It comprised two manuals written by the research team specifically for the study and practical training (including role play) in recruitment of young people. This was provided in each study pharmacy by the research team. Manual 1 included chlamydia biology, transmission dynamics and treatment; manual 2 outlined the study processes. The manuals were piloted on a convenience sample of ten PA and pharmacists and modified according to feedback. Study pharmacists offered practical training to staff working unsocial hours. Knowledge uptake was assessed on completion of the package using a written quiz. Those scoring 80% or more were eligible to recruit young people to the study and were awarded an achievement certificate. At the end of the urine sample collection phase of the study, all PA were asked to anonymously complete a questionnaire concerning their experiences. The research team conducted three focus groups with pharmacists and PA to further explore experiences. These were audio-recorded, transcribed verbatim and pharmacist data were excluded from this analysis.

Quantitative outcome measures included the number of PA receiving and completing the education and training package, the number of urine

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