Guidance for Occupational Therapists Handling Medicines

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KEY GUIDANCE ISSUES:
Clarification of the legal and regulatory issues surrounding the involvement in medication issues by occupational therapy staff employed by Sussex Partnership NHS Foundation Trust.

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Guidance for Occupational Therapists Handling Medicines

The purpose of this guidance is to clarify the legal and professional issues surrounding the involvement in medication issues for occupational therapy staff. This guidance has been developed by the Director of Occupational Therapy in consultation with the lead occupational therapists governance group, as well as the Chief Pharmacist, Governance and Professional Practice. It covers occupational therapy staff in all clinical areas and service within the Trust, and is based on the Royal College of Occupational Therapists Practice Briefing Paper Medicines Management and Administration Responsibilities March 2017.

1. Regulatory and professional context

1.1. In July 2009 a report was published scoping the role of allied health professionals in prescribing and managing medication.

1.2. The College of Occupational Therapists (COT) and the Health Professions Council (HPC) make it clear that occupational therapists must act within their professional competence at all times, and ensure they have training if they are taking on new roles and responsibilities.

1.3. Under the Medicines Act 1968 there is nothing to prevent an occupational therapist handling medication after it has been dispensed, but it is vitally important that the occupation therapist acts safely and appropriately within her/his professional scope of practice.

1.4. The administration and supply of medicines are not basic occupational therapy skills, falling outside the scope of occupational therapy practice. The British Association of Occupational Therapists (BAOT) professional indemnity insurance covers members for occupational therapy practice only. The handling of medication is therefore not covered.

2. Clinical Context

2.1. An independent investigation into SUI2006/8119, commissioned by NHS Yorkshire and Humber highlighted the conflict between guidance provided by the College of Occupational Therapists to its members about medicines management and the role and responsibility of a care coordinator.

2.2. It recommended that the College take a lead role in defining the skills and competencies relating to medicines management that an OT working as a care coordinator would need.

2.3. In October 2010 NHS South East Coast issued an independent investigation into the care and treatment of Mr X. An issue was highlighted in that report about the role of an occupational therapist acting as a care coordinator to a client on clozapine. As a result they made the following recommendation:
“We consider it would have been more appropriate if Mr X had been allocated a clozapine-trained community psychiatric nurse as his care coordinator, with Occupational Therapist 1 providing regular focused occupational therapy (OT) input. Alternatively, if Occupational Therapist 1 was the allocated care coordinator, a clozapine- trained CPN should have had a formal and regular role in monitoring Mr X.”

3. **Principles**

3.1. Within the Trust the concerns and benefits of occupational therapists undertaking certain aspects of medication management as a generic role where it is appropriate to their post, (most usually as a member of a multi-disciplinary community team), have been considered.

3.2. Occupational therapists are not trained to provide advice about the use or actions of medicines; they are skilled at assessing areas such as a person’s attitude to their medication, and identifying people unlikely to adhere to their medication regimen. They may also assist in identifying side-effects and other compliance issues such as confusion.

3.3. To ensure due governance there is a need to provide clarity in job descriptions and appropriate training so that occupational therapists carrying out this role will be covered by the Trust’s indemnity insurance rather than through that of their profession. All occupational therapy staff involved in medication issues must attend a training session on handling medication specially designed for professions other than doctors and qualified nurses.

3.4. Adherence to these principles will ensure:

3.4.1. That all occupational therapy staff involved in specific medication issues within the Trust will be appropriately trained and supervised. (See Procedure section).

3.4.2. That appropriate safeguards are in place to promote the safety of, and protect the rights of, service users, regardless of race, disability, gender, gender identity, age, sexual orientation, religion or belief.

3.4.3. That all occupational therapy staff employed by the Trust will be covered by Trust indemnity as long as this guidance is adhered to.

4. **Duties**

4.1. The **Director of Occupational Therapy** will be responsible for the professional governance of occupational therapy staff employed by the Trust.

4.2. **Professional lead occupational therapists** will work with service managers to identify staff training needs and monitor compliance in attending training, as well as using supervision to monitor and ensure competence in this area.

4.3. **Individual practitioners** are accountable and responsible for their own practice. All occupational therapists must practice and abide by the code of ethics and
professional conduct as set out by the COT and the HPC and within the policies, protocols and guidelines laid down by the Trust.

4.4. **Service Managers** will work with the lead occupational therapists in identifying practitioners who need additional training to support their role in relation to medication management and ensure that training is provided.

5. **Procedure**

5.1. All job descriptions for qualified occupational therapists must contain the following phrase: “Have a basic working knowledge of the medication prescribed for people under your care. To include usual dosage, common side effects and the need for any special monitoring. Any reported or observed side effects must be brought to the attention of the prescriber.”

5.2. Occupational therapists will only convey/deliver medication, if the person has had that medication before, not if it is new to them. When it is new to the person, medication should be taken by a nurse so that it can be explained and they can answer any associated questions.

5.3. Occupational therapists will provide written information on medication (or direct the person to online resources) to reinforce advice given by the prescriber or a member of staff qualified to give such information. They should be able to access and provide standard information available on the Trust website or on other approved websites, eg Choice and Medication website.

5.4. People on clozapine who have an occupational therapist as their main worker must have an identified nurse who is monitoring the medication. This should be documented clearly in the notes.

5.5. Where medication compliance and monitoring is the main clinical issue and the person also has significant occupational needs, they should be care coordinated by a nurse with the occupational therapist providing targeted interventions.

5.6. Occupational therapy staff involved in medication issues including conveyance must be familiar with the Trust’s Medicines Code.

5.7. The Medicines Code defines roles in relation to the handling and administration of medication. Occupational therapy staff will usually fall into the category of **Authorised Employee** – a member of staff who following training (which may take place locally) has been authorised by the Appointed Practitioner in Charge to undertake specific duties in relation to medication. Any additional unit-specific procedure must be taken into consideration.

6. **Monitoring Compliance**

6.1. Adherence to this guidance will be monitored through supervision and annual appraisal of the individual occupational therapist.

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