

# PTJ

Journal of the Association  
of Pharmacy Technicians  
United Kingdom



## Training and Development

- Update on Members Business Meeting
- Upcoming APTUK conference
- A look into specialist pharmacy technician roles





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IMAN HASSAN MPharmT – Editor (Guest)  
editor@aptuk.org

# The Journey of Lifelong Learning

**Hi, my name is Iman and welcome to the summer edition of the PTJ!**

As someone who has not been a pharmacy technician (PT) for very long, I am honoured to be this editions guest editor. I knew taking on the role of guest editor would be a steep learning curve, but it has been eye-opening in terms of the ever-changing work pharmacy technicians do in a variety of areas and the role APTUK plays in championing the profession. I would like to thank the editorial team for their support and to all of those who have submitted articles for this edition. It was truly amazing to read all about the different experiences and array of skills demonstrated by our fellow pharmacy technicians. It has made me extremely excited for the future of our profession. Being an editorial associate for APTUK is a fantastic experience and I would encourage others to join as an associate to help keep our news and information for members current and regular. I would suggest as many of us submit articles for future PTJ editions (give a nudge to those who may be more hesitant to showcase what they do!) to continue to highlight the extensive knowledge, skillset and constant hard work shown by pharmacy technicians.

For those who missed it, this edition starts off with a recap of the APTUK Members Business Meeting and Showcase Event that took place in

April (presentations are available in the members area of the APTUK website). It was a first for our new President Liz Fidler and new agendas were set for APTUK in the coming months. There has been a lot of talk regarding the Pharmacy Technician (Integrated) Apprenticeship Level 3 and we have the latest updates. This PTJ summer edition focuses on the variety of roles held by PTs from specialising in anticoagulation to quality improvement to working in the RAF! Read about the experiences of our National Officers such as completing their first peer discussion. Reflect about the impact human factors have on our practise with some tips. Gain a better understanding of PTs role in reporting adverse drug reactions and find out more about what's on the agenda for PTs in Europe with past President Tess Fenn.

As we approach the much anticipated APTUK annual conference, don't forget to book your spot. Friday only tickets for pre-registration pharmacy technicians are free of charge! Finally, thank you to those who completed the APTUK Voice of the Member Survey. We value your opinions and will be presenting the results and our plans as a result of the feedback at conference. I hope you enjoy this action-packed and inspiring edition. The journey of PTs has reminded me of this quote "Be stubborn about your goals and flexible about your methods."

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## PTJ 2019 Timeline

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**LIZ FIDLER FAPharmT – APTUK President**  
[president@aptuk.org](mailto:president@aptuk.org)

## President's Address

**Spring is traditionally a season where we begin to get excited about what the rest of the year will bring. The sun is beginning to shine and bulbs that have been planted for some time start to reach for the sky!**

What a perfect way to set the scene, for how the role of pharmacy technicians is continuing to flourish. I think it's fair to say that 'winter' months have been challenging for those in the sector. I am not going to dwell on that, as new beginnings and opportunities fit perfectly with the ethos of the Association of Pharmacy Technicians UK and its members.

Building on my introductory article in the last PTJ, I wanted to build upon pledges I have made. I thought it helpful to draw your attention to the Membership Business Meeting (MBM) on the 6th April 2019. The MBM provided an opportunity to reflect on the previous year, more details can be found on the website and on page 6. A productive year and can I express again my thanks to the all that contribute to delivering the key objective of supporting our members.

Moving forwards, the Association is keen to modernise. With this in mind, I took the opportunity to embrace technology, as a UK organisation ensuring that engagement is available to as many members as possible is key. I truly understand that balancing work and life commitments are challenging and sometimes it is just not viable to attend an event that can be hours away! Your voice as a member is still important, so I do hope that you were able to take advantage of one of the virtual platforms.

If you haven't already, please 'like' the APTUK Facebook page and view the videos from the event where I and Ellen – Vice President share our strategic vision. I would also encourage you to share them with non-members to provide an update of the future direction for the Association. We need your support to grow our membership and by default the professional development we can provide. Further members information is available on the website. Plenty of resources can be found there to aid peer discussion, branch

**“WE NEED YOUR SUPPORT TO GROW OUR MEMBERSHIP AND BY DEFAULT THE PROFESSIONAL DEVELOPMENT WE CAN PROVIDE”**

meetings or even a local update with pharmacy technicians you work with - may encourage more branch engagement... Networking was identified as a key benefit of membership during the feedback session!

The Board have been reflecting on proposals from the event and will be circulating a 'you said, we did' infographic over the next few weeks. This will reflect key activity and immediate priorities, there is so much we want to achieve.

The coming months will be very busy, and I am committed to members being able to describe the work the Association has been delivering. Communication is always difficult, so I do encourage you to look at social media, ensure your email address is up to date and join a branch! If you can't join a branch look out for some exciting news from our Branch Officer. The Board are focusing on how we can make setting up and/or attending a branch easier. We are all very busy professionals, but attendance can be really rewarding.

I hope you enjoy the articles within the PTJ, special thanks to Iman for pulling this all together. If you feel its missing something that would be of interest to you, please let us know... after all this is your journal.

Hope to see you at our annual conference! It promises to be an informative and innovative event – not to be missed...

**Best wishes,  
Liz**

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# Membership Business Meeting & Showcase

The APTUK Membership Business Meeting and Showcase Event took place on Saturday 6th April, 2019 at the General Pharmaceutical Council, London.

The Membership Business Meeting was chaired by the Professional Secretary, Gail Hall. The purpose of the APTUK Membership Business Meeting is to convey to members, face to face, the outputs and activities of APTUK throughout the last year. Directors provide updates on key deliverables and encourage feedback from members to ensure that the Association's business is reflective of members requirements.

In addition this event embraced social media to encourage and allow members unable to attend to take part in the event.

This year was the first APTUK Membership Business Meeting (MBM) for our new President. The President and Vice President chose to stream their inaugural speeches live on Facebook to reach as many pharmacy technicians as possible! These videos have been viewed over 1,160 times to date!

Technology was used in the form of Sli.do to engage those in the audience with polls and questions. Twitter was used extensively throughout the meeting, engaging those unable to attend in person. Questions were raised on the day through a total of 326 tweets with 1,398 re-tweets!

In her address, the President welcomed all and shared the Association's future vision and LEAP strategy building on all the previous work by past presidents and board of directors and national officers. A shift in focus in some areas to reflect the current landscape was shared. Immediate priorities were endorsed by members in attendance. These focused on:

- Growing membership offers
- Encouraging growth in branches
- Supporting revalidation
- Building on Education pathways particularly supporting the new qualification and foundation practice
- Finalising the Accuracy Checking Pharmacy Technician education framework
- Providing a conference programme reflective of members diverse scope of practice

To achieve the priorities outlined, it was agreed that seeking and building upon affiliations is a key priority.

Liz encouraged all PT's to champion the excellent work they do, that could become scaled up across the profession.

The meeting highlighted all the hard work, dedication of the board of directors and national officers with focus on what the needs of membership are.

All presentations from the work streams are available in the members area of the APTUK website.

The APTUK Showcase event provided members with the opportunity to become familiar with work currently underway being supported by the Association. All pharmacy technician leaders who delivered presentations, who are experts in their field, presented bite-sized updates on key themes giving a taste of what will be delivered at the year's Annual Conference on 13th and 14th of September. These presentations were recorded and are also available on the membership website for members to view.



Do you know about the new qualification? Our members do! Are you familiar with work on foundation and advanced practice? If want to know more, then attend the next meeting at your local APTUK branch or the upcoming APTUK conference.



**GWEN YALE**  
APTUK Events Officer  
events@aptuk.org

# Experience of My First Peer Discussion

## Background

Peer discussions are part of the General Pharmaceutical Council's (GPhC) revalidation process that all pharmacists and pharmacy technicians must complete annually to maintain their registration.

Peer discussion:

- Is a learning and development activity that encourages pharmacy professionals to engage and share their learning practice with others.
- Encourages reflection of practice and prevents professional isolation.
- Is an opportunity to have ideas that can be brought back to the workplace and applied to practice to benefit the people who use the service.

## Choosing my peer

My very first thoughts and dilemma when deciding who to choose as my peer were:

- Who can help me develop in my professional practice?

- Who do I want to share my thoughts with and be open and honest?

I referred to the guidance on the GPhC website, i.e. the revalidation framework and noted some important criteria that helped me choose my peer. These were:

- Discussions with a peer are designed to be open, honest and with someone that I trusted and respected.
- Almost anyone can be a peer.
- Peer discussions could take place in any format: face to face, over the phone, via web chat, via video call or any other means of real time communication.
- Individuals can also have different peers at different stages of their career.
- Peers should be someone who understands aspects of the work that you do.
- We are free to choose our own peer. A peer must not be allocated by someone, unless we are happy with the choice.
- An employer should not select a peer; a peer discussion does not have to be part of an appraisal.

- The GPhC will ask all registrants to declare when renewing registration to make sure there is no conflict of interest in peer selection.
- Information on the subject discussed does not have to be sent to the GPhC.

Peers can come through:

- Employers
- An education and training provider
- A professional body or organisation
- Local or National networks

After considering the above points, I was sure that I did not want a pharmacy professional as my peer. This is because my needs were not around specialist areas of practice e.g. clinical or my current role in education and training, but I wanted to develop and improve on some of my soft skills. I had already used various other resources and put action plans in place to improve these, but I felt that having a peer discussion around some of these topics which I found challenging might help me further. The most important thing was to ensure that my peer understood my practice well enough to ask me useful questions, to support me to think about how I might improve my practice moving forward. The peer that I chose is a professional mentor and lifestyle coach and someone that I have a lot of respect for. He is someone that influences my thinking and can challenge my views if required. Hence, I knew that he would be the best person to be able to guide me and give me the correct advice in the areas of practice that I found challenging.

### The next step

I contacted my peer and explained the requirements of the GPhC and what his role as a peer would be. I then sent him all the information that was on the GPhC website, i.e. Revalidation framework and guidance for peers. I also shared all my previous CPD records to ensure that he had an insight of my practice. I informed my peer that his details would be shared in the records that would be submitted to the GPhC and that he may be contacted to ensure that the peer discussion did take place. Details of the peer discussion would not be shared.

The aim was for my peer to influence my development positively, rather than assessing me as an individual. I gave my peer enough time to read everything and ask me questions if he had any. We then arranged a time that was mutually convenient and well in advance. The discussion happened over a video chat.

### The peer discussion

The peer discussion then took place as planned. I explained my current challenges within my area of practice and how it was affecting my service users. My peer listened to me carefully, taking notes as the discussion progressed. I did most of the talking whereas my peer listened to me, asking me questions when appropriate. He did not offer me answers straight away, but asked me to think of how I could have approached the situation differently. My peer used lots of different examples to give me suggestions of how I could approach the situation in a different way in future. The discussion took about an hour and we then closed on a positive note, where my peer asked me to try some of the options suggested by him and then discuss

at a later date when I was ready. The whole experience left me feeling very positive and I was happy about using some of the options / suggestions suggested to me by my peer. They were very simple suggestions and I had some very clear learning points at the end of my peer discussion.

### Reflection for future peer discussions:

- Give my peer a brief about my topic of peer discussion in advance, which would give him time to prepare beforehand. Although he was brilliant and did not need any time to think during the discussion before giving me suggestions.
- Recommendation from my peer to record the discussion in future as it would help me reflect better about what was said and I could go back to it anytime should similar situations arise in future.

### What happens after the peer discussion has taken place?

- The record of peer discussion must be written on the template provided by GPhC. It might take some time before you are ready to complete as you might need to apply the learning you have gained in real scenarios.
- Only need to document the suggestions and changes that you have decided to implement in your practice as a result of the peer discussion and what the result of these changes have been with real examples.
- Need to ensure that the focus is on how the peer discussion changed practice for the benefit of your service and service users.

### How I used advice given by my peer in practice

I decided to use the suggestions given by my peer during a scenario that I was faced with at work, which I usually found challenging. The approach that I used was different from previous times based on the recommendations given by my peer and the impact on the team was very different. I finally succeeded with what I was trying to achieve for a long time and the project which I am working on is finally at its last phase.

Hence the peer discussion had a positive impact on my practice and is benefitting the users of my service. I am now planning a second peer discussion, where I will reflect on how I used my peer's recommendations. This discussion will hopefully bring about more options and advice to improve my practice in the areas that I find challenging.

Further information for pharmacy technicians regarding peer discussions can be found in the link below.

### REFERENCES

[https://www.pharmacyregulation.org/sites/default/files/document/gphc\\_revalidation\\_peer\\_discussion\\_guide\\_for\\_pharmacy\\_professionals\\_april\\_2018.pdf](https://www.pharmacyregulation.org/sites/default/files/document/gphc_revalidation_peer_discussion_guide_for_pharmacy_professionals_april_2018.pdf)



**SHEETAL JOGIA**  
**MPharmT**

National Officer for Revalidation  
revalidation@aptuk.org

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# GPhC: New safeguards for people seeking medicines online

**Online pharmacies in Great Britain will have to follow updated guidance from the pharmacy regulator to protect people getting medicines online. The General Pharmaceutical Council (GPhC) has strengthened its guidance<sup>1</sup> for pharmacy owners to help make sure that people can only obtain medicines from online pharmacies that are safe and clinically appropriate for them.**

Online research by YouGov commissioned by the GPhC<sup>2</sup> found that 25% of people say they are likely to use online pharmacies in the future, but 50% of those unlikely to do so have concerns about the safety of online pharmacies. After considering feedback from the sector, patients and the public to proposals published last year<sup>3</sup>, the GPhC has introduced further safeguards for patients and the public in the following key areas:

- Making sure medicines are clinically appropriate for patients – online pharmacies will have to make sure
- Antimicrobials (antibiotics)
- Medicines liable to abuse, overuse or misuse, or where there is a risk of addiction and ongoing monitoring is important. For example, opiates, sedatives, laxatives, pregabalin and gabapentin
- Medicines that require ongoing monitoring or management. For example, those used to treat diabetes, asthma, epilepsy and mental health conditions
- Non-surgical cosmetic medicinal products, such as Botox

These safeguards include making sure the prescriber proactively shares all relevant information about the prescription with the patient's GP after seeking the patient's consent.

In the case of medicines liable to abuse, overuse or misuse, or when there is a risk of addiction and ongoing monitoring is important, the online pharmacy should have checked that the GP has confirmed to the prescriber that the prescription is appropriate, and that monitoring is in place. In cases where a patient does not have a GP, or a regular prescriber, or if there is no consent to share information and the prescriber has still issued a prescription, the online pharmacy should make sure the prescriber has made a clear record setting out their justification for issuing the prescription.

**Transparency and patient choice** – pharmacy owners will have to supply more details about where the service and health professionals involved in prescribing and supplying the medicine are based and how they are regulated, so people have enough information to make an informed decision about using the service and can raise concerns about the service if they need to.

**Regulatory oversight** – pharmacy owners working with prescribers or prescribing services operating outside the UK must take steps to successfully manage the additional risks that this may create, including assuring themselves that the prescriber is working within national prescribing guidelines for the UK. These new safeguards received strong support overall from more than 800 individuals and organisations responding to a discussion paper published last year.

Duncan Rudkin, Chief Executive of the General Pharmaceutical Council said:

“We support pharmacy services being provided in innovative ways, including online, as long as the services are safe and effective for people. But providing pharmacy services online carries particular risks which need to be successfully managed”.

“People can be put at serious risk if they are able to obtain medicines that are not appropriate for them. We are now putting in place this updated guidance with further safeguards to protect people”.

“I would strongly urge patients and the public wanting to obtain medicines online to only use online pharmacies registered with us, to protect their health. These pharmacies have to meet our standards and follow this guidance, so they provide safe and effective services, and we will be inspecting pharmacies to make sure this is the case”.

“We are also continuing to work closely with other regulators involved in regulating online primary care services, governments and other stakeholders across Great Britain to improve the quality of care for patients online”.

Separately, the GPhC is currently consulting on new guidance for pharmacist prescribers, including when prescribing remotely<sup>4</sup>.

## Top tips on how to keep safe when using an online pharmacy:

Check the online pharmacy website says it is registered with the GPhC on its homepage or 'About us' page and gives its registration number. Then visit [www.pharmacyregulation.org/register/pharmacy](http://www.pharmacyregulation.org/register/pharmacy) to check the pharmacy is on the pharmacy register.

You might also see this logo which should click through to the pharmacy register on this website:



Expect to be asked questions about your health and identity before being able to buy a medicine and answer them honestly. This will help the health professionals supplying the medicine to make sure it is safe and appropriate for you.

Avoid websites which offer to supply prescription-only medicines without a prescription; you could put your health at serious risk.

If you are being prescribed a medicine by an online prescribing service linked to the online pharmacy, check the prescribing service is registered with the appropriate regulator such as the Care Quality Commission (CQC) [www.cqc.org.uk](http://www.cqc.org.uk)

Healthcare Improvement Scotland (HIS)  
[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

or the Health Inspectorate Wales (HIW)  
<http://hiw.org.uk/?skip=1&lang=en>

#### REFERENCES

1. The guidance for registered pharmacies providing pharmacy services at a distance including on the internet can be read here. [www.pharmacyregulation.org/sites/default/files/document/guidance\\_for\\_registered\\_pharmacies\\_providing\\_pharmacy\\_services\\_at\\_a\\_distance\\_including\\_on\\_the\\_internet\\_april\\_2019.pdf](http://www.pharmacyregulation.org/sites/default/files/document/guidance_for_registered_pharmacies_providing_pharmacy_services_at_a_distance_including_on_the_internet_april_2019.pdf)
2. All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 2040 adults. Fieldwork was undertaken between 8th - 9th August 2018. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+).
3. The consultation report can be found here <https://pharmacyregulation.us2.list-manage.com/track/click?u=2a9eeb21f465e0931a30e5d65&id=95c3ba2f7a&e=8d28f7decb>
4. The consultation on pharmacist independent prescribing can be found here. [www.pharmacyregulation.org/get-involved/consultations/consultation-guidance-pharmacist-prescribers](http://www.pharmacyregulation.org/get-involved/consultations/consultation-guidance-pharmacist-prescribers)

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Contact details for Lynn Ali - APTUK Membership Coordinator  
Email: [membership@aptuk.org](mailto:membership@aptuk.org) Answerphone: 0121 632 2025

# Pharmacy Technicians Are People, Too!

## Let's Consider their Personal Outcomes along with other Pharmacy Outcomes

It has been more than 40 years since Whitney noted “the lack of use of [pharmacy] technicians...for preparing and dispensing drugs is one of the prime impediments of the expeditious development and growth of the clinical pharmacist.”<sup>1</sup> Recent studies and regulatory actions give us reason to believe that we are closer than ever to achieving this vision of optimizing the roles of both pharmacists and technicians.

In particular, recent studies have advanced the argument that expanded pharmacy technician roles can help “free up” pharmacist time, particularly up to one hour of time per day in hospital settings and over 19% of time overall in community pharmacy settings.<sup>2</sup> Other studies project pharmacist time savings from pharmacy technician-administered vaccines, clinical screenings, medication histories, taking verbal prescriptions, and other duties.<sup>3</sup> A study on pharmacy technician self-efficacy also found technicians were indeed willing to take on additional roles to free pharmacists for advanced care.<sup>4</sup>

These are important findings for advancing pharmacy. However, these studies and the positions taken by many are quite pharmacist-centric. In doing so, we seem to have underestimated the importance of support staff in pharmacy operations. Without technicians assuming new responsibilities in the pharmacy, the evolution in practice we have long discussed might not take place. We conduct these studies and make attestations about pharmacy's evolving practice considering the desires of pharmacists first and foremost. But should we not be at least somewhat interested in the humanistic welfare of technicians, as well?

Role optimization is a desired outcome in any hierarchical profession. Pharmacists have expressed fears that expanded technician roles “frees the pharmacist to roam the halls of the local unemployment agency,” as one pharmacist colorfully put it.<sup>5</sup> This quote was a number of years ago, but such fears likely still exist, as have past fears of automated dispensing technologies, telepharmacy, and other phenomena.<sup>6</sup> However, pharmacists are overcoming these fears, just as they did with previous fears, now realizing that these other forces have indeed helped to shape practice in

positive ways. Pharmacists in the community setting recognize the importance of technicians as being the “face” of the pharmacy and largely responsible for creating loyalty relationships with patients, while those in the health systems setting understand that efficiencies in operations are never realized under the threat of persistent technician turnover and staff shortages.<sup>7</sup>

Thus, by reporting pharmacist time savings as the primary end point of interventions, managers and researchers are attempting to appeal to pharmacists' desires for their own career advancement. They are likely hoping that with enough deference to pharmacists, a secondary study aim – the safety or effectiveness of technician role advancement – will be somewhat obscured. In so doing, they are hoping to not awaken pharmacist' latent fear of job insecurity, and therefore, their active opposition.

Lost in this mix is the fact that pharmacy technicians have their own career aspirations and desires. The ability of technicians to take on additional duties can lead to greater career commitment. They express their dissatisfaction in maxing out and note that regulations have prohibited the development of a career ladder that reflects their true upward potential.<sup>8</sup> Thus it bears repeating that technicians are people, too!

The oft-cited Maslow's hierarchical pyramid is more than relevant here.<sup>9</sup> It is not just pharmacists who strive to move from safety and security, to a sense of belonging, then self-esteem, and then achievement of self-actualization. This model, widely recognized for its veracity, was constructed for all persons. People want to feel as though their contributions are of value to an organization, and that is why we must build organizations in which all employees contribute in a manner that aligns their goals with those of the organization. Optimizing the role of only some employees at some ranks or titles will only lead to stress, disenfranchisement, suboptimal performance, and costly turnover, thus leaving the employer perpetually chasing its own tail.

A recent systematic review found pharmacy technicians involved in various degrees within different components of the MTM process.<sup>10</sup> This review included 44 published articles which were most

likely to describe technician assistance with medication reconciliation (70%), documentation (41%) and medication therapy review (30%). A second review of 33 articles regarding technician involvement in emerging roles found that although the literature supports technicians performing advanced roles, the benefits to technicians were primarily indirect, such as a more desirable work schedule.<sup>11</sup> They suggested that the benefits to technicians themselves should be more tangible if they are to complete additional formalized training and take on such roles.

It is difficult to mount an argument for more direct patient care time for pharmacists, optimization of pharmacists' roles, more delegation of responsibility, and greater accountability for patient safety without due consideration of the “human” side of pharmacy technician aspirations, along with the need for career ladders, increased wages, and the recognition they deserve. This coincides with organizational culture perspectives of technician careers suggesting that they are often recruited by and are highly valued by pharmacists but often overlooked and regarded as imminently replaceable by their employers.<sup>7</sup> Technicians, as is the case with anyone, expect a reciprocal exchange of commitment from the employer to return such commitment back to them and to the profession. These sentiments coincide with the need for all stakeholders to facilitate technicians' professional self-identity.

Cruess and Cruess have highlighted the importance of professional self-identity in shaping behaviors and beliefs of medical students; they note that professional work, by definition, requires ethical decision making under circumstances where information is imperfect<sup>12</sup>. Those with a vocational orientation may not have the psychological fitness to “go the extra mile” required of professionals. Further, professional self-identity may have a protective function in providing individuals with the psychological resilience to manage complexity, adversity, and uncertainty in their environment. As the role of the technician continues to grow, these characteristics will become more important than ever in defining success in the workplace. Some of

these characteristics might be attributed to differences in role, responsibility and professional regulation alongside the exercise of professional judgment.<sup>13</sup> Consequently, understanding and supporting the expression of technicians' professional self-identity will be essential.<sup>14</sup>

This behooves employers and managers to develop climate and cultures that allow for self-development and expression of self-identity among technicians, along with appropriate extrinsic awards for doing so. Still another paper observed that in continuously pressure-filled jobs, the median pharmacy technician salary remained at just over \$15 an hour, which is approximately equivalent to but sometimes far less than that of many non-skill trades.<sup>15</sup> The same study revealed that in U.S. states with certification requirements and high levels of regulation and licensure for technicians, salaries were statistically the same per hour as those technicians residing in states with low levels of regulation and no requirement for licensure. It was indicated that earnings needed to rise along with levels of responsibility, as did the prospects for career advancement mechanisms and other sources of recognition.

Some have offered support for technicians performing expanded duties, but temper that support by saying it would be premature to advance technician roles until pharmacists have provider status or some other pharmacist-centric endpoint. First, in this chicken-versus-egg scenario, provider status will have to be earned and thus follow best practices that include positive re-engineering and workflow design for all pharmacy employees. But perhaps even more importantly, it is dehumanizing to technicians to only consider expanding technician roles to the extent that it benefits pharmacists. As with any intervention, new service, workflow redesign, or regulation, the primary concern should be the public interest and safety. If evidence suggests that technicians can perform a function safely and effectively relative to usual care, that alone should compel the function's allowance in practice. Freeing up pharmacist time for higher order care is indeed a positive corollary to technician advancement, but it need not be a precondition for it. Considering the humanistic side of pharmacists and support personnel concurrently is what truly creates a win-win for the pharmacy organization, its constituent employees, and its patients. Pharmacy technicians are, indeed, people too, and the research

is increasingly clear: unlocking the full potential of pharmacy technicians can lead to significant gains in patient care and public health.

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#### ALEX J. ADAMS PharmD, MPH

Idaho State Board of Pharmacy,  
Meridian, ID, USA

#### SHANE DESSELLE RPh, PhD, FAPhA

Touro University College of Pharmacy,  
Vallejo, CA, USA

#### ZUBIN AUSTIN BScPhm, MBA, MIS, PhD

University of Toronto, Toronto,  
ON, Canada



#### TESS FENN BA Hons, MPharmT

Association of Pharmacy Technicians  
United Kingdom, London, England, UK



## 2019 EAPT Annual Meeting ‘the highlights’

For the last 20 years or so APTUK have attended an annual meeting with our European colleagues. The meeting this year, held on 25th & 26th April 2019, was in the beautiful city of Stockholm in Sweden and Farmaciforbundet, the Department of Pharmacy and Health; part of the Swedish Unionen were the host.

*EAPT now exists  
‘to support  
pharmacy  
technicians in  
the provision of  
a safe, effective  
and efficient  
pharmaceutical  
service for  
the benefit of  
the patient in  
all European  
member  
countries.’*

**As usual, the meeting was lively, exhilarating and full of discussion, networking, exploring our differences, recognising our similarities and sharing our experiences on many topics related to pharmacy technicians, pharmacy practice and national policies. We were nine countries Finland, France, Germany, Ireland, Norway, Portugal, Slovenia, Sweden and United Kingdom, all giving and sharing national updates and participating in the work of EAPT (European Association of Pharmacy Technicians).**

### Who are EAPT and what is its work?

EAPT was initially a like-minded group of European pharmacy technician associations which evolved into

the Committee of European Pharmacy Technicians (CEPT). CEPT became EAPT in 2011, when the Association became a legal entity in much the same way that APTUK became a legal company in 2014. EAPT now exists ‘to support pharmacy technicians in the provision of a safe, effective and efficient pharmaceutical service for the benefit of the patient in all European member countries’. It does this by providing and comparing information on the role and education of pharmacy technicians across Europe. Its membership consists of many European Pharmacy Technicians Associations (listed on <https://www.eapt.info/>) and to date EAPT have published a survey comparing the role of community pharmacy technicians across Europe and a pharmacy technician education comparative study. Both can be found on the website: <https://www.eapt.info/pharmacy-technician-in-europe>

The UK has always been a leader within this European collaboration (with huge thanks to Lesley Morgan who was there leading its origins) and I have represented APTUK here since 2005 as the then Education Officer (accompanying the then President Sarah Wilcox), followed by my roles as Vice President and then President. Now that EAPT is a registered association, it requires a Board of Directors to oversee its management and purpose. Since 2011, I have been





## FRIDAY 13 SEPTEMBER

- 09.30 REGISTRATION, WELCOME REFRESHMENTS, EXHIBITION AND POSTER VIEWING**
- 10.00 President's welcome & introduction**  
Liz Fidler, President, APTUK
- 10.20 Update on national policy for the UK** *England* Richard Cattell, Deputy Chief Pharmaceutical Officer, NHS England and NHS Improvement and Alison Hemsworth, Assistant Head of Primary Care Policy (Pharmacy and Dispensing Doctors), NHS England *Northern Ireland* Jo Sutton, Lead for Pharmacy Technician Training, Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) *Scotland* Speaker TBC *Wales* Speaker TBC
- 11.20 REFRESHMENTS, EXHIBITION AND POSTER VIEWING**
- 11.50 SPECIALIST SESSIONS (50 MINS)**
- SS1 Deprescribing and polypharmacy**  
Facilitators, Joanne Nevinson, CPPE Lead Pharmacy Technician and Oliver Jones, CPPE Education Supervisor
- SS2 Pharmacy Technicians in Primary Care - leading on patient safety and enhancing service provision**  
Salmia Khan, Medicines Optimisation Pharmacy Technician (Care Homes), NHS Guildford and Waverley Clinical Commissioning Group & Royal Surrey County Hospital
- SS3 Technical Services in the NHS** Kate Preston, Training Manager Technical Services, Royal Free London NHS Foundation Trust
- 12.40 LUNCH, EXHIBITION AND POSTER VIEWING**
- 13.40 The future of pharmacy regulation**  
Duncan Rudkin, Chief Executive and Registrar GPhC
- 14.10 Gosport report** Duncan Rudkin, Chief Executive and Registrar GPhC and Andrea Ashton, Director of Communications APTUK
- 14.35 The Pharmacy Technicians' career pathway** Liz Fidler, President, APTUK and Ellen Williams, Vice President, APTUK
- 15.00 REFRESHMENTS, EXHIBITION AND POSTER VIEWING**
- 15.35 SPECIALIST SESSIONS (50 MINS)**
- SS4 The future workforce supply, all you need to know about T levels** Amanda Shobrook, Workforce Transformation Lead, Health Education England SW and Matt Leedams, Leedams Pharmacy
- SS5 New Scottish Vocational Training Foundation Programme for Pharmacy Technicians** Val Findlay, Chief Pharmacy Technician, NHS Education for Scotland and Arlene Turnbull, Programme Officer, NHS Education for Scotland
- SS6 Pharmacy Technician Advanced Practice Framework** Rebecca Chamberlain, Pharmacy Technician Advanced Practice Framework, Health Education and Improvement Wales (HEIW)
- 16.30 Academy of fabulous stuff** Roy Lilley, Founder, Academy of Fabulous Stuff and Sally Rutherford-Lees, Fab Ambassador and Senior Pharmacy Technician, Medical Director Directorate, Southport & Ormskirk NHS Trust
- 17.10 Close of day one**
- 19.30 Annual Awards, Dinner & Dance**



## SATURDAY 14 SEPTEMBER

- 09.00 REGISTRATION, WELCOME REFRESHMENTS, EXHIBITION AND POSTER VIEWING**
- 09.15 Vice President's welcome and opening remarks**  
Ellen Williams, Vice President, APTUK
- 09.20 Keynote address**  
Graham Stretch, PCN Clinical Director, Chief Pharmacist Argyle Health Group
- 10.00 SPECIALIST SESSIONS (50 MINS)**
- SS7 PDIG**  
Tracy McMillan
- SS8 Antibiotic resistance** Facilitators, Joanne Nevinson, CPPE Lead Pharmacy Technician and Oliver Jones, CPPE Education Supervisor
- SS9 Productive healthy ageing - the role of the Pharmacy Technician** Hayley File, MAPharmT Medicines Inspector, Care Quality Commission, Advanced Practice Associate, APTUK and Alison Hemsworth FAPharmT, Assistant Head of Primary Care Policy (Pharmacy & Dispensing Doctors) NHS England
- 10.50 REFRESHMENTS, EXHIBITION AND POSTER VIEWING**
- 11.30 Updates on Clinical Pharmacy in Primary Care Networks** Wasim Baqir, National Pharmacy Lead (Care Homes), NHS England
- 12.00 SPECIALIST SESSIONS (50 MINS)**
- SS10 A multidisciplinary approach to medication reconciliation in the Emergency Department**  
Victoria Heald, Highly Specialist Pharmacist and Bhavesh Rathod, Medicines Management Pharmacy Technician, Lancashire Teaching Hospitals NHS Foundation Trust
- SS11 Developing the clinical role of Pharmacy Technicians in mental health** Neelam Sharma, Chief Pharmacy Technician, Camden & Islington NHS Foundation Trust
- SS12 Clinical Pharmacy in Primary Care Networks (PCN's)** Wasim Baqir, National Pharmacy Lead (Care Homes), NHS England
- 12.50 LUNCH, EXHIBITION AND POSTER VIEWING - EXHIBITION SHOWCASE**
- 13.50 Next steps for revalidation – GPhC**  
Mark Voce, Director for Education and Standards, GPhC
- 14.30 SPECIALIST SESSIONS (50 MINS)**
- SS13 NHS Leadership Academy** Speaker TBC
- SS14 Pharmacy Integration Fund supporting workforce development** Dalgeet Puaar, Project Manager and Workstream Development Lead (Pharmacy Technicians) Pharmacy Integration Fund, Health Education England
- SS15 NHS Digital** Mohammed Hussain
- 15.20 REFRESHMENTS, EXHIBITION AND POSTER VIEWING**
- 15:35 Closing plenary: Your voice, our future - what happens next?** Laura McEwen-Smith, Pharmacy Technician, APTUK Member, NHS Health Education England
- 16.05 CLOSE OF CONFERENCE**



APTUK members' places available at the earlybird rate of £385  
Book your place now online at [www.aptuk.org/annual-conference](http://www.aptuk.org/annual-conference)

Collect  
evidence for  
revalidation



**Association of Pharmacy  
Technicians UK (APTUK)**

The Professional Leadership body for  
Pharmacy Technicians

# APTUK 2019

## **LEAPING INTO THE FUTURE**

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# A Step into Quality Improvement Background

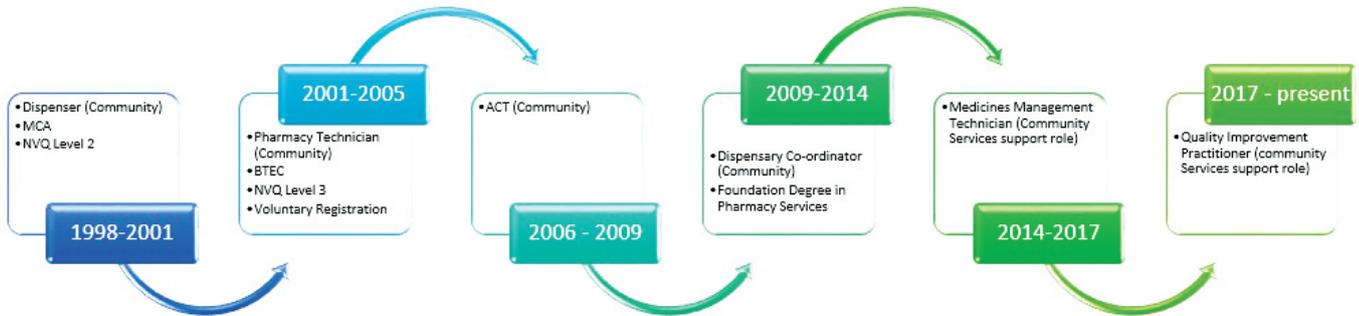


Diagram 1. Career pathway

**Upon reading the recently published paper 'Identifying roles of pharmacy technicians in the UK' I started thinking about my personal pharmacy career. Recently I took a step away from a traditional 'pharmacy technician' role and I have embarked upon a journey into 'Quality Improvement' and after some reflection I decided that I would like to share this journey. By sharing my journey, I hope to help spread quality improvement methodology alongside my lessons learnt so far.**

*The pharmacy family set up of today is safer, more patient focused and more efficient than ever before*

There is a wealth of information available now supporting the new face of pharmacy and the ever-changing roles of pharmacy technicians, for example in 2016, Lord Carter's review of productivity in NHS hospital<sup>2</sup> called for the pharmacy workforce to be optimised so staff could maximise their capabilities and training. This is another great step forward for us as a profession. I have met a great many pharmacy technicians over my career I have seen and felt a huge change in culture and attitude, the pharmacy family set up of today is safer, more patient focused and more efficient than ever before but although much has changed, the importance of learning and sharing has not.

### Human Factors

Having recently moved further away from the traditional pharmacy technician roots and out into the world of quality improvement, I am repeatedly reminded of how far ahead of the times pharmacy seems to have been. My role as a quality improvement practitioner requires a greater understanding of 'human factors', something I thought I had very little experience with, however the more I learnt the more I realise that I've spent my entire career doing, we just didn't have a name for it. The World Health Organisation (WHO)<sup>3</sup> define human factors as 'the relationship between human beings and the systems with which they interact by focusing on improving efficiency, creativity, productivity and job satisfaction, with the goal of minimizing errors'. Human factors appear to be well embedded in the aviation and car manufacturing industries, with the NHS and other organisations being slower on the uptake, but I feel

that human factors were fixed quite deeply in my experience of pharmacy life, for example I don't think there will be any trained accuracy checking technicians (ACT's) reading this that won't have heard of Reason's Swiss Cheese Model<sup>4</sup>, which is very closely linked to human factors. We all know about not dispensing from labels and the dangers of lookalike or sound-alike medications and packaging, these are interconnected to human factors and none of it is new to us as a profession.

### Quality Improvement

The King's' Fund<sup>5</sup> define quality improvement as 'the use of methods and tools to continuously improve quality of care and outcomes for patients'. Looking back on my time in community pharmacy and medicines management I have with hindsight identified many occasions where I could have used quality improvement tools and methodology which I feel would have made the outcome of the projects more credible with the backup of measures and data. I would still have had the same successes and setbacks, but they would have provided valuable measures allowing for learning and possible adapt/adopt models for future projects, but I'm sure I did like I imagine many of us do with mounting work pressures, just get on, get it done and then move onto the next thing. I had nothing but good intentions but if I'd had time to stop and think would I have seen the same problems and come up with the same solutions? I question that now, I feel that in some cases I was seeing a solution that might not have addressed the root cause of the problem and that I could have done things in a different way and might have got a more reliable result. As healthcare professionals we are all striving for continuous improvement, I've lived and breathed this for a long time, what I personally didn't see a lot of was collating data around the improvements made, measurements and being able to prove that the successes that were achieved were associated with the interventions that were completed.

### Tools & methodology

Many areas within healthcare now are focusing on using quality improvement tools and methodology, I feel this is the way forward for pharmacy to continue

to prove their worth and show an increase in safe quality care for patients, and that is something powerful, especially in the difficult and complex climates we find ourselves in. Quality Improvement tools are simple, sharp, snappy and very effective. Looking at William Edwards Deming's 'Plan, Do, Study, Act (PDSA) cycle'<sup>6</sup> and the Associates in Process Improvement (API) 'Model for Improvement'<sup>7</sup> (see Diagram 2)

This is a very simple combination of tools that will help define the quality improvement you wish to make, and support you as you carry out your improvement work. Thinking back to an improvement project I undertook; the aim was to decrease the amount of time patients were waiting for 'walk-in' prescriptions. There had been several complaints and comments made about waiting times so it was decided to re-assess the dispensing processes with the view to make it more streamlined.

We tried various approaches to do this within the dispensary including:

- A dedicated member of staff to cover walk-in prescriptions
- All patients being given an estimated time for prescription completion
- All patients being offered the option of calling back at a later time or date
- A new prescription marking system to ensure dispensing staff are aware of the priority of each prescription

Our efforts were successful and we felt we had reduced patient waiting times as less complaints were received and the process seemed better managed. Looking back at our efforts now, I can see that the success was not clearly measured and the outcomes we reported were our opinion, we had no baseline data and nothing was measured, we implemented most of our changes simultaneously could not give a clear indication of what, if anything, had an impact on waiting times. It may have been the intervention of clearly informing patients that there would be

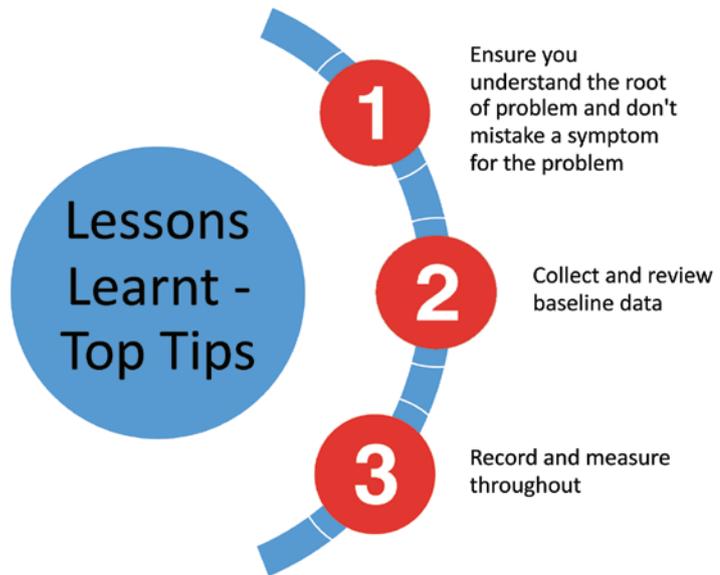


Diagram 3. Lessons Learnt – Top Tips

around a 10-minute wait for their prescription that reduced the number of complaints, prompting me to question if it was the wait that was objected to or the not knowing? Going back and repeating the intervention with my new knowledge I would have collected baseline data to see what waiting times were, what the contributing factors were and how did patients feel about waiting? I would be looking for the real issues or problems, and then looking for a range of possible solutions that could be implemented and measured one by one. It's possible our outcomes would have been the same, but when we came to do our next project, we may have been better equipped to make a more reliable and measured improvement.

Using Quality Improvement tools and methodology enables not only clearly measurable outcomes, but increases the opportunities for improvement through lessons learnt and shared learning.

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Model for Improvement

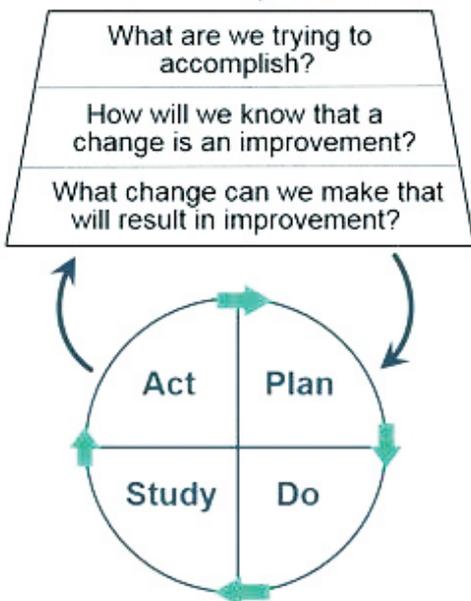


Diagram 2. Model for improvement and PDSA cycle

**NATALIE DEAN**  
 Quality Improvement Practitioner  
 The Quality Improvement Team  
 nataliedean@nhs.net

# Are You Ready To Talk About Side Effects? Give Them A Yellow Card!

When was the last time you talked about adverse drug reactions, commonly called side effects, with one of your patients? What about as a team in your pharmacy?

Raising a suspicion that an adverse drug reaction (ADR) might be happening from a medicine or between medicines by completing a Yellow Card helps the Medicines and Healthcare products Regulatory Agency (MHRA) identify new information about a medicine that might not have been known before. It's easy for anyone, from pharmacy technicians to patients reporting themselves, to go online ([www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)) or use the Yellow Card App (available on iTunes and Google Play Store).



## A Pharmacy Technician's role is key

The entire pharmacy team has an important role in promoting patient safety about medicines and are considered key reporters to the Yellow Card Scheme. The pharmacy team is in a unique position through their interactions with patients to support them by providing expert advice on the safe use of medicines, help prevent, identify and report suspected ADRs to the Yellow Card Scheme. Pharmacy technicians have an increasing role in supply and guidance around medicines and ADR reporting to the Yellow Card Scheme. Reporting is considered as a professional duty to facilitate better patient safety. Pharmacy technicians are also key influencers to facilitate or encourage patients, parents and carers to report any suspected side effects to medicines themselves.

## Why report?

The Yellow Card Scheme is an early warning system for the identification of new ADRs, and previously unrecognised information about known ADRs. Reporting enables the MHRA to identify risk factors, outcomes of the ADR and other issues that may affect clinical management of patients; including the safer use of medicines to protect patients from avoidable harm. The value of the Scheme has been demonstrated many times and has helped identify numerous safety issues, for example:

## What action does the MHRA take from Yellow Cards?

Once it has become clear that an ADR results from the use of a medicine, steps are taken to publicise the new information and to minimise the risk of the ADR. When necessary, the MHRA can take regulatory action to safeguard public health which can include:

- requesting further safety information and evidence from the pharmaceutical company such as in-depth studies
- changes or warnings in the product information or on the package label, such as adding information to undesirable effects
- changing the information on how the medicine should be used, such as limiting the indications of the medicine or advice on co-prescription
- changes in the specified dose of the medicine, for example reduction of doses and limiting duration of administration
- restricting the indications for use of a medicine, for example advising that it should not be used by particular groups of patients, or in pregnancy
- changing the legal status of a medicine, for example, from over-the-counter to prescription only
- suspension or and revocation of the marketing authorisation of a product
- in rare circumstances, removal of the medicine from the market, if the risks of a medicine are found to outweigh the benefits

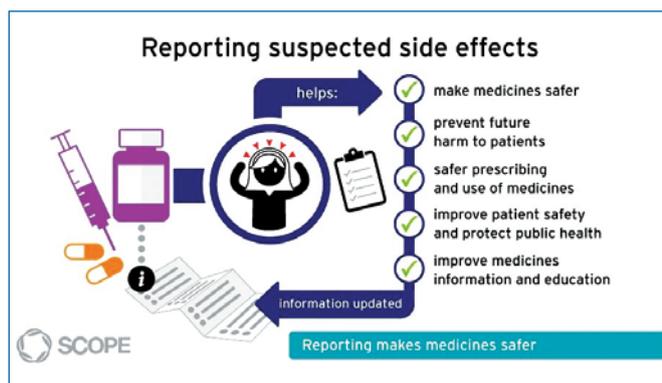
## Don't wait for someone else to report it

All worldwide spontaneous ADR reporting systems, like the Yellow Card Scheme in the UK, are associated with under reporting. It is estimated that only 10% of serious ADRs and between 2 and 4% of non-serious ADRs are reported. Reporting rates are thought to be influenced by the seriousness of reactions, their ease of recognition, the extent of a drug's use, accessibility of reporting forms, time, promotion, and awareness about the ADR reporting system. It means that the number of ADR reports received by such reporting systems is not a true reflection of the number of people who have adverse reactions to drugs. This makes it even more important to report your suspicions that an ADR might be occurring from a medicine to the Yellow Card Scheme. Don't wait for someone else to report it, and if in doubt report a Yellow Card anyway.

## Can you measure your patient safety culture?

A good reporting culture is a positive sign of good patient safety. Pharmacy technicians can raise the topic of ADRs to encourage reporting with your colleagues at your next meeting to strengthen the patient safety culture in your pharmacy team. It is also good practice to have ADRs as a regular item for the team to talk about such experiences, how they were identified and learning from safety developments in this area through actioning national alerts and Drug Safety Update (See the 'Subscribe to Drug Safety Update' section).

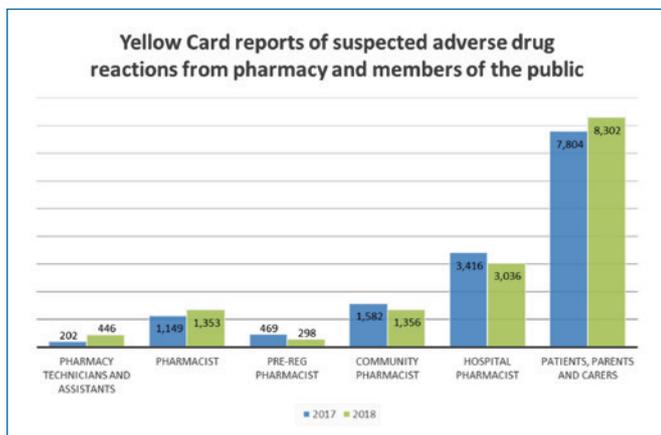
At the top of the following page is a screenshot of the Yellow Card website showing that pharmacy assistants and pharmacy technicians can select their own profession when reporting a suspected adverse drug reaction:



### Do pharmacy technicians or assistants report?

It is encouraging that each year suspected ADR reporting to the Yellow Card Scheme by pharmacy technicians and assistants are increasing. The MHRA is keen to encourage more reporting. Last year, ADR reporting increased by 121% (244 reports) from pharmacy technicians and assistants, resulting in them reporting more than pre-registration pharmacists.

Overall, pharmacy accounts for 28% of all suspected ADR reports submitted to the Yellow Card Scheme from healthcare professionals. However last year, there was a 9% decrease in the reporting from this sector. This decrease in reporting was seen from community, hospital and pre-registration pharmacists as shown in the graph below (reporter qualifications are as reported on the Yellow Card). The MHRA is keen to reverse this trend and encourages the entire pharmacy team in a call to report suspected ADRs to the Yellow Card Scheme.



### Where can I find information on ADRs?

Information on ADRs is available from a range of sources that are easily accessible to healthcare professionals:

- Product information - for a list of recognised ADRs to a particular medicine you can refer to the Summary of medicinal Product Characteristics (SmPC). SmPCs are issued for every medicine and are approved by medicines regulators such as the MHRA, for use by healthcare professionals. An SmPC includes medicines information on indications, contraindications, warnings, interactions, dose, administration, ADRs (undesirable effects), and overdose. You can find the SmPCs and as well as patient information leaflets (PILs) that come with the medicine on the MHRA's website: [gov.uk/pil-spc](http://gov.uk/pil-spc)

### A call to pharmacy technicians and the pharmacy team to report:

Your report matters and helps contribute to improved patient safety and to protect public health. Yellow Cards can be used for reporting suspected adverse drug reactions (ADRs) to medicines, vaccines, herbal or complementary products, whether self-medicated or prescribed. This includes suspected reactions associated with misuse, overdose, medication errors or from use of unlicensed and off-label medicines.

#### Please report all suspected adverse drug reactions that are:

**serious, medically significant, result in harm or from medication errors.** Serious events are fatal, life-threatening, a congenital abnormality, disabling or incapacitating, or resulting in hospitalisation.

associated with **newer drugs and vaccines (▼)**, irrespective if they are serious or not. The most up-to-date list of black triangle medicines is available at:

[www.mhra.gov.uk/blacktriangle](http://www.mhra.gov.uk/blacktriangle)

If in doubt whether to report a suspected adverse drug reaction, please complete a Yellow Card.

It's easy to report online ([www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)) or via the app.

**Don't delay, report a Yellow Card today.**

- Formularies such as the British National Formulary (BNF), BNF for Children or MIMS.
- Interactive Drug Analysis Profiles (iDAPs) - these are interactive listings of all suspected ADRs reported to the Yellow Card Scheme for a particular drug substance and these can be accessed on the Yellow Card website or via the app.

### Talking to patients about ADRs

Talking about ADRs with patients is a very important way to raise awareness about medicines safety. Pharmacy technicians play a vital role in delivering care and helping people to maintain and improve their health and wellbeing and this includes communicating effectively and making sure the person has all the relevant information in a way they can understand it. For example, providing and discussing the PIL with patients and their caregivers provides a great base for such conversations. Every licenced medicine is supplied with a PIL to ensure patients know how to take a medicine safely. By reminding patients to always read the leaflet even if they have been taking the same medicines for some time, you can make sure they know where to go and what to do if they experience an ADR, including reporting them to the Yellow Card Scheme.

### E-learning to support pharmacy technicians

To support the education, specific CPD e-learning modules on ADRs have been developed for healthcare professionals. You can access the newest e-learning module on the MHRA's website: 'Adverse Drug Reactions: reporting makes medicines safer'. There are also three more detailed e-learning modules on ADR reporting on the CPPE (Centre for Pharmacy Postgraduate Education) website.

### Subscribe to Drug Safety Update

Pharmacy technicians can stay up-to-date with the latest safety information about medicines, including new ADRs, by subscribing to the MHRA's monthly bulletin Drug Safety Update.

Drug Safety Update is essential reading for everyone involved in the preparation and supply of medicines, including over-the-counter medicines. You may even see new advice on ADRs you have reported after some time.

Each Drug Safety Update provides actions for healthcare professionals, including pharmacy teams, to ensure the safety of their patients. You may wish to become the 'Drug Safety Update lead' for your pharmacy to make sure your colleagues know about the latest advice about ADRs.

You can also use Drug Safety Update to refresh your knowledge about key safety issues. For example, this could include taking the lead on advising your practice and patients about the

Pregnancy Prevention Programme for female patients taking valproate for epilepsy or bipolar disorder. Key steps, such as always providing the PIL and valproate patient card to female patients and checking a pregnancy warning symbol is on the carton, show the importance of the whole pharmacy team in safeguarding patients. You can read more about the responsibilities of the pharmacy team, including assistants and pharmacy technicians, who are preparing and supplying valproate medicines from the General Pharmaceutical Council.

**Make use of the Yellow Card app**

Apart from being able to report on the go, pharmacy technicians may be interested in the updates made to the Yellow Card app to add new features, stability, easy log in, and new questions to explore use of medicines in pregnancy. They can also use the app to access Drug Safety Update, set up a watch list for medicines of interest, and MHRA alerts every month – for more details see the recent article about the Yellow Card app in Drug Safety Update.

**Help raise awareness**

Have you seen our animation and other supporting infographics to promote reporting to the Yellow Card Scheme? You can help raise awareness too by sharing these on social media and with colleagues or downloading promotional materials from the Yellow Card website. Do get in touch with the MHRA if you'd like to display the animations within patient waiting areas, on digital screens, or if you'd like a batch of healthcare professional or patient Yellow Card forms and credit card sized information cards to give to your patients in their medicines bag.

**Did you know?**

The Yellow Card Scheme also collects information on suspected problems or incidents involving:

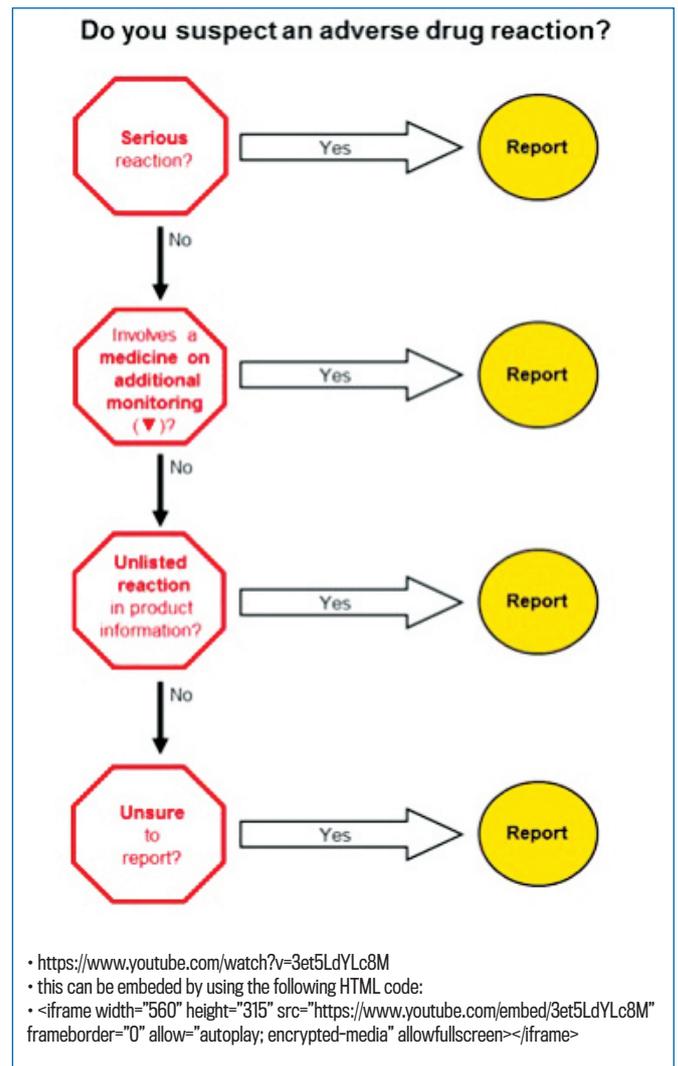
- medical device adverse incidents
- defective medicines (those that are not of an acceptable quality)
- counterfeit or fake medicines or medical devices
- safety concerns for e-cigarettes or their refill containers (e-liquids)
- side effects (also known as adverse drug reactions or ADRs)

For more information about the Yellow Card Scheme see our website: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)

**REFERENCES:**

Yellow Card Scheme: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)  
 Information for healthcare professionals: <https://www.gov.uk/guidance/the-yellow-card-scheme-guidance-for-healthcare-professionals>  
<https://www.cppe.ac.uk/>

**Reporting reminder:**



**MITULSINH JADEJA**  
**BSc (HONS)**

Special Projects Manager, Vigilance and Risk Management of Medicines Division, Medicines and Healthcare products Regulatory Agency (MHRA).  
 Email: [mitul.jadeja@mhra.gov.uk](mailto:mitul.jadeja@mhra.gov.uk)  
 Twitter: @big\_bapu

**Have you heard about the APTUK Membership Challenge?**

Have you made your pledge to recruit a new member to APTUK?  
 Have you encouraged a new member to join and shared this news with others?

For further details on how you can get involved in the #Plusone challenge visit our website  
[www.aptuk.org/plus-one-aptuk18-membership-challenge](http://www.aptuk.org/plus-one-aptuk18-membership-challenge)

# Apprenticeship Update

## Pharmacy Technician (Integrated) Apprenticeship Level 3

Hello everyone,

Welcome to the latest update regarding the Pharmacy Technician (Integrated) Apprenticeship Level 3 in which you will find the latest news with regards to End Point Assessment (EPA). I will also provide an overview of the 'Operational Duties' included in the Level 3 Apprenticeship as determined by the Pharmacy Apprenticeship Trailblazer Group and agreed by the Institute for Apprenticeships (IfA).

### End Point Assessment (EPA) – where are we up to?

An apprenticeship standard is only available for delivery when all the criteria has been approved and as such the status of the Pharmacy Level 3 Apprenticeship remains as 'in development'. Currently, the Pharmacy Technician (integrated) Apprenticeship is not completely ready for delivery as not all the criteria required by the IfA has to date been entirely approved.



What has been approved as shown in the diagram above is the proposal, the standards and the funding band, leaving just the End Point Assessment Plan which requires some additional work. The good news is that there are only a few minor changes required to give 100% assurance that the pre-registration trainee pharmacy technician (PTPT) has achieved occupational competence for each of the 'occupational duties' on completion of the qualification.

The deadline for resubmission of the End Point Assessment plan was the 3rd May 2019 for final sign off with publication promised by the end of the month.

### Occupational Duties

The Pharmacy Apprenticeship Trailblazer Group developed the list of the operational duties as part of the strategy and in doing so ensured that each of the ten duties encompassed the main tasks of a pharmacy technician across a wide range of sectors. The duties are therefore transferrable to many employers, widening access and development opportunities for pre-registration trainee pharmacy technicians, both whilst in training and once qualified. The Knowledge, Skills and Behaviours attributed to each duty can be applied.

I am particularly pleased to see an emphasis on governance, especially as the continued shift to roles with additional responsibility both outside and within the traditional remit in primary or secondary care and community pharmacies.

With an increasing number of pharmacy technicians taking up

more roles in management, Duty 3, supports PTPT's in being able to acquire some of the knowledge skills and behaviours required to develop into these extended roles as their career pathway unfolds.

The new addition is Duty 10, although there are those of us that will remember the First Aid course being part of the BTEC Applied Science qualification in the early part of the year 2000. Although these duties can be found on the IfA website I thought it would be useful to include them in this update by way of staff involved in the training of PTPT's formulating training plans that reflect the updated standards and the evolving role.

### Operational Duties:

Duty 1	• Achieve the best possible outcome through a person's medicines by managing, ordering, receiving, maintaining and supplying medicines and other pharmaceutical products safely, legally and effectively, whilst meeting the regulatory standards.
Duty 2	• Provide person-centred health advice to all patients
Duty 3	• Support the management of the day to day operation of the pharmacy, eg clinical governance, business operation and processes, including where appropriate the supervision of members of staff
Duty 4	• Provide training to pharmacy and the wider healthcare team e.g. for a new member of staff
Duty 5	• Maintain a quality service through auditing and evaluating the service and processes, and respond to feedback
Duty 6	• Advise people, in a wide range of settings, on the safe and effective use of their medicines and devices
Duty 7	• Manage your own professional and personal development
Duty 8	• Ensure patient safety, by promoting safe practices, and the effective use of systems
Duty 9	• Provide specialist services in response to local and national needs and initiative
Duty 10	• Respond appropriately to medical emergencies

In conclusion we await the final End Point Assessment Plan and hope to be able to share this in the next edition, along with information regarding 20% off the job training, what does this mean for employers and how can we support this element of apprenticeships?

Further information regarding Pharmacy Service apprenticeships can be found at [www.instituteforapprenticeships.org](http://www.instituteforapprenticeships.org).

### JEANNETTE ADRIAN

APTUK National Officer Preregistration Trainee Pharmacy Technician (PTPT)

Chief Pharmacy Technician, Manchester Foundation Trust (MFT)  
 ptpt@aptuk.org



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# A Royal Air Force Pharmacy Technician on Deployment



**Corporal Andy Webster originally joined the Royal Air Force in 2006 as an Aerospace Systems Operator. In 2014 he re-trained as a pharmacy technician, and after completing his training at Guy's and St Thomas' London, he was posted to RAF Waddington's Defence**

**Primary Healthcare Centre to oversee the daily running of the dispensary and medical stores. After his deployment to Oman for Exercise SAIF SAREEA, he was posted to and is currently based at the Medical Provisioning Point, RAF Akrotiri, Cyprus, where he works with a team of pharmacists and pharmacy technicians procuring medicines and medical material for the islands military medical centres.**

## Exercise SAIF SAREEA 3



Ex SAIF SAREEA 3 (Ex SS3) was one of the UK's largest combined overseas exercises to happen in 15 years between UK and Omani Armed Forces. Some 5,500 UK regular and reserve military personnel participated alongside over 60,000 Omanis from the Sultans Armed Forces. From Aug to Dec 18 I was deployed on Ex SS3 as part of the Role 1 (Enhanced) Air Staging Unit (Role 1 (E) ASU) team providing real life medical support for exercising troops.

Based at Royal Air Force of Oman (RAFO) Mussanah and providing 24-hour cover, the Role 1 (E) ASU comprised of 33 personnel from units all over the UK including medical officers (doctors), medics, paramedics, physiotherapists, dental staff, nurses, environmental health technicians, medicals support officers, medical and dental servicing section personnel, and me as the pharmacy technician.

All the equipment required to build and sustain the medical facility for the duration of the exercise had been flown or shipped out weeks prior from Tactical Medical Wing located at RAF Brize Norton. To provide accountability and ensure their secure transit from the UK, I arrived in possession of the controlled drugs. Therefore, with everything at hand, work started from day one erecting the Role 1 tents in the cooler temperatures of the evening to slowly acclimatise to the 40+ °C daytime heat.



Once the Role 1 was established and fully functional with all medical equipment set up and ready to go, patient care was transferred from 902 Expeditionary Air Wing medical centre to the Role 1 for ExSS3 personnel. The Role 1 consisted of primary healthcare clinics, a resus department, GP surgeries, a dispensary, an air staging unit (like a ward, but holds patients awaiting departure to the UK), medical equipment servicing department, and a command and control point where management had an overview of the medical facilities occurrences.

In preparation for the start of the exercise, troop movement increased which inevitably resulted in an increase in patient admissions. Due to the environment (heat, terrain etc) the most common conditions treated were dermatological or musculoskeletal disorders. Examples of which were personnel developing athletes foot as a result of wearing boots in the hot sweaty conditions, itchy mosquito bites, and minor sprains and strains. Not only was it our role to treat these conditions but also to educate personnel on how to prevent these conditions occurring – keep covered up, maintain good feet hygiene.

Any patients that required further treatment for more serious conditions were admitted to the Air Staging Unit of the Role 1 until an aeromedical team were able to escort them back to the UK. An aeromedical team comprises of experience nurses and medics to conduct patient monitoring and maintain treatment throughout the flight back to the UK. Thankfully there was very few incidences of this happening. For those who needed medical care outside the scope of the Role 1 but didn't need to be flown back to the UK, we were able to utilise the Oman medical services who's standard of health care facilities and treatment were on par with the UK's NHS.

As the pharmacy technician for the Role 1, my responsibilities were to provide a safe, effective and efficient dispensing service, providing the appropriate advice to patients on the use of their medication, and engaging with patients to ensure medicines compliance. During busy periods it became necessary for other healthcare professionals to work within the dispensary. As a result, I had to manage and provide dispensary training to medics and nurses in dispensing procedures and identifying the legal requirements of prescriptions and dispensing labels. This enabled them to act as dispensing assistants which provided me the opportunity to second check the prescriptions before issuing medication to the patient. Taking into consideration the supply time from the UK, appropriate stock levels had to be maintained within pharmacy. This also included medical stores which holds consumable medical material such as syringes, ECG paper, bandages, and infection control kits. Working as part of a multi-disciplinary team I also had to support other Health Care Professionals in the delivery of safe and effective care, assist with Medicines Information enquiries including storage and logistics, and act as the point of contact in all Pharmacy matters.

Unlike many civilian roles, military pharmacy technicians do not always work under direct supervision of a pharmacist, we work under regional/exercise/HQ pharmacists who we may not necessarily have daily face to face contact with. It is therefore important to always work within your scope of practice and qualification.

With the high temperatures of the desert prevalent, an important consideration was the storage of the medication. The Role 1 was air conditioned, but temperatures frequently

fluctuated above the manufacturers recommended storage range. A large lockable temperature-controlled container was made available in close proximity of the medical facility for the vast majority of medication, however, there was a clinical need to ensure that some medication was close to hand for emergency use.

As the exercise came to an end, and troop numbers started to reduce, we slowly started to dismantle the Role 1 leaving only essential departments operating. During the taking down of the



tents, we were reminded to remain vigilant for any snakes, spiders, or scorpions that may be using the dark, cool areas in between or under the tents for shelter. It became the norm to see camel spiders on a weekly basis crawling around the Role 1 medical facility or accommodation.

The exercise provided some great opportunities for training over a wide range of topics with weekly scenarios being conducted by different healthcare specialities. Scenarios included staging road traffic accidents with actors and realistic wounds, cardiac and respiratory events, mental health topics, and common primary health care issues. It was also my first deployment as a pharmacy technician, so it was a valuable experience consolidating training that I hadn't previously used for a long time. It also gave me the opportunity to have an insight into other medical professions, for example working closely with specialised nurses, such as emergency

department nurses, which we would not normally be used to working with in a defence primary healthcare medical centre in the UK. To top it off we also received a senior air officers team commendation for overcoming the challenges we met and for the service we provided.

It wasn't all work either, we had the opportunity to board an air tanker during a re-fuelling sortie with typhoons, have a guided tour of the Apache helicopters, and adventure training and force development was also on offer (dolphin spotting, snorkelling with turtles, wadi walking). The Role 1 also had their own band which provided entertainment to exercising personnel on an evening.



**If you have any questions or would like further information whether it's on the deployment or RAF pharmacy technicians in general, please don't hesitate to email me at [awebster773@gmail.com](mailto:awebster773@gmail.com)**

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We are currently offering a financial package to Students in their 2nd yr of training in the form of a £3.7K (taxable) bursary that decide to join the RAF Medical Reserves. We are also recruiting fully qualified Pharmacy Technicians who are registered with the General Pharmaceutical Council (GPhC). This is an opportunity to apply and develop your skills in an environment of unique personal and professional challenge.

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# My Role as a Specialist Pharmacy Technician

**After qualifying as a pharmacy technician in 2011 it is safe to say my career path has not been what I expected. I assumed, as most do, that I would either work within hospital or community pharmacy. This has not been the case. After 12 months in hospital as a medicines management technician I moved to working within prisons and secure environments. This role opened my eyes to the possibilities of what pharmacy technicians are capable of, given the appropriate training.**

Fast forward two years and in January 2015 I secured a job as a specialist pharmacy technician working in anticoagulation for a service jointly run by the Royal Liverpool and Broadgreen University Hospital Trust and Liverpool Community Health Care Trust. With limited experience I was welcomed into the team which itself was undergoing huge changes due to service expansion and moving patient monitoring away from secondary care and into community settings.

I joined an established and expanding team which currently comprises of 14 pharmacy technicians, two pharmacists, two nurses, four admin staff and an operations manager led by joint clinical leads, Lyndsey Stanley (specialist pharmacist) and Janet Davies (specialist nurse). The service also has input from a consultant haematologist. The service itself is commissioned by the Clinical Commissioning Group to initiate and monitor any patient registered with a Liverpool GP on vitamin K antagonists for any clinical indication. Patient monitoring is in clinic settings and by domiciliary visits for patients unable to access clinics. As a team we run 37 clinics across 23 different sites a week and have an average of 100 domiciliary visits a day. As a service we have around 84,000 patient contacts per year and on an average day I will see around 45 patients. Using point of care testing (POCT) we obtain a result immediately, can assess the person individually and advise on dose and next appointment.

During my four years with the team so far, my responsibilities have continuously increased as my competence and confidence has developed. I started



on day one shadowing colleagues in clinics and on home visits, completed background reading on anticoagulation to increase my knowledge and indications for use, (POCT) training and case studies. After completing an in-house training program and an assessment of my dosing I was signed off as a competent at level one to undertake INR testing and dose all patients autonomously with an INR within 0.3 of their target range. I referred on to a colleague outside of these limits or if I had any concerns, the patient had any significant medication changes, upcoming procedures or unexplained bleeding.

As my confidence and knowledge developed I was signed off as a level two pharmacy technician dosing all INRs between 1.5 and 5.0. It also gave me more input into reviewing patients prior to and post procedures.

2017 and the service changed again. The contract for the service was taken over solely by the Royal Liverpool and Broadgreen University Hospital Trust within the haematology department and the Roald Dahl Haemostasis & Thrombosis Centre, but still committed to delivering the service in the community close to patients.

Further developments to our role and daily responsibilities followed and level two pharmacy technicians' competence parameters changed. Following further assessment and peer review we could now dose any patient with INR between 1.0 and 8.0. Above 8.0 we were to liaise with

pharmacist/nurse for appropriate course of action to be taken.

This broadening of clinical competence enhanced the support pharmacy technicians could offer within clinic, on domiciliary visits and via the advice line. Our advice line runs from 8.30am – 5.30pm Monday to Friday for patients, carers and other health care professionals (HCPs). These calls are triaged and answered the same day and we handle around 26,000 calls for advice per annum.

The complexity of patients we monitor has increased exponentially and as pharmacy technicians we now play an active part in assessing patients undergoing procedures, determining whether they need to suspend warfarin, reviewing whether they require bridging therapy with low molecular weight heparin (LMWH) and if so refer on to our non-medical prescribers. Within the team we consider bleeding and clotting risk independently to assess patient risks for stopping warfarin. We also complete district nurse or treatment room referrals are completed if patient needs assistance administering LMWH. Many referrals for procedures come directly from local acute hospitals. This is also true of regular updates about patient admissions and discharges so we can process these in a timely manner and ensure continuity of care. Other referrals may be received from patients GPs especially if they wish to initiate anticoagulation. These must be reviewed for appropriate choice of anticoagulation, indication, target INR

and duration of treatment in accordance with NICE and local guidelines. Our non-medical prescribers provide the patient with their initial prescription. We review our patients on a continuous basis but once a year we perform a more in-depth annual review. This is a holistic review to ensure they are receiving the most appropriate treatment for them. After review we make any recommendations to GPs if action is required.

None of the above would be possible without teamwork, the support of colleagues and the knowledge that a second opinion is always close at hand. Through times of increased service demand, we always pull together and ensure we provide the best care possible for our patients. I am proud to say this has been recognised locally and nationally with the service winning numerous awards. Most recently we were awarded best on-going management of thrombosis by a community based or primary care service by Lyn Brown MP at the Anticoagulation Achievement Awards in October 2018. Our joint clinical leads attended the awards ceremony at the House of Commons in London. It was such an honour to be nominated for this award let alone win.

Now to 2019 and the service is not slowing down when it comes to development. Our clinical leads are always trying to enhance what we can do as pharmacy technicians to the top of our licence within our own limitations

to ensure we achieve our true potential. A patient specific direction for vitamin K administration has recently been agreed so we are able to administer at point of contact for over anticoagulated patients. This has been challenging finding a solution which meets the patient needs with the current legal remits. After months of hard work, it is now in place and training is underway for the pharmacy technicians to be signed off as competent to utilise this safely. Hopefully one day we will be able to work under patient group direction as this will reduce some of the barriers we all face as pharmacy technicians.

Recent years have also seen the wider spread use of direct oral anticoagulants (DOACs). As a result, the service is in the process of moving the DOAC service from secondary care into community clinics enabling us to become a fully comprehensive anticoagulation service. The full specification for this service is still in development but I hope pharmacy technicians will play an integral part in assessing patient history and blood results for suitability of treatment, patient discussion on preference and post initiation monitoring where required.

Our clinical leads also provide regular training and update sessions and we use peer review frequently to discuss more complex cases. Development is promoted and personally I am always trying to increase my clinical knowledge so I can provide a better service for my patients. I

am currently self-funding the BTEC Level 4 Clinical Diploma from Bradford college and am sure once completed I will be looking for my next challenge.

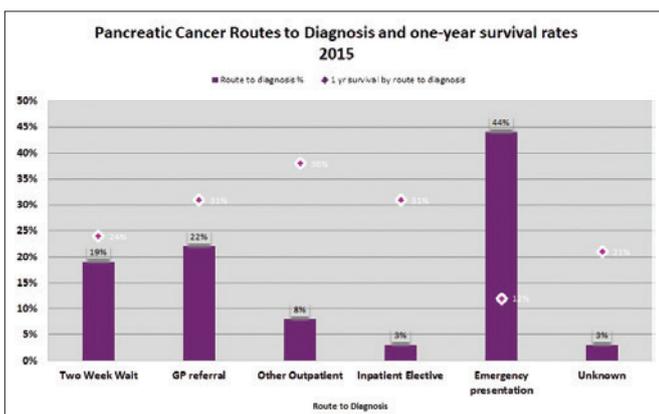
Our role can be quite daunting if I sit back to reflect. I never imagined when I qualified as a pharmacy technician I would ever be able to call myself a specialist anticoagulation technician, making such important decisions about a patients ongoing treatment autonomously and having these decisions respected and trusted by other HCPs. It has its challenges as every job does but I am proud to part of a team providing front line services. My colleagues and I are proof that roles within the pharmacy technician profession are continuing to develop and with the right training we can play a greater clinical role in delivering health services.

#### CLAIRE WIEBE MAPharmT

Specialist Pharmacy Technician,  
Liverpool Anticoagulation Service –  
Community, Royal Liverpool and  
Broadgreen University Hospital Trust.  
Claire.wiebe@rlbuht.nhs.uk

## Why Pharmacy Teams Are Crucial in Improving Survival Rate of Pancreatic Cancer

Pancreatic cancer is currently the UK's fifth biggest cancer killer with more than one person dying every hour. New research shows that by 2026 pancreatic cancer will become the UK's 4th cancer killer and by 2025 deaths from pancreatic cancer are predicted to be 25% higher than breast cancer in the EU. What's more pancreatic cancer survival rates have sat below 7% for almost 50 years.

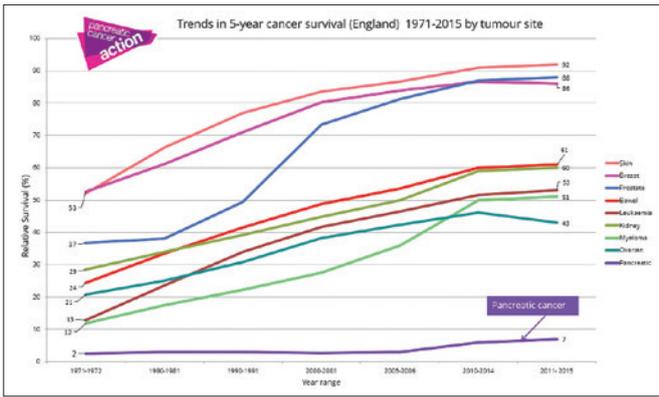


The statistics are devastating yet there is still a chronic lack of awareness and funding for the disease. Pancreatic Cancer Action is a charity dedicated to improving survival rates of pancreatic cancer through early diagnosis. We do this by raising awareness of the symptoms with the public, providing free patient information, funding research into early diagnosis and providing free resources and e-learning for healthcare professionals.

### Why early diagnosis of pancreatic cancer is key

Early diagnosis of any cancer is critical to improving a person's chance of survival, as early-stage cancer is more responsive to treatment than late-stage cancer. Pancreatic cancer is a very aggressive form of cancer as the tumour begins to metastasise very quickly, therefore early diagnosis is particularly vital in this disease.

There is currently no screening test for the disease and most patients are diagnosed too late for effective treatment with 44% of patients being diagnosed in A&E. Shockingly, less than 7% of patients diagnosed will survive 5 years and are given only 2-6 months to live. However, if a patient is diagnosed early there are much greater treatment options their chance of survival increases significantly to 30%.



Research into more effective treatments and a diagnostic biomarker is important but we are a long way off. Knowing the signs and symptoms of the disease is crucial in helping to diagnose pancreatic cancer early.

**Symptoms of pancreatic cancer**

Many people associate pancreatic cancer as ‘the silent killer’. However, research shows that there are symptoms associated with the disease. Despite this, they can appear quite vague and are often misdiagnosed for illnesses such as gallstones and irritable bowel syndrome.

The important thing to note is that if a patient experiences one or more of the following symptoms that are persistent and not normal for them, it could be a sign of pancreatic cancer:

- New-onset type 2 diabetes (not associated with weight gain)
- Jaundice
- Unexplained weight loss
- Upper abdominal pain or discomfort
- Mid-back pain or discomfort
- Indigestion
- Nausea and vomiting

**The role of pharmacy teams**

We strongly believe that healthcare professionals, especially pharmacy teams, are crucial in helping to improve the survival rates through early diagnosis.

Pharmacies are at the forefront of every community and more than ever people are visiting their local pharmacy teams for clinical advice, asking about health concerns and buying over the counter medication.

Quite often pharmacists will see customers on a weekly basis and have an insight into their lives which can be crucial in spotting the symptoms of an illness or disease such as pancreatic cancer. What’s more pharmacists, pharmacy technicians and their teams are well placed to identify the associated risk factors of pancreatic cancer which include: smoking; obesity; age; chronic pancreatitis and diabetes.

**Free resources for pharmacy teams**

We have created free resources for pharmacy teams to give them the tools they need to help improve early diagnosis, including the very first e-learning modules on pancreatic cancer. The modules are free and NPA accredited; there is one for pharmacists and one for pharmacy teams.

- The modules will help you to:
- Identify the risk factors associated with pancreatic cancer and explore its impact on sufferers
  - Recognise the symptoms that may indicate pancreatic cancer and require urgent referral to a GP
  - Reflect on the communication skills needed when speaking to customers who are suffering from, or showing symptoms of, pancreatic cancer.

The modules also contain two videos; one to help highlight symptoms to look out for in patients, and a bespoke animation that will provide you with a clearer idea of a pharmacy’s role in helping customers with potential symptoms of pancreatic cancer.

To access the modules, please visit: [www.panact.org/pharmacy](http://www.panact.org/pharmacy)

**Involving your community**

As well as our e-learning we have recently launched a fun, interactive campaign for pharmacies which takes place every November for Pancreatic Cancer Awareness Month. The campaign, Turn it Purple™ Pharmacy of the Year Award encourages pharmacies to further their own education by taking the e-learning modules and to raise awareness of the disease within their pharmacy and local community.

Taking part in the Award is fun way to engage with the team and the local community and raise much needed awareness of pancreatic cancer. It can also help you meet the quality criteria to achieve and maintain a Healthy Living Pharmacy status.

Pancreatic Cancer Action can also provide you with free patient information, leaflets and posters for your pharmacy.



**About Pancreatic Cancer Action**

Pancreatic Cancer Action is a national charity dedicated to saving lives through early diagnosis and improving the quality of life for those affected by pancreatic cancer.

Founded by a pancreatic cancer survivor, who proves that early diagnosis is achievable, and survival is possible, Pancreatic Cancer Action’s vision is a day when everyone is diagnosed early and survives pancreatic cancer.

We are the only UK charity that specifically focusses on early diagnosis in everything we do. From raising awareness of the symptoms with the public and funding early diagnosis research, to providing free resources for healthcare professionals and free information for patients and their families. Our work has a direct impact on diagnosing people sooner.

We rely on our amazing supporters to help us raise awareness, fundraise and campaign for change. If you would like to find out more about us, please visit: [www.panact.org](http://www.panact.org)



**ALI STUNT**  
 Founder and CEO  
[comms@panact.org](mailto:comms@panact.org)

# A Human Factors Approach to Medication Errors

My name is Kelly Wood, I am the medicines safety pharmacy technician at University Hospital Southampton NHS Foundation Trust. At the APTUK 2018 conference I presented the session 'A Human Factors approach to medication errors; why do we make errors?' Since then I am delighted to have been asked by APTUK to write a regular safety feature for this journal.

With a plethora of thoughts and ideas that I'd like to share with you, I thought I would start by talking about confirmation bias – something we all experience both professionally and socially.

If this is a term you are not familiar with, before you google 'what does confirmation bias mean?' let me tell you. Although relatively scientific terminology, confirmation bias means seeing what you want to see.

When discussing medication errors across a multi disciplinary team a common contributory factor is 'I didn't know that product strength existed' or 'I didn't realise the packaging had changed'. Although this may be a fact and highlights a knowledge gap it also shows the presence of confirmation bias. We are more likely to see what we are more familiar with seeing. Many of us will be familiar with Symbicort turbobhaler, so the arrival of a Symbicort MDI could increase the risk of a confirmation bias error.

Readers may now think they can avoid confirmation bias, but this is next to impossible. But being aware of its existence can help. For many of us our day to day roles include highly practiced tasks whether in a dispensary or aseptic environment. When we are learning a new task, it is common for us to work at a slower pace with a more methodical approach as we feel the risk of error is higher due to being unfamiliar with the task. This method has previously been referred to as system 2 thinking, allowing us to be analytical of a task.<sup>1</sup> Often staff compile their own checklist when learning or practising a new task. The use of a checklist challenges us to consider things we may not have done if we were more familiar and confident with the task. In time, the more familiar we become with a task, we allow ourselves to take cognitive shortcuts which affects our decision making. There are some who don't like using a checklist for

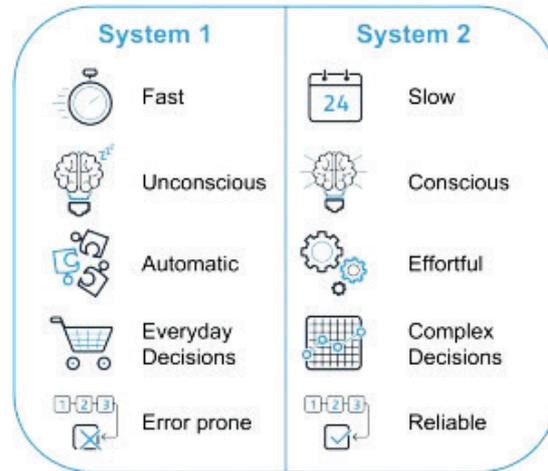


Figure 1:  
The differences in  
System 1 and  
System 2 thinking.<sup>2</sup>

highly practiced tasks as they feel it slows them down. Why wouldn't you use a checklist if it helped prevent you making an error?

System 1 thinking is different to system 2. System 1 thinking is fast, accurate where we can make decisions much more quickly if needed. The transition from system 2 to system 1 thinking comes with time and confidence. Taking this out of the workplace, when learning to drive we adopt system 2 thinking as it is a new skill and the risk of error and/or harm is high. Therefore, you drive in silence without the radio on and check your mirrors repeatedly throughout the whole lesson. One year after passing your test, you can sing along to the radio, think about what to have for dinner whilst feeling in control of the car.

Hopefully from reading this you can identify when and where confirmation bias may be active in your processes. Consider how often you dispense a prescription for paracetamol. The system 1 method would be to distract yourself unintentionally by thinking about why this is prescribed and not being brought over the counter. You dispense the drug (which you have dispensed multiple times that day) but on this occasion later discover you missed that the prescription was for soluble tablets. The system 2 method would recognise that this was a prescription for paracetamol that you have dispensed many times already that day, but you would continue to work methodically through the dispensing process, recognising when checking the labels against the prescription that soluble tablets are required.

If there are any specific topics you would like to read about in this feature in future editions, please contact me directly.

## REFERENCES

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## KELLY WOOD

Medicines Safety Pharmacy Technician  
University Hospital Southampton NHS  
Foundation Trust  
Kelly.wood@uhs.nhs.uk

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