



PHARMACY TECHNICIAN JOURNAL

WINTER 2023

Journal of the Association of
Pharmacy Technicians United Kingdom



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Features



13

One Million & Counting

14

PCPEP

16

College of Mental Health Pharmacy Conference

18

APTUK 2023 Annual Conference



20

Katherine Miles Poster Awards

24

APTUK 2023 Pharmacy Technician Awards

28

APTUK 2023 Fellowship Awards

30

APTUK 2023 Bursary Winners

32

Personal Perspectives

34

Bioequivalents

36

Discharge Counselling in Mental Health

37

LGBTQ+ Inequity

38

Prescription Clarification

40

Medicine Optimisation



40

42

Meet the New Editorial Team

APTUK

04

Editor's Comment

05

President's Column

07

Branch Update

07

Equality & Equity



09

09

UK Commission on Pharmacy Professional Leadership

09

Update from Wales

10

Supervision

11

Patient Group Directions

11

Education Update



DIANE TORRY MPharmT – Guest Editor
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New beginnings

Welcome to a bumper edition of the Pharmacy Technician Journal and our first digital edition. As part of our pledge towards a more sustainable and greener outlook we are trialling a new digital format. We hope you like it, but if you would still like to receive a paper copy, you can request one before the end of December here: [Request a printed copy](#).

Welcome also to our new editorial team; myself, Caroline, Emma, Rajesh, Sharmilla and Umar. We are all very excited to be part of this new venture. You can find out more about us in our 'Meet the team' article.

In this edition we celebrate our sold-out conference APTUK 2023 Making an Impact – which was held in September. And what a fantastic conference it was, with speakers from far and wide, old faces and new, coming together in a melting pot of ideas, innovations, inspiration and celebration of pharmacy technicians. You will find articles from the award winners, bursary recipients, poster exhibitors and attendees, showcasing what an amazing bunch pharmacy technicians are. The executive committee have already started planning next year's conference so look out for further updates and announcements so you don't miss out.

We have updates on important developments for pharmacy technicians including supervision and the consultation on acting under PGDs as well as information on the Primary Care Pharmacy Education Pathway, and a thought-provoking article on equality and equity.

As always, we would love to hear from you. Please help us to continually improve the PTJ and send us your feedback by completing the following short questionnaire: PTJ Feedback. We welcome pharmacy technicians from all sectors and all parts of the UK to share their work, or if you have ideas for what you would like to see in future editions let us know.

We are continually looking for articles for the journal, so if you have something you would like to share with the wider pharmacy technician profession, please get in touch.

Earlier this year Kay, editor of the PTJ, took the decision to step down from the PTJ editor role after 4 years. We want to say a massive thank you to Kay for her hard work and I have included a few words that she shared with us before stepping down.

I have made the decision to step down from the editor role within the APTUK executive committee. These types of actions often cause us to look back and reflect but I have also been looking forward. Looking forward to seeing someone else put their stamp on the PTJ and personally looking forward to receiving the PTJ and the excitement of reading articles printed for the first time. It is a huge privilege reading articles before they are printed and a huge honour to have been part of the exec committee for the last 4 years. The support and camaraderie has been very much appreciated and the exposure of a national role I'm sure benefitted my career and work practices in ways I'll never really know.

My final words for you are very simple. Keep doing the great work you do every day & submitting articles to share the innovations and projects that pharmacy technicians are doing, keep looking forward – it's exciting times ahead.

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PTJ 2024 timeline

Edition	Copy Deadline
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Full instructions are available online at www.aptuk.org. Articles must be submitted electronically to editor@aptuk.org. Authors are required to transfer copyright in their work to the Association of Pharmacy Technicians UK.

Subscription available on request. For more information contact membership@aptuk.org.



CLAIRE STEELE MAPHARMT – APTUK PRESIDENT
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President's Column

Welcome to the first digital edition of the Pharmacy Technician Journal!

It has been a while since our last edition as we have endeavoured to support our sustainability commitments by sourcing a more eco friendly format. It has not been easy to compile this bumper edition without an editor however, I'm sure you will agree, our new editorial team supported by Vicky Hope (APTUK Operations Lead) and the wider APTUK executive committee have produced an exceptional journal. Special thanks too to all our authors, there are some really great articles. Publishing your work is rewarding personally and professionally so if you have a piece you would like to share, please get in touch by emailing diane.editorial@aptuk.org. Paper copies are available on request and we would love your feedback on the new format - just follow this link: [PTJ feedback and copy request](#).

As the year comes to a close, we take time to pause and reflect on all that has happened throughout the year. As my tenure as President comes to an end in February 2024, I have taken time to reflect on my time as President in what will be my last column.

When I took on the role as President, no-one could have predicted that the Chief Pharmaceutical Officers would undertake a commission into pharmacy professional leadership. For me, it was a pivotal moment and one that I knew I had to get right from the start. I was (and remain) hugely positive of the benefits pharmacy technicians bring to any team and forthright in voicing our desire to be recognised as equal healthcare professionals, accountable for our own practice. I believe I was heard loud and clear. I have met Sir Hugh Taylor, the new Independent Chair of the UK Pharmacy Professional Leadership Advisory Board and am optimistic; this will be a positive step for our profession, without losing our long argued for recognition and independence. We are expecting the first meeting of the Board to take place in late February 2024 with work currently being undertaken on the terms of reference; we will share further information as and when available. I will continue to advocate for our profession in all that I do.

I did not expect to see a consultation on the use of patient group directions by pharmacy technicians or for the work of the supervision practice group to start or produce a report! These issues have long been debated and I am so pleased I have been able to support this work. While there is still some way to go, APTUK will continue to steadfastly assert the belief that pharmacy technicians are experts in medicines and their safe and effective use. There will be so many more opportunities for pharmacy technicians once these key legislative changes are in place but even without that we are starting to see a shift in attitude towards the profession, such as pharmacy technicians being included in the contractual delivery of pharmacy services.

I was devastated to miss our conference this year. I know those that attended had a fantastic time and that was down to the inordinate amount of planning and work that took place beforehand. Special thanks to Vicky Hope as the driving force before and during conference and to Nicola Stockmann for doing a sterling job standing in for me. The one thing I have always been proud of during my tenure, is being able to lead a dedicated, enthusiastic and caring team and certainly during my recent illness and conference, the team shone. The theme of this year's conference was making an impact and it's fair to say, the APTUK team and my experience has had a huge impact on me; I think I am a more capable and effective manager and have had my faith in pharmacy restored.

It is with great pleasure I announce Nicola Stockmann as the next President of APTUK. Nicola has been my Vice President for 18 months and I am so happy to be handing over to a pharmacy technician with the same passion and enthusiasm as myself; I'm also hugely relieved that I didn't put Nicola off wanting the job! We will start recruitment for the Vice President soon and I hope you will consider applying.

I was really sad to say goodbye to Claire Sutton, Dafydd James and Claire Williams. All three had a positive impact on APTUK and I wish you the best for the future. Claire Sutton's work on our social media, member updates and pre-registration trainee pharmacy technician membership deserves special recognition and I'm sure our new Membership Director, will continue this excellent work.

A very warm welcome to our new Education Advisor, Elizabeth Harland, and Branch Liaison Executive, Kristy Garton.

Finally, to you, I would like to say thank you. I really couldn't have achieved all that I have without your support. Be unapologetically proud to be a pharmacy technician, I know I am.

I hope you will take time to relax with family and friends over the festive period. If you are celebrating Christmas I would like to wish you a very Merry Christmas and to all a happy, healthy and prosperous new year.

2024 as the year of the pharmacy technician? I definitely think so!

**With best wishes,
 Claire**

What a year 2023 has been for pharmacy technicians!

We've seen professional recognition in the NHSE long term workforce plan, a DHSC consultation on pharmacy technicians being added to the list of HCPs who can administer and supply medicines under a PGD and another in the pipeline regarding supervision with exploration of pharmacy technicians' expertise utilised fully in a community pharmacy setting. The Royal College of Emergency Medicine (RCEM) have also acknowledged in their recent position statement on pharmacy services in the emergency department (October 2023) that pharmacy technicians provide "invaluable expertise" in this setting.

After our conference kicking off the season, APTUK were present at many conferences and events this year; it is so important to us to meet our members and hear what matters to you. We've flown the flag for the UK and our advanced practice overseas as well as closer to home. We've collaborated with other organisations to strengthen pharmacy technician presence and influence at every opportunity, including reviewing best practice guidance and inclusive events for Black History Month and South Asian Heritage Month. APTUK are also part of the board for the PPL as we look to strengthen the position and collective voice of pharmacy, in collaboration with specialist pharmacy groups and other professional leadership bodies.

I am delighted to take up the prestigious role of APTUK president at the end of Claire's term. I would like to take this opportunity to say a huge thank you from myself and the executive committee for all her hard work throughout her tenure. 2024 promises to be another significant year for us, with post-qualification education and scope of practice being the priorities in line with the APTUK strategy. To do this most effectively, we will also be prioritising membership growth, representing as many pharmacy technicians as possible across all areas of practice provides a diverse voice and range of experiences. Our strategic work will continue through 2024 and beyond, and I look forward to continuing to meet and represent you all.



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APTUK Membership information

CURRENT FEES

To join APTUK follow this link:

www.aptuk.org/about-us/join-aptuk/

The current annual fees are

Pharmacy Technician: £60 or £6 per month
Early Years: £60 for 18 months or £4 per month
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Monthly fees are only available when setting up payment via the website: aptuk.org.

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For support with username and password, please contact Lynn Ali, the Membership Coordinator.

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APTUK JOURNAL

Four editions of the journal are published to all full and fellow members.

Editions are also available electronically via the member's area on the APTUK website.

All members, including trainees can access previous and current editions via the member's only area.

To discuss sharing your work in the journal, contact: editor@aptuk.org

#membershipmatters #joinus #supportustosupport

Contact details for Lynn Ali – APTUK Membership Coordinator

Email: membership@aptuk.org

Branch Update

What an incredible last few months it has been for the branches, and I am delighted to be able to provide my first branch update for the PTJ.

Having only recently come into the post of branch liaison (check out my bio on the website) I am not able to provide an update on everything the branches have been up to or their achievements over the past few months. That being said, from talking to APTUK members, executive committee members and the branches themselves I know how hard everyone has been working and what great things they have been doing not only with their branches, but within their careers and for the pharmacy technician profession. I had the pleasure of meeting some of the branch officers and those involved in the branches at the APTUK conference, and they shared their journeys within the branches, achievements and plans for future. They also shared some fantastic ideas and suggestions on how we can develop the branches to reach wider audiences nationally and locally and provide support to APTUK members on topics and education that matter to you. I was also fortunate enough to be able to talk to our APTUK Branch 2023 Winners Wales and congratulate them on their success. I could truly see the passion and drive from everyone I spoke to for their branches their members and the pharmacy technician profession. It was inspiring and I can't wait to support them in developing APTUK branches further.

The branches have always been an integral part of APTUK, and a benefit to all APTUK members. Every member is encouraged to get involved in any way possible. From attending meetings, to helping run and supporting their local branch where there is one available, or their speciality national branch. For those that want to be even more involved we can support them to starting their own local branches where there isn't one.

All the branches form a team where they support each other and support anyone that wants to get involved. It's a great opportunity to meet new likeminded people not only on a professional basis but I can see that many have formed great friendships through the years and support each other professionally and personally.

My plan as Branch Liaison Executive for the coming months is to carry on spending time with each branch, attending as many of the planned branch meetings as possible, to not only get to know the branches but to also get to know you as members. In the new year there are plans within APTUK to create a more regular scheduled delivery of certain educational programmes, and I will be working closely with those involved to see what part the branches can play in the delivery of these.

There are also other plans to do some sprucing of the branches page on the website so if you have any ideas on what you want to see on there, send you suggestions to me via email branchliaison@aptuk.org.

Next issue I am hoping to provide more of an update on how the future plans are developing, any changes and also an update from each branch.

We would love to see the number of branch members grow and branches themselves! So here is a little plug on getting involved! If you want to be part of APTUK, want to be part of driving your profession forward, by supporting or setting up a branch, please get in touch. There are lots of opportunities available in the branches and I want to hear from you.

Finally, if you have any questions or suggestions for the branches or myself, please drop me an email anytime at branchliaison@aptuk.org



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Equality and Equity – the same or different?

Equality and equity are terms that can become intertwined, misconstrued, and misunderstood. Our work on the Inclusive Pharmacy Practice Programme highlighted a definition of the terms would be beneficial to ensure all APTUK members are abreast with the correct use of these terms.

It is important to recognise, as pharmacy technicians, we can (and should) be both equal and equitable in our practice. We must exercise the ability to adapt equitably and equally when situations arise in our day-to-day professional practice. Being

equal, while it is a cornerstone of being a professional, it could be perceived as ignorance or bias, hence we must also adapt a fair approach. Inversely, if we persist to only be fair and equitable, and consciously ignore Equality Act guidance, this too could lead to futile professional practice. Equity and equality are not synonymous terms, but when coherently ascribed together are complementary to ensuring an inclusive approach to our practice as pharmacy technicians.

Equality can be defined in our practice as treating everyone the same and offering the same resources and opportunities to all regardless of an individual's personal characteristics. To practice equality, we must typically ensure no differentiation in how we treat people. The Equality Act 2010 [<https://www.legislation.gov.uk/ukpga/2010/15/contents>] lists nine protected characteristics (age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex and sexual orientation) that we must not discriminate directly or indirectly against as a society. The Equality Act 2010 is instrumental in establishing equality across the spectrum of society, including healthcare. An



Image by Maryam Abdul Kareem - *Here's Why We Should Care More About Equity, Not Equality - Muslim Girl*

example of equality; people with a disability, doing the same job as a person without a disability, are paid equally.

Equity is founded on the principles of equality and fairness, however this encompasses the fact that specific individuals or groups may need further help, due to their personal characteristics, to achieve the same equal stance as their peers. Equity, in practice, is the recognition of variation in people's characteristics, with additional and/or adjusted support, opportunities and resources provided to achieve a resultant equal outcome from a person who does not share the same or have any personal characteristics for example a person whose first language is not English may require additional support or consideration when applying for a college course compared to a person whose first language is English.

This image above summarises, in visual form, the comparative differences of equality and equity.

The image on the left shows three people who all have the same equipment (a box) to enable them to see over the fence and watch the football game; this represents equality in that all three people have the same equipment. The fact that the taller person has a box but does not need it, the smaller person is struggling to see over the fence standing on the box and the person in a wheelchair is unable to use the box at all seems ridiculous. If the box were to be taken from the person in the wheelchair, this would be discriminatory because they are not being treated the same as the other two people.

The image on the right shows the same three people with none or different equipment (double box, ramp). This represents equity in that the tallest person does not need a box to see over the fence comfortably, so their box has gone to the smaller person to allow them to see over the fence comfortably too. The person in the wheelchair has been provided with different

equipment (ramp) to enable them to also enjoy the game.

As a pharmacy technician, you will meet an array of different people in your role. Not only should you think about ensuring your practice is equal and equitable, but it is important to challenge others if you witness such practices or behaviours.

APTUK encourages all pharmacy technicians to consider equality, diversity and inclusivity as a core and important aspect of professional practice and to demonstrate your understanding within your professional revalidation.

If you are interested in learning more about equality and equity, the following resources may be helpful:

- [Equality and Diversity Training, Resources, Equality Network](#)
- [General Resources – FOR-EQUITY \(forequity.uk\)](#)
- [Resources | The Equality Trust](#)
- [Health equity - GOV.UK \(www.gov.uk\)](#)
- [Equality, diversity and inclusion in the Workplace | Factsheets | CIPD](#)
- [Equality and human rights in practice - Equally Ours](#)

• Please note, the above resource links are not endorsed by APTUK, and they are merely guidance reference sources for individuals to access more information on equality and equity.



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UK Commission on Pharmacy Professional Leadership

November update

Progress for the UK Commission on Pharmacy Leadership has been slow over the summer whilst a UK Pharmacy Professional Leadership Advisory Board has been established.

We were therefore very pleased to hear that in October, Sir Hugh Taylor was announced as the new chair. We look forward to working with Sir Hugh Taylor in collaboration with the other PPL board members and recognise this as an opportunity for pharmacy technicians and APTUK to be an equal partner and influential in the future landscape of collaborative pharmacy professional leadership.

Furthermore, the recruitment process for 9 independent board members closed on 13th November and APTUK look forward to working with the board to ensure pharmacy technicians are represented as the work progresses.

Over three years, the Board of 19 members will lead the implementation of recommendations from the UK Commission on Pharmacy Professional Leadership's report, published in February 2023.

At the time of the report publication, Claire Steele, APTUK President, made the following statement:

APTUK acknowledges that pharmacy professional leadership needs to evolve to meet the rapidly changing needs of healthcare provision. In doing so the pharmacy technician profession must be enabled to lead on matters pertaining to their profession, be fairly represented and listened to at all levels including relevant decision-making forums.

APTUK would like to thank all pharmacy technicians who participated in and contributed to the work of the Commission. We are pleased to see our collective efforts recognised in the recommendations for parity, equal status and mutual respect. It is important for APTUK to see these key points for the pharmacy technician profession being upheld throughout any subsequent process. We will take time to consider the recommendations and listen to our members' views before providing any further statements.



Your APTUK membership and continued support enables APTUK representation at strategic discussions and policy development, ensuring leadership for pharmacy technicians across all four home countries.

For more information on the UK Pharmacy Professional Leadership Advisory Board, please follow this link: <https://jointheconversation.scwcsu.nhs.uk/pharmacy-professional-leadership>



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Update from Wales

Firstly, I would like to say a huge congratulations to the Wales Branch for winning the Branch of the Year Award! I can honestly say I have never felt so proud of the Wales team. Looking back at what we have achieved collectively as a branch committee is truly amazing and inspirational. The team are dedicated, enthusiastic and have lots of positive energy and winning the award is so very well deserved.

There has been lots of activity in Wales over the past few months and I have been busy representing APTUK members at various events and meetings some of which include Pharmacy Delivering a Healthier Wales (PDaHW) delivery board and working groups, Welsh Pharmaceutical Committee, Palliative care short life working group and attended various meetings with Health Education Improvement Wales (HEIW) and Community Pharmacy Wales (CPW).



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To find out more about how to bring the pharmacy vision in Wales to life, revisit parts of the PDaHW conference, have an opportunity to showcase your work, share best practice and become part of the champions network please visit: <https://www.rpharms.com/wales/pharmacy-delivering-a-healthier-wales>

Supervision

APTUK involvement, what's happened to date and what is planned over the next few months.

APTUK were asked to be involved in a series of workshops with other pharmacy organisations including the RPS, NPA and PSNI to discuss the need for updating understanding of supervision in community pharmacy and how this should be moved forward to enable the expansion of patient care. We also discussed what change, if any, was needed to legislation. APTUK executive members were involved in all of these workshops. At all times we were able to represent the views of the pharmacy technician profession within any proposed changes. We were able to emphasise where pharmacy technicians, as registered professionals, are able to enhance the patient care provided by pharmacy teams. We were also able to discuss where APTUK, as the professional leadership body, could support development.

Over the course of nine collaborative and positive workshop-style discussions, the group covered a number of topics with the aim of producing a report with recommendations around legislation, regulation, and professional standards and guidance to achieve a shared vision for community pharmacy practice.

Why are these changes needed?

Current legislation consists of the Medicines act 1968 and the Human Medicines regulations 2012. This legislation currently states that the sale or supply of prescription only medication must be carried out by a pharmacist, or someone acting under the supervision of a pharmacist. Ultimately, it's this legislation which means that community pharmacy teams aren't able to hand out bagged and checked medication when the pharmacist isn't on the premises.

However, this legislation doesn't focus upon the safe use of medicines, nor does it facilitate the exciting possibilities offered by future innovation and

technology in enabling the development of pharmaceutical care in community pharmacy. It is this that the group wanted to try to address to move the service forward.

The workshops consisted of collaborative group work to first discuss how we see the future of community pharmacy, what we would like to be able to do, and how this may be possible. This brought forward a number of different viewpoints all of which were talked through respectfully and although there wasn't always an agreement around the specifics, the group gained consensus around the following points:

- Changes to the law must enhance patient experience and improve safety
 - Community pharmacy must be enabled to provide care that is more holistic and integrated within the NHS
 - Community pharmacy should have the opportunity to fully utilise technology to deliver safe, effective and efficient care for patients.
 - Changes to the law must recognise the skill mix required to deliver high-quality, personcentred care
 - Community pharmacy must be an attractive and progressive career option for the whole pharmacy team.
 - Changes to the law must enable innovations in practice and care delivery
- The outcome was a **final report** which recommends amongst other things, the following:
- Pharmacy technicians should be able to utilise their skills, training and education to supervise the supply of POMs from a community pharmacy in certain circumstances
 - These should have been clinically checked by a pharmacist and deemed to not require further pharmacist intervention
 - Appropriate procedures and safeguards should be in place

- Absence of the pharmacist should be temporary
- Pharmacy technicians should be supported to use professional judgement to decide when to supervise supply

The next step will be that the Department of Health and Social Care will put forward a consultation for all to respond to, the outcomes of which will lead to GPhC and PSNI consultations.

APTUK will look to gain engagement from its members and give guidance via webinars, emails and information sharing on the website.



This QR code links to the full report on our website



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Patient Group Directions (PGDs)

Proposed changes and what they mean for pharmacy technicians

The Department of Health and Social Care is proposing to amend the Human Medicines Regulations 2012 to enable pharmacy technicians to supply and administer certain medicines using a patient group direction (PGD). The use of PGDs by pharmacy technicians will support ambitions of the NHS systems across all 4 nations to maximise the use of the skill mix within pharmacy teams, enabling them to meet more of the health needs of their local populations. The overarching policy objective is to enable patients to safely receive their medicines from an appropriate practitioner without unnecessary delays.

To support this proposal, The Department of Health & Social Care's (DHSC) initiated a consultation for pharmacy technicians to be added to the list of healthcare professionals able to administer and supply medications under PGDs, which closed on 29th September 2023.

APTUK along with professional allies have long campaigned for this change, and APTUK responded to the consultation supporting this proposal enabling amendment to legislation, and we thank all members who responded to our call for opinions. We noted in our response that the initial DHSC proposal did not include controlled drugs and we believe this should be reconsidered to fully unleash the potential this legislation change could bring. It is essential that as pharmacy technicians, we increase our scope of practice by expanding our potential to support the ever-increasing pressure on the healthcare system.

The following information on PGDs may help to explain what this means for our profession, and what this may look like in your workplace.

Patient group directions (PGDs) are written instructions to help you supply or administer medicines to patients; an authorised healthcare professional can only supply and or administer medicines under PGDs if there is an advantage for the patient without compromising their safety. They are specific to the organisation and are not transferrable – you must be authorised for each PGD. PGDs are created by a multi-disciplinary group including a doctor, a pharmacist and a representative of any professional group expected to supply the medicines under the PGD.

PGDs currently can be used by the following healthcare professions:

- chiroprapists and podiatrists

- dental hygienists
- dental therapists
- dieticians
- midwives
- nurses
- occupational therapists
- optometrists
- orthoptists
- orthotists and prosthetists
- paramedics
- pharmacists
- physiotherapists
- radiographers
- speech and language therapists

It is important to note, that individual healthcare professionals must be authorised for individual PGDs, completing any additional training as stipulated in the PGD. This would also apply to pharmacy technicians should the change in legislation pass.

It is understandable that there may be hesitation when such a change is unlocked for our profession. We would encourage discussions with colleagues and within APTUK branch networks for additional peer support and please remember, you should have access to any training prior to undertaking an additional role.

Pharmacy technicians are trained in medication and have the underpinning knowledge required to support safe and professional practice. These transferrable skills are a concrete foundation for us to utilise PGDs; furthermore, it will expand access to care for patients who meet the criteria as stipulated in the PGD.

Pharmacy technicians are autonomous regulated healthcare professionals ready and able to support safe and effective care to patients.

At the time of print, we keenly await the outcome of the consultation.



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Education update

Education is not only vital to ensure our workforce is trained appropriately but also for making sure we are able to adapt and change alongside the scope of practice for the pharmacy technician role.

There are a lot of potential changes coming soon to the pharmacy technician scope of practice which will mean there will be a need for change to support education and upskill of individuals carrying out work and tasks associated with the changes. Upcoming changes include Patient Group Directives (PGDs), Northern Ireland Pharmacy Technician registration as well as changes to supervision.

Within APTUK, we have made some changes to the team to increase capacity and ensure that we can be present for important conversations.

I have the privilege of being the Director for Education and welcoming our new team members. We are joined by Elizabeth Harland in the role of Education Advisor. This is a non-executive committee role that is a paid post to support with the attendance of meetings and timely delivery of education related work. Elizabeth will be supporting the APTUK education strategy and attending meetings on behalf of APTUK where I am unable to attend.

I would also like to welcome our Education Panel Members. We now have a bank of individuals who will support the robust process for ensuring the quality of mapping educational programmes submitted by training providers against either the Accuracy Checking Framework or the Primary Care framework. These are paid posts, providing reimbursement for time spent

mapping the programme, a process which is vital to ensure clear standardised programmes that all meet the required UK-wide quality standards.

We have recently updated the framework panel process now that we have our panel members. Training providers are no longer reliant on set review dates, they can provide an expression of interest and obtain the relevant paperwork for an application for either the accuracy checking or primary care at any time.

On receipt of the application, APTUK will source and complete a panel review within 4 weeks and provide the training provider with either a successful certificate of approval, or feedback for amendments to be made.

Successful programmes will then be added to the APTUK website for easy access and signposting for pharmacy technicians looking for educational content in these fields.

Over the summer, we successfully approved our second training provider against the primary care framework. The approved programmes now include:

- Pharmacy Workforce Development South (PWDS)
- The University of East Anglia (UEA)

The Centre of Post graduate Education (CPPE) is currently advertising a free of charge education programme for pharmacy technicians working in community pharmacy in England.

This programme is available via the following website: <https://www.cppe.ac.uk/career/pt-ayr/pt-advancing>.

CPPE is an education provider who also employ pharmacy technicians into their team. At their recent national meeting they were able to take a photo of their pharmacy technician team together.

In 2021, APTUK was successful in joining the Institute for Apprenticeships and Technical education (IFATE) employer directory, meaning that we have a supportive mechanism for any updates and amendments made to the apprenticeship standards for both pharmacy technicians and pharmacy support staff standards. In early November 2023, I attended a networking



CPPE pharmacy technician team

opportunity with IFATE where they discussed changes to apprenticeships and technical education.

Something I am really excited to share with you, is that IFATE have created tiles for occupational maps for the vocational sectors. Therefore, if you are interested in seeing all the available education programmes, please follow this link: <https://www.instituteforapprenticeships.org/occupational-maps/>. You will find Pharmacy under 'Health and Science' and Science Manufacturing Technicians and related programmes under 'Manufacturing'.

If you are interested in education or hold a role that provides support or education to others, I would love to hear from you for upcoming Pharmacy Technician Journals and sharing your knowledge. Writing an article is also a great opportunity to publish your work. My email is below if you would like to get in touch.



AMY LAFLIN
MAPharmT

Education Director, APTUK
educationdirector@aptuk.org



THE ASSOCIATION OF PHARMACY TECHNICIANS UK

Calling all training providers!

Apply now for approval of your education programmes against the professional standard national frameworks for accuracy checking or primary care.

Be a part of the movement with supporting continued professional development of Pharmacy Technicians in the UK.

Don't miss out, our panels are held on submission of an application!

For further information contact:
educationdirector@aptuk.org



One million people complete Oliver McGowan Mandatory Training on Learning Disability and Autism e-learning

Over one million people have completed The Oliver McGowan Mandatory Training on Learning Disability and Autism's e-learning in the year since it was launched.

The training will enable health and care staff, including Pharmacy Technicians, to better support people with a learning disability and autistic people, with an understanding of how to work with them to meet their needs.

The milestone follows the seventh anniversary of Oliver's death on November 11. Oliver died after being given antipsychotic medication, despite warnings that they were unsuitable for him, highlighting a lack of understanding of the needs of people with a learning disability and autistic people. Oliver's mother Paula successfully campaigned to make training on caring for people with a learning disability and autistic people mandatory for all health and care staff.

The programme comes in two tiers and is designed so staff receive the right level of training. Tier 1 is for staff who require general awareness of the support autistic people or people with a learning disability may need, while Tier 2 is for those who may need to provide care and make more complex care decisions. The first part of the training – the 90-minute e-learning package – was launched last November and has now passed one million completions. Face-to-face sessions for Tier 2 are also being rolled out across England. Both parts of the training must be completed in order to complete the programme.

The training programme has been co-developed with people with a learning disability and autistic people, as well as their families and carers. It follows a two-year trial which involved 8,300 health and care staff across England. Participants found an increase in their knowledge, skills and communication with autistic people and people with a learning disability after completing the training. The Health and Care Act 2022 introduced a requirement that CQC-registered service providers must ensure their staff receive training on learning disability and autism that is appropriate to their role. Oliver's Training also supports the NHS Long Term Workforce Plan ambition by upskilling the wider



health and care workforce to provide appropriately adjusted care for people with a learning disability and autistic people to reduce health inequality. The programme has been developed in partnership by NHS England, the Department of Health and Social Care and Skills for Care.

A pharmacy technician who completed the training said:

“I have just completed Oliver's Training (the e-learning part) and was so shocked to see how repeated attempts of safeguarding was ignored. I may not be able to help Oliver but will make it my pledge to understand fully people with a learning disability and autistic people. And as part of my daily role as a drug history taking pharmacy technician, I will ensure I keep Oliver's experience at the front of mind in every task I do to ensure, if possible, I can avoid this ever happening again. I think Oliver's Training in raising awareness is amazing and hope it will make a huge difference.”

Navina Evans, Chief Workforce, Training and Education Officer at NHS England, said:

“To reach one million completions of this vital training is a fantastic achievement – but it is important to remind ourselves that this is only the first step in an important large-scale intervention to address health inequalities for people with a learning disability and autistic people. The training is a vital element of an ongoing culture change to ensure our

services are safe, accessible, and adjusted to people's needs. We are therefore urging employers across health and care to ensure staff get the training appropriate to their role – to make an impact now and for future generations.”

Paula McGowan OBE said:

“I am pleased that over a million people have a much better understanding of people who have a learning disability and autistic people. It is a significant milestone to have so many people now completing part one of The Oliver McGowan Mandatory Training, meaning that our learning disability and autism communities will have much better experiences living in society and accessing health and care. I know that if Oliver was here, he would be incredibly proud.”

Tom Cahill, National Director for Learning Disability and Autism at NHS England, said:

“This is an incredible achievement by all NHS staff and will make a significant contribution to improving the care and support of autistic people and people with a learning disability across NHS services.”

Health Minister Maria Caulfield said: “It's incredible that more than one million people have now taken this essential training – and I am delighted to be one of them. Thanks to the tireless work of our NHS staff and people like Paula we are moving towards a healthcare system with the right culture, knowledge and skills to support people with a learning disability and autistic people. I am committed to improving the care we offer and encourage both employers and employees to complete this vital training.”

The e-learning package is available on the [elearning for healthcare](#) website.

Article provided by NHS England

• More information can be found on [The Oliver McGowan Mandatory Training on Learning Disability and Autism webpages](#).

What is the Primary Care Pharmacy Education Pathway (PCPEP)?

The Centre for Pharmacy Postgraduate Education (CPPE) is commissioned by Health Education England (HEE) to deliver PCPEP to meet the education requirements of pharmacists and pharmacy technicians as described in the primary care [Network Contract Directed Enhanced Service \(DES\)](https://www.england.nhs.uk/gp/investment/gp-contract/network-contract-directed-enhanced-service-des/) <https://www.england.nhs.uk/gp/investment/gp-contract/network-contract-directed-enhanced-service-des/> in the [Additional Roles Reimbursement Scheme \(ARRS\)](https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-additional-roles-reimbursement-scheme-guidance/) <https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-additional-roles-reimbursement-scheme-guidance/> roles.

All pharmacists and pharmacy technicians employed in a primary care network ARRS role must enrol on the CPPE training pathway.

NHS England's vision for pharmacy technicians is to move from process and technical roles, traditionally undertaken by pharmacy technicians, to more clinical and patient-facing roles. The pathway gives pharmacy technicians the support to progress in their clinical roles and improve medicines optimisation.

The pathway for pharmacy technicians is a 15-month workplace-based vocational training programme. It has been developed to equip pharmacy technicians with the knowledge, skills and experience necessary to meet the roles and responsibilities set out in the Network Direct Enhanced Service Contract (DES) and embed their role within primary care. It enables pharmacy technicians to become patient-facing and person-centred practitioners integrated into the multidisciplinary team, with the aim of improving patient access to primary care and empowering patients to achieve optimal health and wellbeing. The pathway equips pharmacy technicians to support structured medication reviews, run practice clinics, complete quality improvement projects and more.

Since January 2021, over 1100 pharmacy technicians have enrolled on or completed the pathway.

What is covered on the pathway?

PCPEP consists of five modules. The learning is delivered online as e-courses or online workshops and there are six face-to-face days.

Module 1 covers primary care essentials, including an extensive list of topics such as covert administration, working with care homes, transfer of care, medicines reconciliation, shared decision making, and consultations skills. The pathway uses a spiral curriculum, so many of the topics in this first module form the underpinning knowledge, which we build on throughout the course.

Module 2 covers clinical knowledge and its application in primary care. We focus on building clinical knowledge across therapeutic topics seen in primary care and applying that learning in a person-centred, holistic way.

Building on the previous modules, Module 3 introduces pharmacy technicians to clinical history-taking and clinical assessment skills. We cover a range of skills such as manual blood pressure, pulse oximetry, heart rate and temperature.

Module 4 is all about leadership; where pharmacy technicians learn more about themselves as leaders as well as leading teams. Participants undertake a quality-improvement project and are encouraged to publish or present their work on national platforms.

The final module supports growth and allows flexibility so pharmacy technicians can tailor the learning according to their personal development plan. Topics covered in this module include mental health and wellbeing, developing presentation

and facilitation skills, shared decision making, biochemistry and remote consultations.

This pathway provides a unique opportunity for pharmacy technicians and pharmacists to learn alongside one another, to better understand each other's roles and work more effectively together for the benefit of patients.

In the following interview, Jo Nevinson (pharmacy technician, education supervisor and member of the CPPE learning development team) and Bianca Glavin (senior pharmacy technician in pathway education) share some insights into the pathway opportunities for pharmacy technicians working in primary care, and the support CPPE offers.



Jo Nevinson



Bianca Glavin

You've outlined the different topics that are covered in PCPEP. What makes this pathway so integral to pharmacy technicians working in primary care?

Jo Nevinson (JN): The NHS Long Term Plan (LTP), launched in January 2019, sets out a vision to improve patient care. It included the introduction of extended roles in primary care networks (PCN) such as for pharmacists and pharmacy technicians. NHS England and Improvement produced a Direct Enhanced Service Contract (DES) to meet the vision of the LTP and this defines the roles. CPPE have been commissioned by the NHS to provide PCPEP to guide pharmacy technicians in developing the knowledge and skills required to meet the roles and responsibilities defined in the DES.

Bianca Glavin (BG): The NHS vision shows the move from process and technical roles traditionally undertaken by pharmacy technicians to more clinical, patient-facing roles. Throughout the learning on the pathway, we ensure that person-centred care is at the heart of the learning. The benefits of this pathway are that pharmacy technicians are building their baseline knowledge, and then solidifying this knowledge at online workshops or face-to-face workshops where they learn alongside their peers and consider how to apply their learning in practice. The PCPEP gives pharmacy technicians the support to progress in their clinical roles and improve medicines optimisation.

Pharmacy technicians work alongside pharmacists to complete the pathway. Why is this, and what benefits does it bring?

JN: Pharmacy technicians have traditionally worked alongside pharmacists for many years. However, working together in their PCN role is new. The roles are different but work in harmony



with each other. The best way to understand each other's roles and limitations to maximise skill mix is to learn together. This approach enables the two professions to work at the top of their licence to benefit patient care and fully support the multidisciplinary team.

BG: The PCPEP has built on the successes of the Medicines Optimisation in Care Homes pathway, which saw pharmacists and pharmacy technicians learning together. By working more effectively within the pharmacy team, roles become better connected, which can empower the workforce to work to their competence. In turn, this can improve the patient journey through services provided by the PCN.

The pathway is a 15-month long opportunity, covering lots of essential learning. What support do you offer to pharmacy technicians completing the pathway?

JN: Support starts in the workplace. Pharmacy technicians have a nominated clinical supervisor who can support their learning and role development in line with the DES, who provide a minimum of four hours direct supervision per month. They will also have a dedicated CPPE education supervisor who is there to keep them on track with the pathway learning, assess submitted work and provide networking opportunities at group tutorials. Their job is also to guide pharmacy professionals to meet the roles and responsibilities outlined in the DES. CPPE clinical mentors are available to provide additional support if needed.

BG: We have created additional optional support for pharmacy technicians on the pathway. On a monthly basis, we run a lunchtime support session, where pharmacy technicians from all cohorts attend to share successes, network with others, and ask questions. In addition to this, we run clinical preparation sessions ahead of the Module 2 events. Module 2 is all about developing clinical knowledge and applying it in practice. The support sessions are structured for pharmacy technicians new to clinical medication review, to attend and gain peer support ahead of the online workshops. On the online learning platform, we have created pharmacy technician areas, as well as discussion forums. This has led to lots of networking and sharing of protocols to use in the workplace.

You've explained how integral pharmacy technicians learning on the programme is to improving patient care. Do you have a lightbulb moment from your work on PCPEP that supports this?

JN: My lightbulb moment came after the first cohort of pharmacy technicians joined the pathway. It became apparent that most pharmacy technicians joining the pathway had previously been in defined roles, and they knew what to do for every minute of their working day. The pharmacy technician role in a PCN is new, and the PCN managers often don't know how to best use them. It can be the first time pharmacy technicians have been in a position of developing their own role. This is when Bianca and I started to provide resources and networking opportunities to support pharmacy technicians to do this.

BG: My lightbulb moment came when a pharmacy technician shared her experience of attending a clinical online workshop about heart failure. The following week, when carrying out a telephone consultation with a patient who had been recently discharged from hospital, she put into practice the consultation skills learnt on the pathway, such as using open questions and the golden minute. The consultation moved from routine medicines reconciliation, to the pharmacy technician being concerned about the symptoms described by the patient, and

the medication the patient had started. The pharmacy technician quickly escalated the patient to the duty GP, and her instinct was correct - the patient was in heart failure and subsequently admitted to hospital that afternoon. This showed me that the pathway is successful in developing pharmacy technicians who are able to support and improve person-centred care.

What would you say to someone who is still unsure about how the pathway could benefit them and their work? What advice would you give about starting the pathway?

BG: The pathway opens up so many opportunities for you as a pharmacy technician; it doesn't just focus on what is required now. Much of the learning and reflections aim to get you to consider what you could do to develop for the future. This involves getting pharmacy technicians to think more strategically; where are the gaps or opportunities in practice? What skills do I need to support in those roles? My biggest piece of advice about starting the pathway is to be organised, make a list and work through the content in bite-sized chunks!

JN: It is a fabulous pathway that guides you through everything you need to learn to develop a patient-facing role in a PCN. You can be assured that all the learning is evidence based and up to date. It also provides lots of opportunities to network with other pharmacy professionals. The earlier you start the learning pathway after starting in a PCN role, the better. Don't delay, book on now to support those early days in your new role and beyond.

When is the next cohort opening for PCPEP, and how can someone apply?

JN: Cohorts start three times a year in January, May and September. The next cohort will be cohort 14 which will officially start on 1 September 2023. To apply, your employer must complete a proof of employment form. You will then complete the online registration form and attach the proof of employment form and a copy of your CV. Once the application is approved, you receive a welcome pack and log-in details for the Canvas virtual classroom by email, so you can get started with the learning. You are allocated to a CPPE education supervisor who will contact you to welcome you and discuss your learning plan.

BG: The education pathway is only open to pharmacists and pharmacy technicians who have been recruited as part of the primary care network Additional Roles Reimbursement Scheme. However, if you are interested in applying for a PCN role, you can access the Primary Care Learning in the CPPE portfolio document: https://www.cppe.ac.uk/wizard/files/cppe/primary%20care%20learning%20in%20the%20cppe%20portfolio_v2_october%202020.pdf which details learning you can access via the CPPE website.

For more information about PCPEP, visit: www.cppe.ac.uk/career/cppe/cppep-training-pathway.

Disclaimer: Please note, this content was original published in Training Matters magazine in 2022 and is recreated here with slight alterations for Pharmacy Technician Journal.



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Annual Conference of the College of Mental Health Pharmacy

The College of Mental Health Pharmacy (CMHP) met in Northampton for their 13th annual conference on 6th and 7th October. Pharmacy Technicians from a variety of mental health services were in attendance both as delegates and presenting posters.



The programme covered a broad spectrum of mental health practice; the first day included sessions on children and young people, overprescribing, schizophrenia, and pharmacy practice oral presentations. The CMHP Memorial Lecture from Vivien Cooper was especially powerful, as she spoke about her son who had challenging behaviours and the barriers she has faced throughout his life that could have been prevented given the right support. This then linked in with Tony Avery who spoke about over prescribing; highlighting that people are often prescribed medications which were initiated a while ago, no one knows why or when and are therefore reluctant to make changes; additional medications then get added to treat new symptoms, and so it goes on. In the evening, the awards dinner was opened by Roz Gittens in her last address as president. The evening provided a wonderful opportunity for celebration of the award winners. Huge congratulations to Millie Sterry, Gloucestershire Health and Care NHS Foundation Trust; winner of the Pharmacy Technician Project award for her poster “How can we enhance the role of pharmacy technicians within the mental health sector” and to runner-up Jayne Freeman, Betsi Cadwaladr University Health Board.

I was delighted to be invited to chair the second day of the conference on behalf of Pharmacy Declares! It was a fantastic opportunity to be part of the conference and shine a light on sustainability within mental health pharmacy practice. Alongside APTUK and other pharmacy organisations CMHP have declared a climate emergency, and the conference gave a platform to discuss the practical steps all pharmacy professionals can take in their practice to support the environment and underpin one of the college’s golden strategic threads to “Recognise the impact of climate change as a health emergency and ensure sustainability is considered within the practice of mental health pharmacy”.

CMHP is an international organisation, and this was reflected in the agenda with speakers from Jordan, Scotland, Norway, and the USA joining us on Saturday. The first keynote from Dr Jennifer Scott, University of Bristol, and Professor

Mayyada Wazaify, was a fascinating insight into collaborative international working, highlighting that whilst cultural and practice differences can be vast, there are huge learning and development opportunities when pharmacy professionals cross geographical and organisational boundaries.

The 2022 Research Award winner, Dr Natalie Weir, presented research from the University of Strathclyde. Natalie’s research explored the opportunities for community pharmacies to provide mental health interventions and it made me reflect on how pharmacy technicians in community pharmacies have regular contact with people who may be having mental health problems and consider how they can develop their skills and roles to support this vulnerable group.

The lunchtime symposium was a dynamic session from Dr Arne Skulberg, Consultant Anaesthetist, focusing on take home naloxone. The increasing availability of naloxone including nasal formulations is a vital in reducing drug related deaths and can be used by anyone to save a life.

The afternoon began with a fascinating session from Sa’ed Al-Olimat, a pharmacist from the USA who is the co-founder of the Psychedelic Pharmacists Association. It was the first time I had heard about the use of psychedelics, and it was a fantastic CPD opportunity. The session gave an overview of the different psychedelics, how they are used, and the infrastructure needed to safely run a psychedelic clinic.

The workshop sessions in the afternoon were well attended and covered research, medicines optimisation improvement plans, advanced credentialling pathways and pharmacogenomics.

It was fantastic to see a significant number of pharmacy technicians at the conference and their work being celebrated. The CMHP council demonstrate a clear commitment to pharmacy technician development and recognition, and it would be fantastic to see more pharmacy technicians at future conferences and events. If you would like to find out more about CMHP membership visit the website <https://www.cmhp.org.uk/>



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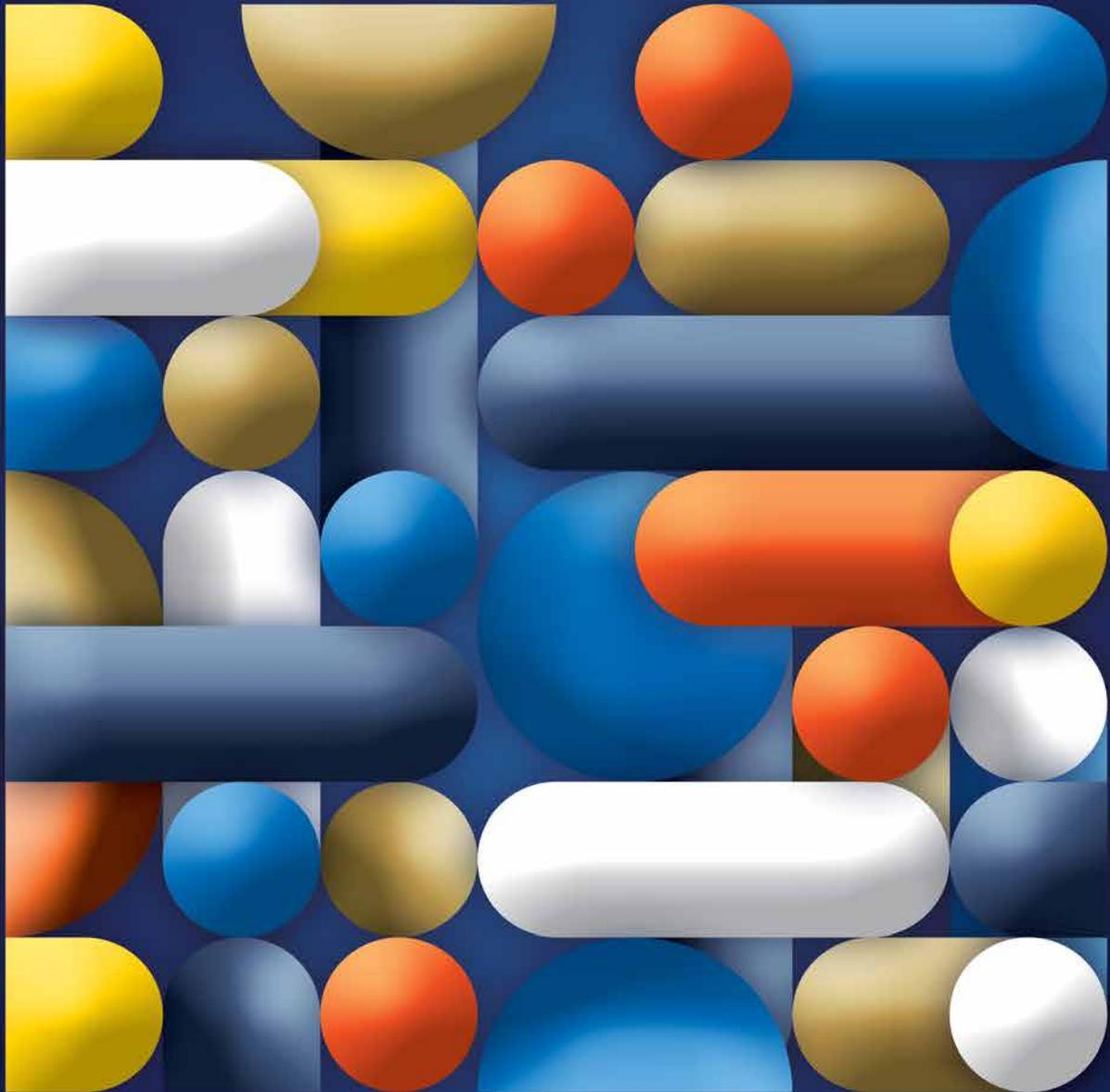
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APTUK 2023



THE ASSOCIATION OF
PHARMACY TECHNICIANS UK

MAKING AN IMPACT



ANNUAL PROFESSIONAL
CONFERENCE
AND EXHIBITION

22 - 23 September
The Mercure Grand
Hotel, Bristol



Prescription for: Association of Pharmacy Technicians (APTUK) Annual Conference 2023

Directions: To be taken annually.

After a lengthy 17-month countdown since the previous APTUK conference; it was definitely back with a bang! Selling out of tickets, packed with amazing posters and a record number of award nominations. The title of the conference says it all ‘Making an Impact’. The programme was full of amazing speakers selected to share their perspectives and enthusiasm about how they make an impact! It was crammed with inspirational content.

This brief bulletin aims to share some of that inspiration for those who were unable to join this year! My colleague and I joined for Saturday so didn't attend the entire event but despite this we left overflowing with thoughts and ideas.

The Saturday sessions started bright and early at 08:45 with a warm welcome from Nicola Stockman the APTUK-Vice President, the energy that she opened the day with certainly set the tone for the day!

We moved swiftly in to a session about **Supporting research – equity opportunities for pharmacy technicians** from the guest speaker Mahendra Patel. Mahendra shared about the amazing work carried out in the **Principle Trial** which was the world's largest COVID-19 trial which also supported inclusive research. Mahendra shared how this included all parts of the United Kingdom and how barriers just fell away during the COVID -19 pandemic.

Another powerful session was **Allyship in the workplace – creating an inclusive culture and practice**. We paused for a moment and considered what was Ally ship and what it meant to us. We concluded it was working together as a team and getting behind a cause, it may include supporting underrepresented groups. The speakers shared with us the Pharmacy Technicians of Colour (PTOC) group and how we are on a journey in the profession to look at allyship. More specifically we discussed good examples

including recruitment, celebrating a multi-faith calendar to make everyone feel included. We were all welcomed to join and to take a look on the website for some amazing evening webinars. Contact PTOC on PTOCgroup@gmail.com and there are also PTOC groups on social media.

A spectacular **keynote address** was presented by **Duncan Rudkin, Chief Executive for the General Pharmaceutical Council** who discussed how the profession was evolving in a changing landscape! He suggested that healthcare professionals need to embrace, optimise and fulfil the role of the pharmacy technician versus missing out on a huge impact for patient care and professional enrichment. The Chief Executive outlined how the General Pharmaceutical Council (GPhC) were mindful to focus on issues for pharmacy technicians as it was a maturing profession and there was a need to look carefully at the two professions together and to provide leadership. There were so many exciting principles shared to

support and guide the education and training of both professions to ensure the quality of professionals joining the register. Mr Rudkin also welcomed pharmacy technicians to apply for roles in the GPhC to ensure that the professional committees reflected GPhC membership.

Another exciting session had such a fun title – we just had to join – **the pharmacy technician revolution!** presented by **Ben Hannan**, a Chief Pharmacist from NHS Fife! He shared a Chief Pharmacist's perspective on the challenges for pharmacy technicians and promoted advocacy to elevate the role of pharmacy technicians to create a more progressive work environment which utilises the capabilities of pharmacy technicians. He really prompted the need for change in the way pharmacy professionals think and the way in which pharmacy professionals do things, saying that as pharmacy technicians we could be the catalyst for change! A super sentiment he shared was ‘ a candle loses nothing by lighting another candle’ and



he encouraged us to do this and to all be part of the solution! Powerful words! He shared the work of an author Barry Oshry! There are some great YouTube videos if you'd like to find out more, Ben shared how our thinking about 'stuff' as he referred to it can get in the way! Ben was such an advocate of the role of pharmacy technicians and left us with some thoughts at the end – light other candles, be yourself – there's no-one better, don't get hooked on stuff, use your power for good, make your impact! He shared fun anecdotes and needless to say if you ever see him presenting – do take the opportunity to listen – it was full of fun and great advice! Even reading these notes back I am prompted to think, how can I help create solutions?

For anyone who attends pharmacy conferences and events regularly I am sure you have come across the amazing **community pharmacist, Ade Williams** who shared a thought provoking session on inequalities. Ade is widely acknowledged for his pharmacy-based health and wellbeing solutions. He made us appreciate the inequalities that some people face; socio economic, geographical, protected characteristics, vulnerable, deprivation and poverty. After these very real and sobering thoughts he then shared a simple way that they offered help from his community pharmacy. A letter reading service for all those service users who couldn't read. It truly supported people to access information such as health related information and appointments but on a lighter note he shared how they also were requested to read some relationship 'love' letters! This session was moving, memorable and without a doubt made you think of the lives of others facing inequalities and warmed your heart! Ade has several journal publications and they will be definitely worth a read for further inspiration.

[Here is an article by Ade about the Mary Seacole programme.](#)

Next was my favourite session of the day! ***Making an impact with purple giraffes*** by Jill Cruickshank. Jill has a passion for supporting the pharmacy profession to realise its potential and value to patients and other healthcare colleagues. The message was focus on what's strong not what's wrong! Jill shared what was the meaning of the word impact and offered a description 'when something has a strong influence on someone or something'. She shared a personal story about how small things we say can have a big impact on others. Jill told us all about an amazing pharmacy technician that she



worked with and how the customers would ask for advice and how she would respond...I'm just the pharmacy technician#!?. Jill made us challenge these unconscious thought processes by standing up tall and straight and in a big power pose saying 'I'm proud to be a pharmacy technician'. This was fun and soon had us all laughing as a welcome side effect – we were also soon feeling much prouder of ourselves! Maybe something to practice more often? The next challenge followed. Don't think of a pink elephant think of a big smiley purple giraffe. This was a way to describe NLP to us in a fun session to clean up our thinking to a 'can do approach'! A powerful example was shared how Jill said before presenting her pink elephant may be fear of getting something wrong, but how by flipping our thinking to the purple giraffe 'this is an opportunity' can give us courage! Following this line of thinking – Jill shared another little example about catching others doing good! She explained how we all love to be thanked and valued! Try catching others doing a good job and do let me know what happens! Do look her up on Twitter @JillCruickL2S or here are links to some articles: leading2solutions.co.uk.

There were some fabulous sessions led by pharmacy technicians in medicines information and medicines safety and I can say without any hesitancy they totally enthused me about their roles! They both encouraged pharmacy technicians with an interest in these areas to reflect on their transferable skills and what they can do and know and to stay open minded. Another amazing tip was if these roles are something you like to do in the future and there are currently

no vacancies – find out if there is a small task you can complete to explore the role further e.g. offer to complete an investigation into a CD error or similar.

Cautions: I'm sorry I can't share more but if I keep on writing you will never forgive me as you are all so busy!

Interactions: We met so many amazing pharmacy technicians and the atmosphere was so friendly and welcoming!

Monitoring: The posters were such a great opportunity to capture photographs of great work to share with colleagues!

Side effects: If you get an opportunity to attend any event you always take home so much more than you anticipated! I thought we would be weary and tired on the way home after a bright and early start – but there was just so much to reflect on, we chatted the entire journey home!

Indications: I should finish by saying "I'm even prouder to be a pharmacy technician than ever!" the profession is making remarkable achievements and progress.



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Katherine Miles Poster Award

The Katherine Miles Poster Award is a showcase of research, innovation and the diverse practice carried out by pharmacy technicians. This year there were 44 submissions from across the UK displaying a fantastic range of work being carried out by our fellow technicians, and they have all made an impact.

1st Prize - Gail Hall

Peer Discussion in Practice: Experiences of Pharmacy Technicians in the Participation of Revalidation for Registration



Gail Hall – FAPharmT, Pharmacy Faculty Lead, Joined Up Care Derbyshire. Email: gail.hall7@nhs.net

I was delighted to win the Katherine Miles poster award at the APTUK 2023 conference with a poster on my research journey.

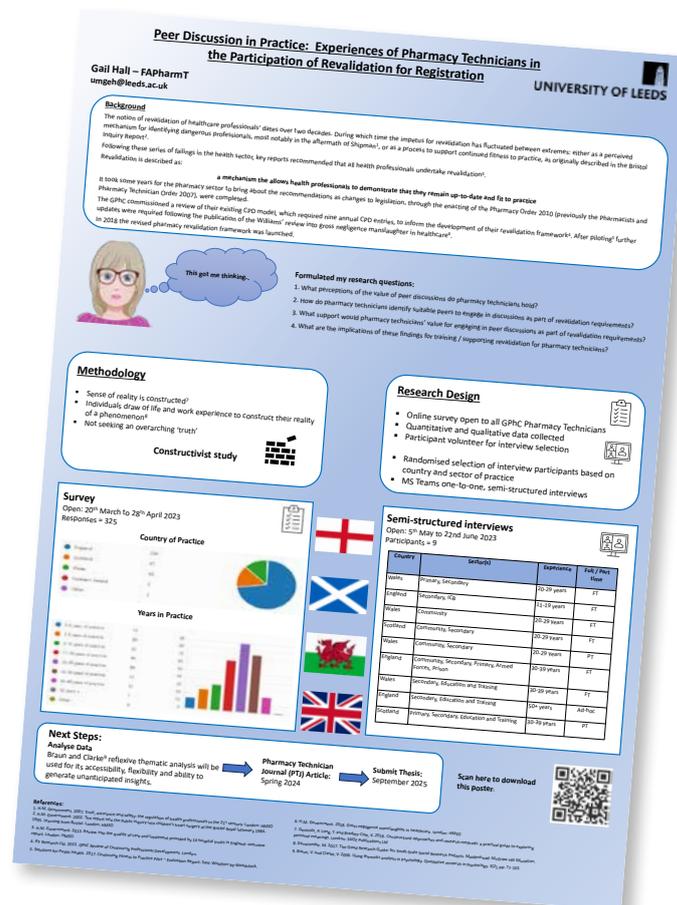
I'm currently in the third year of a 5-year, part-time Doctorate in Clinical Education (DClinEd) at the University of Leeds. I am the only pharmacy technician (currently) on the programme.

My hope with this article is to take you through my poster and completing the DClinEd and inspire more pharmacy technicians to venture into research and research degrees.

Where it all began

Have you ever had something happen, or seen something and wondered 'what's going on there then'? This is very much how I start my journey onto the DClinEd. Skimming through social media, I started to see posts from pharmacy technicians asking if anyone was available to be their peer for peer discussion as they had 'no one suitable to ask'. This started an enquiry in me about what were pharmacy technicians considering as 'suitable' and why was it better to ask strangers than anyone known?

I'd already completed a Master of Education in 2017 and some of my colleagues and friends (you know who you are when reading this!) felt I could venture into the world of the doctorate. My curiosity on what was behind these requests for peers and what was happening with peer discussion was the first step towards that for me. I had a question, I wanted to know the answer and I knew that wanting to find an answer would keep me motivated enough to push through a 5-year course.



Poster pdf link: [Peer Discussion in Practice Experiences of Pharmacy Technicians in the Participation of Revalidation for Registration.pdf](#)

Getting on a programme

To get on the doctorate, I needed to prepare a proposal of what I anticipated doing (research question) and how I thought I might do it (methodology). I then attended an interview and convinced the panel (in my case) that this is interesting research for them to support and that I could do it. I have a portfolio career of two distinct roles at 0.5WTE each. I also have caring responsibilities and occasionally I like to do things outside of work and the DClinEd! However, I managed to convince the panel I was a good fit for the research and the research topic was a good fit for them. I started on the programme in October 2020, online of course because that was mid one of the Covid-19 lockdowns.

Background

I introduce my poster, and my thesis, with some background information on revalidation and why a peer discussion is included as part of pharmacy revalidation.

You may, or may not, be aware that the notion of revalidation of healthcare professionals' dates over twenty years. During which time the impetus for revalidation has fluctuated between the extremes. Either as a perceived mechanism for identifying

dangerous professionals, such as after the Shipman enquiry¹, or as a process to support continued fitness to practice².

Many healthcare professionals now have a system of revalidation for continuation on a professional register and these all contain an aspect of peer interaction. Peer interactions are included to support professional socialisation and reduce professional isolation. There is lots of evidence to support the use of peers in meeting these two objectives.

Research Questions

All researchers need to define their research question(s). Below is an extract from my poster on research questions that follow on from my initial social media ponderings and the background investigation work.



1. What do pharmacy technicians perceive the value of peer discussion to be?
2. How do pharmacy technicians identify suitable peers to engage in discussion with?
3. What support would pharmacy technicians value for engaging in peer discussion?
4. What are the implications of these findings for training / support of pharmacy technicians?

Methodology

Research is the creation of new knowledge. At the end of my research, I hope we gain knowledge on the experiences of pharmacy technicians in participating in peer discussion for revalidation. This will be new knowledge because there is nothing known about it as I write this article. I concentrated on discussing my methodology and research design in the centre of my poster and I want to spend some time discussing it here because it's important. What comes next is a very simplistic description, without getting into epistemology and ontology, which are words that are also good for scrabble!



Positivist

Constructivist

There are opposing views of how knowledge is created. One view is a positivist stance. A positivist researcher believes in what they can observe and measure. Their research is usually number based (quantitative) and is viewed as valid if the researcher isn't 'involved' in any way. They test a hypothesis (idea), do experiments and use research methods that usually obtain statistical data. Their research can often be generalised, which means it can be scaled up to a wider population.

The constructivist stance is an opposing view. A constructivist researcher believes that new knowledge can be created from feelings, experiences and beliefs. Their research is usually word based (qualitative). They use research methods such as focus groups, interviews or open question surveys. They are interested in how individual realities (experiences) of a phenomenon (peer discussion) are constructed.

I believe that the constructivist stance is the best way to

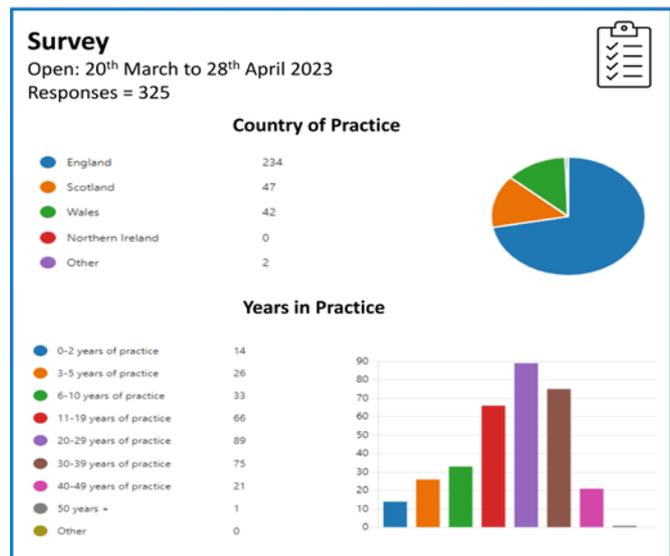
answer my research questions. Some will disagree and, in my thesis and viva, I will need to argue my case for using this methodology and the way I have designed my research. This can be seen below in the next section of my poster.

Research Design

- Online survey open to all GPhC Pharmacy Technicians
- Quantitative and qualitative data collected
- Participant volunteer for interview selection
- Randomised selection of interview participants based on country and sector of practice
- MS Teams one-to-one, semi-structured interviews

Gathering my data

My survey was open from the 20th March to the 28th April 2023 for all pharmacy technicians, who had participated in a peer discussion for revalidation (either as a peer or a registrant). It was advertised on social media platforms and via an APTUK member email. The GPhC also promoted my survey. I obtained 325 valid responses.



Those that indicated in the survey that they would be happy to participate in interviews were entered into a sampling frame. This was used to randomly select participants from England, Scotland and Wales and Community, Secondary and Primary Care pharmacy sectors.

Nine participants were interviewed over MS Teams and my poster showed their demographics.

Semi-structured interviews

Open: 5th May to 22nd June 2023
Participants = 9

Country	Sector(s)	Experience	Full / Part time
Wales	Primary, Secondary	20-29 years	FT
England	Secondary, ICB	11-19 years	FT
Wales	Community	20-29 years	FT
Scotland	Community, Secondary	20-29 years	FT
Wales	Community, Secondary	20-29 years	PT
England	Community, Secondary, Primary, Armed Forces, Prison	30-39 years	FT
Wales	Secondary, Education and Training	30-39 years	FT
England	Secondary, Education and Training	50+ years	Ad-hoc
Scotland	Primary, Secondary, Education and Training	30-39 years	PT

3rd Prize - Caroline Reid

Pharmacy technical services training academy model



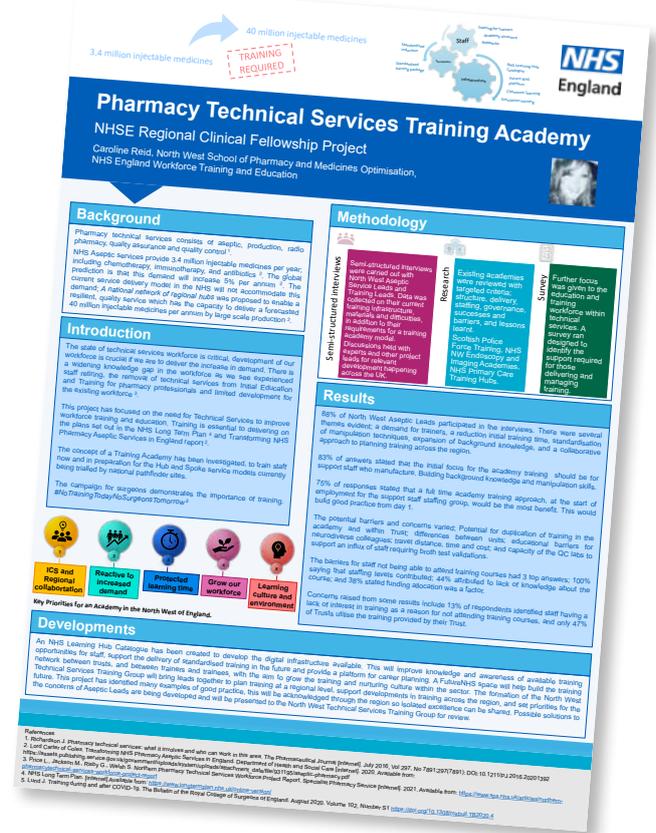
Caroline Reid – Clinical Fellow, NHS England

Caroline.reid@lthtr.nhs.uk

I was delighted to hear my poster read out as the first celebration of the night. A little stunned I walked up onto the stage to receive third prize and a lovely congratulatory hug from Amy Lafflin. I was brimming with pride and still quite shocked as our picture was taken.

My poster summarises my project undertaken as part of a clinical fellowship year. I have been privileged to have had this opportunity; a clinical fellowship is a development opportunity, gaining experience at a regional or national level, of leadership, strategic planning, and service developments, in addition to personal growth. My project focussed on technical services training, developing how we approach training, what we want training to look like in the future and how training in the North West of England can support the transition to a regional Hub in aseptic services. Through my project I've had the opportunity to work with aseptic and educational leads across the UK, NHS Digital, The Scottish Police Force and many other exceptional experts, the experience of which has been eye opening and so

valuable for me personally and for the project. I have developed a digital infrastructure for the training academy and begun to pull a regional team together to collaborate and implement the recommendations that have come out of my research. It is an exciting time and has been a unique experience I am very grateful for.



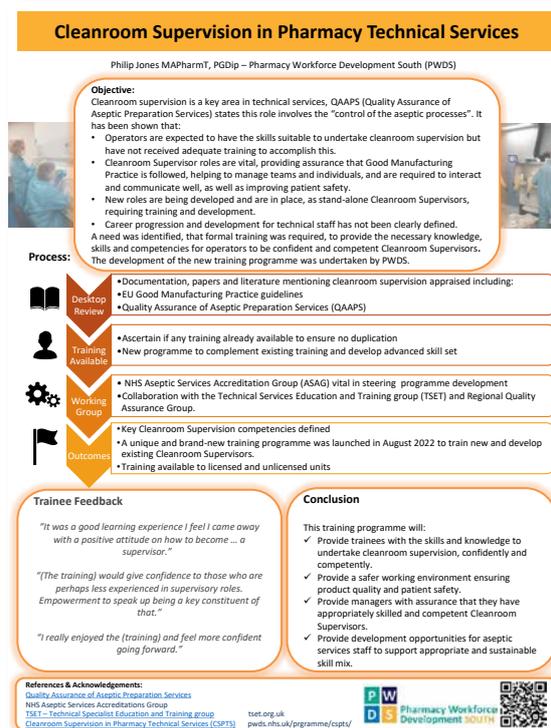
Poster pdf link: [Pharmacy technical services training academy model.pdf](#)

Highly Commended - Philip Jones

Peer Discussion in Practice: Experiences of Pharmacy Technicians in the Participation of Revalidation for Registration

It was such an honour to have my poster highly commended at the APTUK conference, and showcase the work being done around Technical Services and the extra opportunities in order to recognise and develop the skills of Pharmacy Technicians, especially around the area of supervision

Poster pdf link: [Cleanroom Supervision in Pharmacy Technical Services.pdf](#)





APTUK 2023 Pharmacy Technician Awards

The APTUK Annual Conference Awards celebrate and acknowledge successful individuals, teams and projects within the pharmacy technician profession. We are delighted to be able to recognise all sectors of pharmacy practice and individual excellence through these awards. Prizes include an engraved trophy and an educational bursary towards attendance at APTUK Annual Conference 2024.

This year we received an amazing 73 nominations, across the awards. As a result, competition was very high, but after deliberation and review of each nomination by at least 3 independent judges, we were delighted to award the following worthy nominations. All awards were presented at the APTUK 2023 Conference and Awards Dinner on Friday 22nd September at the Mercure Grand Hotel in Bristol by Ade Williams.

Ade is an innovative and multi-award-winning pharmacist who is a pharmacy superintendent and prescriber in primary care. When asked to comment on presenting the awards, he said *“Being at APTUK, you are amazed by the organisation and the attention to creating an inclusively enriching experience. From inspiring pursuit of professional excellence through pioneering work, including research alongside assiduous endeavours to add to and expand the established body of evidence. The ambition to lead in improving patient care is a shared core value that every member proudly champions”*.

Throughout his career Ade has championed pharmacy technicians, particularly in community pharmacy and primary care. As such an authentic ally, and a fantastic speaker, we were delighted to invite Ade to present our prestigious awards.

Pharmacy Technician Team of the Year Award

The APTUK Pharmacy Technician Team of the Year Award focuses on the pivotal role that outstanding teams of pharmacy technicians have on influencing positive person-centred patient care. This can be through innovation, service development or research.

Winner: Helen Brown, Magdalena Szczepaniak, Gill Stevenson - Renal Transplant Pharmacy Technician Team, Leeds Teaching Hospital NHS Trust



Magdalena Szczepaniak and Ade Williams

Nominated by: Advanced Clinical Pharmacists – Renal Transplant

Nomination overview: Leeds Teaching Hospitals NHS Trust’s Renal Transplant Pharmacy Technician team assist immunosuppressed patients following their renal transplant. Post-discharge from their transplant, they support discharge reconciliation of medicines, run a patient focussed medicines counselling clinic ensuring that information provided is tailored to each individual patient’s needs and contact patients prior to clinic appointment to update their hospital held medication lists, check immunosuppression supplies and address any adherence issues.

Judge’s comments: A really well written submission with evidence and recommendations. This team are managing a service that has been recognised across the UK for delivering high standards and strong outcomes. You can also see that the service has required strong teamwork. A strong nomination, great supporting evidence of how the team helped develop a new service & clear benefits articulated with strong testimonials. Excellent example showcasing the professionalism and abilities of pharmacy technicians in advanced specialist roles.

Winner's comment:

We were honoured and grateful to be nominated.

Through talking to patients, we are constantly reminded the work we have undertaken is having a positive impact on our patient's healthcare journey.

We have received some lovely feedback from patients with one patient referring to us as her second family.

Through this work we have built strong relationships with our patients ensuring a personalised and open ethos through all that we do.

We continue to build and bridge the gap between other healthcare professionals, especially between secondary and primary care ensuring patient centred care.

Excellence in Pharmacy Education and Development Award

The APTUK Excellence in Pharmacy Education and Development Award recognises an outstanding pharmacy technician, team or project that has made a significant contribution to education, training and development of pharmacy technicians or pharmacy teams in the UK.

Winner: Jane Shanahan & Alison Marshall, Senior Medicine Optimisation Care Home Pharmacy Technicians, East Lancs Hospital Trust Community Services



Unfortunately, Jane Shanahan and Alison Marshall could not be at the event, but here they both are, accepting their award at work.

Nominated by: Senior Commissioning Pharmacist, Lancashire and South Cumbria ICB

Nomination overview: Alison and Jane have collaborated across organisations and professions to share their learning and upskill the workforce around the harms and risk of high ACB scores. They have shown how processes can be changed and how ACB reviews can be easily incorporated into routine practice. They have shared their work nationally and internationally resulting in patient pathways being improved to reduce harms and improve quality of life whilst simultaneously enhancing the reputation and awareness of pharmacy technicians and the skills they offer.

Judge's comments: A very strong entry that has demonstrated a far-reaching impact. An innovative piece of work that shows how pharmacy technicians can make a

real difference in patient care. Work has been published and circulated on social media to promote. Generally, well received and adapted during the pandemic to continue the education and training. They have received awards for their work. A great project and the focus on sharing learning locally, regionally, nationally and internationally is excellent.

Winner's comment

We are very humbled and honoured to win this prestigious award.

Over the last 5 years since our anticholinergic project began, we have been on an incredible journey both personally and professionally and have had the absolute fortune to meet and work with some incredible leaders.

We listened to the incredible advice from our CPPE tutor; we set realistic project goals; and not only has this allowed us to keep motivated, but it also allowed us to achieve our objectives of increasing quality of life of our care home residents and changing clinical systems in both primary and secondary care in multiple countries. This recognition has helped to increase our passion, determination and tireless enthusiasm to support our care home residents to ensure that every day for them is a good day.

We could not have achieved all of this without the support, guidance and inspiration from our own organisation's leaders too and our team, who have allowed us the space to aim for the stars, and so we say a huge heartfelt thank you to everyone who has supported us.

Thank you from Jane and Alison.

Pre-Registration Trainee Pharmacy Technician of the Year Award

The APTUK Pre-registration Trainee Pharmacy Technician of the Year Award acknowledges the commitment, dedication and achievement of Pre-Registration Pharmacy Technicians. The award will be made to a trainee who, in the opinion of the judges, demonstrates outstanding effort and commitment.

Competition for the Pre-Registration Trainee Pharmacy Technician of the Year Award was exceptionally high and the judges couldn't shortlist the top 3, so there were 5 shortlisted entries in this category.

Nominee: Dhaya Katnoria, PTPT, Rochester PCN



Unfortunately, Dhaya Katnoria couldn't be at the event, so here she is accepting her award at work.

Nominated by: Director / Pharmacy Technician, Primary Care Support Services

Nomination overview:

Dhaya is always professional, polite and well mannered. She attends our meetings on a quarterly basis and informs me when she is unable to, even when she is off sick. Her level of commitment to the programme is outstanding and appears to be achieving high standards of work and pass marks for her exams.

Judge's comments: I was delighted to award Dhaya the PTPT of the year award – she demonstrates potential and a high level

of engagement in our profession at such an early stage of her career. Congratulations Dhaya!

Winner's comment:

I am extremely overwhelmed with this amazing achievement. I am grateful for this award and proud of myself and my work progress. The PTPT course has been great but challenging at times; I am very pleased to be recognised for my hard work throughout the course. Thank you to all that have supported me throughout this PTPT course and thank you to APTUK for this opportunity.

Primary Care Pharmacy Technician of the Year Award

The APTUK Primary Care Pharmacy Technician of the Year Award recognises an outstanding pharmacy technician who has shown a significant contribution to pharmacy services and patients in a primary care setting over the past 12 months.

Nominee: Lisa Bazley, Practice pharmacy technician, Penketh Health Centre, Warrington

Nominated by: Education Supervisor, Centre for Pharmacy Postgraduate Education

Nomination overview: Lisa is an outstanding example of a primary care pharmacy technician. Lisa consistently goes above and beyond in her role to support the MDT. Lisa shares her knowledge and experience with pharmacy technicians nationally. Lisa pushes the boundaries of the role of a pharmacy technician in primary care in a safe way, ensuring she has the competence and confidence to do so, whilst supporting other pharmacy technicians to be on the journey with her.

Judge's comments: Lisa consistently goes above and beyond in her role to support the multi-disciplinary team. She really embodies the ethos of patient centred care. She shares her knowledge and experience with pharmacy technicians nationally. Lisa is clearly a huge asset to her team as shown in the variety of statements put forward in her nomination.



Lisa Bazley and Ade Williams

Winner's comment:

Being nominated for the award was a privilege and I did not think I had a chance of winning the category when I saw the other nominees. This category really highlights a new direction in which the technician role is heading and the way it is

developing, and it is an honour to be recognised for being part of that. I am lucky to work in a setting which allows me to work to the top of my remit and promote my job role. Working closely alongside another technicians we show how much of an asset a pharmacy technician is.

Secondary Care Pharmacy Technician of the Year Award

The judging panel are looking for an outstanding pharmacy technician that has made a significant contribution to pharmacy services and patients in a secondary care setting in the UK over the past 12 months. This year the award was sponsored by AAH and Steve Bolas from AAH was there to present the award.

Nominee: Jemma Metcalf, Chief Pharmacy Technician – Severe Asthma, Glenfield Hospital



Steve Bolas, Jemma Metcalf and Ade Williams

Nominated by: Consultant Respiratory Pharmacist, University Hospitals of Leicester NHS Trust

Nomination overview: I strongly believe that Jemma should be shortlisted for this award as she has demonstrated unique leadership and development skills in this role. She is passionate about improving patient care and supporting patients. Jemma is a valued and respected member of the wider multidisciplinary team. Nothing is too much trouble. She is keen to develop services and uses her initiative to look for solutions to problems. As a role model for the pharmacy technician profession, you really can't ask for more. A future national leader!

Judge's comments: A very strong application and clearly demonstrates the importance of a specialist pharmacy technician role. Excellent examples of contribution to secondary care services, preparing reports for every patient, development of new clinics, implemented processes to reduce waste with specific evidence of £waste benefits for the trust. Fantastic examples of evidence both locally, regionally and nationally at conferences to showcase the hard work and determination of this nominee. Specific evidence of improving patient adherence from 50-100%. Leading evidence on patient outcomes with specific data to back this up.

A powerful closing statement - a future national leader! Jemma is clearly working with high quality and at a great pace - creating development of service and colleagues within the organisation but also for patients and now starting to showcase and share learnings on a regional and national basis.

Winner's comment:

Having the news that I was shortlisted for the Secondary Care Pharmacy Technician of the Year award came as a complete shock, having not known the submission had been made by my line manager. I went with the complete denial I was going to win; it was an honour to be even shortlisted and I was grateful to even get that far. To have won and be recognised for the work I have done and continue doing within the severe asthma team is amazing - I started within UHL 12 years ago as a level 3 apprentice working in a variety of different roles over the years. I never thought I would be selected to win the Secondary Care Pharmacy Technician of the Year award. It just shows with hard work, dedication, fantastic line managers and a great team what you can achieve!

Community Pharmacy Technician of the Year Award

The APTUK Community Pharmacy Technician of the Year Award recognises an outstanding pharmacy technician who has shown a significant contribution to pharmacy services and patients in a community pharmacy setting over the past 12 months.

Nominee: Arunoday Lekkala, Pharmacy Technician (ACT), Victoria Pharmacy



Arunoday Lekkala and Ade Williams

Nominated by: Superintendent Pharmacist, ABAN healthcare LTD

Nomination overview: Everyone enjoys working with Arun. He has a passion towards helping patients, learning new things and building his career from dispensing assistant to ACT. Every member of staff has great respect for him. He became part of the community and most of the community admire his willingness to help. Arun puts patients first and business later, especially elderly & young. Arun actively participates in local community events such as Purim, Hanukkah, blood donations etc.

Judge's comments: It is clear Arun is dedicated to delivering the best pharmaceutical care to his community. Arun exemplifies pharmacy technician professional practice, sharing his knowledge and learning with others while continuing to develop himself. He gives a high level of patient centred care and is also committed to training and developing others. The reviews from customers, speak for themselves and were a joy to read. Well done, Arun



From left to right, Dafydd James, Julie Mathieson, Sally Davey (Wales branch chair), Emily Guerin, Karen Tomkins; Nicola Stockmann

Branch of the Year award

Although it was a very close decision, Wales were the winners of the hotly contested branch of the year award. The team were honoured to receive the award. Here is what they said: Winning the branch of the year award was a real privilege and our highlight of the year. We are thrilled to win the award and we are looking forward to retaining the title for next year!

At Wales branch we ensure we support one another and our members, work as a team and reflect APTUK values and behaviours. We really encourage members to reach out to us and attend branch meetings. You will get to meet new people, strengthen your networks in addition to increasing and refreshing your knowledge. We already have plans to meet with HEIW in January to meet pre-registration pharmacy technicians and to let them know all about APTUK. We are also in planning stages for next year's branch meetings so keep your eyes peeled for more details. If you would like to get involved in the award-winning Wales branch committee or want to find out more about our events, what are you waiting for! Get in touch at Walesbranch@aptuk.org

Congratulations to all the award winners!





Fellowship Awards

Fellow membership is the highest level of APTUK membership and recognises developed expertise and sustained professionalism. Being awarded a fellowship is the highest honour that can be bestowed upon a member.

A fellowship is awarded in recognition of exceptional professional performance or outstanding service contribution to the pharmacy technician profession or to the Association, on either a local or a national level.

We had a number of very strong nominations and three APTUK fellowship awards were given this year.

Mary Carter

Mary Carter was nominated as a pharmacy technician who has worked as part of the APTUK team where she led on the development of the APTUK/PCPA National Competency Framework for Primary Care pharmacy technicians, including developing and facilitating its associated approval process. Her reputation as a well-respected pharmacy technician with a wealth of experience in primary and secondary care, and significant education expertise is also a key part of her nomination.



"I feel truly honoured and humbled to have been nominated for an APTUK fellowship in recognition of my contribution to the pharmacy technician profession and to the association.

Accepting the fellowship was one of the proudest moments in my 34-year career as a pharmacy technician and I would like to thank the people who took the time to nominate me and recognise my contributions.

It's such an exciting time to be a pharmacy technician; for the profession, services and patient care. As an APTUK fellow, I am committed to continue to support the association and its aims

in representing the voice of current and future generations of pharmacy technicians.

My fellowship certificate takes pride of place in my office as a constant reminder of the how proud I am of my contribution and commitment to the profession and my responsibility as an APTUK fellow."

Val Findlay

Val Findlay received an APTUK fellowship award as her nomination described her as a dedicated, hardworking, leader in pharmacy technician and support staff education for many years. She is described as a highly respected Pharmacy Technician recognised across the UK and within the NHS for her outstanding contribution to education, training, and development for her profession who always behaves professionally and with integrity whether she is working locally or nationally.



"I was absolutely honoured and delighted to be nominated by my peers to receive the prestigious APTUK Fellowship Award. Throughout my long career as a pharmacy technician, I have continually strived to promote our role and develop robust education and training programmes to ensure we have the necessary knowledge and skills, to make a valuable contribution to the pharmacy profession I am so proud to be part of."

Helen Taylor Bowers

Helen Taylor Bowers received an APTUK fellowship award in recognition of her commitment in encouraging the expansive and progressive roles of pharmacy technicians within the hospital setting and beyond. Her career in pharmacy spans over 40 years and she was very active in the campaign for pharmacy technicians to become registrants. She is a great role model for pharmacy technicians and is well respected internally and externally to pharmacy.

"I was so delighted to receive the Fellowship award from APTUK; when I got the notification email, it made me cry!

I am so proud to be a pharmacy technician, particularly now - what an amazing time to be part of the newest health profession, watching ourselves grow and develop in so many new and exciting roles.

One of my team said that I 'bang on the professional opportunities door and when it opens, I get twenty other pharmacy technicians through before anyone even realises' - I thought that was a lovely accolade, and a good reputation to have.



I'm now looking at what I can 'meddle with' next to help APTUK and my fabulous colleagues forge ahead with our professional goals. There are so many opportunities to look forward to - it's going to be a very interesting time."

Honorary Award

Honorary membership enables APTUK acknowledge exceptional service, given either to the association or to the pharmacy technician profession, by a person who is not eligible to be a member of APTUK. It is a distinctive membership, bestowed in recognition of the efforts of the nominee who has made a profound difference to our profession.

Professor Mahendra Patel, OBE

Professor Mahendra Patel OBE was presented with this year's honorary award. Mahendra is a pharmacist, professor, researcher, former RPS Board member and most importantly an influential ally for pharmacy technicians. His advice and support on the Inclusive Pharmacy Practice Programme to which APTUK Co-Leads has been pivotal in helping position the role of the pharmacy technician as part of the multi-disciplinary team to address health inequalities. As an Oxford University Professor, he sees the opportunity for the role pharmacy technicians could undertake to support equity in research. He actively supports pharmacy technicians and in a recent article for Pharmacy Business, he asserts 'We need to build a cultural change in mindset - believing that pharmacy actually means pharmacists and pharmacy technicians, who have in many ways and for too long been ignored.' A true advocate for our profession.

When asked for his perspectives after receiving the award, Mahendra said:

I will continue to promote pharmacy regularly through my work at all levels and across care settings but more as a whole workforce and moreover to include pharmacy technicians wherever possible as part of a cultural norm - something I believe everyone should recognise, value and advocate for. It's important to champion the excellent support that pharmacy technicians can and do provide in helping to better meet the challenges of today's fast-moving industry of health care provision as wider services are developed.

We commonly refer to inclusive practice in terms of race, ethnicity and protected characteristics but we must be mindful that this also means being professionally inclusive. This is important if pharmacy is to really progress at pace in serving its purpose in helping to provide the highest standard of healthcare in keeping our patients and public healthy, and through the safe supply and administration of medicines with greater efficiency.

In my role as a national and senior pharmacist and academic I have often challenged, and in some instances helped make a



difference in the practice of organisations, where pharmacists have been referred to in isolation as the pharmacy professional when in actual fact pharmacy technicians could also be included. I have publicly advocated for pharmacy technicians and it's so exciting to see now 28 patient group directives under government consultation for pharmacy technicians to be able to supply and administer in helping to improve better access to pharmacy services and reducing health inequalities.

Attending APTUK 2023 was memorable to say the least, and but then to be made Honorary Member of this highly progressive and dynamic profession was ultra special and left me lost for words - which for me, is a rarity! This comes at a time when pharmacy couldn't be better placed through the new services now being provided through community pharmacy, and the announcement of the newly established pharmacy professional leadership body. It's also made me reflect on how much more I need to do in promoting the work of pharmacy technicians as the calibre of this workforce and the depth and breadth of skills they possess is often underutilised and underrecognized. It's an absolute honour to be recognised in this way and is one that I will hold with great pride always.



Bursary Winners

To support education and development, a limited number of educational bursaries were made available this year, where APTUK pharmacy technician, or PTPT members could send in an application for a sponsored place at the APTUK 2023 conference and exhibition. Sponsorship included:

- A ticket to the full conference and exhibition for both days
- A place at the awards dinner
- Overnight accommodation
- Travel expenses.

We asked the winners for feedback on their experience of attending the conference, and what it meant to them to be awarded a bursary. Here is their feedback:

Kristy Garton,

Medicines Safety Pharmacy Technician. Nottinghamshire Healthcare NHS Foundation Trust.

Maddie Doody MAPHarmT

Cross-Sector Pre-Registration Pharmacy Technician for Lancashire and South Cumbria NHS Foundation Trust (LSCFT)



“Receiving the bursary for the conference was truly meaningful to me. It not only made attending the conference possible but it also emphasised the recognition of my dedication to becoming a pharmacy technician. It felt like a vote of confidence in me for my student role and it provided me a valuable opportunity

to connect with experts, learn and share insights. The bursary reinforced my commitment to APTUK and desire to contribute to APTUK further on in my career.

This was my first time attending a pharmacy conference; I was mostly looking forward to finding out what other pharmacy technicians are doing within their roles in the different sectors and personally ask them questions, and also being able to see the shape of pharmacy in the future and how pharmacy technicians will be apart of this development.

My favourite part of the conference was meeting other student technicians who came to the conference, and compare what we are learning about and how it comes into use in the different sectors we all work in. It was nice to hear what they wanted to do once qualified. I also really enjoyed being able to connect with a diverse community of pharmacy technicians and build lasting relationships that I will take with me throughout my career.

I found that this conference provided me with the knowledge that can make a real difference in patient care and pharmaceutical practices.”



“I was thrilled to be a bursary winner. It gave me the opportunity to attend my first ever APTUK conference and I was fortunate enough to attend alongside one of the pre-registration trainee pharmacy technicians from our team.

I was excited to attend the conference, the way the event was organised and planned from start to

finish really made it easy to organise my time there. I attended all the sessions I wanted to, and I could even change on the day if I wished. The way the conference was set out with the exhibitions and the posters really provided an opportunity to meet and talk to people. I enjoyed talking to those that brought posters, being able to discuss and establish what other pharmacy technicians are out there doing; this has given me more motivation to develop my own poster and submit it next year.

I have attended a couple of conferences before but this one was so different, in a good way! It was for pharmacy technicians and trainee pre-registration pharmacy technicians, and it felt very personal for my career, my development and my profession. It provided an environment that meant I could explore more freely and easily what matters to and interests me.

I met and chatted with so many people, including the APTUK executives. Everyone was so warm friendly, and I took so many pictures of IDs (with permission) so I could keep in contact with the people afterwards!

The conference dinner and awards were so much fun; the awards were inspiring to watch and the way the whole room celebrated each individual or team receiving an award was incredible, there was so much positive recognition of everyone’s achievements.

It was a wonderful experience and gave me so much to think about and to take away and share within my workplace, and also personally to think about for my pharmacy technician journey.”

Priscilla Cook

Pre-Registration Pharmacy Technician at University Hospital Southampton NHS Foundation Trust (UHS).



“I was so delighted to get an APTUK bursary as I wouldn’t otherwise have been able to attend as a student. I was not going to apply but some colleagues at work, who are into research, and my educational tutor said they would support my application, so I went ahead and did my best, and I could not believe my application was successful; and it included the dinner and awards too!

I happened to be on a week’s leave before the conference, so it was great to finish my week off with such a fantastic networking event. As I was driving into Bristol, my first thoughts were that I felt like I was an imposter... I feel so new to pharmacy technician events, was it too soon to “put myself out there”?

Before I decided to re-train as a pharmacy technician, I worked organising international conferences myself. I was really looking forward to seeing what it was like to attend my first conference as a delegate, but it was a bit daunting as I am a bit older than the average student! However, once I arrived at the venue, I met some really lovely people, including the conference team. I really relaxed and enjoyed chatting over a cuppa while looking at the amazing poster display. I also met, in some cases for the first time in real life, some of my UEA tutors and fellow students, who I had only ever talked to online, and that was fantastic.

My favourite part of the conference was probably the chance

to hear from other pharmacy technicians from so many different parts of the UK, their inspiring stories, and how they have developed their careers. The only problem was that I wanted to go to all the talks, and of course, I could not do that! One of the things I was looking for at the conference, was how we can improve staff retention in our sector, and how we can help our students decide to stay at an acute trust instead of moving off into community or elsewhere, as this tends to happen. This is a difficult topic, and still I don’t really know the answer, but I think that by encouraging our staff to continue their learning journey throughout their career, to give them time to go to outside events, including conferences like APTUK, this is where they will feel an ownership of the work they do and feel more intrinsically valued.

The conference also gave me a heads up on what is coming up in the next few years for pharmacy technicians through the work of APTUK and also our colleagues at NHS England, without whom I would never have got my apprenticeship. At breaktimes I really enjoyed the networking; everyone was so approachable and friendly. After COVID I was not sure we would ever go back to face-to-face events and yet here we all were!

I have also agreed to present what I have learnt from the conference to my research colleagues at my workplace, and I never thought I would feel confident enough to that.

I think if anyone asked me, why should I go to the APTUK conference, especially as a student pre-registration pharmacy technician, I would say, because it helps you see the bigger picture and puts your role in perspective. Otherwise, you won’t really see what a huge amount of work is being done to put pharmacy technicians at the forefront of patient care, by extraordinary people.”

Michelle Watson MPharmT

Research Fellow and Pharmacy Technician



“I was excited to be offered a bursary because it enabled me to attend an APTUK conference for the first time, at a time when money was tighter than usual (I was on maternity leave at the time I applied). It gave me the opportunity to learn, network, and present my research as a poster.

I particularly enjoyed the interactive nature of some of the conference sessions. Alongside being a pharmacy technician, I also work as a research fellow, and I was keen to learn about the research that pharmacy technicians are undertaking, so I very much enjoyed reading the posters that were available and speaking with those involved. The evening awards, dinner and dance was inspiring, and it was great to meet more people there. The food was also delicious!

Attending the conference raised my awareness and knowledge of the vast roles that pharmacy technicians are involved with, and hope to be involved with in the future. It allowed me to discuss my interests and published research with others in an incredibly supportive environment, and learn about other research ongoing in the field. I met some wonderful people and felt like I came away from the conference with greater confidence in what I, and we collectively, can achieve as pharmacy technicians.

I would encourage other people to apply for a bursary, even if they think it’s unlikely that they would be awarded one. The process was simple and smooth from start to finish.”

Maria Widgery-Campbell

Programme Officer for the Medicines Optimisation Team at BSW ICB

“I was so chuffed to be awarded a bursary. I’d applied on the off chance because obtaining funding through work was going to be tricky, so I was surprised to have been successful.

It was my first time attending conference, and I really wasn’t sure what to expect, but that was reason enough to attend; to find out more about conference and about APTUK itself. I was apprehensive about the networking side of things, in case everyone would be attending in groups or in their teams and I’d be the only one not knowing many people. Needn’t have worried though, everyone was really friendly and welcoming and willing to talk to each other. And I wasn’t the only person not attending as part of a team.

Ironically, given my apprehensions, my favourite part of the conference was the networking! It was great getting to hear so much about what fellow pharmacy technicians are up to across the UK. It was clear how passionate many pharmacy technicians are about providing best care to patients.

Attending the conference has given me a better understanding of APTUK and has made the association seem more real somehow. It has also enabled me to see how fast we are moving forward as a profession.

I would recommend that anyone who hasn’t attended before give it a go, you never know what you might learn, who you might meet and of course, it’s a great opportunity for every pharmacy technician’s favourite thing - CPD!”



APTUK Conference 2023 - Making an impact!

Personal perspective of the Conference:

Diane Torry



I was lucky to be able to attend this year's conference, the title of which could be taken two ways. The theme was all about pharmacy technicians making an impact in their profession, but I have to say the two days certainly made an impact on me!

It's been a while since the APTUK have been able to host a full 2-day conference with

posters, exhibitors etc and it was really fantastic to see it back. Held in Bristol, it made it easy for myself and colleagues from the South West to attend and it was lovely to see so many pharmacy technicians together sharing stories, discussing roles and finding insight and inspiration from the guest speakers. Some of the sessions were thought provoking and made me reflect on my role, others were interactive and fun, but with a serious message behind them. Topics ranged from what we can do to make the NHS eco-friendlier, to research equity and genomics, and we had a keynote address from Dunkan Rudkin, Chief Executive and Registrar of the GPhC who talked about the evolving roles of pharmacy technicians and the pharmacy profession as a whole.

There were several parallel sessions that we could attend during the two days – so many different subjects to choose from, I wanted to attend them all! One I attended was 'Effective negotiation for positive outcomes' which was run by Katherine Beach and Nichola Butler-Griffiths, from Health Education and Improvement Wales. This was a fun session where we were split into teams and the idea was to gain the most 'money' following a set of criteria where we had to exchange red or white tokens. Some of the exchanges could be negotiated, others not (although there were definitely secret negotiations happening in some teams!) and although my team didn't win the most money, it was a fun and enjoyable way to understand how communication makes such a difference when you are trying to obtain something.

One of the most inspiring sessions I attended was by Claire McManus, the Lead Medicines Management Pharmacy Technician at Treloar's, a residential school and college for young people with physical disabilities. After explaining the role of the pharmacy technicians who worked with her, Claire shared a video from the students, teachers and support staff at the school who told their stories of how much the pharmacy technicians helped and supported them with their medication and how valuable the pharmacy team were. It was truly inspiring and I, like many others in the room were overcome with emotion at how the work these pharmacy technicians did was appreciated and how proud we were to be part of the same profession.

In between the sessions there was an opportunity to view all the poster submissions, speak to other delegates and exhibitors, all over some delicious refreshments! I spent quite a bit of time looking at the posters and making notes on the things that others had done and I could bring back to my own team as well as chatting to some of the exhibitors including pharmacy technicians working in the RAF – a very inspiring role.

The awards dinner on the Friday evening was a great way to wind down after the first day of the conference. The food was lovely, and it was fun to let our hair down a bit and celebrate the award winners and fellowship recipients. All the nominations were incredible – I don't think I could have chosen the winners, they were all amazing.

On the final day, we saw Jill Cruickshank, a coach, trainer and speaker, who's session was named Making an impact with purple giraffes! I must admit that all of us were intrigued to find out what it was all about when we saw that in the conference programme. We were not disappointed! Jill used a picture of pink elephants and purple giraffes to show us how changing the way we think about things can change our outlook. She explained that rather than thinking about what you can't do, think about what you can do instead. Her exact words were "Think about what's strong, not what's wrong" It is something I have taken to heart and am now trying to do every day.

Overall, the conference was an amazing experience that I hope I have the chance to do again. I would encourage every pharmacy technician to attend. They are opportunities to meet other pharmacy technicians, do a massive amount of CPD and to hear from some amazing and inspiring people as well as let your hair down with a bit of a boogie on the dance floor!

Diane Torry
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Personal perspective of the Conference: Caroline Reid

The APTUK 2023 Making an Impact Conference was a fantastic experience that I am so grateful I had the chance to attend. I had anticipated thought provoking discussions and information to be flowing, with interesting personal stories of making an impact, and this was

delivered in full. I felt like a little girl in a sweet shop, so many sessions I wanted to attend and so many pieces of work and areas of work I want to investigate more.

I felt connected to my peers during the conference, and I could see how we were all making an impact, everywhere we worked, and it was being celebrated.

Pharmacy technicians and research: Where does the journey start? This was a truly fascinating session with an inspirational speaker, Melanie Boughen. Melanie's career achievements were exciting to hear about, and whilst this was not the focus of the session it had an impact on me, the path through education and training to working at the University of East Anglia and she was also currently undertaking a PhD. Melanie presented with such warmth and humility that I came away from her session feeling like the sky is the limit and I could do it too. During the session a subtle but effective demonstration of research in action was carried out; there were post it notes on every seat, and we were all asked to write down a single word answering how we felt towards research. The notes were collected and as the session continued, and the qualitative data processed. At the end of the session, we could see the themes that had come out of our group and see how research starts with a simple question.

The Shape of Technical Services. In a huge auditorium Phil Jones presented this session, charming the room with humour

and my favourite comparison of how the technical services workforce has expanded and diversified, just like the cast of the X-Men, through the years. I work in technical services, and this made me, and others in the room, feel like a proud superhero. There were questions asked about the changes in the pharmacy technician initial education and training and how this is expected to affect the role in technical services moving into the future. The room fell silent as Phil gave his response that there will always be a need for pharmacy technicians in technical services! With plans of integrated training placements for PTPTs, legislative changes being pushed for with regards to supervision, and the development into the Hub and Spoke service models, the role of the pharmacy technician is vital. In this session I was sat with a PTPT student who came away eager, excited, and fired up to delve into the world of technical services and has since requested specific time in the aseptic unit where she works. I'd say it was a session that had an impact.

I hope that every pharmacy technician has the opportunity to attend an APTUK conference at some point in their career and I can't wait to return myself.

Caroline Reid
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My First APTUK Conference

I got the chance to attend my first APTUK conference in September 2023 after qualifying as a Pharmacy Technician in 2022. My experience of the conference was very positive, and I returned home with lots of ideas and inspiration to share with my team and implement into my own practice. The two days went by quickly, the guest speakers were knowledgeable and inspiring, and I enjoyed every session that I attended. In addition to this my fellow delegates were friendly and welcoming too, and some even managed to get me on the dance floor doing the Cha Cha Slide at the awards dinner!

There was a mix of parallel sessions on offer throughout the conference, and I had the chance to attend six that I had selected prior to attending: Dispensing Positive Outcomes, The Impact of Military Pharmacy Technicians, Allyship in the Workplace, The Pharmacy Technician Revolution, the CPPE Clinical Workshop on Hypertension, and Chart Your Cycle.

Dispensing Positive Outcomes was an interesting session that focused on the Oncology Pharmacy Technician Association (OPTA), which is a USA based organisation that, amongst many things, creates a seasonal publication for pharmacy technicians working in Oncology. The second session I attend was The Impact of Military Pharmacy Technicians, which I found to be inspiring and one of my favourite sessions of the



conference. Flight Sergeant Emma Bull delivered the session and spoke of her many personal experiences as an RAF pharmacy technician, including the worldwide distribution of the Covid-19 vaccine and the military response to the Turkey earthquakes in February 2023. On day 2, session 3 provided an insightful presentation on Allyship in the Workplace, where we were encouraged to consider the definition of true allyship, and how we can be allies to our colleagues and peers in the workplace. Next, I attended The Pharmacy Technician Revolution which was a motivational and relatable session that left everybody in the room smiling. Following this, I chose to attend the CPPE

Clinical Workshop on Hypertension, which was a thought-provoking and interactive workshop that helped me to improve my counselling skills and provided a valuable piece of CPD. My last session was Chart Your Cycle, a holistic approach to the menstrual cycle which shed some much-needed light on women's health and how the menstrual cycle affects many aspects of a woman's life.

Overall, I really enjoyed my first APTUK conference and the great selection of sessions on offer were fascinating and inspirational. It was a really great experience and a wonderful chance to network with other pharmacy technicians too. I came back to work feeling proud of my profession and full of ideas for the future, hopefully I will get the chance to attend in the future!



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Understanding Why Patients Remain On Originator Biologics Where Better Value Bioequivalents Exist

Introduction

What is a bioequivalent (also known as a biosimilar)?

Biologic medicines are generally large complex molecules made or derived from a biological source; their manufacture is more complex than it is for chemically derived molecules. Examples include insulins, monoclonal antibodies, hormone therapies and gene therapies.

A bioequivalent medicine has a highly similar but not identical molecular structure to the originator ('reference') biologic. There are no clinically meaningful differences in efficacy, quality and safety compared to the originator biologic. Switching between brands is not as simple as with generic medicines and patient consent is important.

Bioequivalents are competitively priced and their use by the NHS has saved millions of pounds, allowing reinvestment into patient care. For example, patients with moderate rheumatoid arthritis can now commence treatment with some biologic medicines earlier, rather than having to wait for their condition to worsen.

Why audit use?

I work in an acute NHS trust where biologics are a vital part of many patient journeys. We have successfully used many bioequivalents since they were launched, and all new patients receive the best value bioequivalent medicine when they start treatment.

Switching existing patients is a regular occurrence, including several 100% brand switches in cancer treatment pathways. In other conditions, switching has been less successful, and some patients remain on a more expensive originator brand. As commissioners were keen to understand this missed opportunity for savings, I audited the use of originator biologics.

Method

- Four commonly used biologics were audited: adalimumab, etanercept, infliximab and rituximab.
- 4247 patients were being treated; 495 (12%) were currently prescribed originator brands.
- The audit sampled 90 patients (18%) on originator brands, using pharmacy and patient electronic records.

Results

On average, over 50% of patients accepted a switch to cheaper bioequivalents (figure 1). This ranged from 38% of patients on adalimumab to 70% of patients on etanercept.

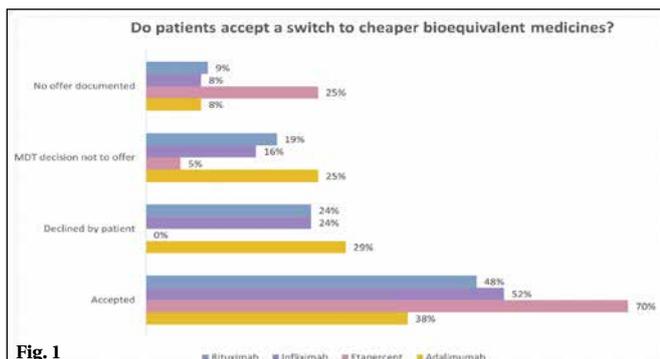


Fig. 1

Understanding why patients remain on originator biologics when better value bioequivalents exist

Taylor Bowers, H. Pharmacy Technician helen.taylorbowers@nhs.net

Introduction

Bioequivalents (biosimilars) have highly similar but not identical molecular structure to their originator biologic. Switching is not as simple as with generic medicines.¹

Significant savings from use of cheaper biologics allow reinvestment into patient care.² The NHS has saved millions of pounds through switching.³

The organization needed to understand the reasons why some patients remained on the more expensive originator brands. At the time, patients received the national patient information leaflet, which clearly stated it was their choice whether to switch or not.

Method

- Retrospective audit of patient data from a random proportional sample of four biologics where originator were prescribed (see indications): adalimumab, etanercept, infliximab, rituximab.⁴
- Review of electronic notes for reasons why the patient was on an originator brand.⁵
- Biologics used if specialties where 100% switch had occurred were not audited.

Results

4247 patients were prescribed the four biologic medicines.

495 (12%) were currently prescribed originator brands.

Audit sample size: 90 (18%) of patients on originator brands.⁶

➤ Over 50% of patients accepted a switch to cheaper bioequivalents (figure 1).

➤ Almost 20% declined a switch, sometimes for more than one reason. Reasons documented for response and/or adverse reactions, worry about future treatment options if not effective, failure of other treatments, and happen if the switch was not successful.

➤ 16% were not offered a switch following clinical MDT decision: reasons included multiple infusion reactions to previous biologics, lack of further treatment options if not effective, social/care reasons.

➤ Loss of effectiveness and adverse reactions were the most common reasons for switching back to originator brands (figure 2).

➤ There remain opportunities to switch patients to best value bioequivalents. The missed opportunity for savings is reduced when adverse reactions and loss of effectiveness is considered.

➤ Patients and clinicians would welcome better information about switching.

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Patients remain on originator brands of biologic medicines for multiple reasons:

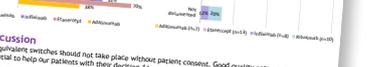
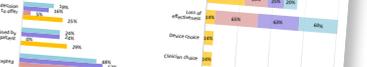
- ❖ adverse reactions
- ❖ loss of effectiveness
- ❖ device choice
- ❖ patient choice
- ❖ clinician choice

Many of our patients have a complex treatment journey to reach a level of daily living that most of us take for granted

Actions: New patient information leaflets (including easy-read versions) and a switch guide for clinical teams have been developed

Figure 1: Do patients accept a switch to cheaper bioequivalent medicines?

Figure 2: Reasons for switching back to originator



Discussion

Bioequivalent switches should not take place without patient consent. Good quality patient information is essential to help our patients with their decision.^{1,4}

The audit identified the need for further, clearer advice for our patients that explains how bioequivalents offer them the same clinical effectiveness and safety.

Many patients who experienced loss of effectiveness and returned to originator brands then remained on those products for several years. There appeared to be reluctance amongst clinical teams to attempt further switches, but newer bioequivalent products may offer advantages (e.g. device or excipients changes) that may enhance patient care.

Conclusions

- There remain opportunities to switch patients to best value bioequivalents.
- The missed opportunity for savings is reduced when adverse reactions and loss of effectiveness is considered.
- Patients and clinicians would welcome better information about switching.

Poster pdf link: [Understanding why patients remain on originator biologics where better value bioequivalents exist.pdf](#)

Almost 20% of patients declined a switch, sometimes more than once. Reasons for this include concerns about loss of response, concerns about adverse reactions, worry about future treatment options if it did not work, and failure of other treatments in the past.

16% of patients were not offered a switch following a clinical multi-disciplinary team (MDT) decision. Reasons documented included multiple infusion reactions to previous biologics, lack of further treatment options if not effective, and social or care reasons.

42% of patients had switched back to originator brands from bioequivalents (figure 2). The most common reasons for this included adverse reactions (such as rash, injection site reactions) and loss of effectiveness. Other reasons stated were device choice (such as inability to manage a device by the patient or carer) and clinician choice.

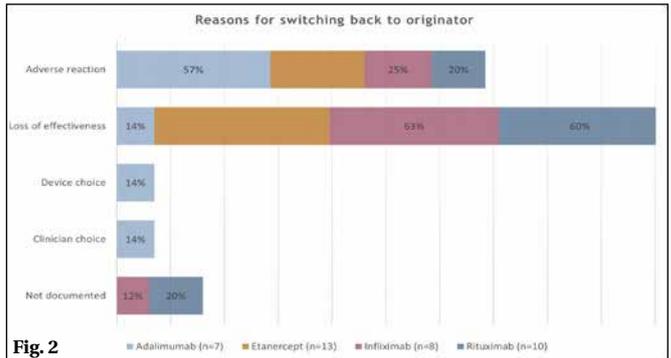


Fig. 2

Discussion

Good quality patient education about the safety and effectiveness of bioequivalents is essential to help patients with their decision. At the time of the switches, patients received the national patient information leaflet, which clearly states that they did not have to switch and could stay on their current treatment. This was noted as part of the decision making of patients who declined a switch.

These biologic medicines are used for severe conditions and many of our patients have had a complex treatment journey before reaching a level of daily living that most of us take for granted. It is understandable that patients may be reluctant to potentially lose control of their condition. Many of the conditions being treated relied on qualitative data relating to patient perception of their symptoms, rather than hard data provided by scans and laboratory test results. Whilst multiple studies reference the *nocebo effect* - a worsening of symptoms or the onset of new clinical issues as a result of a patient's negative attitude toward a chosen regimen - this audit did not attempt to identify it as a reason. Good quality explanations about equivalent safety and efficacy may help alleviate concerns.

Patient consent can be difficult to obtain. The national information provided to patients was clear that consent should be sought each time a different product was used. Anecdotal information from patient feedback in oncology services was a preference for the organisation to record this information but that patients themselves were not interested in what brand they received; they trusted their clinicians to give them the best treatment available. It would be interesting to explore this attitude toward treatment further.

The MDT in collaboration with the patient has a choice about the most appropriate treatment. Whilst it can be easy to just look at the numbers, there may be very good reasons for the decisions taken by patients and their clinicians - these two patient stories are examples of why there was no switch:

- Mrs A, an elderly blind patient, had independently and successfully used a biologic medicine for rheumatoid arthritis for several years with help from her husband and carer Mr A, also elderly and partially sighted. They were experienced in using the existing device, but the MDT felt that a change could result in Mrs A no longer managing her own care at home, be disruptive and potentially harmful. It was decided to leave her on the originator brand.
- Mr B was receiving biologic treatment for macular degeneration. He had cycled through several treatment options before being optimised on biologic X, which was the last line of treatment available. Given his rapid disease progression before stabilising for several years on this medicine, the MDT decided that he should not be switched to the bioequivalent, as even a small risk of loss of effectiveness could lead to total blindness.

Many patients who returned to originator brands remained on them for several years. This was an unexpected finding; evidence in the literature suggests that loss of effectiveness is not reversed through switching back. There appeared to be a reluctance amongst clinical teams to attempt further switches, but newer bioequivalents may offer advantages over the original product, and this should be explored with resistant patient cohorts.

There may be opportunities to change to newer bioequivalents in patients who were previously resistant to switch. The organisation is keen to improve patient experience using products that may enhance patient care, such as improved devices, or safer excipients with less toxic effects. Examples include smaller needle size, not needing to store the medicine in a fridge, removal of preservative agents that cause stinging at the site of injection. Future switches will include talking to those patients considered switch resistant.

Actions taken by the author since the audit

- **Better, clearer patient information** that explains how bioequivalents offer the same clinical effectiveness and safety was essential. New patient information leaflets (PILs) including easy-read versions have been developed in conjunction with patients and clinical teams, and are readily available on the patient website and on the formulary.
- **Support for clinical teams to reduce the consent burden** relating to switch programmes has been obtained. Organisational clinical leadership have confirmed that use of bioequivalents is 'business as usual' and the PILs given at the start of treatment explain that different brands might be used over time. The organisation will keep records of what has been given, but patients will not need to be continually asked for permission to switch. It is hoped that this will make switching simpler and reduce the time invested by clinical teams for each switch. It will also assist when there are product shortages.
- **A practical switching guide** is being developed to help pharmacy teams in the smooth and efficient transition between biologic brands. Its checklist includes sections on stock management, preparative services, homecare, prescribing systems and advice for clinicians and patients. This 'living' document has been used in oncology and paediatric services and is updated as we become more experienced.

Summary

Patients remain on originator brands of biologic medicines for multiple reasons, including adverse reactions, loss of effectiveness, device choice, patient choice and clinician choice.

There remain opportunities to switch patients to best value bioequivalents, although the missed opportunity for savings is reduced when adverse reactions and loss of effectiveness is considered.

Patients and clinicians would welcome better information about switching and this has now been provided through new patient information leaflets plus a switching guide for clinical and pharmacy teams.

Bioequivalents are here to stay; there are multiple new products in the development and regulatory pipeline and their use could contribute significant efficiencies to an NHS that has ever increasing demands on its resources.

REFERENCES

- Allocati E et al. *Switching Among Biosimilars: A Review of Clinical Evidence.* *Front Pharmacol.* 2022; 13: 917814. Available online: [Switching Among Biosimilars: A Review of Clinical Evidence - PMC \(nih.gov\)](https://doi.org/10.3389/fphar.2022.917814)
- *Bioequivalent easy read PIL* <https://flipbooks.leedsth.nhs.uk/LN005180.pdf>
- *Bioequivalent PIL* <https://flipbooks.leedsth.nhs.uk/LN005202.pdf>
- *British Biosimilars Association.* Accessed 15 March 2023. *Facts about biosimilars.* Available online: <https://britishbiosimilars.co.uk/facts-about-biosimilars.html>
- *NHS England.* 21 Feb 2023. *What is a biosimilar medicine.* Available online: <https://www.england.nhs.uk/long-read/what-is-a-biosimilar-medicine>
- *Specialist Pharmacy Service.* 29 June 22. *Understanding biological and biosimilar medicines.* Available online: <https://www.sps.nhs.uk/articles/understanding-biological-and-biosimilar-medicines/>
- *The Patients Association.* Dec 2018. *Understanding patient needs in switching from biologic to biosimilar medicines.* Available online: <https://www.patients-association.org.uk/Hand>



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Increasing the Incidence of Patients Receiving Discharge Counselling by a Pharmacy Technician in a Mental Health Inpatient Setting

When a patient is discharged from an inpatient mental health ward, it is highly likely that the patient has had their medications changed compared to on admission. This could include high risk medications such as Lithium, Sodium Valproate or Clozapine, all of which have various ongoing monitoring arrangements in place. It is vital, therefore, that patients understand what medications they are taking and why, the potential adverse effects of medicines have been discussed with them, and any problems accessing medicines post-discharge have been identified. Medicines management pharmacy technicians (MMPTs) are ideally placed to counsel patients on discharge, particularly as they are present on wards and familiar to patients.

All newly admitted patients have their medication reconciled within 72 hours of admission and where possible the patient is interviewed. However, apart from supplying medication, the pharmacy team are not always involved in a similar process at discharge.

The following changes were introduced to allow implementation of patient discharge counselling across all inpatient wards:

Increased provision for medicines management pharmacy technicians to complete clinical activities:

- Upskilling junior pharmacy technicians to complete transcribing and medication ordering on inpatient wards. This allowed the MMPTs to act as supervisors and gave them time to complete other tasks.
- The medicine reconciliation template was simplified. This involved rationalising the time spent completing them and making sure that the information collected was utilised effectively and was not a duplication of the admission clerk.

Strategic ward allocation:

- Weekly clinical handover meetings with ward pharmacists to discuss individual cases and any medicines management related issues.
- Ward allocation was aligned to pharmacist rotations, to improve communication and to ensure liaison with the same pharmacists.
- MMPT's were also allocated wards according to their number of admissions and discharges, including a combination of acute wards and rehab wards.

Increased presence on inpatient wards:

- MMPTs started visiting all the inpatient wards every day. Previously, wards would be visited once a week for a "non-stock top-up" and ad-hoc for new admissions.
- An increased familiarity with the same ward pharmacy technicians by both patients and ward staff aided communication.
- Increased opportunity to attend ward rounds and discharge planning meetings.

Developing clinical knowledge and confidence:

Yearly in-house sessions on schizophrenia, mood-disorders, depression, anxiety, and dementia.

Results:

Since implementation in April 2022, there has been an increase

in discharge counselling incidences and by June 2022, we were capturing over a quarter (25%) of discharges.

Chart 1: Number of discharge counselling consultations completed.



Limitations:

As with all NHS trusts, there are bed pressures and discharges are expedited and unplanned, therefore there is simply not time to complete discharge counselling for every patient. Currently, our inpatient wards are situated on two different sites, this causes an uneven workload to occur, and therefore time for counselling is compromised. As with most NHS trusts, staff shortages and recruitment difficulties are ongoing issues. Core services such as dispensary and medicines reconciliation are prioritised in these incidences.

Moving forward:

I would expect to see an increased incidence of discharge counselling to hopefully capture at least 75% of patients. I would eventually like to implement a 72 hour post-discharge and a 30 day follow up phone call to check that the patient is not having any issues with medication usage or supply. Using information dashboards, next steps would be to compare readmission data to identify whether discharge counselling and follow up reduces re-admission to inpatient wards.

Acknowledgements:

This was only possible because of the work of Janelle Cale, Jaynal Abedin and Amanda Buglass – Medicines Management Pharmacy Technicians.

Poster pdf link: [Increasing the incidence of patients receiving discharge counselling by a pharmacy technician in a mental health inpatient setting](#)



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Let's Talk About LGBTQ+ Inequity In Healthcare

A quick search on the internet shows many reports on how the rainbow community (LGBTQ+) continues to face discrimination in the UK. This inequality is leading to poorer healthcare, later diagnosis and worse treatment for people with marginalised gender identities or sexualities.

I would like to share some of my own experiences and views of healthcare, with the intention of sparking conversation so we can work towards addressing this gap.

Think about the melting pot theory of multiculturalism which assumes that various groups of people will tend to “melt together”. The trouble with this theory is that in “melting together”, we all lose our unique identity.

Instead, I prefer the “salad bowl” theory. The salad bowl is a metaphor for the way in which an individual can integrate and co-exist within society whilst maintaining their separate identity. We each are “salad”, but we are also different. Each part of a salad has a different taste, texture and colour. These elements can add something unique, each ingredient having the chance to shine and be just as important as the next.

I identify as a pansexual woman. I have a daughter and I'm married to a woman. I also don't “look” gay (I still struggle with that remark) but this can lead to curiosity about my sexuality which I don't mind talking about as long as it's coming from the right place and being asked in a respectful way.

Many times during these conversations I have been told “I don't care what someone's sexuality is, it doesn't matter to me if they are gay, straight, trans or bi, everyone is the same to me and I treat everyone the same” and I always reply “but we're not all the same”.

People need to be recognised, respected and treated as a whole person, which encompasses their unique identity. For me, this includes the fact that I have a stoma, I'm a woman, I'm a mother, I'm a grandmother, I'm a wife, I have a wife and I don't tolerate morphine very well.

An example would be, when I'm asked by a healthcare professional if I could be pregnant, I appreciate that there is a clear clinical need for this question (I'm a cisgender* woman, I'm of childbearing age). However, when I reply with “nope, that would be a miracle as I'm married to a woman” I expect that to be the end of the conversation, I don't expect to

have to continue to answer questions regarding birth control or explain myself any further.

In the same way that If I were a cisgender man, I would not expect to be asked if I could be pregnant (that would also be a miracle). The bottom line is that I want to be seen and treated appropriately, but more importantly, as an individual.

If healthcare organisations are not seeing the whole person, are we able to deliver equitable healthcare? Given the example of pregnancy, do we have the understanding, and organisational culture in which we recognise and feel comfortable that there may be a clinical need to ask a transgender man if he could be pregnant?

Another example that I would like to share is one that has happened to me very recently during a stay in hospital. During my admission, the nurse asked me who I live with at home. I knew exactly how the conversation would go as I've been here many times before:

Nurse: “Who do you live with at home Jenny?”

Me: “My wife Tasha.”

Nurse: “OK, so, upon discharge will your partner be able to pick you up and take you home?”

Me: “Tash is my wife and yes she will.”

Nurse: “Oh, oh yes OK.” (uncomfortable silence for a moment) “Will your partner be able to bring some of your medication into you until we can get some from the pharmacy?”

Me: “Yes, she's my wife and she will be able to do that”.

The nurse carries on with the paperwork and asks me to confirm my next of kin details (making sure to avoid the need to call Tasha my wife). They then leave the room.

Such a seemingly small thing as referring to Tasha as “my partner” makes me feel like the nurse doesn't recognise our relationship as a marriage, and it's clear that referring to Tasha as my wife

makes them feel uncomfortable. I'm left feeling belittled, unseen, frustrated and embarrassed.

Were my healthcare needs met? I'm not sure; we were both distracted by the whole wife/partner thing, and I can't remember what she said. Do I trust that they will care for me and Tasha appropriately at my most vulnerable time? Not really - I'm unsure if they will respect our relationship in the same way as any other married couple in an emergency situation for example.

Equality, Diversity & Inclusion in healthcare starts within - in order to deliver equitable healthcare, we need to see the value of a workforce that reflects the people it serves. It's more than having rainbow flags in the staff room, it's uncomfortable to reflect on and it's not an easy thing to do. It takes time, understanding and resources in an already stretched healthcare system.

I invite us all to challenge our thoughts and the healthcare that we deliver; ask yourself if it is equitable. Be curious, be respectful, and don't be afraid to ask questions. I don't expect you to understand, but I do expect to be respected, seen and valued as a human being whether as your colleague, employee or patient. I'm sure you will agree, that's a basic human need.

*Cisgender - A person whose gender identity corresponds with the sex registered for them at birth; not transgender.



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Pharmacy Technician Prescription Clarification

Introduction

Hospital Electronic Prescribing and Medicines Administration (HEPMA) systems are being widely adopted across NHS Scotland to improve safety in the prescribing and administration of medication in inpatient areas. Advantages include the increased clarity of an electronic solution along with reduced transcription during the supply process and during the preparation of a discharge letter.

The move to HEPMA requires greater detail to be supplied by hospital prescribers through selecting a medicinal product when adding a prescription to the system. This includes detail on tablet strength and formulation, inhaler type and insulin device along with timing of administration. This paper outlines the role of clinical pharmacy technicians in clarifying prescription formulation, strength or device where these are incorrectly selected.

Background

HEPMA is standard across all NHS Dumfries & Galloway inpatients. The electronic prescribing system requires prescribers to select a medicinal product rather than a drug and therefore necessitates selection of the correct formulation and delivery device.

Within NHS Dumfries & Galloway, pharmacy technicians support medicines reconciliation across several inpatient sites. They are often the first to identify errors in prescriptions and previously were able to annotate paper prescriptions to clarify the correct formulation or device. However, with the introduction of HEPMA, this requires the existing prescription to be discontinued and the correct product to be added to the system, resulting in pharmacy technicians being able to record errors but having to flag these to pharmacists and medical staff for correction.

Permitting pharmacy technicians to correct a limited range of errors could allow these to be addressed earlier in the patient's stay, and allow pharmacy to supply the correct product, ensure the patient is able to appropriately use their device, and support the development of pharmacist and pharmacy technician roles.

What is already known

Achieving Excellence in Pharmaceutical Care (Scottish Government, 2017) highlights the development of extended clinical roles for pharmacists and pharmacy technicians. This is being supported by changes to initial education and training standards for both professions to support extended roles which will include prescribing for all pharmacists and medicines reconciliation for pharmacy technicians.

Extended roles including pharmacy technician's transcription at discharge have been reported (Lloyd 2020), and have demonstrated a high level of accuracy provided by this professional group.

Process

Area Drug & Therapeutics Committee (ADTC) had previously approved a process to allow non-prescribing pharmacists to make changes to the prescription record as long as drug, dose and frequency were not changed; this allowed for changes to formulation, device or timings of doses and for strength changes

to minimise tablet burden where a legal prescription already existed. This agreement was extended to appropriately trained pharmacy technicians working in a promoted role within a clinical team at wards. Agreement with ADTC ensured a Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) cover for this activity (National Services Scotland, 2020).

A standard operating procedure (SOP) was developed to support the process. The SOP maximized the use of HEPMA system decision support warnings to reduce the risk of error; discontinuation of the incorrect product was undertaken as part of responding to a duplication conflict warning to ensure accuracy in both the addition and discontinuation process. Order modification was used where timings were changed as no further product selection was required. A contemporaneous note was also added to the system as a record of the change made.

Pharmacy technicians working in a promoted role within a clinical team and identified as appropriate to work under this process then completed ten changes under the supervision of a pharmacist, at least two of which were required to be a modification of an existing prescription. This allowed support on the use of the electronic prescribing system to be provided whilst allowing the pharmacy technicians to demonstrate the appropriate identification and management of patients in a controlled environment.

Review

All changes made by a pharmacy technician in the initial three month period were reviewed by the lead author to ensure compliance with the restrictions outlined in the agreement and associated SOP.

Review criteria were specified as:

1. Type of change undertaken
2. Any change to dose, frequency or route?
3. Note added to confirm change?

Results

Between the 2nd December 2021 and 25th February 2022, a total of 126 changes were made to 109 patients by three different pharmacy technicians.

The following table outlines the category of changes made and the number of each undertaken. Prescription of an incorrect inhaler device was the most common error corrected, closely followed by prescribing at an incorrect time of day.

Reason for Change	
Type of Change	Count
Inhaler device	37
Time of Day	33
Formulation	28
Day of Week	24
Date Change	2
Insulin Device	1
Strength	1

Of the 126 changes identified, nine (7.1%) were identified as including a change to dose, frequency or route. These changes are outlined in the next table.

All Issues Identified

Identified Issue	Protocol Breach
Adcal 2 tablets changed to Adcal 2 caplets	Change of Dose
Fostair Inhaler 2 puffs changed to 1 puff	Change of Dose
Omalizumab every 28 days changed to Monthly	Change of Frequency
Paracetamol IV or Tablet changed to liquid	Change of Route
Salbutamol Inhaler 4x day changed to 4x PRN	Change of Frequency
Salbutamol inhaler 1 hourly PRN changed to PRN	Change of Frequency
Salbutamol inhaler 1 hourly PRN changed to PRN	Change of Frequency
Sulfasalazine 500mg QDS changed to 1g BD	Change of Dose and Frequency

Notes were added to 118 (93.7%) of the changes made.

Discussion

The review of the prescription changes undertaken by the clinical pharmacy technicians shows the accuracy of the pharmacy technicians working in this expanded role. Changes which were identified as being outside of the agreed scope were fed back anonymously to all of the pharmacy technicians involved to highlight process issues and support future development. None of these changes were identified as causing any clinical concern.

Feedback from the pharmacy technicians involved was positive with increased role satisfaction associated with being able to resolve issues rather than simply record them. This expansion of the pharmacy technician role is in line with The Scottish Governments Achieving Excellence in Pharmaceutical Care Strategy (Scottish Government 2012).

The involved pharmacy technicians identified a number of opportunities to build on this development and further expand the role of the pharmacy technician supporting prescription clarification; these areas are now being explored.

Pharmacist feedback was also positive as this development allowed an increased focus on more complex clinical issues whilst ensuring the prescription record was accurate.

Conclusion

This development demonstrates that appropriately trained pharmacy technicians can successfully support the correction of minor errors in electronic prescriptions.

References

- *Scottish Government (2012) - Achieving Excellence in Pharmaceutical Care.*
- *Lloyd M. Comparison of pharmacy technicians' and doctors' medication transcribing errors at hospital discharge. Eur J Hosp Pharm. 2020 Jan;27(1): 9-13.*
- *National Services Scotland (2020) Guide to the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) <https://www.nss.nhs.scot/legal/clinical-negligence-and-other-risks-indemnity-scheme-cnoris/guide-to-the-clinical-negligence-and-other-risks-indemnity-scheme-cnoris/>*



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Provincial Pharmacy Services Drug Information

Working as a registered pharmacy technician in Canada

Working in a provincial pharmacy role, there is a variety of work, so no day is ever really the same.

Having worked in this role for 5 years, it has evolved so much. I have multiple tasks that I schedule for myself on a daily basis, as well as other specific tasks that I complete periodically.

Some of the specific tasks I have in my role as a Drug Information Pharmacy Technician are as follows:

- Product/drug monograph updates
- SmartPump recipe databases and version updates
- Canadian Drug News updates from dedicated source lists and pulled from the notice of compliance lists of the drug product database which are online sources for drug shortages
- discontinued products
- new products
- medication
- device safety alerts.

In Provincial Pharmacy Services Drug Information portfolio, I also complete scheduling for the pharmacists for

the call center question intake, Connect Care/Epic updates for launches, pharmacy hazardous medication committee meetings and tasks, resource use statistics, resource subscription management, stakeholder updates for smart pump consultations.

There have been a lot of major changes in our healthcare systems which creates more tasks for us daily. It is ever evolving, and the position provides a wide variety of tasks in which we, as a team, collaborate with all disciplines of healthcare to provide the most beneficial services we possibly can for patients and providers.



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Medicine Optimisation by Pharmacy Technicians at Acute Private Hospital

Development and implementation of Medicine Optimisation service on the wards by pharmacy technicians with in-house training and accreditation

Introduction

The London Clinic is founded on the principles of providing excellence in one place and since our beginnings almost 100 years ago, we have been dedicated to building teams of experts supported by world-class medical resources. We invest in the latest technologies and are proud to be part of the community of world-class hospitals that makes London a globally renowned centre for medical care. At The London Clinic we're committed to our charitable status and the contribution we make for the benefit of others.

Identification of Service Need:

Due to expansion of clinical services and increased patient flow for oncology and haematology, a need for more workforce was identified. The revenues for the hospital have dropped and there is a need to generate more revenue to invest in the hospital for quality improvement.

Planning:

Develop and implement the near patient services including Medicine Reconciliation, Transcribing for Supply, Assessment of Patients Own Drugs (PODs) and Discharge Counselling by Pharmacy Technicians (Medicine Management Technicians) on wards.

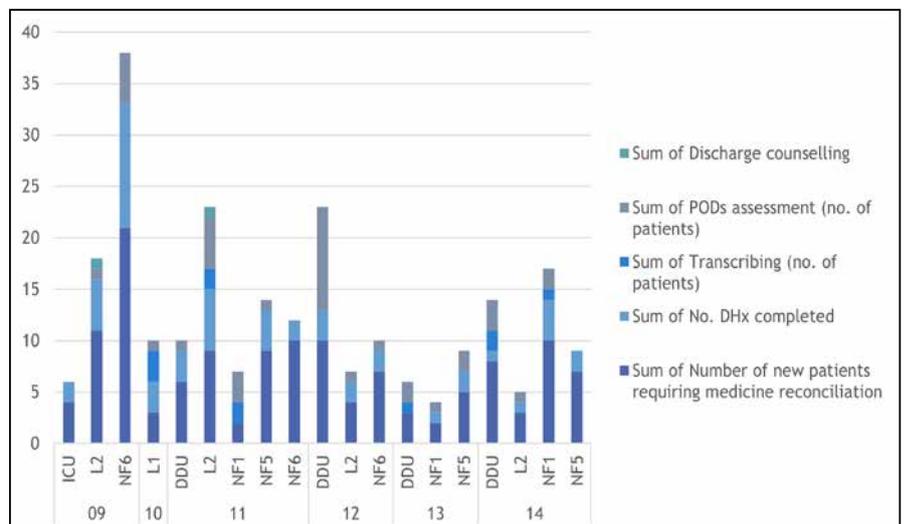
Desired Outcomes:

- All inpatient service users in wards have a reconciled list of their medication within 24 hours of admission.
- Pharmacy Technicians to be trained competently to undertake the near patient services on the wards.
- A comprehensive training and evaluation medicine optimisation programme developed with evidence-based learning for Pharmacy Technicians, Pre-registration Trainee Pharmacy Technicians and Senior Pharmacy Assistants.

- Pharmacists released to take more responsibility for patient care by undertaking NMP (Non-Medical Prescribing) duties and running clinics.

Action and Implementation

I engaged the stakeholders i.e., senior leadership team, pharmacy team, nursing staff on the wards and external training provider. The project plan received support and I defined the scope to set clear expectations to complete the project effectively. I devised objectives, the resources needed and the expectations. I



aligned it with the department's clinical service delivery and education and training strategies.

I collected the baseline data. The data collection tool aimed at the number of drug histories completed by the pharmacists and time taken. Pharmacists were also spending significant amount of time on discharge counselling for oncology patients on their regimens.

I liaised with Health Education England (HEE) to get access to the Medicine Optimisation Programme (MOP) for the pharmacy technicians. But unfortunately, I couldn't get support from HEE LaSE as the focus was NHS trusts. It was quite challenging. I developed the training plan for the pharmacy technicians as per resources available and considering the local needs with focus on oncology.

I completed the in-house training designed by myself and took feedback from stakeholders at each stage. After completing the training including formative assessment, I undertook the role of MMT in the wards. It was piloted on oncology inpatient ward. The next phase was to train another pharmacy technician and implement and expand the medicine optimisation. The trainee completed the training in a timely manner and successfully passed the inhouse OSCE assessment in July 2022 and assumed the role of MMT on the oncology wards.

The MMT is carrying out the medicine reconciliation on the oncology wards. Since then I have recruited two more MMTs and are delivering the service on surgery, digestive diseases, urology, neurology and other wards.

Sustain

The tool for measuring KPIs helps collect data for time saved for pharmacists. The KPIs for medicine optimisation by pharmacy technicians on wards are:

- Percentage of inpatients with a complete and accurate list of their current medications (including over-the-counter and complementary medications) documented and verified within 24 hours of admission
- Percentage of inpatients with a correctly completed of prior adverse drug reaction (ADR) and allergy reconciled within 24 hours of admission
- Percentage of patients reviewed by a pharmacist within 24 hours of admission
- Percentage of inpatients receiving discharge counselling on their medicines

Outcomes

The aim was the use of medicines is clinically appropriate and cost effective for all service users which has been achieved. The MMT's interventions are supporting reducing drug wastage, improving patient safety and supporting patients to take their medicines correctly.

Some of the challenges were lack of training support from HEE, staff restructure and department going through change in leadership. COVID pandemic has also played a role on how service has evolved. Effective communication and clearly set out expectations and outcomes lead to success.

Successes

The near patient services and medicine optimisation by pharmacy technicians have been successfully implemented on the wards since August 2022. The medicine reconciliation is completed for all the inpatients within 24 hours of their admission. All patients are counselled on their discharge. On average, there are 30-50 inpatients daily requiring interventions.



WASAM LIAQAT TARAR
Pharmacy Operational Manager -
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Meet the New Editorial Team

This year we have expanded our editorial team to include 6 editorial assistants working together from across the nation, with different roles and experiences, bringing a wide range of insights and points of view to the PTJ. Read about the team below, and if you have any ideas for future PTJ articles, please don't hesitate to get in touch.



Hi, my name is **Diane Torry**. I have been a pharmacy technician for 35 years and a member of APTUK for almost as long! I work as a medicines optimisation pharmacy technician for Cornwall Partnership NHS Foundation Trust in the West of Cornwall, which is a beautiful place to live and work. You may remember me as a member

observer for APTUK which was an amazing and rewarding experience (I encourage all of you to apply for the post when it comes up!) and it was while in that post that I learnt about what goes on in the background to produce the PTJ and wanted to be part of it. Reading about the different roles that pharmacy technicians do and their inspirational stories makes me proud to be a pharmacy technician and I wanted to be part of the team that shares that with you.

Diane.editorial@aptuk.org



Caroline Reid. A whistle stop tour of my career to date: I started as an assistant in aseptic services at Royal Preston Hospital (RPH) where I worked whilst undertaking a degree in Cellular & Molecular Biology. During those years, I realised I wanted to stay in pharmacy - I'd found my profession. I eagerly completed my training and

qualified as a pharmacy technician and then ACT. I've continued my career at RPH, now working as pharmaceutical scientist in the QA department, where I combine my knowledge and experience as a pharmacy technician with my degree. I found my professional identity as a pharmacy technician and wanted to be involved in APTUK, more specifically the PTJ. I feel it has broadened my knowledge and enthusiasm for my profession and peers. I love sitting with a brew and reading about pharmacy, progress and achievements made by colleagues everywhere. I couldn't let the opportunity to join the editorial staff pass me by. This past year I've completed a clinical fellowship with NHS England, an opportunity I've been fortunate and proud to have. The horizon for pharmacy technicians is rapidly expanding and the PTJ provides inspiration and insight into professional developments and opportunities available to us. I'm excited to be one of the new editorial assistants and hope to have a positive impact on others through the PTJ. I encourage everyone to take a chance on opportunities and enjoy your career

Caroline.editorial@aptuk.org



My name is **Umar Chowdhury**. I am an apprentice pharmacy technician in my second year based at King's College London Hospital NHS Foundation Trust. When the opportunity to represent an organisation that represented my line of work for a publication, presented itself to me, I pounced at it. The

challenge of writing and editing articles for a journal read by a national audience, seemed like the perfect stimulus to step out of the bubble of my workplace and engage with the realities of developments in the profession from a completely different lens. It is exciting to be amongst the first to hear news about these developments as a direct consequence of volunteering for APTUK in this manner. The members and stakeholders that submit articles to the Pharmacy Technician Journal, from internally within APTUK and outside it, are typically ambitious and professionally excellent so to be in a position where I get to negotiate with them for article submissions inspires me to excel in my own professional life. Lastly, it is also delightful to share a space with the other Editorial Assistants, who have many more years' experience as a technician than me, some of which have even won poster awards at this year's conference. I am in good company.

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Hi, I'm **Emma Green**. I have been a pharmacy technician for just over four years now, and my current role is part of a PCN Enhanced Health In Care Homes (EHCH) team, where I deal with medicines reconciliation of both new residents and hospital discharges, support care homes with medication ordering, including setting

them up for proxy access, and supporting the pharmacists with information gathering for structured medication reviews. I am also currently undertaking CPPE's Primary Care Pharmacy Education Pathway, as well as training in phlebotomy so I can take on a more rounded approach to medication monitoring.

I have always enjoyed reading and writing, so much so that whilst studying for my degree in Music Technology, I was the only person in my year to opt to do written assignments over performance work! Unheard of amongst music students! Following my degree, I took up a 'summer job' in community pharmacy, and the rest is history! Pharmacy quickly became my

life, and I worked my way up the ranks to become a pharmacy technician. Three years ago, I made the move to primary care where I have definitely found the area of patient care that I enjoy the most, and where I feel I can make the most impact.

When the role of editorial assistant became available, I jumped at the chance to apply! What better way to combine my love of the written word, and my passion for the pharmacy technician profession, as well as get the opportunity to be able to meet, and work with, some incredible other pharmacy technicians.

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Rajesh Shahapure. I have been working in the field of pharmacy for the last three years. Currently, I am a trainee pharmacy technician at a community pharmacy. Before joining community pharmacy, I worked extensively in the academic research field while completing a PhD in Neurobiology. I have written several



first and co-authored original research articles in peer reviewed journals. I have always been intrigued by the role of science authors, who communicate their scientific findings in a concise and understandable way to the broader audiences from different areas of expertise. As a part of the PTJ editorial team, I am looking forward

to engaging with other pharmacy technicians and helping them publish their interesting stories and innovative practices.

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Sharmila Sriharan

Over the past two decades, I have dedicated my career as a technician. With a wealth of experience, I have adeptly navigated the dynamic landscape ensuring the seamless functioning of various pharmacy operations. My commitment to precision and patient care has been the cornerstone of my

role, contributing significantly to the well-being of countless individuals.

My current role as the lead pharmacy technician for an inpatient mental health hospital, I play a pivotal role in optimising medication management and ensuring the highest standard of care for our patients. Overseeing the pharmacy operations in a dynamic and sensitive environment, I have honed my skills in collaborating with healthcare professionals to tailor medication regimens that align with the unique needs of individuals facing mental health challenges.

The editorial assistant role fuels my enthusiasm for combining precision with creativity to elevate the narrative in the pharmacy landscape. It is an opportunity to merge my passion for pharmacy with language, working to uphold editorial excellence and foster a sense of community among pharmacy professionals through disseminating valuable information.

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We are keen to continue to provide APTUK members with an informative and educational publication which is a current representation of our profession. Please tell us your views by answering a few short questions and share any ideas you may have to make it even better in the future.

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