

# PHARMACY TECHNICIAN JOURNAL

THE JOURNAL OF THE ASSOCIATION OF PHARMACY TECHNICIANS UK

APRIL 2016



## The Falsified Medicines Directive – What does it mean for pharmacy operations?

### Inside:

A review of community pharmacy in England  
The launch of the Virtual Branch  
APTUK Annual Professional Conference 2016 –  
programme & details





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# Contents April 2016

## Features

12 The Falsified Medicines Directive



14 Behind every good pharmacist there is a better pharmacy technician!

18 GPhC Continuing Fitness to Practice Pilot

19 The battle over revision and how to win it

## APTUK

5 President's column – Regeneration: the pharmacy technician profession

9 Could you be a National Officer for APTUK?

10 The newly launched APTUK Community Pharmacy Technician Sounding Board (CPTSB)

11 News from the APTUK Education Team

16 The launch of the Virtual Branch



17 Swindon Branch update

18 Looking For CPD Ideas and Opportunities?

20 Jil's quiz corner

22 Success Skills

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# Hello Spring!!

**W**elcome to your spring edition of the PTJ. I don't know about you but I love spring and it feels like we've had a to wait a long time for it this year. My poor daffodils have been standing proud as a reminder that spring should be on its way since December!!

Spring is always a lovely symbol of new beginnings, and with new beginnings comes change. There appears to be so much going on in the world of pharmacy at the moment and this edition is a good insight into those potential changes. Everything from funding to education and training is under review and this can lead to anxieties about the future of our profession. I hope you'll agree that our authors have done a great job of explaining some of these issues and reassuring us that change can also be positive. Please do take some time to explore the additional reading found via the weblinks within the articles. I found it so helpful with lots of CPD opportunities! Speaking of which, take a look at the GPhC appeal for volunteers on page 18. If you have any strong views on the current CPD recording system, this is the perfect opportunity to get involved and influence how we could demonstrate our continuing fitness to practice in the future.

Spring is also often the symbol of new life, and we are thrilled to have welcomed a new APTUK baby into the world! Congratulations to our Education Strategic Officer Rebecca Chamberlain and her husband Mark on the birth

of their beautiful daughter Eryn in December. Rebecca will be continuing with her APTUK role whilst juggling all that being a new Mum involves. Thanks Rebecca!

Within this edition you should also find the programme and all the information you need regarding our forthcoming APTUK Annual Professional Conference. This year's programme covers a wide range of current issues across the different pharmacy sectors and we are very excited about the fantastic line up of speakers, master classes and workshops. We are also particularly looking forward to all the brilliant entries to the Katherine Miles Poster Award and nominations for the AAH Awards. If you haven't already considered attending this year please take some time to look at the programme and see what a great opportunity for learning, sharing best practice and networking with like minded pharmacy technicians this will be. We really hope to see lots of you there!

Happy reading...



**Ellen Williams MPharmT**

APTUK Editor  
editor@aptuk.org

## GPhC Plans Major Consultation on Standards for Pharmacy Professionals

**O**n 4 April, the General Pharmaceutical Council (GPhC) will launch a major consultation on the standards for pharmacy professionals—the core standards every pharmacist, pharmacy technician, pharmacy student and trainee will be expected to meet. The *Consultation on standards for pharmacy professionals* will seek feedback on nine new standards which describe the practices and behaviours that contribute to the delivery of safe and effective care.

The GPhC plans to support the consultation with a number of events across England, Scotland and Wales targeting registrants, pharmacy students and trainees, educators, pharmacy professional groups, patients, members of the public, and groups that advocate for them.

The development of the standards was informed by a

number of factors, including a review of the standards of conduct, ethics and performance (CEP), a national discussion with a wide variety of stakeholders on professionalism, and a reflection on the root causes behind high-profile failures in pharmacy. The standards also acknowledge the profound changes occurring in health and social care across Great Britain and are aimed at providing pharmacy professionals with nine core standards with underlying guidance in how to deliver safe and effective care today and in the future.

The GPhC is encouraging all current and future pharmacy technicians to have their say on the new standards by completing the consultation survey. Please visit the GPhC website at [www.pharmacyregulation.org](http://www.pharmacyregulation.org) for more information on the upcoming standards consultation.



# Regeneration: the pharmacy technician profession

*Dear Members*

I'm sure you all, as I, welcomed in 2016 with much celebration and expectation as to what the New Year will bring. It is naturally a time of reflection; thoughts of renewal and change. It may be your own personal change, whether it be promising ourselves a healthier lifestyle, to undertake more exercise, or maybe, a new career challenge. I titled my last President's column 'an opportunity within challenges' and now more than ever, never was a true word spoken. Change seems to be upon us in abundance, as the delivery of pharmacy services to our patients and the public, is being debated within government and key stakeholders of which APTUK is one. The first two months of 2016 have been extremely busy!

In our pharmacy world there have been two major publications that we all need to understand, to equip us as pharmacy professionals in the future. My column for this edition of the PTJ will focus on these, particularly as they affect community, and secondary care alike. As we might expect and support, both are highlighting the need for pharmacy services to meet patients' health needs by improving care. However, the publications, aligning with the NHS England's 'Five Year Forward View', call for greater efficiency and productivity.

As published on our website, on the 17th December 15, in an open letter to Sue Sharpe, the Chief Executive of the Pharmaceutical Services Negotiating Committee (PSNC), the Department of Health (DH) announced, at a ministerial briefing which I attended, that they were entering discussions on changes to the community pharmacy contract framework for 2016/17 and beyond. <http://www.aptuk.org/links/4161>

The letter informed that the contract funding will be reduced by 6% as part of the government's spending review and autumn statement that was published in November 15. The spending review informed that the NHS needs to deliver £22 billion in efficiency savings by 2020/21.

The DH promoting pharmacy to be at the heart of the NHS sees there is real potential for the greater use of community pharmacy, pharmacists and the pharmacy team. As highlighted in my last column, community pharmacy teams have a vital role in supporting the 1.25 million people who visit them every day to manage their own health, or the health of their family or friends. Crucially, the DH states there is a need for better integration between all the sectors of pharmacy, primary, secondary care and community pharmacy to realise the clinically focused services required for the future.

One of the major strengths of community pharmacy is seen as its accessibility for patients. However, the DH informs that in some parts of the country there are pharmacies in clusters and they are deemed to be more

than necessary. It also sees that the introduction of 'hub and spoke' arrangements, which is based on large scale automated dispensing, could provide efficiencies.

Although the new community contract reductions are due to be in place by October 2016, the consultation with the pharmacy bodies is taking place. APTUK are in discussions with the DH and other key stakeholders to safeguard and promote the role of pharmacy technicians as the overall stakeholders view is this will have major impact on staffing and workforce.

A DH briefing document published on <http://www.aptuk.org/links/4162> gives more information and the consultation timescales. Please do look at this to be fully informed.

To help the transformation of community pharmacy and expanding the clinical role there are plans to launch a 'Pharmacy Integration Fund'. APTUK, in the briefing meeting, attended by Joanne Taylor and I, with the DH on 4th February 16, highlighted the important and pivotal role that pharmacy technicians can play in the delivery of a clinically focused pharmacy service. We emphasised that the integration fund should support the development of pharmacy technicians as well as pharmacists.

A DH briefing document published on <http://www.aptuk.org/links/4162> gives more information and the consultation timescales. I urge you all to look at this to be fully informed and to feedback to APTUK any thoughts and comments you may have. Please contact either myself [president@aptuk.org](mailto:president@aptuk.org) or Joanne Taylor [secretary@aptuk.org](mailto:secretary@aptuk.org)

To inform APTUK's views and strategies in all matters relating to community pharmacy, APTUK are excited that their specialist group the 'Community Pharmacy Technician Sounding Board' has been launched. As you can see it is particularly important at the moment that we have effective and credible representation from community pharmacy and I would like to thank our first CPTSB members for joining this important group. If you would also like to join there is still time and please contact Joanne Taylor on [secretary@aptuk.org](mailto:secretary@aptuk.org)

The other publication I refer to is the Lord Carter of Coles final independent report into productivity in NHS hospitals. The report, published on the 5th February 2016, outlines how efficiencies in hospitals could provide large savings for the NHS. It sets out how non-specialist acute trusts can reduce unwarranted variation in productivity and efficiency across every area in the hospital to save the NHS £5 billion each year by 2020 to 2021. Within its fifteen main recommendations it indicates that hospitals should work to standardised procedures, work together and be more transparent. The report covers many areas and aspects of pharmacy work including workforce deployment of clinical staff and services, effective IT services linked with



Electronic Prescribing and Medicine Administration (EPMA) to move prescribing and administration of medicines away from the traditional paper charts.

The Hospital Pharmacy & Medicines Optimisation Project (HoPMOp) integrated with the review, highlights specific pharmacy elements within the report and focuses on the pharmacy workforce to drive optimal value and outcomes from the £6.7bn spend on medicines. HoPMOp also indicate that acute trusts must ensure their pharmacists and 'clinical pharmacy technicians' spend much more time on clinical pharmacy services than on infrastructure activities.

Also recommended is that Trusts that have not currently outsourced their outpatient dispensing services should review these services and have a plan in place for improving productivity and efficiency, including consideration of alternative supply routes.

The setting up of a Hospital Pharmacy Transformation Programme in order to bring all the proposed changes together is recommended, requiring Trusts to have plans to address the specific areas for action.

As you can see there is much work for APTUK to engage with in these plans and I have already had discussions with the DH regarding ongoing engagement, support and advice. So please watch this space as I will report back any further developments.

As before, I strongly urge you to read the report and the executive summary which can be found here <http://www.aptuk.org/links/4163>

So I will leave you to digest these significant news items and if you would like to discuss these further please do contact me. Delivering on our professional leadership role, I will take every opportunity, on behalf of pharmacy technicians, to engage and influence decision making for the inclusion of responsible and accountable pharmacy technicians in all future plans.

As I said in my response to the Carter report "Utilising pharmacy technicians in patient facing roles supporting clinical pharmacy services as part of the pharmacy team helps deliver all elements of medicines optimisation.

APTUK welcomes the opportunity to support developments and looks forward, through stakeholder engagement, to the next steps".

This is true of all areas where pharmacy technicians' work and strong professional representation is crucial. So, please urge your fellow pharmacy technician colleagues to reflect on the future and support the pharmacy technician professional leadership body by joining as members. Please help us to help you.

*Nothing is impossible; the word itself says I'm possible:*  
Audrey Hepburn



**Tess Fenn MPharmT**

President  
president@aptuk.org

## Legal Disclaimer:

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## PTJ 2016/17 Timelines

Edition	Deadline for news & articles
September 2016	22/07/2016
December 2016	04/11/2016
April 2017	17/02/2017

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Keep up with all the news and info on APTUK's 60th Annual Conference and awards by using the Twitter hashtag #APTUK16

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# A Review of Community Pharmacy in England

## Background

On 17th December 2015 Alastair Burt, Minister of State for Community and Social Care, revealed that there was to be a review of community pharmacy in England (Department of Health, 2015). Also announced was the fact that there will also be a reduction in the overall funding available to community pharmacy (£2.8 billion to £2.63 billion). This will form part of the £22 billion efficiency savings that the NHS needs to make by 2020/21 (NHS, 2014). Inevitably this has caused a high degree of anxiety amongst community pharmacy contractors and their staff. However it's really important that pharmacy technicians, and particularly those working in the community pharmacy sector, understand the policy intentions behind this announcement. It is equally important to bear in mind that at the time of writing this article this whole process is subject to ongoing formal consultation and negotiation. APTUK were an invited stakeholder in the consultation process and have been engaging.

Before we explore the potential changes that may happen as a consequence of the review, let's take a quick look at the existing Community Pharmacy Contractual Framework (CPCF) that was introduced in 2005.

Unlike the other primary care contractors, GPs, dentists and optometrists, community pharmacy does not have an actual contract. Instead it operates under a contractual framework which is governed by a set of Terms of Service. The Terms themselves are set out in Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The CPCF has three elements to it:

- Essential services
- Advanced services
- Enhanced services

Collectively these are known as Pharmaceutical Services and currently only NHS England can commission these services. Essential and Advanced services are commissioned nationally and Enhanced services are commissioned locally.

There are six essential services that all community pharmacies in England must deliver:

- Dispensing of medicines and appliances
- Repeat dispensing
- Waste medicines
- Public Health campaigns
- Support for healthy living
- Signposting

In addition to each of these services each of the 11,674 community pharmacies in England must also engage in a programme of clinical governance.

There are currently five advanced services:

- Medicines Use Reviews (MURS)
- New Medicine Service (NMS)
- Appliance Use Reviews (AURs)
- Stoma Customisation
- Adult Seasonal Flu Vaccination

In order to be eligible to deliver advanced services community pharmacies must first be fully compliant with essential services. They must also be able to demonstrate that relevant staff have the additional knowledge, skills and

competence to deliver these services.

The number and type of enhanced services available will depend on local need and available funding but those that can be commissioned are set out in 'The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013' which can be found in the online version of the Drug Tariff (NHS Business Services Authority (on behalf of Department of Health), 2016)

## Policy Intent

There are three policy intentions behind the review of community pharmacy in England:

- To improve efficiency
- To increase patient convenience
- To ensure that patients are aware of the full range of choices available to them when having a prescription dispensed.

There has been a substantial amount of media activity focusing on the potential for large numbers of community pharmacies to close as a result of the review. Whilst this is a potential implication of the outcomes of the review it is not a policy intent and it's vital that pharmacy technicians understand the difference.

The aim is that these changes will:

- Integrate community pharmacy and pharmacists more closely within the NHS, optimising medicines use and delivering better services to patients and the public.
- Modernise the system for patients and the public – making the process of ordering prescriptions and collecting dispensed medicines more convenient for members of the public by ensuring they are offered a choice in how they receive their prescription.
- Ensure the system is efficient and delivers value for money to the taxpayer.
- Maintain good public access to pharmacies and pharmacists in England. (Department of Health, 2016)

For a closer idea of what the consultation process looks like you can view a set of slides that can be found at: <http://www.aptuk.org/links/4164>

There has been recognition that smaller pharmacies, particularly those in rural areas, may be disproportionately affected by the reduction in overall funding. With this in mind part of the consultation and negotiation process will involve developing a Pharmacy Access Scheme (PhAS). The PhAs will be a scheme which will ensure that pharmacies that are considered essential to their local communities are supported financially, if necessary, so that they remain viable. At the time of writing there had been no decisions made about what the criteria might be for a pharmacy to qualify for the PhAS.

Finally to enable the aim of true integration of community pharmacy and pharmacists into primary care, a Pharmacy Integration Fund (PhIF) will be developed. The intended use of the PhIF is to 'enable' pharmacy (in its widest sense) to become better integrated into primary care and the wider NHS by putting in place the infrastructure to allow that to happen. It is not intended that it will be used to pay for services. E.g. it might be used to put I.T systems in place to



allow information to be shared, or for training and development of pharmacy staff to ensure they have the skills to play their full part in an integrated pharmacy service. The PhIF will not form part of the negotiation but stakeholders have been asked for their views on the types of issues that it should cover. The PhIF will cover a five year period with a total funding pot of £300 million. This will be an incremental fund with £20 million being available in 2016/17 and rising by £20 million in each successive year. APTUK will be asked for their views about how the

pharmacy technician profession can be included in some of the issues that the fund may cover but again at the time of writing that list had not been finalised.



**Alison Hemsworth FdSc, MSc, MPharmT**  
National Programme Lead Pharmacy Contracts and Projects  
NHS England

### References

- Department of Health, 2015. Putting community pharmacy at the heart of the NHS. [Online] Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/486941/letter-psnc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486941/letter-psnc.pdf) [Accessed 15th February 2016].
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- NHS, 2014. Five Year Forward View. Leeds: NHS England.

## Medicines optimisation briefing for people with a learning disability

In this issue of *Pharmacy Technician Journal* you have received a *Medicines optimisation briefing for learning disability*. The aim of the briefing is to improve your approach to medicine optimisation in people with a learning disability to help them to get more from their medicines.

### Background

People with a learning disability are a diverse group of people in terms of age, degree of disability and associated health problems. They may have multiple long term and complex needs which require access to a combination of health and social care as well as educational services. The majority of their care is provided in the community<sup>1</sup> or in care environments specifically registered for people with a learning disability.

### What is a learning disability

The Department of Health<sup>2</sup> states that a learning disability includes the presence of:

- a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with
- a reduced ability to cope independently which starts before adulthood with lasting effects on development (impaired social functioning).

### Learning disability, long term conditions and medicines

People with a learning disability have more health and social problems than the general population, they are less likely to access help and have a shorter life expectancy. As a

consequence the treatment regimens of people with a learning disability can be complex involving several different prescribers with medicines frequently used outside their product licence.

### Off-licence use of medicines

The presence of a feeding tube, swallowing difficulties or covert administration often result in questions about method and route of administration of medicines.

### How can pharmacy support people with a learning disability?

In the briefing and a longer article that you will find on the CPPE website at: [www.cppe.ac.uk](http://www.cppe.ac.uk) (search learning disability) you will find some ideas of how pharmacy teams can help people with a learning disability to support medicines optimisation. Even if you do not specialise in this topic, there are still plenty of opportunities to make a difference:

**Anne Cole**, regional manager South West, Centre for Pharmacy Postgraduate Education (CPPE).

### References

1. NHS Education for Scotland (Pharmacy). *The Pharmaceutical Care of People with Learning Disabilities*. Glasgow. 2014. [www.cppe.ac.uk/programmes/l/learndis-p-01/](http://www.cppe.ac.uk/programmes/l/learndis-p-01/)
2. Department of Health. *Valuing People: A New Strategy for Learning Disability for the 21st Century*. 2001. [www.gov.uk/government/publications/valuing-people-a-new-strategy-for-learning-disability-for-the-21st-century](http://www.gov.uk/government/publications/valuing-people-a-new-strategy-for-learning-disability-for-the-21st-century)

# Could you be a National Officer for APTUK?

As conference approaches, it's the ideal opportunity for APTUK to promote our work and celebrate all that we have achieved as an organisation over the last twelve months.

That said, the Association would not be able to continue its work without the dedication, commitment and enthusiasm of the Professional Committee consisting of the National Officers.

Being at the forefront of the profession is a stimulating and worthwhile role to be involved with and each National Officer role brings an important contribution to the Board and means that collaborative working is vital.

Three 'workstreams' make up the Professional Committee. These are the Administration workstream, which comprises of the President, Vice President, Secretary and Treasurer; the Communications workstream comprised of the Marketing Officer, Publicity Officer, Website Officer, Events Officer, Editor (of the PTJ), CPD Officer and Branch and Projects Officer; and the Education workstream comprised of Education Strategic Officer and the Education Development Officer.

If you would like to find out more about being a National Officer, we would be keen to hear from you. Further information on the posts available for election this year will be posted very soon on the website but if you would like to ask any questions and find out more about how you can become involved, just let me know.

## Fellowship and Honorary Membership nominations

Soon to be advertised on the APTUK website will be a request for nominations for Fellowship and Honorary membership. Do you know a colleague who you feel deserves such an award?

Fellow membership is the highest level of APTUK membership and recognises advanced expertise and sustained professionalism. Being awarded this is one of the highest honours that can be bestowed upon our members.

The membership category of "Fellow" is open to all members of the Association, who demonstrate loyalty to APTUK and the pharmacy profession and are well respected. It is in recognition of exceptional professional

performance or outstanding service contribution to pharmacy or the Association either locally or at national level.

Nominations may be received from any full member or fellow of APTUK. Following receipt, the application will be considered by the Board of National Officers.

An honorary membership category, ratified at AGM by members, was introduced in June 2011, to enable APTUK to acknowledge exceptional service, given either to the Association or to the pharmacy technician profession generally, by a person who is not eligible to be a member of APTUK.

The Honorary Member is a distinctive membership bestowed in recognition of the efforts of the nominee who has made a profound difference by either:

- championing and upholding the professional role of pharmacy technicians
- publically supporting the continuing development of pharmacy technicians
- advancing the roles, knowledge, skills and behaviours of pharmacy technicians
- working consistently hard on behalf of pharmacy technicians.

The awardee will be entitled to lifetime membership of APTUK and will be eligible to attend the AGM, however they will not be entitled to any voting rights. Only one 'honorary membership' will be awarded each year.

Nominations may be received from any full member or fellow of APTUK, the application will be considered by the Board of National Officers, as directed under the Memorandum and Articles of the Association.

So, keep a look out on the Website and other social media in the next few weeks and get your nominations ready. It will be great to hear from you.



**Joanne Taylor MPharmT**

APTUK Secretary  
secretary@aptuk.org

This space could be utilised by you or your colleagues to promote the work you do, share new practice or new initiatives you are involved in, or to express opinions on the issues that affect pharmacy technicians just like you.

If you have something to share, or something to say, simply contact the editor of *Pharmacy Technician Journal* at [editor@aptuk.org](mailto:editor@aptuk.org)



# The newly launched APTUK Community Pharmacy Technician Sounding Board (CPTSB)

Following recent adverts on our website and in other social media, APTUK have been asking for community pharmacy technician members to become part of the new sounding board, specifically for community pharmacy technicians. The purpose and role of the group is purely to enable APTUK to provide a greater informed response, to aid decision making and/or feed into relevant consultations from other key stakeholders where a community pharmacy technician's perspective is necessary. The CPTSB group will gather information, opinions and points of view from pharmacy technicians working in the community pharmacy sector on pharmacy professional practice.

This is a specialised group, established purely to get a rounded view from those pharmacy technicians employed in the community sector. Therefore, there will be no patient or public members invited to the group.

Membership will be as follows:

- Membership of the group is open only to registered pharmacy technicians who currently work in the community sector. This is made up of APTUK members currently employed in a community pharmacy and, if necessary to improve the diversity of the Board, other community pharmacy technicians (non-members) by invite only, at the discretion of the Chair of the CPTSB and approved by the Board of Directors.
- Community pharmacy technicians working in all establishments will be included in the group, namely, large multiples, small multiples and independents.
- Membership is a one year term to start with review for continuation after this period.
- Membership is set to a minimum of five to a maximum of twenty-five members, but this can be revised as necessary, should the need arise.

There will be no more than three meetings per year. Any meetings necessary will be held via webinar, unless inclusion in the branch day or other consultation meetings as established by the professional committee of APTUK.

CPTSB meetings will be held as required when the need arises and in-between as agreed by all members of the group. All meetings will be chaired by the Secretary of APTUK.

Topics for the agenda of any meetings will be generated by the Secretary dependent on the subject to be discussed. These will be circulated via email.

Some meetings will be formal; others will include small group discussions concentrating on specific areas for dialogue and opinion.

There will be no non-members invited to meetings unless the topic of discussion would benefit from additional input and viewpoint when considered necessary (see membership shown left).

All members of the group will share information and resources electronically via email. Confidential matters will be identified and dealt with as necessary. Individual requests for confidentiality on specific views and opinions will be maintained as required. APTUK will not be sharing confidential data within this group. Everything that will be asked for opinion will be already in the public domain and the sounding board is simply a means of obtaining extra intelligence and viewpoints on relevant community pharmacy issues that may arise over time. The necessity of the group is to address the community pharmacy representation deficit which APTUK currently experiences within its Board and Professional Committee. This group therefore is essential and will ensure that the views of community pharmacy technicians, working at grass root level, are considered and put forward in various projects and debates.

Pharmacy as a profession recognises the new challenges ahead and the role that community pharmacy can play in delivering high quality patient centred care. New roles are emerging and now community pharmacists are taking on more clinical roles that have traditionally been undertaken by doctors. New technologies will mean that pharmacy service processes may alter, for example as more hub and spoke pharmacies emerge. Community pharmacy technicians are integral to these service changes and different ways of working. APTUK are committed to engaging with community pharmacy technicians at the coal face, so ensuring that sensible and logical discussions, based on real experiences and information, regarding community pharmacy, can take place.

If you work in a community pharmacy and think you would like to be involved with the CPTSB, then we would be keen to hear from you. Please email [secretary@aptuk.org](mailto:secretary@aptuk.org) for further information.



**Joanne Taylor MPharmT**  
APTUK Secretary  
[secretary@aptuk.org](mailto:secretary@aptuk.org)



# APTUK Education Team Update

The Education Team consist of

## **Education Strategy:**

Diane Blunden  
Rebecca Chamberlain  
Dalgeet Puaar

## **Education Development:**

Pam Bahia  
Karen Haynes

Rebecca Chamberlain has just returned from a short break while she took some maternity leave. Rebecca gave birth to a baby girl called Eryn. Many congratulations Rebecca!

## **National Occupational Standards (NOS) Review**

The Review of the NOS is complete. Skills for Health have submitted the NOS to the UK Commission for Employment and Skills for approval. It is hoped the revised NOS will be available on 01 March 2016.  
<http://www.aptuk.org/links/4165>

## **Pharmacy Trailblazer Apprenticeships**

This group is now focussing on both Level 2 and 3. All work is aligning with GPhC consultation on Initial Education and Training (GPhC IET) review.

## **GPhC Initial Education Standards Review**

The GPhC consultation on Initial Education and Training is to be held late 2016. The recently released GPhC report regarding perceptions on pharmacy technician education standards is available at: <http://www.aptuk.org/links/4166>

## **APTUK Advisory Group**

The terms of reference of the APTUK Advisory Group (previously known as Education Strategy Group) have been agreed. The group will be made up of pharmacy professionals with specific expertise and lay/patient representatives. They will provide expertise, guidance and advice on education, training and professional development related to pharmacy technicians and the pharmacy team. The Group will also help in identifying individuals that will be able to support APTUK in specific pieces of work as a member of a working group. Dalgeet Puaar will be contacting existing members to ask for their continued support and individuals who have been identified as possible new members.  
[education.strategic4@aptuk.org](mailto:education.strategic4@aptuk.org)

## **APTUK Annual Conference 2016**

Registration for the annual Association of Pharmacy Technicians UK (APTUK) Professional Conference and Exhibition for 2016 is now open. This will be APTUK's 60th conference and will be taking place at Aston University (Birmingham) on Friday 10 and Saturday 11 June 2016.

As in previous years there will be free places for pre-registration trainee pharmacy technicians to attend on Saturday 11 June 2016. There will also be a number of bursary places for qualified pharmacy technicians – See our website at [www.aptuk.org](http://www.aptuk.org) for more details.

Highlights of this year's conference include Falsified Medicines Directive, Pharmacy and GPs and updates from the General Pharmaceutical Council and Department of Health. There are also a range of master classes and workshops to attend which include aseptics, procurement and paediatrics. Please see the website for the full programme. <http://www.aptuk.org/conference>

## **Professional Framework (Advanced Framework)**

Diane Blunden is currently working on the design and development of an Advanced Pharmacy Framework for pharmacy technicians and will soon be sending out invites for pharmacy technicians who would like to be involved.

## **Professional Practice Standards: ACPT initially**

Now that Rebecca has returned from maternity leave she will be taking this project forward.

## **Mapping CPPE/WCPPE programmes to APTUK Foundation Practice Framework (FPF)**

Karen is working on mapping the CPPE programmes to the Foundation Practice Framework.

## **Pharmacy Informatics Forum**

Back in December Dalgeet attended the Pharmacy Informatics Forum Conference delivered by the Royal Pharmaceutical Society. This was an interesting event with Pharmacy Professionals sharing their experiences. Iain Davidson, from the Royal Cornwall Hospital gave an interesting presentation called Electronic Prescribing and Medicines Administration (EPMA) implementation. Iain informed us that his implementation team included a pharmacy technician. You can access the presentation here: <http://www.rpharms.com/events-presentations/pharmacy-informatics-forum-2015.asp>

## **The Future of Pharmacy Summit and Exhibition**

In February Dalgeet attended an Event called The Future of Pharmacy; this was an interesting Summit that explored the challenges with the budget cuts. Sandra Gidley, RPS talked about the increased use of technology. Dr Keith Ridge said that professionalism should be the driving force. He talked about the duty of the profession to collaborate with new models that maintained safety and were effective and efficient. Sue Sharpe said it was important not to undervalue dispensing staff and the associated support team.



## **Dalgeet Puaar – MAPharmT**

APTUK Education Strategic Officer  
[education.strategic4@aptuk.org](mailto:education.strategic4@aptuk.org)



# The Falsified Medicines Directive

## – what does it mean for pharmacy operations?

### The Times they are A-Changing

When any new legislation is proposed, and in the case of the Falsified Medicines Directive (FMD), actually becomes law, there will be an understandable sense of concern from those who will be most affected by the change. What will it mean? How will it impact my working practices? What will it cost? Is it a change for changes sake? Or, even more worryingly, will it actually make things worse?

As far as the Falsified Medicines Directive is concerned, it is like a lot of things in life, do you view change as a glass half full or a glass half empty? Our view is that overall this is a legislative change that can only be seen as a positive. How could an important improvement to patient safety be viewed in any other way?



### Like a Complete Unknown

That is not to say that there are not implementation challenges and governance issues to be resolved. This is new territory for all of the stakeholders and there is much to be decided and agreed along the way. As the negotiations around the nuances in language and interpretation of the law begin, it is worth remembering why the FMD is such an important step and what it is really about at its core.

By introducing measures to better identify packs of medicines the FMD will increase protection of patients from counterfeit medicines. Increasingly complex medicine supply chains have seen, and almost helped, an increase in the trade of falsified medicines.

Authentication at the point of dispense, as required by the legislation, will be the most challenging element for pharmacy operations, both retail and hospital. It will also have implications for wholesalers as they play their part in the verification process. This means that each pack of prescribed medicines and selected over the counter products will need to be scanned at the time of supply to the patient. For efficient workflows it will be essential that the time for this scan to contact the national repository of

serialised codes, check for authentication and return a response to the terminal screen, will have to be in the region of 250-300ms. If it takes longer then it will impact negatively on pharmacy workflows.

The Delegated Regulation, which is the vehicle being used to implement the FMD (to ensure that the same standards are adhered to in all member states) was published on February 9 2016. There are now 3 years for each country to ensure that it is compliant. This sounds like plenty of time but the scope of the project and its complexity, given the number and different types of dispensing points, means that all of this time will be required. There is much to do to ensure that the authentication service is installed, comprehensively tested, appropriate staff are trained and that everything is in place to ensure that the UK medicine supply chain is fully compliant by early 2019. It is a huge undertaking that needs to be started now.

It is important to note at this point that UK specific guidance regarding exactly when to authenticate in the dispensing process, including issues such as centralised dispensing, will be issued by the competent national authorities, the Department of Health and the MHRA. In the meantime pharmacies are being encouraged to start considering their dispensing process and the possible options of where to authenticate.

In essence the FMD comes from a good place. It will reduce the number of counterfeit medicines in the supply chain, increase patient safety and as a result, also improve other aspects of the healthcare service offered to patients.

### Gotta Serve Somebody

It is also easy to focus on the product part of the equation. Especially the costs and time involved to produce packaging with 2D bar codes, the newly required tamper proof seals and the serialisation for all medicine packs that will be necessary to comply with the new legislation. That is undoubtedly important but it is not the whole process and arguably not as important as the front line. It will be the work of pharmacies, pharmacists and pharmacy technicians that patients see. As patients are the intended beneficiaries of the FMD then this has to be the key point.

A good example of the visibility of the FMD to patients is the tamper proof seal. This will have an impact on pharmacy operations. The tamper proof seal will give reassurance that a pack has not been interfered with prior to dispense. This benefits both the patient and the pharmacy team. There may well be occasions when a pack has been part dispensed, especially in hospital pharmacies. In these cases the FMD has a workable protocol to maintain the integrity of the regulation but to also ensure medicine is not wasted. The tamper proof evidence will also mean that pharmacy staff will not need to open the pack and check the contents, if that is their normal practice.

The 2D bar code is the other significant change to the medicine pack that will be issued to patients. The primary job of the 2D code is to carry the serialisation, batch and expiry information. When scanned this information will alert the pharmacist to batch related recalls and medicines that have already, or are close to, expiring. In fact the whole process of medicine recall will become more efficient and accurate.

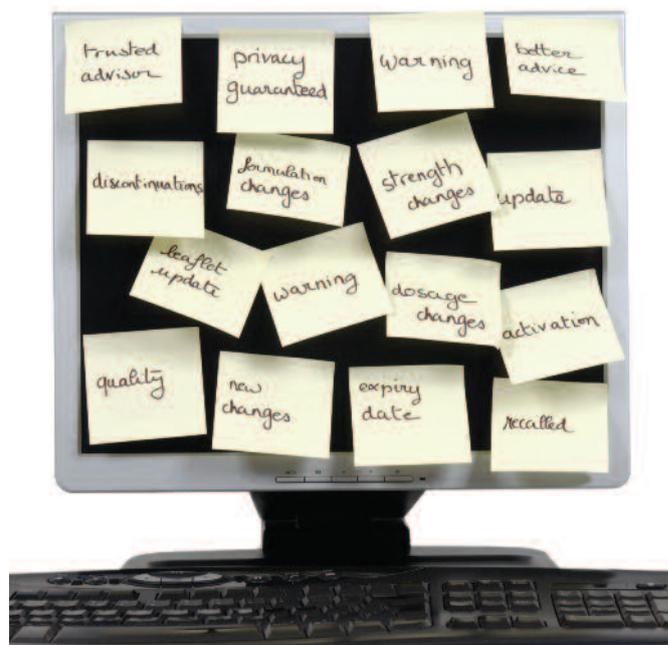
A digital authentication service provides more than just the security, speed and scalability required to run the service. It will enable a different type of service delivery that will allow pharmacies to further cement their role as a premier healthcare provider. Underpinned by the patient safety requirement, a digital authentication service, like the one offered by Aegate, will enable the delivery of targeted 'adherence-based' messages at the time of dispense. These will encourage dialogue and improve patient treatment outcomes and medicine optimisation through the provision of information or the prompting of guidance and advice. For example a video could be shown to demonstrate how an inhaler works, or reminders could be given to ensure all family members have flu jabs. This is all facilitated by the 2D bar code.

### Positively 4th Street

As outlined at the beginning of this piece, the FMD is in essence a positive piece of legislation. It is both important and necessary. It is also wide ranging. Because it is being implemented via a Delegated Act it will be used in the same way across Europe. That uniformity of approach is the bed rock for individual pharmacists and organisations to use the law to develop their own relationships and services with patients.

The opportunities presented for pharmacy operations to improve recalls for example are immense. The current diverse and largely ineffective means of recall that are seen across Europe will be a thing of the past once each medicine has a serialised code and a digital service that checks manufacturer data swiftly and securely. This will save time, improve efficiency and of course increase patient safety.

The FMD will also change the way that hospital pharmacy operations are conducted. Aegate is working with Oxford University Hospitals NHS Trust and Oxford University on research to fully understand the impact of the FMD on hospital dispensing processes and the benefits it can bring.



This work is ongoing but we have published some key recommendations in a Good Authentication Practice (GAP™) for Hospital Dispensaries, here: <http://aegate.com/en/good-authentication-practice-gap/>

This Charter provides the steps necessary for good practice in authentication and covers both manual and robotic processes.

The prospect of savings in overall medicine budgets, through improved efficiency and less wastage in the future, is a real one. Research is currently underway to assess the potential size of this benefit which could be significant in the UK.

Perhaps the biggest, ongoing prize for the pharmacy profession is that described above; the FMD will substantially enhance the relationship between patient and pharmacist. This new, dynamic approach to the dispensing process could revolutionise the way that patients view and use their pharmacy service. The contact will become more than a transaction (many already are of course) and much more meaningful. In this aspect, along with the others, the FMD is a change that should be seen as very much a glass half full.

### Want to know more?

The Falsified Medicine Directive and all that it will mean is still a relatively new area for pharmacy healthcare professionals. There is increasing engagement from pharmacy owners, staff and software providers along with the desire to find out more about how it will benefit patients. If you want to know more about the FMD, Aegate will be hosting a plenary session at this year's APTUK Annual Conference in Birmingham.

Or contact us direct on:  
pharmacy@aegate.com  
www.aegate.com



### Paul Thomas

Regional Business Development Manager  
UK & Ireland  
paul.thomas@aegate.com  
+44(0)7818-877720



## APTUK 2016 Conference Session

# Behind every good pharmacist there is a better pharmacy technician!

I am a strong advocate of pharmacy technicians. It's important for me to declare that I have probably learned more about pharmacy practice from my accuracy checking pharmacy technician (ACPT) than any other pharmacy professional in my short career.

I always feel guilty spending more time with some patients, but I know that my ACPT and the rest of the pharmacy team are in the dispensary 'holding the fort'! Without this trust, based on competence, I could not fulfil my clinical role in community pharmacy. I practice many brief interventions in asthma and other areas and without my ACPT and pharmacy team, this work would simply not be possible.

### So what makes a good pharmacy technician?

I think pharmacists and pharmacy technicians have varying skill sets underpinned by common core areas of competence. In terms of the running of my dispensary, my ACPT fulfils nearly all the traditional functions that perhaps a number of years ago would have been the preserve of the pharmacist. Handling controlled drugs, supporting the review of standard operating procedures, reviewing dispensing errors/near misses and of course accuracy checking of prescriptions.

The ability of a pharmacy technician to accuracy check prescriptions, in my practice, has been a revelation. An ACPT is no less capable of this, in my view, than a pharmacist. To do the clinical check of a prescription and then hand the dispensing process over to the team, lead by an ACPT, is a key enabler to deliver ever more clinical care in the community pharmacy setting. But we all know pharmacy technicians can do much more than this. At the moment, however, the roles in community seem somewhat restricted.

I can only speak from experience but I do know that the extended roles and opportunities for registered pharmacy technicians are now vast. My local health board employ a pharmacy technician and one of her jobs is to be an authorised witness for the destruction of controlled drugs.

In terms of the future roles for pharmacy technicians my view would be that the ball is firmly in the court of pharmacy technicians. Just like pharmacists, it's difficult to find a path to innovative and prove ones worth to key stakeholders but innovate you must. I would like to see registered pharmacy technicians appropriately trained to deliver clinical services in community pharmacy. For example my ACPT is comfortable conducting smoking cessation consultations and will ask for advice if required. Just like being a pharmacist, a pharmacist independent prescriber, or even a general practitioner, pharmacy technicians must be mindful of the obligation to work within their personal area of competence. That said I think they should be allowed to do more, much more!



Practising as a registered pharmacy technician holds the same legal and ethical requirements of other professions. Protection of the public and improving care remain the priorities. The concept of competence and demonstration of continued professional development is critical to the success of any professional.

My relationship with my ACPT is as professional equals. She is registered with the regulatory body and so am I. I no longer see her as a junior partner in our working relationship, although there is no getting around the fact that the responsible pharmacist holds ultimate responsibility at the end of the day. I am always grateful for her feedback on my practice and hopefully this is reciprocated. Conversations or queries we encounter when working together often form the basis for both my and her continuing professional development.

I am very much looking forward to attending, and speaking at the APTUK conference on the 10th-11th June later this year. I can't wait to see what the best pharmacy technicians in the country are up to.



### Johnathan Laird

Follow Johnathan on Twitter @JohnathanLaird

*Johnathan is a community pharmacist independent prescriber with an interest in Asthma and respiratory medicine. Johnathan is involved in running respiratory clinics and polypharmacy medication reviews at his local practice. At other times Johnathan is a pharmacy manager in a busy community pharmacy in Turriff, Aberdeenshire. Johnathan likes to write and has a popular website that he edits with his colleague Ross Ferguson – [www.pharmacyinpractice.org](http://www.pharmacyinpractice.org). Johnathan will be standing for election in the coming months for the Royal Pharmaceutical Society Scottish Pharmacy board.*



# Emerging Clinical Roles of Pharmacy Technicians

**W**hat do we, as a profession and a healthcare economy understand about the role and professional contribution of pharmacy technicians to patient care?

The role and responsibilities of pharmacy technicians within the workforce is a growing area in response to the well-documented rising demands of the health service. The contribution and conversations on the value of 'pharmacy' across a patient pathway must include pharmacy technicians and recognition of the growing competencies and responsibilities in the role.

We have asked a cohort of medicine management pharmacy technicians working across specialist areas at a large NHS Trust in England to describe their roles and their contribution to the multi-disciplinary team and patient care.



Amelia Chowdhury, Michelle Sullivan and Laura Dye from Barts Health NHS Trust

## **Michelle Sullivan – Lead Medicines Management Pharmacy Technician**

“As a manager of all Medicines Management Pharmacy Technicians (MMPTs) at a large NHS hospital site the role is to promote a consistent approach to policies and procedures across the site. Ensuring education and training, objectives and day to day support for the senior pharmacy technicians is an integral part of the role. Implementing a ward based dispensing service across each speciality on site, management of seven day working rotas, leave requests and operationally leading the pharmacists and pharmacy technician team has increased the responsibility of the lead MMPT role.”

## **Amelia Chowdhury – Senior Cardiac Medicine Management Pharmacy Technician**

“Day to day duties include medicines reconciliation, patient counselling, warfarin counselling and the co-ordination of all supply functions. A business case for pharmacy technicians enabled the set up of a dispensary on each ward. Supply for all medicines is ordered, labelled, dispensed and checked within the ward areas by the MMPT to facilitate prompt discharge of patients and prevent missed doses. Future roles for the cardiac pharmacy technician include involvement at pre-admission clinics for the cardiac patients.”

## **Laura Dye – Respiratory Medicines Management Pharmacy Technician**

“A varied role including the support and discussion with patients on self-management plans with COPD and asthma. Supporting adherence in cystic fibrosis and respiratory patients encourages and empowers patients to take responsibility for their own health. Daily duties include counselling patients on taking ownership of care, assessing inhaler technique and advising on smoking cessation. Supporting nurses with the supply for specialist allergy medication and high cost medicines management. Continual education and training to pharmacy and nurses to provide support in practice and implementation of new policies such as self-administration to improve practice.”

## **Sarah Sharp – Senior Oncology Medicines Management Technician**

“The role requires knowledge of both medical oncology and haemato-oncology. Duties include medicines reconciliation, supply of specialist support, helping patients to understand their supportive care, and nurse training. Pharmacy technicians are funded through the return of high cost oncology medicines to the cancer budget and clinical trial claim backs. Future roles for pharmacy technicians working in this area could be first cycle chemotherapy counselling.”

We are aware these examples are not in isolation across the organisation and the wider profession, with developing and established roles having a real contribution to patient care. The examples are not exclusive to the acute care sector and we are sure primary care colleagues will be able to associate with the themes highlighted.

In context with the direction set out by The Five Year Forward View (<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>), a key determinant in responding to the challenges will be resource utilisation of the skill-mix across the profession, particularly in context of seven day clinical services. It is important we have the right people doing the right roles to best support patients getting the most of their medicines.

The purpose of this article is to positively increase awareness of the emerging roles supporting the direction of clinical pharmacy and development of pharmacy technician roles in line with the potential capabilities.



## **Rahul Singal MFRPSI MRPharmS PG Dip GPP**

Clinical Fellow  
Chief Pharmaceutical Office  
Medical Directorate|NHS England  
[rahul.singal@nhs.net](mailto:rahul.singal@nhs.net)



# The launch of the Virtual Branch

VIRTUAL BRANCH  
APTUK

Your local branch is accessible from your own home.

## Why go virtual?

Most people like to socialise. Branch meetings are a great way to network, swap ideas and generally catch up with people you do not see regularly or have only ever spoken to on the phone. However, today's pace of life can make this very difficult. In Kent we found this to be true. The branch has been set up for a year but it was becoming evident that people found travelling to the branch meetings problematic. Rotating the venue helped, but Kent can be fairly rural in places, and public transport is a nightmare. What was the solution? An idea was formed; why not develop a virtual area that people could access when they couldn't make a meeting? It would not replace the regular face to face meetings but run alongside.

At the conference last year, it became apparent from what other delegates were saying that they were having similar issues, some wishing to launch a local branch but struggling to get others interested. Counties can be large, rural, coastal, crowded with lots of towns or sparsely populated in parts. Every county is different with different needs. It appeared that a virtual branch could help a lot of people.

anybody, it's free, it's easy to use and will support a lot of free google apps.

I had the reason, the means, so I now had to get an audience. This is where the national officers stepped in to help, Kate (APTUK Branch & Projects Officer) sent out an invitation to all local branches, as well as agreeing to be a guinea pig in the participation of the first virtual meeting. Kieran (APTUK Website & Publicity Officer) sent the invitation to join the virtual branch launch to all APTUK members. The topic chosen for the meeting was the CPPE learning@lunch on Parkinson's disease.

## How does it work?

The pre reading material is put onto a 'smore' page a few weeks before the start date, with the case study loaded onto it just before the first session date. There is a button which links onto a 'linoit' page; this allows you to put a virtual post it note onto a board with your answers on it. Everybody can load theirs and compare their answers to other people's. The session is left active for a period of one week to give people the flexibility to answer when it is most convenient for them to do so. The first virtual meeting was set for 21st February. The suggested CPPE answers are put onto the site so people can compare their answers.

The virtual site has had over 100 hits and the Parkinson's workshop 40 hits. I hope to develop the site further and get a chat forum going to allow people to communicate with each other. The virtual branch also has a Facebook page. These 'smores' could be used by other branches, each branch with its own pages linked to one main virtual page. It would be a great way to share ideas.

If you would like to be a part of the virtual world, the site is available on the following link.

<https://www.smores.com/yydwc-virtual-branch-aptuk>



## The Virtual session on Parkinson's running from 21st to 28th February

The aim of this session is to introduce you to the topic of Parkinson's Disease. It will be based on the Learning @ Lunch session from the Centre for Pharmacy Postgraduate Education but with an emphasis on the technical role.

If you wish to participate read the suggested reading material and activities below.

### Instructions for meeting

You may put your answer to the case study questions on the linoit post it notes, click on brown button labelled your answers to question ....  
Registration with linoit is free.



## How to make a Virtual Branch?

The idea was the easy part, how to deliver it was harder. The initial idea was to try to use a learning platform and a webinar to deliver a workshop at the same time as the Kent branch meeting. Feedback from Kent members was not particularly in favour of this option, they felt it was too formal. The other limiting factor was going to be the cost, it needed to be free. Then I got lucky! I went to a Teaching Conference at work and was introduced to a 'smore' page. It is a mini web page that is designed to be used by



**Lynn Gallagher MPharmT**  
APTUK Kent Branch



## Swindon Branch Meeting

### When?

Wednesday 6th July at 7pm

### Where?

Holiday Inn, Coate Water,  
Swindon, SN3 6AQ

The theme of the evening will be:

#### The Management & Treatment of Skin Conditions

Including: The treatment of psoriasis and eczema and the use of topical corticosteroids and emollients. The guest speaker will be a Specialist Dermatology Nurse.

There will also be the opportunity to hear more about APTUK, including the 2016 APTUK Annual Conference.

The evening is open to all pharmacy technicians, pre-registration trainee pharmacy technicians, pharmacy assistants & dispensers.

Attendance is charged at £1.50 for APTUK Members and £2 for non-members. For more details about APTUK membership please visit [aptuk.org](http://aptuk.org)

For more information or to confirm your attendance please contact Anna Hazelden (Branch Chair) [anna.hazelden@hotmail.com](mailto:anna.hazelden@hotmail.com)

## Swindon Branch Meeting – February 2016

### Alcohol Awareness

Our meeting in February 2016 started with registration and an opportunity to network with others.

The event was well attended comprising of 26 pharmacy technicians and dispensers from hospital and community sectors, many of which are loyal branch attendees. The branch has grown in strength over the years and at each meeting we always welcome a new face.

Once our AGM had been completed we introduced our guest speaker from our local Drug & Alcohol Services who gave a presentation on Alcohol Awareness.

The session helped us to understand some of the characteristics of alcohol, the impact on the body and how to calculate units consumed.

To demonstrate this, we used fruit juices in different styles of drinking glasses, wine glass, tumbler, sherry and a shot glass as examples to show how much alcohol there is in some popular drinks. The number of units in a drink is based on the size of the drink as well as its alcohol strength. Alcohol content is usually expressed by the standard measure ABV which stands for Alcohol by Volume. With so many different drinks and glass sizes it is easy to get confused about how many units are in your drink and the possible impact alcohol can have on the body.

The presentation was very informative and gave the group an opportunity to engage in lots of discussion on the evening.

The next meeting will be held on 6th July 2016, the topic – *The Management and Treatments of Skin Conditions*. If anyone would be interested in further information or joining us at the meeting please get in touch.



**Anna Hazelden MPharmT**

[anna.hazelden@hotmail.com](mailto:anna.hazelden@hotmail.com)



## \*Free Membership for Pre-Registration Trainees

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# Looking For CPD Ideas and Opportunities?

**W**e know that today's pharmacy technician is always busy encountering new situations and identifying learning needs to enhance their practice, however, sometimes all of us need a helping hand to identify topics for CPD entries.

As APTUK National Officer for CPD, part of my role is to encourage APTUK members to engage in CPD and to help them find opportunities for CPD that are relevant to their scope of practice.

The members only pages on the APTUK website contain details of various organisations and webpages that signpost to CPD resources. Some of these provide e-mail update subscriptions such as MHRA so you can receive CPD articles directly into your inbox!



APTUK are also pleased to announce the launch of the APTUK CPD Facebook Group. This is a secret group which can only be accessed by APTUK members.

The group has been created to share CPD opportunities for pharmacy technicians. Once added to the group please feel free to contribute by posting CPD opportunities so we can all support our fellow members with their CPD recording.



If you are a Facebook user and would like to join the APTUK CPD Facebook group then please e-mail me your name and membership number at [cpd@aptuk.org](mailto:cpd@aptuk.org)  
Happy recording!



**Mary Carter, MPharmT**  
APTUK National Officer for CPD  
[cpd@aptuk.org](mailto:cpd@aptuk.org)

## GPhC – Continuing Fitness to Practice Pilot



### Can you help us test new CPD proposals for continuing registration?

Could you be one of 1000 volunteers from all roles and settings of pharmacy

practice we are seeking to take part in a pilot of the proposed new requirements for continuing registration? The pilot, which will start in April 2016 and last eight

months, will use feedback from volunteers to evaluate the impact of the proposed changes – so it's an important opportunity to help shape our work and any future requirements we may set.

We will ask volunteers, who will be excluded from CPD record calls for the next two years, to:

- record four CPD entries in a new, simplified recording format
- carry out and record a peer discussion
- produce a case study of a change to practice that has benefitted patients or service users

And to feedback to us about their experiences via an independent evaluation.

To find out more about the pilot scheme and becoming a volunteer, email [cftp@pharmacyregulation.org](mailto:cftp@pharmacyregulation.org)

# The Battle Over Revision And How To Win It

The information in this article has been kindly provided by Dr. Jim Taylor, who has years of experience helping students revise for GCSE and A-Level exams, as well as the City & Guilds and Edexcel BTEC Level 3 courses in Pharmaceutical Science.

## Revision

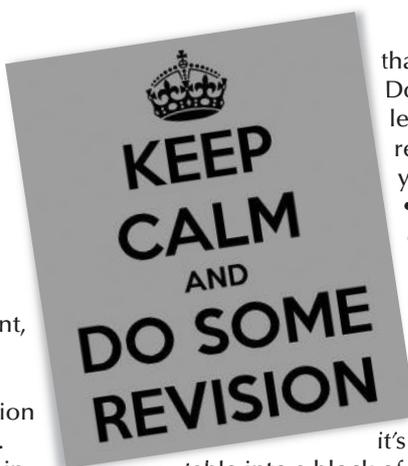
Revision is DULL! There, its official... even teaching staff agree! Yet it is still really important, particularly if you're working on a mandatory qualification needed for your job role. To help, here are some top-tips to brighten up the revision and prepare you for those ever stressful exams.

First, set yourself up for success when you're in class; take accurate notes and listen carefully to advice from your tutors. They need to remember the information they're teaching you, so are likely to have some great strategies to help them keep the info in their own brain. Use individual exercise books or file dividers to keep each subject's notes separate, so they will each be contiguous and it's easier to see how topics follow on.

Make notes more visual by using different colours or highlighters. Most tutors spend lots of time on key words and definitions, so use one colour for key words, another for definitions, use a different one for exam pitfalls to avoid, and a fourth for the 'not necessary, but interesting...' stuff that most tutors add in. Stick to this and you'll leave the classroom knowing exactly what the key points and main focus of the session were. You've spent time taking precious notes, so don't file them in a dark corner. There are loads of things you can do with your notes outside of class to help your revision. Here are our favourites.

- **Re-write them, with a twist** – use half the amount of paper! If your original class notes took four sides of A4, condense this down to two, forcing you to cut out the rubbish and concentrate on the main points. You could colour code here instead, maybe highlight key words and add definitions of words, terms or processes you've already forgotten, or didn't understand in the first place. Add in references to textbook pages, or web-links to give you other perspectives. Often, just a subtle re-wording of a sentence helps massively in improving your understanding. Now: Do it again, halving the amount of space again. You're cutting the waffle and really paring it down to the key points. The same stuff has passed through your head at least three times and it should start to flow out of your brain without too much trouble! Now: Do it again... get the picture? (This one worked really well for Jim during his undergraduate degree.)

- **Revision tools** – the internet is fabulous, but...! It's likely that the only resources to have been written specifically for you and your course are the specification and the material



that your tutor has provided. Use them! Don't overcomplicate things by trying to learn more than you need. By all means read around, but don't bite off more than you can comfortably chew.

- **Tables and diagrams** – we are visual creatures; things that look pretty hold our attention. Use tables and diagrams to show similarities and differences, structural and/or functional relationships and to summarise processes; use flowcharts to help break down sequences. In an exam,

it's easier to turn a diagram, flowchart or

table into a block of text, rather than remember a huge block of text and then be asked to simplify it in a diagram.

- **Prioritise what you don't know!** There's a natural tendency to focus on topics we understand or find interesting. These are the ones that you can afford to leave until later. Instead, focus on seeing where your weak points are and address these first. You'll feel much better once these are mastered.

- **Listen to yourself!** Record your notes onto your iPod or phone and play them back during your commute to work or while you're at the gym. You'll be amazed how just listening to your notes once a day for a month really helps to get the information into your head.

- **Plan to rest!** Don't revise when tired or when you can't sit quietly and focus on the work you are trying to do. If there are distractions, you'll procrastinate and feel guilty. Set a revision timetable and stick to it. Do an hour of quality revision and then treat yourself to a break, a biscuit, primetime TV or whatever. Then, go back and do another hour. Quality is key! Stick to your timetable and the routine will make you feel better about yourself and in control of your learning.

Sleep well the night before and don't even think about revising on the day of the exam, you will worry about what you don't know and go into the exam with a negative mind-set. Instead, have a good breakfast, focus on what you do know and maintain a positive mental attitude.

Exam day has arrived!

Next time, we'll focus on exam technique and dealing with the exam itself. Now, get back to your revision!

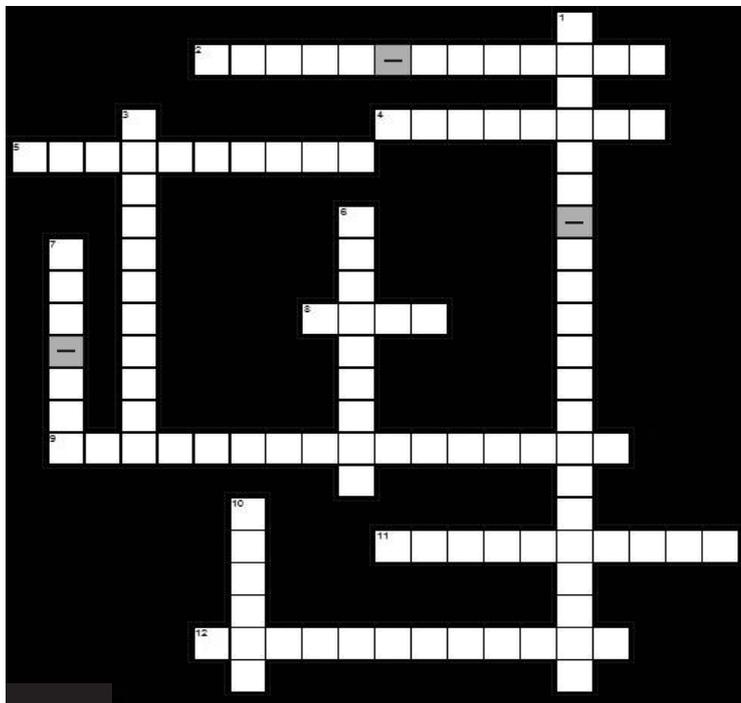


**Gail Hall MPharmT**

Programme Area Lead - Sixth Form Centre,  
Bradford College



# Jil's Quiz Corner



EclipseCrossword.com

## Across

- 2. Monitored in diabetes
- 4. Rescheduled?
- 5. Relating to an occupation
- 8. Spread by mosquitoes, perhaps
- 9. Penicillin G
- 11. Bandages with zinc paste and this
- 12. Never given daily

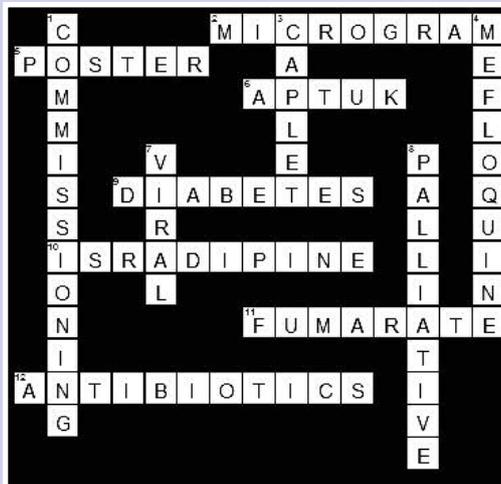
## Down

- 1. GOLD!
- 3. Provides immunity
- 6. E322
- 7. Have you had yours yet?
- 10. Strong stuff for diabetics?

Devised by Jil Betts MPharmT  
Weston General Hospital, Weston-super-mare.

Answers can be found on the member's only area of the website at [www.aptuk.org](http://www.aptuk.org)

## APTUK PTJ Crossword Answers – Summer 2015



EclipseCrossword.com

## Across

- 2. MICROGRAM – mcg
- 5. POSTER – katherine miles award for a ?
- 6. APTUK – the voice for pharmacy technicians
- 9. DIABETES – two types of this disease
- 10. ISRADIPINE – discontinued BNF 68
- 11. FUMARATE – ferrous -----
- 12. ANTIBIOTICS – are doctors prescribing too many of these?

## Down

- 1. COMMISSIONING – clinical ----- group
- 3. CAPLET – tablet? capsule?
- 4. MEFLOQUINE – causes wierd dreams, perhaps?
- 7. VIRAL – not bacterial
- 8. PALLIATIVE – not curative

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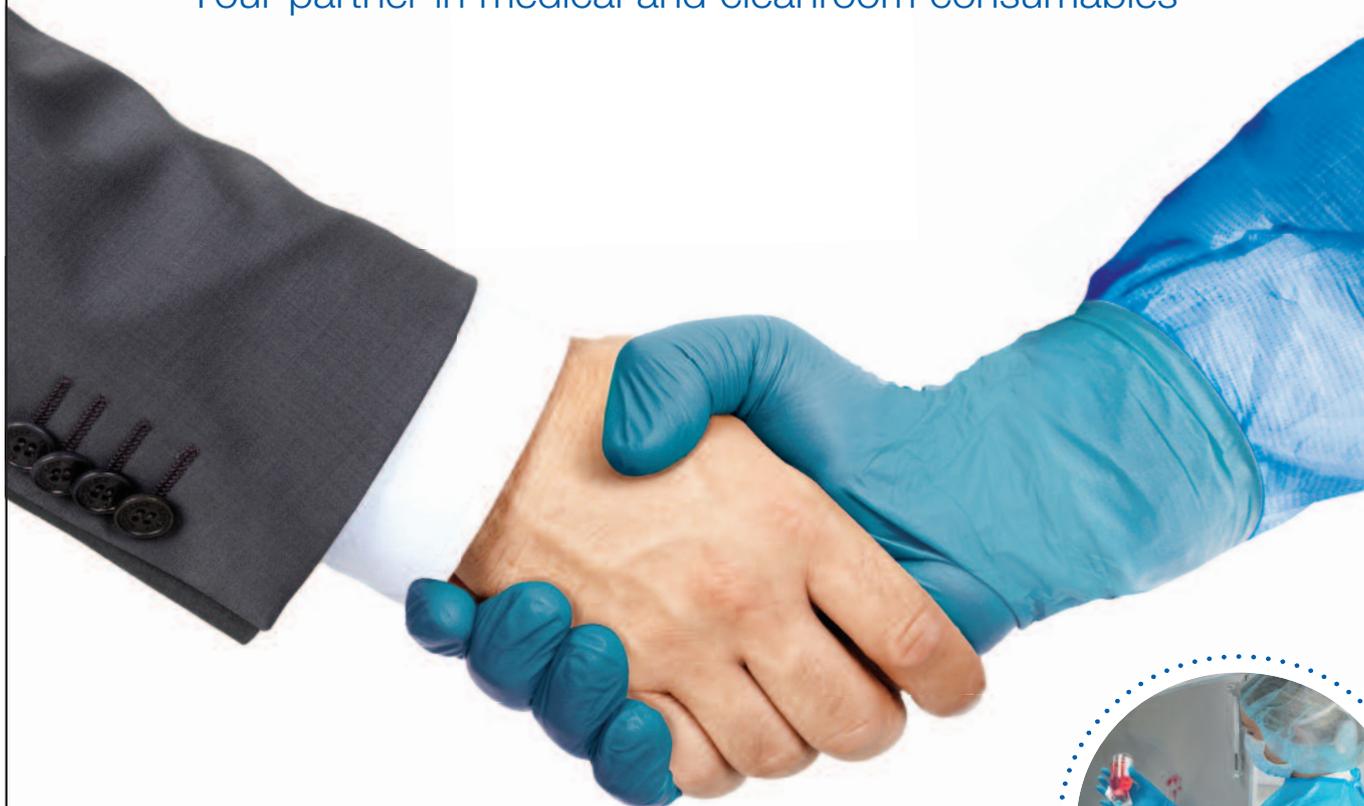
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# Success Skills

## Planning

This is different to decision-making. It's about thinking about how to get to the objective that we have decided to go for. No battle plan ever withstands contact with the enemy, but you still need one! It's easier to adapt a plan you already have, and most of it will probably go to plan. And never at any point are you aiming for something without a plan.

First, consider involving others in your planning. They will have more ideas than just you, and if you need help with the implementation then they will be more motivated to help. The options are to:

a) ask them what they think of your plan, are there any flaws you haven't spotted, could it be improved at all?

b) share the planning with them by sitting down together with one or more people

c) delegate the whole thing to them – you've set the objective, it's just up to them how to get there. Not as risky as it sounds because you can still arrange to approve the plan before they start, and then monitor progress, every day if you like.

Get your plan written down, so that you can clearly see it, and so that others can be shown it if

needed. Diagrams are better than words, and by far the best diagram is a Gantt chart (I love Gantt charts), which is basically a series of bars for each task, with a time scale across the top of the page. Excel is a good way to draw these and I've made a video on YouTube showing you how to do this, just search for Chris Croft excel Gantt.

Make sure that your plan is at the right level of detail – not enough and it's not really a plan, but too much and nobody will read it or be able to use it.

Include people (who will do what?) and money (cost and income) in every plan – often one or both get missed out.

Finally, consider risk – what might go wrong, how likely and serious are the possible risks, what can you do to make these risks less likely or less serious, and how likely and serious are they still, after you've done all your mitigation actions? Do you still want to go ahead with the whole project?



**Chris Croft**

[chris@chriscrofttraining.co.uk](mailto:chris@chriscrofttraining.co.uk)

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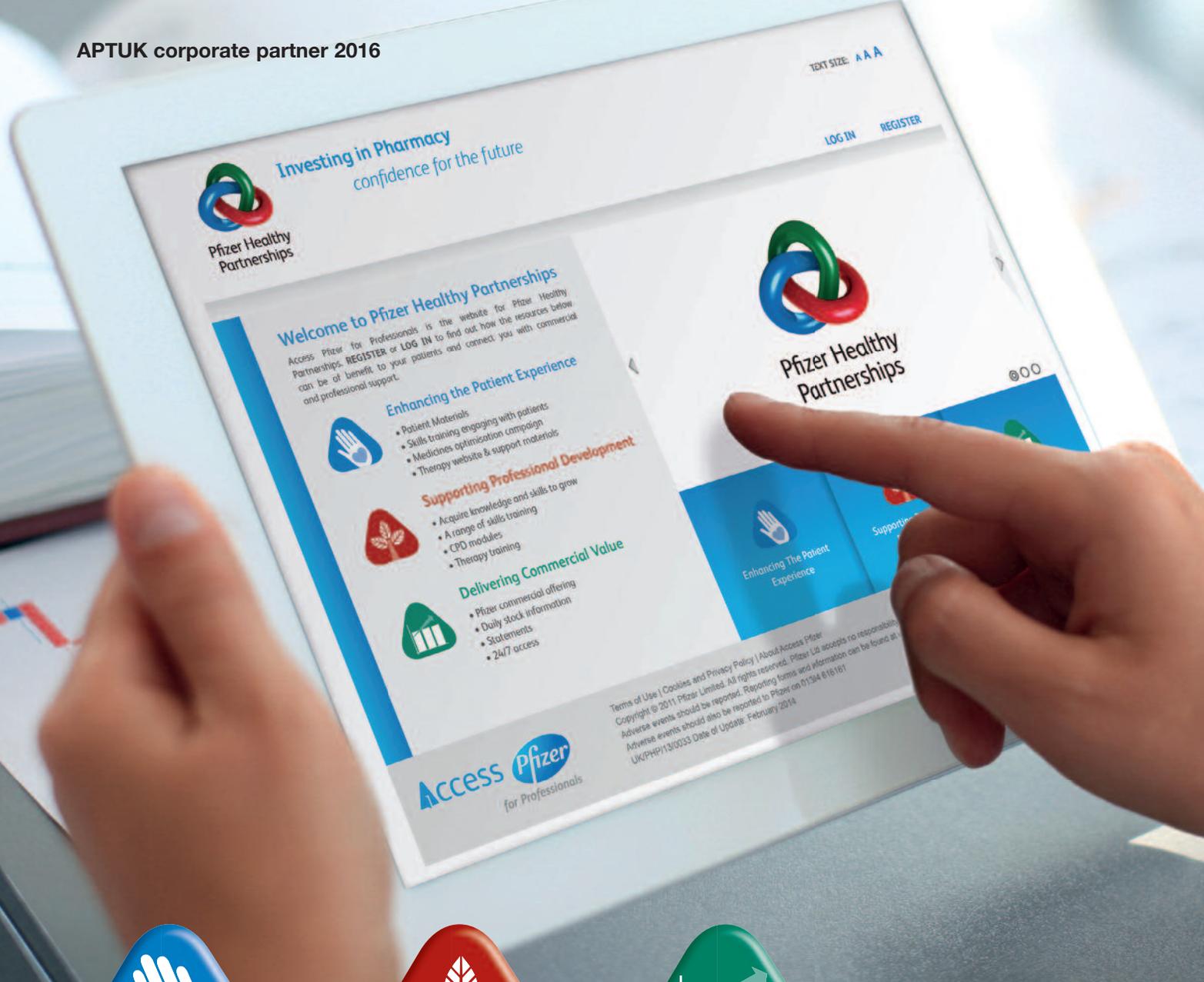
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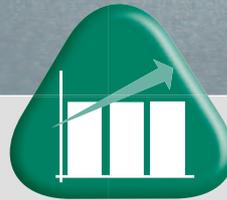
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