

# PHARMACY TECHNICIAN JOURNAL

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## Identifying the Roles of Pharmacy Technicians in the UK Final Report, September 2016

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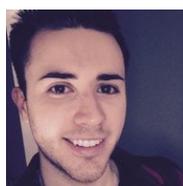
# Editorial

Well the times definitely are changing and I'm sure there will still be plenty more to unfold, given the cuts to pharmacy funding and what this will entail for all of us as pharmacy professionals. I think it's important for us to focus on how we can shape these changes through ongoing work with APTUK, such as focus groups with other healthcare stakeholders and the Community Pharmacy Technician Sounding Board (CPTSB). Information on the CPTSB is available through the APTUK website and I would highly recommend all of our community pharmacy technicians check this out and consider joining this board. How we shape the future of community pharmacy seems like a daunting task, but it's important to remember that at the end of the day this is our chosen profession and we need to do all that we can to safeguard its future. One way that we can do this is staying up to date with all the changes and announcements that are published, but also by staying up to date and well educated. We need to make sure we are promoting community pharmacy at every given opportunity, ensuring the public and other healthcare professionals understand our role in public health and to look at this developing this role in the near future. This was brought up at a recent focus group with Health Education England and I am very excited to see the outcome of this discussion.

I would like to welcome Beci, Samantha and Claire into their new National Officer posts with APTUK as the new media officers (job share). I'm sure they will thoroughly enjoy working with APTUK and can count on all of us for our support in their new roles. On that note I would also like to say goodbye and a huge thankyou to Kieran who is stepping away from APTUK as our media officer and I wish him all the best in his future, as I'm sure the rest of the APTUK community does.

Some articles in this issue focus on further education and a fantastic opportunity for CPD surrounding unlicensed medicines which I thoroughly enjoyed reading, but also a key piece based on the recent GPhC even on 'Professionals under pressure', which I am sure many of us can relate to!

I'm going to end by wishing all of our members and readers a very merry Christmas and a happy new year. Although I'm nervous about what the new year is going to bring for us, I'm confident that we can all work together to make the changes to develop an outstanding profession, one that we can all be proud to be a part of, but one that also encourages our patients to see us as leaders for healthcare.



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# The Constant of Change

Dear Members.



In my last President's column I referred to the enormous amount of change we are working with and this column will be no different. Heraclitus, a Greek philosopher, is quoted as saying "change is the only

constant in life." This saying has also been translated to "the only constant is change" and it used to be said that this is the only constant in life. However this has now moved onto "The pace of change is accelerating,"

The workload of the professional leadership body has never been so great or important and in this column I will attempt to explain what has been happening and why, as there is much information to give you and to keep you abreast of changes and opportunities.

As numerous management articles record, the pace of change has been quickening and this increases the need for lifelong learning to keep up. In addition to this, it seems now that we are working in a world that is increasingly volatile, uncertain and complex. So how can we adapt, how is pharmacy adapting?

More businesses are investing in digital technologies to improve profitability and productivity. We know this to be the case in healthcare with [NHS Digital](#) the new name for Health and Social Care Information Centre (HSCIC) that was set up in 2013. With a budget of over £1 billion of Department of Health funding, as an executive non-departmental public body, NHS Digital's statutory duties include, amongst others, 'providing national technology for health and care services' and 'providing the Information Governance Toolkit for care organisations to assess how well they are handling information and data'. To support the delivery of these duties APTUK, along with other key stakeholders, were invited to the renamed Digital Medicines Forum on the 14<sup>th</sup> September 2016. The event sought views and inputs into the development of the programmes under the new strategy including digitising community pharmacy, integrated pharmacy across care settings and pharmacy

supply chain and secondary uses. During the event delegates participated in an interactive table exercise looking at transferring information across care settings. As you can see these are all important aspects for pharmacy technicians as key staff within these aspects of pharmacy practice. Electronic prescriptions service updates on the electronic repeat dispensing (eRD) initiative; passing clinical messages onto patients; Phase 4; and Controlled Drugs presented along with an update on the eRD toolkit in development. Since the meeting this has now been released and a link to the toolkit campaign is on the news section of our website published on the 22<sup>nd</sup> November 16. The next forum is being held in Leeds on the 25<sup>th</sup> January 2017.

Also connected to NHS Digital is the ongoing roll out of access to summary care records to pharmacies, pharmacists and pharmacy technicians'. Nearly 55million people in England, that's 96% of the population, have a summary care record. The Summary Care Record (SCR) contains details of key health information that health-care staff can access and is integral to delivering person-centred care. Currently about 50% of pharmacies have gone 'live' and are now able to review SCRs and the number is growing each week. If you are a community pharmacy, have you access to SCRs yet? Have you undertaken the training, passed the assessment and has your smartcard been activated. If not you have until March 2017 as part of the pump primed rollout and after that it is 'business as usual'. APTUK is engaged with the rollout, we have supported the current process through our place on the SCRs pharmacy stakeholder group and are supporting the BAU ongoing access after March 2017. To find out more please go to the Pharmacy Services Negotiating Committee website for all the information you need [here](#).

You may remember reading in my last column that I indicated that healthcare professionals in the future will be taking on more extended roles, and overtime, most probably, will become core practice. Pharmacy Technician access to SCRs will be part of that along with many of the roles and activities that were reported in the recent UEA commissioned research, in collaboration with APTUK, 'Identifying the Roles of Pharmacy



Technicians in the UK’.

As identified in the recent ‘Independent Review of Community Pharmacy Clinical Services’ chaired by Richard Murray, Director of Policy at the King’s Fund, the vision for community pharmacy is for services to become more overtly clinical. An advisory group, of which APTUK was a part, acted as an expert panel to help inform the review. Those of you who have read the report in depth will know that the ‘barriers evidence paper’ indicates that pharmacists and pharmacy technicians should be utilised more, by upskilling, and looking at effective skill mix within the pharmacy team is recommended. This is, of course, in line with NHS England’s ‘5year Forward View’ and the Pharmacy Voice ‘Community Pharmacy Forward View’. The Rebalancing Programme, again with APTUK representation, continues with its work to support innovation and the delivery of pharmacy services. The dispensing errors proposals parliamentary order is expected to be laid in both UK and Scottish parliaments soon. Going forwards the consultation for dispensing error proposals for pharmacy professionals who work in hospitals and linked pharmacy services as well as proposals concerning the superintendent pharmacists and responsible pharmacists is progressing. The discussions on changes to ‘Supervision’ also continue.

All of this has been taken into account, as can be seen, in the recent General Pharmaceutical Council (GPhC) release of the consultation on draft initial education and training (IET) standards for pharmacy technicians.

The draft standards, which are out for consultation until 1<sup>st</sup> March 2017, are reflective of both what is currently needed, and what will be needed in the future, of pharmacy technicians to register with the GPhC. Bearing in mind, the role that we will play, this is also about roles and responsibilities, professionalism and effective decision making, as well as the knowledge and skills that we require to work independently and as part of the pharmacy team. As you will see, when you review the draft standards, they include some aspects of what we used to think of as extended roles. In addition, the format of the IETs has changed along with thoughts on who can supervise the training. All of

this is a significant change for the pharmacy technician profession and APTUK will be engaging with you, our valued members, and the wider profession to ensure we give clear, reflective and fit for purpose response back to the GPhC.

Other work is also in progress to support us with our future practice. You may have seen on our website news, published on the 20<sup>th</sup> October that, as part of the Community Pharmacy 2016 and beyond review, NHS England announced a £42m Pharmacy Integration Fund (PhIF) to support pharmacy to transform how it operates across the NHS for the benefit of patients over the next two years. The announcement indicated that ‘the Pharmacy Integration Fund will support community pharmacy as it develops new clinical pharmacy services, working practices and digital platforms to meet the public’s expectations for a modern NHS community pharmacy service’. Initiatives under the PhIF include, from April 2017, pharmacy technician clinical leadership development. Initial scoping work under this initiative, through Health Education England, has already begun. As you might expect, APTUK are key stakeholders, and two of our national officers who are currently working in community pharmacy attended a workshop as APTUK representatives, in November 2016. So, we watch these developments eagerly.

We are acutely aware, through the parliamentary announcement, also on the 20<sup>th</sup> October 2016, that the new community pharmacy contractual framework reduction in funding to community pharmacies is already having, or potentially has, an impact on staff and pharmacy technicians. We are publically and consistently giving the message that we are extremely disappointed to learn of the reality of cuts, despite the campaigning against them, particularly at a time when community pharmacy is in greater demand. We are also consistently expressing that utilising pharmacy technicians, as regulated, registered, accountable and responsible professionals, can contribute to the delivery of integrated pharmaceutical care. We are also extremely cognisant of the tremendous amount of workplace pressure that is present in community pharmacy currently and that this is also being seen in secondary care. Indeed, the GPhC in their response to this, held a seminar in October

on 'Professionalism Under Pressure'. For those of you who have already read the report, you will know that I represented APTUK at this important event. The forum helped to start the discussions on how we might, together as a profession, address these issues whilst ensuring that putting patients first above all else and their safety is at the heart of services we deliver. The GPhCs closing remarks touched upon having appropriate pharmacy staffing within the current fiscal environment and that inspection processes going forwards will ensure that pharmacy owners are upholding the staff levels needed for delivery of their services. As your professional leadership body, we pledge to engage with this important topic wherever and whenever possible to uphold the pharmacy technician profession.

As we consistently promote pharmacy technicians as an integral part of the pharmacy team as registered and regulated healthcare professionals in our own right, it would be useful to take stock and understand what this really means. We are responsible and accountable but are there differences between responsibility and accountability? Once you can tease apart the difference from holding someone to account (even yourself) to being responsible, moving forwards becomes clearer. According to Sylvia Lafair, President of a company called Creative Energy Options, most of us grew being taught that we are responsible for many things, such as putting our toys away, making our bed, doing our homework etc. We did, and do, live in a world where we need to get things done and we tick it off the list when it's achieved. Our parents, however, were accountable for deciding on what makes a happy family and how to keep the house clean. Whilst our teachers were accountable for helping us to learn, making words into sentences and for seeing the reason for education. Thus responsibility can be judged as a 'ticking the box' mind set with limited thinking whereas accountability is a consequence of a mind-set. When activity moves into accountability thinking the strategy for success is quickened, increasing productivity and creativity. Again according to Sylvia Lafair, there is a world of difference between the two ways of thinking.

To help support us, as pharmacy professionals,

to move towards 'accountable' thinking, so that we can deliver person-centred care we could look towards the GPhCs Continuing Fitness to Practise pilot that has been running for a while. *'In 2018, the GPhC plans to introduce new arrangements to further assure that pharmacists and pharmacy technicians meet standards for safe and effective practice throughout their careers.'* Those of you who have participated, as volunteers, in the pilot will know that the GPhC, with advice and feedback from the advisory group, have moved towards the new arrangements consisting of CPD entries in a new simplified recording format, carrying out and recording a peer discussion and producing a case study that shows change in practice that has benefited patients or the registrants 'service users'. Again, APTUK's President, has been representing you as part of the advisory group along with our CPD officer as part of the wider stakeholder group. The current pilot is about to come to an end, on 31<sup>st</sup> December 2016, and this will be evaluated ready for the new process to be consulted on by all registrants mid-way through 2017. APTUK, again, will be reaching out to and supporting our members in initially responding to the consultation and thereafter during the implementation of the new arrangements.

There is no doubt that one of our responsibilities, as healthcare professionals, is ensuring patient safety in the services that we deliver. APTUK, Royal Pharmaceutical Society and Pharmacy Forum of Northern Ireland have been working on the development of 'Professional Standards for reporting, learning, sharing, taking action and review of incidents' to support this. The standards were launched on the 30<sup>th</sup> November 2016 and aim to provide guidance to support the pharmacy team in engaging and being proactive in improving patient safety by sharing and learning from all incidents including dispensing errors. If you haven't had an opportunity to look at the standards yet, please do, as it is so important for us and to our patients, that we can openly and honestly share and learn from our inadvertent errors and near misses. The standards can be found on the website [here](#), and we will be supporting our branches in rolling these out.

In addition to all of these external changes, I will



now turn to our own internal changes within APTUK. Unfortunately since my last column two of our national officers have decided to step down from their posts for a variety of reasons. Kieran Casey-McEvoy, Media Officer, leaves us as of the 20<sup>th</sup> November 2016 and Diane Blunden steps down as Education (Post-registration) Officer (Job Share) as of the 15<sup>th</sup> December 2016. I would like to, sincerely and publically, thank both national officers for their hard work and commitment to APTUK and you as members, whilst they were in post. I would also like to thank Kieran for his excellent help in raising the profile of APTUK both through the website and social media and supporting IT internally for all of the officers. Our membership continues to grow as does our leadership profile. We are truly grateful for such dedication and commitment and offer our very best wishes to Kieran and Diane.

We have already co-opted into the Media officer post, as job shares, and I would like to extend a warm welcome to Rebecca Major, Claire Mills and Samantha Murray. We very much look forward to working with an excellent media team.

All that remains for me now is to wish you, all our members and wider colleagues, a very merry Christmas and much enjoyment over the holiday festivities spent with your family and friends.

Let's remember as we go forwards and respond to the plethora of consultations that are before us in 2017:

*'The world as we have created it is a process of our thinking. It cannot be changed without changing our thinking. -Albert Einstein*

As we say goodbye to 2016, let us embrace 2017 and pledge our New Year resolution as 'being the best we can be'. Help us to continue growing our membership and remember that amongst all of the change, we are privileged to be 'professionals'. Lastly, let us chuckle at the cartoon above, but let it not be 'us', the pharmacy profession.



Very best wishes for 2017



**Tess Fenn MPharmT**  
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# GPhC Launch Consultation on Initial Education and Training Standards for Pharmacy Technicians

The General Pharmaceutical Council have recently launched the awaited 'Consultation on Initial Education and Training Standards for Pharmacy Technicians', which will be open to respondents until the 1<sup>st</sup> March 2017.

The standards development was supported by an external group with expertise and knowledge of Pharmacy Technician education and training and used feedback from the GPhC's discussion papers; *Tomorrow's Pharmacy Team* (2015) and *Standards for Pharmacy Professionals* (2016) - which builds on the 2014 paper *Patient-centred Professionalism in Pharmacy*.

The outcomes of the recent study, 'Identifying the Roles of Pharmacy Technicians in the UK' commissioned by the University of East Anglia and undertaken in collaboration with the Association of Pharmacy Technicians UK (APTUK), has also been used as a valuable source of information. The study informed on the common cores to the Pharmacy Technician roles in community and hospital pharmacy, but that there are also differences.

The standards are structured into two parts that link together, with Part 1 focusing on the learning outcomes which include knowledge, skills, understanding and professional behaviours, to be demonstrated by the Pre-registration Trainee Pharmacy Technician by the end of their course leading to registration with the GPhC.

Part 2 includes the standards and requirements of a course delivering the learning outcomes in Part 1 and is aimed at course providers.

The part 1 standards are grouped together under four 'domains' of study: 1. Person-centred care; 2. Professionalism; 3. Professional knowledge and skills; 4. Collaboration. The domains are linked to

the regulator's nine standards for Pharmacy professionals.

Commenting on the launch, APTUK President, Tess Fenn said: *"APTUK are delighted that the IET standards for Pharmacy Technicians have been launched today as these have been long awaited. It is pleasing to see that the GPhC have engaged with a wide range of stakeholders and Pharmacy Technician education experts, including APTUK, to develop standards that reflect the current and emerging roles of Pharmacy Technicians as registered and regulated professionals in their own right."*

*The need to support effective decision-making abilities, understanding of working as a professional and working independently and within the pharmacy team in the standards is a positive step forward for the pharmacy profession as a whole. It is also reassuring that within the launch narrative the GPhC acknowledge that 'Pharmacy Technicians have a vital and increasing role in the delivery of pharmaceutical care.' The consultation, as well as the IETs, is asking for feedback on changes to the entry criteria onto the GPhC register and APTUK is encouraged that proposals include Pharmacy Technician's being able to supervise the Pre-registration Trainee Pharmacy Technician.*

*APTUK join the GPhC in encouraging the Pharmacy profession to respond to the consultation, as never was there a more crucial time than now to ensure that the new final standards are fit for purpose. APTUK will be supporting their members, their network of branches and the Pharmacy Technician and Pharmacy profession as a whole to respond through a series of activities including webinars."*

To read the consultation click [here](#).





## GPhC Consultation on Religion, Personal values and Beliefs

The GPhC, have launched a consultation linked to Standard 1 of the new professional standards that come into effect on the 1<sup>st</sup> May 2017. The standard says that 'pharmacy professionals must provide person-centred care'.

The consultation is proposing a revision to the wording to one of the examples to ensure that pharmacy professionals take responsibility for ensuring that person-centred care is not compromised by their religion, personal values or beliefs. Following feedback from the professional standards consultation, having considered the law and their own analysis, the GPhC now consider that the examples under Standard 1 are not compatible with person-centred care and further guidance is required. To address this, the GPhC feel the change will better reflect person-centred professionalism and are seeking views.

Commenting on the consultation launch, Tess Fenn, APTUK President said:

"APTUK welcomes the opportunity to revisit Standard 1 and the additional guidance provided on religion, personal values and beliefs. Delivering person centred care is integral to demonstrating professionalism. APTUK promote this throughout all Pharmacy Technician practise. The additional guidance, which includes the appropriateness of referrals to other healthcare professionals, is providing and identifying practical ways of delivering this. APTUK recognise that helping the patient and people to one's best ability and competence threshold is an expected professional trait. This is in line with the new IET standards, recently launched for consultation, in that Pharmacy Technicians are trained to problem solve and make effective and safe professional judgements. To capture the diversity of Pharmacy Technicians APTUK will be seeking their members views on the revised standard and what this means for them, in readiness to feedback to the GPhC."

The consultation runs until 17th March 17.

For the full consultation click [here](#)

## GPhC Consultation on Revised Threshold Criteria

The GPhC have launched a consultation on the threshold criteria used by decision-makers within the organisation. The criteria are used to decide whether a case should be referred to the investigating committee when investigating concerns. The GPhC are reviewing all of their statutory decision-making guidance and this consultation forms part of the wider programme, which will support decision-making at all stages of the fitness to practise process.

The consultation will end on the 7<sup>th</sup> March 2017.

For the Full Consultation click [here](#)

## Discount for APTUK Members

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# Pharmacy in Healthcare – Pharmacy Technician Models of Practice Leading the Way Event

Over 50 invited delegates attended an APTUK event to, primarily, launch the University of East Anglia report on 'Identifying the Roles of Pharmacy Technicians in the UK' and secondly to showcase a number of emerging pharmacy technician roles undertaken in a variety of pharmacy sectors.

The delegates, both Pharmacy Technicians and Pharmacists, represented a number of sectors including, community, hospital, primary care, prisons and the ambulance service. All 4 UK countries were also represented with delegates from the General Pharmaceutical Council, Health Education England, Centre Postgraduate Pharmacy Education, Welsh Centre Postgraduate Pharmacy Education, Northern Ireland Centre of Pharmacy Learning and Development, NHS England, Welsh government and the Royal Pharmaceutical Society to name but a few. Pre-registration Trainee Pharmacy Technicians were also invited to the event to empower the start of their future careers.

The research was conducted in collaboration with APTUK and the launch event took place on 17th October 2016 10am-4.15pm at the Royal Pharmaceutical Society 66-68 East Smithfield, London, E1W 1AW.

The report presented is based on research aimed at better understanding the current tasks carried out by Pharmacy Technicians in the UK and the potential future role from the Pharmacy Technician perspective. The research also explored training needs to fulfil an 'extended' role along with identified barriers and facilitators to career development. The project, by UEA and APTUK, is the first time that extensive research of this type has been undertaken and published. The report sets out strengths and weaknesses that can inform national and international pharmacy technician strategies and workforce development.

Tess Fenn, President of APTUK, welcomed delegates to the event and hoped that this would be an engaging day, full of participation, debate and



exploration as the outcomes of the research into 'Identifying the roles of Pharmacy Technicians' were presented. She continued to explain that 'this is the first research of its kind and aims to provide us, the pharmacy profession, with information, to help us understand the current and future pharmacy technician landscape'.



By highlighting, that together, as complementary professions within the pharmacy team, Tess asked that delegates reflect on how we might take the profession forwards, for the benefit of patients, as we try to meet the healthcare challenges of an ever increasing population and over stretched NHS'. Tess also asked the delegates, as the day progressed, to bear in mind that Pharmacy Technician roles are so diverse and that there are more roles emerging that are working within multidisciplinary teams. She indicated that

'Pharmacy Technicians are in demand and this raises questions: 'do we have sufficient numbers and are we training enough to sustain future demands?' She left this with delegates to reflect on throughout the day.

Lead researchers, Melanie Boughen, and Jane Sutton, when presenting the report's findings, gave an overview of the research project, the background, the major findings and the research recommendations.

Melanie informed delegates that the research was comprised of two phases: a survey of PTs using a questionnaire accessed via the online survey software Survey Monkey, exploring tasks carried out, pre and post-registration training, and barriers and facilitators to career development. The second phase involved focus groups with PTs from across the UK exploring some of the issues raised



in the questionnaire responses.

472 Pharmacy Technicians responded, but 79 did not answer all the questions, so the final number of responses used in the research was 393. Of these approximately 70% were from hospital and 30% from community pharmacy technicians. 15 Pharmacy Technicians took part in the four focus groups held around the UK

Melanie is the Director of Pharmacy Technician Programmes in the School of Pharmacy at the University of East Anglia. She is a Pharmacy Technician and, after working in community and hospital pharmacy practice for a number of years, starting working in education and development in 2001



Jane is a freelance academic and Visiting Senior Research Fellow in the Department of Pharmacy & Pharmacology at the University of Bath. She is an Occupational Psychologist who has been working in pharmacy practice research and teaching since 2004



Jane described the respondent's demographics to the delegates, which gave a general insight into the current makeup of the Pharmacy Technician workforce. It was no surprise to learn that our profession is 85% female and 15% male. However, what was a surprise was the number of pharmacy technicians working between 31 and 40 hours a week was the highest respondent type. Of the 71 community pharmacy technicians who responded, they were split 50:50 between working in multiple chains and

independent community pharmacies.

The key findings within the report highlighted those pharmacy technicians who felt that the initial pre-registration training should better reflect the learning and skills needed for their post registration role. This should include more general communication skills, patient focused skill, self-awareness and emotional intelligence training. More medicines optimisation knowledge and skills were highlighted as being needed as were more clinical training, information technology, management and leadership skills and professionalism, along with working and learning inter-professionally.

Post-registration key findings focused more on the need for structured post qualification education, training and development with supporting career pathways and recognition of the role now being that of a professional. The findings provided information on the many barriers and facilitators to career developments and highlighted that approximately 80% of the respondents were Accuracy Checking Pharmacy Technicians.

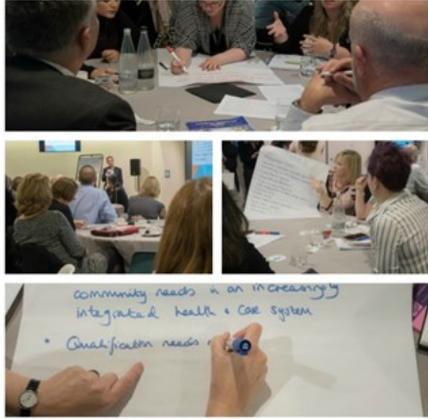
Melanie went on to tell of the report's six recommendations:

- ◆ Review the education and training needs of pharmacy technicians in light of the roles and activities now commonly undertaken and the identified new knowledge and skills which need to be incorporated into pre-registration training
- ◆ Consider qualification requirements for registration of pharmacy technicians, taking into account the complexity of roles undertaken, comparability with other similar healthcare professionals and the need for the profession to develop its own evidence base
- ◆ Review post-registration education and training to ensure that opportunities exist which enable the preparation of PTs for the wide variety of roles
- ◆ Develop a post-registration career framework to provide a career structure for registered PTs
- ◆ Consider how the inter-professional working relationships with pharmacists can be enhanced both pre and post-registration to ensure that the contribution of both healthcare professionals is optimise
- ◆ The management culture within pharmacy organisations with respect to pharmacy technicians requires review in order to develop strategies for improvement

Following the report findings delegates were asked to participate in an exploratory workshop by discussing

one of the pre-chosen report recommendations, on their allocated tables. They were asked to reflect and feedback their thoughts on whether 'if and how these recommendations should translate into practice'.

The event continued with presentations on 'Models of Practice' where the pharmacy technician role is leading the way and where different models and roles are emerging.



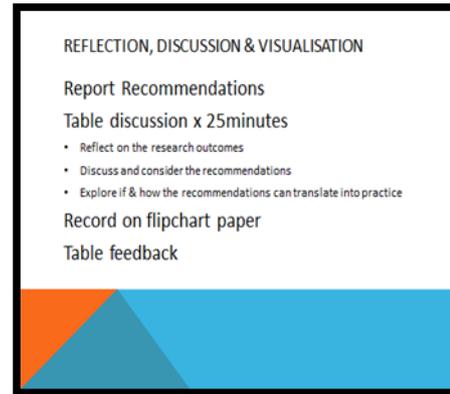
Pippa Meakins, MPharmT, Medicines Management Pharmacy Technician with the South East Coast Ambulance Service explained how her role as a pharmacy technician in a pre-hospital care setting. Her multi-disciplinary role includes the standardisation of this sector's medicines management processes.

Paul Mayberry, Managing Director of Mayberry Pharmacy in Wales, presented on his 'Hub & Spoke' model and how enhancing the roles of pharmacy technicians to manage the pharmacy has allowed pharmacist to take on more clinically focused roles.

Leanne Beverley, ACPT & Pharmacy Supervisor, at Monarch Pharmacy in Coventry

gave an inspiring insight into her central role in her community pharmacy, her career journey and how her skills and knowledge are really put to use delivering person centred care. Leanne concluded by reflecting on not what community pharmacy 'do' but what they 'can do' given the opportunity.

Manjeet Kaur, Pharmacist Clinical Team Manager at North Lincolnshire & Goole NHS Foundation Trust provided an interesting presentation on the emerging role of pharmacy technicians administering medicines and how this has been transferred across from the prison service, where it is common place, to a secondary care setting. She explained how this is being piloted, the journey behind this, the legislative position, the competencies required and the benefits to the organisation, staff and mostly the patients.



After a truly interactive and engaging day that gave rise to many questions and thoughts, APTUK President, Tess Fenn, closed the event by thanking all those for attending and for energetically and passionately participating to help shape the future. Thanks were also extended to Helen Gordon, Chief Executive Officer of the RPS for hosting this important event at their headquarters and also to UEA School of Pharmacy for providing the lunchtime catering. Tess, in her summary highlighted that this isn't the end it's just the beginning of this inspiring work and there is much more to do. She indicated that APTUK will be taking away the table discussion feedback for evaluation and will be reflecting on the report's recommendations, particularly aspects related to career development and pathways. This work links intrinsically with one of APTUK's 4 strategic aims:

*'Providing leadership, professional standards and professional guidance, working together with pharmacy regulators, professional pharmacy organisations and education providers, as the recognised Professional Leadership Body for Pharmacy Technicians in the United Kingdom, to shape future developments'.*

If you haven't had an opportunity yet to read the report it can be found on the UEA and APTUK website's [here](#).



**Tess Fenn MPharmT**  
President, APTUK  
president@aptuk.org



# Meet CPPE's Lead Pharmacy Technician



## About me

Hi everyone. My name is Sam Quaye. I am the pharmacy technician lead at Centre for Pharmacy Postgraduate Education (CPPE).

My post is a newly created national role within CPPE, and I'm responsible for the strategic management of pharmacy technician education, learning and workforce development. I am part of the Head Office Team who develop and deliver learning programmes for pharmacy professionals and pre-registration trainee pharmacists.

Since taking up the post in October, I have been getting to know the organisation better and travelling all over the country to take advantage of the different training opportunities available. I have been meeting with key stakeholders and starting to build links with those who can help to shape the future of pharmacy technician practice.

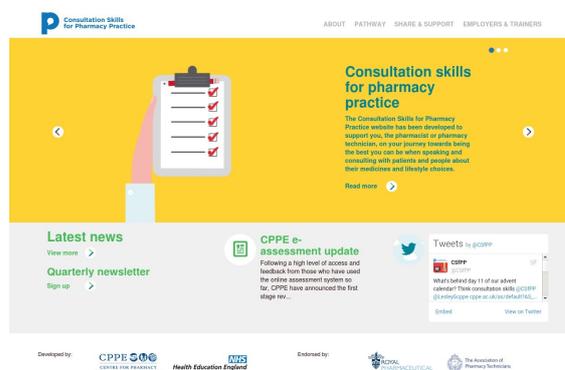
## About CPPE

Prior to joining the organisation, I had used some of CPPE's learning material but had no idea about the wealth of resources available to us as pharmacy technicians. If you are pharmacy technician living in England and registered with the GPhC then you can access all of CPPE's learning programmes and the majority of these are funded by Health Education England. You just need to register your details on the website: <https://www.cppe.ac.uk/about-cppe/about-cppe>

We can signpost you to local, face-to-face workshops; you can browse the website and access e-learning that is relevant to you, sign up to the monthly e-challenge or download our apps. Your learning can be tailored to a specific service that you provide day-to-day or to personal interest. No matter what sector you work in, you are guaranteed to find a topic for you.

One of the main practice areas that all pharmacy professionals need to become competent and confident in is consultation skills. To find out more and learn what is involved, check out the

consultation skills for pharmacy practice website: <http://www.consultationskillsforpharmacy.com/>



## Over to you

It is a common misconception that if you are registered with GPhC then you are automatically registered with CPPE. This is not the case (even if you have received a national learning campaign booklet through the post) so please log on/register today using the link: <https://www.cppe.ac.uk/mycppe/login>

CPPE is here to help you to fulfil your potential. In addition to the provision of all of our learning material, we can also answer general queries relating to pharmacy practice and we have a coaching service. Please have a look at our website today to find out what we can support you with. I am keen to meet as many pharmacy technicians as possible in order to hear views, opinions and feedback that will help to inform future developments. I look forward to meeting many of you at the APTUK Conference in July, in the meantime please feel free to get in touch.



**Samantha Quaye FAPharmT**  
Lead Pharmacy Technician  
Centre for Pharmacy Postgraduate Education (CPPE)

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# Independent Review of Community Pharmacy

## Clinical Services

Dr Keith Ridge, Chief Pharmaceutical Officer for England, in April 2016, commissioned an 'Independent Review of Community Pharmacy Clinical Services' to help inform on the future provision of clinical pharmacy services. The review was chaired by Richard Murray, Director of Policy at the King's Fund and the final report was published on 14<sup>th</sup> December 2016.

The review draws upon the Five Year Forward View in October 2014 and the General Practice Forward View in April 2016 and proposals for new models of care within a future NHS. Commenting on the final report Dr Ridge indicated that 'the review .....points the way to a more clinical future for community pharmacists and pharmacy technicians which will help patients to benefit from their expertise as clinical healthcare professionals.'

A peer-reviewed literature review, to look at the evidence of clinical elements within the current community pharmacy contact, undertaken by Professor David Wright, University of East Anglia, and an advisory group acting as an expert panel helped inform Richard Murray in making his recommendations to the Chief Pharmaceutical Officer for England.

The report informs that 'We of course need to note that

*'community pharmacy' does not consist only of pharmacists. Community pharmacy teams also include Pharmacy Technicians, who are a regulated profession in their own right. The advisory group supporting this review included representation from the Pharmacy Technician profession and our recommendations cover this group as well as pharmacists, recognising the essential role they already play as well as their scope to take on new roles.'*

Commenting on the report, Tess Fenn, APTUK President, said: "It is pleasing to see that the report recognises, to enable community pharmacy to provide better patient outcomes as part of wider integrated services, that this not only includes community pharmacists but also Pharmacy Technicians as 'highly trained and registered professionals, as an underutilised resource'. APTUK are also heartened to read that within the recommendations there is a call for the regulations to be amended '.....to allow registered pharmacy technicians to work under Patient Group Directions (PGDs) to allow better use of skill-mix in delivering clinical pharmacy services.' APTUK have long supported this, as can be read in our PGD position statement of 2013, and we give our full commitment to making this a realisation.'

To read the full report and the evidence review click [here](#)

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# A complete guide to quality, safety and sourcing in Unlicensed Medicines

Louise Morshead MPharm is a Quality and Regulatory Affairs Pharmacist at UL Medicines, a leading supplier of bespoke, batch-made and imported unlicensed medicines to UK hospitals. Louise studied at The University of Nottingham and has worked in both retail and hospital pharmacy prior to her role at UL Medicines. In this article, she gives an overview of the responsibilities and guidelines pertinent to pharmacy technicians and suppliers to ensure unlicensed medicines are obtained efficiently and safely.

## The need for 'specials'

Clinical care is taking an increasingly holistic approach with patients' individual requirements being placed firmly at the centre. The focus of any pharmaceutical treatment not only includes ensuring the patient is prescribed the appropriate medication for their clinical needs, but also that it is provided to them in a format that they are able to take.

Unlicensed medicines or 'specials' account for approximately one percent of prescriptions dispensed by hospital pharmacies. They are prescribed when there is no licensed medicine suitable for the patient's clinical needs, often due to the dosage required, the formulation (e.g. liquid or capsule) or a lack of availability in the UK market.

The MHRA Hierarchy of Risk guidelines state that when there is no suitable licensed medicine available in the UK, off-label use of a licensed medicine should be considered next. When off-label use is not appropriate, the MHRA then recommends that an imported product licensed in the country of origin may be used. There are considerations to be made when sourcing these medicines, which will be covered further into this article.

If an import is unavailable, a UK manufactured special may be required. Oral liquid medications are one of the most common specials due to a lack of licensed formulations that would enable unusual dosages to be administered (fractions of a tablet or capsule) or to facilitate dosing in general.

## Assessing risk

For safety and best practice, it is recommended that all pharmacies undertake a risk assessment for each patient and only use specials and extemporaneously prepared medicines where a clinical need has been established.

This decision process should be supported by a standardised procedure, which also records and maintains the risk assessment documentation and the decisions taken.

It is also equally important for pharmacy staff to know their own limitations, seeking advice from the regional NHS Quality Assurance team when necessary.

When assessing the use of a special, consider the same questions the MHRA asks when assessing a medication for licensing:

- Do the advantages outweigh the disadvantages of taking the medicine?
- Does the medicine offer the best treatment for the least harm for most people who will be taking it?
- Are the side effects acceptable?

Further questions to consider:

- What could go wrong?
- What is the likelihood of something going wrong?
- What would the consequences be? This is especially important, as specials are likely to be used in more vulnerable population groups, such as children, the cognitively impaired and the elderly
- Where can I obtain a consistent supply of the best quality product suitable for my patient?

When providing unlicensed medicines to vulnerable patients, their potentially limited capability to feed-back information on their medication and how it may be affecting them needs to be considered. There also needs to be consideration for patients with special needs who are likely to need these products on a long-term basis and require suitable monitoring to ensure the products are meeting their individual needs and providing expected clinical outcomes.

Complicating this is the fact that patients can have their prescriptions filled by more than one pharmacy with products from different manufacturers, increasing the possibility of potentially serious health and safety risks

to the patient arising from variances that may exist between preparations and formulations.

Pharmacy technicians are used to purchasing and supplying licensed medications whose safety, efficacy, standards and quality are assured by the manufacturer, but the pharmacist must retain responsibility for the standards and quality of unlicensed products purchased from third parties.

There is also legal accountability for the use of such products for any other healthcare personnel involved in their prescribing, preparation, administration or purchase, plus a risk to the organisation for which they work.

Robust systems are now in place for the whole specials process, including approval of clinical appropriateness, procurement and / or preparation, evaluation of the medicines' quality and manufacturers' quality systems, and strengthening pharmacovigilance.

The aim of such measures, is to help encourage the standardisation and rationalisation of the formulations being used to prepare non-sterile, oral medicines for use in the NHS.

In 2014, the General Pharmaceutical Council (GPhC) issued [guidance \(see link below\)](#) for the use of unlicensed specials, which is a useful resource for any pharmacy professional involved in the sourcing or extemporaneous preparation of specials.

### **Diligent procurement**

With the focus, squarely on risk and safety, how can hospital pharmacy technicians be sure they are getting their unlicensed medicines from a reputable source?

As the demand for bespoke special preparations and imported unlicensed medicines has increased, so too has the range of suppliers. While speed of service, product range, tender compliance and value for money must be considered, it is important that hospital pharmacy technicians base their purchases on quality and safety above all else.

### **Protecting patients through GMP and GDP**

The production and distribution of medicines is an intricate process and the MHRA requires manufacturers to conform to Good Manufacturing Practice (GMP) requirements to ensure product quality, safety and efficacy. Good Distribution Practice (GDP) requirements are also necessary to ensure that storage and transportation remain safe and compliant.

GMP demands a quality assurance (QA) system is built to guarantee quality at every stage of the manufacturing process. Tests, controls and checks must be conducted at defined intervals and require a close working relationship between the QA and production teams. GMP is especially important when producing bespoke special medicines, where the risk of error increases due to the unique nature and unlicensed status of each hand-made preparation.

GMP and GDP requirements can overlap. This is to guarantee product quality from the manufacturing stage through to the point where it is released from the site. GDP should be considered equally as important as GMP, and provides more detail specifically for warehouse operations.

Manufacturers of unlicensed medicines may also employ a Qualified Person (QP) to ensure that sufficient systems and controls are in place to provide a safe medicine that meets the customer's quality expectations. A QP could be involved in the supply chain from manufacture, importation, distribution, preparation and eventual handover to the patient, helping to keep GMP and GDP compliance in place at all times.

### **5 simple ways to assess your unlicensed medicine supplier**

1. Before you order, make sure to check the credentials and licenses of your supplier. It is also beneficial to review them on an ongoing basis
2. Your supplier should be MHRA approved. This means they will undergo regular inspections, often at short notice. This helps reassure you that they are safe and compliant
3. Specials manufacturers must comply with GMP. Check that these procedures are in place
4. A Wholesaler License is beneficial, as this will give you access to imported unlicensed medicines
5. The supply chain should have a named production manager, quality controller and QP in place. Wholesalers should assign a Responsible Person (RP). In GDP compliance, the RP should be continuously contactable and be aware of all GDP aspects in the warehouse

### **Your continued responsibility**

The hospital pharmacy team should ensure that both the patient (and carers), and any other healthcare professionals involved, understand the differences between the unlicensed medication and the usual



licensed pharmaceutical product. All involved must ensure that the patient's treatment is closely monitored and any associated adverse events are appropriately reported.

A key way to maintain patient safety and quality standards is to ensure the bespoke or imported unlicensed medicine you have sourced comes with the appropriate paperwork.

### Important documents

If a batch-made special is supplied, then a **certificate of analysis (CofA)** should accompany the order. The CofA confirms that a sample of the final product has been tested and levels of active ingredients have been retrospectively verified.

A CofA should:

- Confirm the laboratory / organisation issuing it
- Be authorised by a Qualified Person (QP) (i.e. Quality Assurance or Quality Control personnel) and include their signature
- Show the specific batch number that matches the medicine supplied
- Indicate exactly who performed the tests and the date
- State the specification against which the tests were performed
- Give the required test results and the actual results – a result in full or 'complies' may be shown

Bespoke specials, which are individual products produced as a one-off, should come with a **Certificate of Conformity (CofC)**. The CofC confirms that the final product conforms to the specification supplied by the pharmacy technician and should be signed by a suitably authorised person.

Bespoke specials also come with a batch number which is documented on the CofC which allows traceability back to the manufacturing record.

### Imported Unlicensed Medicines

Imported medicines are licensed for a defined therapeutic purpose in their country of origin and do not require a CofA. The Marketing Authorisation (MA) holder will supply the appropriate paperwork with the product, such as the Patient Information Leaflet (PIL) and Summary of Product Characteristics (SPC). The importing unlicensed medicine supplier should also provide the batch number and MHRA Import Licence number.

Products with non-English packaging, may be over-labelled by the supplier. Translated labelling and PILs help ensure the medicine is taken correctly by the patient.

The supplier must hold a Wholesaler Licence if the medicine is being imported from another European Union (EU) or European Economic Area (EEA) country, or an MS licence if importing from outside the EEA.

### Transmissible Spongiform Encephalopathies (TSE)

Measures are in place to minimise the risk of Transmissible Spongiform Encephalopathies (TSE) entering medicines for human use. Importers of certain unlicensed medicines must comply with the TSE guidelines, which are provided by the MHRA.

Medicines aren't supplied to pharmacies with any TSE documentation, but importers must ensure the manufacturer is compliant and keep records to that effect.

Many products are acceptable by default:

- Licensed products from within the EU / EEA
- Products manufactured and licensed in non-EU / EEA countries with relevant Mutual Recognition Agreements (MRAs) with the EU
- Products with statements of absence of TSE risk

Some products will require additional information if a manufacturer or supplier can't satisfy a total absence of TSE risk materials in the product. The importer would only proceed to import the product having carried out a full and detailed risk assessment.

### Patient Information Leaflet (PIL) and Summary of Product Characteristics (SPC)

Every licensed medicine (domestic or imported) must come with a PIL which is there to help the patient use it properly. The PIL is based on the SPC which is used by healthcare professionals.

The SPC contains the full information about the medicine, including conditions relating to its use, side effects and precautions.

SPCs include:

- The medicine's licensed indication
- Dosage and method of administration
- The pharmaceutical form

- Composition of active ingredient(s)
- Pharmacodynamic and pharmacokinetic properties
- Interactions, contra-indications and precautions for use

The PIL will be written in a way that makes it easier for the patient to understand why they are taking the medication, how to take it, what the possible side effects are and what to do if they have any concerns.

### Mutual Recognition Agreements (MRAs)

A MRA is an international agreement between two or more countries to accept each other's testing or certification (conformity) assessments.

MRAs allow EU member countries easier access to non-EU countries' conformity assessment bodies (CABs). The MRAs provide lists of laboratories, inspectorates and CABs in the respective countries. This enables each party to ensure they are importing / exporting products that are compliant with the requirements of the country in which they will be used.

MRAs contribute to quality assurance and patient safety in unlicensed medicines by providing clear information on compliance that helps to minimise risk. Importers of unlicensed medicines should prioritise products that comply most closely with EU requirements.

There are MRAs for EU countries importing from and exporting to Australia, Canada, New Zealand or Switzerland.

### Right treatment, right patient, right time

Care of patients is the pharmacy technician's first concern. Developing professional knowledge, maintaining competence and taking responsibility for your working practices allows you to ensure that you deliver the best standard of care to your patients and continue to make safe choices.

By taking the appropriate steps to demonstrate that the unlicensed preparations you supply meet all the relevant standards, you can safeguard your patients and protect your status as a trusted healthcare professional. Working with the prescriber and supplier to discuss all available options is also a sensible approach.

UL Medicines supplies bespoke and batch-made specials and imports to every NHS trust in the UK. Its team is working closely with ATPUK to provide training and guidance to pharmacy technicians to ensure they know

how to assess, procure and dispense unlicensed medicines in a timely, safe and compliant way.

For more information on CPD training materials on unlicensed medicines, contact [education.development@aptuk.org](mailto:education.development@aptuk.org)

### Useful resources

*Book: Hospital Pharmacy by Martin Stephens (2<sup>nd</sup> Edition, 2011), Pharmaceutical Press*

*Gov.uk – GMP and GDP (Last accessed 14/10/2016) - Online link: <https://www.gov.uk/guidance/good-manufacturing-practice-and-good-distribution-practice>*

*Guidance for Registered Pharmacists Preparing Unlicensed Medicines – GPhC May 2014 (Last accessed 14/10/2016) Online link: [http://www.pharmacyregulation.org/sites/default/files/guidance\\_for\\_registered\\_pharmacies\\_preparing\\_unlicensed\\_medicines\\_23\\_05\\_14.pdf](http://www.pharmacyregulation.org/sites/default/files/guidance_for_registered_pharmacies_preparing_unlicensed_medicines_23_05_14.pdf)*

*Handbook of Extemporaneous Preparation – A guide to pharmaceutical compounding (Last accessed 14/10/2016)*

[https://www.pharmacyregulation.org/sites/default/files/guidance\\_for\\_registered\\_pharmacies\\_preparing\\_unlicensed\\_medicines\\_23\\_05\\_14.pdf](https://www.pharmacyregulation.org/sites/default/files/guidance_for_registered_pharmacies_preparing_unlicensed_medicines_23_05_14.pdf)



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# Meet your new National Officers

Following the co-option process for the post of Media Officer (for period between the end of November 2016 until AGM 2017) Rebecca Major, Claire Mills and Samantha Murray have been co-opted by the Board of Directors of APTUK into the post of Media Officer as a job share.

I started my pharmacy career at the age of 15, working as a Saturday girl in a local Independent Pharmacy. Upon leaving school I decided to work full time and pursue a career in the pharmaceutical sector. On completion of my Medicines Counter Assistant Course I went on to take the NVQ2 Dispenser Course and then worked for an Internet Pharmacy and passed my NVQ3 Pharmacy Technician Course. After having 10 months out of work to have my little boy I then returned to Community Pharmacy but working a larger chain, here I completed my Accuracy Checking Course and became a leader. After much consideration, I decided to develop my knowledge and skills further and now work for a large NHS organisation in Projects and Programmes, during my time here I completed my AGILE Project Management Course and also became a Clinical Safety Officer. I am also working in a GP practice running schemes for the local CCG. I still provide locum cover as an Accuracy Checking Pharmacy Technician (ACPT).

I am currently attending Huddersfield University with the aim to complete the CPD for Pharmacy Technicians while continuing to develop my skills and also taking various online training courses including leadership skills.

While working in these various roles I have had the opportunity to develop myself, set goals and have a clear vision of where the Pharmacy Technician role can lead. It has also given me an opportunity to present at National training events, organise and deliver workshops and experience working with government and other professional bodies. I have even delivered lectures in Universities.

I have empowered myself and would like to see other technicians embracing their skills and moving the role forward.



**Rebecca Major MPharmT**  
Media Officer (Job Share)  
[media@aptuk.org](mailto:media@aptuk.org)

I have been a qualified pharmacy technician for 7 years and I currently work for The Royal Wolverhampton NHS Trust working as a Senior Pharmacy Technician for IT Services. I am an ACPT and an NVQ assessor. I have been an APTUK member for a few years now and I am delighted to have gained a post within the organisation as a media officer.

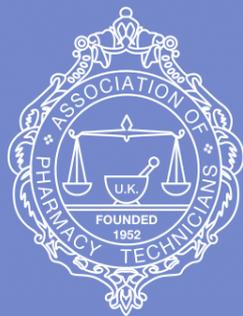


**Samantha Murray MPharmT**  
Media Officer (Job Share)  
[media@aptuk.org](mailto:media@aptuk.org)

I qualified as a pharmacy technician in community pharmacy in 2000, then moved to hospital pharmacy in 2004 initially as a rotational technician. I then worked as an extended role technician specialising in controlled drugs before gaining my current position as senior technician for training in 2014. I look after the student technicians & I am the lead assessor for their NVQ qualification. I also co-ordinate all new starters induction training. I am looking forward to working as a national officer & being involved in promoting APTUK to as many technicians as possible.



**Claire Mills MPharmT**  
Media Officer (Job Share)  
[media@aptuk.org](mailto:media@aptuk.org)



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Chair, Welsh Pharmacy Board, Wales

**Martin Astbury,**  
President, Royal Pharmacy Society, England

**Dr John MacAnaw,**  
Chair, Scottish Pharmacy Board, Scotland

**Duncan Rudkin,** GPhC

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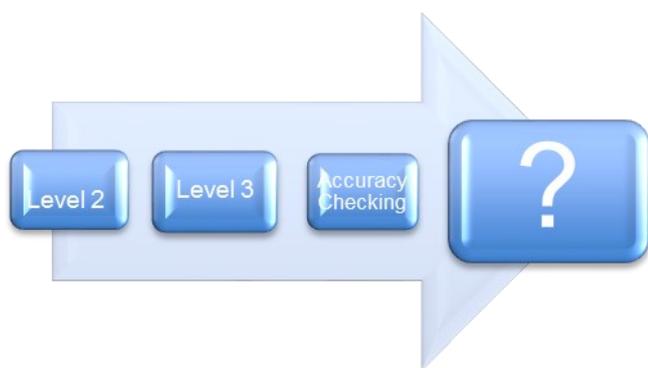
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# Inspiring the Future of Professional Development

The role of the pharmacy technician is evolving rapidly and as registered professionals we are heading to the forefront of clinical pharmacy practice. Now practicing as specialists in our own right, the question is, how do qualified pharmacy technicians continue with their professional development in higher education?



In September 2016, the number of GPhC registered pharmacy technicians was 23,205. (*GPhC information request, 20<sup>th</sup> September 2016*). Pharmacy technicians registered with the GPhC, practice in varying sectors, including primary and secondary care, community pharmacy, specialist pharmacy services and education.

The GPhC is currently reviewing the education standards of pharmacy technicians to ensure that pharmacy education and training is developed in line with the rapid progression of pharmacy practice (*Centre for Pharmacy Workforce Studies, The quality of pharmacy technician education and training A report to the General Pharmaceutical Council (2014)*<sup>1</sup>). The Centre for Pharmacy Workforce Issues at the University of Manchester were commissioned to undertake a quality review of pharmacy technician education and training. Following on from this review, pharmacy technicians eagerly await the outcome of the consultation, due in 2017.

To enable the role of the pharmacy technician to evolve in its own right, it is essential the training undertaken is appropriate to service requirements. Clinical pharmacy practice is also progressing rapidly for both the pharmacist and the pharmacy technician. In recent years, the up growth of medicines management/ optimization and pharmacy clinical services across all sectors, has seen pharmacy technicians taking on more responsibility in a clinical capacity.

The CPPE (*Centre for Pharmacy Postgraduate Education, online*<sup>2</sup>) currently offers excellent further education for

qualified pharmacy technicians and I would encourage the use of such tools in maintaining continued professional development. Current expressions of interest for higher apprenticeships in clinical pharmacy skills, are on the horizon. This could potentially be an exciting development in the higher education of pharmacy technicians.

Whilst we eagerly await the outcome of the GPhC standards review for the training and education of pharmacy technicians, it is important to network across the profession to identify educational opportunities currently available.

Recently appointed as the Pharmacy Professional Development lead at Bradford College, I was excited to be at the forefront of supporting pharmacy technicians to expand their clinical skills. The BTEC Level 4 Professional Diploma in Pharmacy Clinical Services is a unique qualification, available to GPhC registered pharmacy technicians across the UK and Ireland. This professional development opportunity revolutionises the future of pharmacy technician CPD and provides key skills required as we move forward into more clinical roles. As an education provider, Bradford College Vocational Science Team plan to work alongside the CPPE and GPhC to understand how to develop our own role in the future of pharmacy technician education.

The BTEC Level 4 Professional Diploma in Clinical Services has been approved for delivery at Bradford College since June 2012. It is the only BTEC programme in the UK, offering an academically recognised award in pharmacy clinical services for the Pharmacy Technician.

The provision of e-portfolios and the delivery of blending learning teaching methods, provides a flexible, convenient and accessible way for pharmacy technicians to undertake their qualification. It allows learners to take an active role in their own development and remain in their workplace whilst studying. Students are not required to attend Bradford College and will be supported by their Bradford College course tutor and their workplace mentor, nominated on enrolment.

Flexible payments options are available for self-funding students and Trusts supporting their pharmacy technicians to undertake the Diploma. At Bradford College the option to undertake the therapeutic unit only is also available. The Professional Diploma is delivered over 2 years for the full qualification and 12-18 months for the single entry therapeutic unit.

My professional development journey began in community pharmacy 13 years ago, undertaking a role as an ACT and in pharmacy retail management. I then progressed onto Bolton Primary Care, CCG. From here I continued to another unique service provider, offering Primary Care services to care home residents across Salford. During my time at the Care Homes Medical Practice, I was able to gain extensive experience across both primary and secondary care and support with the education of clinicians and care home teams.

A key element within this role was the provision of education and supporting the pharmacist in clinical pharmacy practice. Due to the specification of the role, I enrolled on the BTEC Level 4 Professional Diploma in Pharmacy Clinical Services to develop my clinical pharmacy skills further. The College provided me with incredible support throughout the course, including access to online resources, reading materials and tutor support. This is essential in ensuring the student has an accessible distant learning programme. Having undertaken the Diploma, I can confidently demonstrate the positive outcome on professional clinical practice the Diploma delivers. The programme provides flexible, higher education and is adapted to suit pharmacy technicians from all sectors of pharmacy practice. Bradford College aims to support all students, across the UK to ensure the enrolment, participation and certification processes remain as accessible as possible.

I completed the Diploma in the summer of 2016 and within 3 months I was the pharmacy professional development lead for the programme. Once I had finished the Diploma, I was so excited at the potential opportunities out there for pharmacy technicians, the role of pharmacy professional development lead became available. This has been an exciting and interesting transition from primary care to education and I am enjoying all aspects of my new role.

The BTEC Level 4 Professional Diploma has opened the door to an incredible opportunity for me and I envisage it has the potential to support other pharmacy

technicians in their individual career progression. Whilst leading and supporting my peers as the course tutor for the Diploma, it has identified some of the key roles pharmacy technicians are now undertaking. Some of which are ultimately essential for delivering pharmacy services and improving patient outcomes. The possibilities for the future of the pharmacy technician is endless and as we move forward into more clinical roles, this unique professional development qualification cements the gap in the educational market for the continued professional development of qualified pharmacy technicians.

My primary aim is supporting pharmacy technicians with their CPD to improve patient outcomes through the delivery of exceptional teaching, inspirational leadership and pharmaceutical education appropriate to service requirements. I am honored to be a part of this exciting evolution of pharmacy technician development and look forward to working with future BTEC Level 4 Professional Diploma pharmacy technicians; supporting them in their professional development.

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# Countdown to Christmas with the FakeMeds Advent Calendar

The Medicines & Healthcare products Regulatory Agency (MHRA) are revealing a different fact about the issue of fake and unlicensed medical products every day in December leading up to Christmas.

The MHRA have created the FakeMeds advent calendar this December to tie in with their ongoing campaign to raise awareness of the risks of fake and unlicensed medical products sold online.

A new festive animation is being posted every day on the calendar, which you can view [here](#) and across MHRA's social media channels ([Twitter](#), [Facebook](#)).

Behind each door are Christmas-themed messages about the kinds of products MHRA seize, warnings about potential health risks, or advice on how to buy safely and report suspected fakes.

The 3 year [FakeMeds campaign](#) launched in August 2016 with a focus on fake and unlicensed diet pills. MHRA remove thousands of potentially deadly unlicensed slimming medicines from the black market every year.

MHRA has closed down over 5000 websites in 2016 for selling medical products illegally. We continue to target scam sites and criminal gangs.

Future phases of the campaign will focus on other products such as condoms and STI self-test kits, and a new website is planned for early 2017 with detailed consumer information about the issue.

MHRA Senior Policy Manager Lynda Scammell said: "The FakeMeds advent calendar is a seasonal way of drawing attention to the different aspects of falsified medicines.

"Anything like this that gets the message across in an engaging way is vital to help raise awareness."

You can view a short video with celebrity Doctor Radha Modgil to explain the FakeMeds campaign for day seven, [here](#).



 Medicines & Healthcare products  
Regulatory Agency



**To report suspected FakeMeds or websites you believe  
are selling medical products illegally, call the  
counterfeit hotline  
020 3080 6701  
Or email: [counterfeit@mhra.gsi.gov.uk](mailto:counterfeit@mhra.gsi.gov.uk)**

Originally published on [GOV.UK](#)

# Professionalism Under Pressure:

## GPhC Event Report

On the 18<sup>th</sup> October 2016 the General Pharmaceutical Council (GPhC) held a seminar to explore a greater understanding of issues relating to workplace pressures within pharmacy and in other parts of healthcare. Over 60 delegates attended including the President of APTUK and leaders from organisations, both within and outside pharmacy, along with individual pharmacy professionals with a range of various roles.

Nigel Clarke, Chair of the GPhC, in his opening remarks, noted that the pressures some pharmacy professionals are facing in their roles in all pharmacy sectors are complex and long standing. He also indicated that these pressures are not limited to just pharmacy and to better understand these issues requires a full picture of the concerns. He asked delegates present to start the challenging conversations and give feedback to the GPhC so that engagement could start to empower pharmacy professionals to put the interests of the public and patients above all else. Professor Nairn Wilson CBE, Event Chair, supported this message and voiced that no one organisation can tackle the issues alone. Through his Dentistry professional background Professor Wilson indicated that his interest in the tensions between professionalism and commercialism across the healthcare provision crosses professional boundaries.

The seminar's keynote address from Professor Michael West, Head of Thought Leadership, The King's Fund: Nurturing cultures of high-quality and compassionate care, provided an excellent insight into the current stress levels that NHS staff have reported through the NHS staff survey. He indicated that the survey's analysis shows there is a clear relationship with staffs workplace experience and what patients say about their care. Where staff report high levels of stress, the indicators used by the Care Quality Commission show poorer care quality and worse financial performance. The presentation focused on how creating cultures, leaders and teams can help to deliver high-quality, continually improving and compassionate care. He concluded by

asking organisations in pharmacy and across health to focus on giving their staff skills in quality improvement, and the time, resources and culture in which to innovate and improve care.

The presentation by Hugh Simpson, Director of Strategy at the GPhC, highlighted how important it is for the GPhC to understand and action the issues that are giving rise to 'Professionalism under Pressure'. He explained that the key focus for work going forward will be to improve the understanding of what quality looks like within pharmacy, and how the GPhC can measure and test that through its regulatory activity.

Following the events workshops that asked delegates to reflect on what organisations should do, or stop doing, to support individuals in delivering their professional obligations within a range of different pressures, the chief executive of the GPhC, Duncan Rudkin, gave his closing remarks. Duncan began by saying that individual health professionals and teams will always carry a big responsibility for ensuring that their actions are directed towards the best interests and well-being of



the people they are serving. He emphasised that the need for a change of culture to better support professionals to uphold their professionalism is of utmost importance. He also said that it is the responsibility of others such as leadership organisations, pharmacy owners and corporate boards, and those who commission and negotiate community pharmacy services, alongside the regulator, to help achieve this change.

Commenting on the events report, APTUK President, Tess Fenn said

"This excellent seminar allowed the pharmacy profession to stop for a moment and reflect on the pressures that the whole pharmacy team face which ever sector they work in. The demand for pharmacy services within the current pace of change, the healthcare needs of an



increasing population and the prevalence of patients with long term conditions all present challenges. With more than 50% of NHS staff reporting that they are unable to manage competing demands on their work time, 40% reporting being unwell due to debilitating levels of stress and with only 4 in 10 indicating they are satisfied with the care they deliver, it is clear that underlying culture and leadership issues need to be addressed. Professor West voiced that the system is damaging the health and wellbeing of those that society asks to care for the health of others.

The seminar provided a forum to start the discussions on how we might together as a profession, address these issues whilst ensuring that putting patients first above all else and their safety is at the heart of services we deliver. Duncan Rudkin's summary remarks touched upon appropriate pharmacy staffing within the current fiscal environment. He indicated that the GPhC's inspection process going forwards will ensure that pharmacy owners are upholding the staff levels needed for delivery of their services, adhering to the GPhC pharmacy premise standards and upholding the 'Standards for Public Life'.

APTUK believes that this includes having the right staff with the right qualifications, the right competence and the correct level of responsibility for the specific service that is being delivered. Pharmacy Technicians are registered and regulated healthcare professionals in their own right with a fully protected title in law. APTUK's values and associated behaviours are concerned with putting pharmacy technicians, the pharmacy technician profession and patients at the heart of everything we do. To do this we are committed to working with all pharmacy organisations and policy makers to ensure that with 'positive emotion' we can be an integral part of the pharmacy team, working together, to deliver compassionate patient centre care. We are committed to supporting our members individually and collectively and look forward to the next steps. I recommend that all pharmacy professionals read the full report to raise awareness and taking these discussions forwards"

For the full report click [here](#)

## Pharmacy funding cuts and their impact in the community pharmacy: an inside view from a community pharmacy technician

Jean Bennett is a highly-experienced community pharmacy technician responsible for the day to day management of Sharoe Green Pharmacy, Jean has a passion for developing her staff to deliver the best possible outcomes for patients and training the future pharmacy workforce through her role as an NVQ assessor at SKILLs4Pharmacy.

**PTJ:** *As you are aware the government has announced that community pharmacy will be having its annual budget cut over the next coming years. To what extent do you see this impacting your role?*

**JB:** *The decision to cut funding for community pharmacies will have a huge effect on the role of all pharmacy staff.*

*I have been a pharmacy technician for 40 years and have seen many changes over the years. When I first started in pharmacy, staff did not need to be qualified but could just 'learn on the job' I opted to go to college and train as a pharmacy technician and have never looked back. I later went on to become an ACT, a role which did not exist in my earlier days as a technician and was a very exciting development which gave me a much more responsible role. In all the years I have been a technician pharmacy has been moving forwards and improving in every way from training and development to patient safety. This is probably the first time that I have felt we are taking a backward move and it will be the most far reaching*

change I have seen in all that time as the smaller, less profitable community pharmacies will inevitably close. This means that people will lose their jobs across the country and this in itself will affect other pharmacies too as more people will apply for job vacancies and wage rates may fall. I feel that locum pharmacists will suffer badly as their pay rates are variable already according to demand. Even though at the moment there could be more pharmacies than necessary in some areas, any closures will mean added pressure for the remaining pharmacy staff as it has to be remembered that even the ones who remain will have had severe funding cuts too. The problem here could be that as experienced staff leave, they may not be replaced leaving less experienced 'cheaper' staff in the remaining pharmacies.

**PTJ: How did your pharmacy feel about these cuts and to what extent are community pharmacies worried?**

**JB:** Our pharmacy has been put under an incredible amount of pressure as no-one knows exactly how the cuts will affect us and so it is quite hard to adapt at this stage. All the local pharmacies are in the same position and there is a collective sense of panic regarding the cuts – Nobody seems to know how to deal with the problem.

**PTJ: What will be the impact to patients at a local level?**

**JB:** I think that patients may see a less experienced workforce which would be disastrous for the reputation of pharmacy. If some pharmacies can only remain in business by cutting their wage bill this outcome will be inevitable.

**PTJ: How do you think this will shape the future employment of pharmacy technicians in community pharmacy?**

**JB:** Quite often at present you will find more than one pharmacy technician in a pharmacy but the cuts could mean this is not an option. The responsibilities on technicians is now greater than ever before, so reducing their numbers and replacing with apprentices and trainees could mean patient safety could be compromised.

**PTJ: Do you feel we need to be doing more to promote the role of pharmacy technicians in community pharmacy to safeguard our role?**

**JB:** Absolutely yes, and this may be the right time to highlight the important role of the pharmacy technician. The long-term prospects are worrying as the available funds for wages may mean only basic dispensers will be employed and even though they will gain lots of experience within the pharmacy will be held back from training to become a technician so they cannot demand a higher wage. I think the public are probably largely unaware of the expertise of many pharmacy technicians.

**PTJ: Does more need to be done now to better enable our community pharmacy technicians to adapt to these changes and how would you like to see this happening? i.e. through national education and training needs, in house accreditation.**

**JB:** I think we have no choice but to adapt at this time. In fact the only way forward is to face the future with optimism and decide what we can do, collectively and individually to survive and prosper. I personally have spoken to our pharmacy team with regards to each member of the team 'specialising' in certain areas of patient care. This will mean we can offer a more personal service to customers who can come into the pharmacy and ask for a specific person. Just imagine that you have an embarrassing problem and find it hard to talk about and don't feel you can consult a doctor, or cannot get an appointment at the surgery.

If we introduce the team individually on our TV and on posters around the pharmacy and explain to customers which person to speak to regarding certain ailments or issues this will mean they can come to the pharmacy and ask for us by name. Knowing that person deals with their particular issue on a regular basis would make it much less intimidating to be able to speak about their problem.

Pharmacy technicians would be able to train in all kinds of areas to be able to offer a much more



accessible and rewarding service to customers. This could cover things such as anxiety, bullying, alcohol problems, embarrassing ailments, family members with dementia.

**PTJ:** Do your patients know what a pharmacy technician does within the community pharmacy and do we need to be doing more to promote ourselves and value to the public?

**JB:** I don't think that customers are aware of the extent of training a pharmacy technician has had and the constant updating of their knowledge which takes place. We should be more vocal about our abilities and this may give people the confidence in us to provide a more substantial counselling service as I previously suggested. Whatever happens, we have to pull together as a profession and face the future in a positive frame of mind as this is our best hope of overcoming what is a potentially disastrous situation.



**PTJ would like to thank Jean for sharing her insight, views and positive outlook on the pharmacy cuts.**



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## Branch Day Report

APTUK Branch day took place on Saturday 12<sup>th</sup> November in Birmingham at the Ibis Hotel and conference centre.

The aim of the APTUK branch days is to provide a networking and support platform for all of our APTUK branches. This is also a good opportunity for new branches to attend and find out how branches are run, and how they form and progress. This participation from branches helps shape the model for how APTUK is run and its evolution and success.

This day was well attended with 16 branch representatives being present. There were branch delegates from Aberdeen, Cornwall, Kent, Liverpool, London, North Cheshire, Swindon and Yorkshire – and four of these branches were new branches!

Branch day commenced with a warm welcome and update from our APTUK president Tess Fenn. Tess gave the branches and insightful overview of the amount of work APTUK is involved in and current progression of APTUK. There were also updates from each APTUK work stream (Admin, Education and Communications) and this included the Treasurers report. This update was important for the branches to heed so they could understand the progression of APTUK and feedback this information to branch members. APTUK branches play a crucial role in cascading information down to our members and this is something we, as branch liaison officers are keen to improve and expand as well as improving feedback from branches to APTUK.

Representatives from the 2016 Branch of Year award winners Kent branch; Lynn Gallagher and Susan Jones gave an inspirational talk on how the branch was formed and then progressed to become branch of the year. Lynn and Susan are two very enthusiastic branch committee members who put so much effort into the running of the Kent Branch and it was beneficial they could share their experiences and inspiration with the new branches.

Andy Trouton, from UL Medicines kindly came and supported Branch day by performing a presentation about unlicensed medicines with the aim that this could be used as an educational topic for branches. This was a really interesting topic and with some branches eager for UL medicines to come to their branch and present on this subject. UL Medicines are keen to support APTUK and APTUK branches with both sponsorship, educational topics and CPD support. Watch this space!

The rest of the day was spent sharing ideas about branch topics and also trying to find out how APTUK could support branches and improve the branch network. Some brilliant ideas came out of this workshop including future health campaigns, resources and funding to get new branches up and running. We also discussed how branches should be run and what requirements were needed to ensure branches are complying with APTUK standards and articles.

The feedback from branch day was really positive and the new branches found this day useful in supporting them to make the next step and hold their first branch meeting. I know there have been some success stories already with Yorkshire branch holding their first meeting on 28/11/16 and the Liverpool branch will be holding their first meeting on the 19<sup>th</sup> January 2017.

My self and Emma would strongly encourage pharmacy technicians to join their local APTUK branch and take advantage of the opportunities to develop and share best practice in the profession. There is an up to date list of branches and branch events on the aptuk.org website. If there are no branches located near you, why not launch your own APTUK branch? If you are interested in running or helping run a branch and have the time and commitment please contact Kate Postle or Emma Walk for further information.

The next branch day will be on the 12<sup>th</sup> March 2017. Keep an eye on the website for more details.



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**Emma Walker MPharmT**  
Branch Liaison Officers  
[Branches@aptuk.org](mailto:Branches@aptuk.org)



## APTUK CPD Facebook Page

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

The group has been created to share CPD opportunities for APTUK members. 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 wish to be added to the APTUKCPD Group please search for the group on Facebook using 'APTUKCPD' and click on 'Join Group'

Happy recording!



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# Ten Weight Loss Myths

So much is said about losing weight that it can be hard to sort fact from fiction. Here's the truth about 10 common weight loss myths.

## 1. A radical exercise regime is the only way to lose weight

Not true. Successful weight loss involves making small changes that you can stick to for a long time. That means being more physically active in your daily routine. Adults should get at least [150 minutes of physical activity](#) – such as fast walking or cycling – every week, and those who are overweight are likely to need more than this to lose weight. To lose weight, you need to burn more calories than you consume. This can be achieved by eating less, moving more or, best of all, a combination of both. [Try the 12-week NHS weight loss plan](#).

## 2. Healthier foods are more expensive

It may seem that healthier foods are more expensive than their healthier alternatives. However, if you try replacing ingredients with healthier alternatives, you'll probably find your meals will work out costing less. For example, choosing cheaper cuts of meat and mixing it with cheaper alternatives such as beans, pulses and frozen veg will make it go further in casseroles or stir-fries. Learn more about [eating well for less](#).

## 3. Carbs make you put on weight

Eaten in the right quantities and as part of a balanced diet, carbohydrates will not, on their own (i.e. without butter, creamy sauces, etc. added to them) lead to weight gain. Eat whole grain and wholemeal carbohydrates such as brown rice and wholemeal bread, and potatoes with the skins on to increase your intake of fibre and don't fry starchy foods when trying to lose weight. Learn more in [starchy foods](#).

## 4. Starving myself is the best way to lose weight

Crash diets are unlikely to result in long-term weight loss. In fact, they can sometimes lead to longer term weight gain. The main problem is that this type of diet is too hard to maintain. You may also be missing out on essential nutrients as crash diets can be limited in the variety of food consumed. Your body will be low on energy, and may cause you to crave high-fat and high-sugar foods. This can lead to eating those foods and more calories than you need, causing weight gain. Learn more about [a healthy diet and how to lose weight sensibly](#).

## 5. Some foods speed up your metabolism

Metabolism describes all the chemical processes that go on continuously inside the body to keep you alive and your organs functioning normally, such as breathing, repairing cells and digesting food. These processes need energy and the amount of energy required varies between individuals depending on factors such as body size, age, gender and genes.

It is claimed that certain foods and drinks can increase your metabolism by helping the body to burn more calories and aid weight loss. There is little scientific evidence for this. Beware that some of these products may contain high levels of caffeine and sugar. To lose weight you need to burn more calories than you consume. [Try these tips to get more active](#).

## 6. All slimming pills are safe to use for weight loss

Not all slimming tablets are effective or safe to use to lose weight. There are a number of prescribed medicines available from your GP for weight loss. There are also other un-prescribed, unlicensed weight loss products available on the market which may contain ingredients that are harmful to health. If you are concerned about your weight, consult your GP or another healthcare professional.

### 7. Foods labelled 'low fat' or 'reduced fat' are always a healthy choice

Be cautious. Foods labelled "low fat" have to contain no more than a specific amount of fat to legally use that label. If a food is labelled as "low-fat" or "reduced fat", it should contain less fat than the full-fat version, but that doesn't automatically make it a healthy choice: Check the label to see how much fat it contains. Some low-fat foods may also contain high levels of sugar. Learn more in [Fat: the facts](#).



### 8. Cutting out all snacks can help you lose weight

Snacking isn't the problem when trying to lose weight: it's the type of snack. Many people need a snack in-between meals to maintain energy levels, especially if they have an active lifestyle. Choose fruit or vegetables instead of crisps, chocolate and other snacks that are high in sugar, salt and fat. Try these [healthy food swaps](#).

### 9. Drinking water helps you lose weight

Water does not cause you to lose weight, but it does keep you hydrated and might help you snack less. Water is essential for good health and wellbeing. Sometimes thirst can be mistaken for hunger – if you're thirsty you may snack more. Learn more in [water and drinks](#).

### 10. Skipping meals is a good way to lose weight

Skipping meals is not a good idea. To lose weight and keep it off, you have to reduce the amount of calories you consume and increase the calories you burn through exercise. But skipping meals altogether can result in tiredness and may mean you miss out on essential nutrients. You will also be more likely to snack on high-fat and high-sugar foods, which could result in weight gain. Check these [12 must-do weight loss steps](#).

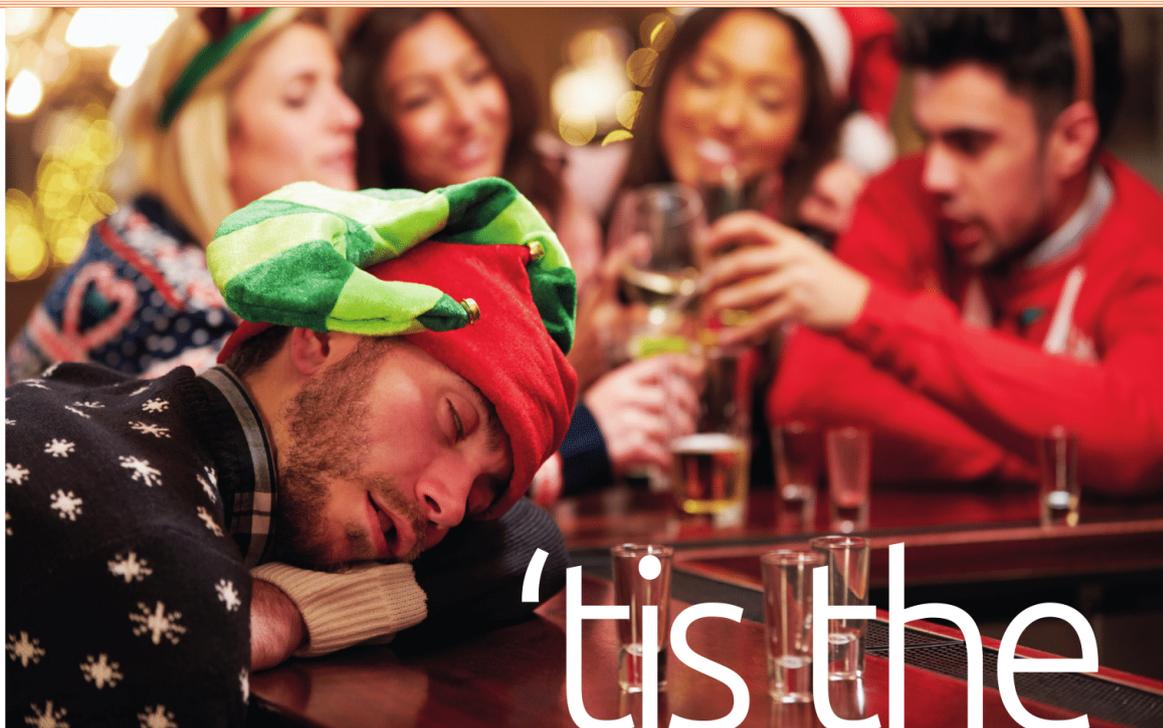
Article from [NHS Livewell](#)

**Don't put it off -  
get the flu jab now**

**NHS**

Richard Pile, GP

**STAY WELL  
THIS WINTER**



# 'tis the season

The festive season is a time of indulgence, but what impact does this have on people's health? **Asha Fowells** finds out more

**Ah, Christmas...** A time to snuggle up in front of a roaring fire (or television) with friends and family and culinary delights. But it is all too easy for indulgence to tip over into excess, and that is where problems can begin. In some cases, the issue is painful but transient – a hangover from the office party, for example, or indigestion caused by too much rich food – but in others, the effects can run a little deeper: the flirtation that unexpectedly went much further, for instance.

In many cases, the pharmacy will often be the first port of call for product recommendations and advice. And given how busy pharmacies are at this time of year – the stampede of customers wanting prescriptions dispensed ahead of schedule is the sector's very own Christmas tradition, after all – staff members need to be prepared for the influx of enquiries that will come their way.

### Food issues

For many people, the run up to Christmas and the day itself are the perfect excuse to eat rich, calorific foods. Abi Butler, group brand manager for the gastrointestinal and allergy categories at Bayer Consumer Health, says that this means it is a key time of year for heartburn and indigestion. She explains: "The conditions may strike at any point and while some sufferers may experience mild discomfort that lasts just a few minutes, for others this can lead to severe pain, sometimes accompanied by nausea and vomiting lasting for several hours. Sleepless nights can also affect sufferers as lying flat can increase the pain."

The wide range of indigestion remedies on offer means the category can be confusing to shop, and research conducted by Nielsen indicates that while tablets outsell liquids by more than two to one, many people are prioritising finding a solution that works for them over brand or format loyalty. With so many classes of treatment on offer, Abi says: "It is important for pharmacy staff to recognise and understand their suitability."

Self help measures can make a huge difference to symptoms, Abi adds, suggesting that pharmacy teams pass on the following advice:

- Work with gravity by not lying down within three hours of eating as this is when acid production is at its peak
- Sleep well by elevating the head to stop stomach acid rising to the chest and causing reflux

- Lighten up by keeping weight within healthy parameters to avoid undue pressure being exerted on the stomach, which can force open the lower oesophageal valve and cause reflux
- Be food smart by avoiding fatty items that can cause the lower oesophageal sphincter muscle to relax when it shouldn't, and steer clear of caffeinated and carbonated beverages, alcohol and spicy foods, all of which stimulate acid production and can lead to heartburn.

There are certain symptoms that warrant referral to the pharmacist. These include trouble swallowing or breathing; blood in the stools or vomit; persistent or increasingly frequent symptoms; resistance to OTC treatments; pregnant women; children; pain that radiates into the arm or chest or is worse when exercising, and anyone aged over 55 years who has unexplained weight loss in addition to symptoms of indigestion. Individuals who are on medication should also be seen by the pharmacist.

Michelle Dyoss, public health practitioner at Dudley Metropolitan Borough Council, points out that quantity of food as well as quality can be an issue: "On average, we consume 7,000 calories on Christmas day. You'd have to run at a 10 minute pace [per mile] for nine hours to burn off all that! But small changes can make a big difference, for example, making your own stuffing, filling up on more vegetables and avoiding turkey skin." She also advocates mitigating the calorie overload with exercise, regardless of the inclement weather: "Keep moving – wrap up warm and go for a walk before dinner."

### The demon drink

It isn't just food that can cause the pounds to pile on: the alcohol that seems to flow freely at this time of year hides calories aplenty. As Michelle points out: "A large glass of wine can contain over 200 calories."

This message can be tied in with the safe drinking campaigns that frequently run in the build up to Christmas and culminate with the Dry January initiative that has really taken off in recent years, says Michelle. "A display of different alcoholic drinks each marked with their respective calorie content and alcohol units can have a real impact and provide a starting point for conversations on the topic."



"On average,  
we consume  
7,000 calories on  
Christmas day"



## SEASONAL AILMENTS & OVERINDULGENCE

Going for a walk before or after Christmas dinner can help to offset the extra calories



According to Michelle, the messages that pharmacy staff should try to convey when talking to customers about alcohol are:

- Think about the size and strength of drinks – cutting down on the alcohol percentage and using measures makes a difference
  - Reduce alcohol intake when socialising by taking out less cash and alternating alcoholic and soft drinks
  - Stay in control by eating a healthy meal before drinking
  - The more alcohol drunk, the greater the risk to health – alcohol is third only to smoking and obesity in terms of lifestyle risk factors for disease and death in the UK
  - Men and women should stick to a maximum of 14 units a week, making sure those units are spread evenly over the week with a number of alcohol-free days.
- The last point is particularly topical as the guidelines on safe drinking changed this year – the first update in over 20 years. A document published by the four UK chief medical officers divided the adverse effects of drinking alcohol into two categories: short-term risks such as injuries and accidents (sometimes fatal) linked to binge drinking, and the long-term risks of developing a range of illnesses including certain cancers, stroke, heart disease, liver problems and damage to the brain and nervous system.

### Staying safe

Drinking can, on occasion, lead to people doing things that they wouldn't do when sober, and this is an area in which pharmacy staff can have a significant impact. The provision of emergency hormonal contraception (EHC) through pharmacies is now well established in the public's consciousness, but more publicity never goes amiss, says the FPA's Paul Casey.

Paul, who is head of programmes and training at the sexual health charity, says: "Signs advertising the availability of emergency contraception can be quite small and hidden away, but giving them more prominence is a great way of signalling to people – without actually having to say anything – that this is a place where they can talk or think about their sexual health, whether or not that was the original intention of their visit to the pharmacy."

He continues: "There is a real need to promote different emergency contraception options. Because EHC is often known as the morning-after pill, many people still don't realise that the window for taking it is much longer – up to five days for EllaOne or having an intrauterine device fitted – and it is important that pharmacies provide signposting for these options as well as promoting the more widely available and better known Levonelle." Information could be added to the window sign, advising the public where to seek urgent medical help and get prescriptions dispensed when the pharmacy is closed, he suggests.

Paul also encourages pharmacy staff to take any opportunity to raise the topic of sexual health and contraception: "If someone you have noticed looking at condoms comes to the till to buy something completely unrelated, you could ask if they found what they were looking for. Or you might hear someone talking to a friend as they walk in, and you could say 'I overheard you talking about something you might need – could I help?' Even simply saying hello when a customer makes a purchase acts as an invitation for a conversation."

Similarly, dispensing prescriptions provides an opening, he says, suggesting that staff ask if women have enough oral contraceptive to cover the festive period, or have an appointment to renew their long-acting reversible contraceptive method if it is due to run out. Such interactions provide a way of talking about sexually transmitted infections and safe sex, Paul explains.

### Make your advice count

At such a busy time of year, it isn't always possible for staff to spend as much time with each customer as they would like to, so it is vital to find other ways of supplying information. Helen Parton, trainee assistant manager at Boots Newark Northgate branch and winner of two *TM* Recognition of Excellence Awards, says this is where merchandising and displays come in.

"There are so many categories that are important at this time

of year that you need to give careful thought to how they are going to be displayed, otherwise there is a real danger that the shop floor will end up looking cluttered and confusing," she says. Helen adds that putting prompts on point of sale material can be very effective – for example, by signposting flu vaccinations on the cold and flu fixture.

"The fact that the counter and dispensary are really busy is actually an opportunity to have lots of meaningful consultations," she continues. "You don't want to bombard people with too much information, but you do want to make what you say count. That's the difference that can mean people come to the pharmacy in the future when they could buy the same thing in a petrol station or supermarket, and gives another opportunity to make an intervention that could make a real difference." **tm**

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“There is a real need to promote different emergency contraception options”

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# New approach agreed for how CPD records are called for review

The GPhC has agreed a change to the CPD framework to reflect a new approach to how CPD records will be called for review.

From now on, a random sample (a minimum of 2.5%) of pharmacy professionals will have their CPD records called for review on an annual basis.

The GPhC carefully considered all of the feedback they received through the consultation they held earlier this year. Over 2,200 individuals and organisations responded, the most responses they have ever received to a consultation, and they were encouraged by the very positive reactions to our proposals.

The GPhC will also extend the amount of time a registrant is exempt from having their CPD records called after successfully meeting CPD requirements from one year to two. This is in response to feedback from some respondents who suggested this change in order to reduce the potential burden on pharmacy professionals.

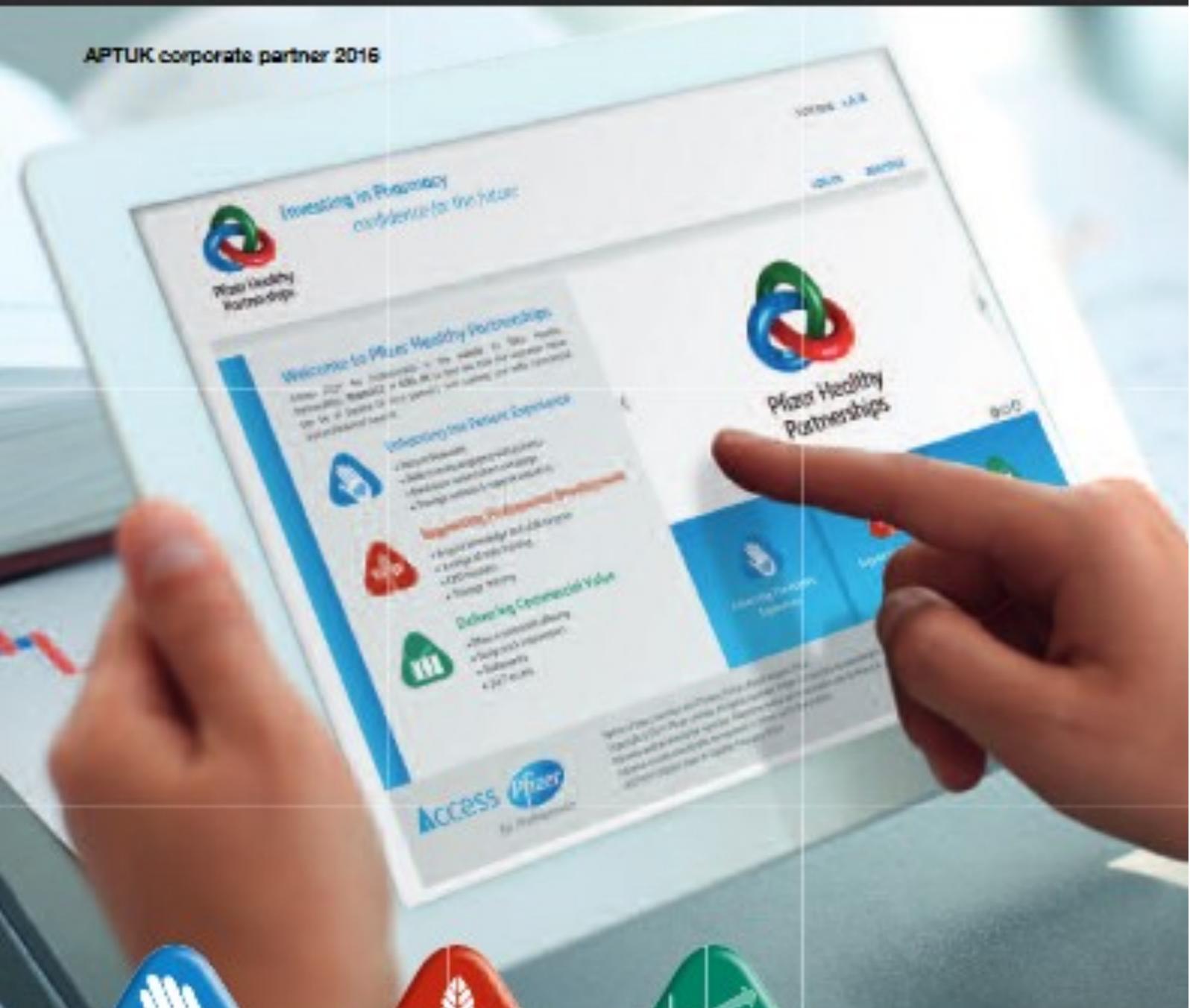
CPD remains a core professional responsibility and registrants are expected to continue to demonstrate their professionalism by reflecting regularly on learning and development activities and recording a minimum of nine CPD entries per year which reflect the context and scope of their practice.



**Mary Carter MPharmT**

CPD Officer, APTUK

[cpd@aptuk.org](mailto:cpd@aptuk.org)



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# Upcoming Branch Educational Sessions

## Swindon Branch

**Wed 8th Feb 2017 at 7pm**

Holiday Inn, Coate Water, Swindon SN3 6AQ

Buffet Included

The theme of the evening will be:

**Vitamin D deficiency and  
Osteoporosis**

The meeting will be supported by a guest speaker.

The Branch AGM will also be held as part of the meeting.

All Pharmacy Technicians, Pre-registration Trainee Pharmacy Technicians, Pharmacy Assistants and Dispensers welcome.

£1.50 for APTUK members

£2 for non members

For more information and to confirm your attendance, please contact:

Anna Hazelden (Branch Chair)  
anna.hazelden@hotmail.com

Graham Brown (Branch Secretary)  
grbrown18@icloud.com

## Association of Pharmacy Technicians UK London Branch

**Initial Education & Training Standards for  
Pharmacy Technician's Consultation**

Wednesday, 8th February 2017

Session starts at 6.30pm

Venue: The Hospital for Tropical Diseases

Come along to this interactive session, and help feedback into the central APTUK response, as well as find out more information to help you respond as an individual.

The Branch AGM will also be held as part of the meeting.

To register your place, please email:

[aptuklondon@gmail.com](mailto:aptuklondon@gmail.com)

Or tweet us [@APTUKLnd](https://twitter.com/APTUKLnd)



## North Mersey Branch

The first meeting of the newly formed North Mersey Branch is scheduled for 19th January 2017.

The topic is "Progression and future of a pharmacy technician". More details will follow shortly.

Keep your eyes open [here](#) or on twitter

[@NorthMerseyAPT](https://twitter.com/NorthMerseyAPT)

If you are interested in starting a branch, please contact our Branch Liaison Officer's via email [branches@aptuk.org](mailto:branches@aptuk.org)

Branch Education sessions can all be found [here](#), they are regularly kept up to date.



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