

# P T J

Journal of the Association  
of Pharmacy Technicians  
United Kingdom



## How did you celebrate Rx Tech Day?

- Rebalancing update
- Covert medication
- Community education & training





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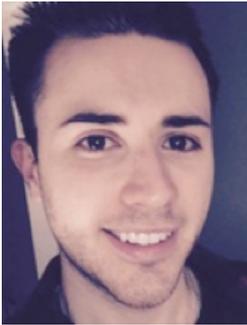
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**JOSH TAYLOR MAPharmT – Editor**  
[editor@aptuk.org](mailto:editor@aptuk.org)

# Where did this year go!

**It feels like only yesterday I was planning annual leave requests for my team in preparation for the summer holidays, and now it's 2018 and time to do it all again!**

After eight months in my latest role as store manager for an outsourced outpatient pharmacy, I feel like I have found my feet and I'm no longer the newbie wondering what I'm doing here. Although at times it has been stressful, effectively working for two different organisations, I have to say that I have thoroughly enjoyed being based in a hospital setting and the rewards gained through improving patient experience are an excellent source of job satisfaction. One way I'm looking to improve patient experience is by developing an inhaler technique service to asthma and COPD patients, through my specialist project on my BTEC level 4 diploma in Pharmacy Clinical Services.

A new year brings new National Officers, and new members, so I would like to say a huge welcome to Gail, Rachel and Sarah who you can read about further into this issue. APTUK also sent out news of our associate posts to members in December, so if you fancy working for your professional leadership body but can't commit to a full-time roll, why not have another look at this invitation and see how you could work for us and influence the future for pharmacy technicians?

With a new year comes new times for the world of pharmacy, and from March 30th 2018 the GPhC

will be introducing its revalidation for pharmacy professionals. There have been lots of discussions surrounding this so I'm sure this is not new to our readers, however, some of the content may have been unclear during these discussions. I would point everyone to the GPhC website for some clarification <https://www.pharmacyregulation.org/news/gphc-council-gives-green-light-implementation-revalidation-step-change-pharmacy-professionals>

Don't forget, we also have a National Officer dedicated to working on revalidation, so if you have any queries, why not get in touch with Mary Carter [revalidation@aptuk.org](mailto:revalidation@aptuk.org)

This year saw APTUK participating in #RxTechDay, along with organisations across the UK and USA to promote the fantastic work we as pharmacy technicians do on a daily basis. Throughout this issue you can read about what many of our colleagues did to promote this day, and how they raise the bar to ensure patient safety.

Finally, I would like to remind all of our members and readers about our next conference being held in Glasgow on June 17th & 18th 2018 which I'm sure will be a fantastic event to attend. Be sure to get your annual leave requests in to ensure you can secure your place! Keep an eye on our website [www.aptuk.org/events/conference-2018/](http://www.aptuk.org/events/conference-2018/) to see all the information relating to the only event created by pharmacy technicians for pharmacy technicians.

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## PTJ 2018/19 Timeline

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Subscription available on request. For more information contact [membership@aptuk.org](mailto:membership@aptuk.org)



**TESS FENN MAPharmT – APTUK President**  
[president@aptuk.org](mailto:president@aptuk.org)

## Moving forward

### Dear Members,

At the beginning of this year, let me start by giving you all my best wishes for a Happy New Year. I hope that 2018 will be prosperous and peaceful marked by good health and humour as we continue our professional journeys into what promises to be another action-packed year for pharmacy.

As we move forward, it's natural at this time of year to reflect on what we have achieved as another successful year has drawn to a close. So, firstly, I would like to thank all of our members, our branches and the APTUK team for their dedication and commitment to our association and profession.

It is my pleasure to report on some aspects of our work since the autumn of last year. You may remember seeing a number of APTUK adverts over the last few months. I'm delighted that we have now successfully recruited to a number of the vacant National Officer and Director posts. So, please join me in welcoming the new members of the team to the APTUK Board of Directors and Professional Committee:

**Director and Secretary:** Gail Hall

**Branch Liaison Officer:** Rachel Raybould

**Finance Officer:** Sarah Griffiths

You can read more about our new team members further into this journal along with news of Joanne and Samantha whom I welcomed in my last column.

**Pharmacy Technicians Foundation Practice**

**Officer:** Joanne Nevinson

**Pre-registration Trainee Pharmacy Technicians**

**Officer:** Samantha Collins

It is pleasing that we are moving forwards to a full complement of National Officers and will be advertising the HR Workstream posts early into this year.

At conference this year, I informed that we have added new roles to our organisational staffing structure; APTUK Associates. We recognised that many of our members would like to help support the delivery of our professional leadership activities but are not able to commit to a full National Officer role. With this in mind we introduced the Associate posts to work with the National Offices on specific pieces of work. We advertised these posts in December 2017 and were delighted with the amount of interest. I would like to welcome our new Associates to their posts and look forward to this new way of working.

We have continued to respond to a number of

consultations including the GPhC guidance to ensure a safe and effective pharmacy team, Royal Pharmaceutical Society's Professional Standards for Hospital Pharmacy Services, Review of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and NHS England: Items which should not be routinely prescribed in primary care: A Consultation on guidance for CCGs.

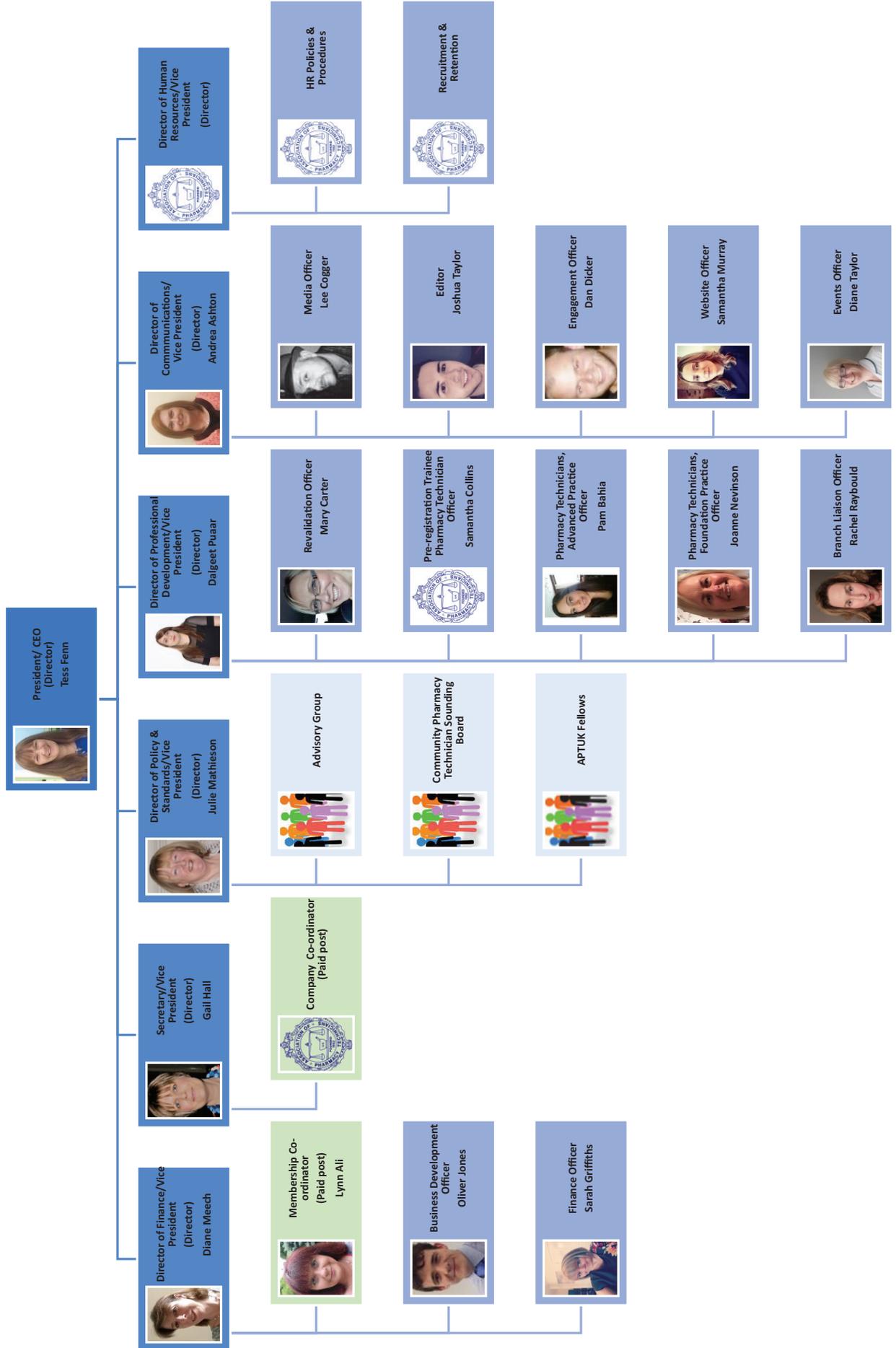
In October 2017, the government released the consultation on Promoting Professionalism reforming regulation, which was to be completed by 23rd January 2018. APTUK has also responded to this.

We have also attended six events since September 2017 and these have been successful in engaging with pharmacy technicians and providing them with information about us as the professional leadership body. These included the Pharmacy Show in October 2017 where we were delighted to announce the 'Statement of Intent for Partnership Working' with the Royal Pharmaceutical Society looking at 'Pharmacists and Pharmacy Technicians: Working Together for Patients'. There is more about this further in the journal.

For the first time, we also attended the Day Lewis Group conference in November 2017. We were delighted to meet so many Day Lewis pharmacy staff, pharmacy assistants, pharmacy technicians and pharmacists; some of whom had not heard of us before. We were also delighted to announce partnership working with Day Lewis to support and promote the professional development of community pharmacy technicians. Day Lewis is supporting pharmacy technicians they employ by offering them a one-year APTUK membership. So, we give an extremely warm welcome to our new community pharmacy technician members and look forward to a fresh perspective this will bring to APTUK.

Of course, another highlight on the 17th October 2017 was the Pharmacy Technician Day #RxTechDay. This was such an amazing day that gave a platform for showcasing the difference that pharmacy technicians make, in many ways, to patients and their pharmacy team colleagues, day in and day out. The focus of the day was 'Raising the bar to ensure patient safety'. It was incredible to see the number of pharmacy technicians and their pharmacists who participated in this, it was really tremendous. If you haven't had an opportunity to see the 2017 photograph gallery yet, you can view this on <http://www.aptuk.org/events/rxtechday-photo-gallery/>.

# APTUK Structure 2018



In December 2017, we learnt that the Draft Pharmacy (Preparation and Dispensing Errors – Registered Pharmacies) Order 2018 has been debated and agreed in both the House of Commons and the House of Lords. This paved the way for the Order to be sent to the Privy Council for signature and publication. The expectation is for the Order to come into effect in 2018. This was excellent news and we await the news that the Order has been placed in legislation. If you would like to read more about this, there is an article in this journal.

You may remember that this was planned for phase 1 in the Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board and that the next phase includes 'Supervision'. If you are active on twitter, read the Chemist and Druggist or are signed up on our Facebook page you may have seen that there has been much about this topic recently. Those of you who follow my columns will know that 'Supervision' is related to the sale and supply of medicines and changes to current legislation, which requires these activities to be supervised by pharmacist. Supervision changes can provide a framework for effective skill

mix and utilisation of pharmacy technicians as registered professionals. The pharmacy profession has differing views on the relaxation of the current legislation and this has the potential to be highly emotive. I have recently been invited to sit on a number of panel debates to start talking about 'Supervision' in earnest. These have been at the Alternative Pharmacy Careers Conference in Manchester, the Pharmacy Show in Birmingham and recently the Chemist and Druggist Roundtable event in London. As 'Supervision' will be the topic of 2018 we have set up an internal 'Task and Finish' group to help guide our members through this debate. To ensure that all of you will have an opportunity to give your views and opinions, I will be sharing specific articles with you through 2018 on this subject and we will be surveying our members to gauge your thoughts. So please do watch out for this, as this is an important subject and change.

As always, I will leave you with a thought. *'Change can hurt, be uncomfortable, and be difficult in the beginning; so, remember that when the caterpillar thought the world was over, it became a butterfly.'*

# APTUK Membership information

## CURRENT FEES

To Join APTUK follow this link  
[www.aptuk.org/about-us/join-aptuk/](http://www.aptuk.org/about-us/join-aptuk/)

The current annual fees are:

**Full £48**

**Associate £14 (for retired members)**

Students are free of charge

**Please ensure you have amended your standing order, direct debits will be updated automatically to the new fees**

## APTUK JOURNAL

Autumn and Spring editions of the journal are printed and posted to all full, fellow and associate members. The Summer and Winter editions are only available electronically via the member's area on the APTUK website.

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

## YOUR CONTACT DETAILS

Please inform Lynn Ali, the Membership Coordinator if you have recently changed any of the following details or not sure if we hold current details:

- Email?
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Please ensure you have access to the member's area to receive electronic journals and find details of other benefits of membership.

To request a username and password please contact Lynn Ali, the Membership Coordinator.

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

# Meet your new National Officers and Director

Gail began her pharmacy career in 1989 with a pre-registration pharmacy technician role at the Derby Royal (then the Derbyshire Royal Infirmary). In 1996 she relocated to Yorkshire to run the Pharmacy Aseptic Unit and lead on the professional development of pharmacy technicians at Harrogate District Hospital.

In addition to her hospital role, Gail taught part-time on the BTEC Level 3 Pharmaceutical Science course at Bradford College. She completed her Assessors Award in 1999, followed by her Verifiers Award in 2003. Qualifying as a teacher, in 2005, Gail went on to work full time for the College and lead on the development of the highly successful Vocational Science suite of courses at the College.

In 2006 she started work as a Standards Verifier for Edexcel, rising to be the Senior Standards Verifier for Healthcare Services Science, before leaving Edexcel in 2014 to concentrate on her academic career and start a Masters of Education.

In 2015 Gail moved out of a day-to-day pharmacy role to run, firstly the Sixth Form Centre at Bradford College, and then into her current role as Blended Learning Manager where she supports teachers with online delivery, working remotely from her home in Derbyshire.

Gail is the CPD Facilitator for the Yorkshire and the Humber branch of APTUK and the secretary for the national NHS Pharmacy Education and Development Group (PEDG). She looks forward to working on national issues that affect pharmacy technicians and the pharmacy profession.



**GAIL HALL MPharmT**  
Secretary  
secretary@aptuk.org

I began my career as a student pharmacy technician at Warrington General Hospital in 2000, qualifying as a pharmacy technician in 2002. I spent 11 years within the secondary care sector and gained a wealth of knowledge and experience working in different pharmacy roles including dispensary, ward based services, procurement and distribution. Whilst there I completed the BTEC in Dispensing Technician Checking course, the BTEC Level 4 Diploma for Clinical Pharmacy Technicians and the ILM level 2 qualification.

In 2011, I moved into the primary care sector as a Medicines Management Technician, firstly as a locum, and then on a permanent basis with the Midlands and Lancashire Commissioning Support Unit (MLCSU). My role here involves providing specialist medicines management advice to GPs, practice nurses and other health professionals to promote the safe, effective and high quality, cost effective use of medicines. I am responsible for managing the localities prescribing support software tool, and am currently undertaking a specialized role leading a project focusing upon increasing the use of Electronic Repeat Dispensing within the locality.

I have also gained experience within community pharmacy working as a locum at various different sites.

I am proud and honoured to have been appointed to a National Officer role. I am a keen advocate of the profession and look forward to working with fellow officers to enhance the role of the pharmacy technician and to raise APTUK's national profile.



**RACHEL RAYBOULD MPharmT**  
Branch Liaison Officer  
branchliaison@aptuk.org

I qualified as a pharmacy technician in 1986 at the Royal Cornwall Hospital (RCHT). I spent several years working first, as a rotational technician, and then as a senior technician in supply and distribution in both Swansea and Cardiff. I moved back to Cornwall in 1996 where I worked part time for a retail chemist for a few years before returning to RCHT in 2002.

In 2004, I became the senior technician in the Technical Services Unit, where I lead a team of pharmacy technicians and assistants in the production of aseptic compounded medicines.

In December 2012, I seconded to the Pharmacy Procurement Department for 6 months to try something new, I liked it so much then took the Pharmacy Procurement Lead position in September 2013. I now incorporate my Pharmacy Procurement Lead role with prescribing support for Kernow CCG.

Pharmacy procurement goes largely unnoticed within the larger pharmacy family, so by becoming a National Officer I am

hoping to bring the role to the forefront, hopefully make it more appealing and an avenue more pharmacy technicians would be interested in venturing into.

It is a varied role and can be done at local, regional and national levels. Pharmacy technicians are now taking regional procurement specialist roles that were once the domain of pharmacists, giving access to higher banded roles that were not possible to reach previously.



**SARAH GRIFFITHS MPharmT**  
Pharmacy Procurement Lead and Prescribing Support Specialist Technician

**SAVE THE DATE**  
June 17th - 18th - Conference 2018



# Community Pharmacy Education Survey Report



## Abstract:

**Title:** Survey of Education in Community Pharmacies in Grampian. Watt, B Morgan, K

**Introduction:** The aim of the survey was to benchmark community pharmacy education and identify if there are gaps in skills and knowledge, and to subsequently provide recommendations based on these gaps to support workforce development within community pharmacies in Grampian.

**Methods:** Using an online survey, data was gathered from pharmacy contractors

**Results:** The results were collated into a single report

**Discussion:** the collated results of the survey were discussed to identify areas for action

**Conclusion:** The survey identified several areas for development including:

- an education and training framework and appropriate training pathways for staff which provides guidance for contractors and the wider community pharmacy workforce
- the use of a skills escalator information sheet and Personal Development Plan (PDP) templates which would aid both staff and contractors when creating PDPs that can then be used to plan and prioritise training
- signposting contractors to resources and educational information, supporting staff in accessing training opportunities would assist staff to keep skills up to date and relevant to the roles they carry out.

**Keywords:** education, community pharmacy, workforce, training resources.

## Introduction

NHS Grampian health board area has 132 community pharmacies within it. Of this, 39 (29%) pharmacies are categorised as National Multiple, defined as a chain with more than 6 outlets operated by management in national head office.

The number of staff employed can conservatively be estimated to exceed 500.

Pharmacy staff are encouraged to:

- to recognise and work within the limits of their knowledge and skills, and refer to others when needed<sup>1</sup>
- to use a variety of methods to regularly monitor and reflect on their practice, skills and knowledge<sup>1</sup>
- to promote and encourage a culture of learning and improvement and contribute to the education, training and development of the team or of others.<sup>1</sup>

Continuing professional development (CPD) is a mandatory requirement for registered pharmacy professionals. Monitoring ensures staff undertake and keep up-to-date evidence of CPD. These requirements apply equally to all pharmacy professionals and are not changed by factors such as part-time employment.

The aims of the survey were to benchmark current levels of community pharmacy staff education and to identify if there were gaps in skills and knowledge, and, where possible, to provide recommendations to support workforce development within community pharmacies in Grampian.

This required that data be gathered from contractors about the support they offer to staff for development including the opportunities, resources and facilities available. Information was also collected from the staff perspective, identifying staff grades and the training they have undertaken, support that has been provided and how they access resources.

## Method

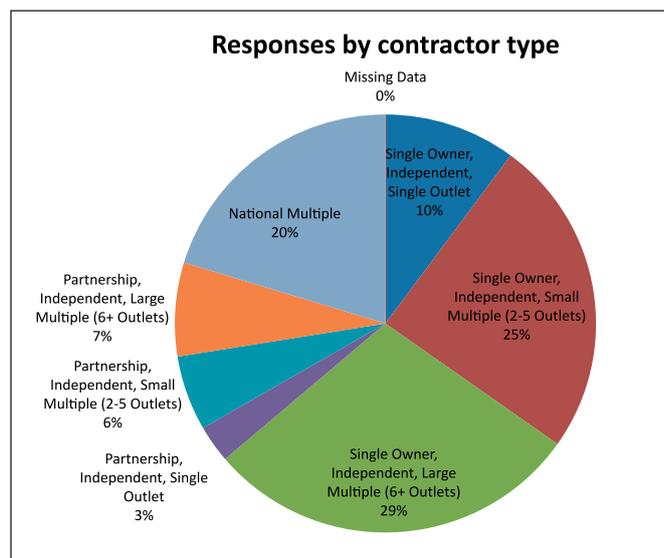
Two online surveys were set up; one for Community Pharmacy contractors and one for their staff to access and complete anonymously. An email was sent to contractors with instructions on how to access the contractor survey, and share the staff survey with staff employed. Data was collected relating

to a 7-day period in February 2017.

Responses were received from 69 contractors, returned equating to a response rate of 52% and from 255 staff.

## Contractor survey results

**Pharmacy type:** National Multiples responses accounted for 14 (20%), and 55 (80%) were Independent contractors of which 7 (10%) were single outlet single owned.



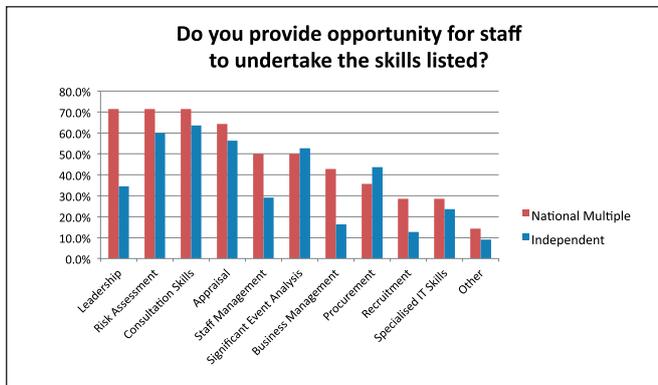
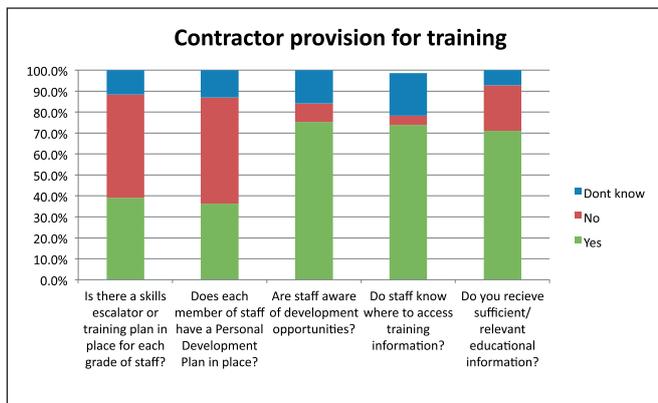
## Facilities for Training

The majority of contractors who responded, 64 (93%), have space to accommodate training. 68 (98%) have access to internet, email and NHSnet, however over half, 45 (65%) have no dedicated computer for training. 55 (80%) allow training to be performed within work time and 51 (74%) allow CPD training within work time. 66 (100%) of contractors who answered the question stated staff development was important to them, 3 (4%) of contractors did not provide an answer.

**Skills escalator/Personal Development Planning (PDP)**

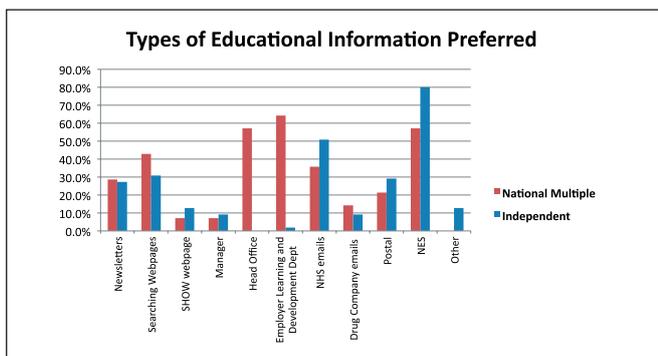
Education, learning and development are essential components of all aspects of care and support services activity. They are central to ensuring the safe and effective delivery of person centred care and supporting services, health improvement, managing risk and planning for future service provision. Learning and development is the responsibility of the individual, line manager and the organisation. Ideally, learning, development and career aspirations of staff should be discussed and agreed through Development Review and Personal Development Planning (PDP) processes.

27 (39%) of contractors have a training plan or skills escalator in place for their staff, and 25 (36%) said their staff have personal development plans in place. 52 (75%) of contractors stated their staff are aware of development opportunities, know where to access information on training, and the contractor confirmed sufficient relevant training information was received.



**Resources**

Results on preferred resources differed by type of contractor.



**Staff survey results**

**Employment categories**

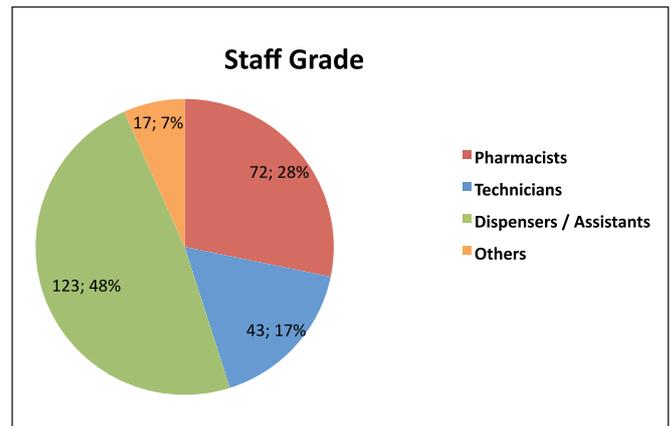
Staff were asked to state their role and responses were then divided into groups by educational level.

The pharmacist group included owners, pharmacy managers, superintendents, responsible, locum and pre-registration pharmacists.

The pharmacy technician group included accuracy checking pharmacy technician's (ACPT), registered and trainee pharmacy technicians.

The dispenser/assistant group including dispensers, medicines counter assistants and pharmacy assistants including those training to do these roles.

Adding an 'other' option provided an opportunity to capture specialist roles. Responses were received from; pharmacy students, drivers, business manager and administration staff.



	Total	%
Owner	9	3.5%
Superintendent Pharmacist	2	0.8%
Pharmacy Manager	21	8.2%
Responsible Pharmacist	5	2.0%
Pharmacist	24	9.4%
Locum Pharmacist	2	0.8%
Pre-registration Pharmacist	9	3.5%
Accuracy Checking Pharmacy Technician	19	7.5%
Pharmacy Technician Registered	15	5.9%
Pharmacy Technician Trainee	9	3.5%
Dispenser/Trainee	62	24.3%
Medicines Counter Assistant	24	9.4%
Pharmacy Assistant	37	14.5%
Business Manager	1	0.4%
Pharmacy Delivery Driver	4	1.6%
Stock Person/ Van Driver	1	0.4%
Administration / Cash Assistant	3	1.2%
Cleaner	0	0.0%
Other	8	3.1%

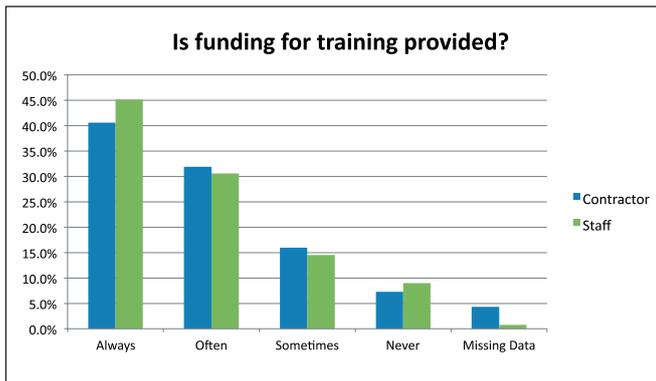
**Qualifications**

Professional registration for pharmacy technicians became mandatory in 2011 and since then, pharmacy technician roles have been developing. 20 (47%) of pharmacy technicians stated they have an Accredited Checking Pharmacy Technician (ACPT) qualification, another 4 (9%) are working towards ACPT and 4 (9%) of pharmacy technicians act as dispensary manager. Continuing to up skill and utilise the pharmacy technician workforce would provide support for pharmacists to increase clinical capacity and help address increasing demands.

### Facilities for Training

166 (65%) of staff stated they undertake training within work time and 44 (38%) of those required to perform continuing professional development (CPD) undertake CPD training within work time. These results varied from contractor survey results where 55 (80%) stated they allow training to be performed within work time and 51 (74%) allow CPD training within work time. Communication between contractors and staff should be encouraged to ensure staff are aware of support being offered and any barriers to performing learning/CPD can be addressed.

193 (76%) stated their employer often or always provided funding for training; this reflected the response from contractors when asked if they provided funding.

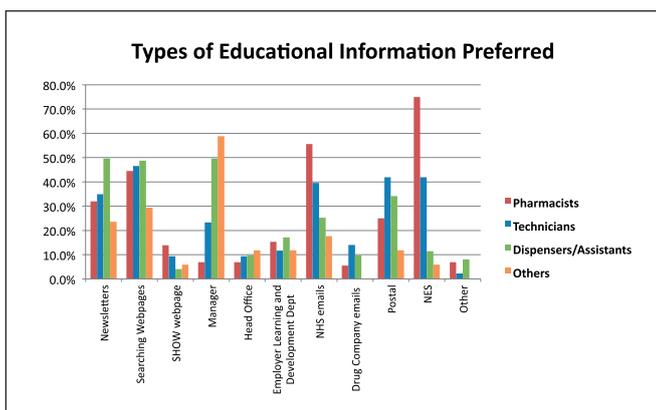


### Skills escalator/PDP

Only 18 (33%) of Independents had a skills escalator or training plan in place compared to 9 (63%) of National Multiples. The development of a skills escalator would provide guidance and aid both staff and contractors when planning training and creating personal development plans.

253 (99%) staff stated development was important to them, and 240 (94%) thought it was also important to their employer. 100 (39%) of staff stated they have a personal training plan in place. In addition, 227 (89%) staff felt supported in their development.

### Resources



### Discussion

Contractors support training within working hours and this confirms that training is important to them. Different staff groups prefer receiving educational resources in different formats and it will be important to ensure educational resources are shared in relevant formats in the future.

From our sample, opportunities to undertake training in people management, business and soft skills are less likely to be offered to staff working for Independent contractors. The

benefits of providing these skills should be highlighted to contractors as relevant to their business and staff should be made aware of training opportunities and be supported to develop these skills.

The use of a skills escalator information sheet could help in developing an education and training framework to help prepare Personal Development Plans (PDP). This could be used to encourage staff, to keep skills and knowledge up to date and to motivate staff to up-skill. Well developed staff perform better.

### Conclusion

GPhC standards expect staff to have the appropriate skills, qualifications and competence for their role and the tasks they carry out.<sup>2</sup> To release capacity of pharmacists to deliver pharmaceutical care, full utilisation of pharmacy technicians and support staff is needed. It is therefore important that information on development opportunities is available to all grades of community pharmacy staff from pharmacists undertaking Independent Prescribing qualification to support staff in patient facing roles.

The development of an education and training framework and appropriate training pathways for enhanced roles would provide guidance for contractors and the wider community pharmacy workforce. The use of a skills escalator information sheet and PDP templates would aid both staff and contractors when creating PDPs that can then be used to plan and prioritise training.

Signposting contractors to resources and educational information, to support all groups of staff in accessing them would encourage staff to keep skills up to date and relevant to the roles they undertake.

### REFERENCES

- General Pharmaceutical Council standards;*
- Standards for pharmacy professionals, May 2017
  - Standards for continuing professional development, September 2010  
Available at: <https://www.pharmacyregulation.org/standards> [assessed on 10/05/2017:]

### KAY MORGAN

Pharmacy Workforce Learning and Development Facilitator,  
Pharmacy & Medicines Directorate, NHS Grampian

### BLAIR WATT

Audit Analyst, Clinical Effectiveness Team, NHS Grampian  
Correspondence to: [kay.morgan@nhs.net](mailto:kay.morgan@nhs.net)



# Medicines Optimisation in Bristol Nursing Homes:

## Covert administration of medicines project

### Background

The case of covert medication highlights ethical, clinical, and legal dilemmas in the management of medicines in the Care homes with Nursing (CHwN). One main concern about covert medication is the lack of definite guidelines and policies regulating the care homes in this practice, leading to fear of litigation and patient safety issues. The ethical, legal, and clinical issues surrounding covert medication are very complex, and clear guidelines should be provided to nurses and professional staff in CHwN about how to respond and proceed when covert medication is considered, or proposed for mentally incapacitated residents.

Although covert administration is referred to in the National Institute of Clinical Excellence (NICE) guidance, it does not contain specific or detailed information on the considerations and steps to be taken to ensure covert medications are administered in a safe way. But also, some of the care homes medication policies lack a clear process for nursing staff to follow, as well as the relevant forms needed to ensure appropriate documentation in the residents' care plans.

In the past few years, the Care Quality Commission (CQC) inspections highlighted that CHwN in Bristol have unsafe, and sometimes, inadequate practices in medicine management, including covert administration of medicines.

Medicines management audits in care homes (undertaken by NHS Bristol CCG Care Home Pharmacy Technician) identified that support, guidance and training were needed for nursing staff in relation to covert administration of medicines.

### Issues and concerns around covert medication:

**1. Legal issues:** Interventions must be the least restrictive of the resident's freedom and comply with the *Mental Capacity Act 2005*, as well as achieve the desired benefit. Nursing staff must question whether covert medication is really the least restrictive option. In addition to this, covertly administering medication to a resident may also develop into a deprivation of their liberty, dependent on the medication being covertly administered. For example, the administration of sedatives covertly may be considered to amount to a deprivation of liberty.

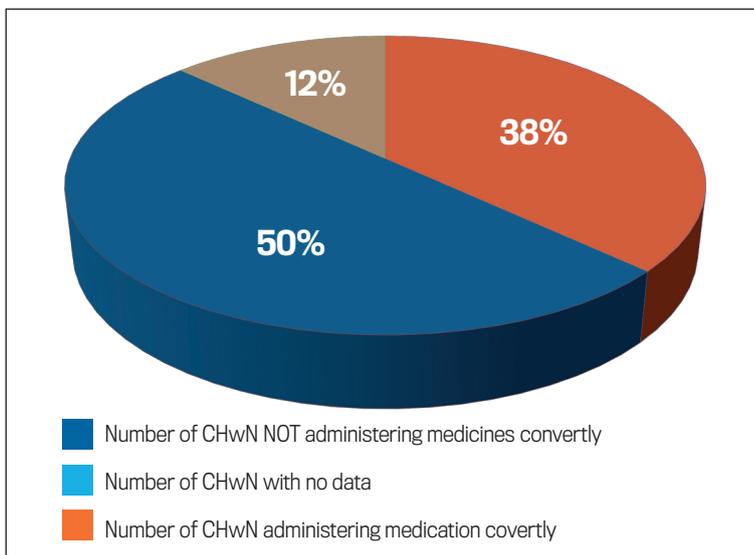


Figure 1: Covert administration of medicines in Bristol nursing homes



**2. Safety and licensing issues:** A drug has been proven to be safe if, given at the recommended dose and via the recommended route in the form in which it was tested. Covert administration of medication raises an issue when tablets are crushed to mix with food or drinks. If a tablet is crushed, not only is it used in an unlicensed way, but also the stability of the drug could be affected. In some cases, this could be very unsafe for residents.

### Objectives:

- Inform and provide guidance to nursing staff on best practice for administration of medication covertly.
- Ensure care home staff administer medication in a safe way when crushing tablets and mixing them with food or drinks.
- Ensure the nursing staff practices are legitimate and in line with the Mental Capacity Act 2005.
- Ensure the adequate documentation are used to comply with best practice and the regulator.

### Methods:

1. Identify which Bristol nursing homes are administering medication covertly
2. Deliver training to selected CHwN; the training consists of:
  - Raising awareness of the issue
  - Patient safety
  - Legal implication
  - Pathway and best practice
  - How to demonstrate safe practice
  - Case studies
  - Introduce “Good Practice Guidelines” as a reference document
3. Audit and monitor the selected nursing homes after the training and “Good Practice guidance” have been provided to the nursing staff

### Results:

15 CHwN administering medicines covertly were identified through the medicines management audits in 2016-2017. The audit also highlighted the following issues:

- 11 CHwN were non-compliant
- 2 CHwN were semi-compliant (covert medicines procedures were missing from the care home medicines policy)
- Only two CHwN were fully compliant (homes covered all the legal, ethical and training aspects required for a safe administration of medication covertly)

As part of the project, ‘NHS Bristol Good Practice Guidelines on Covert Administration of Medicines’ were issued to all care homes with nursing facilities, as well as healthcare professionals involved in the care of residents. The guidance offered more clarity on the process and provided best practice guidelines for staff to follow. It also provided guidance on how to comply with the current legislations and regulations.

Education sessions on covert administration of medicines were well received and contributed to the improvement of the quality and safety surrounding this practice. It also provided an opportunity for registered nurses to have an hour of continued professional development that could be used for revalidation process of the Nursing and Midwifery Council.

From May 2016 to March 2017, the CCG Care Homes Pharmacy Technician delivered thirteen sessions across different nursing homes. The training sessions also provided an opportunity to provide advice and recommendations for specific cases.

The care homes were audited before and after the training sessions were delivered and ‘NHS Bristol CCG Good Practice Guidance’ distributed. All care home staff reported they were willing to refer to the guidance for best practice. This resulted in better care home compliance rating, as highlighted in figure 2.

Covert Medication Compliance Rating	2015 - 2016 Data	2016 - 2017 Data
Compliant	2	14
Semi-compliant	2	1
Non-compliant	11	0

Figure 2: Compliance data in Bristol

### Conclusion:

Overall, there had been a lot of improvement as a result of the project and the feedback from care home staff in Bristol has been positive. However, due to staff turnover, it had been difficult to sustain change in practice after delivering some of the training offered in several care homes. An increased reliance on agency staff has resulted in some inadequate practices due to a lack of training. Therefore, it has become apparent, that in the future training and guidance should be offered to agency nurses too.

This project had been very useful to optimise the management of medication and provide safe and effective use of medicines across Bristol nursing homes.

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3. *Law and Ethics Bulletin: Covert administration of medicines. Pharm J 2003*
4. Wright D. *Tablet crushing is a widespread practice but it is not safe and may not be legal. Pharm J 2002*
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### KASSIN YAKHLEF MAPharmT

Care Homes Pharmacy Technician  
NHS Bristol Clinical Commissioning Group

# Medicines Optimisation within a district nursing service to achieve person centred care

## An innovative pathway for pharmacy technicians

### Developing roles

Pharmacy technicians career opportunities are changing. Traditional pharmacy technician roles encompassed practicing in retail pharmacies, hospital wards, I.T., education and training, manufacturing and clinical trials, but we now are seeing our profession expanding into different and new areas such as medicines optimisation in domiciliary care i.e. inside patient homes or even in GP practices or care homes.

A medicine optimisation pharmacy technician in domiciliary care is expected to carry out multiple domiciliary visits daily and lead the consultation with patients and their carers. The aim of medicines optimisation is to ensure a person-centred approach so that people get the best out of their medicines, making sure they are clinically-effective and where possible cost-effective.

During a medicines optimisation consultation, I assess possible barriers to medicines and include questions that seek to establish compliance, accessibility and clinical issues that the patient may be experiencing. Being in the patient's home environment, compared to the ward/retail environment, helps to further analyse how individuals truly engage with their medicines. Within their home, we gain a deeper understanding of each patient's medication, and taking related behaviours into consideration, we can agree changes to both the medicines and the behaviour around them to ensure optimum outcomes.

A key element of medicines optimisation is to safely support individuals to maintain their functional independence as much as possible in relation to medicines taken in their own homes, thus minimising the cost implications on social care or NHS services.

### Jobs at hand

As a medicines optimisation pharmacy technician, I work with several district nurse teams in London, covering an area with a diverse population in terms of ethnicity, variable socio-economic statuses and healthy living standards. The people I prioritise for medication related problems are often elderly, housebound, frail and have complex needs. I proactively identify patients to see from the district nursing caseload by reviewing their caseloads regularly, attending their safety briefing meetings frequently, and participating in one-to-ones. I independently prioritise and allocate domiciliary visits by determining the acuity of the situation and assessing their medications needs.

The Integrated Care Pharmacy team that I work within consists of a number of different pharmacists and pharmacy technicians covering various teams and roles, including district nursing-led and therapies-led teams to provide domiciliary medicines optimisation

visits. We also link in with a wider network of teams including CCGs, social services, care agencies, community/hospital pharmacies, MDT groups, consultants, GPs, GP-practice-based pharmacists and nurses, mental health teams, clinical governance teams, dieticians, telecare, SALT teams, etc.

Integrating with a number of different teams and specialities requires a deep understanding of the patient's needs, care-providers roles and effective communication with each of them.

I find that before I see an individual for the first time, I gather as much background information about them and their care providers as possible. During the first domiciliary visit I focus on the individual (and carer) to ensure I build a solid rapport with that person to build trust. This trust is essential to make effective interventions. I assess not only barriers to medicines, but also other problems people have around other needs. For example, I assess social needs such as food shopping, self-care, family/carers dynamics and even housing. These can influence how medications are being managed and then we can tailor the solutions accordingly.

Medication Optimisation solutions are variable depending on the barriers identified. Examples include, education of the individual/carers, social prescribing for loneliness where a befriending service is commenced, assistive technology prompts for reminders, eye-drop dispenser aids, exercise classes for strengthening and balance, etc.

The Royal Pharmaceutical Society advocates that this "working together" approach is required to achieve Medicines Optimisation. Liaising with a multi-disciplinary team, coordinating care, following up on intervention recommendations and monitoring and assessing outcomes is paramount to ensure changes made are safe and effective for each person.

Some interventions I have made are:

- Requests for renal and HbA1c bloods in addition to the daily blood glucose profile readings, and have liaised with the GP and diabetic nurse specialists to de-prescribe, relax targets or prescribe anti-diabetic medications to optimise their diabetes management as agreed with the person
- Supporting GPs, community pharmacy, District nurses, anticoagulation clinic, with coordinating a smooth transition with changes to medications e.g. introduction of a new drug, discontinuation of a drug, switches to a DOAC, and monitoring the effect of the change to ensure it is safely managed
- Ensuring appropriate assessment of and initiation of the correct compliance aid suits the individual e.g. introducing an audible blood glucose monitoring machine for a visually impaired diabetic



### District Nursing Service Support

As part of my role, I also educate district nurses, diabetic nurses, carers, student nurses and health care assistants in numerous subjects such as Medicines Reconciliation, medicines-related needs assessment, MAR chart writing, policies, protocols, etc. The training needs are sometimes identified via Datix (our local incident reporting system), training requests, trends and updates in re-validation or competencies.

I attend safety briefing meetings almost daily. These are meetings in which district nurses discuss any concerns they have with the individuals they have visited. I influence and challenge the district nurses to unpick the concerns they have identified, to challenge actions taken already and to create, together with the nurses, an action plan around the medication related problems. For example, they may have identified a discrepancy in the discharge letter when undertaking the medicines reconciliation, so I would assess what's been done already and agree an action plan with the nurse to sort out a safe solution/s.

I challenge the district nurses to reflect on medication related errors to identify the cause and create changes in their behaviour around medicines related tasks. I challenge the nurses to reflect on their checking processes around medication administration and allocations; on assessments around new referrals. I provide an advisory service on safe use of medications. Additionally, I attend locality team meetings where all the members in the nursing teams attend, to raise local issues and share learning from incidents regularly.

When there are situations that require a complex clinical review, and is out of my scope of practice, I refer these patients to a clinical specialist such as one of the integrated care pharmacists, GP practice pharmacists, community pharmacists, GPs, specialist consultants, Community matrons, Nurses Specialists (e.g. Mental health, Dementia, Diabetes, HIV, Anticoagulation), etc.

### Excelling in practice

I enjoy the Medicines Optimisation role as it has given me the opportunity to lead the consultation with more autonomy and work in close partnership with the frail and elderly population. I enjoy liaising with multiple multidisciplinary teams and I am inspired by being able to watch the changes I have recommended be actioned. It also gives me the chance to follow up the changes made and assess the outcomes of each change.

I am mostly self-directed in my CPD using CPPE packs, online courses e.g. via future learning, reading articles e.g. PCPA, etc. I have also attended talks hosted by MUS-Specialist pharmacy services e.g. OPNET days, CPPE workshops, locally run courses held by the Trust and other workshops run by the multi-disciplinary team. Regular CPD keeps me up to date with the various issues and concerns I come across and helps me to identify appropriate solutions.

Further opportunities that the medicines optimisation role has provided me with are an array of new physical assessment skills like measuring blood pressure, as well as pulse and capillary blood glucose levels to provide the relevant professionals involved in the patients care the results. This helps me to enable a remote clinician to monitor and review changes needed or changes already made to medicines. We are

also looking at the future expansion of getting mobile single lead ECGs to assess housebound patients for AF

### Examples of practice

Here are some success stories around 3 main topics that are part of the assessment conducted. They are Accessibility, Compliance, Clinical practice.

	Compliance	Accessibility	Clinical
<b>Patient</b>	1	2	3
<b>Diagnosis</b>	Learning disabilities Cardiac infarction Hypertension	Dementia Stroke Hypertension	Dementia Diabetes Hypothyroidism Breast cancer 2005
<b>Problem/s</b>	Lost confidence in taking any medications by himself due to a overdose of lactulose which led to a hospital admission	Self-administering medicines and was potentially overdosing because he was confused on how to use a 28-day dosette box	GP referred for District Nurses to initiate and administer insulin, nurses immediately highlighted this to me
<b>Solution/s</b>	Daily coaching to increase confidence, medication frequency changed to once a day to facilitate compliance, daily alarms put in place to instruct patient to take medication	Pharmacy to prepare one week at the time for the patient to collect weekly, easy to monitor	I rang the GP to discuss NICE guidelines. The Dr had overlooked that patient was only on metformin and nil other oral diabetic medication, small dose of Gliclazide initiated, Nurses monitored blood glucose levels and results stabilised.
<b>Impact of change</b>	Patient became independent and did not require daily district nurses support anymore	Patient became less confused and able to remain independent with self-administration of medications	Patient did not have to initiate insulin treatment

Here are some other examples of how I supported patients to remain independent in managing their medicines. I taught patients to use:

- Opioid patches correctly (taught it can go anywhere on the trunk of the body not just the back which the patient couldn't reach and district nurses were applying; stopped a weekly DN visit)
- Inhalers correctly (taught a patient to pierce the capsule in the Tiotropium inhaler; follow-up arranged with a hospital pharmacist)

There have been unexpected challenges that I have learned from. One medication optimisation visit stands out. I had a lady on two tablets a day and was referred for support from district nurses to remember to take her tablets. She has Dementia and has capacity. We trialled an automated dispenser device called Pivotel. We monitored her and identified that she was unable to cope with the assistive technology

and required medication administration under supervision. Sadly, we were unable to hand it over to social services as she refused carers and eventually she ended up in a nursing home.

### Champions in need

As a pharmacy technician in any role, we need to embrace the concept, adapt our way of thinking and work to ensure patients are always at the centre of their care. Medicines optimisation principles can be applied regardless of career patch and it provides us with an opportunity to demonstrate how we can increase adherence to medication, achieve better outcomes, minimise waste and successfully contribute to the wider healthcare agenda.

For those who are patient facing pharmacy technicians, wherever you work, review your medicines optimisation strategy in your team and promote it as best as possible within your area. This is a significant and attainable opportunity to expand on interventions you are already making in your areas to make a deeper difference to a person's quality of life.

Often, putting yourself in another's shoes can lead to simple, but effective changes. Imagine you were prescribed a QDS regime, how would you manage and would you be able to cope with it long-term?

### Future

In the future, I would like to train the district nurses to assess new referrals at the point of entry to the service, to be able to identify medication related problems at the outset. They will be able to identify discrepancies/problems early on, identify patients who need coaching/support to self-manage or manage with carers and improve long-term patient's care plans.

I would like to thank my team for the support provided to me in this new role.



**TANIA XAVIER MPharmT FdSc,**  
Medicines Optimisation pharmacy technician (District Nursing), Guy's and St Thomas NHS Foundation Trust (GSTT), London  
[tania.s.xavier@gstt.nhs.uk](mailto:tania.s.xavier@gstt.nhs.uk)



**IRENE AKLADIOUS B.Pharm, MRPharmS, MSc,**  
Integrated Care Pharmacist (District Nursing), Guy's and St Thomas NHS Foundation Trust (GSTT), London  
[Irene.Akladious@gstt.nhs.uk](mailto:Irene.Akladious@gstt.nhs.uk)

## Celebrating Community Pharmacy Technician Talent

**This year we were keen to acknowledge and celebrate Pharmacy Technicians Day on 10th October 2017. We love our technicians, and know they give all year-round invaluable support and make a great contribution to stores and wider pharmacy teams, so we were keen to up the celebrations this year...**

So, we ran a competition! This was through our newly launched intranet, which allows colleagues to comment on pages and news articles, post pictures, start discussions and facilitate two-way conversation across Well. We encouraged colleagues across the business to send us a picture of their colleague, and to share with us why they make such a great pharmacy technician, for a chance to win some 'Techy' prizes (do you see what we did there?!)

This was opened to all technicians in our business, across all of our 780 stores and Central Support locations, with the chance to win prizes such as Kodak and Sony Cameras, Bose headphones, Amazon Fire tablets and TomTom Fitness Trackers.

The responses we received really showcased the appreciation our colleagues have for our technicians and the contribution they make to the business, with one entry having contributions from 5 different colleagues in their store!

On the 30th October we then announced our winners – 12 in total from across our store network, including one colleague from our Central Support office in Manchester. Our Retail Stores Director, Tracy Barton, wrote to all of our winners to their home address to let

them know they had won a prize, share the comments their colleagues had made about them and to thank each of them for the contribution to Well. The notes we received back from our winners expressed their gratitude, and most of all their shock at being nominated – our technicians are obviously a modest bunch!

We were really happy to support both World Pharmacist Day and Pharmacy Technicians Day this year, and will look forward to planning future events to celebrate our outstanding colleagues here at Well.

**SOPHIE BALDOCK**  
Engagement Manager at Well Pharmacy  
Merchants Warehouse, Castle Street  
Manchester M3 4LZ



**"THANK YOU SO MUCH FOR YOUR LETTER SAYING I HAD WON A PRIZE I'M OVER THE MOON! AND SO GRATEFUL TO MY COLLEAGUES FOR NOMINATING ME."**

**SHIRLEY WHITE,**  
Pharmacy Technician



**"LOVELY SURPRISE TO RECEIVE MY LETTER YESTERDAY. THANK YOU SO MUCH, REALLY TOUCHED!"**

**CAROLINE BOYLE,**  
Pharmacy Technician

# Proud To Be A Pharmacy Technician

Have you ever referred to yourself as 'Just a Pharmacy Technician'? I know I have, but why? Was it due to the way a small minority of other professionals made me feel, or was it due to my own inferior feelings? On reflection, I think its a mixture of both.

**PHARMACY TECHNICIANS** are highly skilled registered pharmacy professionals whose work encompasses a wide range of pharmacy related knowledge, thus supporting patients and other health care professionals in the safe and efficient use of medicines.

Pharmacy technicians have, for sometime, been undertaking exciting, innovative and inspirational roles, in community pharmacy, hospital pharmacy, medicines management within GP practices, aseptics, radiotherapy, management, consultancy, and teaching, to name just a few. Irrespective of your current practice, the size of your team, if you are in your initial education training period or your career spans decades, all pharmacy technicians can contribute to the future development of the role.

Pharmacy technicians make a positive contribution to patient care. This could be by simply spending 5 minutes talking to a lonely patient, manufacturing a TPN bag giving a patient their nutritional needs for the day, or even contributing to policy that impacts nationally on patient outcomes. There are simply too many interventions made by pharmacy technicians on a daily basis to list them all individually. You'll know what yours have been today.

I started my career as a student pharmacy technician at an acute hospital in 2000, qualifying as a pharmacy technician in 2002. My role back then involved mainly dispensing and carrying out ward stock checks of temporary stocks etc. Pharmacy technicians worked within the pharmacy stores areas picking and checking ward stocks and assembling emergency drug kits. Throughout my eleven years at the hospital, my role and that of other hospital pharmacy technicians has changed considerably. I started checking Patients Own Drugs (PODs) when a patient was admitted into hospital, obtained my Accuracy Checking Pharmacy Technician (ACPT) qualification, which enabled me to check dispensed items and medication at ward level for discharge. In 2010 I obtained my BTEC Professional Diploma in Clinical Pharmacy Services from Derby University. The knowledge I gained enabled me to become involved in the Medicines Reconciliation Process, interpreting and advising on clinical test results etc.

Medicines Management was the next speciality I moved across to. Although sometimes confused, my primary role is not just about generating cost savings. However, this is an inevitable part of the role due to the financial pressures faced by all departments within the NHS. Over the past 5 years I have been involved in many different projects, from providing medicines management support to care homes, undertaking antibiotic audits, supporting GP practices implement patient lead ordering services etc. In the last 12 months, I have taken on the role of Project Lead for a pilot scheme focussing on increasing the utilisation of

the Electronic Prescription Service (EPS) and implementing Electronic Repeat Dispensing (eRD). I have worked with various stakeholders including the local prescribing committee (LPCs), community pharmacies, GP staff, and other locality medicines management teams. I have shared the knowledge gained within this role with both NHS England and NHS Digital Teams.

I have been a registered member of APTUK for the last two years and feel encouraged about the progress being made in promoting the role of pharmacy technicians. Recently, both the RPS and APTUK issued a statement of intent for partnership working<sup>1</sup> and announced they will develop a 'road map' for collaborative working in a number of key areas over the next five years. CPPE in collaboration with the NHS Leadership Academy<sup>2</sup> are offering the Mary Seacole Leadership Programme to pharmacists and pharmacy technicians working in community pharmacy. For those community pharmacy technicians based in Health Education England London and the South-East region, they can access a free place on the CPPEs Accuracy Checking Pharmacy Technician program.<sup>3</sup> These are in addition to other advanced courses such as the BTEC Professional Diploma in Clinical Pharmacy Services.

The role will continue to change and adapt to meet the changes proposed in NHS policy. The next steps on the NHS Five Year Forward View<sup>4</sup> published in March last year details how NHS services can improve in the next two years, to meet the ever increasing demands being placed on the NHS.

We have a great opportunity to develop and use our skills, and to work in collaboration with other healthcare professionals, to contribute to the transformation of NHS services and improve care for all.

So, are you 'just' a pharmacy technician?

#### REFERENCES:

1. Association of Pharmacy Technicians (APTUK), 'News' 'Pharmacists and Pharmacy Technicians: Working Together for Patients' Statement of Intent for Partnership Working October 2017.
2. CPPE, 'News' CPPE collaborates to bring Mary Seacole Leadership Programme. October 2017
3. CPPE 'Developing your career' Accuracy checking pharmacy technician programme - HEE LaSE region only. October 2017
4. NHS England. Next steps on the NHS Five Year Forward View March 2017.



#### RACHEL RAYBOULD MPharmT

*A Proud Pharmacy Technician*

Practice Based Medicines Management Pharmacy Technician.

Midlands and Lancashire Commissioning Support Unit (MLCSU).

[rachel\\_raybould@yahoo.co.uk](mailto:rachel_raybould@yahoo.co.uk)



## #RxTechDay what was it all about?

A social media campaign to raise the profile of the profession.

EVERYBODY DESERVES recognition for the invaluable work pharmacy does; being part of a team that provides services that many patients literally could not live without.

Pharmacy Technician Day was a celebration of the difference that pharmacy technicians make, in many ways, to patients and their pharmacy team colleagues, day in and day out. This year it focused on patient safety, showcasing how pharmacy technicians deliver pharmacy services to patients in a safe environment and help protect them from avoidable harm.

Pharmacy technicians impact on patient safety wherever they work. In community pharmacy, they may be final accuracy checking a colleague's dispensing to make sure the patient receives the correct medicines. They may also be working in a GP practice; reconciling patients' repeat prescription queries or conducting medicine reconciliations post-discharge; supporting a patient's transfer of care. In a care home they may be working with supply systems to reduce waste; or in community services, leading technical aspects of the clozapine service. In hospital pharmacy they may be working as a medicines optimisation or a ward pharmacy technician or in technical services carrying out in process checks on high risk medicines preparation. This is to mention only a few.

By carrying out these diverse roles, pharmacy technicians are helping to free up the pharmacist's time for more patient care. So the day was an opportunity to show what, when, why, where and how pharmacy technicians can be utilised.

APTUK encouraged pharmacy technicians to share the wonderful work they do each day in raising the bar to ensure patient safety and you did.

Have a look at our photo gallery <http://www.aptuk.org/events/rxtechday-photo-gallery/>

We also posted blogs on the website for some of our national officers in honour of #RxTechDay.

- Oliver Jones – My day as a Specialist Medicines Management Technician <http://www.aptuk.org/aptuk-news/2017/10/24/my-day-as-a-specialist-medicines-management-techni/>
- Diane Meech – My day as the Homecare Lead <http://www.aptuk.org/aptuk-news/2017/10/21/my-day-homecare-lead/>
- Mary Carter – My day as an anticoagulant specialist pharmacy technician <http://www.aptuk.org/aptuk-news/2017/10/19/my-day-anticoagulant-specialist-pharmacy-technicia/>
- Tess Fenn – How do I help 'raise the bar' on patient safety? <http://www.aptuk.org/aptuk-news/2017/10/17/how-do-i-help-raise-bar-patient-safety/>





# Have you had your seasonal influenza vaccination?

In October 17, Keith Ridge, NHS England's Chief Pharmaceutical Officer wrote to APTUK, to encourage pharmacy teams in direct contact with the public to be vaccinated against influenza this winter.

The General Pharmaceutical Council advises pharmacy professionals providing key healthcare services, and often dealing with patients directly, to consider getting vaccinated and to encourage their staff to get vaccinated as well.

By being immunised, pharmacy teams help protect not only themselves and their families, but also the individuals they come into contact with.

So, have you had your flu jab vaccination yet? If not, a community pharmacist could provide this for you.

The service, which is the fifth Advanced Service in the English Community Pharmacy Contractual Framework (CPCF), can be available from any community pharmacy in England that fully meets the requirements for provision of the service.

It couldn't be easier as APTUK officers found out.

Engagement officer, Daniel Dicker, visited Day Lewis Pharmacy in Wandsworth to have his #flujab. "It was a very convenient, excellent service. Jill the pharmacist explained why the flu jab is so important!

Healthcare professionals should do all they can to protect themselves, their family and the people they care for by having the flu jab and the services provided by community pharmacies offer a very convenient way of doing so. Thank you to Jill and the pharmacy team for an exceptionally friendly caring service".

President, Tess Fenn visited Sittingbourne WELL Pharmacy and received a fantastic professional service. "It could not have



been better. Pharmacist, Jana Majsnarova, was excellent in both giving the vaccination and explaining the process and what comes after. It was also lovely to meet the pharmacy team all dedicated to community pharmacy. Thank you to the WELL Pharmacy at Sittingbourne, #lovecommunitypharmacy".

We all know that the impact of flu on frail and vulnerable patients can be fatal and outbreaks of the virus can cause severe disruption in communities, care homes and hospitals.

So, if you haven't had yours yet, APTUK encourages all pharmacy teams in direct contact with patients and the public to be vaccinated against influenza this winter.

Go to your local pharmacy, for a truly professional service. **Would you like to know more facts about flu? Here is the NHS England's Public Health leaflet.**



Public Health England

Protecting and improving the nation's health

## Vaccinating frontline health and social care workers against flu factsheet

It is recommended that all frontline health and social care workers (HSCWs) are vaccinated against flu to help protect themselves and those they care for.

The impact of flu on frail and vulnerable patients can be fatal and outbreaks of the virus can cause severe disruption in communities, care homes and hospitals.

Frontline health and social care workers are more likely to be exposed to the influenza virus than the general population. HSCWs can be infected with the flu virus, have no symptoms but can still pass the virus to others including patients and residents.

Flu can affect all age groups and even in healthy people can be an unpleasant illness lasting for a couple of weeks. In different years flu affects some age groups more than others.

Flu viruses can change over time. The vaccines are made in advance of the flu season and protect against the strains of the virus that are most likely to circulate that year. Flu viruses usually circulate from around late December to late March. HSCWs should receive the vaccine as soon as possible once it is available.

The flu vaccine has an excellent safety record. It doesn't contain live viruses so cannot give you flu. Vaccine effectiveness varies each year and flu vaccination remains the best protection we have against the influenza virus.

The flu vaccine is less effective with advancing age, so vaccination of staff is an important strategy in providing indirect protection for elderly residents and those receiving homecare.

Research undertaken by Public Health England shows that if a member of staff is vaccinated it has a positive impact on whether a person in an eligible group accepts vaccination. Making sure HSCWs understand the importance of getting themselves and others vaccinated will help reduce flu related illness and deaths.

Flu vaccination of frontline HSCWs is an important part of winter resilience planning, reducing GP visits, hospital admissions and staff absence due to sickness.

The clinical evidence on healthcare worker vaccination can be found on the flu fighters website at: [www.nhsemployers.org/case-studies-and-resources/2016/09/flu-fighter-clinical-evidence](http://www.nhsemployers.org/case-studies-and-resources/2016/09/flu-fighter-clinical-evidence)

# Community pharmacy patient safety group

The community pharmacy patient safety group is made up of passionate community pharmacy Medication Safety Officers (MSOs) from across the sector, with representation from all community pharmacy chains with over 50 branches, as well as the National Pharmacy Association to represent independent pharmacies. It

provides a forum for these community pharmacy organisations to openly share and learn from each other when things go wrong, as well as from other sectors and industries, so that all can collectively improve patient care and reduce harm.

The group, coming up to its third year of collaborative sharing and learning

are looking to make their work more accessible and transparent to anyone who is interested! In this spirit, the group have just published their priorities for 2018.

Further information about the Group and the resources can be found on the website. <https://pharmacysafety.org/about/about-us/>

## Community Pharmacy Patient Safety Group Our priorities for 2018

Continue to drive incident reporting culture and practice across the community pharmacy sector, promoting the Report, Learn, Share, Act, Review principles



Share learning from serious or recurrent patient safety incidents at regular CP PSG meetings so that warnings and recommendations can be cascaded throughout the network

Rise to the World Health Organization's global Medication without Harm challenge, and support Government ambitions to reduce prescribing and medication errors across the NHS, including through the Pharmacy Quality Collaborative



Work with NHS Improvement to inform the development of the new Patient Safety Incident Management System (PSIMS) and ensure the current National Reporting and Learning System (NRLS) is fit for purpose

Investigate practice issues or processes impacting on patient safety using programmes of audit and data capture and support implementation of recommended best practice



[www.pharmacysafety.org](http://www.pharmacysafety.org)

Work with key stakeholders and policy makers, including on the Rebalancing Board, to drive for changes in legislation relating to inadvertent dispensing errors, and other policy changes that will enhance patient safety culture



Arrange mental health training for Medication Safety Officers to empower them to champion mental health and wellbeing within their organisations, on behalf of both their patients and their staff

Use external speaking opportunities, social media, videos, blogs and a second Patient Safety Forum event to champion the vital role that community pharmacy teams play in keeping people safe



Issue another patient safety CPD module, update our safeguarding resources, and work with the Centre for Pharmacy Postgraduate Education (CPPE) to inform their patient safety and safeguarding learning programmes

Work with Schools of Pharmacy to ensure patient safety is embedded throughout the MPharm curriculum



Engage with, and potentially partner with, organisations or charities that represent people who use community pharmacy services to help improve the quality of our work

@PharmacySafety



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# GPhC Council gives green light to implementation of revalidation in a 'step-change' for pharmacy professionals

The General Pharmaceutical Council (GPhC) will introduce revalidation for pharmacy professionals from 30 March 2018, after its Council approved the framework for revalidation and agreed the timetable for its implementation.

All pharmacists and pharmacy technicians in Great Britain will have to demonstrate that they are regularly reflecting on their learning and practice and keeping up to date. Each year, pharmacy professionals will have to complete and submit four CPD records, a record of a peer discussion and a record of a reflective account. They will be asked to explain in each record how what they have done has benefited people using pharmacy services, to make sure improving the care people receive is at the heart of the process.

GPhC Chair Nigel Clarke said: "Revalidation is a significant step-change for pharmacists and pharmacy technicians and I am delighted that the Council has given the go-ahead to this important process. We believe that the introduction of revalidation will further assure users of pharmacy services that pharmacy professionals will provide them with safe and effective care throughout their careers,

"We have been working towards this goal alongside a range of groups, professionals, employers and patients for a number of years to make sure we can collectively bring revalidation forward in a robust and evidence based way. Going forward we will continue to work collaboratively with these groups as we make revalidation a reality."

In response to feedback received through the consultation, the Council has agreed to take a number of actions to further improve the framework for revalidation and to support pharmacists and pharmacy technicians to meet the new requirements.

These include strengthening guidance within the revalidation framework, and producing new guidance and supporting information to further explain some parts of the process, including peer discussion and the reflective account. The final framework is expected to be published in the coming weeks.

All registrants will receive tailored information and guidance from February 2018 onwards to explain what they will need to do and when.

At the meeting, Council members emphasised the GPhC's commitment to and importance of continuing to work collaboratively with other pharmacy organisations throughout implementation, including on how they can support registrants to locate appropriate peers and engage with the process in the most meaningful way.

The Council also committed to evaluating how revalidation is working in practice once it is implemented to better understand its impact and how

it should develop going forward.

The following timetable for implementation was agreed:

- a new online portal will be made available to registrants to record their revalidation records in March 2018.
- In 2018, the first tranche of registrants with a registration expiry date of 31 December 2018 will be asked to submit four CPD records when renewing their registration.
- In 2019, the first tranche of registrants with registration expiry date of 31 December 2019 will be asked to submit their full six records for revalidation (four CPD records, a record of a peer discussion record and a reflective account) when renewing their registration.

**Lord Kirkwood, Chair of the Revalidation Advisory Group, said:**

"I am pleased to see that revalidation will shortly be launched. For a number of years the sector has been working together to bring about this new process and support person-centred professionalism in a robust and evidence-based way. I urge pharmacists and pharmacy technicians to embrace this important change for the benefits it can bring to themselves and the people using their services."

**Dr Catherine Duggan, Director of Professional Development at the Royal Pharmaceutical Society said:**

"Revalidation will further enable pharmacists to demonstrate their capabilities and be recognised for excellence in healthcare provision. We support this focus on reflection and learning for all registrants and believe it will further enhance the public's confidence and trust in the profession.

We look forward to continuing to work with the GPhC as revalidation further develops in the future to support pharmacists for the benefits of patients."

**Tess Fenn, President of APTUK said:**

"Revalidation provides an important opportunity for pharmacy technicians to demonstrate the safe and effective care that they are already delivering directly for patients and the public. We know that there is a lot of good work already taking place, and we hope with revalidation that this will be shared more widely. APTUK have been involved as a key stakeholder throughout the 'research, testing, piloting and

evaluation' development stages of revalidation and the new framework, and we will continue to work closely with the GPhC and others into the future."

### Notes to editors

#### Specific

- You can view the relevant council papers here
- The consultation on revalidation was informed by a three-year development programme through research, testing, piloting and evaluation. The consultation was one of the last steps to engage with people affected by the proposals to understand their impact prior to implementation.
- The consultation on revalidation generated 1858 responses from pharmacy professionals and organisations; and more than 2400 individuals participated in over 40 consultation events across Great Britain.

#### General

The General Pharmaceutical Council (GPhC) is the independent regulator of more than 53,000

pharmacists, 23,000 pharmacy technicians and 14,000 pharmacy premises in England, Scotland and Wales

Our remit is to protect, promote and maintain the health, safety and wellbeing of patients, the public and all those who use pharmacy services

The GPhC sets out the standards for pharmacy professionals that pharmacists and pharmacy technicians must meet throughout their careers.

The GPhC also establishes standards for education and training, continuing professional development (CPD) and the safe and effective practice of pharmacy at registered pharmacies.

Further information about the GPhC can be found at [www.pharmacyregulation.org](http://www.pharmacyregulation.org)

*For further information, please contact:*

**BECKY BELLARS**

Media and Public Affairs Manager

Tel: 0203 713 7998

Out of hours: 07788 757819

Email: [becky.bellars@pharmacyregulation.org](mailto:becky.bellars@pharmacyregulation.org)

## Branch Day 2017

An event specifically aimed at APTUK Branches took place in Birmingham on Saturday 2nd December 2017. Representatives of branches all over the UK, from South Devon to Aberdeen met for a day of information and networking.

The event started with Dalgeet Puaar (Professional Development Director) welcoming everyone to the day and setting out the learning objectives. A thank you was given to Pfizer and Rosemont for sponsoring the event.

After group inductions, the branch representatives were given the opportunity to give examples of what was going well and what needed improvement at their branches. It was heartening to know that everyone seemed to have the same concerns, such as finding venues, attendance issues and knowing what activities to undertake at the meetings. Other branches, including award-winning branches of the year, were able to offer suggestions and advice on the issues.

Tess Fenn (President) addressed the group with an APTUK update. This included an introduction to the new APTUK structure and an update on the work completed and that which is on-going. Responses to over seven consultations had taken place since July 2017. APTUK Directors and National Officers had attended seven events since conference with four more planned for the New Year.

Day Lewis community pharmacy technicians are all joining APTUK, sponsored by their employer for the first 12 months. The branches were reminded to invite their local Day Lewis pharmacy technicians to the branch meetings.

Lunch and networking took place with an opportunity to meet with APTUK Directors, National Officers and local branch representatives.

After lunch, a series of updates on finances, website development, CPPE and a presentation on education packages available from Rosemont took place.

Sam Murray (Website Officer) gave a very impressive demonstration of the new website and highlighted some of

the advanced functions. The group were extremely impressed and excited with lots of discussion and suggestions taking place.

Diane Meech gave the group an update on the financial situation and requested that branches work hard to convert local students to full membership once they qualified by ensuring they are invited to branch events.

Sam Quaye (Lead Pharmacy Technician for CPPE) gave a presentation to the group on the educational packages offered by CPPE that could be used at branch meetings. This was followed by a demonstration of some of the educational packages that Rosemont can offer to branches.

Dalgeet Puaar ran an afternoon workshop on the delivery of the branch AGM and reviewed the standing orders. The group enthusiastically fed back on their group work and actions were created for the Board of Directors to move the guidance offered to branches for AGMs forward.

The meeting ended with a discussion on the future of branch events days, with a longer day (10-4:30pm) and ideally two branch days per year being suggested.

Branch representatives left the meeting buzzing with ideas and enthusiasm, with new friendships having been forged and contact details swapped.



**GAIL HALL MPharmT**

Secretary

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



# Inadvertent dispensing errors legislation approved by the Houses of Parliament

Affirmative debates held in the House of Commons, on the 4th December 17, and the House of Lords, on the 6th December 17, agreed the Draft Pharmacy (Preparation and Dispensing Errors – Registered Pharmacies) Order 2018. The support of both Houses paves the way for the Order to be sent to the Privy Council for signature and publication. The expectation is for the Order to come into effect in the New Year.

The Association of Pharmacy Technicians UK welcomes this positive news that introduces new defences to the criminal offences relating to inadvertent preparation or dispensing errors by registered pharmacy professionals acting in the course of their profession.

The long awaited legislation will be introduced UK wide and will provide the defence for work carried out in registered pharmacies.

The Department of Health, is working with the Health Departments in Scotland, Wales and Northern Ireland, to develop similar measures for hospitals and other specified pharmacy settings (e.g. pharmacy services for prisons and care home), and plans to consult on draft proposals in the New Year. This aims to ensure that pharmacy professionals working in other settings, such as hospitals (where the pharmacy is not registered), can make use of this defence.

Tess Fenn, President of APTUK, said:

“This is extremely positive news for pharmacy professionals, both pharmacy technicians and pharmacists, and is most welcomed after many years of hard work by the professional and the Rebalancing Programme Board.

“This is a vital landmark in the passage of the legislation anticipated to come into effect in 2018. We now need to build upon the defences offered to improve reporting of dispensing errors and near misses, so that we can share and learn together to increase and improve patient safety.”

“We will be continuing our work towards seeing similar proposals for pharmacy technicians working in hospitals and other pharmacy settings.”

## Key Points about the Order

1. The Pharmacy (Preparation and Dispensing Errors – Registered Pharmacies) Order 2018 has now been laid before Parliament. The Order introduces defences to the criminal offences relating to inadvertent preparation or dispensing errors by registered pharmacy professionals (registered pharmacists and registered pharmacy technicians) acting in the course of their profession in registered pharmacies - predominantly community pharmacies.
2. The Order, developed on a UK wide basis, will now be debated in both houses before being signed by Privy Council and coming into force next year.
3. Unlike other health professionals, pharmacists and pharmacy technicians are currently at risk of criminal prosecution for a strict liability offence when inadvertent human error happens in the course of their professional practise. This order aligns pharmacists and registered pharmacy

“WE WILL BE **CONTINUING OUR WORK** TOWARDS SEEING SIMILAR PROPOSALS FOR **PHARMACY TECHNICIANS** WORKING IN HOSPITALS AND OTHER PHARMACY SETTINGS.”

technicians who are working in registered pharmacies with other health professions. It supports increased reporting of errors, without the fear of prosecution, and allows for individual and shared learning from those mistakes, leading to improved patient safety.

- The Department of Health, is working with the Health Departments in Scotland, Wales and Northern Ireland, to develop similar measures for hospitals and other specified pharmacy settings (e.g. pharmacy services for prisons and care home), and plans to consult on draft proposals in the New Year. This aims to ensure that pharmacy professionals working in other settings, such as hospitals (where the pharmacy is not registered), can make use of this defence.

### What does the Order do?

Currently, pharmacy professionals are at risk of prosecution under section 63 (adulteration of medicinal products) and section 64 (sale of any medicinal product which is not of the nature or quality demanded by the purchaser) of the Medicines Act 1968 in the event that they prepare or dispense medicines erroneously.

This Order offers a defence to these criminal offences, if certain conditions are satisfied –

- The error must have been made by a registered pharmacy professional, working in a pharmacy registered with the General Pharmaceutical Council (GPhC) or Pharmaceutical Society of Northern Ireland (PSNI) and have been acting in the course of their profession;
- The sale or supply must have been in pursuance of a prescription or directions; and
- They or another responsible person must also have taken prompt steps to notify any affected patients when the error came to light, unless they reasonably formed the view that this was not necessary (for example they know the patient already knows), for this defence to apply.

### What are preparation and dispensing errors?

Errors include for example:

- a medicine intended for another patient being dispensed to the wrong patient
- the wrong medicine being dispensed
- an ingredient is omitted or inadvertently added when making up a medicine
- the medicine being dispensed at the wrong strength or in the wrong dosage form

### Will this Order negatively impact on patient safety?

We expect that this Order will have a positive impact because of an increase in the reporting of dispensing errors, which will afford greater learning opportunities – translating to increased patient safety.

It is important to recognise that pharmacy professionals may still be subject to prosecution, under the Medicines Act where the conditions of the defence are not met e.g. a deliberate disregard for patient safety would not benefit from the defence, as such a person would not be “acting in the course of his or her profession”. In addition under general criminal law, where patient harm occurs or where

there is pre-meditated criminal intent, pharmacy professionals may be prosecuted on the same basis as any other health care professional and also there are professional sanctions that can be administered, if warranted, by the GPhC/PSNI where errors occur.

During consultation on this measure, there was considerable support from patient and consumer groups and recognition of the potential for increased learning to help prevent dispensing errors and improve patient safety.

### Why does the Order not apply to hospitals and other pharmacy service providers?

This Order applies only to pharmacy professionals making inadvertent preparation and dispensing errors in registered pharmacies. Hospital pharmacies are generally not registered and do not have the same governance arrangements. A separate order providing defences to section 63 and section 64 of the Medicines Act 1968, in the case of an error made by a pharmacy professional in a hospital or other care setting (e.g. pharmacy services for care homes and prisons), is being developed separately.

Whilst this Order does not provide a legal defence to preparation and dispensing errors occurring outside of a registered pharmacy, prosecutors will be advised as to plans to consult on an Order in respect to this.

### What is being done to increase learning from dispensing errors?

Government, regulatory and professional bodies expect pharmacy teams to be pro-active and engaged in improving patient safety.

To encourage and foster a culture of learning and improvement in registered pharmacies, the regulatory and professional pharmacy bodies across the UK have:

- Published professional standards to support increased reporting, learning, changing practice and sharing learning from dispensing errors and near misses
  - Run patient safety and quality roadshows and medicines safety conferences to promote the standards and engage the professions.
  - Published a range of tools and resources to support the further improvement to systems and procedures
- In each of the four nations, there are also a number of system wide initiatives for example the introduction of medication safety officers/champions and reporting systems (National Reporting and Learning Systems), supporting learning and improvement at local, regional and national level and helping to better identify and address system errors.

### Does the Order apply to the whole UK?

This Order extends to England, Wales, Scotland and Northern Ireland.

### When will the Order come into force?

Pending agreement by Parliament, the Order will need to be made by the Privy Council in early 2018. Once made the order will enter into force 28 days later.

A further ‘commencement’ order is required to bring into force the defences in Article 4 of the draft Order. This will be progressed as soon as practically possible.

# Professional Development Collaboration

## APTUK and Day Lewis Pharmacy Group collaborate to support the professional development of Pharmacy Technicians

The Association of Pharmacy Technicians UK (APTUK) and Day Lewis are working together to support and promote the professional development of community pharmacy technicians.

APTUK, as the professional leadership body for pharmacy technicians are committed to 'Leading pharmacy technicians to deliver professional excellence for patient centred care'.

Day Lewis, as a recognised Investor in People Gold accredited company, is committed to investing, training and developing their staff.



*Tim Rendell (Day Lewis Head of Pharmacy), Tess Fenn (APTUK President) Jay Patel (Day Lewis Executive Director)*

The pharmacy technician role is integral to delivering high quality patient centred pharmacy services now and in the future. In recognising this Day Lewis are delivering on one of their core values 'To reward, recognise and empower, by investing in professional membership for their Pharmacy Technician staff.

APTUK and Day Lewis are sharing the ideal that working together is in the best interest of their staff, members, patients, the public, pharmacy and healthcare as a whole.

APTUK President, Tess Fenn, said, "We are delighted to be working with Day Lewis in supporting professional excellence in pharmacy technician professionals, ultimately for the benefit of patients and medicines optimisation. We are very pleased to be welcoming Day Lewis community pharmacy technicians to APTUK and the richness this will bring to our membership as we learn and work together."

### APTUK attends the Day Lewis Pharmacy Annual Conference 2017

APTUK's first ever stand at the Day Lewis Pharmacy annual conference was busy, busy, busy at the Novotel London West on Saturday 18th November 2017.

National Officers Oli Jones (Business Development Officer) and Dan Dicker (Engagement Officer) joined President, Tess Fenn, in welcoming Day Lewis staff to find out about APTUK and our role as the professional leadership body for pharmacy technicians. It was pleasing to meet all staff, medicine counter assistants, dispensing assistants, pharmacists and pharmacy technicians alike.



The conference continued into the evening with a Winter Wonderland themed Gala Awards Dinner which included the Pharmacy Technician of the Year award for the first time. Held in Battersea Evolution in Battersea Park, the gala awards dinner celebrated Day Lewis staff achievements across a number of categories valuing the whole pharmacy team's contributions.

Tess Fenn, announced and presented the APTUK supported Pharmacy Technician award to worthy winner Emily Anderson, nee Miles.

Emily, from Colchester, started working for Day Lewis as Saturday staff nine years ago and is now the Pharmacy Manager. In her manager role she has increased productivity by raising the supply of NHS items by 4%. Through her hard work and determination she has also significantly improved customer service and customer satisfaction.

Day Lewis Pharmacy is one of the largest independent retail pharmacy chains in Europe. Day Lewis pharmacy was founded by Kirit Patel MBE and his brother JC Patel in 1975. It is a family owned business that consists of over 300 pharmacies in the UK today. With patients being the true heart of the business, Day Lewis pharmacies can be found not only in local communities but also in high streets and health centres.



**TESS FENN MPharmT**  
President  
[president@aptuk.org](mailto:president@aptuk.org)



## Association of Pharmacy Technicians UK (APTUK)

The Professional Leadership body for Pharmacy Technicians



# APTUK 2018

ANNUAL PROFESSIONAL CONFERENCE & EXHIBITION

**SUN 17 - MON 18 JUNE**

GRAND CENTRAL HOTEL, GLASGOW

The programme will include a focus on patient safety and best practice, as well as clinical and skills updates. Invited speakers and topics are developed with the varied role of the Pharmacy Technician in mind and offers unrivaled learning for today's professional, no other conference in the UK is aimed solely at Pharmacy Technicians.

APTUK Conference committee encourage Pharmacy Technicians to share their work by submitting a poster for presentation and entry to the Katherine Miles Poster Award sponsored by Helapet – deadline for submission is **Friday 6th April**.

### INVITED SPEAKERS INCLUDE:

**Dr Rose Marie Parr**, Chief Pharmaceutical Officer, The Scottish Government

**Lynn Morrison**, Chair of the Technical Specialist Education and Training group

**Kassin Yakhlef**, Pharmacy Technician, NHS Bristol Clinical Commissioning Group

**Nigel Clarke**, Chair of the General Pharmaceutical Council (GPhC)

**Sam Quaye**, Lead Pharmacy Technician, Centre for Pharmacy Postgraduate Education

**Liz Fidler**, Associate Head of Pharmacy, Health Education England, London & South East

In addition, APTUK welcome your applications and nominations for the APTUK annual awards, sponsored by AAH and NHS Digital. Our awards celebrate and acknowledge successful Pharmacy Technicians and Pharmacy Services in the following categories:

- Pharmacy Technician of the Year
- Pre-Registration Trainee Pharmacy Technician of the Year
- Leadership
- Patient Safety
- Service Transformation and Integration
- Digital Innovation
- Branch of the Year

Deadline for applications/nominations is **Friday 6th April**. Please see **APTUK website** for more information

**We look forward to seeing you in Glasgow.**

Places can be booked now and start from £290 if booked online before Friday 20th April or you can register your interest for programme updates by emailing [aptuk@profileproductions.co.uk](mailto:aptuk@profileproductions.co.uk)

