

PHARMACY TECHNICIAN JOURNAL

THE JOURNAL OF THE ASSOCIATION OF PHARMACY TECHNICIANS UK
SEPTEMBER 2016



AGM & Annual Conference Edition

Inside:

- APTUK Conference 2016 – Highlights, Award Winners & Conference Summaries
- Meet your New National Officers
- A Hot Topic – Room Temperature Monitoring



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A Warm Welcome

I would like to start my first editorial by saying a huge thankyou to everyone at APTUK for this fantastic opportunity to become a national officer and in joining the rest of the team.

I would also like to thank Ellen for the all hard work she has put in as editor before me, and also for responding to all of my messages and emails in helping me find my feet. I wish her all the best with her latest arrival and hope everything goes well for her.

On writing this we, as individuals have seen a lot of change politically, and we are still yet to see the outcome professionally. Change is inevitable, but we have to look at this with a positive attitude and see how we can shape the role of pharmacy in the new climate.

This edition is possibly the biggest of the year due to the annual conference, so quite daunting as my first issue. I hope you all enjoy reading it as much as I enjoyed putting it together.

As usual you will find our regular features and most importantly our coverage of the APTUK 2016 conference. Unfortunately, I was unable to attend the conference this year as I was on holiday, but in putting together this issue I was able to appreciate all the hard work that goes into the conference and all the fantastic work that pharmacy technicians across the country are doing.

I would urge all members to log on to the website in order to catch up, or perhaps just refresh, on all the conference presentations. As well as seeing all the work APTUK are currently involved in.

I would like to thank all of the contributors in this edition and to encourage members get in touch with any ideas they may have for our future editions.



Joshua Taylor MPharmT

Editor
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The times they are a changin'

Dear Members

In the words of Bob Dylan 'the times they are-a-changin' and my goodness how much has changed since my last President's column.

The most profound change came upon us on Thursday 23rd June 2016 when Britain voted for Brexit, the British exit from the European Union (EU). We don't know as yet how this will affect us as citizens or how this will impact on pharmacy. What we do know though is that the regulation of medicines and medical devices is within EU legislation, which provides harmonised regulation of medicines across the member states. How does this currently work? The UK is part of the centralised authorisation system, operated by the European Medicines Agency (EMA). Pharmaceutical companies, when seeking marketing authorisation for medicines, are able to submit a single application to the EMA which then applies to the EU and other European Free Trade countries. The UK's Medicines and Healthcare Products Regulatory Agency (MHRA) looks at marketing authorisations for medicines and devices to be used in the UK only. For clinical trials, although currently managed nationally, harmonised regulations across the EU were due to come into play in 2018. This was aiming to give a single point of entry to companies wishing to carry out clinical trials of new medicines.

So what does this mean now? It is too early to say, except that the EMA is currently based in London and reports are suggesting that relocation will be required and Brexit will mean uncertainties and potential future complexities. However, the UK could remain part of the EMA if the option of remaining in the European Economic Area, akin to other countries such as Norway, is realised. The effect on clinical trials remains to be seen, although pharmaceutical companies have raised concerns that this could mean the UK may miss out on some clinical trials if not part of the future harmonised system.

In the April 16 PTJ, you may have read the article on the Falsified Medicines Directive and attended the plenary session at conference, if you came this year. From this you will know that the Directive, under European law, allows measures to be put into place to stop falsified medicines from entering the supply chain. This is due to be in place in all EU countries from February 2019, and implementation plans are already under way. Again, at the moment, it is unknown if this will be affected, although given the benefits this brings to patient safety and that other non-EU member countries, such as Norway, Iceland and Switzerland, it may be the case, that this will still be enacted.

What could Brexit mean for the EU Working Time Directive? This directive, which limits the maximum number of hours that workers can work in any one week to 48 hours, was brought in to enhance the health and safety of

employees. Any future UK government changes to the UK working time regulations, could affect Agenda for Change and NHS employment contracts.

As already indicated, all aspects of Brexit are works in progress and APTUK will be watching carefully to any developments that may affect Pharmacy and pharmacy technicians. However, the volume of EU law is vast and will still be place in the UK until the government enact Article 50 and negotiations to leave. The consequences of this, as parliamentary resources are being redirected to work on Brexit, is that parliamentary time and priorities will be readjusted with possible timetables for current work being affected. Once again APTUK will be keeping a close eye on this and any effects this may have on the Rebalancing Medicines Legislation and Pharmacy Regulation (RPB) and other work such as the 'Community Pharmacy Contract Review 2016 and beyond.

For further reading on how leaving the EU may impact health and social care the Kings Fund has published a useful guide that outlines five big issues. This can be found on <http://www.kingsfund.org.uk/publications/articles/brexit-and-nhs>

The other breaking news on the evening of the EU Referendum was from the Royal Pharmaceutical Society (RPS), who announced that there would be a new President after Ash Soni lost his seat on the RPS Assembly. Again, those members who attended conference would have seen Ash present on updates and insights from the RPS and heard him promote and support the collaboration and close working of the two pharmacy professional leadership bodies. I would like to take this opportunity to thank Ash, for both attending our conference, which was a historic first for a RPS Presidents attendance, and for the supportive working relationship over the last two years of mine and his Presidency. I would like to wish him well for his future ventures and look forward to close working within his South London position as Local Professional Network (LPN) chair.

At this point I would like to congratulate the new RPS President, Martin Astbury, on his reappointment and extend best wishes as we look forward to continued close working on professional outcomes for pharmacy. This is of upmost importance as we continue to work towards the 2nd phase on 'Supervision' changes within the RPB programme.

I will now turn to our own internal changes within APTUK. Following approval at AGM and the subsequent successful co-option process for two vacant posts, I am pleased to confirm that we have filled all of our National Officer positions.

I would like to extend a warm welcome to our new incoming officers, Joshua Taylor (Editor), Leanne Beverley (Business Development Officer), Diane Taylor & Andrea Ashton (job-share Events Officer), Emma Walker (job-share



Branch Liaison Officer) and Daniel Dicker (Engagement Officer).

Before I move on, I would also like to say a huge thank you to our out-going officers who have stood down either at AGM or throughout 2015/16: Ellen Williams, Julie Postle, Penny Hopkins, Mike Howes and Wendy Penny. Over the years they have given their time freely to APTUK for the benefit of you as members and to the wider pharmacy technician profession. We are truly grateful for such dedication and commitment and offer our very best wishes for their future.

With our new Professional Committee of National Officers in place and, as I start my 2nd term of office as President, I was delighted to lead, our first two-day meeting, 1st and 2nd July 16, to set the associations strategic vision and objections for the coming two years.

Our strategic vision 'Leading pharmacy technicians to deliver professional excellence for patient centred care' is at the heart of the work we do for you, as members, and for pharmacy.

Our strategic goals will be focusing on providing leadership through working collaboratively with the pharmacy regulator, professional organisations and education providers as we influence and promote clinical workforce skill mix and the utilisation of pharmacy technicians' skills, knowledge and expertise.

As we look at some of the 'big ticket items', national healthcare policy and regulatory drivers for pharmacy we will be concentrating our priorities on, to name some, the:

- GPhC Initial Education & Training Consultation, which is due in Autumn, the Pharmacy apprenticeship trailblazer and the Scottish SVQ review
- GPhC Professional Standards consultation outcomes, the subsequent implementation of these and supporting our members in working within these
- GPhC Continuing Fitness to Practise pilot and outcomes and what this means for our members and pharmacy technicians as professional registrants
- Foundation Pharmacy Framework implementation and evaluation and developing resources for the Advanced framework
- Developing resources and support mechanisms for Pre-registration Trainee pharmacy technicians and pharmacy technician specialist practise
- ACPT professional practise standards development
- Rebalancing Programme Board, 'Supervision' phase and the collaborative development of Professional Standards Reporting with the RPS/PSNF
- Community Pharmacy Services Review 2016 and beyond developments and the Carter Review developments
- Utilising pharmacy technicians within PGD & access to Summary Care Records

- Participation in research to support pharmacy technician Scope of Practice

Whilst working on these priorities, through the work streams, we are also committed to our ongoing review of our governance structures to ensure APTUK is productive, effective and transparent. Through this we will be continuing with our modernisation agenda.

As with every Presidents column I write, you can see there is much work for APTUK to engage with. As the new Professional Committee gets to work, we look forward to and are extremely excited by, the imminent report on the UEA/APTUK ground-breaking research into the current and developing Scope of Practice of Pharmacy Technicians in the UK. The research surveyed pharmacy technicians and ran focus group interviews to identify current working and roles as well as the training provided. It also explored pharmacy technicians' thoughts and opinions on future roles. The research outcomes are eagerly awaited, so watch this space and thank you to all who completed the survey questionnaire and attended the focus groups!

As always, I also thank you for your continuing support and to help us help you, urge you to spread the word about the work of APTUK that we do on your behalf, in all sectors of pharmacy.

Advances in pharmacy practice and service innovation, that is needed to deliver a quality pharmacy service to an ever increasing and elderly population, will result in healthcare professionals taking on more extended roles. I am constantly aware of the emergence of new roles. Together within a multidisciplinary healthcare team we can provide expert advice and care for patients. Help us, YOUR professional leadership body, develop the 'Vision for the Pharmacy Technician Future role'.

I will end as I begun with words from Bob Dylan.

'Then you better start swimmin'

Or you'll sink like a stone

For the times they are a-changin'.

This edition of the PTJ, traditionally focuses on the conference to provide our members who were not fortunate enough to attend with some valuable information and learning from aspects of the exciting programme that was delivered. This year was APTUK's 60th conference and I can truly report that it was buzzing with energy, celebration and motivation for the role of the pharmacy technician. Let's continue this through the whole year and start swimming...



Tess Fenn MPharmT

APTUK President,
president@aptuk.org



AGM 2016

Results of National Officer Elections 2016

There were seven posts up for election this year, due to either co-option into post last year or the current officer being at the end of their term and not wishing to restand. All posts vacant were advertised to members both via the website and directly via email. The deadline was 10th May and the following nominations were received within this date:

Post	Name	Nominated by	Seconded by
President	Tess Fenn	Rachael Lemon	Colin Rook
CPD Officer	Mary Carter	Kate Postle	Ellen Williams
Editor	Joshua Taylor	Joanne Mizon	Kieran Casey-McEvoy
Branch Liaison Officer (Job share)	Emma Walker	Dalgeet Puaar	Samantha Quaye
	Kate Postle	Mary Carter	Ellen Williams
Engagement Officer	Daniel Dicker	Kieran Casey-McEvoy	Pam Bahia

At AGM 2016, the President asked if there were any objections to the nominations. No objections were received. The President then asked for the agreement from all members present at the AGM in endorsing all the above named members into office for 2016.

All membership present approved the nominations so the President then welcomed all new officers onto the Professional Committee.

As both the posts of Events officer and Business Development Officer received no nominations; this was opened for co-option which went out for advert immediately following the conference.

The Co-option process was then completed following AGM and the Board of Directors were pleased to announce the following results for these two posts:

Post	Name	Nominated by	Seconded by
Business Development Officer	Leanne Beverley	Kieran Casey-McEvoy	Joanne Taylor
Events Officer (Job share)	Diane Taylor	Alison Hemsworth	Rachael Lemon
	Andrea Ashton	Alison Hemsworth	Rachael Lemon



Joanne Taylor MPharmT
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AGM 2016

Results of Fellowship and Honorary Membership nominations.

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

The membership category of 'Fellow' is open to all members of the Association, who demonstrate loyalty to APTUK and the pharmacy profession and are well respected. It is in recognition of exceptional professional performance or outstanding service contribution to pharmacy or the Association either locally or at national level.

Nominations may be received from any full member or fellow of APTUK and following receipt, the application will be considered by the Board of Directors.

Fellowship award:

Name of Nominee: Alison Hemsworth

Nominated by: Gill Risby

Gill Risby writes:

I would like to nominate Alison Hemsworth for membership as a Fellow, in recognition of her dedication and relentless hard work over many years, supporting APTUK.

Alison is a great role model for any pharmacy technician. This is evident from both her professional work within each and every role she has been involved, and within her personal life.

She has been focussed, determined and has a genuine passion for pharmacy, which is evident both in her achievements academically and her career progression. To her credit she now holds a senior role within NHS England; However, she has shown the very same professionalism and leadership she demonstrates today, right throughout her career.

Alison has developed a breadth of expertise within pharmacy through personal commitment and loyalty to the pharmacy technician profession. For this, she has earned the respect of many colleagues she has worked with in all sectors.

There are many aspects I could highlight, but these are the key points for me that really stand out, to show Alison is worthy of recognition. She uses every opportunity to promote APTUK and the Pharmacy Technician profession nationally and locally. Although she has a very busy career, Alison never misses the opportunity to raise the profile of APTUK, signpost opportunities to others, or recognise the successes of pharmacy technicians. This is evident through her Twitter account, but also her personal inputs into many networks. She also promotes the opportunities for the pharmacy as a wider profession; Alison always believed in the potential for pharmacy in the wider health and social care arena. She has always networked widely throughout her career. Alison chaired the local branch (West Yorkshire) for a number of years, providing inspiring speakers and

discussion topics. This provided a support network for many colleagues and was well attended from members in primary and secondary care, community and prison services. She has been proactive in starting to set up a new APTUK branch in Yorkshire and has encouraged myself and others to look at how we can collaboratively work together to engage a wide range of pharmacy technicians in the process of setting up this new branch. She has linked with the Local Professional Network (LPN) in exploring how APTUK can have an influence and engage others locally to be involved.

Alison was proactive in supporting the launch of CPD, working together with the then RPSGB and our local networks to provide CPD support workshops. These ran for a number of years, before and after registration was introduced and often delegates commented on how much they had learned from these sessions, but moreover that Alison had a genuine interest in other people, sharing her own expertise and knowledge and helping others to achieve their goals. She has always had the belief and courage to challenge the status quo and make well-reasoned arguments for the involvement and progression of the pharmacy technician role, for the greater good of patient care.

I am very fortunate to have worked with Alison in Yorkshire and The Humber, where she has provided the encouragement for development and influenced others to shine, however I feel her leadership and commitment to pharmacy technicians more broadly across many geographical areas should be recognised through APTUK.

Fellowship award:

Name of Nominee: Samantha Quaye

Nominated by: Parampreet Bahia

Parampreet Bahia writes:

Sam Quaye is an outstanding and inspiring pharmacy professional. Sam has been in senior leadership roles within pharmacy for the last several years and has been a powerful and articulate advocate for pharmacy and pharmacy technicians. Sam has made a real and meaningful difference to the perception of pharmacy technicians and their roles. Sam has raised the profile of pharmacy technicians by engaging with a broad range of stakeholders and pioneering the use of social media by pharmacy technicians. It is no accident that Sam currently has the most followed pharmacy technician Twitter account with over 1,150 followers and growing. Sam's passionate advocacy for pharmacy technicians everywhere has been recognised by others; in 2015 Sam won the 'Pharmacy Technician of the Year' award at the Clinical Pharmacy Congress.

Sam is the only pharmacy technician member of the General Pharmaceutical Council. Sam was appointed in 2013, after a successful first term, and an outstanding appraisal was reappointed for a further three-year term by



the Privy Council. Sam is the first pharmacy technician to have been reappointed to the GPhC Council. At every opportunity Sam has not just made the case for pharmacy technicians but for broader issues of equality, diversity and inclusion. The passion for social justice and equality has at times asked much of Sam, to take challenging positions, to put herself and others beyond natural comfort zones, and in doing so demonstrated true leadership in the path to a better more equal society. Sam has taken leadership positions on pharmacy technician's education, pay, future roles but also on FGM, gender equality and race.

Working with Sam is challenging and rewarding. Challenging because Sam will not simply accept perceived wisdoms or 'ways of doing things', Sam will rightly challenge on areas where she feels passionately. Rewarding because Sam helps others grow and develop new insights. Sam has helped and mentored myself and others to grow and raise our aspirations. An outstanding leader does not shirk from challenging issues or the difficult conversation but recognises that there can be no growth without resilience and no resilience without personal or professional challenge. Sam has taught me this. Outside pharmacy, Sam's leadership skills and influence was recognised by 'Women in The City', a national organisation that recognises, rewards and promotes female leadership. Sam was the only public sector worker, let alone only pharmacy professional, to make the finalists in 2015. The judges were so impressed by Sam's contribution and ability to inspire others that Sam was asked to speak at the Future Leaders Award Launch event in February 2016. Promoting and praising the skills and potential of pharmacy technicians far beyond the world of pharmacy alone.

The Fellowship is for members who have demonstrated exceptional professional performance, those who are respected and made an outstanding contribution to the profession of pharmacy and the cause of pharmacy technicians. On all counts I can think of no one more deserving than Sam Quaye.

Honorary Membership:

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

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

- championing and upholding the professional role of pharmacy technicians;
- publically supporting the continuing development of pharmacy technicians

- advancing the roles, knowledge, skills and behaviours of pharmacy technicians
- working consistently hard on behalf of pharmacy technicians.

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

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

Name of Nominee: Karen Harrowing

Nominated by: Tess Fenn

Tess Fenn writes:

Karen is an extremely experienced Pharmacist who progressed from being a Pharmacy Assistant to a Pharmacy Technician to a Chief Pharmacist in the short space of 20 years. Her considerable 35 years' experience in NHS and Independent Sector acute healthcare has included Pharmacy, Quality and Risk Management Systems with Board level experience in implementing and auditing quality governance frameworks. NHSLA Risk Management lead (previously to Level 3) and current Lead Auditor for Quality Management Systems (ISO9001:2008). She is a designated Fellow of the Royal Pharmaceutical Society (RPS) for distinction in the Profession of Pharmacy and currently a member of the Rebalancing Medicine Legislation and Pharmacy Regulation Programme Board, previously a member of Controlled Drugs working group as well as RPS advisory group member on Professional Standards for Hospital Pharmacy Services and PharmacyQS.com.

Current engagements include supporting Boards in the independent sector understanding accountability under the requirements of the new healthcare Regulations, in particular Fit and Proper Persons: Directors and Duty of Candour. She has extensive experience of working with healthcare regulators, for example Care Quality Commission (including Independent Sector Expert Advisory Group), Medicines and Healthcare products Regulatory Agency (MHRA) and the General Pharmaceutical Council (GPhC).

Karen's CV includes working in the following areas:

- Independent Consultant in Quality Systems & Pharmacy from May 2015
- Group Quality Systems Director (including CQC Nominated Individual), Nuffield Health 2013 - 2015
- Group Chief Pharmacist (including GPhC Superintendent Pharmacist), Nuffield Health 2001 - 2015
- Quality Control Manager (MHRA "Specials" Licence), University of Bath 2000 - 2001



- Principal Pharmacist/Pharmacy Operations Manager, NHS Hospital 1996 - 2000
- Pharmacist training and early management roles, NHS Hospital 1990 - 1995
- Bachelor of Pharmacy with Honours - University of Bath 1987 -1990
- Pharmacy Technician from Student to Senior Technician, NHS Hospital 1980 -1987

Through Karen's extensive career she has upheld respect for the Pharmacy Technician profession and has continued to be a champion raising the profile of the pharmacy technician role in all avenues where she has considerable influence.

Recently I have worked with Karen on the Rebalancing Programme Board (RPB) and have been impressed by her logic and rationale approach to matters of risk management, quality improvement and quality systems. Karen is supportive of the RPB high level principles of having a less prescriptive approach with a higher reliance being placed on professional regulation, having less emphasis on criminal law but more on professional regulation and encouraging professional autonomy; all of which will support innovation to advance pharmacy practice.

Karen is very supportive, and voices this regularly, of utilising the pharmacy technician workforce in achieving the RPB aims. She is also extremely supportive of APTUK and of all of the officers and the incredible amount of voluntary hours work that is afforded by the Board and the

Professional Committee. I believe it would be an honour to have Karen as an honorary member as she is well respected in all sectors of pharmacy and would give a tremendous amount of support and bring expertise in areas that will be critical for the pharmacy technician workforce and APTUK going forwards.

The Board of Directors of the Association of Pharmacy Technicians UK were pleased to award Alison, Samantha and Karen with their well deserved awards and would like to send many congratulations to them all.



Joanne Taylor MPharmT

APTUK Secretary
secretary@aptuk.org

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Meet your new National Officers



Andrea Ashton – Events Office (Job Share)

Andrea began her pharmacy technician career in 1985, initially as a student pharmacy technician at the Royal Preston Hospital (RPH). Qualifying in 1987, Andrea remained at RPH in rotational technician

post until 1992 when she was appointed as Dispensary Senior Technician at Blackpool Victoria Hospital. It was in this role that Andrea developed her interest in education and training and extending the role of the pharmacy technician. She became an NVQ Assessor and gained a Diploma in Management (Pharmacy and Health Services) in 1998. Andrea was involved in a number of North West technician training and development committees and was instrumental in establishing the BTEC Diploma in Accuracy Checking with Preston's College. Andrea returned to RPH in 1999 as Dispensary Senior Technician and at that time Andrea was the NW representative on the NHS Pharmacy Education & Development Group and supported the review of NVQ3 National Occupational Standards (NOS) and the development of NVQ2 NOS.

Following a secondment opportunity in 2000, Andrea was appointed as NW Regional Lead for Technician Post Qualification Development, a role which she delivered alongside being Senior Technician for Education and Training at RPH. Andrea's role was to design, plan and deliver regional study days for post qualification development which culminated in the development of a Medicines Management Foundation Degree with Liverpool John Moores University.

In 2003, Andrea took a change in direction with her career and became Chief Technician for Clinical Trials and Patient Services at Lancashire Teaching Hospitals (LTHTR). Andrea completed a Certificate in Clinical Research (Liverpool John Moores University) and became an NVQ Internal Verifier. It was in this role that Andrea became interested in service re-design and the opportunities this brought for implementing new roles for technicians and pharmacy assistants.

In 2011 Andrea secured the position of Pharmacy Operations Manager at LTHTR. Whilst in this role Andrea became a LEAN champion within her Trust and a Leadership Development Centre observer, supporting aspiring Chief Pharmacists in the NW on their leadership journey.

Andrea is currently Pharmacy Technical Services Manager at LTHTR, where she is responsible for service delivery and strategic development of Trust dispensaries; ward based Medicines Management services; procurement, stores & distribution; clinical trials; pharmacy interface service; education and training and manages the contracted out outpatient pharmacy services. She has recently been appointed as Chair of the NW Chief Technicians Network.

Andrea is passionate about providing excellent and innovative pharmacy services and extending the role of the pharmacy technician to support patient centred care. Andrea became an APTUK Foundation Pharmacy Framework Champion in 2015 and is looking forward to supporting and promoting Pharmacy Technicians in her role as events officer



Diane Taylor – Events Office (Job Share)

I am very proud to have been given the opportunity of becoming an APTUK National Officer and represent the pharmacy technician professional leadership body at the many events across

the country, promoting the association and the excellent work it does. I will endeavour to encourage more pharmacy technicians to become members and with this enable the association to have a powerful voice in the future of pharmacy technicians across all sectors.

Over the last ten years whilst working as a lead technician in training and education in the North-West. I have had lots of experience in organizing events to promote the pharmacy profession such events include the health mela for the Lancashire Gujarat Health Users' Forum. This is a National Forum for Health and Wellbeing that specializes in helping local communities to take greater responsibility for protecting and managing their own health. I have also been involved in the University of Central Lancashire Science festival showcasing hospital pharmacy to over 10,000 people over two days as well as promoting pharmacy careers at local schools and colleges.

My hope is that with my experience, skills and knowledge that I will positively contribute towards the APTUK to raise its profile and with it its membership and voice within the pharmacy profession.



Daniel Dicker – Engagement Officer

Daniel's started his career in an independent community pharmacy where he qualified in 2009 as a pharmacy technician and went onto manage the day to day needs of the pharmacy. He moved onto hospital pharmacy in 2003 and

qualified as a ward based pharmacy technician with Barking, Havering and Redbridge NHS Trust.

Daniel moved onto Chelsea and Westminster NHS Foundation Trust as a Higher Level Medicine Management Technician for 3 years, until advancing into mental health, as the advanced pharmacy technician for South Kensington, Chelsea and Westminster at Central North West London (CNWL) NHS Foundation Trust.



Daniel is now working as the Chief Pharmacy Technician – Medicine at the Royal Free London NHS Foundation Trust, Internal Verifier at City and Islington College and pharmacy apprenticeship assessor.

Daniel is delighted to be part of the APTUK Board of Officers and welcomes the opportunity to support APTUK members and engage potential new members to take advantage of the numerous benefits of being a member of the organisation.



Emma Walker – Branch Liason Officer

I qualified in 1990 and worked in a range of hospital pharmacy roles including stores, dispensary and E&T, before joining London Pharmacy Education and Training (LPET) in 2005.

I am a qualified assessor, internal quality assurer (IQA) and trainer and have been involved in pharmacy technician training and development since 1996.

I applied for the Branch Liaison National Officer post because I feel it is important that branches have support to ensure that they raise the profile of APTUK and discuss with members the vital issues affecting pharmacy.

It is also important that every member, regardless of which branch they attend, are given the same opportunities to contribute and develop themselves. I believe that I have the necessary skills and knowledge to support branch personnel to run the branches successfully and keep members engaged and attending.

I job share this post with Kate Postle and together we hope to help new branches set up and support existing branches with their meetings.



Joshua Taylor – Editor

I am very thankful for everyone at APTUK for giving me this wonderful opportunity to become a National Officer. I hope to be able to use this as a chance to represent pharmacy technicians across a national level at all the events APTUK are a part of.

I am also on the Community Pharmacy Technician

Sounding Board (CPTSB) which involves representing pharmacy technicians in the community sector at national meetings. So far I have attended a Department of Health community pharmacy event on the discussion of pharmacy budget cuts and how the budget should be spent.

I am currently an ACPT in the community sector and have been working here for five years in various locations. Whilst in the community sector, I also became an assistant manager for our care services department which consisted of managing the team within the department, and also accuracy checking the MDS medication for around 55 care homes.



Leanne Beverley – Business development office

I started my pharmacy career in 2001, aged 15 working evenings and weekends, around school and sixth form (with two other jobs!) in a small independent community pharmacy in Coventry. In 2003 I moved to

work full time at Monarch Pharmacy in Coventry where I still work today. I gained my Level 3 pharmacy technician qualification here in 2006 and qualified as an accuracy checking pharmacy technician in 2008. I quickly progressed to supervisor at the pharmacy within a couple of years of joining the independent, family ran pharmacy. I am responsible for the day to day running of the pharmacy, dispensing and checking prescriptions as well as staff training, development of SOPs and IG. I also run a successful award winning smoking cessation service, achieving the highest amount of quitters in Coventry for the past 5 years.

In addition to my full time role in the pharmacy, I qualified as an assessor in 2014 and currently assess a variety of pharmacy qualifications for different providers, including The National Pharmacy Association and a number of colleges across the UK.

I have won a number of awards throughout my career in pharmacy and over 15 years of experience within the community sector I am pleased to be joining the APTUK in this national officer role.

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

If you have something to share, or something to say, simply contact the editor of *Pharmacy Technician Journal* at editor@aptuk.org



APTUK 2016 Conference

The Katherine Miles Poster Award – sponsored by Helapet

The Katherine Miles award is named after the founder of APTUK. This poster competition supports the development of pharmacy technicians by sharing best practice, innovation research and development.

The APTUK Professional Conference and Exhibition gives pharmacy technicians a platform to showcase their projects and achievements through posters. We are thankful for the support, involvement and sponsorship of the Katherine Miles Poster Award from Helapet. We are grateful for their continued support to the education and development of pharmacy technicians and this award would not be possible without them; thank you Helapet!

This year exceeded the number of entries from last year and all were equally brilliant! So many pharmacy technicians showcasing innovative ways to improve safety, save costs and implement new services.

All posters submitted were displayed throughout the two-day event, allowing delegates that attended conference an opportunity to view, ask the authors questions, network and vote for their top three posters.

Chris Steng, the Marketing Manager for Helapet was present at conference to award the prizes to each of the winners.

And the winners are...

First Place

Congratulations to Joanna Correa West, Marie Slimm, Ruth Shuard and Beth Barrett from Birmingham Children's Hospital NHS Foundation Trust. They were presented with 1st prize for their poster entitled: 'Pharmacy Technician extended role into medicine Administration'. They conducted a pilot where pharmacy technicians worked with the nursing team to administer medications at ward level. The pilot was successful and results in the pharmacy technicians extended role becoming integrated into practice and the unique partnerships of professionals has enabled a more robust process to be defined and team working to be improved. This, in turn, delivered a more efficient and effective medicines management service and a decrease in the number of medicine errors reported to reach the patient.

Second Place

2nd prize went to Amy Boorn from Guy's and St Thomas' NHS Foundation Trust Hospital, for her poster entitled: 'Supporting chemotherapy day unit workflow through a



technician led service'. Her poster showed the results of a successful pilot where the service was technician led. This project showed that there was more efficient treatment capacity planning, streamlining service delivery, improved patient experience, and enhancing the delivery of patient centred care and increased staff satisfaction. Amy is reviewing and evaluating additional areas for technician development and service improvement.

Third Place

3rd prize went to Lilliana Alani and Karamjot Khangura from the Midlands and Lancashire Commissioning Support Unit. Their

poster entitled: 'Pharmacy technicians in general practice' looked at how pharmacy technicians can reduce GP workload, improve compliance and help patients take medicines safely. GP practices participated in the pilot project whereby they would refer patients to the pharmacy service where the pharmacy technician would conduct medicines reconciliation. They would then liaise with the GP, community pharmacy, hospital and practice administration staff to resolve any queries. This poster showed the importance of how pharmacy technicians play an essential role in delivering services within the general practice.

Well done to all that showcased their posters this year, and huge congratulations to this year's winners!

The posters are available for view within the member's section on our website at www.aptuk.org

Don't miss out on a fantastic opportunity to have you and your team recognised as leaders in your profession!

We encourage you all to share ideas, best practice and the impact that they have on the service that it delivered to patients.

Further information for the Katherine Miles Poster Awards 2017 will be on the website soon!



Pam Bahia MPharT

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APTUK 2016 Conference

Bursary places

APTUK Conference 2016

This year APTUK successfully funded five bursary placements for members to attend the conference at Aston University. The lucky recipients enjoyed accommodation on one night, Gala Dinner on Friday night, all complimentary food and drink and all presentations.

Here they would like to share their conference experience and explain how they will use what they have learnt to put into practice, promoting the work of APTUK to their fellow colleagues.

Donna Bartlett MPharmT – Locum ACPT

Well what a fantastic two days the APTUK conference was. It was good to hear how different bodies have taken on what the Carter report and other government papers have said about clinical pharmacy Teams, that NOT just pharmacists should be focusing on clinical aspects of patient care both in the primary and secondary sectors.

It was good to see the president of the Royal Pharmaceutical Society attend and speak on how the two professional leadership bodies are working together as a pharmacy profession to help support all pharmacy professionals in this time of great change.

The master classes and the workshops were varied and the ones I attended gave lots of thought provoking ideas and learning. It's always a pity you have to choose, as after discussions with my fellow attendees they all seem to offer lots of insight. So I will look forward to catching up on the ones I did not attend from the copy of the presentations.

I was good to hear that membership numbers were up and how much work, time and effort the National Officers (NO) had committed to over the last 12 months and good to see some new faces stepping up into a NO role.

Apart from the learning and the networking one on the highlights for me was meeting my fellow tweeters in person and leaving with a whole new list of people to follow which in has added another dimension to my learning and experience.

The conference is a must for any member, not only to engage with fellow members but also to experience the show cases that go on. It gives non-members a chance to experience APTUK to see what it is all about.

Anna Hazelden, MPharmT– Swindon APTUK Branch Chair

I was very pleased and excited to have been awarded a bursary place to attend APTUK 60th annual conference 2016. It was great to have the opportunity to meet up with technicians from all over the country with varied roles and backgrounds. It was especially nice to meet up with old acquaintances, past and present National Officers.

Listening to speakers was very interesting and throughout conference we were reminded of the essential role of pharmacy technicians in providing patient-centred care.

Also highlighted was the need for technicians to adapt to meet the growing demands being placed on the sector.

I enjoyed the masterclass sessions that I attended and have been able to take back lots of information and important messages to share with branch members at our meeting.

The whole conference was fantastic-people were very friendly and the event provided invaluable networking and contact opportunities. Thank you to those who offer support in many different ways. I came away feeling full of enthusiasm and inspired as a result of being part of the conference.

To all those technicians out there especially from the community that have never before attended conference it is an amazing experience one not to be missed.

Congratulations APTUK on yet another great conference.

David Cox MPharmT – Principal Pharmacy Technician – Dispensary & Distribution Services Luton & Dunstable University Hospital

Dear Members,

I was fortunate enough to receive funding from APTUK for the attendance at the 2016 conference at Aston University, Birmingham and can clarify that since my return to work following the conference, I have shared the contents of and encouraged other registered Technicians to commit and register with APTUK as the professional leadership body for Pharmacy Technicians.

To encourage the team here at Luton & Dunstable University Hospital I had ensured all were aware of the content of the conference prior to my attendance, and requested any information required from the extensive materials available and I would do my best to obtain feedback.

The picture below is some content of the material I had made available to my team members within a meetings room on my return from the conference, which I know the team appreciated and encouraged APTUK sign up. However, I did have some difficulties in demonstrating the use of Twitter to some members of staff who still haven't grasped the concept.



The conference itself was very well organised whilst the discussions on numerous different subjects throughout the two days was supported by some high profile speakers who shared their experience, insight and knowledge which supported our understanding and answered many of the questions we had for them.



I really enjoyed reading through all the poster presentations as it was clear the pharmacy technicians had been hard at work and excited enough to share their professional experiences with the wider group. I'm sure the enthusiasm shown from the younger members sharing these posters will support and help to develop them in their chosen career pathway in the future. Keep up the good work.

Finally, the Friday evening was an enjoyable experience and I can say that I was fortunate enough to be sat alongside a previous employer from my student days, who must still be liable for my Pharmacy Technician career, and another Technician who I had encountered for the first time that evening as we discussed roles for and beyond the Pharmacy Technician profession with training and development opportunities that we still discuss over Twitter today.

Thanks for a great conference...I will be back

Helen Tomlinson – Clinical Trials Pharmacy Technician University Hospital Southampton NHS Foundation Trust

It was my first year at conference this year. I'll be honest, every time I have seen it advertised in the past I have discounted going. I thought that it was not for me, that only 'experienced technicians' would attend (I have been qualified for 6 years!) and anyway it was really expensive. How wrong I have been!

When I discovered that bursaries were given out I decided that I had to apply. One of my main arguments had been nullified! After a few weeks of biting my nails I found out that I had been successful and I had got a bursary place. Now all I had to do was turn up.

So how did I find the conference? I loved it. Everyone was really friendly and I met and talked to so many different types of pharmacy technicians, from the newly qualified to those who have worked for years. I swapped stories and expertise. And the sessions? They were fantastic. At a first glance I thought that there would be sessions that I would find really boring or completely irrelevant. I was so glad to be proved wrong and actually the session on upcoming legislation changes was one of the most interesting that I attended.

And the stands were great - I walked away with lots of new pens (you can never have too many). More importantly, I made some useful contacts and even managed to source some insulated cool bags that our department desperately needed.

The most important thing that I learnt is that when APTUK and the GPHC ask for your comments, respond, because they really do listen and we can all make a difference to how our profession develops in the future.

So I would encourage each one of you reading this go to conference next year. You won't regret it and you never know who you will meet or what you will learn.

Kay Morgan – Pharmacy Technician and L+D Facilitator NHS

Grampian Through a bursary place I was lucky to be one of the few delegates (11) who attend from Scotland this year. We all know there are differences working in England, Wales, Northern Ireland and Scotland, but the information delivered was interesting and relevant to practise in Scotland, and sometimes the services provided by Scottish technicians were ahead of other regions. Sometimes we call policies, projects or systems by different names but generally it proved we are all working to improve patient centred care, and it was inspiring to see pharmacy technicians congratulated for innovation and outstanding work.

Topics this year were very relevant to my current seconded post in Education and Training and I gathered ideas from posters, workshops and presentations. It was refreshing to see some technicians new to posters and presenting giving it a go, and they maybe didn't win an award or get things perfect first time, but hopefully being in an environment of supportive like minded technicians will encourage others to challenge themselves. It inspired me to consider a new challenge, and after the conference I wrote an article about the conference for our local community pharmacy newsletter, encouraging technicians to join and attend a conference.

The conference closed with positive advice from a life coach, who asked us "when did you last take a walk with gratitude?" We can constantly strive to do more, learn more, achieve more but to take a moment to reflect on what we have achieved already.

I'm already looking forward to next year's programme and hope more technicians from Scotland apply to attend, my only fear is they all ask and I there isn't a place left for me. Thank you APTUK for funding bursary places.



Diane Taylor MPharmT

Events Officer
events@aptuk.org



2016 APTUK 'Celebrating 60 years of our

POSTER ZONE

Once again there were some fantastic entries for the Katherine Miles Poster Award this year. Be sure to check out the members area of the website to explore some of these entries.



EXHIBITION TIME

Attendees had the chance to meet with our sponsors and other companies at the conference.





Conference Annual APTUK Conference



AAH AWARDS

The gala dinner celebrates all the hard work of pharmacy technicians over the year.

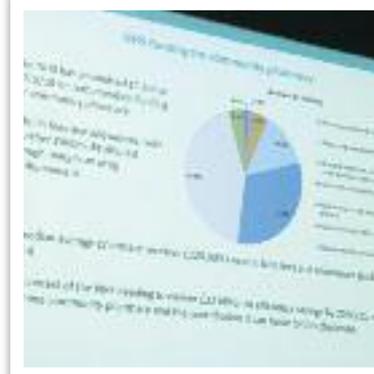
CONFERENCE SESSIONS

Coming to the conference provides the opportunity to attend the many workshops and conference sessions that were put together by guest speakers, experts in their field.



GALA DINNER

The gala dinner provides everyone attending a fantastic opportunity to network.





Branch Awards

Kent Branch wins the day

APTUK and AAH Pharmaceuticals are delighted to announce the winner of the APTUK Branch of the Year Award 2016. The award was won by the Kent Branch. Lynn Gallagher, Chairperson and Sue Jones who is the Secretary, accepted the award at the APTUK Conference Gala dinner held at Aston University Conference Centre on Friday 10th June. The award was presented by Andrew Morris AAH Director of Sales and myself (Branch Liaison Officer). This is the fifth year of holding this award. Our massive congratulations go to the Kent branch, which re-launched in September 2014 and have since set up an APTUK Virtual branch, to try and capture technicians who struggle to attend face to face meetings. This is a really brilliant achievement in a relatively short space of time and I look forward to further progression and working with the Kent branch on expanding the virtual domain and social platform.

This award recognises the excellence, innovation and advanced thinking of the branch committee and its members. The branch award is judged on set criteria which includes details of the branch activity, initiatives used to encourage APTUK membership and maintenance of branch records and paperwork. Branches play an imperative role in the delivery of education and CPD to members as well as networking opportunities across the pharmacy sectors and providing a communication exchange between APTUK and its branch members. Representatives from each branch attend twice yearly APTUK meetings where branch progression is discussed and shared, and different ways of working are put forward to the board of national officers. This participation from branches helps shape the model for how APTUK is run and its evolution and success.

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

Once again, many congratulations go to the Kent branch on winning the Branch of the Year Award, and a big thank you to all branches for all your hard work and dedication to APTUK.

Your branch could be the winner next year, see the journal and website for details ready for the APTUK Conference 2017 #APTUK17.



Kate Postle MPharmT

Branch Liaison Officer
Branchandprojects@aptuk.org



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- **Up to date information for Pharmacy Technicians**
- **Educational articles to support your learning**

**Up to 2 years free membership if joining at the start of training*

www.aptuk.org



APTUK 2016 Conference

APTUK AAH Awards

The APTUK/AAH awards reward the talents and contributions of pharmacy technicians. The awards are presented annually and they recognise the outstanding performances and professionalisms of individual pharmacy technicians, with the motivation to make a difference within the profession. The Pharmacy Technician of the Year for Outstanding Contribution is nominated by their colleagues, where they have shown outstanding contribution over the past year, and who symbolises the best of the profession.

Outstanding Contribution:

Winner: Samantha Quaye, Operational Lead, Med-Finance, King's College Hospital NHS Foundation Trust

Highly Commended: Leanne Beverley, Supervisor & Accredited Checking Pharmacy Technician, Monarch Pharmacy

The AAH outstanding contribution award symbolises Pharmacy Technicians who go over and above their normal day to day duties, demonstrate the best of the profession and deserve wider recognition. The Pharmacy Technician of the Year for Outstanding Contribution winner for 2016 was Samantha Quaye.

Sam is a qualified NVQ IQA for the pharmacy department at King's College Hospital, she teaches Pre-Registration Trainee Pharmacy Technicians at Westminster Kingsway College and has recently taken up a new role within King's College as part of the Medicines Finance and Homecare team. She has been described by her nominee as 'a role model, sets an example to others and is constantly promoting the role of the pharmacy technician. She demonstrates her expertise at local, regional and national level and exhibits professionalism in everything that she does.'

Sam continues to work for the professions regulator, the General Pharmaceutical Council (GPhC) as a council member; the only pharmacy technician member of the Council. She is an active member of her local APTUK branch (London) and promotes the professional leadership body for pharmacy technicians. She has strong principles and is an advocate for equality and diversity which can be seen within her working and personal life. She is an ambassador for the profession on and off social media. 'Sam acts as a mentor to many pharmacy professionals and encourages everyone to achieve their potential without compromising standards, and is valued by the whole pharmacy family, whether she is known to them personally or not'.

Huge congratulations on this achievement Sam, truly deserved recognition for the work that you do!

Innovation, Patient Safety and Leadership:

The next three award categories reflect current NHS

initiatives across all sectors (MOD, CCGs, hospital, community, industry, education etc...); these are innovation, patient safety and leadership. The winners, and those awarded highly commended recognition, were invited to present their projects at conference.

We would like to congratulate all our winners and highly commended nominees:

Innovation:

Winner: Helen Pinney, Lead Pharmacy Technician, Argyle and Florence Road Surgeries

Highly Commended: Beth Barrett, Senior Pharmacy Technician, Birmingham Children's Hospital NHS Foundation Trust

Patient Safety:

Winner: Lisa Green, Dispensary Manager, St Andrew's Healthcare

Leadership:

Winner: Melanie Boughen, Director of Pharmacy Technician Programmes, University of East Anglia

Highly Commended: Lisa Green, Dispensary Manager, St Andrew's Healthcare

Winner of the Innovation category:

Helen Pinney, Lead Pharmacy Technician, Argyle and Florence Road Surgeries.

The award of a contract to manage 23 nursing homes with 1200 beds at Argyle Surgery, and the demands of repeat prescribing at Florence Road Surgery, the largest surgery in Ealing, promoted a fundamental redesign of the process of prescribing management within these practices. Helen, the Lead Pharmacy Technician, had completed an innovative project where she mobilized and delivered a successful service redesign.

Helen had to overcome the challenges within this project, including initial patient and staff caution and resistance to change. This was seen through quickly and effectively and Helen proved the pharmacy technicians value by leading from the front. She has shown that the role of pharmacy technicians within the general practice team is now firmly established. Her nominee noted that 'her consistent strength of purpose and unwavering conviction, assertive yet sensitive professionalism, and charismatic personality persuaded stakeholders, against considerable opposition and resistance, that a team of pharmacy technicians were the key professionals to deliver safe, efficient, timely and cost effective prescription management in general practice'



Winner of the Patient Safety category:

Lisa Green, Dispensary Manager, St Andrew's Healthcare

St Andrews Healthcare is the UK's largest charitable provider of specialist mental healthcare with the vision to be the leader in mental health. Lisa undertook a project to look at the clinic rooms for improvement. The project looked at the 40 ward site in Northampton (800 beds) and started with the neuropsychiatry wards.

Once permission had been obtained Lisa and her team looked at the entire clinic room, this ranged from looking at the plasters and sick bowls through to medicine storage, medicine trolleys and blank prescription charts. The project showed that there were issues with storage of inpatient prescription charts and medicine trolleys and cupboards being left unlocked. It was also identified that a number of sundry items i.e. phlebotomy tubes and stoma appliances were expired.

The teams' aim was to raise awareness of these issues; Lisa conducted a monthly clinic room audit and took these safety issues into consideration.

Utilising support from the pharmacy department enabled the ward staff to concentrate on providing the best possible care. Standardised and appropriate signage was placed on all cupboards to ensure appropriate stock of medicines and sundry items were kept.

Lisa explained that 'the project has been well received by all ward staff and hospital managers. Although the ward clinic rooms are very much the ward's responsibility, we are raising the profile of pharmacy and different professional groups we have in the department.' Due to this patient safety projects others are now in the pipeline including the possibility of ordering non-pharmacy items to reduce additional waste of unused or expired items.

Winner of the Leadership category:

Melanie Boughen, Director of Pharmacy Technician Programmes, University of East Anglia

Melanie undertook a project titled 'Leading the Change of Pre-Registration Trainee Pharmacy Technicians (PTPS) Education in the East of England (EoE)

The new EoE pre-registration contract was awarded to the University of East Anglia (UEA) requiring them to provide pre-registration pharmacist and pharmacy technician programmes. The aim of the project was to develop an innovative method to deliver level 3 programme for PTPTs which will be accessible to all trainees across EoE. Guiding this new development required leadership and vision.

Melanie had identified and engaged with stakeholders to find common ground and to ensure that all parties involved shared the vision for the new programme. The outcomes from the project included collaborative work between UEA,

as a Higher Education Institution, and the Further Education College which led to changes from a single study day at the FEC to 4 x 5 residential blocks within the School of Pharmacy, UEA, plus network study days every 5-6 weeks.

The partnership and sharing of resources between the FEC and HEI, to improve PTPT education had been a vision and a driver for Melanie.

Melanie will be evaluating PTPT engagement, experiences and outcomes at the end of the two year course to measure the overall impact of this strategy.

Congratulations to all the winners and highly commended nominees!

Could you be one of next year's winners?

Information about the 2017 Awards will be available soon...



Pam Bahia MPharmT

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APTUK 2016 Conference Session

Pharmacy Technician Education:

The dawn of defining our profession

This workshop was delivered by Liz Fidler, Associate Head of Pharmacy (Health Education England London and South East) and Dalgeet Puaar, Professional Practice Development Officer (APTUK) & Vocational Qualifications Manager (London Pharmacy Education and Training). The workshop had 3 learning outcomes:

- Discuss the standards for the initial education and training of pharmacy technicians reform journey

- Explore opportunities to create a qualification that's fit for today's and the future pharmacy technician workforce

- Contribute to APTUK's response to the forthcoming consultation on the standards for Initial Education and training of pharmacy technicians

This session built upon the keynote speech delivered by Nigel Clarke laying out the future proposals for the General Pharmaceutical Council (GPhC). The workshop focus was to encourage debate and thinking in a creative way, to support how the qualification could modernise and reflect the needs of the future pharmacy technician workforce. Damian Day, Head of Education at the GPhC sat in on both workshops to listen to discussions.

The workshop introduction started with some background explaining that the National Occupational Standards (NOS) were reviewed and finalised in February 2016. Liz Fidler chaired a working group, who simplified and standardised the NOS. The NOS describe activities undertaken by pharmacy technicians and pharmacy or dispensing assistants and they will be used for re-development of the qualifications by the Awarding Organisations.

The first activity of the workshop asked delegates to work in groups and decide which NOS are core to the modern pharmacy technician role on day 1. It was essential that delegates focussed on the skills and knowledge required

from day 1, and relevant to all areas of practice. They were also asked to identify which NOS were specific to a specialist area of practice and which were no longer relevant to today's pharmacy technician. This group activity generated lots of discussion.

In the second activity, delegates were asked how long they thought it should take to undertake the qualification and meet registration requirements to become a pharmacy technician. Answers ranged from, 1 year, 18 months, 2 years and some saying there should be no time limit - it should be when they are competent.

Liz then went on to share some of thoughts that the working group had been considering to see what the delegates thought. This included having a single qualification and who should be able to sign off a pharmacy technician as competent to register. The discussion complimented the key note message from the morning.

All the outcomes of the activities will be taken back to the GPhC for consideration; this was a great opportunity for delegates to be involved in shaping the future pharmacy technician. Look out for the consultation which is due to be launched by the GPhC in September this year. It is essential that everyone engages with this historical opportunity to shape the qualification of the future pharmacy technician workforce. The opportunity to showcase our unique selling points contributing to patient care is almost here.



Dalgeet Puaar MPharmT

Professional Practice Development Officer & Education Team Lead.
professional.practice@aptuk.org

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

If you have something to share, or something to say, simply contact the editor of *Pharmacy Technician Journal* at editor@aptuk.org



APTUK 2016 Conference Session

Pharmacy Technicians at the Heart of Paediatrics Workshop

Helen Williamson and Lucy Delaney – Birmingham Children’s Hospital

This was such a brilliant session which I am so thankful I had the opportunity to attend. I knew nothing about working with paediatric patients; I had not even considered that their physiological and medical needs would differ from that of an adult!

Neonates, children and young people are not just small adults, and require special considerations when dealing with pharmaceuticals. The way they process pharmaceuticals is different from adults, from absorption all the way through to excretion and even the effects of topical medication administration need to be considered. We discussed compliance issues and how to improve concordance and compliance; excipients and the high cost of unlicensed liquid ‘specials’.

We got the opportunity to get hands on, and have a go at crushing and dispersing tablets and administering them through an naso-gastric tube. This highlighted how some formulations of medication are very difficult to administer and can easily block the tubing. Indeed, it is imperative to research which formulations of medication are appropriate for paediatric patients. You would assume that all liquid preparations would be appropriate and wasy to administer,

but I was surprised and shocked to learn that some liquid preparations contain high amounts of ethanol, which would put a paediatric patient over the drink driving limit!

In summary, this was a brilliant interactive and thought provoking session and I will take the learning gained back to my day job as a medicines information pharmacy technician.



Kate Postle MPharmt
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Standards for pharmacy professionals: Assuring your practice now and in the future

Osama Ammar, Head of Continuing Fitness to Practise at the GPhC, opened by discussing the differences between revalidation and continuing fitness to practice (CfTP). Osama explained that CfTP is not about a fixed-point assessment, rather further assuring that registrants meet standards for safe and effective practice throughout careers. Osama outlined the GPhC’s future framework for assurance, which builds on the existing CPD requirements and includes a peer discussion and case studies. Under the framework, recording of CPD will be simplified and reflection will be focused on the impact for patients/service users. The peer discussion will provide a safe learning space and prevent registrants from becoming isolated in their practice. Registrants will be able to select their own peer, who does not necessarily need to be a fellow registrant. The case studies will provide an opportunity for registrants to reflect on an example of how they met the GPhC Standards for pharmacy professionals (draft).

Following a year of research and testing, the GPhC are piloting their proposals, with over 1300 registrants, until December 2016. In Spring 2017, revised proposals will be drafted and a period of consultation will follow, with a view to implementation in late 2018.

Osama Ammar
GPhC Head of Continuing Fitness to Practise



Chaired by:
Rebecca Chamberlain
Education (Post registration) National Officer
education.postreg2@aptuk.org



APTUK 2016 Conference Session

Pharmacy Technicians as part of the General Practice team

Managing Prescribing in Ealing

The role that pharmacy plays in supporting the care of patients in primary care is growing and the introduction of the NHS pilot for clinical pharmacists in GP practices has highlighted the role of the profession in fulfilling tasks that historically would have been performed by GPs or other practice staff.

The role of the pharmacy technician in the primary care pharmacy team skill mix has been championed by Dr Graham Stretch and his colleagues at ten practices, including Argyle Road and Florence Road Surgeries in Ealing. Their interesting workshop session at ATPUK Conference 2016 provided excellent insight into how pharmacy technicians have become integrated into the practice team.

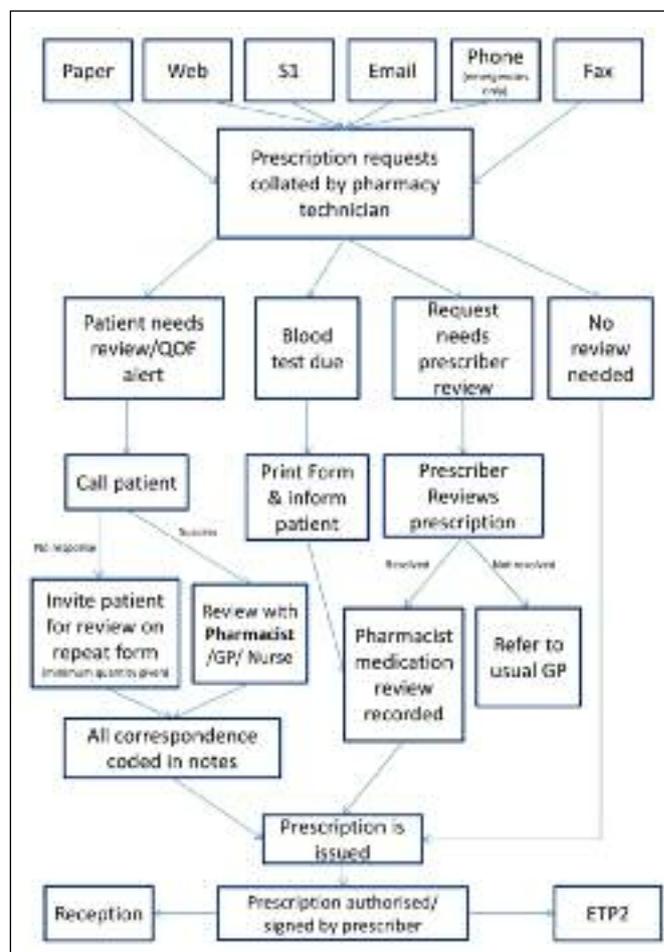
Pharmacy technicians are integral members of the team which has demonstrated a 20% reduction in the number of avoidable hospital admissions from nursing homes. This was achieved by ensuring that patients had timely access to medicines when they needed them and problems were identified and resolved promptly.

Dr Graham Stretch has demonstrated how effective pharmacy technicians are at fulfilling some of the medication related tasks that are required in GP practices and how they can support the practice activities in improving patient care. 95% of all repeat prescription requests are now managed by the pharmacy technician. Using a protocol and flow chart to manage requests, the pharmacy technician is able to ensure that the request is processed promptly whilst ensuring that all of the necessary checks are made (e.g. blood tests, renal function, overuse/underuse etc.) Interventions can then be referred to either the practice pharmacist or GP. It is estimated that this system of prescription request review

can save up to 60 mins per doctor per day and this has resulted at their largest practice in increased time for GP patient consultations from 10 minutes per patient to 15 minutes.

The pharmacy technician has also been given the opportunity to utilise their consultation skills in patient facing roles, taking blood pressures and phlebotomy. Allowing the pharmacy technician to have these roles greatly enhanced the profile of pharmacy within the practice and provides patients with a point of contact for their medication issues. Very often patients would ask for the pharmacy technician in person, so there was clearly a positive impact on the profile of the pharmacy technician and confidence levels that patients placed with them.

The workshop carried out highlighted examples of the tasks that the pharmacy technician carries out in the





practice. When prophylactic or treatment for influenza is required, the pharmacy technician can determine the correct doses and prescriptions including dose adjustments for renal impairment, swallowing difficulties and sourcing supplies. The pharmacy technician can complete this task efficiently in a timely manner which is vital in preventing spread of infection.

In recognition of the pharmacy technician's problem solving abilities, the second workshop task highlighted a patient prescribed multiple oral anticoagulants. It demonstrated how situations can manifest and inappropriate polypharmacy can occur as a result of cross prescribing by GPs and secondary care. This task was key in demonstrating the value of the practice pharmacy technician in reducing the risk that patients are exposed to by their medicines.

The expanding role of the clinical pharmacist in GP practice can only develop if they are adequately supported by pharmacy technicians, who are equipped with the skills and knowledge to support GPs and the primary care multidisciplinary team in patient centred care. The value of the pharmacy technician role in primary care is pivotal to the skill mix of staff in the GP practice.



Mary Carter MPharmT
CPD Officer
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Viewing Summary Care Records in community pharmacy

The Summary Care Record (SCR) is a copy of key information from a patient's GP record and as a minimum, contains medication, allergies and adverse reactions. It provides authorised pharmacists and pharmacy technicians with faster, more secure access to essential patient information.

Latest Deployment Figures (mid July 2016):
2,732 pharmacies live (23%)

Over 2,000 Pharmacy Technicians have successfully completed the CPPE SCR eLearning Module

Accessing SCR saves pharmacy technicians' time by providing answers to the typical daily questions: **"Where's my prescription?"** With the patient's consent, you can access SCR to see if the prescription has been issued by the GP, and this applies to paper, EPS and CD scripts alike. This, of course saves everyone's time and is particularly useful when the surgery is closed. **"Do you have any medication allergies?"** patient answers "Yes, but I can't remember what they are." With the patient's consent, you can access their SCR to see if

their allergies would mean their prescription is contraindicated.

"Can I have an emergency supply of my tablets, please?" With the patient's consent you can access their SCR to verify that their medication is current and make a safe supply. **You notice an item is missing from a patient's prescription when preparing their Dosette boxes. What do you do?** With the patient's consent you can check their SCR to see if the item has been discontinued.

Finally, during the summer, access to SCR provides a valuable tool for you to help patients who are away from home and needing pharmacy intervention.

For more information about how to access Summary Care Records, plus lots of useful support materials for pharmacy staff and patients, visit:
<http://systems.hscic.gov.uk/scr/pharmacy>

For a limited period, your pharmacy will receive £200 once it has gone live. So don't delay, help progress access to SCR today!

Michele Hulme MPharmT
SCR Implementation Manager, NHS Digital (HSCIC)



Rebalancing Medicines Legislation and Pharmacy Regulation Programme Update

This informative session was delivered by Jeannette Howe Head of Pharmacy, Department of Health. Jeanette opened the session by describing the terms of reference of the Programme Board for Rebalancing Medicines Legislation and Pharmacy Regulation. The purpose of the programme is to review relevant pharmacy legislation and regulation to ensure it:

- provides safety for users of pharmacy services
- reduces any unnecessary legislation
- allows innovation and development of pharmacy practice

The Board has two roles:

1. to advise Ministers and the Devolved Administrations on policy within their Terms of Reference
2. to oversee implementation of policy outcomes agreed by Ministers and the Devolved Administrations

The rebalancing programme includes:

• Dispensing error offence

The proposal was that pharmacists, pharmacy technicians, unregistered pharmacy staff and owners will have a defence to those offences, that exist in law, for inadvertent dispensing errors, providing certain conditions are met.

A consultation was held, last year, on the proposals which showed broad support. Following government clearances, the next steps are lay Order for debate in parliament.

• Pharmacies and pharmacy owners

These changes include removing the requirement for GPhC pharmacy standards to be in legislative rules and placing them in the GPhC premises regulatory requirements. Placing duty on the PSNI to set and publish pharmacy standards. Enabling standards to be set for associated premises and the obligation on pharmacy owners to meet standards, rather than the Superintendents.

The Pharmacy (Premises Standards, Information Obligations, etc.) Order 2016 has been approved by Parliaments and Privy Council. The next steps are the commencement of the orders.

• Superintendent pharmacists and responsible pharmacists

The proposals will give the senior manager the authority to make decisions that affect the running of the retail pharmacy business. The superintendent pharmacists will be responsible for the safe and effective running of the pharmacy business. In general, superintendent pharmacists will be responsible for procedures – responsible pharmacists will contribute to their development and operation, acting in the best interests of patients. Remove the restriction of one superintendent pharmacist for each pharmacy retail business. Pharmacy regulators will set professional standards for superintendent pharmacists, which extend beyond the sale and supply of medicines (POMs, Ps and GSLs) to other pharmacy services.

The proposals will maintain that there should be a responsible pharmacist in charge of each pharmacy. The responsible pharmacist may be absent from the pharmacy when GSL medicines are sold and as specified. Pharmacy regulators will be able to set out the detailed requirements

of the responsible pharmacists. As well as set professional standards for responsible pharmacists, which extend beyond the sale and supply of medicines (POMs, Ps and GSLs) to other pharmacy services.

The programme board agreed the proposals. Following government clearances, the next step will be to launch a consultation on the proposals.

• Hospital and other pharmacy services

At present all community pharmacies must be registered with the GPhC, – hospital pharmacies do not, although many are. There is also variation in governance arrangements across the four home countries. The view of the board is that all regulated and NHS governed healthcare activity should be covered by the same defence against inadvertent dispensing errors offered to registered pharmacies, including hospital and that hospital should include clinic, nursing home, or similar institution.

The programme board have agreed the proposals. Following government clearances, the next step will be to launch a consultation on the proposals.

• Pharmacist supervision

There is a working group informing the development of the proposals, which will ensure patients, the public and healthcare professionals have safe, efficient effective and convenient access to suitably trained, competent, clinical pharmacists, whilst ensuring that the sale and supply of medicines, including preparation and assembly, from registered pharmacies remains safe and becomes more efficient. This includes the deployment of modern technologies and more effective use of the whole pharmacy team including registered pharmacy technicians.

Following this, Professor Rob Darracott, Chief Executive Officer, Pharmacy Voice posed questions to delegates to explore the role and responsibilities of the pharmacy technician. He also asked what being a professional meant, it was agreed that it was about doing right for the patient. Discussions included the fact that pharmacy is very procedure driven due to the law, which sometimes prevents us doing what is best for the patient. Importantly, discussions also included the potential changes in supervision, allowing pharmacy technicians to exercise their professional judgement.

APTUK has representation on the Rebalancing Programme Board and in the Supervision Working Group, ensuring that pharmacy technicians are very much included as registered professionals and key to future innovation and development of pharmacy practice.



Dalgeet Puaar MPharmT

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PTPT Zone

This article has been written by Dr. Jim Taylor, who has years of experience helping students revise for GCSE and A-Level exams, as well as the City & Guilds and Edexcel BTEC Level 3 course's in Pharmaceutical Science.

So! You've read and digested my last article, you have been revising for the last three months and the exam is on the horizon! Seriously... three months is the minimum I recommend. On the City & Guilds qualification, that's just one-week per topic. You might have used past-papers. If so, don't try to question spot. You might have identified topics that never come up, or that come up every year; if you can see them, so can the examiners! Question-spotting is almost guaranteed to fail. If you're properly prepared, you will know exactly what your strengths and weaknesses are, so you can stack the odds in favour of passing the exam.

• **The day before the exam:** have a good dinner, spend the evening relaxing, don't drink alcohol, go to bed early. Don't take any kind of (non-prescribed) sleep aid, try to sleep well. Tiredness breeds negativity and this will be reflected in your performance. Accept that whatever you don't know now, you can't learn before the exam.

• **Exam day:** don't revise – you will focus on your weaknesses. Nerves and self-imposed pressure will do more harm than the benefit of an hour's revision. Arrive at least 15 minutes before the exam start time, make sure you have appropriate writing implements (and spares) and that your phone is switched off. Don't discuss your revision or what you hope will come up in the exam – think positively and focus!

• **When the exam starts:** make sure it has printed properly. Blank pages (oxymoron) will have something official printed on them to indicate there shouldn't be a question on that page. At the end there will be an "end of questions" statement, or words to that effect.

You don't have to answer the questions in the order they are printed. The examiner is obliged to check every page of your paper – use this to implement a strategy for success.

The first few questions are designed to be easy to settle you into the exam – don't over-think these, get the marks (and confidence boost) in the bag!

Beyond this, look at how many marks each question attracts and think how comfortable you are addressing the topic; plan your time and response based on this. Start by answering questions you are confident about, assuming one mark per valid statement. Highlight or underline key terms so you maintain focus. Responses that are flawless in terms of scientific content often score badly because they don't answer the question. Invariably, the command word has been ignored. There are a range of command words you are likely to encounter and each is asking you to do something specific (Table: 1).

Work through each question methodically, keeping your eye on the time. If you have a question about the paper or need to leave the room, raise your hand and speak to the invigilator. If you're really struggling with a question, put some key points down to jog your memory and be prepared

Command word	What it wants you to say...
Compare (and contrast)	Highlight the similarities (and differences)
Describe	What happens and/or when does it happen and/or where does it happen? DON'T confuse it with explain
Discuss	Present a balanced perspective , giving both sides of an argument
Explain	How and/or why does something happen – give details and DON'T confuse with describe
Outline	Give the key facts only – often good to use bullet points or lists
Suggest	Give a plausible solution – it doesn't have to be right, but it MUST be justified using the correct, relevant scientific knowledge

Table 1: Command words commonly used in exams

to come back to it later, remembering to cross-out anything that you don't want marked (examiners will mark answers that are ambiguous or contradictory as wrong – they lack clarity). Don't totally redact what you've written – if the examiner can see your thought process; you might pick up a couple of marks. Examiners have the discretion to give you the benefit of the doubt, you must show that your answer is worthy of this. Remember, an educated guess could score a couple of marks, but a blank space will never gain marks. If you run out of time, these key points might gain an extra mark or two.

Once you have finished, check your paper carefully. Re-read the question to be sure that your interpretation of it hasn't changed, that your answer makes sense and is complete. There will never be a situation where two questions require the same answer – if you've done this, something is wrong!

Don't leave the exam early or dissect your performance, you can't change it! Personally reflect on topics you found easy or hard and then forget it until you receive feedback.

• **Feedback day:** You've passed? Well done! If not, don't despair. Pass or fail, there's always something you can do to improve. Get as much guidance from your tutor as possible. Be clear about what was not correct and what your next steps must be in order to pass the unit or progress. Don't give up on these strategies, learn from the feedback and start the process again. When you've passed – well done! Move on to the next challenge, applying the knowledge you've acquired!



Gail Hall MPharmT

Programme Area Lead - Sixth Form Centre
Bradford College



A Hot Topic

Room Temperature Monitoring

We hope for it all year, we dust off our shorts and buy paddling pools in preparation – please can we just have a few days of glorious sunshine!?!?! A heatwave suddenly appears and whilst everyone in the big wide world slows down and relaxes, behind the walls of pharmacy departments across the country the phones are going crazy! Whilst we love a summer's day, medicines do not.

Patient care is at the heart of everything we do and therefore we must ensure that the medicines dispensed to patients have been stored as per the guidance from the manufacturer. The majority of medicinal products that do not require refrigeration can be stored at room temperature which is often stated as a maximum of 25°C or 30°C. This may be printed on the packaging or may only be stated on the package insert.

All medicines in this category are relatively robust and have a long shelf life. Medicines that have shorter shelf lives are susceptible to degradation by high temperatures.

The MHRA require Good Distribution Practice (GDP) to be upheld in the controlled supply chain. Organisations must ensure that medicines obtained are consistently stored as required by the product specification.

The Safe and Secure Handling of Medicines – A Team Approach states that organisations must “document and maintain an effective and economical system by which medicines are managed safely and securely to meet the patients’ clinical needs”. In our organisation this is monitored through storage audits on a quarterly basis. A component of this audit is room temperature monitoring and ensuring that wards and clinics keep their storage areas below 25°C.

But we can't keep it below 25°C!

The problem is, that on the rare occasions the sun does appear, the room temperature rises dramatically. This would also occur in winter times when radiators were turned up to the maximum.

Wards and clinics were receiving non-compliance on their audits as the temperatures were outside parameters and there would be multiple phone calls and emails from concerned staff seeking advice. But what advice could we give them? We were hardly going to say destroy all your medicines as this would cost the NHS millions! Instead staff were told to seek alternative storage if possible or put a fan on. There didn't seem to be any solid guidance available except for phone each manufacturer to check stability data, which was not a viable option.

It seemed unfair to issue a non-compliance to the wards and clinics if we couldn't offer a definitive answer on the steps to take. As a pharmacy technician I believe it is important to always strive to improve the service we offer and constantly evaluate the processes we have in place.

Time for change

In the summer of 2015 it was decided enough was enough and action needed to be taken to provide a clear course of action for future high temperatures. This would alleviate

concerns with ward and clinic staff and would also free up pharmacy technicians time to focus on other areas.

In the first instance we liaised with Quality Control North West (QCNW) who advised that whilst the min/max digital thermometers were a great way to capture the room temperature they could not provide specific data on how long each temperature had occurred for.

Example: A District Nurse team had recorded a high temperature reading of 30°C. This temperature had been reached sometime in the past 24 hours since the previous reading. This could have been for 30 minutes or three hours. If it was for 30 minutes and then the temperature soon reduced the exposure for the medicines was minimal.

QCNW advised the use of data loggers. Data loggers record the temperature every minute over a specified time frame. The data can then be downloaded and analysed and will show the exact amount of time the temperature had been out of range. Great!

These data loggers sound amazing!

The data loggers are very clever as they can work out the Mean Kinetic Temperature over a 24hour period. It is a much more accurate way of assessing the temperatures that medicines have been exposed to.

What's a Mean Kinetic Temperature I hear you say? **Mean Kinetic Temperature:** is a simplified way of expressing the overall effect of temperature fluctuations during the storage of perishable goods. The MKT is used widely in the pharmaceutical industry.

GMP news

Temperature deviations usually fall into one of two categories: a 'spike' deviation which means the environment varies in such a way that causes the temperature to deviate suddenly but it quickly recovers, or a 'plateau' deviation where the temperature lays outside of the range for an extended period of time prior to eventual recovery. These two deviations can have differing effects on medicines.

Whilst they are a great piece of equipment they can be an expensive investment for all teams so it was decided the Pharmacy department would purchase 15.

Risk assessment

The next phase was to undertake risk assessments in all storage areas. The risk assessments captured the following data:

- Is there a source of heat in the room such as radiators?
- What options are within the room to reduce temperatures such as windows, blinds or air conditioning.
- Have there been temperature concerns in the past?
- Is there a fast turnaround of stock or is it likely to be sat on the shelves for long periods.
- Are any medicines due to expire in the next 6 months? 12 months? 18 months plus?

This data was then populated onto a spreadsheet. If any area had temperature concerns previously then they were identified as a 'hotspot' and these would then be audited



before others in the summer and winter months.

Any sources of heat were highlighted and a memo was sent to the wards and clinics concerned to reduce sources of heat if the room temperature rose. The database was also useful to advise on temperature reduction measures if concerned members of staff made contact with pharmacy.

The medicines were all given a RAG rating (red, amber, green). In the event of a temperature problem the red medicines would be dealt with first as they may be more susceptible to damage from high temperatures.

Medicine to expire in next 6 months or deemed high risk such as Resuscitation Boxes	
Medicine to expire 6-12 months	
Medicine to expire 12 months plus	

My room temperature is too warm!

So we bought the data loggers and we undertook the risk assessment – what next? It was time to write a procedure to outline the steps that should be taken if the temperature reading was too high. The steps were as follows

1. Record the min/max/actual temperature once a week.
2. If there is a maximum reading above 25°C record on a daily basis for a full week or whenever in clinic.
3. If the temperature continues to be high, please submit an Incident Reporting Form and contact pharmacy.

What would pharmacy do?

1. Refer to the risk assessment database to see if the necessary measures have been taken to reduce the temperature in the room.
2. Place a data logger in the medicine cupboard to assess the temperature over a 72hour period.
3. If the MKT was below 25°C, the information was printed off and left with the ward or department. The graphs printed identified the hottest periods of the day so staff could be aware. No action was needed regarding the medicines.
4. If the MKT was above 25°C the pharmacy team would refer to the risk assessment database which provided information on stock holding and turn over.
5. Anything due to expire in the next couple of months was removed and placed into pharmaceutical waste. For all the other red medicines the Q10 calculation was applied. This may also be necessary for amber and green medicines if there is not a rapid stock turnover.

Q10 calculation – sounds intriguing...

In the event of medicines being stored at higher temperatures than the range recommended it is possible to estimate the reduction in shelf life using a Q10 calculation. Q10 is the factor by which the rate of a chemical reaction increases with every 10°C increase in temperature.

- An example provided by QCNW was:
- Medicine with requirement to store below 25°C
- Heat wave for 2 weeks with temperature reaching 35°C
- Medicine stored at 25°C or below before and after heat wave.
- There has been a temperature increase of 10°C for two weeks.
- Therefore, two weeks storage at 35°C is equivalent to 8 weeks at 25°C
- Therefore, the shelf life reduction required = **original expiry date minus 8 weeks.**

Storage range in SmPC	Temperature reached	Length of time at high temperature	Reduce the expiry on the pack by
25°C or below	25-30°C	24 hours	2 days
	25-30°C	1 week	2 weeks
	30-35°C	24 hours	4 days
	30-35°C	1 week	4 weeks
	35-40°C	24 hours	8 days
30°C or below	35-40°C	1 week	8 weeks
	30-35°C	24 hours	2 days
	30-35°C	1 week	2 weeks
	35-40°C	24 hours	4 days
	35-40°C	1 week	4 weeks

Quality Control North West

A risk based approach would consider the worst case scenario for drug degradation as typically a number of medicines are likely to be affected.

Is this approach working?

This system has been in place for the past 12 months within Lancashire Care. It feels great to have a structured approach as the temperatures soar. The pharmacists and technicians have spent less time dealing with queries and if there have been issues they have been pointed to the 'Room Temperature Monitoring Procedure' which details all the measures identified in this article.

The data loggers have been invaluable and as yet we have not had to use the Q10 calculation to reduce any expiries as we have been assured that the MKT was within range. As a pharmacy technician I feel really proud of the developments we have made within our Trust and hope that the steps adopted by us are of use to many others out there.

I'm off to fill up a paddling pool...

Sarah Jane Green

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Happiness is...

Chris Croft Training



Here are five happiness thoughts taken from Chris's book just out, **The Big Book of Happiness**. Available in both paperback and Kindle formats.

Creativity:

Get into the present by doing something creative: music, art, a blog, photography. Whatever you like, regardless of whether you have any talent. Just get into it and do it.

You get happiness while you're doing it, and you sometimes get something to be proud of at the end of it as well.

Review each day at the end:

Take a few minutes at the end of each day to think of the good things that happened today and to think about how your life is pretty good really. Don't take your health, your family or friends for granted, but be thankful for them every day. This gets you a second bit of happiness from the things that made you happy today, and extra happiness from the things you might not have noticed today.

Out with negative emotions:

Get rid of negative emotions like guilt, by realising that the payoffs you expect to get from them, are always false – they don't do ANY good, so don't give ANY negative emotions

ANY room in your world. Instead take control of your thoughts, get yourself talking positive, get that voice in your head saying positive things about the past, present and future.

Find a job you enjoy:

Even if it's lower paid – keep searching for the job you love, there's one out there for you! And remember, it might well be within the organisation where you already work.

Time, rather than money:

Money won't make you happy...well it will, a bit, but the price you pay to get more out of it outweighs the benefits of the extra money. TIME is more important, more precious, and how you use your time has more effect on how happy you are.

Onwards and upwards,



Chris Croft

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APTUK Swindon Branch Meeting

Wednesday 5th October 2016 at 7pm

Holiday Inn, Coate Water, Swindon, SN3 6AQ

Buffet included

The theme of the evening will be:

Bladder weakness and incontinence

Learn more about the causes, symptoms and treatments.

The meeting will be supported by a guest speaker.

There will also be the opportunity to:

- Learn more about APTUK - the professional leadership body for pharmacy technicians
- Network with pharmacy technicians from various sectors of pharmacy

The evening is open to all Pharmacy Technicians, Pre-Registration Pharmacy Technicians, Pharmacy Assistants & Dispensers.

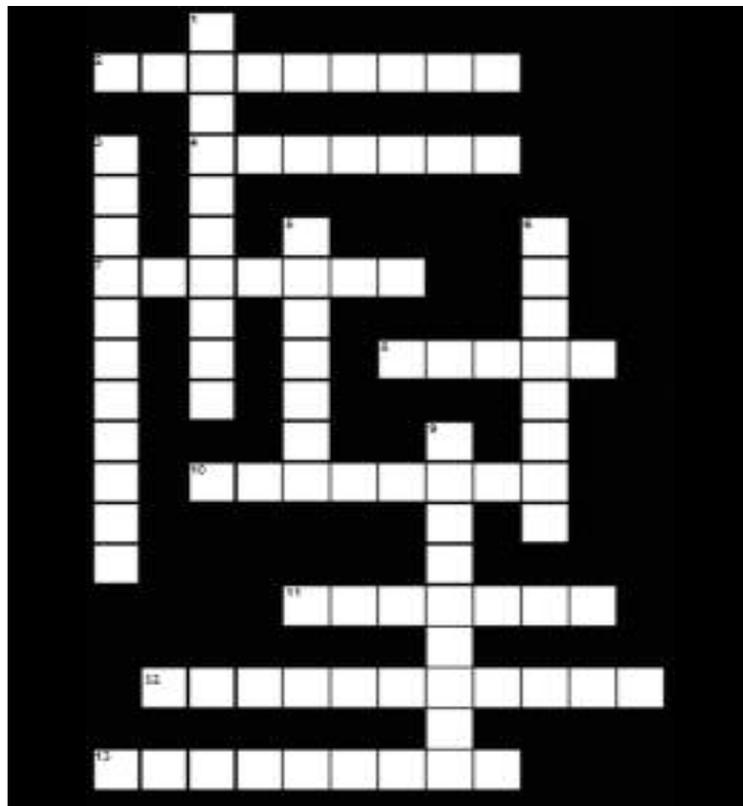
Attendance is charged at £1.50 for APTUK Members and £2 for non-members.

For more details about APTUK membership please visit aptuk.org

For more information or to confirm your attendance please contact either Anna Hazelden (Branch Chair) anna.hazelden@hotmail.com or Graham Brown (Branch Secretary)



Jil's Quiz Corner



EclipseCrossword.com

Across

2. MAYAPPLE (9)
4. CAMPHOR TREE (7)
7. COCA PLANT (7)
8. PACIFIC YEW (5)
10. CASSIA SPECIES (8)
11. PAPAVER SOMNIFERUM (7)
12. MAGIC LILY (11)
13. EPHEDRA SINECA (9)

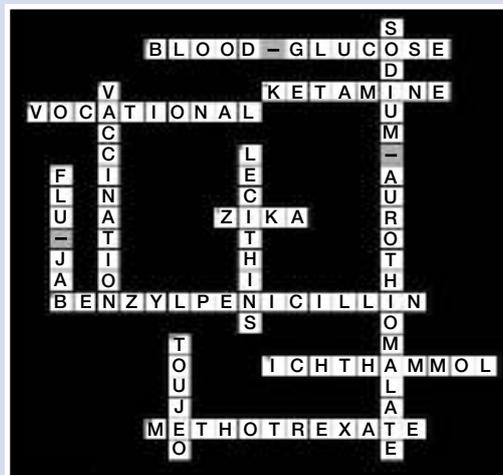
Down

1. AUTUMN CROCUS (10)
3. MADAGASCAR PERIWINKLE (11)
5. DIGITALIS PURPUREA (7)
6. DEADLY NIGHTSHADE (8)
9. PINEAPPLE (9)

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

Answers can be found on the member's only area of the website at www.aptuk.org

APTUK PTJ Crossword Answers - Spring 2016



EclipseCrossword.com

Across

2. BLOOD GLUCOSE – Monitored in diabetes
4. KETAMINE – Rescheduled?
5. VOCATIONAL – Relating to an occupation
8. ZIKA – Spread by mosquitoes, perhaps
9. BENZYL PENICILLIN – Penicillin G
11. ICHTHAMMOL – Bandages with zinc paste and this
12. METHOTREXATE – Never given daily

Down

1. SODIUM AUROTHIOMALATE – GOLD!
3. VACCINATION – Provides immunity
6. LECITHINS – E322
7. FLU JAB – Have you had yours yet?
10. TOUJEO – Strong stuff for diabetics?

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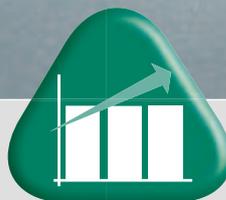
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