



PHARMACY TECHNICIAN JOURNAL

SPRING 2024

Journal of the Association of
Pharmacy Technicians United Kingdom

Pharmacy Technicians, past, present and future



- History of Pharmacy Technicians and APTUK
- Welcome to our New President
- APTUK 2024 - Shaping the Future

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Features



22

12

Sharing Learning

14

Pharmacy Supervision Consultation



14

16

Medication Shortages

17

The Power of Biochemistry

18

Homecare Services

19

Reducing Medicine Waste

20

Medicines Management

21

Primary Care Lipid Management

22

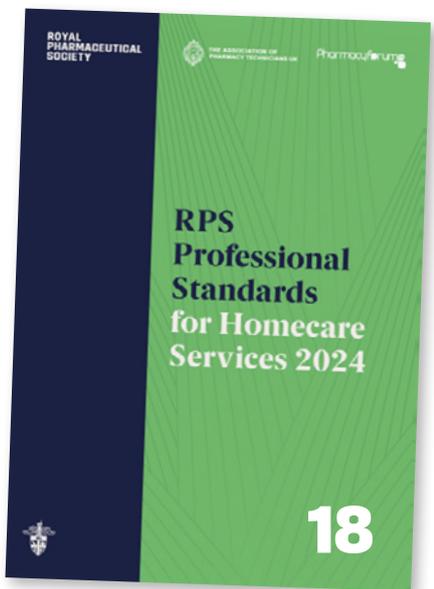
APTUK - 70 Years of History

25

Primary Care

26

Meet the Member



18

APTUK

04

Editor's Comment

05

President's Column

07

Membership Update

07

Pharmacy Professional Leadership Update

08

Branch Update

09

Community Pharmacy Wales

09

Executive Committee Recruitment

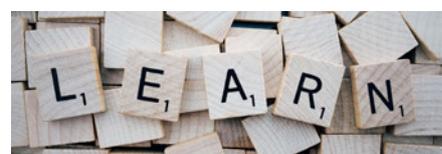


10

Equality, Diversity & Inclusion

11

Education Update



28

APTUK 2024



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New Horizons - New Beginnings. Spring is in the air!

Welcome to the PTJ Spring edition. Following our bumper conference edition in December, we are pleased to look towards 2024 and introduce the new president of APTUK, along with several other new Executive Committee members who work tirelessly for us and the pharmacy technician profession.

Also, in this edition we showcase the pharmacy technician profession past, present and future. Past president and APTUK Fellow, Tess Fenn along with Julie Mathieson, also a Fellow of APTUK, introduce the first part of their series on the history of pharmacy technicians and the association. It is incredible to see how far we have progressed as a profession, and I am sure those early pioneers would be amazed how far we have come, but not surprised, as we have always risen to any challenge thrown at us and never take 'no' for an answer.

We have several articles about the challenges we face now, be it workforce transformation or how medication shortages impact on our service users as well as updates from our executive committee on current high-profile issues that our profession face, such as supervision and the UK Commissions consultation on pharmacy professional leadership.

We also look forward to the APTUK Conference 2024 – Shaping the future. The executive committee have already started to plan this exciting event and early bird tickets are on sale now so if you haven't already registered you will find the link in this edition.

Thank you to everyone for sending us feedback on the PTJ. We are delighted that so many of you enjoy the journal and find it a useful source of information. There were some great suggestions for future articles which we will endeavour to follow up and we will share more detailed feedback in the APTUK annual report, so watch out for that in May.

Our Winter 23 edition was digitised for the first time, to reduce paper printing and wastage, postage costs and to improve the APTUK environmental footprint and we asked you for your thoughts on this change. 86% of respondents thought that digitising the PTJ is a great idea, so we will continue to send it out digitally. However, we would still love to receive your views on the PTJ, so please send us your feedback via this link to the PTJ Feedback form. The form also provides the opportunity to order a printed copy of the PTJ if you would like one.

Legal Disclaimer

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PTJ 2024 timeline

Edition	Copy Deadline
Summer	30 th April 2024

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Author and reviewer guidelines

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

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



NICOLA STOCKMANN MAPHARMT – APTUK PRESIDENT
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President's Column

I am absolutely delighted to have taken up the role of President in March, and one of my first tasks is a privilege to be writing to you in my first president's column for the Pharmacy Technician Journal.

The members of APTUK support the activity of the professional leadership body to make an impact influencing policy, celebrating success and challenging for professional recognition. We have seen some of the APTUK executives finish their roles with us, and others taking up the mantle. A thank you to you all – you have been part of some integral workstreams and this will be part of your legacy to the profession. I look forward to Amy Laffin joining us as she takes on the role of APTUK Vice-President, a role I have thoroughly enjoyed.

If any members are interested in becoming more involved in supporting your professional leadership body either for short task & finish group working or longer term, please get in touch operations@aptuk.org. I started as Hampshire branch chairperson in 2019, and the experiences I have had as a result since then have been integral to my development. I look forward to working with you in the future!

It was a strong start to 2024, where following a challenge I made to the Health and Social Care Committee, APTUK were invited to give evidence, and the pharmacy technician profession were represented by pharmacy technicians for the first time. We must shape the future we want for the patients, and our profession. It begins with enabling the profession to support an ever-pressured healthcare landscape, ensuring the agility and flexibility needed is possible. The pharmacy technician initial education and training is an example of this, and how that has developed since the profession began demonstrates that what we have as a foundation is there to be built on through clinical development, operational advancement, management and research to name but a few.

We also have announced the 2024 APTUK conference will be on the 6th & 7th September

in Nottingham. The theme is *shaping the future*, building on the 2023 conference theme of *making an impact*. There will be streams focusing on research and expansion of practice, legislation, collaboration and leadership and empowerment. If you haven't secured your ticket, please do – it's a fantastic way to network, complete CPD and celebrate the successes in our profession. I cannot wait to meet with as many of you as possible.

We have seen professional recognition with the proposed changes to legislation – with three in quite quick succession:

- Pharmacy technicians being added to the list of healthcare professionals that can administer and supply medicines under Patient Group Directions.
- Pharmacy supervision.
- Expanding access to take home Naloxone.

This is a pivotal moment for the profession and the potential widening of access this would provide for patients. It has been disappointing to note that through some of the consultation activity we have seen a lack of understanding of the profession manifest in negative ways. The whole pharmacy workforce is under pressure - we look to expand our scope of practice, as pharmacists will move to be independent prescribers from 2026 as part of their initial education and training. A workforce skill mix review to ensure each task is completed by the most appropriate member of the team with the relevant skillset/experience for most efficiency and impact to the patient is essential. For the consultations noted above we must ask, **what does it mean if the enablers proposed do not pass?** How does this impact the patient? What does this mean for those who can currently support the services and the capacity and wellbeing of individuals who will not be able to share the workload?

As a pharmacy team, and as part of the wider multi-disciplinary teams in healthcare, we must be agile and responsive to the evolving need to manage complex care and workload. We cannot work in silos – and this begins with us, through challenge, showcasing best practice and championing each other we will shape the future.

**Follow all APTUK activities on social media:
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Vice President's Update

As I write my first column as Vice President, I am feeling extremely privileged and grateful for the opportunity to be able to move into this role and I am looking forward to supporting the profession as we move forward into 2024 and beyond.

There are several important pieces of work and projects that are currently being undertaken that I am looking forward to support and progress alongside the incoming President, Nicola Stockmann, whilst supporting the executive committee team and our members to expand scope of practice. Also to collaborate with stakeholders and key organisations to lead the profession. I am also looking forward to seeing a new Director of Education progress into the role and to be able to work alongside them to continue to develop education for pre and post registration pharmacy technicians. Now is an exciting time within education and there are lots of projects within all home countries of the UK. So, if you are interested in supporting education on a national level, please get in contact and don't forget to apply for Director of Education before the 17th March 2024.

I reflect on how we each make an impact every day to our colleagues, peers, patients and loved ones so I would like to

take the opportunity to thank all our members for their support of APTUK and the impact we all have on medicines safety. As I look at how we can shape the future, together, as one pharmacy team alongside our peers in the wider pharmacy family, I would like you to consider how we, as APTUK can support you as our members further.

You will hear from us later in the year around the work we have completed during 2023, within our membership business meeting and annual report but please consider - what do you need from us? I would encourage you to engage with APTUK, we want to hear the voices of our members, so, come and find us at conferences throughout the year, email us, write an article for the PTJ, let us hear about how your work impacts our patients and let us shape the future, together.

Have a lovely spring! See you soon for the summer edition.



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APTUK Membership information

CURRENT FEES

To join APTUK follow this link:

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

The current annual fees are
Pharmacy Technician: £60 or £6 per month
Early Years: £60 for 18 months or £4 per month
Trainees are FREE of charge

Monthly fees are only available when setting up payment via the website: aptuk.org.

APTUK WEBSITE MEMBERS ONLY AREA

Please ensure you have logged into the website to gain access to the member's area to receive electronic journals, latest APTUK news and to find details of other benefits of membership.

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

YOUR CONTACT DETAILS

Please ensure your personal details are up to date by logging into your profile on the website:

- Email?
- Address?
- Home or mobile telephone?
- Sector of work?

For support or query, please contact Lynn Ali, the Membership Coordinator.

APTUK PHARMACY TECHNICIAN JOURNAL

The PTJ is shared electronically to all members.

Printed copies are available on request by completing the following [PTJ Feedback form](#).

All members, including trainees can access previous and current editions via the member's only area on the website: aptuk.org.

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

#membershipmatters #joinus #supportustosupport

Contact details for Lynn Ali – APTUK Membership Coordinator

Email: membership@aptuk.org

Membership Update

We are filled with immense gratitude to have been given the opportunity to serve as a Membership Directors for APTUK and we are excited to be able to contribute to the PTJ!

A little bit about us

Phil began his pharmacy career in 1996, the heart of Abergavenny, South Wales. He traversed the dynamic landscapes of community pharmacy, and Technical Services, which eventually led to a pivotal role in Pharmacy Workforce Development South.

The late 90s were a haze of prescription preparations, local surgery runs, and managing nursing home medication supplies. In 2001, Phil's trajectory shifted towards technical services, starting at a Licensed Unit at Bath University, which would later evolve into Qualasept or Bath ASU. He then found his niche at a Section 10 unit in the Bristol Royal Infirmary, specialising in supplying chemotherapy and parenteral nutrition. Over time, Phil became a Senior Pharmacy Technician with a focus on education and training.

Joe's professional journey is deeply rooted in rural healthcare, encompassing roles in community pharmacy, GP practices, overseeing a wholesale dealer license, and vaccination services. He is currently working as a Pharmacy Operations Manager in an acute hospital trust. Joe has recently completed an MBA and is now planning to continue his academic journey into leadership and organisational psychology.

We believe that our combined experiences as pharmacy technicians,

spanning multiple sectors and specialities, position us to represent the diverse needs of our members effectively. Recognising the importance of maximising the benefits for our members, our immediate focus will be to review and enhance APTUK's value offering.

Reflecting on the past year, APTUK attended numerous events to showcase and represent the outstanding work we do as pharmacy technicians. This year promises to be just as eventful, and we remain committed to celebrating and promoting the profession whenever we can. Keep your eyes peeled for this year's events where we look forward to meeting you in person!

Looking ahead, we are cognisant of the significant developments in Northern Ireland regarding the progression towards statutory regulation for the pharmacy technician workforce. As Membership Directors, we are committed to working closely with the Professional Lead for Northern Ireland, Warren Frances, to support our Irish colleagues in navigating the transition to becoming registered and regulated professionals. Northern Ireland is just one example of the numerous things we will be getting involved with this year - there are some truly exciting developments happening for pharmacy technicians!

We take pride in expanding the scope

and standards of pharmacy practice, offering professional development opportunities, advocacy, and contributing to crucial consultations. We will do our utmost in our joint role, to develop and drive APTUK membership, growing the professional leadership body for pharmacy technicians. 2024 is going to bring many more opportunities and challenges for us all, and we look forward to working collaboratively with you to further progress the pharmacy technician profession.

APTUK strives to represent the interests of its diverse members authentically, and your active participation is crucial. We invite all members to share their thoughts, suggestions, and feedback with us at membershipdirector@aptuk.org or memberdirector@aptuk.org.



PHIL JONES



JOE MYERS

Membership Directors | Association of Pharmacy Technicians UK

UK Commission on Pharmacy Professional Leadership Update

The UK Pharmacy Professional Leadership Advisory Board has been launched following the UK Commission on Pharmacy Professional Leadership. You can read the report following the commission [here](#). The Board is independently chaired by Sir Hugh Taylor.

The aim of the board's work is to enable closer collaboration between pharmacy professional leadership bodies and specialist professional groups to enable and support pharmacy technicians and pharmacists to meet the opportunities and challenges ahead.

All organisations that are part of the Board will be equal partners and be represented by their President, Chair or equivalent. I will be representing APTUK and I am pleased to see the efforts to ensure recruitment of additional pharmacy technicians for balance within the Board structure.

There are 4 meetings of the Board scheduled throughout 2024 and updates on progress and activities of the Board will be shared in due course. There have been development meetings only so far - please note at the time of writing, the recruitment of independent members was ongoing.

You can read more about the UK Pharmacy Professional Leadership Advisory Board [here](#).



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Branch Update

Welcome to the branch update!

In the last PTJ I touched on the future of branches for 2024 and onwards. The branch committees and I are busy in the planning phases of many of the proposed changes and we are just starting to see some of these changes come together.

We are working on building a more scheduled delivery of meetings and whilst virtual meetings will continue, we are also looking at the possibility of reintroducing some face-to-face meetings to provide the opportunity for members to meet and engage with their local branches in person.

We have several new branches in the pipeline this year. We have a Pre-registration Trainee Pharmacy Technician (PTPT) branch opening shortly, as well as a Mental Health Speciality branch hopefully after April. We are also currently in discussion regarding a Medicines Safety Speciality branch, and with other APTUK members who have expressed an interest in opening new regional or speciality branches.

The Pre-registration Trainee Pharmacy Technician branch will offer a more bespoke programme of meetings, specifically tailored to their stage of career. The branch chair is hoping to provide a regular networking meeting and study group space to support likeminded PTPTs along their career journeys.

APTUK are looking forward to welcoming these new branches, and we are pleased to be able to provide members a variety of options, for regional and speciality branches. All branches are open to every member and the branches welcome you along to all their meetings. So watch this space! APTUK will send emails and social media out on go live dates for all branches when they happen.

One of the priority plans is to update and refresh the APTUK branch webpage which will start at the end of February. Firstly, we will be working through suggestions and ideas on what the webpage should look like and information that should be on there. The key focus for the changes is to make it easier for members to see what is happening in each of the branches, provide regular up to date information with clear contact details for each branch. This should help members navigate all the different branches and see what is on offer and what they can be involved in.

There are also some noticeable changes happening to APTUK's social media. APTUK are taking a more streamlined approach to social media where all communication including branch correspondence are now being sent out from the main APTUK social media accounts to reduce fragmenting messaging. This means there will be no need to find all the different branch

accounts on Facebook, 'X', Instagram or LinkedIn to try and keep up with what is happening. You can still contact branches directly through their email inboxes and the branches will also be emailing out to branch members regularly, although you will need to provide contact details to any branches you wish to receive correspondence via email from.

The branches are committed to increasing the monitoring of the branch email inboxes to ensure any emails received are responded to in a timely manner. As you can appreciate the branches are run by APTUK volunteers who also must juggle work and life pressures, so we really do appreciate your patience if there is any delay to your emails, but if there is a need for a timelier response, please do direct your emails to branchliaison@aptuk.org.

Since the branch last update in the PTJ we have already had two branch meetings. The APTUK Sussex Christmas quiz. The quiz master was one of our very own APTUK members, Alan Hopkins, who along with Tracy Hedley provided members a great fun festive night for networking and testing our general knowledge. In addition, in January, Sussex branch held a meeting on Biochemistry for pharmacy technicians presented by Alan Hopkins and Angela Packham. There was a great attendance at the meeting, and it was informative and relevant to not only our pharmacy roles but also beneficial to our own personnel health. It was great to see new APTUK members there as well as some considering joining APTUK and there was such positive feedback from the session provided.

Don't forget that non-members can come along to a branch meeting (non-members get one free meeting) and we encourage members to prompt this and try and attend as many of the meetings as possible as well.

I know the branches are working hard at scheduling meetings for the year ahead and would love to hear from anyone that would like to present at a branch meeting or has an idea of a topic that they would like to be covered. Please do get in contact.

Looking forward to seeing you all at the branch meetings this year!



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



Pharmacy Technician Journal

The only publication written by pharmacy technicians, for pharmacy technicians.

Community Pharmacy Services in Wales

Pharmacy: Delivering a Healthier Wales outlines a number of specific goals in relation to community pharmacy specifically. To meet these goals, progress has been made to transform the role of community pharmacies across Wales.

In April 2022, the Welsh Government, health boards, and Community Pharmacy Wales agreed wide-ranging reforms to contractual arrangements for community pharmacies in Wales - Presgripsiwn Newydd – A New Prescription (gov.wales). Prescription Newydd describes a clear joint vision to transform the role of community pharmacy in four key areas: Expanding the clinical role of community pharmacists, a workforce with the skills needed to deliver outstanding pharmaceutical care, a commitment to quality, collaboration and integration within primary care and valuing the contribution community pharmacies make to the NHS. There are four key community pharmacy services: the common ailments service, emergency contraception, emergency medicine supply and seasonal influenza vaccination services. These were brought together in a new Clinical Community Pharmacy Service (CCPS). To find out more about A New Prescription one year on: <https://www.gov.wales/sites/default/files/publications/2024-01/A%20New%20Prescription%20One%20Year%20On.pdf>

The Common Ailments Service (CAS) is provided by pharmacies across Wales. CAS is a free NHS service that patients can access for confidential professional help and advice of treatment for 27 common health conditions. These conditions are Acne • Athlete's foot • Back pain (acute) • Chicken pox • Cold sores • Colic • Conjunctivitis (bacterial eye infection) • Constipation • Dermatitis • Diarrhoea • Dry eyes • Haemorrhoids (piles) • Hay fever • Head lice • Indigestion • In-growing toenails • Intertrigo (rash in skin folds) • Mouth ulcers • Nappy rash • Oral thrush • Ringworm • Scabies • Sore throat • Teething • Threadworms • Vaginal thrush • Verruca <https://www.cpwales.org.uk/wp-content/uploads/2023/03/CAS-information-for-pharmacy-staff.pdf>

Pharmacist Independent Prescribing services are available across Wales and can prescribe for minor illnesses which aren't covered by the common ailment service. The Pharmacist Independent Prescribing Service (PIPS) ensures more people can be treated for a range of acute conditions and uncomplicated infections, whilst improving access to a range of oral contraception. In addition, some pharmacies in Hywel Dda Health Board area also offer a urinary tract infection (UTI) service for non-pregnant women aged 16 to 64.

It's an exciting time for pharmacy technicians working in community pharmacies in Wales providing more clinical roles that would have traditionally been undertaken by pharmacists. Pharmacy technicians are accredited to provide the Discharge Medicines Review (DMR) following a discharge from hospital, helping prevent medicine errors and re-admissions. The role of pharmacy technicians in community pharmacy have expanded, some of the other services pharmacy technicians can provide include Help Me Quit Service, Flu Vaccinations, Supervised Administration and Needle/syringe service, Inhaler Review and Care home service. Community Pharmacy Wales also has dedicated support for community pharmacy technicians. Poonam Kerai is Community Pharmacy Wales' Contractor Services (Engagement) Pharmacy Technician and can provide advice and support for community pharmacy technicians in Wales. <https://cpwales.org.uk/wp-content/uploads/2023/04/CPW-Dedicated-Technician-Support.pdf>



EMILY GUERIN
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Executive Committee Recruitment Opportunities

Your professional body needs you!

Do you want to make an impact on the pharmacy technician profession? Do you want to make a difference & develop your own skills & knowledge

Due to internal changes, we are recruiting for a number of posts on the Board of Directors and Executive Committee.

Education Director – a real opportunity to drive, inform and influence the national education agenda for pharmacy technicians. You will implement strategic plans and policies, and act as a representative and ambassador to promote strong partnerships for the benefit of the APTUK and the wider pharmacy technician profession. Follow this link for the full [Education Director job description](#).

Business Development Director – a new role on the Board of Directors. Develop and maintain new and existing



relationships to generate income for APTUK through sponsorship and advertising opportunities. For more details see the [Business Development Director job description](#).

Professional Lead, England – partner with APTUK to lead and influence policy

and practices for pharmacy technicians according to the home country needs. For more information see the [Professional Lead job description](#).

Social Media Executive – join the APTUK Executive Committee and support with our social media messaging and general communications. If you already use social media, then this will be part of your daily activities, but with the added benefit of using Hootsuite to schedule and instantly duplicate APTUK messaging across X, LinkedIn, Facebook and Instagram. [Social Media Executive job description](#).

If you are passionate about the pharmacy technician profession and would like to apply for any of these roles, then please download and complete an [application form](#) and email to operations@aptuk.org before the **deadline of midnight on Sunday 17th March**.

Equality, Diversity and Inclusion Resources

Equality, diversity, and inclusion related resources to facilitate and develop your knowledge, learning and everyday practice as pharmacy technicians.

With the ever evolving and developing role of pharmacy technicians, it's becoming more imperative that we expand our knowledge and ability, and to adapt our competence to the differing eventualities we may come across in our own practice. As a profession we strive to be exemplar in our inclusive initiatives, through bettering our understanding and tailoring our approach to the needs of our patients, colleagues and to contribute to a positive workplace culture. Though not exhaustive, the following resources list is intended as a sheer starting point for members to source guidance, build knowledge and gain competence. A range of resources have been compiled for you to explore and adapt as per your personal practice development.

General sources:

EQUALITY: Equality Act 2010 – [Equality Act 2010: guidance - GOV.UK \(www.gov.uk\)](#) This government website provides a guidance source for all matters related to legislation and equality. Information and guidance is age discrimination and public sector Equality Duty can also be found here.

DIVERSITY: Diversity in Diction: Equality in Action [Article: \(squarespace.com\)](#) – A guide to the appropriate use of language. This guide recognises that we may, unconsciously and without intention, all use discriminatory, prejudicial, or exclusive language occasionally. It also recognises that language is naturally dynamic and constantly evolving and we must adapt accordingly to this change.

PROTECTED CHARACTERISTICS: What are the 9 Protected Characteristics? - In Equilibrium (in-equilibrium.co.uk) – this source will highlight the importance of the roles that both employees and managers play in ensuring equality and diversity principles are maintained in the workplace.

MICROAGGRESSIONS: What Is a Microaggression? Definition and Examples (thoughtco.com) – Learn more about microaggressions with this article written by Elizabeth Hopper. It dissects the meaning of microaggression, their effects on individuals in particular mental health and provides examples of these.

Race:

- **Race in the workplace: The McGregor-Smith review (publishing.service.gov.uk)** - A document highlighting the independent review, with recommendations to improve diversity in organisations for employers across both the public and private sectors
- **White Fragility - YouTube video** University of Washington professor Dr. Robin DiAngelo reads from her book “White Fragility: Why It’s So Hard for White People to Talk About Racism,” explains the phenomenon, and discusses how white people can develop their capacity to engage more constructively across race.
- **Cultural Competence and Cultural Safety - eLearning for healthcare (e-lfh.org.uk)** Cultural competence training for NHS England staff. Assessing our training needs and competency in ensuring we have the skills required to adapt accordingly with patient’s needs, beliefs, cultural views and norms.

- **Race Equality Matters** – This organisation’s ambition is to create change to achieve Race Equality in our workplaces. The website hosts informative resources regarding toolkits, written articles, job vacancies and the list goes on.
 - **Institute of Race Relations (irr.org.uk)** The IRR is an educational think tank providing research literature and information regarding the struggle for racial justice in the UK and beyond.
- Disability:**
- **Disability Rights UK** – leading organisation for disability run by disabled people for disabled people.
 - **Disabled people - gov.uk (www.gov.uk)** – visit the government website to learn more about the Equality Act, your rights as a disabled person, carers and what benefits you may be entitled to.
 - **Pluss What Pluss can offer you | Pluss** – This is a social enterprise helping people discover and empower to realise their potential within the world of work.

Age:

- **Age UK Age UK | The UK’s leading charity helping every older person who needs us** – provide information for signposting employees, colleagues or patients to services and resources available for them to explore.

Gender:

- **7 Strategies for Better Male Allyship to Women in the Workplace (trainingindustry.com)** – though a United States based, this provides practical advice and tips on how males can be proactive allies for women colleagues in the workplace.
- **Department for Education (publishing.service.gov.uk)** This government document provides guidance for recruitment and retention of transgender staff, produced by the Government Equalities Office. This is a useful document for other managers and staff themselves that identify as transgender.

Sexuality:

- **LGBTQI+ inclusivity in your organisation – Mental Health At Work** This is a charity that has compiled a list of resources to share and be used by organisations which aim to improve the work culture for LGBTQI+ lives and making the workplace more inclusive for all.
- **Home - LGBT Foundation** – This website provides news, information, support and advice for lesbian, gay, bi-sexual and transgender people to help them achieve their full potential.

Disclaimer: The above resources are suggested reference sources, whereby the list is not exhaustive nor restricted. APTUK does not endorse any of the suggested resources, nor does it have any vested interest or affiliation with the resources suggested in this article.



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Education Update

Welcome to the education update and what will be the start of education corner in the PTJ, I would encourage anyone interested in submitting an article about best practice education, ideas and innovation within education or nominations as case studies for pharmacy technicians or pre-registration trainee pharmacy technicians to email educationdirector@aptuk.org. I am collating all case studies and will publishing these in the PTJ throughout the year.

Apprenticeship update

2023 was a busy year within education with updates and changes to funding rules for the apprenticeship standards, which now outlines that that people enrolled on an apprenticeship regardless of being part time or full time employed should be provided with 6 or more hours per week for 'off the job time'.

Let's take a closer look at what 'off the job' time is. This can be a confusing term, lots of learners and people in training that I speak to on a weekly basis consider this time to be the time they are studying away from work as it says 'off the job' but this actually means that you should be allocated some time away from your usual role but should still be in paid employment for these hours.

Therefore, things that are included as suitable activities for the off the job time are: reading policies and procedures, completing mandatory training, shadowing and observing colleagues undertaking roles that are new/that you are learning and independent study time.

Some workplaces allow individuals to complete their time at home and some workplaces will ask for the time to be completed at work, this is down to the employer.

Panel

APTUK has now launched a new application process for panel accreditation of the accuracy checking and primary care frameworks. We accept applications for the approval of a programme throughout the year at any time and will aim to approve/provide a resubmission opportunity to the training provider within a 4-week time period. If the training provider submits a resubmission for amendments, APTUK will then rereview within 2-weeks for final approval. APTUK have successfully recruited panel members who bring a wealth of experience to appropriately support the process and provide recommendations where appropriate to the training programmes.

Conference

Registration for the APTUK 2024 Conference and Exhibition – 'Shaping the Future' is now open and this year we will be at

the Crowne Plaza hotel in Nottingham. We are in the process of obtaining fabulous speakers who will cover themes of legislation, collaboration, leadership & empowerment, and expanding areas of practice and research. We can't wait to see you there! There are a whole host of transport options available for this venue so don't delay, book your ticket for the conference today. To register please visit our website: aptuk.org

I am so proud to announce that this year, on 12th and 13th July 2024, APTUK will be hosting its inaugural pre-registration conference. As a result of collaboration with West Suffolk College, part of the Eastern education group, this will be a free of charge event for all pre-registration trainee pharmacy technicians and pre-registration trainee science manufacturing technicians (Aseptic) from across the UK who is a member of APTUK! Remember, pre-registration trainee membership is free with APTUK whilst you are in training. It will be held at the University and Professional development centre, Bury St. Edmunds, Suffolk. (There is parking available free of charge and a local train station).

Please save the date as we will have exhibitors, employers, training providers and lots of speakers and activities to support PPTs with learning and registration. Further details will be announced via Mailjet to members. If you are an employer of a pre-registration trainee, you are welcome to attend this conference as a plus one. There will also be an employer networking event.

Finally, don't forget that conferences such as these count towards learning and development and can be counted as 'off the job' time for your apprenticeship!

Are you available to support? Do you have a spare hour a week?

There are so many pieces of educational work happening within APTUK at one given time, if you have educational experience and would like to volunteer to support the work that we carry out, please get in touch.

If you want to know more about any of the discussion points in education corner, don't hesitate to contact me. Have a wonderful spring and I will see you back here for the next edition of education corner for Summer 2024.



AMY LAFLIN
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Sharing learning from APTUK 2023 - Making an Impact

Welcome to our reflections from the 'making an impact' 2023 conference where we will be displaying and providing posters and articles that were presented at the conference. In this PTJ edition, I am delighted to share with you four posters, two of which were highly commended.

Ensuring PGD Compliance In A Mobile Workforce

Jane Smithies & Joanne Hammond

Background
Paramedics have a limited scope of medicines they are legally authorised to administer. As pre-hospital care advances, more medicines are being added to formulary and administered using Patient Group Directions (PGDs). The use of PGDs help patients receive the right treatment in the right place at the right time. Many paramedics at North West Ambulance Service (NWAS) are novices at using the new formulary medicines. We describe the impact pharmacy technicians have in ensuring compliance with PGDs across a diverse, mobile and geographical widespread workforce such as the ambulance service.

What is the problem?
Pre-hospital clinicians are constantly moving around the 5400 square miles NWAS covers. Educating 2500 individual paramedics and engaging them to be assessed and sign up to the PGD is a challenge for the Medicines Team at NWAS.

What are the hurdles?
To be PGD compliant each paramedic needs to complete the education, display competency by completing an assessment and electronically sign the PGD prior to the agreed PGD go live date. This then permits administration of the medications from the PGD go live date. Without routine desk time in a constantly moving, high pressure environment, ability to access training is a big obstacle.

How did we solve it?
The pharmacy technicians and pharmacists work closely with NWAS professional leads and the Medical Director to develop the PGDs. The "6 steps to PGD launch" have been developed over time and proved to be a successful model for a technician roll out of new and updated PGDs.

Step 1: PGD schedule for launch

- Gain executive support
- Select a three month time period (prior to formal launch of the PGD) to educate, train, assess competency and obtain signatories to authorise to practice
- Agree on 85% target compliance target of PGD sign off before new medicines are launched (see graph)
- Negotiate time 'off the road' for the paramedics to complete their training

Step 2: Create training

- Technicians develop interactive e-learning packages
- Make it inclusive and accessible (use voiceovers by technicians and education and training (E&T) team)
- Pharmacy technicians, E&T and IT co-working to create training packages & competency assessments
- Link competency requirement to electronic staff records (ESR - used nationally in the NHS)

Step 3: Create a buzz about launch

- Cascade awareness via leadership teams and governance groups
- Include in all staff bulletins
- Technicians conduct 'must have' conversations every time they visit sites/stations to inform and educate staff
- Online meetings
- Face to face discussions

Step 4: Monitor compliance

- Following launch of e-learning packages, technicians obtain weekly updates and compliance data from ESR team
- Technicians sense check and cleanse data (e.g. remove staff away from work, on external retirement)
- Account for maternity, sick leave, retirement

Step 5: Report

- Technicians generate and share high level one page weekly report for trust leadership teams
- Continue weekly reporting from ESR records for three months
- Technicians create quarterly reports oversight for governance groups
- Provide area appropriate access to all staff compliance reports, via SharePoint for local level monitoring by managers

Step 6: Launch

- 85% compliance was achieved prior to PGD go live
- Once 85% target achieved medicines (if new) supplied to all 100 ambulances. Medicines dispensed to paramedics to administer under PGD followed project plan

Main findings

- The graph below shows electronic sign off of four PGDs
- Compliance continues to rise
- Schedule time for this is usually 15 minutes
- Accessible to all paramedics
- Make it engaging
- Sufficient time to give enough off
- Good communication

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Ensuring PGD Compliance In A Mobile Workforce

Developing a sustainable educational supervision & leadership platform to support pharmacy technician workforce within ONE Gloucestershire ICS

Mrs Sophie Ligat MPharm, MA (Higher Education Practice), AFH; Ms Sian Williams, BPharm FRPharms, PGClinDip-Research; Ms Arcana Casey BSc (Hons), PMQ

Background
Work undertaken from 2019 supporting the NHS LEP and development of an integrated pharmacy workforce forecasted a deficit of >50 Pharmacy Technicians across our local system by end of 2025.

A key element for integration and transformation of our pharmacy workforce was the development of a strong pharmacy technician leadership and education platform. This included:

- Developing the role of Lead ICS Pharmacy Technician for Workforce, Education and Training (Lead PT WE&T) to lead the project
- Project management (PM) support aligning, tracking and monitoring the various elements required for successful delivery
- Securing Health Education England (HEE) funding for cross sector placements for pre registration pharmacy technicians (PPTA)
- Working with Hospital, Primary Care and Community Pharmacy teams to secure meaningful cross sector placement hosts
- Collaborating with training providers to recruit apprentices
- Initial planning activity focussed on current workforce challenges and areas with historic recruitment difficulties
- Education and Clinical Supervision networks with regular contact

The Integrated Care System (ICS) supported the project to be lead employer for 2 PPTA's, provide supervision, HR support & salary gap, pharmacy, primary care & acute trust. Apprentices gained experience, knowledge and skills to be able evidence all General Pharmaceutical Council (GPhC) IET Standards as part of the two year programme and register with GPhC securing roles locally in Mental Health and PCN employers.

Ongoing system support facilitated further apprenticeship cohorts to be added to the project. A key enabler was the increase in ES provision were able to offer role diversification and quality learning journey. We Technicians (PT) from our existing Medicines Optimisation (MO) team who were keen to support the development of others and support to their competencies.

A key aim at the start of the project was to offer each of our 15 PCN's an opportunity to experience supporting development of PPTA's and Pharmacy Team to support future PCN Pharmacy Team growth.

ICS Lead PT WE&T and PM supported independent bids (primary care & community pharmacy and single sector community pharmacy) providing advice, sharing learning and expertise developed through the project, giving confidence to system partners to skillfully expand their workforce.

Leadership and Accountability
Those undertaking training have a robust induction period with a clear and supervisors have a clear assurance and governance process.

Local Educational platform is developing each year with ICS Lead PT WE&T coordinating ES, CS & placements hosts.

This has built a supervision Community of Practice and supported other single sector & GP Integrated placements across the county, resulting in building great working relationships & communication

References

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- One Gloucestershire: ICS Operational Plan for 2023-24. <https://www.onegloucestershire.nhs.uk/>
- Pharmacy Technician: A Professional Practice. 2012. Available online: <https://www.pharmacytechnician.org.uk/>
- Pharmacy Technician: A Professional Practice. 2012. Available online: <https://www.pharmacytechnician.org.uk/>

Quality Supervision
Initially the Lead ICS PT WE&T conducted all ES role requirements, ES capacity. Our existing PT workforce were given the opportunity to upskill and complete the ProPharm ES course. This increased capacity whilst developing the skills of our qualified PT workforce and development of their Personal Development Planning. Evaluation of process included feedback taken from PPTA regular reviews, training provider, line manager appraisals, end of year and end of course feedback. As well as meetings.

From the first cohort we found that quality supervision (see figure 2) was paramount to trainee success which was further recognised by the training provider who described the supervision as 'platform standard' across the two year programme due to consistent, high quality, conversations with trainees, providers and extended placements and trainees themselves.

Benefit to System
Our system has successfully recruited to ALL commissioned places. To date 6 due to register with GPhC in 2024, 8 in 2025 and projected 10 for 2026. This project will have reduced anticipated 2019 deficit of 52% by end of 2025, aiming to have achieved a deficit reduction of 72% by end of 2026. See Figure 3.

This continues to be attainable with the dedication of increased supervision capacity to ensure trainees have quality supervision throughout their learning journey.

Future benefits to the system from increasing pharmacy professional supervision is the stimulation of interest, ability and capacity to support the legacy workforce in upskilling and future pharmacy technicians undertaking advanced practice leadership to colleagues in supporting pharmacy roles that wish to upskill and develop.

Discussion and Further work
The outcome of this project is the development of a sustainable education and leadership platform that supports the pharmacy technician workforce. Through quality improvement the pharmacy technician workforce benefits of quality training supervision enabling both employers and PPTAs to experience a well supported, robust learning and training platform.

Through training we enable PPTAs to embed within future employment teams. We are continuing to increase our numbers and have several stakeholder employers now applying to host their own apprenticeship making use of levy funding to support their own apprenticeship opportunities within their practice. For Community Pharmacy it has provided the opportunity through optimal use of skill mix to increase the clinical focus for our registered pharmacy professionals.

Contact: sophie.ligat@nhs.net

If you are looking for some learning and professional development, look no further. Included in this edition, are a variety of topics from different areas of practice. So, if you didn't get a space at the conference due to limited space, don't worry, you can get your conference learning right here.

We are currently accepting abstracts to the APTUK 'shaping the future' conference for 2024, so, if you enjoyed reading these posters, why not share your practice and submit a poster abstract for this year.

We have a support guide for individuals submitting a poster for the first time, so see the conference page on the website for further information.

Deadline for Poster abstract submissions: **19th March 2024, don't delay, submit today!**

Evaluation of regional Pre-registration Trainee Pharmacy Technicians virtual training programme

Background: A network of Educational Programme Directors (EPDs) was established from acute trusts across Kent, Surrey and Sussex. Following the introduction of the revised standards for the initial education and training of pharmacy technicians and the pandemic, the EPDs identified the need for a virtual platform to aid networking with peers, complement the academic learning, and meet local service needs.

Objectives: Evaluate the virtual programme to cover two-year PPT training programme.

Method: EPDs agreed relevant content for the training sessions and scheduled one-hour sessions at 4 weekly intervals. The pilot continued as held in September 2020. The pilot continued as held in September 2020. The pilot continued as held in September 2020.

Results: 85 evaluations were completed, with the average number of respondents per session being 5.5. Attendance varied depending on cohort sizes and workforce demands. The evaluation results were overwhelmingly positive.

Conclusion: The evaluation proved that the time invested was valued by the PPTs. Having the opportunity for shared learning on a virtual platform was ideal for efficiency and inclusion. To develop the programme further, we would like to extend the sessions to PPTs in other pharmacy sectors. This would involve networking and collaboration, and provide support to PPTs in the primary care sector who may have less training opportunities.

References: 1. General Pharmaceutical Council. Standards for the initial education and training of pharmacy technicians, October 2017.pdf (accessed 10/10/2023)

A consensus building study to define the role of a 'clinical' pharmacy technician in a primary care network environment in England

A CONSENSUS BUILDING STUDY TO DEFINE THE ROLE OF A 'CLINICAL' PHARMACY TECHNICIAN IN A PRIMARY CARE NETWORK ENVIRONMENT IN ENGLAND



Street, K., Taylor, A.D.J. Department of Life Sciences, University of Bath, BA2 7AY, UK

Objective
To define criteria of the role of a clinical pharmacy technician that can be applied to the Primary Care Network environment in England.

Method
Consensus building study using Delphi methodology conducted in three stages: Stage 1: topic generation from a literature review; Stage 2: Delphi process via Jisc Online Surveys; Stage 3: analysis and presentation of identified topics.

Key Findings
A consensus-defined list of 61 criteria appropriate for the role description of a clinical pharmacy technician across all healthcare sectors was derived. This was refined to 35 criteria (table 1) considered most important to the role of a clinical pharmacy technician working in a Primary Care Network environment (PCN). A qualitative analysis of expert panel comments identified the importance of defining the level at which a pharmacy technician conducts this role, day-to-day supervision would be less than that of a pharmacy technician, and usually conducted by a pharmacist. This research supports existing international literature that a clinical pharmacy technician role releases capacity for other healthcare professionals to focus on more complex patient cases.

Table 1: Consensus-derived role description criteria for a clinical pharmacy technician working in a PCN Environment

Medicines reconciliation	Recording and resolving missed doses of critical medications
Referral of patients to a relevant healthcare professional including a comprehensive handover	Synchronising medicines for patient transfers between care settings
Conduct NHSE&I Discharge Medication Service	Clinical check of medicines before transferring information to external organisation, for example community pharmacy, care home, hospital
General communication with patients and carers	Requesting relevant monitoring, for example blood tests
Check allergies and interactions	Ordering resupply of medicines for individual patients
Antimicrobial stewardship	Ordering new medicines for individual patients
Anticoagulant clinics – address calls regarding drug: drug and drug: food interactions	General communication with healthcare professionals
Patient facing shared decision-making conversations	Clinical checking of repeat prescriptions ensuring that annual medical reviews are happening
Clinical prioritisation (triage) of patients	Advising and liaising with healthcare professionals on formulary medicines
Co-ordinate patients and workload	Assist in the delivery of patient safety audits
Medicines management (nursing homes)	Referral to community services team
Managing medication-related incidents	Transfer of care of patients between settings, for example hospital to GP care
Amending discharge summary or referring identified discrepancies to prescriber	Attend multidisciplinary team (MDT) meetings
Taking a drug history	Delivery of medication education sessions/information to other healthcare professionals
Responding to medication information enquiries from patients, clinical and non-clinical staff	Assisting with medicines use reviews (MURs)
Conduct Medicines Use Reviews (MURs)	Level 1 medication (prescription) review – a technical review of a patient's medication
Monitoring and evaluating waste medicines	Patient counselling including safe and efficient use of medicines

Conclusion
This research has provided a defined list of criteria considered appropriate for the role description of a clinical pharmacy technician. The need to evidence levels of pharmacy technician practice against recognised evidence-informed competency frameworks alongside clear role descriptors was noted. Future research will be conducted to develop practice and service change.

Ethical approval from University of Bath. Full article: International Journal of Pharmacy Practice, Volume 31, Issue 1, January 2023, Pages 62–69, <https://doi.org/10.1093/ijpp/riac077> Contact: Kerry Street: kas41@bath.ac.uk

Evaluation of regional Pre-registration Trainee Pharmacy Technicians virtual training programme



Image by Aleksandra Titelwalf on Freepik

View on the Pharmacy Supervision Consultation

I'm a pharmacy technician within the NHS and I wanted to share my career journey to date and my views on the current Pharmacy Supervision consultation.

A little about myself and my career. I'm currently developing a brand-new aseptic hub for the North East and North Cumbria as part of NHS England's Infusions and Special Medicines Programme. I have been working within the NHS for over 18 years and I've held clinical, aseptic, production and quality roles. Over this time, I have witnessed a positive change in the way a pharmacy technician is perceived professionally, from both peers within pharmacy and those who are external as well.

Like many, when I was in post-GCSE education, I realised that this mainstream route of education was not for me, and I wanted to earn and learn. I applied, and was fortunate enough to be accepted onto, the student pharmacy technician course which enabled me to do fulfil my wish. I'm a firm believer in this model of learning - university straight from school just isn't for everyone. It's been amazing to see the image of apprenticeship models of learning improving year on year; where they were once seen as a young person's qualification, they are now open to all.

Early on in my journey as a qualified pharmacy technician, I realised that patient facing roles were not my main interest. The desire to help patients remained, however, which is why for the last 14 years of my career, I have specialised within technical services which is also referred to as aseptics or production services. It enables me to have a big impact on patient care, through assisting in the fight against cancer and supporting the hard-working clinical teams at ward level. This is why I love what I do and the services I work in.

I feel very fortunate that I have always had managers who have believed in me and the capability of a pharmacy technician. With their support I studied for a Master of Science (MSc) in Pharmacy Technology and Quality Assurance at Manchester University, which I successfully gained in 2018. If you had asked when I left sixth form to train to be a pharmacy technician if I would ever achieve a Masters degree, I would have said "no chance". At that time, I assumed the only route to a degree was

to go to university straight from school. But it is never too late to learn and gain further qualifications.

Those within technical services in the NHS will be aware of the existing challenges that aseptic facilities have with recruitment of suitable accountable pharmacists. This often means that aseptic units struggle to operate to their fullest potential. I have first-hand experience of this challenge, as during my time as Head of Production and Aseptic Services Manager for a facility which operated under both section 10 exemption and a Manufacturing Specials (MS) licence, I worked with three different accountable pharmacists. It was after the resignation of the third pharmacist that I knew something had to change within our facility to create more resilience for staff and the patients whom we were treating. I was lucky that I had a chief pharmacist who believed in my ability and my team's; he supported my vision to take our facility through a change to enable manufacture of all products within the scope of our MS licence. This removed the need for an accountable pharmacist within our management structure and we moved to a model where the Head of Quality Assurance and Quality Control (my role at the time) and Head of Production (also a pharmacy technician) were responsible, and accountable, for the quality of the service and products. Both roles are open to both pharmacists and pharmacy technicians subject to suitable qualifications or experience.

In this situation it would have been amazing if the law had been updated so that my pharmacy technician colleagues or I could have been deemed suitable to take primary responsibility for the preparation, assembly and dispensing of medicinal products for our hospital aseptic facility within Northumbria Healthcare Foundation NHS Trust.

The Medicines and Healthcare product Regulatory Agency (MHRA) acknowledges that suitably qualified professionals (including pharmacists, pharmacy technicians, scientists etc) have the relevant skills to assume responsibility for a Specials' Licenced facility that manufactures medicines, yet under

the section 10 exemption currently legislation allows only pharmacists to supervise preparation and supply.

My hope is that the changes proposed in the Pharmacy Supervision consultation are passed and implemented so that aseptic units can achieve their fullest potential and continue the amazing work they do to ensure that patients receive the best care in either oncology day units or any other clinical setting.

As time goes on, we are beginning to see a change in confidence and recognition with regard to the pharmacy technician profession and this consultation is proof of the change.

It shines a light on all the amazing pharmacy technicians who have a wealth of experience and knowledge within aseptic units but are often overlooked for senior roles due to the current legislation. I'm keen to acknowledge the skills of a pharmacy technician and a pharmacist are very different. We both have different strengths, and both have the ability to greatly impact patient care. It is my desire that one day both the pharmacist and the pharmacy technician roles are seen as equals that complement each other, with one common goal of improving patient care.

Pharmacists have amazing clinical knowledge gained from their degree and foundation training, they do an amazing job and are often the backbone of communities. This consultation gives the NHS a real opportunity to reduce the weighty legislative burden placed on pharmacists who are required to supervise aseptic units, so that they can use their expert knowledge in patient focused roles within both primary and secondary care.

I want to be clear I do not wish for this consultation to result in pharmacy technicians replacing pharmacists within aseptic units. I wish for the roles to be seen as equals in certain specialist settings, such as aseptic units, with recognition of skills and experience rather than simply the initial qualifications of the postholder. Increasing the pool of staff who can provide supervision within aseptic units will provide greater workforce resilience for years to come.

I wanted to conclude that I have spoken about the roles of a pharmacy technician and pharmacist due to the nature of this consultation. Hopefully this consultation for change in the legislation opens further conversations in the future to widen the scope of supervision for aseptic services to healthcare scientists and science manufacturing technicians. These are both amazing groups of staff who have a big part to play in the way patient care is delivered within the NHS in the future.

Further details of the consultation can be seen here:

[Pharmacy supervision - GOV.UK \(www.gov.uk\)](https://www.gov.uk/pharmacy-supervision)



KYLE WINN
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Head of Production, North East and North Cumbria Provider Collaborative – Medicines Manufacturing Centre

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Medication Shortages: The Impact on Patients and Pharmacies

Shortages can often seem like the only thing that we aren't running out of. From petrol to PlayStation - there are always reports in the media around the latest item we are struggling to obtain. Whilst many of these shortages are an inconvenience, when a supply disruption affects medication then the consequences can be far more serious.

Medication shortages will have affected every one of us at some point, either in our professional or personal lives. Recent figures show that 111 products in the UK are now facing supply problems, the highest on record and more than double the number of products at the start of 2022.⁽¹⁾

Due to the increased number of supply disruptions, both worldwide and specific to the UK, the Specialist Pharmacy Service (SPS) has developed in conjunction with the Department of Health and Social Care (DHSC), a Medicines Supply Tool for easy reference. This gives specific guidance on medicine shortages, impact of the supply disruption along with predicted dates of availability.⁽²⁾

Medicines Safety and Medication Shortages

The Medicines Safety team are often well placed to notice medication shortages before any official statement is released. Trends in incident reporting may be noted which can suggest that a shortage is imminent. These can include increasing numbers of patients unable to fill their prescriptions, numerous doses missed for inpatients due to the medication being unavailable, increasing "to-follows" for specific medication in dispensary settings and of course, the numerous "have you heard if there is a stock problem with ..?" telephone calls to pharmacy, generating much speculation in the department.

Working in a large mental health trust, many of our service users are prescribed medication to treat neurodivergent behaviour and are reliant upon this to function. Early last year we heard from our attention deficit hyperactivity disorder (ADHD) teams regarding service users who were struggling to obtain their prescribed medication. Concerns were raised about several individual scenarios, all of which posed a risk to safety.

One service user could not obtain a supply of their current ADHD medication and so had been taking a different, older, less suitable medication they found at home. Another situation reported a parent breaking modified release tablets in half to make them last, resulting in poor control of her child's condition. People were ringing round community pharmacies trying to locate supplies of their specific treatment and in some situations driving for hours to the nearest pharmacy with stock. There have been additional reports in the media of patients purchasing medication on the internet or via illegal means, where there are no guarantees as to product quality or safety.⁽³⁾

All these scenarios pointed towards a supply disruption incoming, possibly triggered by the sudden increase in ADHD diagnoses amongst adults. For some context, between 2000 – 2018 there was a twenty-fold increase in ADHD diagnoses and nearly fifty-fold in ADHD prescriptions in men between the ages of 18-29 (from 0.01% to 0.56%).⁽⁴⁾

When a medication shortage is first identified, manufacturers are required to notify the DHSC who will work with suppliers and wholesalers with the aim of managing and resolving any medication supply issues to prevent major impact on the general

public. National alerts are then issued and cascaded by the Central Alerting System (CAS), a web-based system for issuing patient safety alerts, and other safety critical information and guidance. This system is used to disseminate information to the NHS and others, highlighting supply problems, often including an action plan to address the shortage and offer alternatives.

The CAS issued a National Patient Safety Alert (NPSA) on supply disruptions affecting various strengths of medications licensed for the treatment of ADHD on 27 September 2023.

Managing Supply Disruptions

All trusts should have a governance structure in place to provide assurance that all medicines related alerts and notifications are acknowledged and led by a nominated person. Pharmacy representation, including the Medication Safety Officer (MSO) as the operational lead, is recommended for all alerts involving medication. Any response to the alert must ensure effective communication of both the risk, local issues and any change required and support the timely delivery of the action plan.

Following the receipt of this NPSA alert, the Medicines Safety team supported the development of local action plans and trust-wide medication safety alerts, offering interim guidance and urgent mitigation to clinicians in response to the ADHD medication shortages. A task group was also created at general manager level to produce further communications and advice across both primary and secondary care.

Short term solutions to supply disruptions often include therapeutic alternatives, unlicensed imports or different formulations/brands. In the case of ADHD medication shortages, some of these options presented an additional barrier and safety concern. Different formulations and brands may not be identical to the original medication and some individuals diagnosed with neurodivergent behaviour may have difficulties processing information leading to struggles taking medication that is suddenly not familiar to them.

Alternative tablets or capsules may be a different colour or shape, or if a formulation change is required then liquid medication may present a different taste or texture. The individual may then refuse the alternative, leading to poor compliance and potential deterioration in condition. Unlicensed medication forms can also present difficulties, as risk assessments must be undertaken before they can be used. Unlicensed imports can also have different strengths or storage conditions to the original product, which can present an additional risk if staff are not informed appropriately.

Ongoing Work

Medicines Safety continue to monitor for incidents relating to medication shortages and to mitigate any risk, ensuring we liaise with the relevant care group/clinicians to address these concerns, as patient safety is paramount. Above all it is vital to keep service users safe and informed during disruptions to their medication.

Regarding the ongoing ADHD medication shortage, our Child & Adolescent Mental Health Services (CAMHS) and Addictions pharmacists have also been involved as their groups of service users are most heavily impacted. Proposals were put together to minimise risk during the shortage, including the possibility of a closely managed treatment break and non-pharmacological strategies, such as exercise, diet adjustment and sleep hygiene.

The impact from medication shortages can have far reaching effects on both physical and mental health, with real life consequences for all those involved. Please encourage service users to speak up if they are experiencing any deterioration in their condition either caused directly by their medication shortage, or their alternative treatment. Equally, remember that the impact of a medication shortage can be just as distressing for pharmacy staff, with recent media reports of aggression and violence towards staff from patients frustrated that their prescription cannot be dispensed. We all have our part to play in managing medication supply disruptions and hopefully as pharmacy professionals we won't suffer a shortage of kindness, empathy or understanding.

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- (4) *Significant rise in ADHD diagnoses in the UK | UCL News - UCL – University College London*
- (5) www.sps.nhs.uk



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Unveiling the Power of Biochemistry: Sussex Branch Ignites 2024 with a CPD Session to Transform Pharmacy Technician Roles

In a dynamic start to the new year, Sussex Branch set the stage for professional growth with an invigorating continuing professional development session on Wednesday, 24th January 2024. The event drew in 16 enthusiastic members of the Association of Pharmacy Technicians UK (APTUK), who were treated to an enlightening presentation by respected speakers Angela Packham and Alan Hopkins.



Angela Packham, Specialist pharmacy technician in Gastroenterology at University Hospitals Sussex NHS Foundation Trust



Alan Hopkins, Senior pharmacy technician, Sussex Community NHS Foundation Trust Medicines Optimisation in Care Homes (MOCH) team

Alan, a seasoned senior pharmacy technician from the Sussex Community NHS Foundation Trust MOCH Team, shared his wealth of knowledge on evaluating biochemistry results within medicines optimisation services in respect to patients with long-term conditions. His provided insights into the importance of monitoring and appropriate dosage adjustments, describing how he collaborates with the wider MDT for ensuring effective decisions are made with patient safety at the fore.

Angela, a specialist pharmacy technician in Gastroenterology at University Hospitals Sussex NHS Foundation Trust, brought her extensive NHS experience to the forefront. She passionately described her specialist role beyond the main pharmacy team and used a case study example to demonstrate the care she gives to patients with chronic conditions, such as Crohn's Disease. Attendees were able to holistically evaluate a patient's condition and discuss the next steps based on biochemistry results.

Together, they unravelled the intricacies of different blood tests, clarifying reference ranges and interpreting high or low readings. The session delved into lipid values, shedding light on how various lipids impact bodily functions.

The real-world applicability of the acquired knowledge was brought to life through engaging case-based discussions, giving an insight into two very different pharmacy technician roles prompting attendees to consider how they will

integrate their knowledge into their own daily practice.

As the meeting drew to a close, Tracy Hedley, the Branch Secretary, unveiled Sussex Branch's agenda for 2024 and Kristy Garton, APTUK Branch Liaison Executive, reminded attendees to complete and share the consultation on pharmacy technician supervision, encouraging all pharmacy technicians to respond to the consultation both individually and collectively to ensure our voice is heard.

Sussex Branch has undeniably set the tone for a year brimming with educational excellence and professional empowerment. If you are interested in joining future virtual meetings, please email Sussexbranch@APTUK.org for the joining links once events are advertised. New members will receive a warm welcome and if you have colleagues sitting on the fence about joining APTUK, invite them along to a branch meeting for a taster session. This is a great opportunity to get a feel for what APTUK can offer them.



TRACY HEDLEY
APTUK Sussex Branch Secretary.
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Representing APTUK to rewrite the RPS Professional Standards for Homecare Services

I have been a pharmacy technician for 25 years and I am currently the pharmacy homecare services manager at Royal Papworth Hospital NHS Foundation Trust; the chair of the East of England Homecare Sourcing Group and recently became a member of the editorial team working on the Royal Pharmaceutical Society's Professional Standards for Homecare Services.

Royal Papworth Hospital NHS Foundation Trust (RPH) is the UK's leading heart and lung hospital, treating around 50,000 patients each year and is found on the Biomedical Campus in Cambridge. Some of the specialities the hospital covers are Pulmonary Hypertension, Cystic Fibrosis, Transplantation (Heart and Lung), Interstitial Lung Disease, Immunology and Sleep studies. Our homecare service currently looks after approximately 2700 patients.

I joined RPH in 2013 after serving 24 years in the British Army. Following the release of the Hackett Report "Homecare Medicines – Towards a vision for the future", the main objective was to set up the homecare service and transition all patients through the pharmacy homecare team.

The service started off small, with a team of one. Today, we have a team of seven looking after our patients across all services with a turnover of approximately £4m per month. Although the hospital sits within the Cambridgeshire and Peterborough Integrated Care System (ICS), our transplant homecare patients live across the country and the Pulmonary Hypertension specialty covers most of England and Wales. We currently use a network of seven homecare providers and often split our specialities across providers. This way we can each use our own registration forms and prescription templates and together we can protect the needs of our patients whilst giving them options of homecare providers to choose from.

I am writing this article at the end of January, and I am proud to have been part of the project to re-write the RPS Professional Standards for the homecare editorial team representing APTUK. We started the journey about ten months ago when APTUK asked for volunteers to help with this vital piece of work, and I joined the RPS Task and Finish (T&F) group to discuss a way forward and work with the wider team to update the standards. At the beginning, the T&F group consisted of about thirty people meeting via Microsoft Teams, including pharmacists, pharmacy technicians, nursing specialists, homecare care company representatives, industry professionals, home nation representatives, patient group representatives and homecare advisors. We looked at the existing standards and decided in groups which standards were still relevant, and which ones needed editing or even deleting (if duplicated somewhere else). It took a few meetings for the group to evolve to the point where an editorial team was required to move the re-write forwards and I volunteered to be part of that team. The editorial team was made up of pharmacists, nursing specialists, editors, industry specialists and myself as the only pharmacy technician. During the editorial process, we would meet face to face to review all the comments from the T&F group and decide

how best to represent that group. We would then share our work to await feedback. We tackled each domain by meeting, debating and deciding on the best wording and after about three months came up with the final version. This was submitted to the consultation and we took all responses on board. The final version was then approved and passed back to the RPS for approval, design and release.

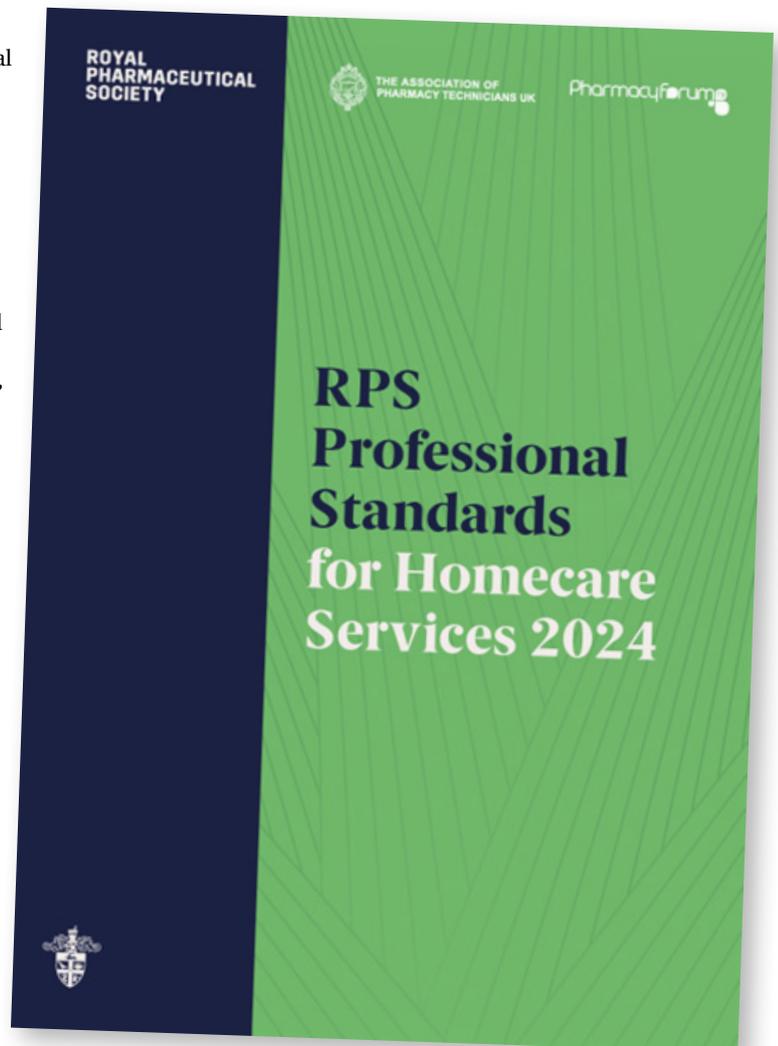
The RPS Professional standards for homecare services were published on 29th January 2024.

[Professional Standards for Homecare Services \(rpharms.com\)](https://www.rpharms.com)



RICHARD CHAPPLE
MPharmT

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Reducing Medicine Waste in an Acute NHS Trust

Hampshire Hospitals NHS Foundation Trust (HHFT) is a medium-sized acute hospital situated across three sites in Hampshire.

We are aware that medicine waste across the NHS is a big problem and when we learnt about the Centre for Sustainable Healthcare ‘Green Team’ competition our Trust were participating in, Louise Bond, Deputy Lead Medicines Management Technician, and I felt this was an opportunity to showcase the impact that pharmacy can have supporting the green agenda with the additional resources and support that was on offer.

Having been involved in several projects over the years that were successful for a period when staffing and resources can be ring fenced, we were determined to demonstrate that our project was sustainable in the longer term. We were lucky to have the support of our senior pharmacy management team to plan, deliver and implement this pharmacy technician led project with freedom to look at current job roles and how they could be used more effectively in our medicines management ward team.

There were several barriers initially. No one had looked at discharge medicines that had not gone with the patient specifically, or at in-patient supplies no longer required, as it often fell between the wards and pharmacy to establish whose responsibility it was to look after them. From our initial ward sweeps to see what medication was left and not being used on the wards, it became apparent that there was a lot of medication left in random treatment room cupboards, often for months. Our Senior Assistant Technical Officers (SATO) Emily Green, Stacey White and Atlanta McLauchlan, worked hard to sort through these and return the medication that was still suitable for use, and to move medication to other wards when the patient had moved. This reduced the need to re-dispense medication that had been ‘lost’ between ward transfers.

It has improved relations between the pharmacy and ward teams on the areas covered, the pharmacy team have taken on more responsibility for medication left in treatment rooms which has led to better communication and discussion. For example, wards actively explain when patients may be coming back for their medication if they have been discharged and are also better at transferring medication with patients. We have been able to return high-cost medication in a timely manner so that it does not go out of date and can be used for another patient. This reduces the need for multiple orders reducing our carbon footprint for deliveries.

The total value of our returns was as follows:

	During eight-week pilot	Post pilot eight-week period	Total return
Basingstoke and North Hampshire Hospital	£8,409.57	£8,972.78	£17,382.35
Royal Hampshire County Hospital	£8,133.51	£14,512.32	£22,645.83
Total	£16,543.08	£23,485.10	£40,028.18

Our anticipated annual savings across eight pilot wards was £83,628 and 28,323.36kgCO₂e; equivalent to driving 83,648 miles in a car (three and a half times around the world). Waste disposal savings of £324 and 384kgCO₂e

Our Top Tips:

- Check all treatment room cupboards not just those labelled ‘Discharge / TTO medication’.
- Check wards daily to move medicines in a timely manner.
- Check all bags / areas thoroughly, we found bank cards, teeth, hearing aids that would have been thrown away.

We are now looking at expanding our ward SATO team and, at a time when recruitment is difficult, we can demonstrate to Trust exec the financial impact these roles can have (as well as a positive impact on patient care) and that the roles pay for themselves. The team have also found that they have increased their job satisfaction, they are making a real difference, and we feel that we have finally taken part in a project that we can continue with and build on even further.



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- *Claire Williams is a Deputy Clinical Pharmacy Manager in an Acute NHS Trust and has an interest in sustainability in Pharmacy and improving the patient experience.*

The Evolving Role of a Medicines Management Pharmacy Technician

Background

I am a medicines management pharmacy technician currently working in Prince Charles Hospital, Cwm Taf Morgannwg. I am the lead pharmacy technician in A&E and the admissions unit which I have worked in for eight years.

Over the years, the service we provide has increased immensely. When I first started, we only covered one area; the Clinical Decisions Unit (CDU) (24 beds). Now we cover 4 areas, CDU, GP Assessment unit, A&E Majors and Resuscitation (Minimum of 52 beds).

Myself and the ED pharmacist set up a new service in A&E and collected invaluable data on total number of medication histories taken within 24 hours and also a cost saving project in relation to patients own medication being brought into hospital. Our admissions team is made up of 3 pharmacists and 3 medicines management pharmacy technicians when we are fully staffed.

Daily roles

I begin my work an hour earlier than the rest of the pharmacy team to create patients lists for each area in admissions and prioritise these patients according to high-risk medical conditions, critical time medications and deal with any urgent queries from the multi-disciplinary team. Then, I print all patients' medications list from the GP record/clinic letters/hospital discharges and place them into priority order in preparation for the pharmacy technicians arriving to compile an accurate drug history.

By creating patients lists early, this allows our Assistant Technical Officer (ATO) to transfer medication to the correct wards in time for morning medication rounds.

Once all patients' medications lists are printed, I compile accurate drug histories and order medication for in-patient supply. I counsel patients on new/existing medication including in-depth

counselling on DOACs/Warfarin and Inhalers. I dispense and accuracy check discharge prescriptions at ward level and also deal with any complex discharges involving the Stay Well at Home team, Medicines Support at Home team, nomad trays and Medication Administration Record charts.

I have completed our in-house Endorsing standards training programme which enables me to endorse on medication charts to increase patient safety at the front door and support the pharmacists. I am responsible for training staff in the admissions units, this includes pharmacy technicians completing the medicines management qualification as I am on the medicines management panel. I provide training and support to undergraduate pharmacy students completing their entrusted professional activities. I am also responsible for training the nursing staff on the safe use of patient's own medication and how to order medication appropriately. These sessions can be individual or group sessions with new/existing nursing staff. I am a Yellow Card Champion for this site and have presented to nurses and doctors on raising awareness of the yellow card scheme and adverse drug reactions. I have also attended Yellow Card stands to raise awareness to the general public.

Current training

I am currently undertaking the PWDS Pharmacy Medicines Optimisation – Clinical Prioritisation Training Programme. Upon completion, this will enable me to provide support to the pharmacist by prioritising patients who require the most clinical input, based on presenting complaints, medications, medical conditions, blood results and observations. This will have a huge benefit on the admissions units as the number of patients versus the number of pharmacy staff is huge.

Future development

Going forward, I strongly believe that the endorsing standards programme and clinical prioritisation programme will be extremely beneficial for the training and development of medicines management pharmacy technicians to increase patient safety and help prioritise workflow effectively, especially in emergency departments. I would like to see our service in A&E and admissions expand to 7 days week, 12-hour shifts to increase patient safety and decrease the workload pressure. I feel that introducing an ATO full time would enhance our service massively as this would provide more support to the pharmacy technicians with the discharge prescriptions at ward level and any stock queries. This would enable the pharmacy technicians to have more time carrying out patient faced duties including drug histories/counselling. Lastly, I envisage parts of admissions being led by a pharmacy technician in the future by using the clinical prioritisation process and potentially carrying out simple medicines reconciliation which would allow the pharmacist to be more available to patients who require the most clinical input.



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The Role of a Pharmacy Technician in Primary Care Lipid Management

I have been a qualified pharmacy technician for almost 5 years and I completed my training in community pharmacy. In 2021, I secured a role as a Primary Care Network pharmacy technician in Droitwich, Ombersley and the Rurals PCN. My role here was split between two small rural surgeries in Worcestershire; Knightwick and Great Witley. To begin with, it was sometimes quite difficult to establish what pharmacy technicians could do to help our primary care colleagues, and we were often mistaken as another pharmacist.

In June 2022, as I was coming towards the end of the CPPE Primary Care Pharmacy Education Pathway and was looking at clinics that I could provide for my patients, my pharmacist and clinical supervisor suggested that I look at statin initiation. During COVID, I spent most of my working week sat in with my pharmacist whilst she had telephone clinics and a large percentage of those calls were talking to patients about their cholesterol. My pharmacist felt that with a small amount of extra training, I could hold this type of clinic. She observed me whilst I ran the first couple of clinics to answer any questions that I or the patients had, and once she was happy with my competence, I was able to hold my lipid clinics unsupervised.

My clinic started off at just the one practice (Knightwick) and mostly it was by way of the GPs tasking me with a patient that had either raised cholesterol or a raised QRisk score. Then, for the Impact and Investment Fund contract 2022-2023, we had to ensure that all of our patients that had a QRisk score above 20%, were invited in and encouraged to start a statin. I looked at inviting as many of these patients in to my clinic as possible in order to achieve the upper threshold and benefit my PCN.

In April 2023, the Quality and Outcomes Framework (QOF) introduced two new indicators that were focused solely on lipid management for secondary prevention. The first indicator CHOL 001 looks at all of the patients on the CKD, CHD, PAD and stroke/TIA registers that would benefit from taking a statin to minimise their future cardiovascular disease risk. The second, CHOL 002 looks at ensuring that the patients that are taking a lipid lowering therapy have their cholesterol tested annually and that their non-HDL cholesterol is below 2.5 mmol/L. Cardiovascular disease is the biggest cause of avoidable mortality in England and can result in long-term disability, and for that reason, there is currently a focus on lipid management within the NHS. This is due to the introduction of new drugs that can improve patients' cardiovascular risks, which are better tolerated, and can reduce the risk of avoidable hospital admissions. I worked on achieving these contractual targets that focus on lipid management, and looked at bringing these patients in to counsel them on affective treatments, and the rationale behind them.

It was at this point that I decided that I needed to set up an identical clinic at Great Witley surgery, as I recognised this was a large piece of additional work for the GPs and pharmacists to take on, on top of the work they are already doing with appointments being in short supply.

I looked at CHOL 002 first as this was a very time specific indicator - patients need to have had a blood test where their non-HDL cholesterol was below 2.5 mmol/L. Patients that were out of range and agreed to have their treatment optimised, then had to have a blood test after 3 months to see if this was adequately controlling their cholesterol.

This indicator also had the best outcome regarding appointments saved, as once I had identified these patients, I

would send them a text message to offer treatment optimisation, and if they agreed, I immediately updated their repeat medicine list and replied asking them to book a blood test 3 months after they had started the new treatment.

One such patient agreed to increase his dose of atorvastatin from 20mg daily to 40mg daily, and after 3 months his non-HDL cholesterol reduced from 2.9mmol/L to 2.2mmol/L. This now means that his risk of having another cardiovascular event is significantly reduced. This is a fantastic outcome for the patient and the practice, as it was conducted using only one appointment to undertake the blood test, and this was convenient for the patient as he didn't have to book an appointment with myself to discuss it if he didn't want to, or couldn't get into the surgery. Some patients were not able to tolerate statins and their non-HDL cholesterol was still above 2.5mmol/L on ezetimibe, so these patients were asked to book in with the pharmacist or a GP to offer them bempedoic acid, or referral to secondary care for specialist input on their lipid management.

If patients did want to book in for appointments, they were able to book in with me either face to face or via a telephone call, and this saved extra appointments with the pharmacists and GPs that could focus on more urgent and complex health issues. My appointments were all 20 minutes to give the patients time to take in my advice and decide on the best outcome for their health.

The other indicator I have looked at, CHOL001, has had a massive impact financially on both of the surgeries I work for. At Great Witley surgery, I have increased the percentage of patients on an appropriate lipid lowering therapy for secondary prevention from 66% to 95%, which has now achieved the upper threshold. At Knightwick Surgery I have increased the percentage from 64% to 94%, with 2 months still left to achieve the upper threshold to obtain maximum points for that indicator. I achieved this by inviting all of the patients that came under this indicator to my clinic, and either managed to get them to agree to take lipid lowering therapy. If they declined lipid lowering therapy or did not respond to a couple of my invitations, I added a decline code to their records so that they could be included in the percentages.

This in turn will help our patients, as achieving full points for these indicators means more money for the practices, which then can be used to improve patient care and fund more practitioners and create more appointments.

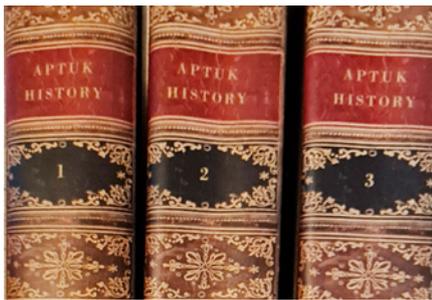
I have also had minimal push back from patients, and generally they are happy when I text them to offer optimisation of their therapies, although I did have to inform one patient that it was not for cost reasons that I was offering a swap from simvastatin to atorvastatin, but once I had explained that it was to improve non-HDL cholesterol and reduce future cardiovascular risk, they were satisfied and agreed. This was all done through texting the patient which has the benefit of saving time of writing a consultation note in the patient's records, as our text conversation are saved into EMIS.

I have really enjoyed my work in lipid management, and am currently sharing my work with local and national pharmacy technicians to inspire them in the work that they can do in practice.



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The Association of Pharmacy Technicians UK '70 years of history'

Part one: 'The story of our beginnings'

Forward

In 2022, our brilliant Association, APTUK, proudly became 'Septuagenarian', 70 years old. What a splendid achievement. It was such a proud moment for our profession but where and how did this amazing accomplishment all begin; what are our roots? The beginning of our history, 'the early years', is a complex incredible story and one that is more than worthy of an in-depth telling so we do not forget or gloss over the details. It has many twists and turns, some resulting in disappointments, but these are hugely overshadowed by tremendous successes and triumphs. Whilst writing this we have been humbled and moved by the extraordinary courage and work of our founders.

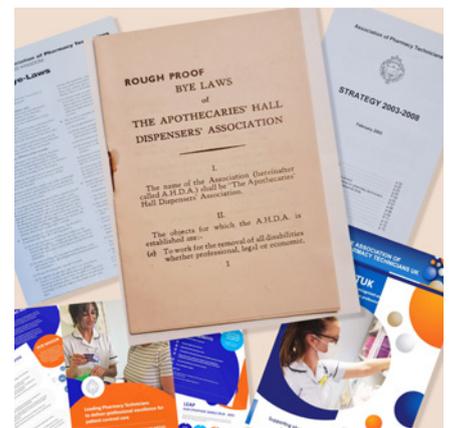
It is a huge privilege to bring you the first part of our history. We hope you enjoy this installment which is one of many to come. It starts right back at the beginning

when life, medicine and pharmacy were very different. The story shows how persistence, resilience and vision pays. So, what and when did it all happen?

The beginnings of APTUK: the 1950s

Can you imagine that it all formally began on the 24th January 1952, that long ago, although much had already happened behind the scenes before this. The application of sheer willpower, determination, tenacity, and an unwillingness to accept NO as an answer had already begun. Does this ring a bell!

Our history is steeped with stories of selfless zeal and passion given by our many astounding pharmacy technician leaders. They were truly and are inspirational leaders and the quest for justice and ongoing 'fights' shaped our professional status as it is today. All going above and beyond to provide a valuable



APTUK Byelaws/strategies 1952-2026

service given voluntary, through all the years. All our leaders, together with the Association's members, have tirelessly strived to promote and gain recognition for our pharmacy technician profession.

The present mission, vision and values of ATPUK, 'Leading and supporting a recognised and valued pharmacy technician profession', <https://www.aptuk.org/about/aptuk-strategy-2022-26>, is absolutely crystal clear and mirrors the very first reason for setting up what was called the 'Apothecaries Hall Dispensers Association' (AHDA) in 1952. This being to gain recognition for our role, our education and qualification and to obtain a statutory register".

So, let's travel back through the years to see and find our origins. Our archives tell us that there was amazingly, in fact, a beginning of an organisation right back in 1935. Although this appears to have gained some energy the project then petered out and came to nothing. Hence, for the origins of the AHDA we need firstly to go to 1948. Back to the start and the setup of the National Health Service (NHS). Our role and Association are intrinsically linked and intertwined. However, to see where our actual pharmacy technician role began takes us way back in history, much before the NHS.

Pharmacy Technician evolution-our roots

At this time, and before the establishment of the NHS, pharmacy technicians were called 'Apothecaries Hall Dispensers' and



APTUK Presidents 1952- January 2024

So, what changed - The Apothecaries Act 1815?

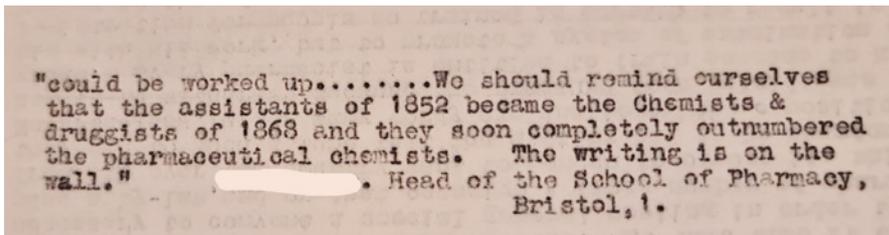
This was set to change by the end of the 18th century, when members of the Society of Apothecaries became concerned about education and the substantial numbers of unqualified medical practitioners. Their lobbying resulted in an Act of Parliament that introduced the Apothecaries Act 1815.



Apothecaries' Act Passes into law giving the Society the power to grant a Licence (The LSA) to practice medicine

The Act gave the Society of Apothecaries powers to regulate medical practice, including education and training. It also made it the main examining body for medicine and was given the power to grant licenses required to practice medicine, including medicines. (This continued until the set up of the General Medical Council following an act of parliament in 1858, the Medical Act.)

In essence, the Act determined that all Apothecaries were to hold licenses to practice including the Chemist and Druggists. Rather than become a practicing 'Apothecary' across all the disciplines and to protect the unique profession of pharmacy (manufacturing, packing, wholesale, and dispensing of medicines) several Apothecaries, pushed for their own regulatory professional body to secure official recognition. They formed the Pharmaceutical Society in 1841 which of course is now the Royal Pharmaceutical Society. The Pharmacy Act 1852, set out the framework of the Society and gave it powers to hold examinations and issue certificates. It also restricted the use of titles so that Pharmaceutical Chemist and Pharmaceutist could only be used by those who had passed the Society's 'major' examination, whilst Chemist and Druggist



The writing is on the wall".

was for those who had taken the 'minor' qualification. The Chemist and Druggist were associate members of the Society right up until 1953 when the Chemist and Druggist was phased out and all Society members were called Pharmacists.

The Pharmaceutical Society went onto train their own apprentices in their chemist shops and qualifying examinations became a necessity following the Pharmacy Act being enacted in 1868. The Act required that an official register of qualified Pharmaceutical Chemists, Chemists and Druggists, Assistants and Apprentices be in place. This was to be kept by the Pharmaceutical Society along with their function of residing over the qualifying examination. However, having a register for Assistants was never fully acted upon. The Act also indicated that only such qualified persons could own or manage a pharmaceutical business. During this time the Apothecaries continued to trade and flourish supplying hospital, doctors and chemist shops with their pharmaceutical products but relinquished their wholesale trade to the new profession of 'Pharmacists' in 1922. At this point power transferred from Apothecaries to Pharmacists. However, to support their pharmaceutical commerce the Apothecaries had always had assistants,

(Apothecaries Assistant) to help with their work and generally they called them dispensers.

A quote from the APTUK archives, provides an extremely interesting point raised in one of the many letters scripted in 1952. The letter from an eminent leader at the Bristol School of Pharmacy writes "We should remind ourselves that Assistants of the 1852 became the Chemists and Druggists and they soon completely outnumbered the pharmaceutical chemists.

From this important history and historical timeline its determined and obvious that our profession and role is inextricably linked to that of Pharmacists.

We hope you have enjoyed this first part and the historical facts and would like to read what happens next to the 'Assistants'. We shall explore and continue this in the next PTJ installment.

Acknowledgements

The authors would like to thank the following for their help, information and use of photographs in compiling this installment of the first part of the Association of Pharmacy Technicians UK history: **APTUK archives; Chelsea Physic Garden, The Worshipful Society of Apothecaries**

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Tess is a Fellow of the Association of Pharmacy Technicians and has held positions of Kent Branch Secretary, Education Officer, Vice President, President, CEO, APTUK Director and Past President. Tess was also a Director and Secretary of the European Association of Pharmacy Technicians and now sits on the EAPT Advisory Board.



Julie Mathieson FAPharmT

Julie is a Fellow of the Association of Pharmacy Technicians and has held positions of Honorary Secretary, Minutes Secretary, Branch and Projects Officer, Vice President, APTUK Director. Julie was also one of the founder members of the North Wales and Borders Branch and now the All Wales Virtual Branch.



My Journey as a Pharmacy Technician in Primary Care

In this complicated world of the healthcare system, pharmacy technicians play a pivotal role in ensuring smooth operations and quality patient care. Amidst the bustling corridors of primary care, these unsung heroes diligently carry out tasks to enhance medicine safety and patient access that are now indispensable to the functioning of the healthcare system. Join me on my reflection journey as I share my insights and experiences as a pharmacy technician establishing the role in primary care.

The beginning: embracing the role

My journey began in 2020 over a cup of coffee with my line manager, visualising the future, discussing how I can take the role of a pharmacy technician in primary care, shaping it, making it better and accessible to others.

There was initial excitement as I could see this was an amazing opportunity to be able to showcase my knowledge and clinical skills, build a team across Nottingham City and the potential, to be able to have our own training and education department enabling us to grow our own pharmacy technician workforce.

Whilst feeling the excitement, there were also feelings of apprehension. I was about to leave a sector I knew, where I was competent and very experienced in, and take a jump into the great unknown. I was nervous that the primary care sector was very uninformed about the role of a pharmacist, never mind a pharmacy technician and was unsure whether they would accept me and my role.

Challenges and triumphs

I had to face many challenges, particularly with regards to inductions and supervision. It was difficult working across practices with different protocols, processes, and team dynamics where I was not sure what I could do and those around me were not sure either.

With all that set aside, I was determined to embed myself into the teams, communicating and discussing their expectations. I did this by working with the practices to set objectives, helping to streamline and reduce inefficient workflows, helping to problem solve and create or improve existing processes and develop new ones.

With the support of my line manager, we looked at the supervision model and created a model that would be more suited to the needs of our pharmacy technicians, providing essential mentoring support and access to debrief.

The team began to grow very quickly, but there was still a grey area around capabilities and how we documented the pharmacy technician's competency levels. After doing some research, I came across the national competency framework document from APTUK and began using it as guidance to create a working document and standard operating procedures (SOPs) to standardise our approach to different aspects of workflow.

I was fortunate to have been given funding to host a pharmacy technician networking event, which led to the development of the 'Pharmacy Technicians in Nottingham & Nottinghamshire Facebook' group. Developing networks is an area I am passionate about as it's so important to have relationships across all sectors of Pharmacy, collaboratively working together, sharing resources and experiences.

Patient centre care

As I progressed along the CPPE Primary Care Pharmacy Education Pathway, my knowledge and skillset were continuing to improve. This helped me to offer more within my role as I became more confident in my abilities and in my relationship with the practice and broader workforce.

I soon became recognised within the practice teams, who were interested in my medicine safety work, and were intrigued with what else I could offer and how I could further improve medicine safety and support for our patients. I noticed a gap in patient access, with regards to their blood pressure being checked, rechecked, and followed up, so I reached out to a practice to discuss a trial for a 'blood pressure clinic'. The trial went well and was introduced in a further 2 practices. The appointments were 15-minute appointments to screen, refer and/or talk about their blood pressure, health, and lifestyle.

Patient feedback:

"It was easier when I needed to have my blood pressure rechecked without having to wait for a Nurse appointment" "Samantha was lovely, very professional but a genuine caring person who helped me a lot." "The pharmacy technician was friendly and did her job in a professional manner."

Practice feedback:

"You have been so helpful with blood pressures and the home blood pressure monitoring." "Such a massive help and the patients were pleased with this service also massive help on getting BP machines back." "It has been really helpful to monitor BP, handing out equipment where needed, you also encouraged patients to buy from pharmacy. Overall, your clinics helped us to improve the capacity and quality of care."

Alongside these clinics I was honoured to have been invited to be a guest speaker at the Nottingham City Community Champions event, providing education about blood pressure, providing training on how to use blood pressure monitors, and giving essential information on how to signpost to healthcare professionals and the types of services in primary care. The event had over 100 delegates, and was immensely rewarding, and hope to deliver work in the community in the future.

Evolving role

As my career pathway continues in primary care, I'm becoming more confident and am continuing with my interest in Hypertension, not just providing those essential blood pressure clinics but also providing medication reviews in partnership with the practice pharmacist that are within my scope of competence.

As the role has developed, I have taken on a workforce development role for the GP federation, and also as a pharmacy technician ambassador for the local training hub. As the workforce becomes more experienced, I have been able to develop and provide new job opportunities and career progression. Pharmacy technicians are now beginning to work at an enhanced level, following their areas of interest and developing more specialist skills with regards to hypertension, asthma, care homes, and mental health. More recently I have been delighted to be moving into the role of Education Supervisor for our pre-registration trainee pharmacy technicians.

Conclusion

As I look back through my journey as a pharmacy technician in primary care, I am filled with gratitude for the opportunities, challenges, and meaningful interactions that have shaped my professional pathway. I have come to realise that you have to grab opportunities in life and not wait for them to happen to you. Through dedication, compassion, and a commitment to excellence, pharmacy technicians continue to be instrumental in delivering quality patient care and upholding the pillars of primary healthcare.



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'An Interview with...Meet the Member'



Name:

Jonathan Ford

Current Role:

Senior Pharmacy technician
Clinical Trials, Lancashire
teaching Hospitals NHS
Foundation Trust

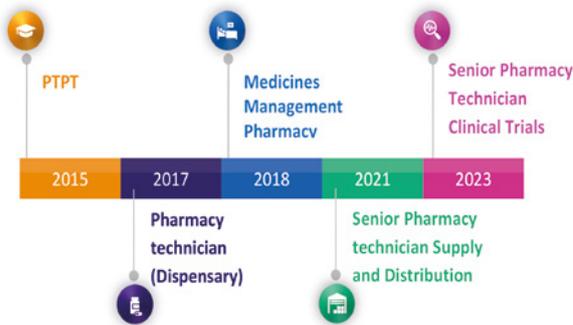
Highest qualification related to your role:

BTEC Level 4 Professional
diploma in Dispensing
Checking

Contact email:

Jonathan.ford@lthtr.nhs.uk

Your career so far:



How has your career prepared you for this role:

The underpinning knowledge and experience I have gained through working in secondary care hospital pharmacy has prepared me for this role. Working in the dispensary I learnt how to dispense and the importance of accuracy in pharmacy, I developed my communication skills with patients and the multidisciplinary team whilst working on the wards, and working in pharmacy stores gave me detailed insight into stock management. I have developed my leadership skills throughout my career as I have acted in supervisory roles which has given me the confidence to lead. Each of the skills I gained through my career have been essential and important in the move into my current role in clinical trials.

Describe your role:

Clinical Trials encompasses many areas of pharmacy. I dispense and accuracy check, receive investigational medicinal product (IMP) into stock, ensuring that all relevant paperwork is sent alongside the medication; I regularly attend meetings with sponsors from across the globe, regarding potential new

clinical trials to open at my hospital. From these meeting I will review the feasibility and whether the pharmacy would be able to support the trial. This can involve talking with different pharmacy departments such as aseptic services, to ensure that they have the capacity to support the trial safely and efficiently.

I deal with the contracts that are agreed with the sponsor prior to a clinical trial being set up, ensuring that all pharmacy activity has been captured to make sure pharmacy is paid correctly. A major role of the job is handling the day-to-day queries regarding the trials; which can be anything related to the IMP or its supply. I also periodically review clinical trial standard operating procedures (SOP) ensuring they are up to date and accurate.

I have responsibility for the maintenance of the clinical trials assets such as fridges, freezers including ultra- low temperature (ULT) freezers, this involves planning maintenance and temperature mapping. Clinical trials are a relatively 'niche' area and we often have student pharmacy technicians and new pharmacists rotating through for a taste of what clinical trials involves. I oversee their placements, promoting the excellent service we provide and introduce the role which pharmacy plays in delivering clinical research through trials. Meticulous records in both paper and electronic format are essential; The paper files (Pharmacy Site Files) are regularly maintained and reviewed, and the sponsor will often send out a representative to review these files.

I arrange meetings to facilitate the reviews, and implement any actions assigned to pharmacy as a result. I work closely with the Clinical Research Facility (CRF) maintaining the pharmacy stock, ensuring they have an up to date and appropriate stocklist, date checking medication to avoid the CRF incurring unnecessary cost.

I work with controlled drugs making sure they are stored safely and securely and complying with all local and national guidelines. With regards to controlled drugs, I work alongside the Medicines Safety and Governance team seeking advice and support where needed. The role is varied, and every day is different to the next.

What surprised you most about your current role:

There are a lot of queries to solve in this role; when working through a protocol you must identify if we have the appropriate facilities ranging from the correct freezer to aseptic facilities and dispensing requirements. Every trial is unique, and that variety makes the job interesting and dynamic, no two trials are the same and no two days are the same. I'd probably say that was the most surprising part of this role, and the vast amount of learning I am encouraged to do as part of my job role; I was surprised by the amount of research around the trials I have to conduct, however by doing so I have found my clinical knowledge has grown so much as a result, every day you find a new CPD.

How has the 1st year in your clinical trials role been:

It has been a journey. I have really enjoyed embedding myself into the wider research team. I have enjoyed the challenges faced throughout the year and made many new friendships along the way.

Although initially it was a steep learning curve it was an enjoyable one to be on. I am now working on numerous clinical trials and have been actively involved in the setting up of new clinical trials – this I find particularly enjoyable as it can often involve meeting with people all over the world. I have been able to sign off and give the ‘green light’ for trials where the protocol stipulates that a pharmacy technician can take that responsibility, which is great for me personally and the pharmacy technician role.

What has been the most challenging part of the role:

The role requires a much wider understanding and oversight than any of my previous roles, for example, maintenance of the fridge and freezers, I wasn't aware that they required servicing every 3 months, I now have to think about whether the contract agreements are in place to ensure that happens, are the units within warranty, have the temperature probes been calibrated as they should, has the temperature mapping been completed. The level of detail and responsibility is high, learning and understanding these requirements has been the most challenging aspect of starting my new role.

How have you found working on a trial as the pilot team:

It has been really rewarding collaborating with different trust's research teams and I have thoroughly enjoyed the successful implementation of a new trial as the pilot team. Lancashire Teaching Hospitals NHS Trust didn't have the patient demographic to recruit the appropriate patients, so we worked closely with a different trust who did have the patient demographic, however, they did not have the aseptic capabilities to safely run the trial. Initially, we had professional discussions amongst the sites to determine the logistics and feasibility for the patients commuting between the two sites. Each team had different skill sets, we were able to lean on each other, collaborate ideas and work through any knowledge gaps we had.

We set up bi-weekly meetings at the beginning to ensure that everything was running smoothly, these were an ‘open forum’ where any concerns could be raised and addressed. The meetings were particularly useful so both sites could access each other's methodology and ways of thinking, not just for this trial but for other trials as well. I soon discovered the combined wealth of experience and knowledge meant there were not many ‘new problems’, someone across the teams had worked through the same or a similar problem at some point in their career. Once we got the trial up and running, we stood down the bi-weekly meeting, to bi-monthly, however, as we have enjoyed working alongside each other, we have now set up a collaboration group so we can frequently keep in touch and continue to draw on the wealth of experience the group has. We have generated some shared learning that will prove invaluable in the future, and I look forward to working alongside other clinical trial units.

What advice would you give to someone wanting to start their career in pharmacy clinical trials:

The best thing I can advise is to be interested in trials and research and get involved where you can. Spend time shadowing a clinical trials technician. As a PTPT I rotated through the clinical trials department where I work and that gave me the background knowledge and understanding of the role, and I knew that I wanted to get into the specialism during my career.

I'd also advise speaking with the research team where you are, we work very closely with the research nurses and share a common goal in our work.

What do you think is the biggest issue currently facing pharmacy technicians in clinical trials:

Traditionally the role is fairly niche, and I haven't seen strong promotion of the career or encouragement to step into the world of research. I think there is a general lack of understanding of what the role entails, which can put people off moving into the specialism. I think there should be more of a focus on research during PTPT training. It seems like a move into the unknown, and when I started, I felt I was swamped by long and complicated words which I simply did not understand. However, the number of acronyms in clinical trials has become a second language and my confidence has grown immensely in a relatively short time frame.

What do you enjoy most about your role:

The wide variety of studies and teams that I work on and with on a daily basis.

Has anyone influenced your career decisions if so, why:

Whilst nobody has directly influenced my decision I really enjoyed rotating through Clinical Trials as a PTPT, so I kept an eye and ear out for any job opportunities within my trust.

Who do you go to for advice or to bounce ideas off:

Working as part of the research team in pharmacy, I'm in the lucky position where I can call on any number of different staff for support. From the pharmacy training team to the consultants who are acting as principal investigators (PI) for the trials. In my immediate pharmacy clinical trials team, my fellow technician has been working in trials for over 15 years, and I have a great and knowledgeable senior assistant and team manager.

When people look at you, what do you think they see now you're a clinical trials pharmacy technician:

I hope others see a calm, confident and professional person. I'd like to be seen as a role model for other staff to look up to, particularly as I started with the trust as an assistant and worked my way up from there. If I can do it, so can anybody.

Where do you usually go/do when you have time off:

I enjoy fishing, playing computer games, and watching movies. However, I have an 18-month-old child, so I now seem to spend my time playing tea parties, reading children's books and trying to catch up on sleep.

What's next:

Retirement in 34 years, before then, I would like to continue to learn and develop myself in this role, one day combining it with my leadership abilities to become a team manager.

APTUK 2024 - Shaping the Future

Plans for APTUK 2024 Conference and Exhibition are well underway and tickets are now on sale!



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Following the successful 2023 sold-out conference, we are delighted to share details of the APTUK 2024 Annual Professional Conference and Exhibition. Our theme this year is **Shaping the Future**, and the event will take place on 6th and 7th September at the Crown Plaza Hotel in Nottingham.

We have an exciting conference programme planned and will be releasing more information about the sessions and speakers in the coming weeks. Speaker themes will cover legislation, collaboration, leadership & empowerment, and expanding areas of practice and research.

Tickets are now available, with the opportunity to take advantage of early bird prices if you **register before Monday 22nd April 2024**. See our website aptuk.org for more information or [register here](#).

There is also the opportunity to share best practice, recognise achievement and celebrate innovative pharmacy technician roles contributing to excellent patient centred care through poster presentation at APTUK 2024. Members and non-members of APTUK can apply to submit a poster by submitting a max. 250 word abstract. The abstract should be a complete but concise description of your work. It should showcase what is contained

within the poster. For further information, please follow this link: [Abstract Submission Guidelines](#). You can submit your abstract by clicking on this link: [Poster abstract submission](#) and there is the opportunity to win a bursary towards APTUK 2025. But be quick – **poster abstract submission closes – 19th March 2024**.

The APTUK Annual Conference Awards celebrate and acknowledge successful individuals, teams and projects within the pharmacy technician profession.

We are also delighted to be able to recognise all sectors of pharmacy practice and individual excellence through the APTUK Annual Conference Awards which will be presented at the Awards Dinner on September 6th, 2024. Prizes include an engraved trophy and an educational bursary towards attendance at the APTUK Annual Conference 2025. To nominate for an award, simply click on this link: [Nominate for APTUK 2024 awards now!](#)

Award nominations are open until midnight on 22nd April 2024 and all awards are open to members and non-members of APTUK.

We hope to see you at APTUK 2024!
 APTUK Executive Committee

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