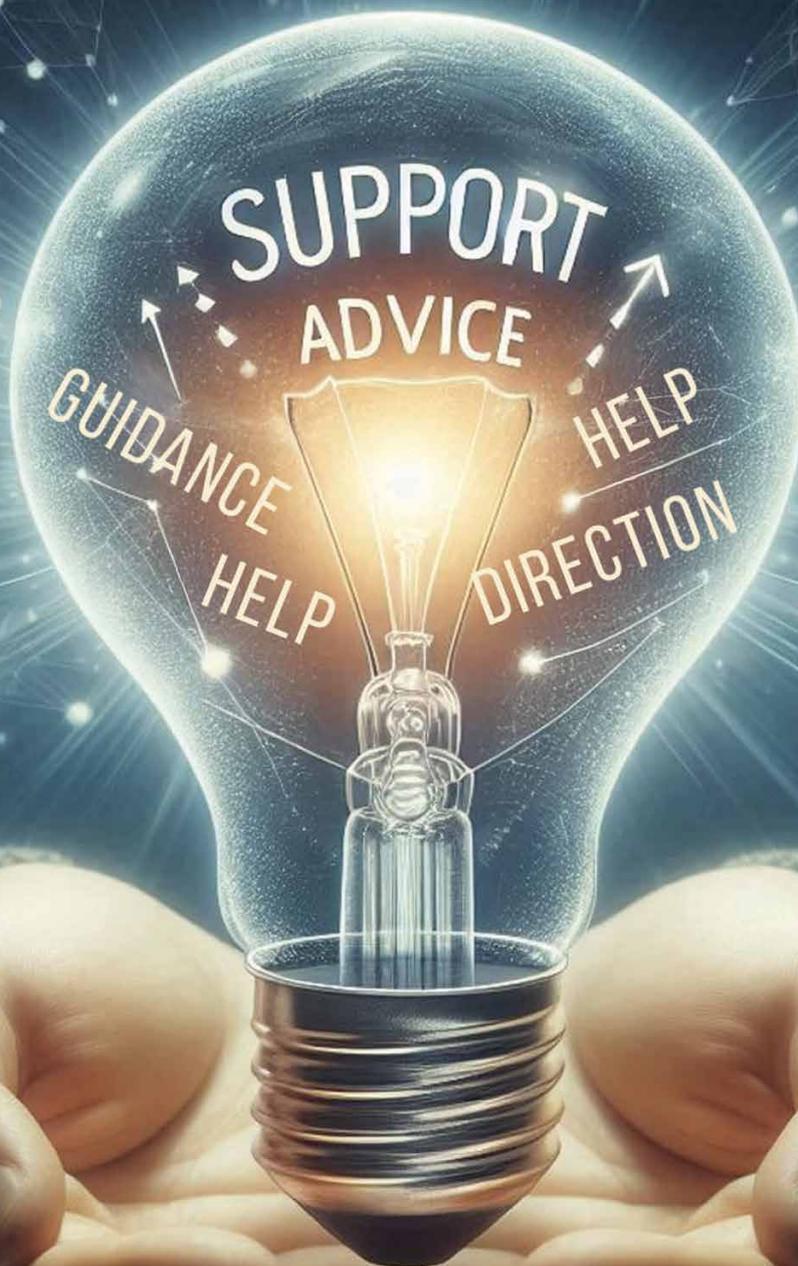




PHARMACY TECHNICIAN JOURNAL

Journal of the Association of
Pharmacy Technicians United Kingdom

SPRING/SUMMER 2025



Supporting Pharmacy Technicians

- Training pathways
- Emotional support
- Conference update



AMD manufacture and supply sterile medical devices and consumables in a format designed exclusively for the production of aseptically manufactured drugs



Aseptic Medical Devices
 Newmarket Drive, Derby, UK. DE24 8SW
 +44 (0) 1332 755622
 sales@asepticmedical.com
 www.asepticmedical.com



At the heart of AMD products is our expertise in medical devices, sterile consumables and packaging solutions.

Presentation of products is based on multiple items per pack with a range of options for standard transfer processes, VHP or multi stage decontamination requirements.

All products are validated for stability, functionality and sterility.



AMD Sterile Multi-Wrapped Transfer Process



2 Minutes

Traditional Transfer Process



Approximately 20 Minutes

Discover Pharmacy at Bradford College



Bradford College is the largest FE provider for Pharmacy in the country and a leading provider of online and e-learning courses, offering high-quality education and training to support individuals and businesses. We have a 100% pass rate on all our Pharmacy courses.

Our Courses...

- BTEC Level 2 Certificate in the Principles and Practice for Pharmacy Support Staff (Apprenticeship and Non-Apprenticeship routes available)
- BTEC Level 3 Diploma in the Principles and Practice for Pharmacy Technicians (Apprenticeship and Non-Apprenticeship routes available)
- Certificate in Assessing Vocational Achievement AVA (QCF)
- BTEC Level 4 Diploma in Pharmacy Services and Therapeutics
- Award in the Internal Quality Assurance of Assessment Processes and Practice IQA (QCF)
- Pharmacy Accredited Checking Training (ACT)

COMING SOON!
BTEC Level 5 in Pharmacy



SCAN TO FIND OUT MORE AND APPLY



NATIONAL DELIVERY FOR ALL OUR COURSES!

Bradford College

Features

15

Pharmacy Professionals Recovery Group

16

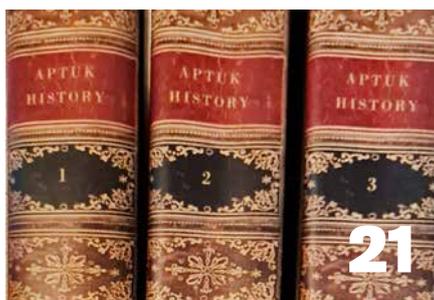
Genomics

17

Obituary - Sophie Sheehan

18

Pharmacogenetics



21

19

Sharing Experience

20

Technical Services Training



17

21

APTUK - 70 Years of History Part 4

23

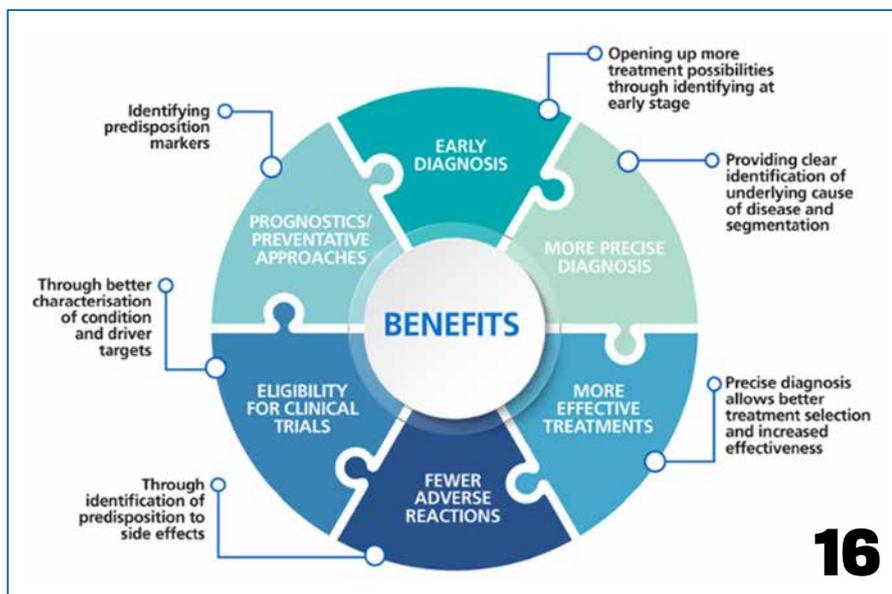
In Conversation With...

27

Member Q & A

30

Pharmacy Technician Awards Shortlist



16

APTUK

04

Editor's Comment

05

President's Column

06

Branch Network Update



06

09

EDI Update

Equality, Diversity



& Inclusion

11

APTUK Executive Appointments

11

Supporting Pharmacy Technicians



13

Country Update



DIANE TORRY MPharmT – Editor
editor@aptuk.org

Welcome to the Spring/Summer Edition of the Pharmacy Technician Journal

Welcome to our latest edition of the Pharmacy Technician Journal.

Spring has moved into summer, and the sun has made a welcome appearance – I hope that everyone is staying well in the high temperatures we have been experiencing. Like the seasons, APTUK has been moving forward – we are continuing to plan our conference in September, 'Advancing Practice'. Shamma, our EDI executive sat down with Paul Elbourn from Profile Productions and discussed how we are trying to make the conference as inclusive as possible. You can read about their conversation in this edition.

We also have a preview of the full programme with a link to the website if you have not yet registered to attend. We have had a lot of abstract submissions as well as applications for oral presentations and along with the workshops and keynote speakers, it is looking like it is going to be a fabulous couple of days, not forgetting the APTUK Pharmacy Technician Awards and celebratory dinner. I hope to see as many of you there as possible, but if you cannot make it, we will, of course, be bringing you the highlights of the two days in our Conference edition in the autumn.

The theme for this edition of the PTJ is 'supporting pharmacy technicians' and we have several articles reflecting that in different ways – including an article about an organisation supporting pharmacy professionals facing addiction, and another about a course to support pharmacy technicians in leadership roles.

Even with many changes happening within the pharmacy profession, APTUK, as your leadership body will always be there for all pharmacy technicians, advocating and supporting you at all stages of your pharmacy technician career and we encourage you to reach out either in person or via email.

To quote a famous fictional wizard "Help will always be given to those who ask for it"

Legal Disclaimer

The materials contained in this journal are for general information purposes only. The Association of Pharmacy Technicians UK cannot accept responsibility for any loss or damage whatsoever which may arise from reliance on information contained in this journal, except as may be required by law and specific advice should be sought on any particular issue. We make no representations, warranties or guarantees about the accuracy, completeness or adequacy of the information provided in this journal.

PTJ 2025 timeline

Edition	Copy Deadline
Autumn	30th Sept 2025

Follow all APTUK activities on social media:

X: @APTUK1 | Facebook: APTUK1 | LinkedIn: APTUK | Instagram: APTUK1
| Bluesky: APTUK @aptuk.bsky.social

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 MAPHARM T – APTUK PRESIDENT
 president@aptuk.org

President's Column

Advancing practice is something pharmacy technicians have always done. We do not stand still, our patients and the public deserve a truly agile profession, responsive to their needs and always receiving person-centred care.

When considering what Spring represents – traditionally of new beginnings, hope and promise of the future, I found the following quote – unattributed but wonderful nonetheless:

“Spring urges us to awaken our dreams and make them grow.”

As your professional leadership body, it is right we carry our collective dreams, develop them and make them tangible. Pharmacy technicians deserve to have no glass ceiling, and solid foundations. At the point of this edition of the PTJ going to print, we are in the final stages to publishing phase 1 of the post-qualification framework research sponsored by HEIW on behalf of the Conference of Pharmacy Education Deans (COPED). The work, completed by Pharmacy Workforce Development South (PWDS) scopes and evaluates the evidence base for pharmacy technicians for the next 5 to 10 years and will provide a high-level description of the proposed post-registration career pathways and refresh of existing post-registration frameworks. We look forward to this being shared wider soon.

Following on from the consultations and legislative amendments we welcomed in 2024, and the anticipation of the outcome of the Supervision consultation, we will continue to build the solid foundation. APTUK are currently developing professional standards for pharmacy technicians. Professional standards are different to the regulatory standards stipulated by the General Pharmaceutical Council (GPhC), and are based in areas of practice, related to the scope of your work, for example professional standards of best practice for pharmacy technicians in mental health pharmacy. The APTUK executive committee will not be completing this work alone, and we will be looking to our branches and specialist pharmacy groups and networks to support this, as well as our APTUK Fellows. Furthermore, there will soon be a call to **you** to share your practice with us, examples to be taken for scope of practice work for the UK pharmacy professional leadership advisory board (UKPPLAB) and as illustrative case studies for our professional standards. This is a truly solid foundation enabling growth - built by pharmacy technicians, for pharmacy technicians.

Vice President's Update

What a start to 2025...

It has been a pleasure to meet members at the Clinical Pharmacy Congress conference on the 9th and 10th May 2025. Thank you to those of you that visited the APTUK team on the stand and supported the sessions being presented by pharmacy technicians for pharmacy technicians.

Nicola and I have presented at the Pharmacy Inspectors conference back on the 14th of May 2025. We were able to discuss pharmacy technician scope of practice, legislation changes, education reforms along with some other exciting updates. One of the updates was around how we are currently working on the creation and implementation of Professional standards as you will have noted from the Presidency article in this edition.

An extremely important survey was supported and completed by our members earlier in the year and you will find the results from the pride branch in this edition, please do turn to page 7 for the full report.

APTUK is part of the inclusive pharmacy practice initiative, and we will continue to work on ensuring all pharmacy technicians are represented by and within the professional leadership body. Therefore, we are proud of the hard work by

the Pride branch committee members, Jason and Sarah for their dedication to ensuring this safe space for all within the professional home.

As Nicola has mentioned the HEIW commissioned work, I wanted to add a special thanks to the University of Bath team and the Pharmacy Workforce Development South team for their instrumental support, time and efforts on ensuring this report is robust and conclusive to support the profession to move forward within the space of post-registration frameworks. I can't wait to see how phase 2 moves forward to ensuring we have quality education in place for our profession that provides opportunity to all. As, you will hear me continually say, no one should be left behind.



AMY LAFLIN
MPharm T
 APTUK Vice President
 vicepresident@aptuk.org

Excellence in Pharmacy Sussex Conference



Kristy Garton and Rebecca Bastable at the Excellence in Pharmacy Sussex Conference.

On Saturday 16th May, Kristy Garton, Branch Liaison Officer and Rebecca Bastable, Membership Director, (pictured above) proudly represented APTUK at the Excellence in Pharmacy Sussex Conference, held at the University of Brighton.

Showcasing Advancing Roles in Pharmacy Practice

This vibrant event was an opportunity to showcase advancing roles in medicines optimisation and pharmacy practice, drawing together professionals from across the Sussex region who are committed to delivering excellence in patient care. The conference provided a dynamic platform for professional growth, networking, and knowledge sharing, reinforcing the collaborative spirit that drives innovation in pharmacy.

Kristy and Rebecca immersed themselves in a series of engaging workshops that highlighted the inspiring work of pharmacy technicians – from pioneering service models to enhanced roles in clinical care. The workshops showcased the vital contributions of pharmacy technicians and the importance of continuous improvement in shaping the future of the profession.

APTUK Prize Draw Winner

As part of the APTUK stand, conference attendees were invited to take part in a fun and interactive prize draw. Participants were challenged to guess:

- The number of APTUK members
- The number of branch webinars delivered so far this year
- The number of mints in a jar

With the closest guesses, Danni Patel, Lead Medicines Optimisation Pharmacy Technician for Wound Care, NHS Sussex, (pictured above right) scooped up the prize – a beautifully presented wellness hamper.

Interview with Danni

Congratulations on winning the prize Danni. How did it feel when your name was announced?

“It felt amazing to win the prize on the day of the conference. The hamper was lovely, so beautifully put together and they had clearly thought about the contents.”



Danni Patel, with her wellness hamper prize.

What was your experience of attending the Excellence in Pharmacy Sussex Conference?

“I enjoyed my day at the ‘Excellence in Sussex’ conference in May and really hope there will be others in future. The conference provided a fabulous opportunity for pharmacy professionals to come together and share their learning and experience. I was fortunate to present in the workshop ‘Celebrating the impact of specialist pharmacy technicians in Sussex’ alongside three inspirational pharmacy technician colleagues from the Mental Health sector. It was fantastic to see some of the amazing work happening across all the pharmacy sectors in Sussex and hear from David Webb, Chief Pharmaceutical Officer for England on the national picture and his thoughts and reflections. Winning the APTUK prize was the cherry on the top of a wonderful day.”

Why are you a member of APTUK?

“It is extremely important to have a pharmacy technician focused voice involved in decision making at a high level and APTUK support all pharmacy technicians by being that voice and emphasising the skills, abilities, and opportunities pharmacy technicians can bring to the table in any role or setting. Being a member supports them to do this amazing work for the good of the profession. I like that there are so many useful resources and learning materials on the APTUK website, I can drop in and access at a time convenient for me.”

Reflections

Reflecting on the event, both Kristy and Rebecca expressed how engaging it was to be part of the community so deeply committed to innovative and collaborative working in pharmacy.

Photos courtesy of the University of Brighton.



REBECCA BASTABLE
MAPharmT
Membership Director
membershipdirector@aptuk.org

Pride Branch Survey 2025 Report

Last year, the Pride Branch of APTUK was formed and began inviting members to become a part of a new network that aimed to promote awareness of health and social issues that LGBTQIA+ people face, and to equip pharmacy technicians and pre-registration trainee pharmacy technicians with knowledge and skills to provide inclusive care.

Pride Branch Co-Chairs decided one way to achieve its goals was to find out what the APTUK member population wanted from them in terms of education and events, and to gain a perspective on where our members current knowledge and confidence sat about LGBTQIA+ healthcare matters.

Knowledge and Confidence about LGBTQIA+ topics

We asked how knowledgeable or confident people were on the following topics:

- Recognising intersectionality and its importance
- LGBTQIA+ specific health issues and inequalities
- Terminology and definitions relevant to LGBTQIA+ people (i.e. Could you describe what each letter in the LGBTQIA+ acronym stands for?)
- What is 'Allyship'? Why is it so important?
- How you would make a pharmacy service or workplace more inclusive for LGBTQIA+ people
- Medications and surgical procedures involved in gender affirming care
- Confidence in discussing an LGBTQIA+ issue or topic in the workplace (e.g. challenging discriminatory behaviour or language)

Responses were given on a scale, with a score of 1 meaning no knowledge or confidence, and a score of 5 meaning great confidence or knowledge of the topic. Results can be seen in the info-graph below.

The results gave the branch an insight in what topics to cover in future events, and where to strive to improve the levels of knowledge and confidence for our APTUK members. They also collected geographical and sector data, which will be used

to target webinar content and arrange prospective in-person events.

The branch has already been hard at work using the results from the survey, and have a webinar lined up for July, which will explore how medications are used in gender affirming care.

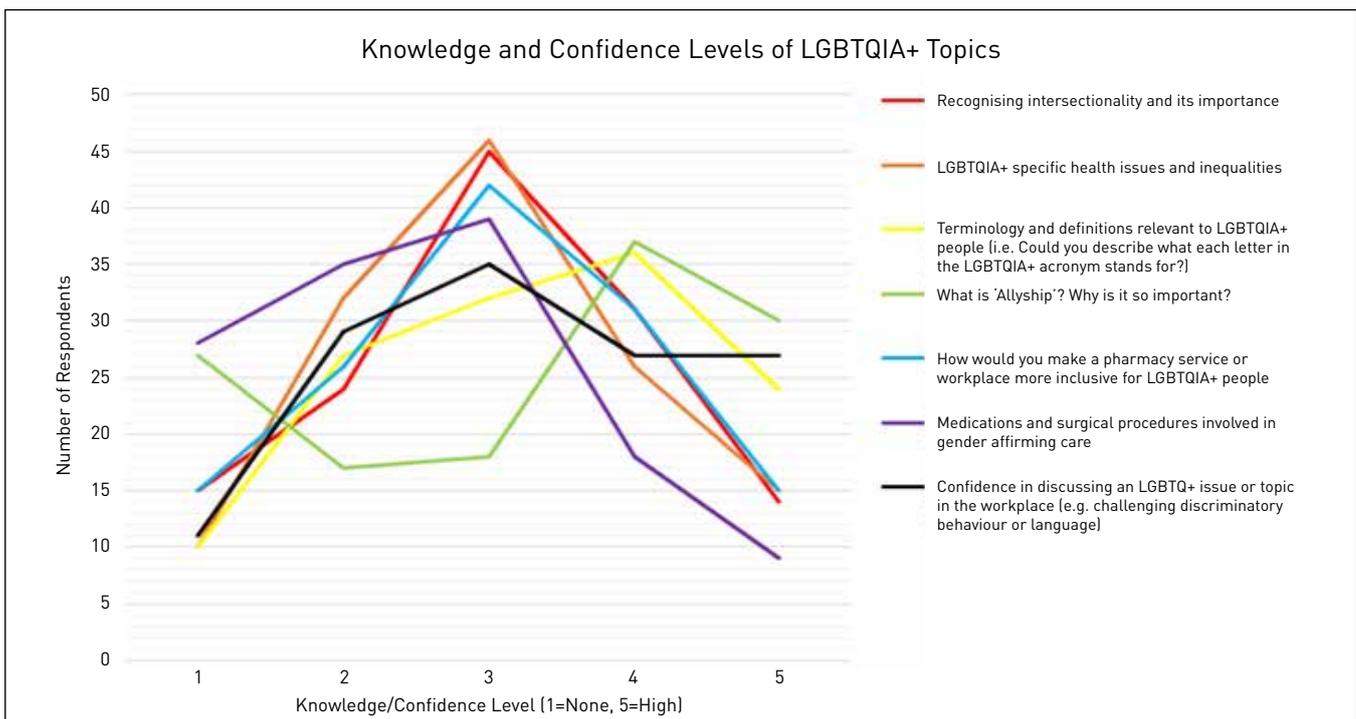
The survey also asked respondents to give details of any other event topics or suggestions they had for the Pride Branch. This brought a fruitful selection of answers, including:

- Benchmarking tools for inclusivity in the workplace
- Exemplifying pharmacy technicians who have made a positive difference to inclusion in the workplace
- How to tackle homophobia
- Knowing how to talk to LGBTQIA+ patients, and correct terminology
- How to support LGBTQIA+ youth
- Having an APTUK pride badge

These were all fantastic ideas and are being worked on within the Pride Branch to come to fruition. Going forward, the Pride Branch hope to replicate this survey next year to continue getting feedback and input from APTUK members. We thank you to everyone who took the time to complete the survey. The Pride Branch are always open to suggestions and feedback, please just give us an email to pridebranch@aptuk.org.



Many thanks, Sarah and Jason



New Branch - Medication Safety Branch



Amanda Metcalf - MAPHarmT
Lead Pharmacy Technician Medication Safety

I am the chair for the newly formed medication safety branch. I have nearly 29 years' experience of working in hospital pharmacy which includes acute and mental health settings.

My passion for medication safety has been a core part of my role since I began my journey as a pharmacy technician, and 7 years ago I moved into the role of medication safety lead pharmacy technician.

During the early days, I recognised the value of connecting with other pharmacy technicians in the field of medication safety, to network, share good practice, innovate and improve as well as supporting each other. I also set up a national medication safety pharmacy technician group.

As a result of the passion from the group, I and some other medication safety technicians have set up an APTUK medication safety branch where we continue to raise the profile of medication safety by inspiring all pharmacy technicians to engage in being part of medication safety.



Rebecca Allsop - MAPHarmT
Specialist Medicines Management Technician - Medication Safety and Governance

I wanted to be involved in setting up, and being a part of, the Medication Safety APTUK branch as I felt that this was a valuable opportunity to both build on my own experience and to continue to support the

medication safety agenda. This opportunity has allowed me to be a part of a supportive group which compliments my day-to-day role as a Specialist Medicines Management Technician in medication safety and governance.

I am passionate about my role as a pharmacy technician, particularly in medication safety, and I hope to support and inspire others in their careers. Pharmacy technicians are at the forefront of ensuring safe medication practices and every day we see the impact that medication errors, adverse drug reactions, and improper use can have on patients' health. As healthcare professionals, it is our responsibility to minimize these risks and contribute to building a safety-first culture within our practices.

The APTUK Medication Safety Branch offers a platform for learning and networking, and we plan to share some interesting topics with some brilliant speakers attending. Through the branch, I hope to work alongside like-minded professionals to raise the profile of our role in medication safety. I believe that through collaboration, education, and shared knowledge, we can make a real difference in the safety and quality of care we deliver to our patients.



Abigail Bradshaw (née Peckett) - MAPHarmT
Medicines Safety Manager/Trust Medicines Safety Officer (MSO) Pharmacy Technician

I am passionate about my role as a pharmacy technician and passionate about my speciality of medication safety. There has been a national network for Medication

Safety Officers for some time now but not specifically for pharmacy technicians who, as we know, have our own unique skill sets and abilities. Following the creation and success of the supportive medication safety pharmacy technician network, so brilliantly created and run by Amanda, it showed the appetite for a specialist area to develop our knowledge, as a collective, and to support each other with career development. We aim to invite specialist colleagues to provide a program of learning opportunities and then facilitate an environment to discuss the topic, share experiences and learning, and encourage our members to share their experiences within their professional environments.



Michelle Chick
Principal Technician Medication Safety

My name is Michelle Chick, and I started my career as a pharmacy technician over 20 years ago. I have been a specialist pharmacy technician in medication safety for 10 years and have gained a lot of knowledge and experience that I am keen to keep developing and

share with my peers. My role in medication safety is expanding to encompass two NHS Trusts across five hospitals which will bring me new challenges and insight. I am passionate about engaging with other pharmacy technicians to raise awareness of medication safety and how we can work in our profession to improve patient safety, experiences and outcomes throughout their healthcare journey.

Our first meetings covered the highs and lows of being a pharmacy technician in the Medication Safety Officer (MSO) role and championing yellow card reporting.

Future meetings

7th August 2025 – Patient Safety Partners

11th November 2025 – Duty of candour

If you would like to get in touch with the medication safety branch team, please email medicinessafetybranch@aptuk.org



APTUK 2025 Conference Talk - In Conversation With...

Earlier this month, Shamma Baig, APTUK's Equality, Diversity and Inclusion Executive sat down with Paul Elbourn from Profile Productions to discuss conference planning and what considerations were being made from an EDI perspective.

Shamma – Welcome, Paul, it's lovely to speak with you. First, would you like to introduce yourself?

Paul – Thank you, Shamma. So, my name is Paul Elbourn, and I work for Profile Productions, a professional conference organiser. We work with membership organisations in healthcare.

Shamma – Thank you. We want to showcase inclusive features of the event and planning behind the scenes and show how Profile Productions has been instrumental in allowing us to be considerate and inclusive.

We have often worked together over the years, what learning and experience have you had from working with APTUK in providing events for pharmacy technicians?

Paul – We have worked with APTUK for over 15 years now and over that time we have learnt a lot about what delegates needs are and how their needs for conferences have changed over time. We need to take into account the size of the venue, the location and the price – that's very important, and we need to make sure the venue has the correct spaces to meet the educational needs of the APTUK conference delegates which is first and foremost the reason for holding these events.

Shamma – That's a long time working together! There's probably been lots of challenges along the way and you've had to adapt to changing needs each year.

What's your favourite part of the conference?

Paul – The end! (laughing) No, I'm joking! I think probably the beginning when everyone starts to arrive, and we get to see everyone in person. Since Covid, so many meetings are now held on-line, including all our planning meetings so it's only when we get together at the start of the conference that we get to meet everyone face to face.

Shamma – I agree. I think my favourite bit is the actual event, when everyone is together, the buzz in the room with all these like-minded individuals who are there to learn, to network and to celebrate the pharmacy technician profession. The planning gets me excited for what's to come but the actual event is just so amazing you get really enthusiastic, you are constantly smiling, meeting new people and catching up with some that you may only see at conference.

Paul – Yes, it's wonderful to see people, some you may have not seen in person for a year or two. I think that the importance of face-to-face events is immense, more so since covid because for a couple of years, people couldn't meet in person, and I think a greater value has been placed on that now.

Shamma – Definitely – it feels important to connect personally with people.

One thing I do like is the feedback. The feedback is usually predominately positive, but there are always ways of improving and that's exciting to take on board when planning for next year's event.

Paul – Yes, it's important to get feedback. As organisers that is our challenge. We run many events over a year, if we deliver a great event, and everyone goes home happy, how do we make it better the next year? So, feedback is important, and the needs of attendees do change, and you need to be aware of that and take it into account when planning, but we also need to understand that an event cannot be everything for everyone, but we do our best.

Shamma – That leads on to my next question. How can delegates communicate their needs or requirements for attendance at the event?

Paul – For us when we are registering delegates, it's really important to understand if they have any particular requirements or requests. These can be anything – dietary requests or accommodation requirements, if they are travelling with a family they may need a travel cot or they may be a parent who is feeding an infant and may need a safe space to do that; there maybe someone who needs a prayer space, so during the registration process there is an option to let us know of any requirements you might need. There is space in the on-line form, or you can contact us directly to speak with us.

Shamma – And of course, APTUK are here for our members so if we are contacted, we can always feedback any requirements delegates might need to make sure they feel supported and can enjoy the conference to the maximum.

So, what updates do you have for the conference?

Paul – Registration is open, and we are registering lots of delegates. The early bird saving is now closed but there are still places available although selling fast so register soon if you don't want to miss out.

We are receiving applications for stands and sponsorship for the event which is great too.

We had over 50 applications for bursaries to attend the event and the winners have been notified so we have been processing their registrations.

We have also had a lot of nominations for the awards this year. It's very exciting because we have several new awards this year including the re-naming of the Katherine Miles Poster Award. It is now the Katherine Miles Award for Innovation as instead of just submissions for posters showcasing research projects and innovation in pharmacy, this year there has been an opportunity for short oral presentations to be submitted as well.

Shamma – There is also a new Equality, Diversity and Inclusion Champion of the Year Award which I am very excited about. It's good that we are expanding the range of awards to be more inclusive.

We have updated the awards this year to reflect the four pillars of advanced pharmacy practice as well as celebrating pharmacy teams and pre-registration trainee pharmacy technicians. As you said we have had a lot of nominations this year – nearly 100 over all the categories which is phenomenal!

What are the next steps?

Paul – We have a monthly project meeting with the APTUK 2025 conference project committee and up to now we have been focusing on finalising and publishing the full conference programme with all the speakers.

We have informed the bursary winners of their place at conference, and we have lined up the judges to review all the poster and oral presentation submissions so we will be informing the successful applicants very soon.

We are also finalising the review and judging of the APTUK 2025 Conference Awards and will be announcing the shortlisted finalists in due course. And we are starting to plan all the fine details now. I have had a meeting with Vicky Hope, APTUK operations lead, to discuss the more fun things like menus and food options and room layouts etc so there is lots going on and it will get busier as the conference date approaches.

Shamma – Have you thought about and considered the 'Pharmacy Declares Conference Checklist' around sustainability when planning the conference?

Paul – Yes, there are lots of things we consider around sustainability. This year the venue, The Hilton Gateshead, in Newcastle will produce a sustainability report for us at the end of the

conference to let us know things like how many litres of water we used, how many food miles we had and so on and then they will calculate and offset the carbon footprint of the event by planting trees for us.

Another thing we are doing is moving a lot of things online. We have a dedicated event website which you can access from the main APTUK website where everything is in one place and then at the conference this will turn into an app so that you will be able to access everything easily; see the programme; access the posters etc so we are printing less. We will reuse resources as much as possible – we are not pushing for recycling – our motto this year is reduce and reuse.

Shamma – Thank you. That's all the questions I have for you – is there anything else you'd like to add?

Paul – No, I don't think so, just that we're looking forward to a very exciting event and if anyone has any questions or specific requirements then please get in touch.

The venue is a lovely one. It is near the Gateshead Millenium Bridge in Newcastle by the river so it will be a nice place to be.

Shamma – Thank you, Paul. I can't wait. It's an exciting event to showcase and celebrate the pharmacy technician profession and we are looking forward to seeing you, your team and all the delegates in September.



SHAMMA BAIG
MPharmT
EDI Executive
EDI@aptuk.org

Interested in advertising in the PTJ?

ADVERT PRICES

FULL COLOUR

Full page £450
Half page £300
1/4 page £200
1/8 page £95

BLACK & WHITE

Full page £400
Half page £250
1/4 page £150
1/8 page £85

ADVERT SIZES

Full page bleed advert – 216mm x 303mm (Trims to 210mm x 297mm)
Full page advert, type area – 190mm x 277mm

Half page horizontal – 190mm x 124mm
Half page vertical – 91.5mm x 254mm

Quarter page portrait – 91.5mm x 124mm
Quarter page strip – 190mm x 59mm

Eighth horizontal – 91.5mm x 59mm
Eighth vertical – 43.5mm x 124mm

NB. Sizes are width by depth

A range of pricing options may be negotiated for multiple bookings on group adverts and premium space. Further details on request by contacting businessdevelopment@aptuk.org

APTUK Executive Appointments

Membership Director – Rebecca Bastable



Rebecca has worked within pharmacy for 26 years, and a qualified pharmacy technician for 15 years. She has worked in a variety of roles, across different pharmacy sectors including acute hospital, community pharmacy, the BNF, and in an integrated role. As the NHS England Pharmacy Technician Programme Lead

for the Southeast, she helps to support and grow the pharmacy technician and pharmacy support staff workforce by supporting employers, ensuring there is a robust educational infrastructure in place, as well as governance and quality assurance processes.

Rebecca is passionate about building a sustainable pharmacy technician workforce, ensuring they are appropriately trained and supported, allowing them to have the knowledge and skills to provide a service which supports patients' care throughout their journey.

Member Observer – Elspeth Clarke



Elsbeth has been in pharmacy for 12 years, starting out in a community pharmacy gaining her pharmacy technician qualification and then ACPT qualification in 2016. She then moved to manage a busy high street chain pharmacy which she loved.

Elsbeth is now working as a civilian pharmacy technician in a military medical centre. She has been in this role for five years and it consists of clinical and non-clinical aspects. Her passion is pharmacy education and therefore has recently taken up a role with CPPE as a clinical demonstrator for Clinical Procedural Skills.

Lighting the Fire of Lifelong Learning:

APTUK's Commitment to Supporting Pharmacy Technicians



"Education is not the filling of a pail, but the lighting of a fire."

– William Butler Yeats (reflecting on Plutarch)

This timeless quote reminds us that education isn't just about gathering facts or ticking boxes. True education is transformative – it awakens something inside us. It inspires, motivates, and empowers us to grow, adapt, and pursue our passions. For pharmacy technicians, this has never been more relevant. As our roles evolve and diversify, education is the key not only to staying competent in our

current positions but also to unlocking new opportunities across sectors. Whether you're just starting out, seeking advancement, or looking to transition into a new area of practice, accessible, relevant, and high-quality education is essential.

At APTUK (Association of Pharmacy Technicians UK), we believe that learning should be continuous – and that it should spark curiosity, confidence, and ambition. That's why our **Educational Team** is working hard behind the scenes to develop resources that support you on this journey.

What the APTUK Educational Team Is Working On

The Educational Team is made up of seven experienced pharmacy technicians from across the UK, each bringing their own perspective and practice expertise. United by a shared goal, they are working to ensure that our members have access to the tools and guidance they need – not only to do their jobs well, but to thrive and progress in their careers.

Here are some of the exciting projects we have underway:

Factsheets: Clear, Practical, and Relevant

Factsheets are a great example of education in action. They are short, focused documents that provide guidance on specific topics relevant to day-to-day practice. They're perfect for quick learning, building confidence, or refreshing knowledge.

Some examples you may have already seen on our website include:

- **Patient Group Directions (PGDs)** – A clear and concise guide to understanding and using PGDs in your workplace.
- **Professional Decision-Making** – A factsheet that supports critical thinking and accountability in clinical and technical decisions.

Coming soon are factsheets on:

- **Interpreting National Policy** – Helping you understand how wider healthcare policy affects your role and responsibilities.
- **How to Speak Up** – Encouraging a culture of openness and providing guidance on how to raise concerns professionally and safely.
- **Final Accuracy Checking of Outsourced Products** – Offering clarity on best

practices when handling externally prepared items. These factsheets are created with input from practicing pharmacy technicians and are intended to be practical, easy to understand, and directly applicable to your role.

Frameworks: Creating Clear Career Pathways

As the profession grows, there is increasing recognition of the need for structured pathways and career frameworks for pharmacy technicians. APTUK were commissioned to lead Phase 1 of a three-phase project, as part of a Centre for Pharmacy Postgraduate Education Deans (CoPED) supported initiative, to develop a post-registration education and progression framework. The Educational Team is continuing to proactively work on frameworks tailored to specific areas of practice. These frameworks will outline:

- The key competencies required
- Suggested training and qualifications
- Career progression routes
- Role expectations and scope

We are currently developing frameworks in:

- **Critical Care**
- **Cancer Services**

In addition, we are reviewing and updating the existing frameworks for:

- **Accuracy Checking Pharmacy Technician (ACPT)**
- **Primary Care**

These frameworks are designed to be living documents – resources that evolve with the profession and can help guide your personal and professional development.

Directory of Courses and Providers

Navigating the landscape of available courses can be overwhelming. To support your educational journey, the team is putting together a **comprehensive directory of courses and providers**. This resource will allow members to:

- Explore what training is available across the UK
- Understand course content and delivery formats
- Match their learning goals with the right provider

Whether you're looking for CPD modules, certifications, or more formal qualifications, this directory will be a useful starting point.

FAQs and Career Exploration Guides

We know there are many questions pharmacy technicians have about roles in specific sectors of pharmacy. Soon, our website will feature:

- **Frequently Asked Questions** – Addressing common queries about practice, training, and development.
- **“What You Can Do in This Area...” Guides** – These will spotlight areas such as **cancer care, emergency medicine, technical services**, and more.

Each guide will outline:

- The scope of practice for pharmacy technicians in that field
- Key responsibilities and expectations
- Training routes and qualifications needed
- Real-world examples of technicians working in the field

These tools will help you explore new areas of interest, plan your next

career move, or simply understand the possibilities open to you as the profession evolves.

Our Mission: To Light the Fire

Everything the Educational Team does is rooted in one goal: to help you succeed and grow. We want to help *light the fire* – that spark of curiosity and confidence that fuels lifelong learning and career fulfilment.

But we also know that the best resources are the ones that meet your needs. That's why **we want to hear from you**.

- Is there a topic you'd like to know more about?
- A factsheet that would help you in your role?
- A resource that you think would benefit other members?

Please don't hesitate to contact us with your suggestions or feedback.

educationdirector@aptuk.org

Together, we can build a future where pharmacy technicians feel empowered, informed, and inspired – where education isn't just a requirement, but a lifelong flame.



PHIL JONES
MAPharmT

Education Director APTUK
educationdirector@aptuk.org

Interested in writing an article for the PTJ?

We are always looking for new articles so if you are interested in sharing your knowledge, research, experience, or opinions with fellow pharmacy technicians, then please get in touch.

Email: editor@aptuk.org

Scotland Update

Pharmacy in NHS Scotland have created development pathways for pharmacy technicians and pharmacy support staff to align both groups of staff with the wider healthcare family. The draft pathways have been out for consultation with pharmacy teams across all sectors in NHS Scotland twice in the past two years. The last consultation closed in January and work is underway to process the comments received. The development pathways will be published at some point in 2025 after they are agreed at the National Pharmacy Workforce Advisory Forum (NPWAG).

As part of the work around the Development Pathways for pharmacy technicians and pharmacy support staff, discussions have taken place with the Robert Gordon University (RGU). The university identified a gap in the post-registration education market for pharmacy technicians and have created a qualification called the Bachelor of Science (BSc) in Clinical Practice for Pharmacy Technicians (link below). Currently, the qualification is going through the validation process with a view to the first cohort starting in September 2025.

<https://www.rgu.ac.uk/bsc-hons-clinical-practice-for-pharmacy-technicians>

NHS Scotland has not commissioned the qualification, so this product has been created to meet the needs of pharmacy technicians across the UK. It is not a full-time course because you will work whilst doing the course as you would with a Business and Technology Education Council (BTEC) or Higher National Certificate (HNC) course.

The course will encompass the four pillars of practice: Clinical Practice, Leadership and Management, Education and Research. The main pillar of concern is the clinical practice which relates to therapeutics and how we apply our knowledge about therapeutics in patient facing and patient focussed roles.

Each pharmacy technician is unique because they have completed their Initial Education & Training (IET) and any additional learning in different ways. This will be accounted for anyone that wants to apply for the course. There will be recognition of prior learning, and this will be mapped across to the RGU qualification. The expectation is that students will only complete the parts of the course that their existing qualifications do not cover. For example, a pharmacy technician that had completed the new qualification in Scotland, would already be educated to Level 7 or 8 of the Scottish Credit and Qualifications Framework (SCQF). Therefore, for them to complete the BSc qualification, they would only need to study some of the SCQF Level 8 material but all SCQF Level 9. The material covered in the 4th year of the BSc, which would be at SCQF Level 10, may be more useful to band 6 pharmacy technicians, that wanted to transition to specialist roles, in compliance with the Agenda For Change (AFC) terms and conditions.

The learning outcomes of the course are not known yet as they are commercially sensitive.

As for who should be eligible to apply for it, that will be up to the organisation the applicant works for. All that is known regarding eligibility so far is that applicants must be a registered pharmacy technician with experience.



LINDA HENDERSON
MPharmT
Professional Lead for Scotland
scotland@aptuk.org

England Update

I'm now nine months into covering the interim Professional Lead for England role on behalf of Trudy. It's been a real privilege so far, and I'm genuinely loving the opportunity to represent the profession I care so deeply about. The past months have been a chance to meet incredible colleagues, understand the challenges and opportunities we're facing, and contribute to the national conversation about our future.

One of the key areas I'm currently focusing on is the development of professional standards for APTUK. This work feels particularly important given just how far pharmacy technicians have come in the past 5 to 10 years. Our roles have grown in both complexity and impact, and we now need a set of standards that reflect who we are today and support the direction we're heading in. It's a huge honour to have been asked to lead this project, and I'm approaching it with both ambition and humility.

I've begun pulling together initial drafts and forming working groups made up of specialists and experienced professionals

from across the sector. Their insight will be crucial in shaping this work. But I know that it's not something I can or should do alone. For these standards to truly work for them to be meaningful, dynamic, and lasting we will need the support of the APTUK Executive, our members, and other professional bodies. This is about creating a living framework that evolves with us as our profession continues to grow and change.

We're at an exciting point in our journey as pharmacy technicians, and I look forward to continuing to play a part in shaping what comes next.



KYLE WINN
MPharmT
Interim Professional Lead for England
England@aptuk.org

Follow all APTUK activities on social media:

X - @APTUK1 | Facebook - APTUK1 | LinkedIn - APTUK | Instagram – APTUK1 | Bluesky: APTUK @aptuk.bsky.social

Wales Update

As the Professional Lead for Wales, I'm pleased to share a recent milestone in our efforts to connect with colleagues working in community pharmacy. We recently attended a Community Pharmacy Technician Focus Group, hosted virtually by Health Education and Improvement Wales (HEIW), and I'm delighted to report that it went well.

This session was a valuable opportunity to raise awareness of APTUK and the wide range of support and resources it offers, in addition to strengthening engagement with community pharmacy technicians in Wales. The session provided an overview of the organisation and highlighted the branch network and professional development opportunities available to pharmacy technicians. It was fantastic to see the momentum and engagement building with the community pharmacy technician workforce!

Please see below for updates from HEIW and news on a Pharmacogenomics Delivery Plan.... Exciting times ahead!!

HEIW UPDATE - Continued Learning and Development

As a reminder, our online CPD newsletter for the pharmacy workforce is continually updated and can be accessed via the following link:

[CPD newsletter and programme of events – HEIW YTD Portal](#)

Opportunities for Pharmacy Technicians and Support Staff

'Access To' Training Opportunities

If you are an existing employee in a pharmacy team in Wales and need to complete the qualifications to meet the entry criteria for the HEIW Pre-registration Pharmacy Technician Training Programme, you can achieve this via HEIW 'Access To'.

Next start dates:

- May 2025: Essential Skills Wales – Application of Number and Communication (equivalent to GCSE Maths and English)
- September 2025: GCSE Science

More information: [HEIW Pharmacy Support Staff Training](#)

Pre-registration Pharmacy Technician Training Programme

HEIW is now recruiting for the September 2025 cohort (C11W) of the Pre-registration Pharmacy Technician Training Programme.

- Application deadline: 30th May 2025

For further information about the programme:

[Pre-Registration Pharmacy Technician \(PRPT\) programme](#)

To apply directly:

[Apply to the PRPT Programme](#)

Pharmacogenomics Delivery Plan

How can you get involved?

[A vision statement](#) for the Pharmacogenomics Delivery Plan is now available. The development of this plan aims to outline a series of actions that we will implement in partnership over the next three years.

For further information, please contact npgg@wales.nhs.uk



EMILY GUERIN

MAPharmT

Professional Lead for Wales
Wales@aptuk.org

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.

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 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.

APTUK JOURNAL

Four editions of the journal are published digitally. Printed copies available on request. All members, including trainees can access previous and current editions via the member's only area on the APTUK website:

www.aptuk.org/key-resources-page/PTJournal.

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

Pharmacy Professionals Recovery Group

A Dedicated Peer Support Group for Pharmacists and Pharmacy Technicians

Substance Use Disorders (SUDs) can affect anyone, including those of us working in healthcare. Pharmacists and pharmacy technicians are not immune. The unique pressures of our profession, from high workloads and easy access to medications to the constant expectation of infallibility, can increase vulnerability to addiction. Stigma, shame, and fear of professional consequences often prevent individuals from seeking help.

More than 25 years ago, in 1998, I came across an article in *The Pharmaceutical Journal* that changed my life. The article talked about an addiction treatment unit that had been established specifically for healthcare professionals. At the time, I was struggling silently with my own issues with alcohol. Reading that article was a turning point, but it took a further two years for me to ask for help; in November 2000 I spent five weeks in that unit and have been continuously sober since.

The unit was in Birdsgrove House, which was owned by the Benevolent Fund of the Royal Pharmaceutical Society. It was closed and sold, and in 2006 the Benevolent Fund became the independent charity Pharmacist Support.

Through volunteering with Pharmacist Support I became aware of a group that had been set up by Bob D, a pharmacist who had received help from Pharmacist Support for addiction to alcohol and drugs. From his own experience in rehab Bob knew of a peer support group for Doctors and Dentists and, recognising the need for a confidential and understanding support system, established a similar group for pharmacists. The group has been in existence for several years and has evolved from a quarterly telephone conference call to monthly meetings on Zoom.

Initially the only route into this group was referral through Pharmacist Support, however recently, and with the agreement and support of PS, the group has become autonomous. We are hoping to reach out to the wider pharmacy profession including pharmacy technicians as well as pharmacist and students.

Pharmacists and pharmacy technicians face distinct challenges when dealing with substance use disorders. Professional and regulatory concerns often add layers of fear and isolation. While general recovery groups such as AA and NA, are invaluable, a peer group tailored to the realities of pharmacy practice offers a deeper understanding and support that can make all the difference.

The Pharmacy Professionals Recovery Group is:

- **Confidential:** Protecting the identity and privacy of participants is paramount.
- **Peer-led:** Run by individuals with lived experience of recovery.
- **Supportive:** Focused on sharing experiences, strategies, and encouragement.
- **Profession-specific:** Addressing the unique pressures of working in pharmacy.

Meetings provide a safe space to speak openly about struggles and successes, without fear of judgment.

Peer support is a proven factor in successful recovery. For healthcare professionals, it helps to:

- Break down stigma and shame.
- Restore personal and professional self-esteem.
- Share strategies for handling workplace-specific stress and dealing with Fitness to Practice issues.
- Build resilience for the long term.

In sharing our experience, we not only strengthen our own recovery but offer hope to others who may be struggling in silence.

It is a lonely place for any pharmacist or pharmacy technician facing addiction, but there is hope, and there is help. Just as reading one article all those years ago led me toward recovery, I hope this message will reach those who might need to read it today.

For more information about the peer support group, or to find out how to join, please contact: PharmProfRG@proton.me

As pharmacists and pharmacy technicians, we dedicate our careers to caring for others. When we need help ourselves, we deserve the same compassion and support.



ANNE CAWDRON
(Pharmacist – retired)

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.

What Pharmacy Technicians Need To Know About Genomics

What is genomics?

Genomics is the study of the genome (the complete set of genetic material within an organism) and how we can apply this information.

Each strand of DNA (Deoxyribonucleic acid) is made up of four nucleotide bases: adenine (A), thymine (T), cytosine (C), guanine (G). The order of these encodes information that tells cells what to do and when. Human beings have approximately 3 billion DNA base pairs in each cell¹.

A gene is a section of base pairs that codes for a specific protein or set of proteins. Each human being has approximately 20,000 genes², found in the 23 pairs of chromosomes in each cell (one copy of the chromosome is inherited from each parent).

When part of a gene differs from the reference genome, e.g., A and G are switched, it is referred to as a genetic variant. Variants are germline (inherited) or somatic (not inherited) and may vary in size (from one base to an entire chromosome).

Although human DNA is about ~99.9% identical between individuals, the remaining 0.1% differences account for roughly 3 million genetic variations³. This information about an individual's genetic variants can be used in many ways to improve the quality of care they receive.

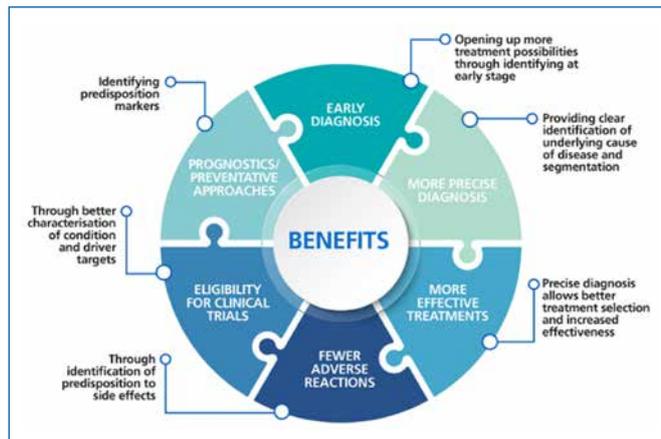


Figure 1: Diagram illustrating the benefits of genomic medicine⁴

What is pharmacogenomics (PGx)?

Pharmacogenomics or pharmacogenetics is the study of how genes affect drug response.

We are aware that there are many factors that can affect drug response, e.g., drug-drug interactions, food-drug interactions. Genomics is simply another factor to consider. By understanding how the genome affects drug response, we can tailor treatment to each individual, providing a more effective treatment with a reduced risk of adverse drug reaction.

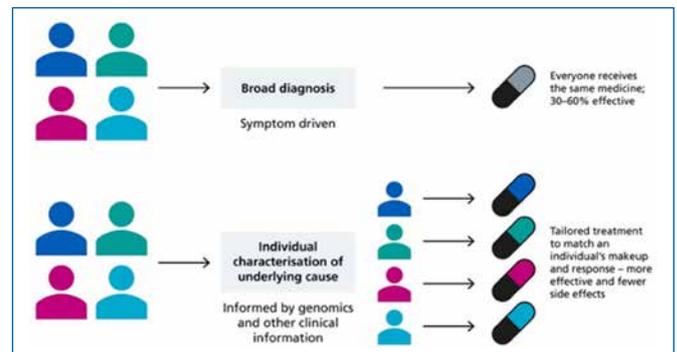


Figure 2: Diagram illustrating two different approaches to use of medicines⁵

The future of pharmacogenomics

In coming years, we will likely see pharmacogenetic testing expand beyond cancer and rare diseases, new guidelines recommending the use of pharmacogenetic testing (both laboratory and point-of-care testing), and testing across multiple sectors.

Developing the role of pharmacy technicians

Pharmacy technicians are well-placed to assist with the implementation of pharmacogenomics into routine care in multiple ways, such as:

- counselling patients before and after pharmacogenetic testing
- counselling patients on the use of direct-to-consumer pharmacogenetic testing
- ordering pharmacogenetic tests

- In the next edition of the Pharmacy Technician Journal:
All the highlights from APTUK Conference 2025 Advancing Practice.
Award winners, Conference speakers and much more.....

- advising the wider multi-disciplinary team on testing recommendations
- advising clinicians on how to optimise prescribing following pharmacogenetic testing
- educating other pharmacy colleagues about pharmacogenomics
- signposting colleagues and patients to further information and resources
- promoting events such as the #GenomicsConversation campaign (24th-28th June)

Help us improve pharmacy technician learning and development

NHS North East and Yorkshire Genomic Medicine Service have released a 7 minute anonymous survey looking at the needs of pharmacy technicians in relation to genomics and pharmacogenomics.

To complete the survey, please visit <https://forms.office.com/e/xv3v92g161> or scan the QR code below



REFERENCES

1. Green E. Gene [Online]. Genome.gov. National Human Genome Research Institute; 2019. Available from: <https://www.genome.gov/genetics-glossary/Gene> [Accessed 26 March 2025].
2. Green E. Gene [Online]. National Human Genome Research Institute. 2019. Available from: <https://www.genome.gov/genetics-glossary/Gene> [Accessed 26 March 2025].
3. Miller E. Variants — Knowledge Hub [Online]. GeNotes. Available from: <https://www.genomicseducation.hee.nhs.uk/genotes/knowledge-hub/variant/> [Accessed 26 March 2025].
4. NHS England. Accelerating genomic medicine in the NHS [Online]. www.england.nhs.uk. 2022. Available from: <https://www.england.nhs.uk/long-read/accelerating-genomic-medicine-in-the-nhs/> [Accessed 26 March 2025].
5. NHS England. Pharmacy genomics workforce, education and training strategic framework [Online]. www.england.nhs.uk. Available from: <https://www.england.nhs.uk/long-read/pharmacy-genomics-workforce-education-and-training-strategic-framework/> [Accessed 26 March 2025].



JESSICA HUMPHREYS

Pharmacy Technician (Intern)- NHS
North East and Yorkshire Genomic
Medicine Service
Pharmacy Technician- NHS South
Yorkshire ICB
Jessica.humphreys6@nhs.net

Sophie Sheehan

It is with great sadness that we announce the passing of one of APTUKs guest speakers.

Sophie Sheehan, a Senior IT Agile Consultant, attended the inaugural Pride Branch webinar to share her experiences of accessing healthcare as a trans-woman.

Sophie made a tremendous impact on those who attended, with many stating that she opened their eyes to the little-known experiences of trans people accessing our NHS services.

With a calming and warm personality, Sophie candidly conveyed how she had encountered both welcoming and undesirable situations.

From the webinar, we learned that simple changes to how we introduce ourselves can make a world of difference. We learned that taking time to focus on what our patients need to make them feel comfortable and safe can pave the way to equitable care and improved relationships.

Sophie was a tremendous force for change, advocacy and kindness in her locality of Reading, Berkshire. A talented musician and songstress, Sophie's legacy remains for us to revisit time and time again.

She passed away peacefully in hospital, Sunday 4th May, surrounded by those who loved her.



Pharmacogenetics: Impact of a Drug-Gene Interaction

Aminoglycosides (gentamicin, amikacin, tobramycin, and neomycin) are a group of antibiotics that can cause ototoxicity (damage to the ear, leading to hearing loss or balance problems) in patients exposed to them. Certain rare mutations in the gene MT-RNR1 such as m.1555A>G, m.1494C>T and m.1095T>C, can greatly increase the risk of hearing loss from these antibiotics.

The MT-RNR1 gene is inherited from mothers; both males and females can have it, but only the females can then pass it to their biological children.

Patients with a predisposition to gram negative infections, such as those with known respiratory disease including bronchiectasis and cystic fibrosis have a significant exposure to aminoglycosides which pose risk of ototoxicity. Testing for the most common variants (m.1095T>C; m.1494C>T; m.1555A>G) is funded in England and is a preventable measure for aminoglycoside induced hearing loss. Patient testing eligibility is outlined in the National Genomic Test Directory².

The Medicines and Healthcare products Regulatory Agency published a drug safety update 'Aminoglycosides: increased risk of deafness in patients with mitochondrial mutations'³ advising clinicians to consider the need for genetic testing especially in patients requiring recurrent or long-term treatment with aminoglycosides. Other national resources^{4,5,6} such as patient information and clinical guidance are available to support consistency and standardisation. They also serve as a valuable education tool, providing information on how to communicate pharmacogenomics with patients and their carers and apply pharmacogenomic results in clinical practice.

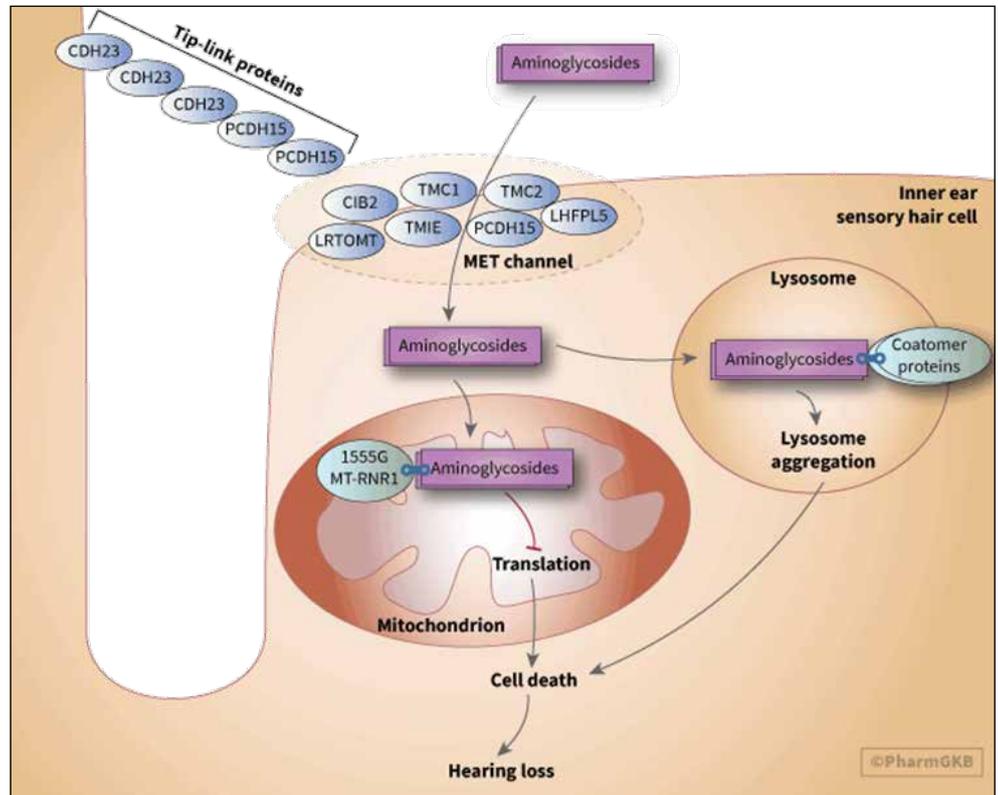


Figure 1: Representation of the candidate genes involved in aminoglycoside ototoxicity¹.

REFERENCES

1. **PharmaGKB.** Aminoglycoside Ototoxicity Pathway, Adverse Drug Reaction. [Online] [Accessed 14 March 2025]. Available from: <https://www.pharmgkb.org/pathway/PA166254101>
2. **NHS England.** National Genomic Test Directory Version 5.2 updated 1 June 2023. [Online] [Accessed: 14 March 2025]. Available from: <https://www.england.nhs.uk/publication/national-genomic-test-directories/>
3. **Medicines & Healthcare products Regulatory Agency.** Aminoglycosides (gentamicin, amikacin, tobramycin, and neomycin): increased risk of deafness in patients with mitochondrial mutations. Drug Safety Update, 2021. [Online] [Accessed: 13 March 2025] Available from: <https://www.gov.uk/drug-safety-update/aminoglycosides-gentamicin-amikacin-tobramycin-and-neomycin-increased-risk-of-deafness-in-patients-with-mitochondrial-mutations#contents>
4. **Specialist Pharmacy Services.** Implementing pharmacogenomic testing for aminoglycosides. [Online] [Accessed: 14 March 2025]. Available from: <https://www.sps.nhs.uk/articles/implementing-pharmacogenomic-testing-for-aminoglycosides/>
5. **Cystic Fibrosis Trust.** Testing for potential increased risk of hearing loss with aminoglycoside antibiotics. [Online] [Accessed: 14 March 2025]. Available from: <https://www.cysticfibrosis.org.uk/the-work-we-do/information-resources/publications>
6. **Genomics Education Programme.** Genomic Notes for Clinicians. Presentation: Patient requiring aminoglycoside. [Online] [Accessed: 13 March 2025] <https://www.genomicseducation.hee.nhs.uk/genotes/in-the-clinic/presentation-patient-requiring-aminoglycoside-antibiotics/>



LAURA FILLINGHAM
Genomics Intern – North East and Yorkshire Genomic Medicine Service
Medicines Optimisation Lead
Pharmacy Technician (Medicines Safety) – South Yorkshire ICB
laura.fillingham@nhs.net

Sharing My Experience of Achieving a Level 5 Management and Leadership Diploma

Completing the Level 5 Diploma in Management and Leadership has been a significant milestone in both my personal and professional development. Spanning two years, this in-depth programme has provided me with the tools, knowledge, and confidence to lead effectively in my current role and to prepare for greater leadership responsibilities in the future.

The Operations Manager Apprenticeship is a Level 5 programme designed for managers leading teams or projects to achieve operational and departmental goals within their organisation's strategy. Typical roles include Operations Manager, Department Manager, and Regional Manager, with key responsibilities such as operational planning, project management, team leadership, and financial oversight. It's a two-year course including three to four hours of independent learning and six hours of off-the-job training weekly, with assessment by the Chartered Management Institute (CMI). Apprentices gain a Level 5 Management & Leadership qualification, full CMI membership, and support from Pearson TQ through dedicated coaches, expert guidance, and access to exclusive professional resources. Progression opportunities include Level 6 Chartered Manager and Level 7 Senior Leader apprenticeships to advance careers further.

The course was designed for individuals responsible for managing operations, leading teams, overseeing projects, planning resources, and building relationships both internally and externally. These responsibilities are common in a wide range of organisational environments whether in small startups, large corporations, publicly funded roles, or organisations focused on serving communities.

Throughout the course, I engaged in a series of comprehensive modules that covered key topics such as

- Principles of Management and Leadership in an Organisational Context
- Developing, Managing, and Leading Individuals and Teams
- Managing Stakeholder Relationships
- Managing Projects to Achieve Results
- Managing Change
- Creating and Developing Operational Plans
- Using Reflective Practice to Inform Personal and Professional Development.

One of the early modules focused on understanding the principles of management and leadership, helping me distinguish the strategic role of leadership from the more functional aspects of management. This foundational knowledge helped me better understand how my own behaviour and decision-making could influence team performance and organisational outcomes.

A particularly valuable part of the course was learning how to effectively lead individuals and teams. I gained practical skills in team building, motivation, and performance management. Applying these concepts in my daily work has helped me become more confident in guiding my team toward shared objectives, creating a more positive and productive environment.

Equally important was the module on managing stakeholder relationships. Understanding how to identify key stakeholders, assess their influence and interests, and maintain strong, professional relationships has been crucial in helping me navigate complex dynamics in my role. This has improved not

only my communication but also my ability to build lasting trust across departments and with external partners.

The course also emphasised project and change management, two areas where operational leaders must be especially competent. Through structured methodologies and real-world case studies, I learned how to plan, lead, and evaluate projects effectively ensuring that results are delivered on time and within scope. I also learned how to support individuals and teams through organisational changes, recognising the emotional and practical impact that change can have on people.

Perhaps one of the most personally impactful areas of study was reflective practice. I was encouraged to regularly reflect on my own behaviours, decisions, and outcomes identifying what worked, what didn't, and how I could improve. This habit of self-reflection has now become part of my routine, helping me to grow continuously and lead with greater self-awareness.

The structure of the course, which included written assignments followed by an endpoint assessment, ensured that I was not just learning theory but applying it in real situations. As part of the final assessment, I also had to complete a Quality Improvement (QI) project, which involved identifying an area for improvement within my organisation, developing and implementing a plan, writing a detailed report, and presenting my findings to an assessment panel. This practical component was particularly valuable, as it gave me the opportunity to demonstrate leadership in action, apply problem-solving techniques, and deliver measurable outcomes – skills that are directly transferable to my current role.

Since completing the diploma, I've noticed a clear change in the way I approach leadership. I now make decisions with greater clarity, manage my team with stronger intent, and handle challenges with more resilience. The course has reinforced my belief in lifelong learning and has equipped me with a toolkit I can continue to draw upon as I advance in my career.

In conclusion, the Level 5 Diploma in Management and Leadership has given me more than just a qualification – it has given me perspective, practical skills, and the confidence to lead with purpose. Whether managing teams, delivering projects, or navigating change, I now feel better prepared to contribute meaningfully and drive positive outcomes in any organisational setting.



SHARMILA SRIHARAN
MPharmT

Pharmacy Clinical Technicians'
Manager
Sharmila.sriharan@nhs.net

Technical Services North West Training Facilitator Project

Introduction

In March 2024 we were appointed as Technical Services North West Training Facilitators representing the three Integrated Care Systems (ICS's) across Lancashire and South Cumbria, Greater Manchester and Cheshire and Merseyside, to provide leadership, expertise and support in transforming training systems within technical services across the North West.

The objective for the project is: **“Standardisation of training pathways, training resources and career development opportunities in technical services (aseptic)”**.

Project Background:

Technical services workforce is in a critical state. ‘Transforming NHS Pharmacy Aseptic Services in England’ outlines the plan for Hub and Spoke service models which the five NHS Pathfinder sites are developing. Workforce expansion is required for these service models. Two NHS England clinical fellowship projects were completed in 2022-2023 on technical services workforce, by Caroline Reid and John Oliver. Focussing on training & the academy model, and workforce modelling for Hub & Spoke Facilities. The outputs of the North West project are outlined below:

- NHS Learning Hub built to host a catalogue of training courses
- Future NHS workspace to support communication around training
- Proposals for the academy model
- Proposal for regional training developments and educator training
- Collated examples of good practice
- Regional technical services education and training group proposal / expression of interest

This was the starting point for us as regional facilitators and the project we took forward in 2024 to support the development of standardised training and increase and expansion of training requirements as NHS Pharmacy Technical Services transform.

Create a forum for collaboration:

We contacted all the NHS Trusts who have a technical services department in the North West and obtained representation from each unit to form the North West Pharmacy Technical Services Training Group (NW PTSTG). This group provided a space to create standardised approaches to training, discuss training difficulties, generate new ideas for training, and share best practice and experiences to the benefit of all with presentations and discussion topics from our members and guest speakers from across the UK.

We also produced and circulated a monthly bulletin to provide regular communication with over 100 recipients across the North West and nationally sending the bulletin to the ISM group chairs. The bulletin highlighted developments in the project, provided information on upcoming and new training courses, and asked for input and feedback on developments, further enhancing E&T networks and communication. We also promoted and maintained two digital platforms to support training in technical services: NHS Learning hub and *FutureNHS*.

Improve E&T training for technical services:

We developed a specific technical services train the trainer course which highlights and supports the difficulties of training

in a GMP and cleanroom environment. We reviewed the existing training courses available and the suitability of their content; developed requirements that are specific to technical services with the NW PTSTG, met, discussed and collaborated with NHS England NW & NEY, ProPharmace, CPPE, Skills4Pharmacy and e-learning for health (elfh), and assessed suitability of each resource, ultimately producing a course suitable for our needs.

Standardise training:

A Regional Standardisation process has been developed, with an overarching policy approved by the North W Aseptic Strategy Group and NW Chief Pharmacists Group. We have two procedures covering the standardisation process and the maintenance & control of the work produced. We reviewed options for the digital storage and management of the standardised work, ensuring that access and security are suitable for a sharing platform in the NHS and introduced the chosen electronic system to support the standardisation work. The policy and procedure can now be used to create regionally ratified documents across the North West.

Conclusions:

The project has demonstrated the benefit of technical services specific regional facilitator roles; the work that has been accomplished in a short time frame has been extremely beneficial. There has been interest from other regions in replicating these roles, following discussions about the project and benefits brought for the North West. Unfortunately, the project has now been put on hold, but we hold to see it re-established in the future.



SONIA SHAW

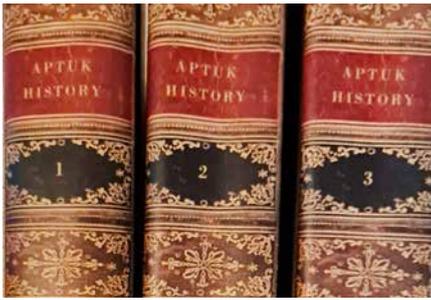
Deputy Head of Production, Preston Pharmaceuticals
sonia.shaw@lthtr.nhs.uk

CAROLINE REID

Senior Pharmaceutical Scientist MAPHarmT, Preston Pharmaceuticals
caroline.reid@lthtr.nhs.uk

JESSICA TAYLOR

Lead Education & Training Facilitator, Royal Liverpool Hospital
jessica.taylor3@liverpoolft.nhs.uk



The Association of Pharmacy Technicians UK

'70 years of history'

Part Four: 'Education, Education, Education'

In this installment of our history, we continue to explore our early fight for professional recognition and education. As said in our third installment, it continues to be a bumpy ride! The ride has disruptions and unexpected changes, but it also has some surprises. So, let's continue to look at the legal and interprofessional encounters that took place.

As previously, Miss Miles consistently raised the problem of the qualification title 'Assistants in Dispensing' which was felt to be misinterpreted as unqualified. She raised that this was originally intended to be those that assisted the doctor in dispensing not pharmacists. In her view, and the A.H.D.A, this was a derogatory term and needed a different definition. The Society of Apothecaries suggested that this matter should be part of the Hospital Pharmaceutical Services' forthcoming review to which they and the A.H.D.A had put forward recommendations.

The A.H.D.A had also become aware that the Pharmaceutical Society proposed to develop a 'technician scheme' for training, examination and supervision of pharmacy assistants at a lower standard than the Apothecaries Hall qualification. However, a motion was presented in 1953 at a Pharmaceutical Society Annual General Meeting and was lost by a large majority vote.

A need for a revised Apothecaries Hall syllabus had previously been acknowledged and, according to the archives, this was undertaken on behalf of the Society of Apothecaries by the London College of Pharmacy & Chemistry for Ladies and Miss Miles. This division of the Pharmacy School was founded by the Pharmaceutical Society in 1842.

The 'ladies' were charged with developing a syllabus worthy of the training and status of the examiners. The revised syllabus, drawn up by Dr Thirtle, was comprehensive and progressive and included a two year training period. Although this was accepted by the Society of Apothecaries it was opposed by the Pharmaceutical Society as being too high a standard. This opposition led to

a further revision of the syllabus, which was finally released in 1956, after the outcomes and published report of the 'Linstead report' in 1955.

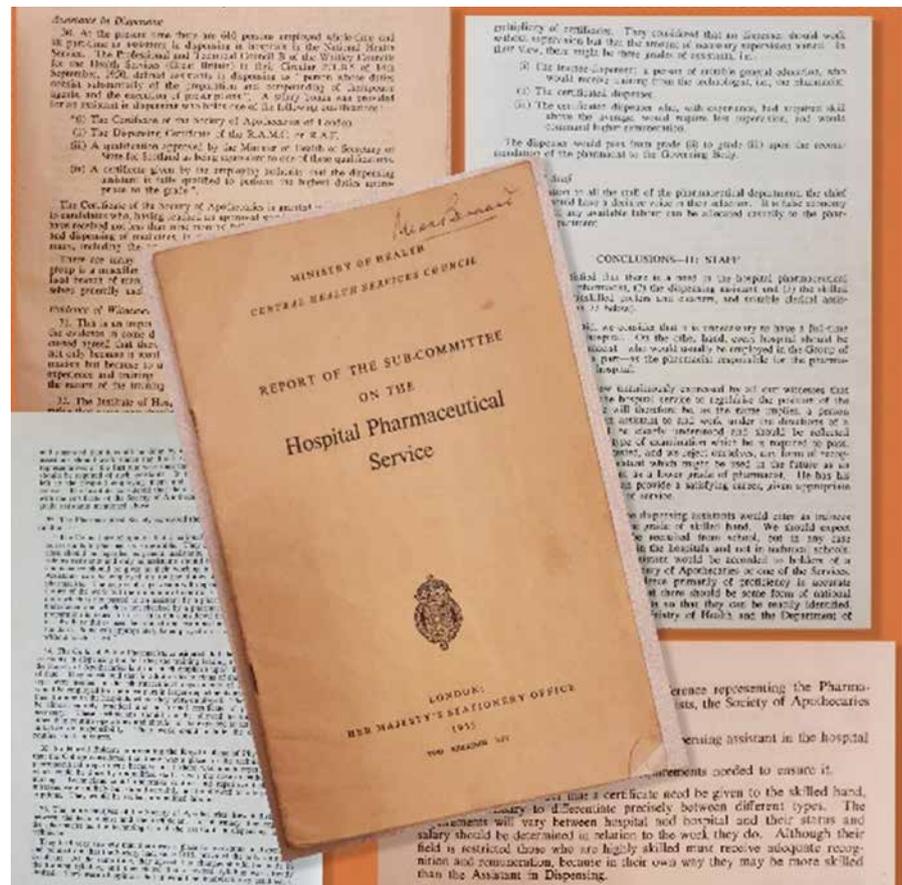
A.H.D.A had previously submitted evidence to the Hospital Pharmaceutical Services review in May of 1952 alongside that submitted by the Society of Apothecaries. However, the Linstead report recommendations were mixed although it did recognise the need for the role of 'assistants' in varying guises.

The report did acknowledge that from the view unanimously expressed by the evidence put forward that it was time for the hospital service to regularise the position of dispensing assistants. However, it continued to say that, as the name implies, the role will always act as an assistant and work under the directions of a pharmacist.

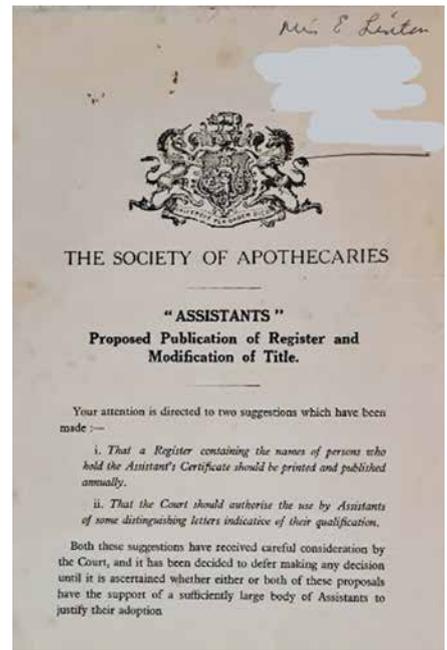
One of the report's recommendations was "*The Minister and the Secretary of*

State for Scotland should be invited to call a conference which should include the representatives of the Pharmaceutical Society, the Society of Apothecaries, the Guild of Public Pharmacists and the Service Departments to consider steps to be taken forward to regularise the position of assistants undertaking dispensing duties in hospitals".

In response to the new syllabus, A.H.D.A's objections were met with resolve by the Society of Apothecaries. The society indicated that the change of conditions that 'assistants' now worked under the directions of a pharmacist necessitated a re-orientation of the whole training. The rationale was based on changes in practice in that previously Apothecaries Hall dispensers had been employed by doctors' as dispensers and although nominally under supervision they very often worked without supervision. Future practice was seen to be that the majority



6. Assistants cannot expect to bear independent responsibility for their work. To quote the Linstead Report: 'We accept the view unanimously expressed by all our witnesses, that the time has come in the hospital service to regularise the position of the dispensing assistant. He will therefore be, as the name implies, a person who will always act as an assistant to, and work under the directions of, a pharmacist. This should be clearly understood and should be reflected in his training and in the type of examination which he is required to pass. None of our witnesses suggested, and we reject ourselves, any form of recognition of the dispensing assistant which might be used in the future as an argument for his employment as a lower grade of pharmacist'. This can now be regarded as official Ministry policy. The new arrangements, however, should give them a more satisfactory position in the Health Service. I think there is a good case for pressing the Ministry to recognise only holders of the Society's Certificate, (and possibly the Service Certificates) for future appointments in these posts.



would be employed in the hospital service and would always work under the supervision of a pharmacist. This was deemed to be the official Ministry of Health's policy that pharmacies shall be under the control of pharmacists. Therefore, the future assistant was required to be a skilled practical worker rather than to have detailed theoretical knowledge.

In 1957, because of Miss Miles and Miss Linton "getting in on" a Ministry of Health meeting with representatives from the Medical Council, the Pharmaceutical Society and Society of Apothecaries, to discuss the role of the Apothecaries Hall qualification, they were elected to sit on a small sub-committee. The committee discussed and debated the training, syllabus, and nomenclature of dispensing assistants for a period of two to three years. However, improvements agreed upon were reversed when the committee had a change of chairmanship.

Meanwhile, the Pharmaceutical Society had worked with City and Guilds to develop and introduce a certificate which was mainly aimed at retail dispensing assistants. A.H.D.A considered this to be of a lower standard than the Apothecaries Hall qualification, but it was recognised by the Ministry of Health.

During this time, Miss Miles continued to ask the Society of Apothecaries for registration of the Apothecaries Hall dispensers. Meeting with continual procrastination A.H.D.A looked elsewhere for registration. After collating evidence both written and oral, testimonies, aims, objectives, education, syllabus examination standards and regulations and evidence of professional conduct an application submitted to the Board of Registrars of Professions Supplementary to Medicine. Following prolonged negotiations, the board decided that the dispensers should be registered but unfortunately were ineligible according to their constitution. This was because the

Apothecaries Hall dispensers could not be auxiliary to medicine for pharmacy as this position was reserved for pharmacists. However, the APTUK archives suggest that A.H.D.A was informed that various objections had been raised by the Pharmaceutical Society.

However, in 1959, advice was given on various options that could be followed:

1. Leave the matter for six months or so to wait for an outcome on the current parliamentary negotiations in respect of registration in general
2. Instruct the Board of Registrars to proceed and obtain legal advice about their ability to register Apothecaries Hall dispensers
3. Society of Apothecaries to register Apothecaries Hall qualification holders

Back to square one

A.H.D.A decided to take the third option, and a further approach was made to the Society of Apothecaries. However, this time it was decided that it should be made by the Board of Registrars of Professions Supplementary to Medicine on behalf of the association.

Partial success was the name of the day on this occasion.

The Society of Apothecaries agreed to conduct a feasibility survey to ascertain whether enough assistants would support a voluntary register.

The society could not at that time make any change to the legal status of assistants and thus this would be a non-statutory register.

Enrolment onto the register would be open to those who held the Assistant's Certificate and paid the registration cost of one guinea.

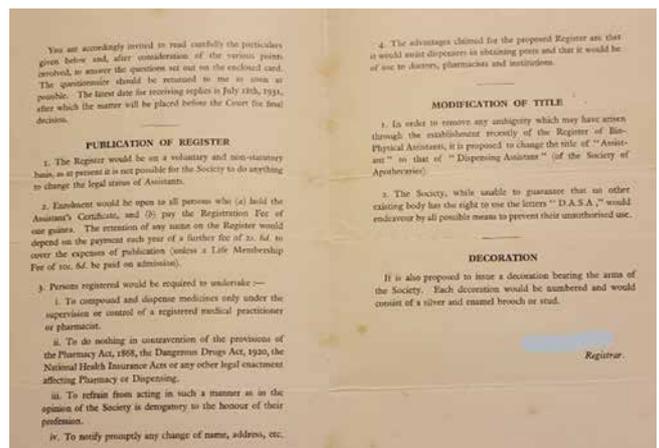
Those on the

published register would be required to undertake:

- Compounding and dispensing medicines only under supervision or control of a registered medical practitioner or pharmacist.
- To do nothing in contravention of the provisions of the Pharmacy Act 1868, the Dangerous Drug Act 1920, the National Health Insurance Acts or any other legal enactment affecting pharmacy or dispensing.
- To refrain from acting in such a manner as is in the opinion of the society is derogatory to the honour of their profession.

The survey also proposed a 'modification of title' to that of Dispensing Assistant of the Society of Apothecaries; D.S.S.A.

Benefits of being on the register were highlighted as helping dispensers to obtain posts as it would be of use to doctors, pharmacists, and institutions. Registrants would be given a decoration, a silver and enamel brooch or stud, showing the arms of the society and the registrants' number.



The Society of Apothecaries of London Apothecaries Assistant roll

Results of the survey reinforced the Apothecaries Assistants' desire for a register and the first roll of names was published in 1962.

Many of the association's founders were amongst the names on the roll. The society registration roll continued until 1975 when it was deemed to be no longer financially viable.

So this section of our bumpy ride ends here with partial success and gave us the seatbelt we needed to keep us safe and secure inside our profession for continuing our journey.

Next time, as this early history starts ends, we shall look at how we kept our members informed, both in writing and in person.

Tess Fenn BA Hons FAPharmT MAPCPharm

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.



In Conversation With...

APTUK President **Nicola Stockmann** talks to **Shilpa Shah**, pharmacist, CEO of North East London Local Pharmaceutical Committee (LPC), Samaritan's listening volunteer and ambassador for Pharmacist Support.

Nicola – So the reason that we're having this conversation today, apart from always being lovely to catch up with Shilpa, is that we've recently had the NHS England announcement of its abolishment, and there's also this general context in the landscape at the moment where there are employer financial pressures, headcounts, recruitment freezes, efficiency focuses and just generally, where is the place for wellbeing? In such a pressured environment, where does the wellbeing come in? We've also had the pharmacy wellbeing report published recently that Pharmacist Support, RPS and APTUK were part of in 2024, just thinking about what those results mean as well, linking that to the bigger landscape and how we look after ourselves in an environment where there's so much going on that's outside of our control.

So the purpose of this is to support navigating leadership, and leadership is for everybody in a harsh environment, maintaining morale, retention and still supporting individual and collective development, but also just that wellbeing you know that that Maslow's Hierarchy of Needs, that if we just get the fundamentals right, then the day doesn't seem quite so tough.

So, I've got a question that I've been thinking about since the initial announcement came out and just generally with what's happening regarding recruitment and morale and all of that, we all have the potential to experience restructuring, financial pressures, and redundancies. So, from your wide-ranging experience, what does good self-care look like in these situations? And do you think this depends on what role you have in the situations too?

Shilpa – I think that's a really good question and I think that good self-care will be different for everybody. There are going to be some people that want all the information, and there are

going to be some people that, just for a little while, want to put their head in the sand, and you've got the emotional cycle of change which is the Elizabeth Kubler Ross cycle, which is really important to have a look at, but it's basically where at first you could be in a bit of denial, it could be anger and then becomes acceptance and there's all different ways of experiencing these emotions.

I think what we really all need to understand is that everyone will go through that cycle differently and at different rates of speed. There are some people that will be like, "it's happening, it's change" and others that will be like, "Oh my God, I've done this for 20 years, what am I going to do next?" And I think it's also important to know that everyone's going to have different reasons that they're going to be experiencing different emotions. Some may have a situation where they're a single parent and that income is really important to them. There are other people that may have a lot of self-worth around the role that they do and the job that they do and may feel that it's a slight on them and the way that they work. And so I think it's really important that everyone understands that everyone will be going through it differently and the best thing to do is to be able to support each other, but also to look after yourself and part of that is by asking open questions, such as "how are you feeling?" And then when you ask this, make sure you listen to the answer.

My biggest advice for anyone is when people are talking to you about how they're feeling, not to say, "Oh my God, this exactly happened to me when I had this situation", because whilst that was important to you at the time and you've been through that and there are going to be some similarities, but unless you're in that person's shoes at that time, you are not going to exactly experience what they're experiencing, so part of listening is not always just thinking about what you went

through when you went through it. It's good to have that in the mind so that you can use it to form part of your empathy but don't just jump in with all this happened to me. And I think the other thing is, it's really important to ask your colleagues, "what do you want from me, do you want me just to listen, or do you want some ideas and solution?" This is really important in the leadership role, and being a good leader is about understanding when you should be saying to somebody "do you want me to just listen, comfort you and support you? Do you want advice? Do you want career advice? Do you want mentoring? What is it that you want from me?". Because that way you're then going to tailor your answers, aren't you? And I think it's really important as a leader to make sure that you are aware of what people want before you step into that situation.

I also think making sure that you take time out from the situation, it can all become all consuming and overwhelming. Make sure that if you have things planned at the weekend, you still go ahead with those plans as best as you can, even if you're feeling a bit rubbish.

"OH MY GOD, I'M GOING TO LOSE MY MONEY. I'LL CUT OUT THE GYM",

You know, you'll find that might help you. It may just take you out of that zone for a little while and just doing the things that you enjoy doing. Don't stop. Don't think "Oh, God, I'm being made redundant". If fitness and being a member of a gym is a big part of your life, don't suddenly start thinking, "Oh my God, I'm going to lose my money. I'll cut out the gym", carry on with what you can. Obviously, you do need to look at your financial situation, you may need to find another gym that's a bit cheaper or, you know, go out for a walk or go out running. So just look at alternatives of what you can do before you suddenly just go into panic mode and stop everything.

Nicola – That's really interesting. The fact that enough is changing that is outside of your control, if you can keep other things the same, then that provides you with a little bit of structure and a little bit of similarity. And I really liked what you said about having your role as part of your identity, because we're professionals and actually, you're expected to uphold those professional values at all times. Well actually, that does mean to an extent we are prone to living and breathing that as part of our identity, aren't we?

I also like what you said about relaying it to your own experience. I suppose that gives you a frame of reference for your response to their situation, but it's not theirs, it's yours. So, you need to keep that for you and just be mindful of what may have been helpful, may not have been helpful. And I suppose it's your context on their situation, and it needs to stay that way.

I really liked when you said about asking what you can help with, and I just wanted to add it's about managing your own expectations there too. And when you said about listening to the answer, it would also be about being prepared for whatever that answer might be, they might not know what they want yet. And that's OK and, you know, you would then just say, "that's fine, I'll ask you again once you've had a bit of time to think", just leave that open and make sure you do go back to them. Because if you're in a situation where you don't necessarily know what you want, then you may not know necessarily how to reach out either. And it's making sure that those conversations happen, however they happen. So just being mindful, I suppose, of how

many people are being kept in contact with because it can be quite lonely. And late at night is when things play on your mind the most, right? And you can glean so much information about how you're feeling from how you sleep.

When you talked about not putting everything on hold or stopping it, I suppose there are good moments and tough situations you're not supposed to only ever be in a tough situation. It's OK to have those moments of lightness within that and I think that probably makes the dark a little bit easier sometimes, doesn't it?

Shilpa – I suppose I should just add to that, though if you are finding that your work situation is not great and you're feeling really down, but you might also have stuff going on at home, you may be breaking up with someone, your child might be having difficulties at school or you may have an elderly parent you're caring for. If you find that your home situation's also not great and it's really causing you to feel anxious, depressed, or you feel really sad all the time, then I would also say it is really important to try and seek some sort of medical help, and that's even if you just go speak to your doctor.

It's OK for everything not to be OK, but it's also OK if work is not great, but other things are and you find yourself enjoying things, or it's OK if you know your job is secure, but your colleagues and friends jobs aren't, then it's OK to be happy about your situation, but still be sad for the people that haven't made it through. So I think there's going to be lots of different emotions, and nothing is right or wrong. I just want to say that if everything feels dark, and really quite worrying and concerning to you, then please do seek some sort of medical advice. You can ring people like the Samaritans (116123) and they're there 24/7. So like you said earlier Nic, you know at night if you feel really bad and you just can't sleep, you can pick up the phone and ring Samaritans, it's confidential, and it's a listening ear. There are other organisations as well like Shout (text 'shout' to 85258), where you can text if you don't want to ring.

So there are lots of different organisations out there but also do try and be self-aware of when it's really bad, and when you feel like you can't get yourself out of this hole that you're in, that's when you may need a bit more help as well.

"IT'S OK FOR EVERYTHING NOT TO BE OK"

Nicola – Thank you. I think it's really important to say that whether you're in the situation or you're supporting someone else in that situation, it's just being aware of what signposting is available, whether you use it or support someone else to use it.

So, thinking about how it could be a team or group of people going through this collectively, obviously they will all be having their own individual experiences, but how would you see that safe and trusted conversations can continue to take place in highly emotive or charged environments?

Shilpa – Yeah, I think it's really important at this stage, that if you're a leader you need to step up and you need to really be honest with everyone and just say exactly what you said, "I know that things are really emotional right now for everybody, but it's really important that we remain respectful and try and understand each other and the way we are", and actually as a leader, you'll also know what groups work well together, so it's about giving people the space, maybe buddying them with colleagues that are in a similar job role or in a similar situation to them. But also for the people in that room, even

if you're feeling really emotional, it's about understanding that sometimes the person that has given you this message is literally the messenger, and it's about being able to take that step back and look at the bigger picture, which might look bleak, it might not look brilliant, but it will give you an idea of what's happening. So, if we take NHS England as an example, that was a government decision to remove an organisation. There is not one individual in that organisation that's to blame for that, and whatever your views on whether it's the right or the wrong decision to be made, it has been made, it's probably not going to change now. So now it's about how do you really manage your emotions when you're in the workplace? How do you speak to your colleagues when you get to work in the morning? We all talk about what we watched on TV last night, you might ask people if they want a cup of tea. How do you say, "I'm having a bit of a bad day today", so that they're aware that today might not be the day to ask you about that project that still needs finishing, for example.

"I'M HAVING A BIT OF A BAD DAY TODAY"

I think we also need to be mindful that we're not always in the office together as well and that's so important, isn't it at the moment, that where people are working from home, you can be getting on with your work and then you suddenly have this wave of despair come over you. Hopefully you're in a position where you've got people that you know in your workplace, reaching out to one of them to say, "I'm having a really bad time", and it's about everyone being aware and being there for each other. And I think actually that is something we really need to look at because so many people work from home. And there will be people that only ever joined an organisation working from home, so they might not have those relationships that you build, for example, when you're in a community pharmacy, you're literally there every day with the same people and they know everything that's going on because you live locally as well, your kids go to the same school, you probably end up going to the same book clubs and that sort of thing. So I think that's really important for everyone to be aware that working from home during this time is probably going to be really difficult.

Nicola – And I suppose that even in that more corporate environment, those corridor conversations of just "how are you doing today", you can read the body language. And again, if you're hybrid working or you're working remotely, actually those nuances are missed, aren't they? And you've almost got to have your ear to the ground in a different way.

It's really interesting stuff, and something you said about taking a step back to think about things, and trying to do that whilst you're in the situation made me think of Thought Diffusion, so instead of saying I'm feeling "this", you notice that you're feeling "this", and recognise that you're feeling "this", just to give yourself that little bit of space between being in it, that mental step back because we can't always do that physically, especially if you're in a shared environment, it's just how you can use techniques to support what you need to do, whatever that might be, to make yourselves feel more supported, because you can support yourself as well as others.

Shilpa – Yeah, absolutely, I like that.

Nicola – So I suppose we've sort of touched on this a little bit, but it's something that I'd love to pick your brains on, how do

individuals support themselves to support others? And a word that I hear a lot is resilience. Do you think it is a problematic term? Or do you think we overuse it or use it in the wrong context?

Shilpa – So if we start with the word resilience first, I've heard this word lots and it didn't ever used to bother me. It didn't ever used to make me think anything really, apart from, you know, we need to help people build their resilience. But I have seen lots of comments and lots of people saying that they don't find that word very useful, and it has now made me start thinking about it, and I suppose what we want to think about, and it's not so much around redundancies and job losses etc. but say you are working in a toxic work environment, and it truly is toxic and it's really not good for anybody's mental health, the organisation is probably suffering as well because it's such an awful place to work. If we are then saying we need to help people build their resilience, then I think as leaders who use those terms, we've really got to ask ourselves a question – why are we helping people build their resilience to a situation that shouldn't be happening in the first place? That's what I've kind of now started thinking about that term, when is the right time to use it?

Now, I do think there's situations where it could be used. For example, if we look at newly qualified pharmacists who may not have been exposed during their training year to patients or customers that are maybe a bit gruff or a bit assertive, then they won't be used to that, we need to of course help them build their resilience so they don't take that personally, that they understand that different people speak differently. That people, when they're not well, may be a bit more abrupt than when they're absolutely fine and have no issues, or if someone's caring for someone they may come in tired and grumpy that their medication's not ready, so it's how do we help them build their resilience to not take that personally, to take that step back and work with people. But that's very different to building people's resilience to work in an environment that is just not appropriate for anyone to be having to work in, let alone build their resilience for that. So, for me it's a really difficult term because if it's used in the right way, there's no problems with it, but I've seen it in too many places being used, maybe not in the right way.

I think to help individuals support themselves, that's mainly the leader's role, but it's difficult because as we talked about, the leader is also going through this too. However, you are a leader for a reason, and it's not just going through the good times unfortunately, it's having to lead through the bad times as well. So you do have to be that step above and hopefully your support network will be other leaders and other peers that you have, but your job at this time is actually to try and support the people that that you lead. It is again, about asking open questions, and really stopping and listening, not in between rushing from one meeting to another. Don't ask that question if you're not ready to stop and listen to the answer, ask it when you've got time, and make time as well, actually put it in your diary that you're going to have a one to one, or you're going to have little group forum meetings or if you're all working from home, 11am Friday, get yourself a cup of tea or coffee, and just jump on this call for an hour and we're just going to chat about anything. But I think it's about finding ways to help people get together and talk.

Nicola – I think there is a place for resilience, but in the way that you said, to build resilience and exposure to things that are expected and as part of normal customer service to an extent, you do need resilience. And linking that back to pre-registration pharmacy technicians, we start the training in the workplace so that forms part of their initial learning, initial education and training as well.

But it's funny, isn't it? Because actually when we think about the use of the word resilience, we're thinking it's not to replace the need to address systemic issues.

And that's where there is that tension, isn't there? Because it's not a coverall term, and resilience to your expected challenges within a workplace are different to the unexpected challenges that are not across the board and actually are specific to that environment, which is not functioning well, that systemic issue, and it's identifying that and being very clear because I suppose if it is a term that does cause concern for individuals, they may not then be receptive to what other support is related to that resilience. We just need to be very careful about how people receive words as well.

And when you said about leadership, I suppose that when you are the leader, it will be about being the person that you would need, not necessarily in the way that you need them because you've got to think about the individuals, but actually just be present, be visible, be approachable, and approach and it's about remembering the little things, it's not necessarily the big grand gestures. It's the little moments that make people think, "oh, I only mentioned that once and they remembered". It's that, and that is the magic in these dark situations sometimes isn't it.

So yes, really interesting to see what you thought about that, and it is a term that makes me think that it's just something to be aware of as we start going through these conversations more widely.

Even after this conversation, I am going to have a period of reflection, because there's always something we can take away, even though we have discussed specific examples, this could happen to anyone at any point, due to the nature of where we are in terms of finances across the board.

Shilpa, how would you recharge during times of uncertainty? How do you plan for the future when you don't know what it holds? I would love to hear your thoughts on that.

Shilpa – Yes, so I think recharge during uncertainty, I said it earlier, don't stop doing the things that you enjoy doing outside of work. Because so often we define ourselves by the work we do, we're professionals, so we really want to go above and beyond and do a good job. But you are more than that. For me, I'm an auntie, I'm a sister, I'm a daughter, I'm a friend, and I'm a volunteer, so there is so much more to me than just my job. And there is to everybody. So start thinking about the things that you enjoy doing, and try to enjoy doing them. I think it's really easy, and I'm one for this, to stop looking after yourself health wise. So you know, when we have a bad day, we might pick up chocolate or have a glass of wine, and I think it's really important to keep a check on that. I'm not saying not to do it, you should absolutely go out with your friends, have fun, and even eat that junk food. But if you find that it's replacing everything that you do that is healthy, so say you eat healthy three days a week and you're suddenly not eating healthy any days a week, that's not going to be good for you in the long run. So don't let this be all consuming. Think about making plans as well. Don't think to yourself, "oh, it's my friend's birthday next month, they're going to go out, but I don't know if I should, I don't know how I'm going to feel", because you're right, you're not going to know

"START THINKING ABOUT THE THINGS THAT YOU ENJOY DOING, AND TRY TO ENJOY DOING THEM"

how you're going to feel. But also, you may be having a great day at work that day. You may be feeling fine, but you might have said no to your friend to go out for their birthday and then you'll feel rubbish because you didn't do something you wanted to do.

So keep making those plans, keep doing things with your friends and family, or even if it's on your own, going for a walk. Really think about what is important to you and make sure you take that time out every day, whether it's to watch TV or read, or listen to podcast, or gardening with the weather being so nice, whatever you like doing, because everybody's different. But I think planning for the future is important because that is where a lot of the uncertainty is created and whilst you might not know what's going on, I think it's this is a good time for everyone to reflect and think, OK, so what is it that I've loved about my job in the last three years? What is it that I've really enjoyed, and what bits of it don't I like? And if I was told that in six months time I no longer have a job, what kind of things would I like doing, and how can I get to that place? Because there may be some people that think "you know what? This is a great opportunity for me just to work three days a week, and I'd love to open a coffee shop in my spare time or volunteer somewhere". So start looking at organisations you can volunteer at. Start looking at what it is like to be a barista. Is there any training you can do, that sort of thing?

"KEEP MAKING THOSE PLANS, KEEP DOING THINGS WITH YOUR FRIENDS AND FAMILY"

Start making lists of all the different things that you can do for your future. If you're working full time and you know that you need a full time job, what are the bits about your job that you like? What are the bits that you're good at? And this is where you should go to your leader, go to your colleagues and ask them, start building that CV in the background. Don't leave it until the last minute. Start seeing if your organisation is offering any career advice or career coaching or even NHS coaches, have you got access to these and if so, use as many of the skills and things that are open to you that you can to start building and developing, because not only will that keep your confidence up, but it will also have you more prepared. So it's just doing those practical things to get you in the right place, whatever the outcome is of your role in six months time.

Nicola – I completely agree, and I think you've said it there about reaching out to others. Actually, the powers of your networks and your colleagues and your friends, and your friends may not be in the same profession as you, but actually everyone experiences uncertainty at work at some stage, and it might be really nice to talk to someone outside of pharmacy about all of this as well, and just what a fresh perspective that could be. Because it is a way of reviewing your values and your priorities. And I think a lot of people found that through COVID, didn't they, when things changed so significantly that it gave people an opportunity to think, do I want to work full time? Do I need to be working so far away? It gives you that opportunity, but I can appreciate that it doesn't always feel like an opportunity. But like I said, there are some silver linings and some opportunities that we just need to be mindful of, and you may not see them now, but you might in three or four months' time. So yes, start making those plans.

And it's really important to not be on your own with this. So whether you're using exercise classes as a way of release of all of this, or whether you're talking to your leader or colleagues or friends or anything, the common thread that's come throughout all of this is you don't have to do this on your own if that's not your preference, and it's just about finding what works for you. But just know that if you want people around you and if you think that's the right thing for you, there are people available to support you through the period of uncertainty that we all go through.

And in pharmacy we don't always know what the future holds anyway, do we? You know, we live from contract to contract, we don't quite know what will walk in through our doors every day, or something could happen like a major incident, and we've all got to completely sidetrack what we were going to do for the day and it all changes.

Shilpa – Absolutely, look at COVID, we just changed the way we worked overnight and everyone adapted to it. And the majority of people got through that, and you will get through this next stage too. And I think when you're on the other side, hopefully you'll look back and you go “Oh my God, that felt awful at the time, but I have now got the job of my dreams or I'm now doing exactly what I want to do or I'm so much happier”. Sometimes it pushes you to have to find something that you otherwise might

not have found. There is generally always a silver lining, I'd like to think.

Nicola – Exactly, and I think whether you see that now or in the future, they are there. And you know one of the greatest strings to our bow is that we are all very agile as a service, and as individuals, you know, we are adaptive and responsive, so this is just another way to apply those transferable skills, isn't it? We've just got to take it head on, and you do have professional leadership bodies and support networks, specialist pharmacy groups and all sorts of networks that you can reach out to, as well as fundamental and important organisations, just like Samaritans, and Pharmacist Support for our colleagues as well.

A massive thank you to you Shilpa, because I think it's really important that we have these conversations and we encourage these conversations for others too. Have you got anything that you'd like to end on as a final thought?

Shilpa – All I would say is just keep talking, and keep listening to each other, and just making sure that you're there for each other, because everyone's going through this at the same time, and talking and listening are the two biggest skills that we have, so let's use them.

Nicola – Thank you so much Shilpa.

'An Interview with....Meet the Member'



Name:

Adam Easton

Current Role:

Medicines Management
Administration Pharmacy
Technician, Lancashire
Teaching Hospitals NHS
Foundation Trust

Contact email:

Adam.easton@lthtr.nhs.uk

Highest qualification related to your role:

ACPT: Accuracy Checking Pharmacy Technician, Ward competencies assessed by Nurses and Pharmacy.

Steps you took to get to where you are now:

I began my career in the private sector where I held various roles before qualifying as a pharmacy technician. I continued to work in the private sector and then came to the NHS in September 2018. I moved straight into the medicines management administration role I am in now. As with so many things, COVID 19 interrupted my development into the role and new skills, however, times have moved on, I'm now settled in the role and really happy doing my job.

Describe what your role entails.

My role is focussed around ensuring the safe, effective, and timely administration of medication within a busy hospital ward. I actively participate in ward rounds, where I help identify and address key issues such as prescription discrepancies, swallowing difficulties, critical medication needs, and patient queries.

A significant part of my role involves working closely with nurses to facilitate medication compliance and reduce errors. I carry out medicine rounds for a designated team typically covering 8 to 12 patients for morning, lunch, and teatime, ensuring each patient receives the correct medication at the right time.

I take patient medication histories and liaise with pharmacists and doctors to resolve any discrepancies, which helps speed up medication corrections and administration. After each round, I run medication reports to ensure all prescribed medications have been administered. This process has contributed to our ward maintaining one of the lowest rates of missed medications in the hospital.

My presence on the ward allows me to stay informed about all current and potential medication-related issues. I also support effective discharge planning by educating patients about their medications and ensuring all necessary prescriptions are in place. When issues arise beyond my remit, I escalate them to the appropriate healthcare professionals.

Additional responsibilities include:

Liaising with the inpatient pharmacy team and stores; carrying controlled drug (CD) keys and overseeing the safe administration and accurate record-keeping of controlled substances; assessing inhaler techniques and ensuring patients are using suitable devices; ensuring safe storage of both patient and ward stock medications; optimizing stock usage to reduce pharmacy waste; tracking medication regimens for multiple patients; unpacking and distributing stock and patient medications; addressing medication-related queries from patients, carers, and family members; regularly liaising with pharmacy governance to ensure compliance with procedures.

Overall, my role is vital in maintaining high standards of medication safety, patient education, and operational efficiency on the ward.

What is the most challenging part of your role?

New patients can be hectic to manage, making sure that they don't miss any of their regular or critical meds, checking each patients' medicines history, making sure the required clinically checks are completed, all the way through to administering the medicines.

On the ward it can be fast paced, and this presents it's own challenges; handling different personalities of both patients and staff, delivering support required for agency nurses whilst still delivering the needs of the service, and the dynamic nature of the job fielding queries and giving advice juggling the workload. Whilst I enjoy the challenge of my busy role, I'd actually say that discharges are the most challenging area because I need to get involved with every part of the process to ensure the accuracy of the discharge and efficiency of the process.

What skill do you feel are essential for the role?

For this role, I think effective communication is key; You need to integrate smoothly with the team, building strong and reliable working relationships that benefit the flow of work and ultimately patient care. I'm approachable, friendly and pretty chatty, which has helped build positive relationships with colleagues and patients alike. I'd also say strong organizational skills are necessary, to manage tasks, the workload and fluctuating demands of the role efficiently. Additionally, developing specialist clinical knowledge is important so that I'm able to competently and confidently answer questions.

What surprised you the most moving from a traditional pharmacy technician role?

Being the only medicines management administration pharmacy technician, I feel like the face of the pharmacy on my ward and as a result I get asked a huge number of questions and I think the way I am seen surprised me most and I need to know what questions to answer and what to refer to pharmacists. Work within your remit is important even when there are expectations by colleagues, that you can do everything.

If you had the chance to do it all over again, what would you change?

I'm a big believer in things happen for a reason and that we should appreciate what we've got, so I wouldn't change much. If I had to say, it'd probably be to come to the NHS sooner. Where I worked in the private sector it was mainly surgeries, and my routine was pretty structured. In the NHS I've found more flexibility and variety in the day, and I enjoy adapting to what's required in this role.

What do you enjoy most about your role?

I actually like a lot about my job and I couldn't say that I enjoy one thing the most. I like that I don't know what to expect each day as every day is different; different scenarios, different problems, and some are good, and some are bad. I also like working with a large multidisciplinary team on the ward, I feel like part of something bigger; and I really enjoy my working pattern, doing three long days gives me a lifestyle that works for me and my family.

What's the best piece of advice you have ever received?

'Treat every driver like an idiot' – from my Dad.

What would you be doing if you weren't a pharmacy technician?

I'm not sure, maybe something outdoors, or in criminology? I think I'd like the physical aspects of being a builder or landscape gardener.

What do you think is the biggest issue currently facing pharmacy technicians?

I think pharmacy technicians need more scope for development. Lots are qualifying but from what I see, there are reduced chances for development compared to the past.

What has been the highlight of your career, so far?

The way that we all pulled together and supported each other through COVID. Wearing suits and PPE to see patients; we were in a scary situation but the staff moral where I work was really high. It's the worst and the best experience of my career. I really felt like everyone was in it together and I was working with some amazing nurses.

What is at the top of your to-do list?

To go to the football world cup in 2026.

When people look at you, what do you think they see?

I think they look at me and question why I want to stay in my job and not push for progression. The answer to which is that I'm happy in my role and with the balanced life it gives me.

What can you not get right, no matter how many times you try?

Baking. I fail every time, especially by comparison to my partner who is professionally trained.

What do you usually do when you have time off?

Time off is family time, with my partner and little girl, she's my sidekick. We spend our time outside going on walks and eating out. Enjoying life as much as possible and being there, not missing out on her growing up.

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

My family and friends, but mainly my Mum & partner. I'm lucky in that I can speak to them about anything and everything and trust their advice.

What simple thing sparks joy at work?

The energy generated with my co-workers, funny stories, good moral and a happy working environment.

What's next?

The unknown... I enjoy not knowing and I look forward to finding out as I go through life.

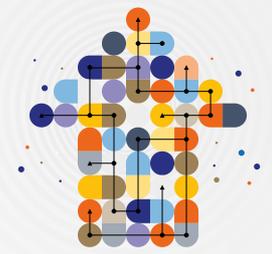
Follow all APTUK activities on social media:
X - @APTUK1 | Facebook - APTUK1 | LinkedIn - APTUK | Instagram – APTUK1 | Bluesky: APTUK @aptuk.bsky.social



APTUK 2025 ADVANCING PRACTICE

ANNUAL PROFESSIONAL CONFERENCE AND EXHIBITION

19 - 20 SEPTEMBER HILTON NEWCASTLE, GATESHEAD



FRIDAY 19 SEPTEMBER

- 11.00 **Registration and exhibition**
- 11.45 **Welcome address** *Nicola Stockmann*
- 11.55 **Opening address** *Sir Hugh Taylor*
- 11.45 **Propelling Pharmacy Technician professional practice** *Liz Fidler*

12.40 Lunch and exhibition

PARALLEL WORKSHOPS CHOOSE TO ATTEND ONE

- 13.40 **W1 – Clinical: An update on the evolving role of Advanced Pharmacy Technicians** *Chandra Maraj*
- 13.40 **W2 – Education: Transforming Pharmacy Technician post-registration education: innovative approaches for Scotland** *Monica Hunter*
- 13.40 **W3 – Leadership: Advancing practice: Support staff** *Sam Hill*
- 13.40 **W4 – Research: Research and why it matters to Pharmacy Technicians** *Alison Hemsworth and Melanie Boughen*
- 14.30 **What's new from the GPhC** *Duncan Rudkin*

14.50 Refreshments and exhibition

MASTERCLASS SESSIONS CHOOSE TO ATTEND ONE

- 15.15 **M1 – Clinical: Setting up a clinical practice** *Emma Lowe*
- 15.15 **M2 – Education: How to support your learner?** *Monica Hunter and Kate Cannon*
- 15.15 **M3 – Leadership: Post registration research** *Hazel Jamieson*
- 15.15 **M4 – Research: A walk-through research - reading, interpreting and evaluating academic literature** *Alison Hemsworth and Melanie Rebecca Chamberlain*

16.00 CPhO joint session

16.30 Short papers in the spotlight

- 17.10 **Recognising and unlearning colourism** *Shweta Aggarwal*

17.40 Close of Day one

SATURDAY 20 SEPTEMBER

08.00 Registration and exhibition

SUNRISE WORKSHOPS CHOOSE TO ATTEND ONE

- 08.30 **S1 – Advancing practice of Pharmacy Technicians in primary care** *Abigail Stirling*
- 08.30 **S2 – UKCPA** *Emma Boxall*
- 08.30 **S3 – Advancing practice of Pharmacy Technicians in primary care** *Karen Thomas and Naomi Melville*
- 08.30 **S4 - Unlocking Potential: How Pharmacy Technicians are going from practice to postgraduate study in mental health training** *Claire Butler and Ciara Hallows*
- 09.30 **Chair's welcome** *Amy Laflin*
- 09.35 **Advancing Pharmacy Technician practice – the four pillars approach** *Mary J Carter and Bianca Glavin*

PARALLEL WORKSHOPS CHOOSE TO ATTEND ONE

- 10.10 **W5 – Clinical: An update on the evolving role of Advanced Pharmacy Technicians** *Chandra Maraj*
- 10.10 **W6 – Education: The vital role of Community Pharmacy Technicians in Wales - Improving Patient Health** *Poonam Kerai*
- 10.10 **W7 – Leadership: Finding Purpose – Pharmacy and Beyond** *Jamila Dhansey*
- 10.10 **W8 – Research: Speed date your way through research by Pharmacy Technicians** *Alison Hemsworth, Melanie Boughen, Aileen Begley and Sarah Sharman*
- 10.50 **Refreshments and exhibition**
- 11.30 **Standing up to LGBTQ+ health inequalities** *Jason Louis John Benning and Sarah Sharman*

PARALLEL WORKSHOPS CHOOSE TO ATTEND ONE

- 12.05 **W9 – Clinical: Polypharmacy reviews in patients' home** *Leanne Johnstone*
- 12.05 **W10 – Education: Empowering Pharmacy Technicians through PGDs** *Rebecca Bastable*
- 12.05 **W11 – Leadership: Chief Pharmaceutical Officer's pharmacy leaders' development programme** *Bianca Glavin, Sheetal Jogia and Claire Dearden*
- 12.05 **W12 – Research: Professional**
- 12.45 **Lunch and exhibition**
- 13.45 **Final Accuracy Checking** *Ellen Williams and Dr Emily Smith*
- 14.30 **The enduring myths of ADHD** *Dr Tony Lloyd*
- 14.40 **Round-up and close**

For full programme details please visit
www.aptuk.org

APTUK 2025 Pharmacy Technician Awards shortlist

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

We are delighted to be able to recognise all sectors of pharmacy practice and individual excellence through these awards. Prizes include an engraved trophy and an educational bursary towards attendance at APTUK Annual Conference 2026.

This year we have received an amazing 97 nominations, across all the awards. As a result, competition has been very high, but after deliberation and review of each nomination by at least 3 independent judges, we can now announce the shortlists for each award below.

The winners will be announced at the APTUK 2025 Conference and Awards Dinner on Friday 19th September at the Hilton Newcastle Gateshead.

Pharmacy Technician Team of the Year Award

The APTUK Pharmacy Technician Team of the Year Award focuses on the pivotal role that outstanding teams of pharmacy technicians have on influencing positive person-centred patient care. This can be through innovation, service development or research.

Nominee	Cefn Coed Pharmacy Technician Team
Nominated by	Senior Pharmacy Technician, Swansea Bay University Health Board
Nominee	Gosport Central PCN Pharmacy Technician Team
Nominated by	PCN Lead Pharmacist, Gosport Central PCN
Nominee	Pooja Umesh Chapanera , Ashford Church Road, Boots Pharmacy UK
Nominated by	Store Manager, Boots UK
Nominee	Sussex Partnership NHS Foundation Trust Pharmacy Technician Team
Nominated by	Lead Pharmacy Technician, Sussex Partnership NHS Foundation Trust
Nominee	Wye Valley NHS Trust - Rhian Keddle and Sophie Rudolph
Nominated by	Wye Valley NHS Trust

Pre-Registration Trainee Pharmacy Technician of the Year Award

The APTUK Pre-registration Trainee Pharmacy Technician of the Year Award acknowledges the commitment, dedication and achievement of Pre-Registration Pharmacy Technicians. The award will be made to a trainee who, in the opinion of the judges, demonstrates outstanding effort and commitment.

Nominee	Akram Amini, Pre- Registration Trainee Pharmacy Technician, Morris House Group Practice
Nominated by	Senior Clinical Pharmacist, Morris House Group Practice

Nominee	Charlotte Dighton, Pre-Registration Trainee Pharmacy Technician, Lewisham and Greenwich NHS Trust
Nominated by	Principal Pharmacy Technician, Education and Training, Lewisham and Greenwich NHS Trust

Nominee	Charlotte Rourke, Pre-registration Trainee Pharmacy Technician, Lancashire Teaching Hospitals NHS Foundation Trust
Nominated by	Pharmacy Technician Education & Training Manager, Lancashire Teaching Hospitals NHS Foundation Trust

Nominee	Lauren Batty, Pre-Registration Pharmacy Technician Apprentice, Derbyshire Community Health Services NHS Trust
Nominated by	Snr. Education and Training Pharmacy Technician, Derbyshire Community Health Services NHS Trust

Nominee	Sereita Carnagie, Pre-registration Trainee Pharmacy Technician, Barts Health NHS Trust
Nominated by	Lead Education, Training and Development Pharmacy Technician, Barts Health NHS Trust

Excellence in Pharmacy Education Award

The APTUK Excellence in Pharmacy Education Award recognises an outstanding pharmacy technician, team or project that has made a significant contribution to education, training and development of pharmacy technicians or pharmacy teams in the UK.

Nominee	Ciara Hallows, Teaching Associate - Professional Experiences Co-ordinator, Aston University
Nominated by	Teaching Fellow, Head of Therapeutics, School of Pharmacy, Aston University

Nominee	Gail Hall, Programme Development Lead, Buttercups Training
Nominated by	Business Development Manager, Buttercups Training

Nominee	Gemma Bartlett , Specialist Anticoagulation Pharmacy Technician, Royal Glamorgan Hospital Pharmacy
Nominated by	Pre-registration Pharmacy Technician, NHS
Nominee	Joanne Carswell , Senior Pharmacy Technician - Education and Training, Shrewsbury and Telford Hospital NHS Trust
Nominated by	Wye Valley NHS Trust
Nominee	Sandra Dickinson
Nominated by	Store manager, Boots

APTUK Advancing Clinical Practice Award

The APTUK Advancing Clinical Practice Award is open to pharmacy technicians, pharmacy teams or a project that has contributed to significant clinical advancement over the past 12 months.

Nominee	Abbie Stirling , Lead Pharmacy Technician, Healthier South Wirral PCN
Nominated by	President, Primary Care Pharmacy Association (PCPA)
Nominee	Bharti Parmar/Andrea Ashton , Clinical Pharmacy Technician / Chief Pharmacy Technician, Lancashire Teaching Hospitals NHS Foundation Trust
Nominated by	Associate Director of Pharmacy, Lancashire Teaching Hospitals NHS Foundation Trust
Nominee	Carly Tarry , Senior Pharmacy Technician, St Andrew's Healthcare
Nominated by	Associate Director, Pharmacy St Andrew's Healthcare
Nominee	Claire Butler , Pharmacy Team/Brighton and Hove Community Mental Health Teams/Sussex Partnership NHS Foundation Trust
Nominated by	Lead Pharmacy Technician, Sussex Partnership NHS Foundation Trust
Nominee	Holly-May Crawford , Specialist Pharmacy Technician, Rheumatology Wye Valley NHS Trust
Nominated by	Lead Rheumatology Pharmacist, Wye Valley NHS Trust

APTUK Inspirational Leadership Award

The APTUK Inspirational Leadership Award is open to pharmacy technicians who have shown inspirational leadership within their team over the past 12 months.

Nominee	Elzbieta Filipecka , Pharmacy Technician, Boots, Babylon Hill, Yeovil
Nominated by	Assistant Manager, Boots

Nominee	Laura Reville , Pharmacy Technician, Boots Meadowhall
Nominated by	Assistant Manager, Boots
Nominee	Linda Henderson , Lead Pharmacy Technician, NHS Greater Glasgow & Clyde
Nominated by	Senior Educator, NHS Education for Scotland
Nominee	Nicki Ody , Pharmacy Operations Manager, University Hospitals of Derby and Burton NHS Foundation Trust
Nominated by	Chief Pharmacist, University Hospitals of Derby and Burton NHS Foundation Trust
Nominee	Simon Plant , Associate Head of Pharmacy – Operations Sandwell and West Birmingham NHS Trust
Nominated by	Chief Pharmacist and Chief Clinical Information Officer (CCIO), Sandwell and West Birmingham NHS Trust

APTUK Equality, Diversity and Inclusion Champion of the Year Award

The APTUK Equality, Diversity and Inclusion Champion of the Year award recognises an outstanding pharmacy technician who has championed the values of equality, diversity and inclusion within the workplace over the past 12 months.

Nominee	Caroline Borishade , Senior Pharmacy Technician, Homecare and Medicines Optimisation, Great Western Hospital
Nominated by	Lead Workforce Development Pharmacy Technician, Great Western Hospital
Nominee	Garry Andrew Lauder , Pharmacy Technician / Store Manager, Boots
Nominated by	Pharmacist, Boots
Nominee	Sarah Sharman , Senior Pharmacy Technician Antimicrobial & Ward Services, Chesterfield Royal Hospital
Nominated by	Pharmacy Workforce Lead, Joined Up Care Derbyshire

Congratulations to all our shortlisted nominees. For full details of each nomination click on the link below or go to <https://www.aptuk.org/events/aptuk-2025-conference-and-exhibition>



Woodspeen

PHARMACY
APPRENTICESHIPS

Woodspeen Training understands how important Pharmacy Technicians are.

Our staff have firsthand experience in a range of Pharmacy settings: community, primary care, secondary care, MoD, and more. We know why Pharmacy Technician training should be invested in.

Learn more about the apprenticeships available to Pharmacy Technicians, whether you're supporting someone starting out in their career or want to progress yours, Woodspeen Training has something for you.



SCAN THE QR CODE
for more information

