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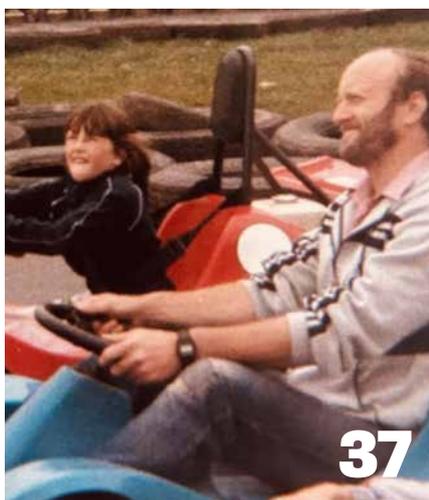
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DIANE TORRY MPharmT – Editor
editor@aptuk.org

‘Summer is the same - we are the ones that are changing’

Welcome to the summer edition of the Pharmacy Technician Journal. As I write this, the sun is shining through the window, and everything feels so much better than it did when the rain was lashing down.

Reflecting on some of the developments that have happened since our last issue, change is in the air within the pharmacy technician profession. We have received the outcome on the consultation to allow pharmacy technicians to supply and administer medicines under PGDs and very recently we have been included in consultation on the supply of Naloxone too. We await the outcome of the consultation on supervision, but whatever that may be, our roles will be changing and evolving.

To support you with the changes to the legislation around working under a PGD, we have included our first fact sheet on the back cover of this edition, and we will publish more as time goes on.

We have the second instalment of the history of APTUK which explores the development of the pharmacy technician profession and the journey to become our professional leadership body, and we hear from pharmacy technicians working in more unusual areas, for example in veterinary medicine. We also hear a pre-registration trainee pharmacy technician's journey through their training and registration and subsequent role within the same trust and how much it changed them both professionally and personally.

Before becoming involved with APTUK I had not written anything for a magazine or journal. My first attempt was to write a small piece about my experiences as a Member Observer for the Members Business Meeting. A small amount of editing later and my article appeared in print. I was supported by the then editor of the Pharmacy Technician Journal and the next time I had to write something it wasn't so scary, and now I am proud to have progressed to become editor of the PTJ.

Looking at and editing the articles that we receive is a pleasure and an honour – there are so many interesting and inspirational stories out there, but I also know how difficult it is to put pen to paper (metaphorically as most of us use computers these days!) and we as an editorial team want to help as much as possible to reach everyone who has a story to tell.

If you want to publish an article but don't feel you can write anything – whether that is because you don't know where to start or if you need additional support (we have an article in this edition from a pharmacy technician who has a visual disability) then please get in touch. We don't have to receive the article in a written format – if you want to submit a verbal account, the editorial team can transcribe it for you. Laura, our new media executive, writes about submitting an article for the PTJ and she has some good advice as well. We have written guidelines on how to submit an article, but they are only guidelines, and we will help you along the way.

We also want to make sure that we are bringing the articles that you want to read so if we are not covering something you would like to hear about then let us know, or alternatively, write about it and send it to us.

Once again, we have included the link to feedback and to request a printed copy of the PTJ. We are also reviewing the feedback we have already received and will be using that to plan the future of the PTJ; we will bring you the results of that in the Members Business Meeting and on our website.

And remember, even though changes are happening within our profession, embrace them - APTUK will be there to support and advocate for you along the way.

“It's only after you've stepped outside your comfort zone that you begin to change, grow, and transform.”

Roy T. Bennett.

Legal Disclaimer

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PTJ 2024 timeline

Edition	Copy Deadline
Autumn	30 th September 2024

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Author and reviewer guidelines

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

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



NICOLA STOCKMANN MAPHARM T – APTUK PRESIDENT
 president@aptuk.org

President's Column

It has been a monumental start to the first half of 2024 with the results of the PGD consultation being announced by the Department of Health and Social Care (DHSC), along with confirmation that they plan to update the legislation to enable pharmacy technicians to supply and administer medicines under PGDs. APTUK supported the proposed updates to PGD legislation.

Reports show that there were 2,267 responses received from a variety of individuals and organisations including the public, the NHS and other healthcare organisations, with 84% of respondents agreeing with the proposals. At the same time, the DHSC announced updates for Dental Technicians and Dental Hygienists too. In this edition of the Pharmacy Technician Journal, on page 34 you can read my conversation with John Milne, President of the British Dental Association, where we discuss the DHSC announcement and what that means for pharmacy technicians and the parallels in the Dental professions.

As with all consultations, the measure of a good consultation is the engagement. APTUK acknowledge that not all respondents will agree with proposals in consultations. Constructive challenge and thought allow for a robust decision process to ensure that multiple perspectives are respectfully considered for subsequent outcomes. At the time of going to print, both the *Supervision consultation* and *Expanding access to Naloxone consultation* are pending outcomes.

As your Professional Leadership body, APTUK are here to support pharmacy technicians and so, as we welcome the expansion to our scope of practice, we recognise that this may generate more questions from individual pharmacy technicians and employers. Through the consultation process, we hosted webinars with speakers to explain and answer any questions you may have to support your informed responses. We have released a PGD factsheet which you can locate on the APTUK website and is exclusive to members. This is the first in the APTUK PGD series as the PGD legislation moves through and details are confirmed. As needed, APTUK will provide factsheets on legislation or other useful topics.

As conversations about pharmacy technicians

and scope of practice are becoming more commonplace, we have found misinformation or simply a lack of understanding on what pharmacy technicians are and what we can do. This is a call to arms for you all - it is essential we provide clarity on what the unique selling points of a pharmacy technician are, and how we add value to a patient's pathway. This can be directly or through systemic impacts, for example via academia or policy shaping. APTUK will be providing a factsheet on this shortly to support conversations at a local level, as we also continue to work on this at a national level, influencing policy and decisions.

I am delighted to welcome new members to our Executive Committee and Board of Directors. It has been a fantastic experience to read through applications and meet so many passionate pharmacy technicians, so thank you to all who took the time to apply. Speaking from experience, it is wonderful and a privilege to work as part of the professional leadership body, representing our profession. In the same spirit, it is essential for me to say a massive thank you to all outgoing committee members and Directors. You have been a wonderful influence to the progression we are seeing for the profession and you leave a great legacy in your stead. This is evident as the Executive Committee prepare the Members Business report, ahead of the Members Business Meeting on the 5th June at 7.30pm. This gives us the opportunity to reflect on our achievements against our strategy and what the trajectory holds for next year. We reflected on this at our most recent face to face meeting for the Executive in April and the decision has been taken to review our strategy in 2024. We believe this needs updating given the successes and achievements since publication in February 2022.

The Executive Team continue to prepare for our 2024 annual conference as well as our PTPT conference; new for 2024. You can see a more detailed update on conference progress on page 14 and it is looking exciting – we can't wait to have you join us so don't miss your opportunity, you can access the booking [here](#).

I hope you enjoy the 2024 Summer edition PTJ, written for pharmacy technicians by pharmacy technicians, it is truly innovative and inspirational content from our peers.

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

Summer is finally here and what a wet few months it has been, however, regardless of the weather there has been some wonderful news for pharmacy technicians across Great Britain and the UK.

As mentioned by Nicola, in the presidency column, we have seen PGDs and supervision consultations come through the doors of APTUK and have seen huge support of the consultations from pharmacy technicians in response to these, so a big thank you from the APTUK team for submitting your opinions and thoughts on how our profession will move forward.

As I have now handed over the role of Education Director to Phil Jones, who has been in post since April 2024, I have reflected on how much work APTUK has achieved within education since the changes to the initial education and training was published back in 2017.

I am really looking forward to working with Phil to move education for the pharmacy technician and wider pharmacy teams forward as this plays a pivotal role in ensuring we can continue to meet our APTUK 2022-2026 strategy for education.

One of the current pieces of work that APTUK is undertaking is the development of a career pathway and educational framework; this work is being supported by the HEIW team

and is being undertaken on behalf of APTUK by the University of Bath and Pharmacy Workforce Development South. We are delighted to have kick-started this work and will provide updates as we move forward.

Don't forget to book your tickets to the APTUK conference in September 2024 and likewise, if you are a pre-registration trainee pharmacy technician, please do keep a look out for more information coming soon on a conference designed to be a supportive space for you to learn and gain new networks.

Enjoy this edition of the PTJ.



AMY LAFLIN
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APTUK Vice President
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APTUK Membership information

CURRENT FEES

To join APTUK follow this link:

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

The current annual fees are

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

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

APTUK WEBSITE MEMBERS ONLY AREA

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

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

YOUR CONTACT DETAILS

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

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

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

APTUK 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

A Year of Growth for The Organisation and The Profession

It has been an exciting journey for me since taking up the role of Membership Director in January 2024. Balancing this new responsibility with my day job as a Pharmacy Operations Manager in an acute hospital trust, alongside completing an MBA (and now embarking on another master's degree), it has been challenging to say the least. However, it has also been incredibly rewarding. These experiences have given me a deeper appreciation for the evolving nature of our profession and the essential role APTUK plays in shaping its future.

The past year has seen an increase in membership within APTUK, a trend largely attributed to the rising recognition of the pharmacy technician profession, alongside APTUK's active involvement in key discussions shaping the future of pharmacy technician practice. This achievement is a testament to the dedicated efforts of our executive committee, who tirelessly advocate for the profession across multiple platforms, often at a national level. I want to thank members of the committee (both current and previous) for their contributions.

Despite this encouraging growth, there remains substantial work to be done to strengthen our organisation further. A notable aspect of our membership growth is the increase in pre-

registration pharmacy technicians. This trend underscores the importance in retaining and supporting these members as they transition to becoming registered pharmacy technicians. Moving forward, one of my primary focuses will be the development of targeted strategies aimed at improving our conversion rate from PTPT membership to full membership. I encourage all pre-registration trainee pharmacy technicians to share their insights with me regarding their decisions to either continue with, or opt out of, full membership: membershipdirector@aptuk.org.

I am genuinely excited about the direction we are heading, both as an organisation and as a profession. With the continued support and active engagement of our members, I am sure we will achieve far more in the coming years.



JOE MYERS
MPharmT

Membership Director
membershipdirector@aptuk.org

Branch Update

It's been a busy few months for the branches. There have been more meetings since the last update. The Sussex branch meeting was on the role of a pharmacy technician in Primary Care, delivered from the Folkestone Hythe & Rural Team in early May, with a record number of attendees for the branch and the Technical Services Branch's meeting on Technical Services Workforce in the NHS Recruitment & retention challenges recorded a high number of attendees. There was wonderful feedback from the meetings from those attending, saying how relaxed, informative and welcoming the sessions were. It's always great to hear feedback from members not only positive but for areas where you feel we could be doing better or ideas and suggestions that you want to share with us. You can send any branch feedback directly to me via branchliaison@aptuk.org or the branch email details available on the website. We work hard to get it right for you so it's always important to hear your thoughts and ideas.

We are also growing the recordings of our meetings as well to improve accessibility for all our members. These will assist those members that may not be able to attend the session at the time or for those that did, to be able to go back over and watch it again. Both the sessions from Sussex and Technical services have been recorded and are available to members on the Branches page - click on the 'Rec' icon. We hope you like this resource and take advantage of it. The recordings do not include the questions and answers section of the meeting or any engagement or networking conversations with attendees' speakers or committee, which is an invaluable resource and opportunity for those attending, so, where you can attend, please do so. Utilise these branch meetings and see the benefits of engagement in the sessions, get your questions answered there and then, and be part of the discussions when you want to be.

Have you checked out the new updated Branches pages on the APTUK website? Each Branch has an updated page with lots of

information, including how to contact your branch committee, how to get involved and all the branch scheduled meetings so far. The main branches page is where you can see an overview of all the meetings scheduled and which branch is running it. We aim to have all Branch meetings as national meetings where all members are invited no matter their location or speciality. Occasionally there will be a local Regional Branch that is an invite only, these are to provide local support or for a target audience. That information will be available on the Branch websites also.

There will be attendance at the APTUK conference from some of the branches where there maybe opportunity to meet your branch committee members face to face to say hello and get to know each other. East Midlands Branch and Sussex Branch are preparing to hold informal face to face meetings at conference. The details will be shared with you as soon as all the planning has been confirmed.

We are very pleased to announce that we have 3 new branches to add to the branch family. We warmly welcome Emma Hall, Lead Pharmacy Technician Medicines Safety Gateshead health NHS Foundation Trust as Chair of the Preregistration Trainee Pharmacy Technician (PTPT) Branch, Louise Revill CMHP Council Member & Medicines Management Pharmacy Technician specialist Oxford Health NHS Foundation Trust as Chair of the APTUK & CMHP Mental Health Branch and Joanne Carswell Senior Pharmacy Technician Education and training Shrewsbury and Telford NHS Trust and Claire Hand Pharmacy Integration and Workforce Lead Shropshire, Telford and Wrekin ICB as joint Chairs of the West Midlands Branch. Please check out their website pages and reach out via the branch email to be added to their mailing list. You will hear about any meetings or information regarding that branch directly to you by being on their mailing list. I know from discussing with each of them they have some fantastic ideas for meetings and sessions and already

have some speakers lined up. Keep checking details on the branch webpages and social media for further details.

Some other activities that the branches have been involved in include Kent branch being invited to present to other pharmacy technicians and PTPTs about APTUK and their experiences of being involved in the Kent branch. Kent branch was more than happy to share and discuss their roles, involvement experiences and knowledge of APTUK and what they have found to be the most rewarding. I was also fortunate to be invited by Sussex Branch committee member Rebecca Jarvis to talk to the pharmacy technician team at the Sussex Partnership NHS Foundation Trust. It was so wonderful to be invited and to be able to discuss APTUK at their Pharmacy Technician Professional Supervision. It was a very warm welcome and there were some insightful and interesting conversations discussing APTUK and professional journeys. I really appreciated the opportunity to be able to share my experiences and knowledge while increasing awareness of APTUK.

There are lots of things still to come. There is work still occurring behind the scenes on streamlining branch systems and improving social media and communications to members.

I hope you have seen some of the posts recently from our very own Laura Harrison, Social Media Executive, who has been helping to promote branch meetings and events. It's great to see so many members engaging and commenting on posts. Thank you. If there is anything you would like branches to work on, please do drop me an email. I would love to hear from you. Also, if you are interested in getting involved, please email me and I would be happy to discuss ways that you can become part of the APTUK branches.

I am looking forward to the jam-packed branch meetings occurring over the next year and hope to see you there at the meetings.

Best Wishes.



KRISTY GARTON
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 Branch Liaison Executive
 branchliaison@aptuk.org

Professional Lead - England Update

As I reflect on my time as Professional Lead for England, I can say it's been an exciting, but busy time. Over the last 19 months, we have seen significant changes within the pharmacy profession.

I have been lucky to represent APTUK members at the initial supervision consultation workshops where both Oli Jones and I were able to ensure that the voice of pharmacy technicians was heard from the start. This has led to several webinars, presentations and information giving sessions which has, hopefully helped members understand, make their own informed decisions, and prepare a response to the consultation. Another big area of involvement has been with the recently approved PGD consultation, which will see pharmacy technicians in their own professional right be able to administer / supply. This is a huge step forward for not just the profession but also healthcare in general and we will hopefully see a greater overall improvement in access to healthcare both in primary and secondary care. There has also been the launch of pharmacy first where I have had the pleasure of attending the primary care and pharmacy stake holder meetings and the RPS repeat prescribing workshops which we await the outcome of. Lastly, I have been privileged to be part of the CPhO pharmacy technician advisory board, working with Liz Fidler and the other selected members to carry on bringing the profession forward. There is still lots to do, all these areas are in their infancy and will require more input from APTUK, but I have confidence that our new Professional lead will proceed with the same enthusiasm and dedication to the members as I have. It has been a pleasure to represent both the pharmacy profession as a whole and you as members and I look forward to seeing the exciting things that are yet to come.

DONNA BARTLETT

Retiring Professional Lead – England

As I step into the role of Professional Lead – England, I would like to start by thanking Donna for her passion and dedication in laying the groundwork for the up-and-coming changes to our profession. I would also like to take the opportunity to introduce myself. I have been a pharmacy technician since 2000 but have worked in pharmacy since 1995.

During my career I have been fortunate enough to work in community pharmacy and the Ministry of Defence before settling into a role in the acute setting.

My acute career has been based at University Hospitals Plymouth, where I have seen several changes and developments to our profession, from the roll out of accuracy checking accreditations, white papers such as 'A Spoonful of Sugar', facilitating ward-based services and of course, registration.

We are now entering a new era and one that will significantly change the way pharmacy technicians work, but also how we as a group of pharmacy professionals work together to provide high quality services for our patients.

With all these impending changes I am excited to be stepping into the professional lead role and look forward to both championing our roles as pharmacy technicians across all sectors, and also working with the rest of the executive committee at APTUK in supporting you all throughout these changes.

As you can appreciate there is a great deal to do and as Donna has stated, much of this work is currently in its infancy and will need significant input to reach maturity. Therefore, my initial priorities will be to work with my fellow professional leads to ensure that as the impending changes to legislation are brought through, all pharmacy technicians are sighted on both what this means for them, but also ensuring the underpinning governance required for both the PGD and supervision workstreams are in place. I have already begun to work with other pharmacy professionals including Liz Fidler and colleagues as part of the CPhO Pharmacy Technician Advisory Forum to support the continuation of the work to develop and positively promote our profession across England.

This is a pivotal time for the pharmacy profession and as someone who is incredibly proud to be a pharmacy technician, I hope to continue the fantastic work that my predecessors and colleagues have started to take our profession onwards and upwards.

TRUDY KRISTA

Professional Lead - England

Update from Wales

Pharmacy Delivering a Healthier Wales PDaHW is the long-term pharmacy vision for Wales. It has goals for pharmacy up to 2030.

Within PDaHW there is a delivery board and working groups: Digital Innovation and Technology, Seamless Pharmaceutical Care, Enhancing Patient Experience and Developing the Pharmacy Workforce which all feed into the delivery board on emerging priorities.

It's an exciting time for pharmacy in Wales with the new ambitions set for 2025, new appointments to working groups and to the delivery board. Plans for the PDaHW conference in Cardiff are well under way so make sure you save the date 19th September 2024, we hope to see you then!

Within PDaHW there is a Champions Network which is open to all members of the pharmacy team. I do encourage you all to sign up as members so that you have access to the exclusive digital resources to showcase your support of the vision. There is also the quarterly newsletter which provides updates on the vision and aims to showcase examples of good practice happening throughout the profession.

Sign up here for the Champions Network: <https://www.rpharms.com/wales/pharmacy-delivering-a-healthier-wales/champions#signup>

Together we can bring the Vision to life!

Community Pharmacy Wales (CPW)

Community Pharmacy Wales has dedicated support for community pharmacy technicians. Poonam Kerai is Community Pharmacy Wales' Contractor Services (Engagement) Pharmacy Technician and can provide advice and support for Community pharmacy technicians in Wales.

<https://cpwales.org.uk/wp-content/uploads/2023/04/CPW-Dedicated-Technician-Support.pdf>



EMILY GUERIN
MPharmT

Professional Lead Wales
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Enhancing Healthcare Delivery in Wales Through Community Pharmacy Technician Support

My name is Poonam Kerai, and I am the new Contractor Services (Engagement) Pharmacy Technician working for Community Pharmacy Wales.

Within my role at CPW I work closely with pre-registration trainee pharmacy technicians and pharmacy technicians working throughout community pharmacy in Wales. I provide a support system for questions and queries regarding their specific role and the Community Pharmacy Contractual Framework.

I work closely with a diverse set of pharmacy professionals. Creating and building these relationships enables a collaborative approach to supporting pharmacy technicians.

Alongside this role I also work in a Community Pharmacy supporting the delivery of an extended range of clinical services, available consistently, across the country.

I have created a Welsh Community Pharmacy Technician WhatsApp group, to provide a platform for communication between pharmacy professionals on aspects of work and training.

In Wales as a profession, pharmacy technicians are working hard to maximise the contribution they make within multi-professional teams through more effective use of their unique skills and expertise.

If anyone is interested in joining the networking group or has any questions about working in community pharmacy in Wales, please scan the QR code for more details.



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Northern Ireland Update

It is now 12 months on since the initial Pharmacy Technician Regulation & Development (PTRD) Workshop took place in March 2023 at Stormont. During this time, APTUK has continued to support pharmacy technician registration in Northern Ireland (NI) through representation at all meetings. APTUK were also tendered to support with the mapping process of education to enable and guide NI pharmacy technicians to register with the regulator Pharmaceutical Society of Northern Ireland (PSNI); this tender was issued in January 2023 but due to the pending government the work had been paused. Now with a government having returned in January 2024 after a 24-month hiatus, APTUK can reignite the conversations to support with the process as outlined by the contract and signed tender.

APTUK supports the mapping and educational work for Pharmacy Technicians based in NI, which will help with scope of practice and further autonomy of working practices.

The current key areas of focus for pharmacy technician registration fall under Education; Workforce development; and Legislation, regulation & public consultation.

● **Education:**

An initial review document to understand the range of qualifications held across NI has been produced and there is work ongoing to understand the projected number of pharmacy technicians expected to register in the next 2-5 years. Discussion continues on what the registration qualification/practice requirements for pharmacy technicians will be in NI.

● **Workforce development:**

Further engagement with PSNI regarding development of a Pharmacy Forum led 'Attract Recruit Retain' campaign for recruitment and retention of pharmacy technicians and pharmacy support staff. Two draft career pathway models for hospital practice, covering pharmacy technicians and pharmacy assistants has been produced and a draft paper has been developed to help define the projected requirements for both pathways over the next 1 year, 3 years and 5 years. This reflects and aims to update the projection data detailed in the 2020 Pharmacy Workforce Review. Initial input is being sought from Trusts, to be followed by Community Pharmacy and General Practice.

● **Legislation, regulation & public consultation:**

Work to update legislation is ongoing and the PSNI have confirmed that Fieldfisher have been tasked with scoping all PSNI regulations.

The 2023 Pharmacy Technician and Pharmacy Support Staff Survey results have helped to increase our understanding of the qualifications held by the pharmacy technician and pharmacy support workforce in NI. The survey asked respondents about the highest level of pharmacy qualification that they currently have and to choose from the relevant set of options, dependent on whether they were a pharmacy technician, support staff or student.

There were 255 responses to the pharmacy technician part of the question. However, as work of the PTRD oversight board

and subgroups gains momentum to enable the registration and regulation of pharmacy technicians as healthcare professionals in their own right, it is essential to seek additional input from the pharmacy technician workforce in NI. Having a representative view of the qualifications held by pharmacy technicians across all sectors will enable the establishment of appropriate educational support to meet the needs of our NI workforce.

If you are a pharmacy technician in NI, we need your input to help shape and support the registration and development of your profession. Please complete the following short qualifications survey.

PHARMACY TECHNICIAN REGULATION AND DEVELOPMENT PROJECT NORTHERN IRELAND

Are you a Pharmacy Technician in Northern Ireland?

If yes, we need your input to increase the understanding of Pharmacy Technician qualifications held across all pharmacy sectors in Northern Ireland. Your responses will help shape and support the registration and development of your profession.

Please have your say and complete the survey available [here](#) or by scanning the QR code.



Overall better engagement with pharmacy technicians across all sectors in NI is needed to ensure that decisions are based on the most accurate and up-to-date data possible. Newsletters have been produced by the Department of Health and new ways to engage with pharmacy technicians working in community are actively being explored.

Please reach out to NI@aptuk.org for any further information.



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In this edition of the PTJ, I would like to share with you an EDI feature written by Jamila Dhansey. She shares with us invaluable insight into her lived experience, career journey and throughout highlights the challenges of EDI in the pharmacy setting.

SHAMMA BAIG
MAPharmT
EDI Executive



A Pharmacy Technician's Journey; Breaking Barriers and Finding Purpose

“Let’s look at computer operating... “this was the response I’d got from my careers advisor when I said I wanted to be a doctor. I was looking forward to my careers advice meeting so I could plan my future. I’d had thoughts of going to university, but it seemed a girl going to a comprehensive school in the middle of Birmingham could not have such aspirations in the 1970’s!

Fast forward several years and I stuck to my vision in terms of wanting to help people. I started working in a community pharmacy on the Youth Training Scheme (YTS if anyone is old enough to remember!) and went on to complete the BTEC in Pharmaceutical Sciences. After having worked in community pharmacies for over 6 years, and 3 children later, I managed to get my first NHS role at the old Skin Hospital in Edgbaston where I was able to grow professionally and as a person. When they merged with City Hospital it gave me the opportunity to become a rotational pharmacy technician which included dispensary, chemotherapy, and mental health. I enjoyed the rotations but there was something missing.

I do look back with fondness at my City Hospital days, with old school manners where EVERYONE would say “hello” to each other. But I needed belonging within my team, and that could not be built whilst on a rota. I was not a social butterfly; I needed a close-knit team. I did move into other roles and was promoted to a Band 6 Radio pharmacy technician, but I finally started to thrive when I became the first Medicines Information (MI) pharmacy technician for the Trust. Back in the 90s MI was like a secret cubby hole where pharmacists went to discuss important matters, not a place for pharmacy technicians! I qualified as an accredited Medicines Information Pharmacy Technician and was able to answer specific enquiry types without a pharmacist check. My proudest moment was when, after I provided some clarification on conflicting guidance, the advice I had given to a cardiology team was developed into a Trust guideline, just wow! As a pharmacy technician I’d influenced how patients going through a cardiac procedure were going to be treated for years to come!

7 years later I decided it was time to move on and look for new challenges. I was stuck to this so-called sticky floor that didn’t allow me to progress my banding at this Trust, I had been the same band for the best part of 15 years with no hope of progression, so would have to move sideways to another role which would enable me to gain further skills. I went to a Primary Care Trust (PCT). This was another first - the first pharmacy

technician in the team and paving the way for others to follow.

It was not easy and “They only kept you on because you’re cheaper than a Pharmacist” was one comment I had. Well, I had to prove them wrong – and I did! I’d proved that the role of the pharmacy technician was valuable, and this allowed for additional pharmacy technicians being recruited into the team to cover other practices in the area. I trained to run reports on GP prescribing systems, perform audits, and escalate any clinical issues in prescribing identified appropriately.

I was based in GP practices and always made myself available and practice staff found me easy to approach with queries, ensuring evidence based, safe prescribing for patients. I also must acknowledge that the pharmacist in charge of that team demonstrated compassion and true leadership as I had never known it before and was a good role model for what type of leader I aspired to be.

The day I was successful at securing my first Band 7 role as a Governance Pharmacy Technician I cried! Something I had never dared to dream of but applied for out of interest. There were days where I was positively skipping home, it was hard work, don’t get me wrong, but I was making a difference. I represented our organisation for the Chief Pharmacist when she couldn’t attend Formulary and Medicines Safety meetings, I was asked to attend Controlled Drug Local Intelligence Network meetings, I felt trusted and that my work was being acknowledged. But I couldn’t help noticing, that most of the time I was the only person from a BME background around the table at these meetings. In a restructure, it was decided that they didn’t need a Band 7 governance pharmacy technician and so I had to apply for other roles, all at a lower banding. In time I moved to a more progressive CCG Medicines Management Team as a band 6 again, where I grew even further with new skills of project and events management. It dawned on me, as pharmacy technicians we are expected to work autonomously, but under the ‘supervision’ of a pharmacist. We need to pick up on any issues and problem solve and know when to escalate. We are expected to write SOPs and policies, develop training packages, and implement them in practice across organisations, run reports and analyse data, dispense or accuracy check for hours with 0% tolerance for any mistakes, go onto wards, relationship build with patients and all ranks of staff, pick up on any prescribing errors and escalate. As a Pharmacy team we are the gatekeepers for potential medication errors before they get to the patient.

Even though we demonstrate all these skills working across the system, the role of a pharmacy technician is not given the platform or recognised as highly as roles such as project/events manager, partnerships/engagement manager, data analyst, business intelligence, or commissioner; within pharmacy, most of us will not go beyond a band 6. Food for thought? Should our skills and contributions be more appreciated with greater visibility as part of primary, secondary care teams?

Throughout my career my ambition for progression within pharmacy has been stifled primarily because the probability is that only the few exceptional pharmacy technicians will progress. In fact, according to the Pharmacy Workforce Race Equality Standard1 (PWRES) there are 136 pharmacy technicians at band 8a or above, with 57% of 8a's identifying as White, female; 20% White, male; 8% Black, Asian or Minority Ethnic (BAME), female; 8% BAME, male. Surely there is room for improvement here?

Where am I now? I ended up leaving pharmacy after over 30 years, for a promotion working as an Equality, Inclusion and Human Rights Manager. Ironically, I still review pharmacy area prescribing committee (APC)/formulary papers from the equality perspective and provide feedback. With the need to reduce health inequalities and Board papers being scrutinised as part of various assurance requirements, it is increasingly important to be able to demonstrate due regard in relation to the Equality Act 2010, specifically the Public Sector Equality Duty; eliminating discrimination, advancing equality of opportunity and fostering good relations between people who have a protected characteristic and those who do not ([Read more here](#)). But there's a bigger reason than that, the National Health Service was built on the fundamental premise that our services should be accessible by all regardless of their background or their protected characteristics – because that is morally the right thing to do. Regardless of law, we should ensure that our services, medicines, and devices are equally accessible and we don't make any decisions that would affect anyone of any particular protected characteristic or vulnerable group in a disproportionate manner. We cannot do this without consciously considering how each of the protected characteristics and health inclusion/vulnerable groups will be affected by our decisions and the easiest way to do this is by completing Equality Impact Assessments (EIAs) and ensuring

that all organisations conduct robust EIAs when commissioning or redesigning health care services.

In the world of equality, and in my spare time I volunteer as part of the senior leadership team in the Asian Professionals National Alliance (APNA) which is a network for Asian professionals from all backgrounds and disciplines across the UK with over 700 members. In this network I have come across some amazing inspirational people who encourage and nurture others to fulfil their true potential. I can use my skills to support colleagues going through difficult times, and, in the wider picture, promoting anti-racism, and initiatives to combat health inequalities. I still keep an eye on what's happening in the Pharmacy arena and in particular the Pharmacy Workforce Race Equality Standard (PWRES) – check it out for some interesting data [here](#). As someone appalled by injustice, I am dismayed but not surprised by the level of bullying and harassment reported by pharmacy staff through the NHS national staff survey. I am intrigued by what 'makes us tick' and I wonder, is it our seemingly innate strive for perfection that drives these unkind behaviours towards each other? Is it our obstinate need to follow specific SOPs to the letter that does not allow for people to be their authentic selves? Is there space for us to be more flexible to be kinder to each other and allow each other to flourish and grow? As leaders we should be more compassionate and supportive of our differences. It may seem counterintuitive, but being considerate of others makes good business sense financially, potentially improving workforce health and wellbeing and creating an environment for inclusive decision making for our patients.

Throughout my career I have been blessed with people who have been incredible role models as leaders, mentors, coaches, and friends, and I am forever grateful for their presence in my continued journey.

I will leave you with the quote Jana Kingsford "Balance is not something you find, it's something you create."



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



Pharmacy Technician Journal

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



A Pharmacy Technician is Worth Their Weight in Gold

This interesting phrase goes back probably to Roman times and appeared in English in the 1300s. All through history, this phrase is used to describe a person to emphasise their immense value and usefulness.

With this in mind, gold is a useful metaphor for a pharmacy technician, as over the years their value is increasing, and like the precious metal the value goes up when it has been refined, shaped, and formed.

More and more the value of pharmacy technicians is being recognised and how they can be refined, shaped, and formed for their value only to increase.

One such example was the consultation on pharmacy supervision opened by the government on the 7th of December 2023. The consultation sought views on proposals to modernise medicines legislation governing what tasks must be undertaken by a pharmacist, or under the supervision of a pharmacist. The proposed changes cover activities undertaken in hospitals and community pharmacies.

For the specific area of Technical Services this proposal would permit registered pharmacy technicians to supervise the preparation, assembly and dispensing of medicines in hospital aseptic facilities operating under Section 10 of the Medicines Act. This would enable a suitably qualified and experienced pharmacy technician to be responsible for a hospital aseptic facility without having to act under the supervision (or authorisation) of a pharmacist.

In order for a pharmacy technician to become 'refined' or suitably qualified and experienced, training and education needs to be in place. The NHSE Infusions and Special Medicines (ISM) Workforce Group has been carrying out the scoping task for this by, in part, pulling out the key competencies required for roles, standardising those roles, undertaking a training gap analysis, and creating a career pathway. A questionnaire to inform this went live on the 15th May. Outputs from this group are expected at the end of 2024, but from the work being carried out it is clear that there is education and training available, like the MSc Pharmaceutical Technology & Quality Assurance course (PTQA), but it has already been recognised that this needs supplementing with leadership and management training, something which is not often utilised in this sector regardless of role, and there are new courses being developed and there are courses that need unlocking for further development.

As we eagerly await the results of this proposal in all its aspects, it's clear that the landscape of Technical Services is changing, and that pharmacy technicians will have a hugely valuable part to play in it.

Having said that of course, refining and developing teams needs to happen earlier as well, and for Technical Services this will ensure retention and recruitment of pharmacy support staff in Aseptic Services. 'Pharmacy support staff' refers to the non-registered workforce within the wider pharmacy team and the GPhC set out the education and training of pharmacy support staff, and the criteria for the approval of support staff courses and/or qualifications.

Previously the NVQ Level 2 in Pharmacy Services (full NVQ or individual units) or local in-house training programmes were used to train and develop pharmacy support staff and provided optional units in manufacturing or preparation of aseptic products, but the last registration date for this qualification was 30 September 2020.

However the GPhC standards as outlined in the '[Requirements for the education and training of pharmacy support staff October 2020](#)' have not changed stating that such ones should be "demonstrating the relevant knowledge, understanding, abilities and behaviours for these roles at minimum RQF level 2 or SCQF level 5 (in Scotland) or a level accredited as equivalent to this... support staff must be enrolled on a training course as soon as practically possible and within three months of starting their role."

Skills for Health National Occupational Standards relating to technical services are namely NOS 17-23, and there was a need for entry level comprehensive course/qualification to cover these competencies sufficiently.

Two things are now available, there are individual BTEC Level 2 Pearson certificates to cover the '[Principles of Safe Preparation and Manufacturing of Medicines and Medicinal Products](#)', this can be covered in four to six months (commercially funded programme), and there is also Pharmacy Support staff level 2 SMPO apprenticeship. This programme was designed by West Suffolk College to embed 8 units of Technical services roles and working tasks into an apprenticeship provision. This programme is 12 months for learning and up to 3 months for the end point assessment.

As these training courses are utilised this will only further reinforce the Technical Services teams and retention of staff and provide them will a clear route of progression.

IET updates

The initial education and training for pharmacy technicians was updated into the integrated apprenticeship programmes we know today in 2017 and has been running through training providers since 2019. This provision is due for renewal with the GPhC. This work is expected to be undertaken in late 2024/early 2025. We will keep members informed of any changes and amendments to this provision.

As part of this, APTUK have written to the GPhC in 2023, asking for a pre-registration trainee pharmacy technician register, this will help APTUK and employers understand how many pharmacy technicians are pipelined to be registered and entering the workforce throughout the years.

International GPhC work

The GPhC have invited APTUK to work on the mapping of international education to the GPhC training expectations and requirements.

APTUK will keep members informed and updated as information becomes available and can be shared.



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APTUK 2024 Professional Conference and Exhibition

Plans are well underway for APTUK 2024 Professional Conference and Exhibition which is being held on Friday 6th and Saturday 7th September at the Crowne Plaza Hotel in Nottingham. Tickets are selling fast and last year we sold out, so if you haven't yet confirmed your place, then **book now to avoid disappointment!**

The conference will start with registration at 10.30 am on Friday 6th September and finish after lunch on Saturday 7th. On Friday night we have our celebratory awards dinner where winners of the prestigious APTUK pharmacy technician awards are announced, followed by music and dancing until midnight.

Nominations for the prestigious Pharmacy Technician Awards are now closed. Shortlists have been announced and we are looking forward to announcing the successful finalists at the awards dinner.

This year we had an exceptional response to the request for poster abstract submissions for the Katherine Miles Poster Award, with over 70 abstracts submitted. Unfortunately, there is not enough space to showcase all submissions, but this is testament to the

prevalence of wonderful and impactful work that pharmacy technicians are undertaking within their fields. We are looking forward to sharing some interesting research projects at APTUK 2024.

We also had over 70 applications for educational bursaries, and we are delighted to have offered 8 sponsored places for this year. Unfortunately, we can't offer everyone a funded place, but hope that those who were unsuccessful still managed to take advantage of the early bird ticket discounts.

Finishing touches are being made to the programme but we have started to announce the speakers on social media and we will continue to provide updates and further information over the next few weeks. You will see we have a great line up of experts, covering a range of topics at both plenary and break-out sessions.

We also have several exhibitors for delegates to talk to on the day to make this years' conference a fantastic learning opportunity for all who attend.

To book tickets please visit the APTUK website: <https://www.aptuk.org/events/aptuk-2024-conference-and-exhibition>.



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Sharing Learning from APTUK 2023 - 'Making an Impact'

Welcome to our reflections from the 'making an impact' 2023 conference where we will be displaying and providing posters and articles that were presented at the conference.

We have another four to share with you in this edition covering a range of subjects from pharmacy technicians working in different areas of practice.

Our next edition will be after our 2024 conference so we will be bringing you this years winning posters, but we will continue to highlight as many poster submissions as we can in further editions.

Structured Development Programme for Pharmacy Assistants (SDPPA) at Pharmacy Technical Services (PTS) Barts Health NHS Trust

Introduction and Background

Pharmacy assistants working in Pharmacy Technical Services (PTS) are involved with the manufacturing process of medicinal products within Bart's Health NHS Trust.

PTS experienced many vacancies at band 2 due to local pharmacy policy of recruiting candidates with an NVQ Level 2 qualification (NVQ L2).

Applications were either from the industry sector who had the relevant experience but without the qualification or had the NVQ L2, but not the relevant experience required for this position, hence did not meet the shortlisting criteria. Many withdrew applications due to the lack of understanding of the job role, and many that were appointed were applying for other band 3 posts, within the department or externally, due to lack of career progression within PTS.

External Driver

The General Pharmaceutical Council (GPhC) requirement for pharmacy assistants regardless of their setting to have a minimum of NVQ L2 Qualification in pharmacy services or equivalent¹. Barts Health has aligned to this requirement.

Method

A proposal was put forward to convert vacant band 2 into trainee posts and pilot a four-year competency-based, structured career progression pathway. Trainees would be supported to achieve both NVQ L2 and Science Manufacturing Technician (SMT L3)² qualification as part of their training, with an outcome of staff having the appropriate knowledge, skills and behaviours required to work within a manufacturing unit.

Structured Development Programme for Pharmacy Assistants (SDPPA) at Pharmacy Technical Services (PTS) Barts Health NHS Trust

Jogias: Head of Education and Training, Pharmacy Shared Services, Barts Health NHS Trust
 Onatade R: Group Chief Pharmacist, Barts Health NHS Trust
 Patel T: Head of Pharmacy Shared Services, Barts Health NHS Trust
 Khatun S: Pharmacy Training, workforce transformation and training lead, Barts Health NHS Trust
 The Royal London Hospital

Introduction and Background

Pharmacy assistants working in PTS are involved with the manufacturing process of medicinal products across three sites within Barts Health NHS Trust (i.e. Aspic, Chemotherapy and Pre-packaging services).
 General Pharmaceutical Council (GPhC) requirements for all pharmacy assistants are that regardless of their setting, they should adhere to minimum requirement of NVQ L2 Qualification in Pharmacy services or equivalent¹.
 Barts Health Pharmacy adheres to the GPhC minimum requirements for all their Pharmacy Support staff.

Barriers for band 2 recruitment

PTS experienced a large number of unfilled vacancies due to the department policy of L2 for Pharmacy Assistants.
 Majority of the applications were from individuals working within the industry sector who have the relevant experience but don't have the qualifications hence did not meet the shortlisting criteria.
 Applicants who had NVQ L2 qualification were from primary care sector, but did not have the experience / skills required for these positions.
 Many withdrew applications due to the lack of understanding of the job role.
 New Pharmacy Assistants recruited would apply for other band 3 posts within the department or external due to lack of career progression in PTS.

Aim and Methods

In line with one of the Barts Health Pharmacy strategic objectives to create a great place to work, with a shared sense of pride and ambition to attract and retain talented people, it was necessary to review and improve the recruitment and retention of band 2 staff in PTS.
 A skills mix review was undertaken and a proposal was put forward to convert vacant band 2 posts into trainee posts and pilot a four-year competency-based career progression pathway.
 This offered a structured and competency-based programme which would enable the manufacturing unit across all sites to meet the needs of the service and contribute towards patient care both safely and efficiently including staff satisfaction.

Results

Timelines for recruitment post approval of proposal in May 2022 by Pharmacy Board.



- The first trainee will complete NVQ L2 and progress to SMT L3 in October 2023 with the aim to complete qualification in two years.
- All the trainees from this cohort will complete SMT L3 by mid 2027 with the aim to start their phase two of career progression for band 4 posts and above.

Figure 1: Career progression pathway AFC band 2 Annex 21 to band 3

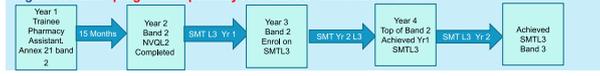


Figure 2: Advantages and Disadvantages of Scheme

Advantages	Disadvantages
Positive actions by 180 current band 2 gaps within PTS by implementation of the SDPPA programme.	Current L2 apprenticeship programme is patient focused hence time out in other areas of pharmacy will be required to achieve qualification dependency issues.
Retaining staff once qualified at band 2 by offering continuous career development and qualification.	Practice supervision and support from other teams, i.e. dispensary teams, ETC teams.
Staff retention will increase with increasing capacity within unit.	4 year programme hence constant motivation for individual will be needed.
Achievement of a L3 qualification and registration with the Science Council for Registered Science Technicians (RSTech).	Commitment from PTS, leadership team, i.e. time out, SMT L3 will require one day at college initially.
Progression to Band 3 post.	Legacy band 2 staff may hold at a disadvantage.
Individuals will have the opportunity to apply for a band 4 post within PTS when vacancies arise and time career development to band 5.	
PTS will have qualified staff with the appropriate knowledge and skills. This will contribute to service improvement, development and staff retention.	

Summary

- The SDPPA programme has improved recruitment and retention in PTS and will support career progression for staff from trainee to band 3.
- This will increase number of suitably qualified staff working in PTS Barts Health Pharmacy department.
- Will provide the opportunity to apply for band 4 /5 vacancies to staff who are not Pharmacy Technicians but have the SMT L3 qualifications.
- The SMT L3 qualification has also offered to PTS legacy staff which will allow their career progression and retention.

Next Steps

- Plan for rotations at Band 3 between Aspic, Chemotherapy and Pre-packaging services unit to increase skill mix and support career development.
- Evaluate benefits of SMT L3 Qualification for Technical Services.
- An audit to compare staff who have SMT L3 VS experience only to show the knowledge and behaviors required for this specialised role within pharmacy.
- Succession planning for Band 3 for future band 4 and higher posts.

¹ https://www.gphc.org.uk/standards/requirements-for-pharmacy-technicians-2022-2024
² https://www.rcsft.org.uk/standards/requirements-for-pharmacy-technicians-2022-2024

Poster pdf link: Structured Development Programme for Pharmacy Assistants (SDPPA) at Pharmacy Technical Services (PTS) Barts Health NHS Trust

Following approval by the pharmacy board and human resources all recruitment processes were completed and the post advertised.

Candidates with transferable skills and within the local population were shortlisted. This encouraged individuals without prior experience to apply, taking their first step towards working in the NHS and pharmacy, hence promoting equality and inclusion.

Results

- The first trainee was appointed in October 2022 with more vacancies converted to trainee posts due to the success of the pilot and an attractive career progression pathway.
- Vacant Band 4 posts were converted to SMT L3 apprenticeship posts.

Summary

The programme will increase number of suitably qualified staff working in PTS and provide an opportunity to apply for band 4 / 5 posts, especially for those who are non-registered but have suitable qualifications.

The SMT L3 qualification has also been offered to PTS legacy staff to upskill their knowledge and understanding, which will allow their career progression and retention.

Next Steps

- Plan for rotations at Band 3 between Aseptic, Chemotherapy and Pre-packing services unit to increase skill mix and support career development.
- Evaluate benefits of SMT L3 Qualification for Technical Services, an audit to compare staff who have SMT L3 Vs experience only to show the benefit of knowledge and behaviours required for this specialist role.
- Review the post and consider band 3 to 4 progression due to the high cost of living crisis in London. The starting salary may not be sustainable.

References

1. *Guidance for employers on the education and training requirements of pharmacy support staff (pharmacyregulation.org)*
2. *Science manufacturing technician / Institute for Apprenticeships and Technical Education*

Article written by Sheetal Jogia, March 2024 for Pharmacy Technician Journal. SheetalJogia@nhs.net

Reviewed by Tejal Patel, Head of Pharmacy Shared services, Barts Health NHS Trust

Acknowledgement: Pharmacy Technical Services staff, Barts Health NHS Trust.

Sheetal's current role at the time of writing this article is, London Pharmacy Aseptic Workforce Transformation Project Lead. She completed this project whilst employed at Bart's Health NHS Trust in the capacity of Head of Education and Training, Pharmacy Technical Service.



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Increasing Communication Between Secondary Care and a Retirement Village

It was our privilege to attend the APTUK 2023 conference where we presented our poster, 'Increasing communication between secondary care and a retirement village'.

Our poster was a culmination of a 10-week project by Sue Marshall (pharmacy technician), Staci Drewe (pharmacy technician) and Kaye Biggs (wellbeing nurse).

This involved working across sectors, collaborating with health and social care professionals as well as patients from the retirement village. We communicated with information governance to ensure patient consent was clearly identified and recorded. We communicated through the retirement village newsletter about the project. This was distributed throughout the village, making residents aware of the project.

Baseline data was gathered, and we then compared this with the results from the project.

The reduction in readmission rates was significant and proved the importance of the work we had undertaken.

The project was a huge success and had a positive impact on both patients' safety and satisfaction.

Feedback from the patients involved in the project was wholly positive, with comments such as "It's great to know there are people like you to help us," and "I never knew a service like this existed".

Since the conclusion of the project, the wellbeing nurse is offering a post discharge visit to all residents. We continue collaborating across sectors where required to share information to ensure a safe transfer of care for the patients.

The project identified the need for pharmacy support at discharge to ensure patients understood any changes to medications, which reduces the risk of readmission due to the wrong medication being taken.

A pharmacy technician role has now been created in the integrated discharge hub, to build on the work we have

Increasing Communication between Secondary Care and a Retirement Village

Staci Drewe MKUH, Sue Marshall BLMKICB, Kaye Biggs Extracare

<p>Background</p> <p>Medication issues were highlighted at a public event around hospital discharge for patients living in a retirement village in MK often resulting in readmission.</p> <p>Links were made at this event with the onsite wellbeing nurse and agreement reached to develop a pilot to explore opportunities to collaborate across sectors to promote better patient experience at discharge.</p> <p>Research was undertaken to explore discharge issues and baseline data gathered.</p>	<p>18 patients were identified during the pilot with a total of 22 admissions. The patients were 50% male and 50% female with a mean age of 77.8 years. No patients declined to be part of the pilot.</p> <p>Comparing baseline data against data from the pilot showed a reduction in readmission rate within 30 days from 1 in 3 to 1 in 9. Assuming a hospital stay cost of £385 per day this would suggest a significant potential saving to the trust if the pilot were to be developed.</p> <p>Issues identified included:</p> <ul style="list-style-type: none"> • non-formulary prescribing • patient continuing with old medicines once home • patient not identified as dosette • empty box sent with discharge medication 				
<p>Purpose</p> <p>To develop a pathway whereby discharge information could be shared in a timely manner between MKUH & the wellbeing nurse (a qualified and registered Nurse) at the retirement village.</p> <p>The pilot was designed to facilitate a post discharge visit by the wellbeing nurse or domiciliary pharmacy technician (ideally within 48 hours) to ensure patients understood any changes to the medications or treatment thereby reducing drug error and reducing the risk of readmission.</p>	<p>Baseline data showed 1 in 3 readmissions during a 10-week period (June 2021)</p> <p>Data from 10 week pilot showed 1 in 9 readmissions during a 10 week period (June - September 2022)</p>				
<p>Ethical Consideration</p> <p>Approval was received from the management in all 3 organisations (MKUH, BLMK and Extracare) to allow the 10-week pilot to go ahead.</p> <p>The MKUH pharmacy team gathered patients consent to sharing of information during initial medicine reconciliation.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Benefits</th> <th style="width: 50%;">Limitations</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Broadening the cross-sector partnerships • Developing communications across health, social care & the voluntary sector • No additional staffing required to run the pilot therefore no cost incurred • Medication passports were offered to all participants in the pilot to help improve self-care and adherence • Post discharge visits proved to be of value where inappropriate medications were being continued due to lack of understanding by patient or their carers. </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Small scale pilot • More education required at point of discharge for patients and their carers • Discharge medication list not robust enough e.g. Why medications have been started/stopped • Inadequate counselling at discharge • Time required to set up pilot (equivalent 3+ days of meetings to plan, deliver and evaluate the pilot) </td> </tr> </tbody> </table>	Benefits	Limitations	<ul style="list-style-type: none"> • Broadening the cross-sector partnerships • Developing communications across health, social care & the voluntary sector • No additional staffing required to run the pilot therefore no cost incurred • Medication passports were offered to all participants in the pilot to help improve self-care and adherence • Post discharge visits proved to be of value where inappropriate medications were being continued due to lack of understanding by patient or their carers. 	<ul style="list-style-type: none"> • Small scale pilot • More education required at point of discharge for patients and their carers • Discharge medication list not robust enough e.g. Why medications have been started/stopped • Inadequate counselling at discharge • Time required to set up pilot (equivalent 3+ days of meetings to plan, deliver and evaluate the pilot)
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<p>Method</p> <ul style="list-style-type: none"> • A consent form was developed and approved by the information governance team at MKUH • Communication channels were established between secondary & primary care and the wellbeing nurse • Retirement Village Residents were informed of the pilot via their in-house newsletter • GP practices were informed that the pilot was taking place • Criteria were agreed for data gathering and a data collection template created • Contingency plans drawn up for the 10-week pilot for staffing • Resources to support the pilot were identified i.e. Medication Passports 	<p>Future</p> <ul style="list-style-type: none"> • Wellbeing nurse is beginning to offer a post discharge visit to all residents, this will be made available across the village via the in-house newsletter. Their will remain the ability to link with the hospital pharmacy and ICB pharmacy team if required for further clarification • Plans are in place to expand the use of medication passport • An opportunity to run a similar pilot with a MKC sheltered housing schemes to see if the voluntary sector could offer support at point of discharge to these residents to reduce the risk of admission and readmission 				

Medication Themes Identified from Pilot

Pharmacy Technician - A GPHC registered healthcare professional

Reference: APTUK research (<https://www.aptuk.org.uk/html/about-us/news/articles/2023/more-from-them-good>) - accessed November 2023 - NICE 2009

Poster pdf link: [Increasing Communication between Secondary Care and a Retirement Village](#)

started supporting patients across Milton Keynes.

Our project showed the importance of access to trained staff in reducing errors and noncompliance, and that working together across health, social and the voluntary sector, benefits patient outcomes.

We incorporated the core Trust values at Milton Keynes University Hospital, which are:

- We Care
- We Communicate
- We Collaborate
- We Contribute

We thoroughly enjoyed this project and hope to carry out more in the future.



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Improving Patient Safety in the Emergency Department; Pharmacy Technicians Completing Medicine and Allergy Reconciliations and Adminstrating Medications to Patients

Purpose and Background

The Emergency Department (ED) were having incidences of patient safety being compromised. Patients were receiving penicillin-based antibiotics they were allergic to, missing doses of critical medications, or not receiving the correct medication during their time in the ED. Due to the department struggling to recruit nurses, the ED wanted to pilot employing two pharmacy technicians to administer medications to patients and complete medicine reconciliations.

Objectives

The objectives were to reduce patient harm from medicines by completing medicines reconciliation, resolving any discrepancies, answering clinical queries (within scope of practice), allergy checks to prevent administration of medicines a patient was allergic to, sourcing medicines, and giving oral medications to prevent missed doses and administering top three IV medicines identified as causing harm through Datix's (Co-Amoxiclav, Flucloxacillin and Gentamicin).

Method

The pilot took place from January to October 2022. Two pharmacy technicians were re-deployed to the ED, covering 5 days a week from 8am till 7pm, with weekends being covered by the acute medical unit team. We were trained to administer medicines and completed competencies which were signed off by nurse educators. Data was collected in form of intervention logs, recording medicines reconciliations and interventions, queries, allergy checks, and administration (with added benefit of releasing nursing time to care), which were reviewed at three and six months.

Results and Conclusion

1020 interventions were made since joining the ED. From this, 600 helped prevent harm to patients. Following its success, we are funded to be part of the ED team permanently, helping with medicine issues to release nurses. ED now fund three pharmacy technicians within the department, and there are plans to extend the role to the other acute hospital within the Trust, William Harvey Hospital, Ashford.

Benjamin Smith, Michelle Brown, Gemma Hoddinott, Lisa Miles, Sairah Mukhtar

Queen Elizabeth Queen Mother Hospital, Margate. East Kent Hospitals University NHS Foundation Trust

Improving Patient Safety in the Emergency Department (ED) by Pharmacy Technicians completing Medicine Reconciliations and Administering Medications to Patients

Benjamin Smith, Michelle Brown and Gemma Hoddinott, Emergency Department Clinical Pharmacy Technicians
 Lisa Miles, Lead Clinical Pharmacy Technician
 Sairah Mukhtar, Lead Urgent Emergency Care/Urgent Treatment Centre Pharmacist

Introduction
 Due to the pressures within the Emergency Department (ED) at Queen Elizabeth Queen Mother Hospital in Margate, Kent there were increasing number of reported incidences of patient safety being compromised such as: patients receiving penicillin-based antibiotics they were allergic to, missing doses of critical medicines, regular medicines not being prescribed or administered during their time in ED.

Due to the increasing length of stay within the department and the current issues of recruitment and retention of nursing staff, ED wanted to pilot employing two Pharmacy Technicians to administer medications to patients, and complete Medicine Reconciliations (MRs) therefore improving patient experience and patient safety.

On average, around 100 people attend ED everyday, and 25% of those await to be admitted, and the pilot targeted patients due to be admitted and/or were on critical medicines.

Objectives
 Reduce patient harm from medicines by:

- Completing MRs and resolving unintentional discrepancies.
- Answering clinical queries (within scope).
- Completing allergy checks.
- Ordering missed doses of critical medicines.
- Administering oral medicines, subcutaneous medicines and 3 IV antibiotics (Co-amoxiclav, Flucloxacillin and Gentamicin).

Method

- The pilot took place from January till October 2022.
- Two Pharmacy Technicians were re-deployed to ED, covering 5 days a week from 8am till 7pm.
- Training was provided to administer medicines after completing the nursing 2 day drug administration course and completing in-house competencies before signed off by nurse educators.
- Data was collected in form of intervention logs, recording MRs and interventions, queries, allergy checks, administration (with added benefit of releasing nursing time to care), reviewed at 3 and 6 months.

Results
 1020 interventions were made since the pilot started. From this, 600 helped prevent severe harm to patients.

Interventions included:

- Identifying patient allergic to penicillin and preventing doses of penicillin based antibiotics being administered.
- Preventing missed doses of critical medicines including Clozapine, Parkinson's medicines, Sodium valproate.
- Identifying and highlighting interactions, including lithium and clarithromycin.
- Counselling patients on newly started medicines or where compliance issues have been identified.
- Providing advice on dosing of TDM drugs or dose adjustments for other critical medicines.

Administration by Pharmacy Technicians

During the pilot we came across different challenges. We had to learn a complete new skill of making up IV antibiotics and feeling confident in administering to patients. There was lots of new learning, dealing with many queries, learning how to use Microguide, Medusa, and other information portals.

Pharmacy is now integrated into the education sessions given to the nursing staff. Every 6 months, pharmacy have an hour teaching session as part of Team Days, where topics are chosen based on patient safety issues or changes to working practice. Topics have included medicines management, common prescribing errors, issues surrounding controlled drugs, Parkinson's related dementia and learning from incidences.

Feedback from the Team:

- Having pharmacy presence had improved medication safety.
- Doctors appreciated support with writing prescriptions correctly.
- Pharmacy looking after administration of Parkinson's medicines for the day helped ensure doses were not missed.
- Pharmacy have really supported the ED consultants, helpful with dealing with critical medicines, and directing to guidelines for antibiotic choices.

Conclusions
 Following its success, both Pharmacy Technicians were funded to be part of ED team permanently, and there are plans to extend the role to our other acute hospital in the Trust.

To further advertise the pharmacy role, the Trust published an article about our roles and responsibilities in the patient magazine, to inform patients what we do and how we are helping improve patient safety. We were also commended for this work during a visit by NHS England and the Royal Pharmaceutical Society.



BENJAMIN SMITH
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Evaluation of a Clinical Pharmacy Technician's Input Providing Increased Pharmacy Support to Adult Local Mental Health Teams (LMHT's)

The job advert read "Clinical Pharmacy Technician - Community Mental Health Teams". I had never worked in mental health services and had no idea of what a community mental health pharmacy technician did. I came to learn that the role was relatively new to the Trust, and that although a job specification had been published, I was told that the role was there to be shaped. This role had come about due to a CQC inspection that stated medicines management within the community mental health teams required improvement.

Over time, I and fellow clinical pharmacy technicians embedded ourselves into the community mental health teams and created strong working relationships with the wider multidisciplinary teams. Part of our role was to carry out weekly medication clinics for service users being treated in the community. These clinics allowed me to create strong therapeutic relationships and helped improve my consultation skills including compassion, empathy and inclusivity. They also gave me the opportunity to develop my clinical knowledge and recognise my own professional competency.

These clinics exposed us to numerous learning opportunities including risk assessing, safeguarding, the mental health act and medication monitoring. To help support our practice we were given the opportunity to complete a post graduate certificate in Psychiatric Therapeutics at Aston University.

We helped write and implement numerous medicines management and medicines optimisation procedures, which led to thousands of pounds worth of cost savings across the community mental health teams. We also completed national and local audits and were responsible for leading on quality improvement plans resulting from these audits.

In essence we were providing a new and exciting service that expanded the opportunities and professional development of pharmacy technicians at the Trust.

Around a year into the role, a new manager came on board. She was a pharmacist with a passion for mental health. I didn't know it then, but she would become a great advocate for the pharmacy technician profession and an inspiration to me professionally. She was interested in my everyday role, but more than that she helped me explore and recognise the impact that I was having on the community mental health teams. She encouraged me to quantify my work in the form of a service evaluation which gave me the premise for my poster abstract and in turn the data needed for the final poster.

The poster was submitted to the College of Mental Health Pharmacy conference in 2022 and was recognised as highly commended.

Whilst I am very proud of the poster, an inherent drawback of this format is its limited ability to give the author a chance to recognise the people who supported them. This role allowed me to have daily interactions with multiple health professionals including mental health nurses, social workers, psychiatrists, psychologists, support workers, and medical secretaries among many others. Each of these professions taught me something new and made me a better pharmacy technician.

Poster pdf link: [Evaluation of a Clinical Pharmacy Technician's input providing increased pharmacy support to Adult Local Mental Health Teams \(LMHT's\)](#)

I think what I am most proud of is the fact that it was recognised that a pharmacy technician had the skills and clinical competency to expand their practice into a new role that traditionally would not have been performed by a pharmacy technician and that the pharmacy technician added value to the colleagues and service users in the mental health teams.

So, in closing, if somebody poses the question, "could a service be improved by the presence of a pharmacy technician?", the answer is nearly always yes.

NATHALIE BERRY
MPharmT

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Primary Care Network Pharmacy Technician

I spent 10 years at Boots, where I completed my NVQ 3 in Pharmacy Services with the NPA and progressed to become an accredited checking pharmacy technician. My ambition led me to lead the walk-in dispensary team. Outpatient experience at Lloyds' outpatient department, which paved the way for me to work in a mental health hospital. Transitioning to a hospital setting, I gained my medicines management pharmacy technician accreditations and following that I specialised as a cancer specialist pharmacy technician and advanced to a managerial role. I completed various management courses, including 'Leading an Empowered Organisation,' which equipped me with the skills to lead a team.

After several years, I moved on to a 3-day secondment with the local CCG. My role primarily involved supporting GP practices in reducing spending and achieving cost savings, but I also contributed to projects like formulary updates, local policy updates, and leading the Primary Care pharmacy technicians in our area.

My interest in GP work led me to leave the hospital and join a PCN in my area, aligning well with my roles. I enrolled in the CPPE Primary Care Pharmacy Education Pathway. After a year of working part-time for both the PCN and CCG, I transitioned to full-time work with the PCN, allowing me to deepen my clinical knowledge, which I enjoy the most. This enabled me to run my clinics for the three practices.

One significant challenge is managing the expectations of the three GP practices within our PCN, each with different processes. As a pharmacy team, remembering each practice's procedures is challenging. Another surprise was explaining the role of a pharmacy technician to the wider team. Coming from a background where pharmacy technicians have well-established roles, I found primary care to offer a new path. I overcame this by explaining my role to the practice managers and prescribing leads, which improved the wider team's understanding of my role within the PCN.

Being the only pharmacy technician in our PCN, I enjoy setting the direction for my role, which will influence future recruits. It is crucial to justify and document decisions, as our roles are not always understood by the wider teams and

patients. Pharmacy technicians are still not well known or respected, which can lead to restrictions.

The highlight of my career has been my roles in the CCG and PCN. At the CCG/ICB, I had the opportunity to lead PCN pharmacy technicians with a colleague. In my PCN role, the biggest highlight is running my clinics and working with patients. I have clinics for hypertension, statin initiation, and thyroxine titration, all of which I helped implement with support from our clinical director and pharmacy lead. I wrote the standard operating procedures for these clinics, which are fully booked for the next month. My colleagues see me as organized, efficient, reliable, and conscientious.

I usually seek guidance from my clinical supervisor with whom I have built a strong relationship. She often knows what I am thinking before I finish speaking. Completing discharge and clinic letters and reducing their number is a part of my job satisfaction. The process involves reconciling these letters from hospitals, transcribing medications, noting changes on patient records, and counselling patients. Pharmacists check my work according to our SOP, which includes specific drug groups, complex interactions, lengthy hospital stays, and cases where I need additional clarification.

I have no regrets about my career path, as every step has taught me something valuable. I joined APTUK to support the professional development of pharmacy technicians, a cause I am passionate about. My next goal is to pursue the Diploma of Higher Education in Advanced Pharmacy Technician Practice with UEA in the next couple of years.

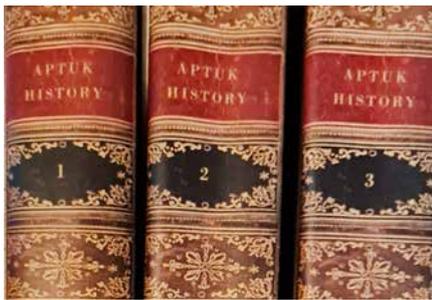


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Interested in Writing an Article for the PTJ?

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



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

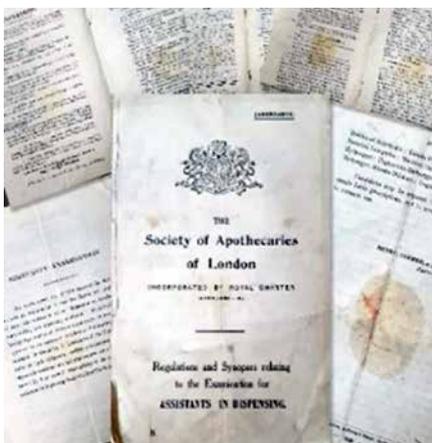
Part two: 'The Assistants'

Welcome to the second installment of our professional leadership body's history. In the first part we looked back in time to see how the pharmacy professional role initially evolved. You may remember this was through the 'Apothecaries Assistant', also known as Apothecary Dispensers. So, let's see now how this continued and how it led to the beginnings of APTUK.

The Assistants to Apothecaries and their qualification; 'Apothecaries Hall Qualification'

A significant turning point in our pharmacy technician journey happened when the 1815 Apothecaries Act as well as regulating medicinal practice, also gave the Society of Apothecaries responsibility and legal authority to set examinations for dispensers. Successful candidates were to be awarded a certificate called 'Assistant to an Apothecary', which included hospital and Doctors' dispensers. This is the qualification that first evolved into the Apothecaries Hall Diploma, after which it became the Apothecaries Hall Certificate. It then progressed to the Society of Apothecaries of London Pharmacy Technician's Certificate. To this day, several of our APTUK members still hold this qualification.

The Society of Apothecaries of London conducted the examinations from 1815 until January 1998. The last examination for this qualification was held in 1999.



Society of Apothecaries of London 'Regulations and Synopses for the Examination for Assistants in Dispensing'

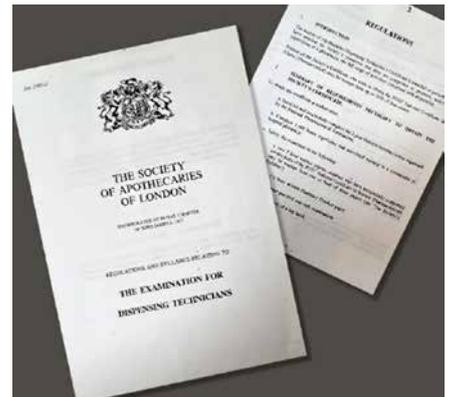


1970 examination for 'Pharmacy Technicians'

APTUK are fortunate to hold a few original copies of the Society of Apothecaries of London 'Regulations and Synopses for the Examination for Assistants in Dispensing'. The oldest one dates to 1940. The examination then consisted of three parts: the Compounding and dispensing of medicines, (practical and oral); Chemistry (oral) and Materia Medica, Pharmacy, Forensic Pharmacy and Translation of Prescriptions (oral). It cost the candidate six guineas and stipulated they must be 18 years old and over, they must have had instruction in the examination subjects and have a good general education.

In 1970 the examination, now for 'Pharmacy Technicians', still consisted of three parts. These were: a written paper (2 hours) and a practical examination (3 hours) in Pharmacy and a written paper (2 hours) in Physiology and Pharmacology. During the practical examination the candidates could be questioned on any aspect of the syllabus. The fee for the examination had risen to £8.40. The entry age remained the same, 18 years, but they also had to have three G.C.E 'O' levels with one subject, preferably being science that included chemistry. The candidate also had to have completed two years of practical experience in this country under the pharmacist's direct supervision.

Moving forwards to 1995 the examination for 'Dispensing Technicians' consisted of four parts: Two 2 hour written examination as paper A, Pharmaceutical



1995 examination for 'Dispensing Technicians'

Microbiology, Pharmaceutics, Pharmacy Law and Paper B, Human Physiology, Actions and Uses of Drugs; a 2.5 hour Pharmacy Practice paper; a 1 hour practical and oral examination and a maintenance of a logbook to be used as part of the oral examination. The candidates must have completed a 2 year distance learning course organised by the National Pharmaceutical Association and have completed 1000 hours experience in community or hospital pharmacy under a supervising pharmacist. If candidates already held the BTEC National Certificate in Science (Pharmaceutical) which was introduced in the 1980s (more about that later), they were exempt from the two 2 hour written papers.

Apothecaries Hall Assistants

The Society of Apothecaries kept, and still holds, records, of all those who became "Assistants to an Apothecary" and pharmacy technicians who achieved the qualification. This is an important fact that has later significance.

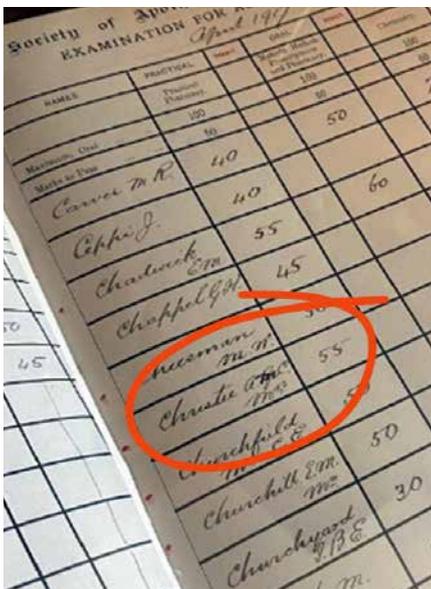
The same as our professional demographic today, the examination registration data indicates that the majority of dispenser's were women. The records show, in 1917 that there was a famous female author on the list. This was Agatha Christie.

At the time, Agatha worked in the dispensary of a Torquay hospital. She sat the Apothecaries Hall examinations, passing two out of the three oral exams.

She did, however, pass the third exam on the second attempt. This is where Agatha learnt her knowledge of medicines, especially poisons, that became beneficial when she wrote her detective novels. Over 30 characters met their death with a poison in her books! The Register of Examinations bearing her name is on display at the Society of Apothecaries just outside the room where examinations are still sat.



Agatha Christie



There are other famous people of great significance to APTUK who were also holders of the Apothecaries Hall Diploma. One of which was Miss Katherine Lano Miles, our Association's founder. Katherine L. Miles MBE, alongside many of our other early leaders, was before and at the time of start of the NHS, practicing as an Apothecaries Hall dispenser. Miss Miles had extensive experience, having been in sole charge of pharmacies at Croydon Mental Hospital and Hammersmith Hospital.



Miss Katherine Lano Miles

NHS and what happened next to the Apothecaries Assistants- the 'Apothecaries Hall Dispensers'

With the introduction of the NHS in 1948 and its ambition to look after the health of ALL people "from the cradle to the grave" free of charge, dispensing shifted from doctors' surgeries to retail chemist shops. This left qualified dispensers without standing whether they worked in doctors' surgeries or hospitals. This was compounded by the Department of Health and Social Security not recognising our only qualification, the Apothecaries Hall Certificate.

At this point, Miss Miles, holding the certificate, decided that something needed to be done as there was no organisation or body to fight for the dispensers. She feared that the role would be relegated to ancillary status in the new Health Service.



Conception to Birth

Although, as said, many dispensaries were manned by Apothecaries Hall dispensers, between the two world wars and the economic crisis of the 1930s, many pharmacists moved from retail chemist shops to hospital pharmacies. They often replaced the holders of the Apothecaries Hall Certificate. Whilst the retail pharmacists had their own voice through the Pharmaceutical Society, the hospital pharmacists soon collectively realised they needed their own organisation to seek improvements to their conditions and salaries. This resulted in the Guild of Public Pharmacists who negotiated with the then formed British Hospital Association (BHA) on their behalf.

In the early 1940s Miss Miles and another valued Apothecaries Hall dispenser, Miss L Mitchell, were members of a trade union, the Hospital and Welfare Services. This union later became the Confederation of Health Service Employees (COHSE). Along with Miss Mitchell, Miss Miles applied for dispensers to be represented at a joint terms and conditions meeting with the BHA. Unfortunately, this was refused which meant the dispenser's voice was lost. As Apothecaries Hall dispensers were completely unrepresented, a very low rate of pay of £100 per annum was fixed, which was much less than most were already earning. This, along with the consequential loss of professional status was a serious challenge for dispensers.

Thus, when Whitley Council was set up to negotiate terms and conditions for the new NHS, Apothecaries Hall dispensers were already incumbered with a low salary rate. Also, due to the lack of representation, as feared, they were relegated to the ranks of 'unqualified' with other ancillary ratings in hospitals. In addition, at the start of the NHS, the responsibility for dispensing passed almost entirely to pharmacists.

Miss Miles, in 1951 began the "call to arms" and her quest to safeguard the qualified Apothecaries Hall dispensers. She contacted the Society of Apothecaries of London, in their role as custodians of the qualification, for their assistance and support.

As said at the start, the Apothecaries Hall Diploma/ Certificate was the only qualification for dispensers when the NHS commenced. The qualification, however, being sanctioned by the Society of Apothecaries, was one cause of many tensions and conflicts between the two Societies: The Pharmaceutical Society and the Society of Apothecaries.

The subject of Apothecaries' assistants had for some time been a hot topic for



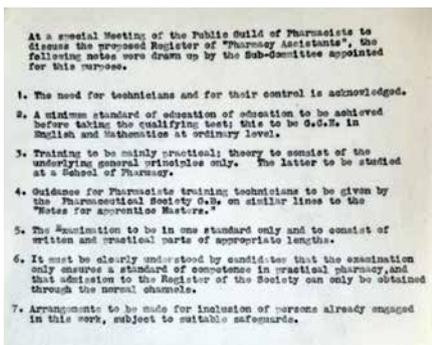
1951 letter to the Pharmaceutical Society journal

the pharmacy profession and a letter to the Pharmaceutical Society's journal, 11th August 1951, called for a lawful register be sought for "qualified" dispensing assistants. The letter requested that the Pharmaceutical Society and its Council to immediately instigate this by setting regulations alongside determining the training and examinations. It also asked that registrants should 'possess sound education, pharmaceutical skill, thorough knowledge of laws and regulations affecting pharmacy, scientific background and a high integrity'.

Following up on these articles, Miss Miles urged the Society of Apothecaries to take up an opportunity as it was time for a "coup d'état" and to fill the gap, particularly as then there was a shortage of pharmacists.

In addition to this, Miss Miles also became aware of an article in the October 1951 edition of the Journal for Guild of Public Pharmacists who had formed in 1920. The article indicated the problem of Apothecaries Hall assistants needed to be dealt with before they became organised and a menace.

Following this, a couple of years later, the Guild, at a special meeting to discuss a proposed 'Register of Pharmacy Assistants' set up a sub-committee to look at this.

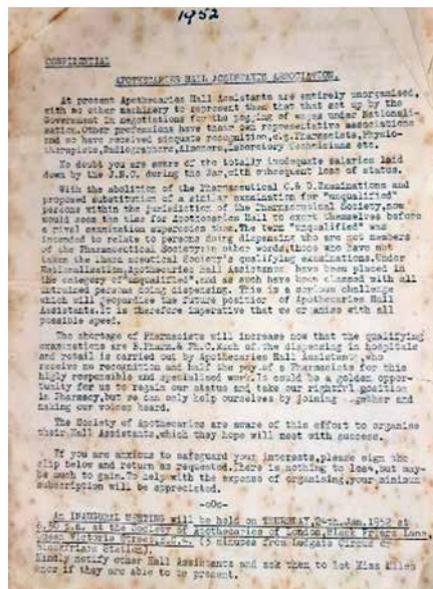


Journal for Public Guild of Pharmacists sub committee minutes

In the meantime, Miss Miles, still galvanized by her concerns that the Apothecaries Hall assistants had no other machinery or association to represent them, had become aware of a group with similar concerns in the Midlands, the West Midlands Dispensers Association. This group urged Miss Miles to set up a national group in London. Before doing so, Miss Miles, wanting the Society of Apothecaries engaged, sought their approval, which was duly given by the Private Court. Striking whilst the iron was hot, Miss Miles, in November 1951, asked the Society if the first meeting of an 'Association' could be held at the Hall. She also asked if they could provide her with a list of Apothecaries Hall assistants so that prospective members could be contacted, which was duly given.

So it begins

The inaugural meeting of the Apothecaries Hall Dispensers Association was set for Thursday 24th January 1952 at 6.30pm at the Society of Apothecaries of London, Black Friars Lane Queen Victoria Street EC4.



1952 invitation letter

An invitation letter was sent to nearly 3000 listed Apothecaries Hall dispensers dating back to 1935 and by 13th January 1952, the Association had 200 actual members, 50 prospective members and 100 attendees for the inaugural meeting. Miss Miles also advertised in national and local press all over the country including adverts in the British Medical Journal, the Lancet and Chemist & Druggist. The Pharmaceutical Journal press, however, refused the advertisement.

A bank account had been opened to manage the fees and organisation. All was set! This was an impressive feat

especially as all correspondence with the Apothecaries Hall Assistants and the Society of Apothecaries of London's clerk and registrar was paper copy, handwritten or typed and sent by Royal Mail.

Members travelled from far afield; Wales, Yorkshire, Liverpool, Norfolk, Suffolk, Devon, South Coast and the entire West Midland Association's Executive Committee (chaired by Miss Udale).

And so, our exciting leadership journey had begun...

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.



From Pharmacy Assistant to Head of Production:

A Journey of Success in Specials Manufacturing and Veterinary Medicines

I am delighted to share my journey to the readers of the Association of Pharmacy Technicians UK (APTUK), from starting as a pharmacy assistant to achieving remarkable success in the specialised fields of pharmaceutical manufacturing and veterinary medicines. My career trajectory is a testament to the incredible opportunities available to pharmacy technicians within these dynamic industries.

My journey commenced with humble beginnings as a pharmacy assistant, where I was introduced to the intricate world of pharmaceuticals and patient care. Recognising my passion for the field, I embarked on a journey of education and training to become a qualified pharmacy technician. This decision deepened my understanding of pharmaceuticals and opened doors to many career prospects within the sector.

One of the defining moments in my career was having the opportunity to join a 'Specials' manufacturer (MANSA Holder), a pioneering start-up that specialised in tailor-made medication solutions. Embracing the challenges of working in a nascent venture, I quickly assumed roles of increasing responsibility, eventually rising to the position of Production Manager. This role provided me with invaluable leadership experience and a comprehensive insight into the nuances of pharmaceutical manufacturing processes.

The trajectory of my career took an exciting turn when the 'Specials' manufacturer underwent a merger, a transformative event that not only expanded its operations but also solidified its position in the market by acquiring another specials manufacturer. As part of the integration process, I assumed a Senior leadership role, tasked with overseeing the seamless transition and ensuring operational efficiency amidst organisational changes within the pharmaceutical industry.

This pivotal experience provided a fertile ground for the application and honing of various transferable skills essential for navigating complex projects. Project management emerged as a cornerstone skill, as I orchestrated the integration process from conception to execution, meticulously planning and coordinating every facet of the transition. Time management skills were put to the test as I juggled multiple responsibilities and deadlines, ensuring that all tasks were completed with precision and timeliness.

Leadership skills came to the forefront as I led a diverse team through the challenges and uncertainties inherent in such a significant organisational shift. I fostered a culture of collaboration and open communication, empowering team members to contribute their expertise and insights towards achieving our collective goals. Additionally, adaptability and resilience were paramount in navigating the ever-evolving landscape of the pharmaceutical industry, as I adeptly responded to unforeseen challenges and adjustments with agility and determination.

Through this experience, I gained invaluable insights into the intricacies of change management and the importance of fostering a resilient and adaptable mindset in the face of organisational upheavals. These transferable skills – from project management and time management to leadership and

adaptability – have since served as pillars of strength in my professional journey, enabling me to thrive in diverse roles and environments.

Motivated by a relentless pursuit of growth and learning, I transitioned into the realm of veterinary medicines, where I assumed the mantle of Head of Production. In this capacity, I am spearheading a monumental expansion project that involves the construction of two cutting-edge cleanrooms. Overseeing every aspect of the project, from conception to execution, reinforcing my commitment to delivering unparalleled quality into animal healthcare products.

During my tenure in the veterinary medicines sector, spanning over seven years, I have observed a burgeoning demand for skilled professionals, including pharmacy technicians and pharmacists. With many veterinary practices operating dispensaries and encountering a multitude of medication-related queries, there exists a compelling opportunity for pharmacy professionals to make a meaningful impact in this field. Their expertise in medication management and patient care is invaluable in ensuring the safe and effective use of medications in veterinary practice.

As a passionate advocate for the role of pharmacy technicians, my journey serves as an inspiration to aspiring professionals within the APTUK community. Whether in pharmaceutical manufacturing, veterinary medicines, or other specialised domains, the avenues for growth and advancement are limitless. By harnessing our skills and expertise, we can actively contribute to the advancement of healthcare while nurturing fulfilling careers.

In conclusion, my journey from pharmacy assistant to Head of Production epitomises the boundless opportunities for success within the pharmaceutical and veterinary sectors. I extend my heartfelt gratitude to APTUK, mentors and fellow professionals for their unwavering support throughout this transformative journey. Together, let us continue to elevate the role of pharmacy technicians and pharmacists as indispensable contributors to the future of healthcare.



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Medication Safety in an NHS Trust

At Sherwood Forest Hospitals NHS Foundation Trust, we have a group of experienced nurses who are medicine champions. The aim of the medicine champion is to promote best practice in medicines management and safety across their areas with support from their ward leaders, matrons, and the Medication Safety Officer (MSO).

I have recently started in my new role as Specialist Medicines Management Technician – Medication Safety and Governance, and one of my aims for this year is to implement better engagement with the medicine champions. As a Medicines Management Technician, I believe that I already had good working relationships with many of the medicine champions from working clinically on the hospital wards. Since starting in my new role I have been visiting the wards to speak with the champions about any medication safety issues which they may be having in their areas. I have also been planning the 'medicine champion updates' which will be held twice yearly. These sessions will be a great opportunity to provide important medication safety updates, deliver learning and for networking.

The first update session that I organised was held in April, and the main focus

of this session was Parkinson's. Three representatives from Parkinson's UK attended and they delivered presentations on 'Get It On Time', research, and much of the wonderful work that is being done by Parkinson's UK. We heard from one of our consultants who presented an audit that had recently been done on Parkinson's patients receiving their time critical medications on time. She also spoke to us about self-administration of Parkinson's medications, which she is hoping to do a lot of work on in the future. I also arranged for a gentleman with Parkinson's to attend the session and share his story. He was my, and I believe everyone's, favourite part of the session. He shared his experience of living with Parkinson's with such passion and he is such an inspiring gentleman. He told us about how he manages many of the symptoms of Parkinson's, his medication regime, how he stays active and healthy, and we even heard a snippet of a song which he and his friends sing at their weekly exercise group which he helps to run. Our MSO also presented some medication safety updates to the champions and spoke about the role in more detail. After much planning, I believe that the session was a success, and I had positive feedback from those who attended.

I am also working towards creating a medication safety intranet page which can be accessed through the trust intranet. All of our medication safety bulletins, update session presentations and audit reports will be saved here for access by the medicine champions and anyone else who may wish to read them.

I am hoping to achieve better engagement and communications with the medicine champions with this work and I am looking forward to organising the future update sessions and working closely with members of the group.



REBECCA ALLSOP
MAPharmT

Specialist Medicines Management Technician - Medication Safety and Governance. Sherwood Forest Hospitals NHS Foundation Trust
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The College of Mental Health Pharmacy (CMHP) is delighted to announce that their student category for free membership is extended to pre-registration pharmacy technicians. This would be for the duration of their course.



Free student membership category extended

Now available for:

- Full-time undergraduate pharmacy students *and*
- Trainee Pharmacists
- Pre-registration Pharmacy Technicians

CMHP is a charity with the aim of advancing the practice of mental health pharmacy and to promote and disseminate research for the public benefit, in all aspects of that subject. The CMHP is proud to represent both Pharmacists and Pharmacy Technicians.

Our vision is to be the recognised international home for mental health pharmacy

We have 4 golden threads that we incorporate throughout our work to achieve our charitable objects.

1. Advocate for equality, diversity and inclusion and actively challenge any barriers faced in achieving inclusive practice of mental health pharmacy.
2. Work to reduce stigma by including the voice of people with lived experience to ensure co-produced practice of mental health pharmacy.
3. Delivering high quality outputs that ensure CMHP is recognised as the "go to" place for expertise in the practice of mental health pharmacy.
4. Recognise the impact of climate change as a health emergency and ensure sustainability is considered within the practice of mental health pharmacy.

You can sign up on our website selecting student membership.

<https://www.cmhp.org.uk/about-us/our-membership/>

For queries relating to membership please email info@cmhp.org.uk.

Valproate Safety Systems for Acute Hospital Trusts

My name is Emma Hall, I currently work as the Lead Pharmacy Technician in Medicines Safety at Gateshead Health NHS Foundation Trust (GHNFT).

Timeline of valproate safety

The anti-epileptic properties of valproate were discovered in France in 1963. It was licensed in the UK in the early 1970s under the brand name “Labazene”. In 1973 it was changed to the brand “Epilim”, and Sanofi started supply. Concerns were raised about animal teratogenicity very early into its use.¹

Over 50 years later we are still concerned about women who take valproate while pregnant, due to the potential risk of congenital malformations and developmental disorders; 11% of babies born to mothers taking valproate will have a birth defect and 30 – 40% will have developmental disorders.²

In 2015 concerns about valproate increased, resulting in the MHRA issuing a letter and guidance informing healthcare professionals of new information with strengthened warnings around the risks of abnormal pregnancy outcomes.³

In April 2017 a patient safety alert ‘Resources to support the safety of girls and women who are being treated with valproate’ was issued to all healthcare providers with actions and a deadline, to ensure compliance.⁴

In 2018 the MHRA released an update stating any use of valproate in patients of childbearing potential had to be within the terms of the Pregnancy Prevention Programme (PPP)⁵. This is designed to make sure patients are fully aware of the risks and the need to avoid becoming pregnant. Even since this guidance was released, there is evidence to suggest lack of compliance with the PPP and female patients taking valproate are still not aware of the risks. This prompted further communication from the MHRA to Chief Pharmaceutical Officers stressing that all dispensed medicines containing valproate should be accompanied by a statutory patient information leaflet.⁶

This brings us to the present day where valproate is still on the national safety agenda. November 2023 saw another national patient safety alert requesting organisations to put a plan in place to implement new regulatory measures⁷. Recent changes mean valproate must not be started in new patients, whether male or female younger than 55 years, unless two specialists independently consider and document that there is no other effective or tolerated treatment, or there are compelling reasons that the reproductive risks do not apply. Our ICB is working with all local NHS organisations to develop a plan to ensure the requirements in this most recent MHRA alert are followed.

Safety processes

So as an acute hospital with 450 beds and a community health service, how do we protect our patients?

Here at Gateshead Health NHS Foundation Trust we have several safety checkpoints where we check female patients have a valid annual risk assessment form (ARAF) and are aware of the pregnancy prevention programme (PPP).

In 2022 a Standard Operating Procedure (SOP) was developed to establish roles and responsibilities for each step of the patient’s journey. This prioritises a review of the patient by the ward clinical team on admission. Interventions are recorded in a database and communicated to the GP. In the 18 months following the implementation of the SOP we have reviewed 26 patients and made 19 interventions. Interventions include

communication with the GP, review of medical notes, and addition of patient alerts onto our electronic prescribing system. We expect the frequency of interventions to reduce as the same patients are readmitted with interventions already in place.

We do not anticipate valproate to be initiated in people of child bearing potential at GHNFT, but it may be recommended by specialists at tertiary centres. The SOP highlights agreement with the patient, shared care agreement with the GP and an ARAF form must be completed. Communication is imperative and the patient must be aware of the requirement of an annual review. A patient card and information booklet will be provided at every dispensing.

I have recently worked with the Specialist Pharmacy Service (SPS) Medication safety across the systems (MSATS) delivering a webinar encouraging discussion around valproate safety.

Our safety barriers include:-

Daily auto-report (see Fig. 1) of inpatients prescribed valproate (generated from the electronic prescribing system (EPMA)) is issued to the medicines safety team. From this we check all female patients <55 years old. This review includes contacting the ward pharmacy team to check for ARAF and discussion with patient and appropriate update to patient record.

Ward	Patient	DOB	Age	Medication	Prescriber
Ward 25	Patient A Male 1234567	20/06/1961	73	SODIUM VALPROATE 200 mg in 5mL Oral Syrup - 1,200 mg STAT	11/01/24 07:00 Dr D 3000000
				SODIUM VALPROATE 200 mg in 5mL Oral Syrup - 1,200 mg 1X22	11/01/24 22:00 Dr D 3000000
				SODIUM VALPROATE 200 mg in 5mL Oral Syrup - 1,300 mg 1X08	11/01/24 08:00
Ward 26	Patient B Female 7654321	10/02/1978	46	VALPROIC ACID as SEMISODIUM VALPROATE 250 mg GR Tablets - 750	12/01/24 08:00 Dr E 2000000
Ward 28	Patient C Female	03/05/1961	63	VALPROIC ACID 500 mg Gastro-Resistant Capsules - 500 mg 1X07	12/01/24 07:00 Dr F 1000000

Fig 1. Example screenshot of daily report of inpatients from EPMA system

• Pharmacy prioritisation dashboard

On admission all patients taking valproate are prioritised for medicines reconciliation by the pharmacy team utilising the electronic ward dashboard (see Fig. 2). The data within this dashboard is populated by the EPMA system.

Ward	Patient	Age	Sex	Allergies	Medication Issues
Ward 26	Patient B 7654321	46	F	None	Sodium Valproate - ARAF exp 03/24

Fig 2. Example screenshot of pharmacy prioritisation dashboard

• Medicines Reconciliation

At the stage of medicines reconciliation, the pharmacy team have access to the Health Information Exchange via the Great North Care Record to confirm the patient has an up to date ARAF. Our local GP practices add this information into the drug additional instructions within the prescribing system (locally this is EMIS). See fig. 3.

Repeat Medication	
17-Mar-2022	Epilim Chrono 500 tablets (Sanofi) , Take two tablets twice a day (total dose 1000mg twice daily), 112 tablet
Snomed code	EPM23962EMIS
Prescription Date	12-May-2021
Date Authorised Until	16-Apr-2022
Issue Date	17-Mar-2022
Number of Issues	14
Number of Authorised Issues	0
Additional Instructions	RAF in place 12/05/21 expires 07/04/2022
Status of medication	Current

Fig 3. Screenshot of Great North Care Record data for GP prescription information

• Alert on prescribing

The EPMA system carries warnings to alert the prescriber and a link to the MHRA alert (see fig. 4):

The prescriber will review the following:

1. Whether a patient has an in-date ARAF (where appropriate) – this will be identified and confirmed with a recent medication history/reconciliation.
2. Discussion with the patient to establish whether they understand the risks and need for a ARAF and pregnancy prevention plan.

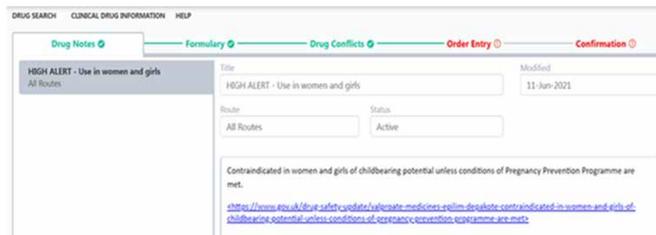


Fig 4. Screenshot of prescribing alert embedded in EPMA

• Inpatient ordering

Pharmacists professionally checking inpatient orders within the dispensary will screen patients for a valid ARAF via data stored on our system. If the patient does not have a valid ARAF form, the task will be passed to the clinical team.

• Dispensing

In line with the MHRA guidance on dispensing we supply a maximum of 28 days in the original packaging. All packaging must have a pictogram/warning image on valproate labelling and an information card. Education was provided to the accuracy checking team to support this.

• Discharge

Any interventions or actions identified will be communicated to the patient’s GP via the discharge summary.

Challenges

The frequent updates and new regulations issued relating to valproate have meant ensuring patients, consultants, doctors, pharmacy and the wider healthcare team have a clear understanding on the most up to date guidance is challenging. Initial strategies included informing teams of the required changes and expectations. Numbers of patients are small and therefore expecting all team members to remember the guidance at each visit is challenging. This is why we implemented multiple

check points including oversight by the medicines safety team to ensure patients do not slip through the net. The use of electronic prescribing and systems further supports this, but does rely on the information being input in the first place. We utilise a monthly medicines safety bulletin to raise awareness and valproate has featured on this frequently.

GPs have the ability to record ARAF information on Health Information Exchange (HIE). Having this information ensures the process of confirming an up to date ARAF is uncomplicated. When this information is not there it can prolong the time taken to review the patient as contacting GPs can be time consuming, taking resources away from other areas.

Currently our EPMA system does not cover the entire hospital and so there are risks associated with not having digital data for these patients. E.g. critical care – but this would be picked up on stepdown to a ward area.

Having an appropriate conversation with patients can be a challenge, maintaining privacy, respect and dignity in a ward based setting, however it is imperative we continue this important process to keep our patients safe.

Summary

The risks of sodium valproate during pregnancy are well established and the implementation of multiple safety checks within the acute hospital environment through the development of an SOP has mitigated some of these risks. The SOP is under regular review in line with the recent update in national guidance around prescribing to male patients. Our processes have shown the benefit of utilising digital reporting systems to target safety work for a specific group of at risk patients.

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Pharmacy Technicians On-Call; Groundbreaking or Deal Breaking?

Many roles that pharmacy technicians now perform were originally seen as 'out of scope' including accuracy checking, medicines management, medicines information, and other job roles.

However, with the correct training, clearly defined responsibilities, and standard operating procedures, is on-call a role that pharmacy technicians could also support with the correct infrastructure?

This article intends to present a balanced dialogue about pharmacy technicians supporting pharmacy on-call services.

What is on-call?

'On-call' is a term frequently used in healthcare by many different professions. On-call is defined as being able to work outside one's normal working hours responding to issues within a set time frame. The preferred term for on-call varies between different workplaces and may be referred to as emergency duty commitment, on-duty, or on-standby. For this article, we will refer to working out of hours as on-call.

On-call is provided out of hours, sometimes as part of a residency position or from home, working as and when required. The person on-call receives an emergency call and follows local guidelines on processing the emergency call and what action should be taken outside of the department's core working hours.

The hospital pharmacy on-call service

Pharmacy on-call is an essential service, and, on some occasions, the request may be lifesaving. Other requests may still be important as without medication or advice the patient may come to harm. The pharmacy on-call service aims to maintain patient's pharmaceutical care around the clock. It can improve patient safety and outcomes. Should a pharmacy on-call service not be provided there is a risk to patient care.

Pharmacy teams make a significant contribution to patients by delivering effective pharmaceutical care and a resilient on-call service enables the level of care to be maintained outside of normal working hours.

Hospital pharmacy departments routinely provide on-call services. This service could be divided into two key tasks:

1. the provision of medicines advice,
2. requests for the supply of medicines.

Should pharmacy technicians join the pharmacy on-call service?

The pharmacy on-call service is usually staffed on a rota basis with departments possibly having different scheduling patterns. It has traditionally been staffed by pharmacists, working alone. Is it time to review the skill mix for pharmacy on-call services? Should pharmacy departments include pharmacy technicians on the rota?

Pharmacy technicians are already fulfilling some aspects of on-call working; whether they are emergency key holders, supporting requests to fill last-minute gaps in the daily rota, or supporting EPMA, pharmacy technical services or management on-call.

Pharmacy technicians are registered pharmacy professionals and therefore could be invited to join the rota to extend their scope of practice. They are a diligent and skillful workforce, competent to support the delivery of this service. It is an opportunity for additional rewards and responsibilities in line with the growth of the pharmacy technician profession.

Pharmacy technicians can demonstrate to other professional colleagues their professional commitment to patient care with their willingness to support the pharmacy on-call service.

Pharmacy technicians are capable, reliable, and resourceful: as registered professionals they can utilise their professional judgment and this is a prime opportunity to support patient-focused care.

Pharmacy technicians will assume further responsibilities and consequential rewards and become a valued part of the wider workforce supporting emergencies. They are likely to receive additional kudos from colleagues for stepping up into a new area of responsibility thus raising the profile of pharmacy technicians within the organisation.

The benefits of two pharmacy professionals working on-call together

This article is not suggesting that pharmacy technicians should replace pharmacists' on-call, but they could work together in a complimentary manner to maintain the service.

It is essential to ensure there are clear roles and responsibilities regarding the appropriate activities for a pharmacist and a pharmacy technician; potentially using a pharmacist-led triage to enable a uni-professional approach. The pharmacist can focus on medicine advice and the pharmacy technicians on the supply of medicines.

It could be good for pharmacy teams, supporting and creating goodwill between colleagues and developing a dynamic, responsive team. It enables pharmacy technicians to develop an understanding of the commitment made by other healthcare professionals working outside of core service hours.

Pharmacists may value the additional support and having an on-call "buddy", a colleague to relate to, to ask questions and seek professional support versus lone working. Of course, many teams providing on-call services already provide back-up and peer support to each other. However, should the on-call be a particularly demanding session then the pharmacist will have built-in support and they are not on their own. This may help to support team wellbeing and reduce stress for colleagues and managers. It may improve the service as medicine queries and supply issues can be resolved quicker by two pharmacy professionals.

The support of an experienced pharmacy technician may build the confidence and competence of a less experienced or newly employed pharmacist and vice versa.

Utilising digital technology to work differently

Many hospitals have deployed EPMA systems; this technology would enable the on-call pharmacist to clinically check the prescription and confirm the request is clinically appropriate to supply before a pharmacy technician makes the supply. Pharmacy technicians could select the correct original pack of a medicine or product and utilising the functionality of mobile phones or email share a photograph of the selected medicine for a second check before supply; if deemed necessary. This simple solution would work for original pack dispensing and one-off supplies.

The disadvantages of two pharmacy professionals providing the on-call service

However, to present a balanced discussion there would be additional costs to run the on-call service and questions may

be asked, is it viable to include an additional professional staff member?

Where complex clinical information and advice is required, this isn't something the pharmacy technician can fulfill therefore it may be deemed it's not appropriate to include pharmacy technicians on the rota.

Shared decision making by pharmacy professionals regarding on-call services

This may be an area of responsibility that pharmacists/ pharmacy technicians do not feel their skills and expertise are best used.

The opportunity for pharmacy technicians supporting the pharmacy on-call service

There needs to be interest from pharmacy technicians to embark on this new responsibility and if adopted, a transition period with adequate support and guidance whilst they gain confidence in their new role.

National e-learning for health (e-lfh) training ~ assessments for on-call pharmacists

NHS England e-learning for health (e-lfh) have a programme of assessments for on-call pharmacists, something similar could be developed nationally for pharmacy technicians.

This could include an outline of the scope of the role; professional standards, questioning and communication skills, prioritisation, mock enquiries and actions to be taken, the time in which to respond to a call, when to refer; what is out of scope for a pharmacy technician. Creating a national foundation training programme for pharmacy technicians on-call would be timesaving, reducing duplication of efforts and ensuring standardisation of content and information.

Updating the On-call Standard Operating Procedure(s) (SOPs)

A clear SOP is required outlining who is responsible for which aspects of on-call and outlining the professional responsibilities of both the pharmacist and pharmacy technician.

Pharmacy technicians will require guidance on the activities expected from them. However, there is a high degree of common sense required, and there is not an exhaustive document to cover every eventuality.

SharePoint is a useful tool for collating an on-call log of requests received and the action(s) taken to resolve the query. It also can be a useful repository of information for other on-call team members and can help to ensure consistency in the approach to requests. SharePoint could also maintain a recording of the individuals' time spent working to enable claims for reimbursement.

The role of the Chief Pharmacist

The Chief Pharmacist will be required to facilitate corporate sign-off at an executive level to ensure all team members involved have vicarious liability for the services they provide. The Chief Pharmacist will ensure clear lines of responsibility and accountability and the appropriate governance processes to manage and monitor the on-call service are in place.

The professional benefits to pharmacy technicians

When weighing up the decision as a pharmacy technician whether you would want to accept this new responsibility of being part of the pharmacy on-call team, do not overlook the possible professional benefits for you as an individual:

- Joining the on-call rota will provide individuals with an opportunity for rapid development as the pharmacy technician takes on an additional sphere of responsibility and

- a sense the on-call service is reliant on you; including taking the lead on some situations; developing your leadership skills
- Working as an on-call professional supports the use of professional judgement and demonstrates your ability to handle unexpected situations, show your resourcefulness and ability to solve problems demonstrating your dynamic working skills
- Supporting the on-call rota is a job with a clear purpose and can give you a strong sense of achievement and personal satisfaction; particularly when supporting others in an emergency
- Pharmacy technicians will enhance their communication skills in emergencies; learning to remain calm, and to emphasise and articulate key information.
- The skills that you encounter when you work as part of the on-call team such as working flexibly, demonstrating reliability look attractive to future employers, making you extremely competitive when applying for development and promotion giving you additional skills, and make you stand out as a talented and committed professional
- Colleagues working out of hours develop a rapport and understanding of those also working across the wider organisation and their challenges as they may reach out to pharmacy professionals for support and solutions, therefore, developing your professional networks and professional reputation across the organisation
- Once you have experience of working on call, you will be able to support other colleagues as they embark on their on-call learning journey
- It enables you to further develop your experience and demonstrate what a valuable and reliable pharmacy professional you are!

The financial benefits to pharmacy technicians.

As well as professional rewards there are usually financial incentives including an on-call pay enhancement. This payment is to cover the inconvenience of being contactable and available to work and is covered with a set monthly payment regardless of the calls you receive. You would then receive an enhanced payment or time off in lieu for the hours you work.

The disadvantages of supporting the pharmacy on-call service.

There are some disadvantages too as you adapt to a new way of working with covering the rota out of hours and balancing your professional and personal life. A rota scheduled in advance can enable you to organise your personal commitments and reschedule any on-call sessions when necessary, but there will have to be compromise.

You may feel uncertainty about what will occur on-call. You will always have the support of your pharmacist colleague and your confidence will grow as you understand the expectations of the on-call service.

The benefits to the pharmacy team

The organisation can expect an additional level of support to the pharmacy on-call rota which may make it less daunting for newly employed/ qualified staff and strengthen the service for those already providing the service. It can support team working as colleagues working together during the out-of-hours service may not normally collaborate in the team.

Pharmacy on-call service reviews

Setting up regular review meetings of on-call staff provides an opportunity to review all the on-call service, for the collective team to work on reducing unnecessary calls; utilising data to

identify any inappropriate requests and to streamline the service. A quality improvement project suitable for a pharmacy technician!

Summary

Working as an on-call pharmacy professional may be a step outside of your comfort zone but your confidence and your professional esteem will evolve immensely as you realise some new personal strengths and receive an acknowledgment of your valuable input from the wider pharmacy team. Patients and professionals will also benefit enormously from your expertise as will the profession as it raises the profile of pharmacy technicians in and outside of the department.



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My Journey as a Pre-registration Trainee Pharmacy Technician (PTPT) to a Registered Pharmacy Technician

This article details my journey from being a student to becoming a registered pharmacy technician within a mental health trust. It highlights the challenges faced, the skills acquired, and the professional and personal growth experienced during this transition.

The path to becoming a registered pharmacy technician in a mental health setting is paved with learning experiences that both challenge and enrich one's professional life. My journey began as a student filled with ambition and evolved into a role demanding a high level of responsibility, critical time management, and multitasking capabilities.

Working in a fast-paced mental health pharmacy presented a myriad of challenges, primarily handling a high volume of prescriptions and dealing with patients in crisis. Maintaining professionalism while ensuring patient safety required calm and focused attention to detail. Adhering to strict guidelines was paramount to avoid medication errors and ensure compliance with healthcare standards.

One surprising aspect of my role was the level of responsibility and the necessity for multitasking. The rapid environment demanded swift adaptation and the ability to manage continuous workflow efficiently. This required not only technical skills but also a proactive approach to seeking opportunities for hands-on experience across various tasks.

As a trainee, I learned the importance of seeking mentorship from experienced pharmacy technicians and pharmacists across Southwest London & St Georges Mental Health Trust. Their guidance was instrumental in my ability to handle complex situations, such as specific patient care challenges and complex medicine reconciliations. Resolving these issues often involved coordination with a broader multidisciplinary team, ensuring timely and accurate medication delivery to patients.

I found profound satisfaction in the pharmacy profession, driven by direct patient interaction and the impact on their health and well-being. This fulfilment confirmed my

commitment to the pharmacy field, particularly within the mental health sector, where the patient impact is both immediate and significant.

The role's demands have grown, with increased workloads and extended responsibilities, especially in the face of staff shortages. This has necessitated additional training and development, further shaping my skills and ability to perform under pressure.

A crucial part of my role involves enforcing pharmacy laws and advocating for equality within the healthcare environment. This commitment extends beyond the pharmacy, engaging with community issues related to inequality and judgement.

The transition from a student to a registered pharmacy technician has been a journey of significant professional development and personal growth. It has involved overcoming challenges with a steadfast commitment to patient safety and care. The experiences gained have solidified my resolve to continue in this rewarding career, continually striving for excellence in every aspect of my practice.

This narrative is not just a reflection of my career progression but also an insight into the evolving roles of pharmacy technicians in mental health care, highlighting the importance of adaptability, continual learning, and advocacy in achieving professional success and personal satisfaction. I have joined the South West London and St Georges Mental Health Trust, a nurturing ground where I received exceptional training that honed my skills and prepared me for professional challenges.



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Transitioning into a New Healthcare Record System: Vision, Challenges and Outcomes

Why the Trust transitioned from one system to another in the first place: past and present

The trust in which I work consists of three hospitals: King's College Hospital, Princess Royal University Hospital and Orpington Hospital. The Trust sought to improve efficiencies and ensure that patient care was seamless and as paperless as possible, across the entire patient care pathway. This incentivised them to transition from relying on a multitude of healthcare applications across different healthcare teams, (of which Ascribe was one - a dispensing software) to one unified application (Epic) across all healthcare teams, and all three hospitals.

The impact of transition on the transfer of care between healthcare teams

When medicinal information about a patient would be transferred from one healthcare team to another, i.e. from the clinical team on the ward to the pharmacy team, or one hospital to another, it would need to be documented again each time because each team used a different healthcare application. For example, a patient admitted into our critical care wards would have their results, medication history and newly prescribed medication recorded on the Intellispace Critical Care & Anaesthesia application (ICCA). When the patient became stable, they were moved to a specialty ward. The specialty ward would receive an ICCA stepdown document (electronically or on paper). When ward based pharmacy technicians or pharmacists arrive on the ward to take a drug history of this patient, they would have to transcribe this onto the Electronic Prescribing and Medicines Administration (EPMA) software.

The introduction of Epic substituted all these different healthcare applications as it allowed the documentation of both the patient's results and drug history to be used by all the different healthcare teams without the need to produce documentation each time care is transferred. The Trust believed the transition from using multiple applications to one single application would speed up patient care by removing the need for transcriptions by the different healthcare teams, and link patient records with other hospitals that use the same application.

The impact of transition on pharmacy itself

All the divisions within pharmacy including dispensary, procurement and aseptic services would use Ascribe, and so access to this application was not available outside of pharmacy, on the wards. EPMA software was used for transcribing by pharmacists on wards and was not accessible on computers within pharmacy. This meant that pharmacists would only be able to transcribe if on the wards.

The introduction of Epic enabled the same application to be used by both pharmacy and wards. Workflows were changed because electronic prescriptions transcribed on the wards could now be accessed remotely in pharmacy, rather than requiring the pharmacist to print out the prescription and deliver it to dispensary. The transition to Epic was not immediate, however. While the hospital was getting used to Epic, they had to use Ascribe system concurrently with Epic for some technical services and homecare needs such as invoicing of current prescriptions.

What did the transition entail technically

Ascribe upgrades were put through a user acceptance test (UAT) before being enacted. This is to test a full range of functionality for all departments and areas. We would do several practise runs of all our workflows and every possible action that could be clicked and selected on the new system in a non-live environment, and only once we were happy that it had passed to an accepted pass rate, would we go-live with the new system/upgrade.

I feel that a lot was done from the trust to coordinate the transition from a training point of view (despite the system not being fully built), and slightly less from a departmental technical point of view with regard to testing the user interface in a simulation environment (where staff could practise doing a full department workflow e.g. ordering, dispensing, prescribing, history taking for a range of different medications before go live).

It would be even more important to do this in a full switch over of applications than it would for just an upgrade, where you can roll back upgrades and revert to the old system. This also affected how much hardware provisioning we had to manage, such as monitor replacements and extra scanners at each desk and in some cases more computers than were originally thought to be needed. There was a lot of hardware installation (more monitors, PCs, Scanners, and printers) to be managed to accommodate the new system and rolling this out and ensuring it all works before a go-live date became problematic.

The challenges faced

The main challenge faced was short timescales. The date at which the new healthcare record system was to go live was set in stone and all work and issues to be overcome were to be done in that time. However, most staff did not have an adequate level of understanding of the system so problems and issues could not be so easily gleaned before the date it was going live. This meant that sometimes an issue would surface later when it could have been addressed or planned for earlier.

Lessons learnt from those challenges

I think having the system a bit completer and more tested before training was undertaken would be a better way to have staff knowledgeable about procedures and processes and identifying potential issues before having to use the live system. This would mean that planning teams would have issues fixed and hardware ready when the system was live instead of very close to go-live.

We are now approaching nearly a year of using Epic and therefore it has become embedded into everyday practice. As an IT support technician, what is the experience of the pharmacy team of Epic today?

Initially there were many uncertainties about whether systems were working properly e.g. being unable to dispense the right medication or prescribe the right strength. Continuation of care for patients was hindered whilst we worked out how to resolve issues that our previous software didn't have. End user satisfaction surveys were carried out after go-live by the trust and staff were encouraged to speak about Epic in their

appraisals. There are still workflows that have yet to be fully optimised and there are some technical issues which are being worked on by the Epic technical teams. Staff are more aware of what the processes should be and whether they can be modified to suit workflows or if workflows need to be altered to fit the functionality of Epic.



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Sussex Branch Meeting: May 2024

Pharmacy Technician Career Progression In Primary Care

The recent meeting hosted by APTUK Sussex Branch on 7th May 2024, brought together pharmacy professionals from across the UK, all eager to explore the evolving career pathways within Primary Care. Attendees were treated to a comprehensive overview of the innovative approach taken by the pharmacy team from Folkestone, Hythe & Rural Primary Care Network (PCN) in supporting pharmacy technicians from their initial training through to advanced practice.

Kristy Garton, APTUK Branch Executive, kicked off the meeting with updates on the APTUK Executive Committee and the exciting launch of new branches in 2024, including a dedicated pre-registration trainee pharmacy technician (PTPT) branch and a Mental Health Branch. For the Sussex Branch, which has been virtual since its inception in 2021, the announcement of an opportunity for face-to-face networking at the forthcoming APTUK Conference, generated interest among attendees.

The spotlight then turned to Tracy Bennett, Layla Pruce, and Molly East, members of the Folkestone, Hythe and Rural PCN Pharmacy Team. They shared insights into their collaborative approach in delivering patient services, highlighting

their integration with the patient participation group (PPI) to tailor services to local needs.

Central to their success has been the utilisation of the Additional Roles Reimbursement Scheme (ARRS) funding from NHS England. This funding facilitated the employment of various healthcare professionals, enabling the pharmacy team to broaden its scope and effectiveness. Notably, the team leveraged ARRS funding to mould a PTPT into a registered pharmacy professional, exemplifying their commitment to professional development.

Layla outlined the diverse responsibilities shouldered by pharmacy technicians, ranging from medication reconciliation to patient consultations and supporting care homes. Their role has evolved beyond traditional tasks to encompass proactive patient care and collaboration within multidisciplinary teams.

Molly's journey from a community pharmacy counter assistant to a PCN pharmacy technician exemplifies the career progression opportunities within the field. Through exposure to diverse healthcare settings and mentorship from the PCN team, Molly has honed her skills and expanded her role, contributing to

the development of new services and enhancing patient care.

The meeting concluded with an engaging Q&A session, providing attendees with further insights into the evolving roles within PCNs. Sussex Branch members remained to brainstorm future meeting topics and continue networking.

Looking ahead, the next Sussex branch meeting on September 10th promises to offer valuable insights into the daily life of an NHS England pharmacy technician, with speakers from the NHSE South East Team. Booking details will be shared across APTUK social media platforms, ensuring widespread access to this enriching opportunity for professional development and networking.



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Pictured l-r: Tracy Bennett, senior pharmacy technician and pharmacy technicians, Layla Pruce & Molly East from Folkestone, Hythe & Rural PCN.

Leadership and Inter-Organisational Collaboration - Challenges and Solutions

Integrated care systems have led to an era of increased partnerships and collaborations between NHS organisations and local health authorities. Pharmacies are one of many organisations finding themselves collaborating to provide seamless patient care. One notable example is the collaboration between the hospital trust I work for and a local PCN, where we have developed shared pharmacy roles to bridge the gap between hospital and community settings. In this collaboration, pharmacy staff split their time equally between hospital and community to improve continuation of care across sectors. This partnership not only enhances patient outcomes but also highlights the integral role of pharmacy in integrated healthcare delivery.

Such collaborations aim to improve population health outcomes, address inequalities, increase efficiency, and encourage social and economic development. However, the assumption that shared goals will automatically ensure successful inter-organisational collaboration is often misguided. In practice, collaboration is incredibly intricate and often involves struggle, dissent, and opposition.

In some instances, one organisation may dwarf the other in terms of size or available resources, which can create a notable power asymmetry. This power asymmetry can be a challenge, leading to policies and practices that may favour the interests of certain actors over others. Biased processes can ultimately lead to individuals feeling excluded from the decision-making process and result in collaborative failure.

To address these challenges, equitable participation and effective communication are essential. Leaders must practice self-reflection and hone their negotiation skills to navigate conflicts and ensure that all stakeholders have a voice in any decision-making processes. Research suggests that leaders who employ frameworks during negotiations (where actors can meet, reconcile differences, and exchange ideas) are ultimately more likely to succeed.

Table 1 below shows a framework that can be used to aid negotiations throughout collaborative endeavours:

Rules	Additional information
Defining who should be involved	<ul style="list-style-type: none"> - Which actors and roles can participate - What conditions allow participation
Defining the agenda	<ul style="list-style-type: none"> - Provide scope and objectives for the joint venture - Specify issues for inclusion or exclusion - Prioritise goals
Establishing processes	<ul style="list-style-type: none"> - Define the rules and procedures around the activities - Decide on the division of labour - Set deadlines for decisions
Creating communication channels	<ul style="list-style-type: none"> - Decide on communication methods and frequency - Decide on the level of transparency with internal and external stakeholders
Defining decision-making rules	<ul style="list-style-type: none"> - Define who makes decisions within the partnership - Define methods of decision-making

Table 1. Based on frameworks by Phillips et al. (2000), Rees (2015), and Klijn and Koppenjan (2016).

Despite the increasing popularity of inter-organisational working, collaboration between healthcare organisations remains underexplored and underutilised. As our healthcare systems face growing complexity and challenge, it is crucial for us to continue to move towards collaborative working models. Simple frameworks, such as the one below, offer a structured approach to encouraging fairness and transparency in these collaborative endeavours.

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Developing an Integrated Pharmacy Technician Workforce for the Future

Background

In Dorset, it was acknowledged across the pharmacy profession that there was a significant shortfall in the number of pharmacy technicians, and all pharmacy sectors were being severely impacted by the lack of recruitment and retention. Therefore, a collaborative approach was required to address these challenges, encompassing the need to develop a robust integrated pharmacy technician workforce for the future.

The first action was to engage NHS organisations and other employer stakeholders in our Integrated Care System (ICS) to work with the Our Dorset Pharmacy Workforce Faculty. This working group would represent and be advocates for all pharmacy sectors with the aims of increasing recruitment, retention, and development of the pharmacy workforce across Dorset with the emphasis on integrated working. This workstream would also support the faculty's objectives by:

- Developing a career framework for pharmacy technicians from student through foundation level and beyond
- Creating rotational / portfolio roles for pharmacy technicians across sectors in the ICS.

Methods

Utilising the working group's wide range of knowledge, experiences, and backgrounds in the various sectors, it was possible to identify a number of methods to address the overall aims.

From a Dorset Healthcare perspective, we were able to draw on a number of successful existing cross sector pharmacy technician posts to demonstrate that integrated posts could be achieved across all development stages of a pharmacy technician from student to advanced practice.

In terms of building on experience, we reviewed how pre-registration trainee pharmacy technician (PTPT) cross sector apprenticeships had been implemented within Dorset. These apprenticeships, which were already in place, had helped to create integrated links across primary

care networks (PCNs), community hospitals, mental health services and community pharmacies as well as providing the students with a wide range of skills and experiences. Building on this and working closely with stakeholders, we were able to devise and implement an Integrated Pharmacy Technician Band 4 to 5 development programme with associated cross sector posts.

The basis of these programmes and cross sectors posts were constructed by utilising the APTUK National Competency Framework for Primary Care Pharmacy Technicians and Foundation Pharmacy Framework. In conjunction with this work, we also extended support to develop autonomous Band 5 integrated roles across our system with staff working within PCNs, care homes, acute trusts, mental health, community, and domiciliary services .

Results

With the continued engagement from the Our Dorset Faculty and ICS , benefits of adopting cross sector integrated roles became more evident, which in turn increased the number of roles which could be offered. Dorset Healthcare then became the host for a number of these types of roles due to their continued vision of more innovative integrated posts.

So far, we have been able to demonstrate and feedback to stakeholders :

- Pharmacy technicians have now increased their transferable skills making them a very valuable part of the healthcare workforce across all sectors.
- Pharmacy technicians now have a greater understanding of different sectors and the patient journey which enables improved patient centred care.
- Pharmacy technicians are a flexible and versatile workforce.

Succession and capacity planning for the future.

- Flexible hours and portfolio roles are achievable.
- Benefits of competency frameworks in staff development and leadership.

Conclusion

The Dorset Faculty, ICS and stakeholders have all acknowledged the need for ongoing collaborative system level working to continue the development of integrated pharmacy technician workforce. Innovative integrated portfolio roles are demonstrating the potential to increase recruitment, retention, development, job satisfaction and raise the profile of pharmacy technicians .

Dorset Healthcare's vision and aims are to continue to support and provide an agile and flexible pharmacy technician workforce. This workforce in the future could then easily adapt and respond to changes in all sectors and provide resilience when there are shortfalls due to their wide range of skills and integrated working experience. This in turn is having a direct impact on improving patient centred care as more and more of the integrated pharmacy technician roles are working collaboratively to support patients.



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A Conversation With...

After the Department of Health and Social Care (DHSC) announced its plans to expand roles/scope for pharmacy technicians, Dental Hygienists & Dental Therapists, **John Milne** and **Nicola Stockmann** got together to discuss what this means for the professions, what concerns there are regarding this and what commonalities there are between the professional groups...

JOHN MILNE

Immediate Past President, British Dental Association

NICOLA STOCKMANN

President, Association of Pharmacy Technicians UK

Nicola: Thank you, John. I appreciate you joining me to discuss the current priorities within our two professions. We met in South Africa at a Sigma conference earlier in the year as part of a multidisciplinary line up for a panel and it's been a fantastic connection - it's so interesting to see the parallels between dental and pharmacy.

We've had the DHSC announcement expanding roles and scope for pharmacy technicians, dental hygienists and dental therapists. And we want to have a clear understanding of what that means, we know that sometimes when there's changes to scope of practice it can be quite a difficult time. There might be a little bit of apprehension, just some things we need to iron out or unpick what it means in daily practice and from a national perspective. And I think there are commonalities between the professional groups and certainly where there is a recognition of their value in the services provided and the need to expand capacity. So, starting with the first question - what are the pressures and national priorities within the Dental profession?

John: The priority is access. Probably over the last two or three years, the newspapers have been full of headlines about the public being unable to access NHS dentistry. That's leaving many people in pain, unable to get urgent appointments and it's also difficult for the oral health of children if they can't get access to NHS dentistry and it breeds inequality. Although private dentistry might be available, not everyone can afford that. So, there's a real question about the capacity and supply of dentists and their teams. It's difficult to say that there aren't enough dentists in the UK to treat the needs of the population, but one of the challenges is that the funding and working conditions of the NHS dental service are just not good enough to keep dentists in the profession. The financial pressures on dental practices of low fees and inadequate funding mean the dental practices are less willing I think to participate in the NHS, particularly young dentists. So, those are the main pressures.

Nicola: That's similar, reflecting in the pharmacy field, there's a lot of work around health inequalities and barriers to access for pharmacy. There might be a limit or a delay in accessing care because they may not be able to navigate the systems because the NHS is not always the simplest system to use. And how you access healthcare very much depends on what you need. The way you access your dentist, for example, is very different to the way that you access your pharmacy or your GP. There is a real effort towards reducing health inequalities with counselling and

placement of community pharmacies in local areas but health inequalities and barriers to access are only compounded by capacity problems. So again, in being able to access care there is always the option of going private. But that option, although in existence, is not one that is viable for many, and we need to make sure that our capacity is safely expanded wherever possible. Making sure that those within the workplace are supported to work within their scope of practice and making sure that they are safe and regulated to be able to do so. There is no magic wand, but our attitude towards that and, being open to supporting it, is within our capabilities. I think health inequalities is one that reverberates around the entire multidisciplinary team and certainly within the NHS as well.

John: I think it's probably worth bringing in there that one of the pressures that's not always recognized so much is the area of cosmetic dentistry. Everyone wants to look good; everyone wants to feel good and it's great that dental professionals can help people with those aspirations. But it puts pressure on the service. If dentists and their teams are spending all their time on cosmetic dentistry, it means that there is decreased opportunity to get things like dental disease which is still widespread in the UK, treated. The disease is worse in the poor and the very young and in the elderly. And it just brings an ethical and a moral sort of stress into the equation. And where much of the treatment of disease is available through the NHS schemes, if they are not seen by the professionals as good places to work in then the problem just exacerbates.

Nicola: I have spent quite a lot of time in my role as APTUK President and Vice President prior to that explaining the roles and value of pharmacy technicians and indeed all the different roles within pharmacy. And I can imagine dentistry is no different - you've got many professionals within your whole team. It would be good to understand who we could find if we were to walk into a dental practice or who would support such wonderful care?

John: Teamwork is key to practicing modern dentistry and utilising the skills of the whole team, and successful practices are where that happens. In dental practice, you'll find dentists who diagnose and treat the whole gamut of conditions that arise within the mouth, tooth decay, gum disease, things like that. Also, dentists are skilled in screening for mouth cancer etc. So, for the dentist it's a combination of diagnostic skills and a lot of different technical skills to treat the various things that happen in the mouth and in the oral cavity. And alongside that you'll likely see a dental hygienist or more commonly these days a dental therapist. Dental hygienists tend to focus on the treatment of gum disease, periodontal disease, and how to how to prevent it. They are good at giving oral health education, teaching people how to clean their teeth effectively and so on. Many dental hygienists are now dually qualified in the role of

a dental therapist and that's just a wider base of skills which involves, for example, being able to do extractions of deciduous (baby) teeth or restoration work such as fillings on permanent teeth. A lot of the routine work that's needed in dental practice can be done by a dental therapist and their role is gradually increasing.

Unfortunately, though, the structures and policies of the NHS system have made it harder for therapists to pick up those roles in general dental practice. There's a lot of dental therapists not working to their full scope of practice.

You'll also find dental nurses. They have been able to expand their scope of practice to be able to take radiographs and to be able to apply a fluoride varnish to the teeth of both young children and elderly people, as a preventive measure. So, as well as the dental nurse assisting the dentist or the therapist hygienist in their role, they've also got patient facing roles of their own. I haven't mentioned the receptionist, but they're valuable. And I've also not mentioned dental technicians. Dental technicians are highly skilled people that make the more advanced restorations that dentists fit for people. You know, to restore function to the teeth and things like that. So it's a big, big team.

Nicola: That's amazing. That's the point, isn't it? That you get the right person in the right role to do the right thing for the patient and at the right time. And, you know, the more people you've got with complementary skill sets, the better to support that. And with Pharmacy, here are two registered professions within pharmacy. We have pharmacy technicians and pharmacists and to include the whole pharmacy team, we have pharmacy assistants who are unregistered and absolutely essential to pharmacy services. The registered pharmacy professions are registered and regulated by the General Pharmaceutical Council and they regulate pharmacies as well.

From 2026, pharmacists will graduate as independent prescribers within the scope of practice. So that's an expansion for them. But our scope of practice has expanded into many different roles and is expanding further with the announcement around Patient Group Directions (PGDs). And we also have our pharmacy assistants as well who are an incredible workforce, and they are quite often public facing. They support with the delivery of services, they can assess patients' medications that they bring into hospital, they can support with dispensing. There are all sorts of things that they can do. There are also reception roles and delivery drivers within pharmacy because without them nothing would function either. There is more than meets the eye – in every dental practice, it's not only dentists in the same way in every pharmacy is not only pharmacists. You have just finished your tenure as BDA president – congratulations on that. What was the BDA's position on the DHSC announcement of the 'new powers' and why?

John: When the consultation first came out the BDA was largely supportive of the removal of barriers to the use of PGDs, as it felt that they were hindering dental hygienists and dental therapists to do their roles, as often they would need to seek permission for an individual to use certain drugs for example. There were some concerns around the need for additional training etc but overall, they were supportive of the change as it would improve accessibility.

Nicola: I think what is important is recognition of the potential, and of any additional training required. It's about the patient as a priority and that we expand our capacity safely. It's reasonable to have apprehension or concerns in a time of open consultation that may need further exploration. Using the

opportunity to have a critical eye on any proposals and having constructive responses that may differ makes for a robust consultation and subsequent outcome.

From an APTUK point of view, we were supportive. We know that there would be training requirements to work under PGDs and that you will need to be authorised to use them. It's a very safe way to expand capacity with training etc in place. So, from the announcement, what now for dental? What does it mean for dental hygienists and dental therapists?

John: I think it gives you a possibility of a more independent practice. Currently, they work under the prescription of a dentist. The dentist may make the initial assessment and diagnosis of a patient and then delegate the delivery of care to the hygienists and therapists. The dentist has oversight. The change in the law means that dental hygienists and therapists are free to do everything within their scope of practice including the use of drugs and therapeutic agents, without having to gain the permission of the 'referring' dentist. I think the theory is that this will lead to more efficient practice, which may increase capacity. But the underlying problems and flaws within the NHS dental scheme remain. For example, you'd probably be surprised to hear that a dental therapist or a dental hygienist working in a dental practice delivering NHS services, doesn't have access to the NHS pension scheme. So, it's hardly surprising that those professionals in the dental team don't feel part of the NHS and don't necessarily feel loyalty to the NHS scheme. In many, many practices, the services of a dental hygienist are often delivered privately outside of the NHS and although the scope of practice is there for the therapist to do a lot of work under the NHS, the way the system is set up, mitigates against it.

Nicola: That's what we talked about earlier, the critical review of the systemic changes that are made so that the systems can support them. We are underutilized within the pharmacy workforce, and there is a separate conversation to be had about remuneration of skill sets and expanding scope of practice and what that means. I think it's clear that scope of practice means potential. So, it's an unlocking, it's an enabler and it just means that with the right support, the right work environment, the right systemic things in place the potential is so much greater.

John: Yes, there is a lot of talk about expanding the workforce by training more dental hygienists and therapists and dentists as well but whether there is capacity to do that I don't know. We need people to teach and to train and there may not be the capacity within the existing infrastructure of the universities and colleges to do this.

Nicola: What does the Dental Recovery Plan look like? What does it mean?

John: The Dental Recovery Plan is an English policy, although issues around access to access to NHS dentistry are throughout all the four countries in the UK. The dental recovery plan seems to us at the BDA to be just scratching the surface because we feel there needs to be fundamental reform of NHS dental services. A completely new contract, a completely new delivery mechanism that puts the focus of the prevention of disease at the front and that enables the whole dental team to work to their full potential to increase access for the population. There is also debate about what the NHS dental service should deliver. There are some that think that we should only deliver a very basic service, there are others that feel we deliver a comprehensive service in other aspects of healthcare so why should oral care be any different. I'm sure it is a debate that will continue. There are some aspects of the recovery plan that are welcome – for example the

expansion of services in schools and with young people, and those schemes can utilize the whole of the dental team. There are some incentives for the expansion of dental services into areas where there are none to increase access, but these may only be short term as there are still only a finite number of dentists to cover the whole population. But the BDA feels that the dental recovery plan doesn't really go far enough.

Nicola: There is a lot of consultation not just about service reform but also around workforce reform and the recruitment and retention of staff. What is happening in dental services regarding the workforce?

John: There is part of the dental recovery plan that is looking to consult about requiring dental graduates to work in the NHS after they've qualified. And when we've spoken with the younger dentists, they say things like, well, we could be interested in that if, for example, our student loans were written off or there were some incentives to do that, to work within the system. But most dentists we speak with from the BDA say to us that if the system was good enough in the first place, you wouldn't need to force people to work in the NHS, because they'd happily do so.

Nicola: Do the BDA have any plans to support the implementation of the DHSC announcement?

John: The BDA will work with our members who want to work in this way. The scope of practice changes and the PGD expansion will be straightforward to implement within dental practices, and I don't think they will need too much support from the BDA. But we're a membership organization, and we'll support our members in whatever way they need and however they choose to practice. The BDA's general policy is reform of the

NHS system as many of us believe it's rational, sensible and good to have good oral healthcare available to the whole population, particularly the most vulnerable.

Nicola: Like you say, it's about the care for patients and the care they rightly deserve too. And that they can expect it from experienced practitioners like yourselves, and the professionals within your team as well. And it's about how that scope of practice moves and that reassurance and that embedding needs to take time because the demand from the patients changes. And people are living well for longer, but then they become more complex as a whole person. And you're right, we are a member organization, we will always support our members, and ensure we've always got patients at the heart of what we're doing.

John: I think it behoves all of us to be open minded with this process. In many ways, the development of the dental team with dental hygienists and dental therapists wasn't always smooth. There was professional jealousy and things that got in the way, but over the course of time, it's been a no brainer to utilize the whole skills of the whole team.

Nicola: And it's a workforce skill mix review about making sure the right person is doing the right role for efficiencies like you said, and just making sure that we are constantly reviewing that to make sure we are giving safe and effective care utilising fully the capacity that we have.

Thank you for your time today, John. I am sure we could spend more time talking about this together. It is great to work with other members of the multidisciplinary healthcare team to ensure we provide the best care for our patients, and they get the treatment they need and deserve.

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Writing an Article for the PTJ

“Go For It”

This was a phrase loved by my late dad and he'd regularly tell me this, whether I was wobbling along on a bike without stabilisers, considering a move away from my hometown, or crying about having to take yet another driving test.

At times I can still hear him saying this, the most recently when I saw an email asking for volunteers to write an article for the PTJ. I've worked for the NHS for 25 years, but have always loved writing and being creative, so as my finger hovered over the reply button, I heard him in my ear.

I want to show how sometimes the smallest step, a seemingly insignificant event, can sometimes be the best decision you will ever make.

I sent the email that day, volunteering to write an article. I thought it might be a good opportunity to write about my role and the good work we were doing around medicine safety issues. To my surprise I was asked to write a piece about medication shortages.

I had a Teams call with Kristy Garton, to briefly discuss my ideas for the article. What followed was a spirited, informative, enthusiastic hour of discussing all things pharmacy technician related, personal hopes and aspirations, supporting and encouraging others and developing skillsets. I confessed to being a lapsed APTUK member (I still have my original paper certificate from back in 2002) and I felt so inspired by the call that I rejoined that very day.

During the call I told Kristy about the newly formed medicines safety team at my trust, and that an 8a secondment position was coming up for one of our MSO's. Kristy asked if I was going to apply for it and I shook my head. Then she asked me, another phrase that is now also standard practice, “Why not?”

Why not indeed? Traditionally the realm of a pharmacist, many trusts now have nurses and pharmacy technicians working as MSO's, or in higher level roles. Where was my self-belief?

I enjoyed writing the article for the PTJ, it gave me a chance to network with other clinicians and ask for feedback from my line manager. I thought I would have found it difficult to write but remembered the advice from my old A Level English teacher – write something you would enjoy reading and you are halfway there.

I would encourage any pharmacy technician to write an article for the PTJ, in the words of the American novelist Henry Miller “*Writing is its own reward*”. Seeing your words in print with your name beneath the article is an exciting and proud moment. Write about what matters to you, inform, engage and entertain your audience. Pharmacy technicians are recognised for sharing ideas and good practice, why not start to write an article and see where it takes you?

With some gentle encouragement I also applied for the MSO secondment. Writing my supporting information I looked at how far I had come and the experience I had gained over the years. I completed the FdSc in Medicines management and pharmacy services at Huddersfield university back in 2009, one of the first cohort of pharmacy technicians to do so. I never mention it anymore, it's so long ago – but hang on! I decided to have an ego and promote myself.

I've worked in several different sectors in pharmacy, as have many of my peers; this has given me a greater understanding of the bigger picture of patient care. I've worked all over the country



and seen the different healthcare and social challenges faced by diverse communities and varied populations.

I've never enjoyed selling myself, and have always felt uncomfortable with that aspect of an interview. I reached out for help to the medicines safety technician group and to colleagues from previous roles. Everywhere I turned I received so much support and encouragement, pharmacy technicians supporting pharmacy technicians.

I started to have a tiny bit of belief that I might be well suited for this role. How lucky to work for a trust that recognise the contribution pharmacy technicians can make. We have come such a long way from the days of just “sticking labels on boxes”.

When I first started work as a pharmacy assistant with Boots, my knowledge was limited to WWHAM questions and occasionally shouting “paracetamol” in the direction of the pharmacist as I sold a heavy amber glass bottle of 100 tablets. That role pushed me in the direction of applying for a student pharmacy technician role. Back in the nineties, my duties and responsibilities were limited – important to the safe and efficient running of a pharmacy department - but lacking in clinical skills or development.

But this isn't all about me, it's a much bigger picture. Look at how far we have come. I'm old enough to remember the report by the Audit Commission, *A Spoonful of Sugar*, published in 2001 which identified that pharmacy, as a profession, needed to focus staff time on clinical issues. Which staff group was well placed to free up pharmacists to concentrate on clinical issues?

Step forward the pharmacy technicians

Since 1952, the Association of Pharmacy Technicians UK (APTUK) has been lobbying for pharmacy technicians to be professionally recognised. Thanks to the determination of Katherine Miles, in 2011, it became mandatory that all pharmacy technicians must be registered with the General Pharmaceutical Council to practise in England, Scotland and Wales

Many of us, myself included, had joined 6 years earlier via the voluntary register and have only seen our profession go from strength to strength. The development of the pharmacy

technician role has been an exciting process, one I've been proud to be part of. Witnessing our increasing influence and self-esteem, leading to public recognition for our professional excellence, competence and knowledge. Careers for pharmacy technicians have developed in areas such as medicines administration, medicines information, technical services, leadership and management, and education.

We accuracy check prescriptions, we counsel patients, we support members of multidisciplinary teams, both in primary and secondary care. We assist in the optimal delivery of patient care, whilst ensuring the safe and effective use of medicine. We are managers, we are leaders, we have clinical qualifications. And thanks to the encouragement and support from an entire community of pharmacy technicians, I will be starting in a

secondment role as a Medicines Safety Officer later this year.

If anyone ever finds themselves in a position faced with a difficult choice, facing a lack of self-belief or confidence and are holding back for whatever reason, then just remember the words of my dear old dad... Go for it.



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'An Interview with...Meet the Member'



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Your career so far:

In 2008 I began my pharmacy career at Lancashire Teaching Hospital NHS Foundation Trust (LTHTR) as an assistant in the in-patient pharmacy stores, progressing to a qualified pharmacy technician in 2013. The variety of roles and services in the department was exciting and I've been fortunate to have worked in areas including aseptic, sterile, non-sterile, clinical trials, dispensary, out-patients, mental health, and hospital wards. The more I learnt and developed, the more I wanted to progress. In 2016 I became an accuracy checking pharmacy technician (ACT) and moved into a medicines management role.

When the opportunity arose for the LTHTR pharmacy emergency department pilot, I gave it my all and was successfully appointed. This project was innovative, exciting and enabled me to develop my leadership and prioritisation skills whilst working in a fast-paced environment.

My next opportunity and current role presented shortly after the ED success, with the development of the new role of senior pharmacy technician specialising in IT systems and EPMA. This was perfect for me as I love being a pharmacy technician and have a keen interest in technology. It's given me the chance to learn a completely new job role and become a senior in the department with an increased level of responsibility.

Throughout my career I've completed many courses to help my development, including Core People Management Skills, ILM Level 3 and my latest achievement completing the Mary Seacole programme. I try to ready myself for opportunities and become the best I can be.

Describe what your role entails

My role ranges from the familiar responsibilities of a dispensary team leader to project manager for IT developments to system manager to an IT firefighter responding to problems. No two days are the same.

I have ongoing work with the constant growth of the EPMA system, rolling out through the wards and departments of the hospital. This requires me to test the system, ensuring the data is accurate, confirming system functionality and patient safety. During a 'roll out' I often change my shift patterns, sometimes working through the night, to make sure that I provide the support the clinical staff need. This change in hours and focus must be considered when planning project work or other smaller IT developments, so that I distribute my time effectively and ensure I can deliver the workload. Due to this, I plan my work over the year; I lead and co-ordinate system upgrades and the introduction of new technology, requires project planning, stakeholder meetings, contract development and approval, system testing and sign off, all with target deadlines appropriately pre-planned.

As part of the Trusts system managers team, I'm required to attend meetings with Senior IT staff to raise issues, discuss changes and developments, and ensure I'm up to date with the Trust objectives. It's also a great opportunity to network with people from different departments.

Working relations with software and service providers is essential and I place a lot of value in developing these relationships. It is my responsibility to ensure the optimal service is obtained, any trouble shooting support is given, and contractual obligations are met. It is essential that suppliers adhere to cyber security and complete the remedial actions outlined by NHS Digital, so I work closely with them to meet these requirements and maintain the essential IT systems needed in the pharmacy.

As the asset information officer (AIO), my role is to maintain, develop and improve systems, ensuring everything runs as it should. Trouble shooting simple hardware failures to complex system issues. I regulate access to the systems as per role requirement. I monitor data and confidentiality breaches, swiftly acting to maintain security.

I can have multiple projects ongoing, some are mandated by the trust, for cyber security and data protection regulations, and others are continuous improvement projects to advance the quality of service being delivered by the department. When a new system or technology is to be introduced, I initiate the project liaising with key stakeholders, establishing the project

scope, responsibilities and the project plan. I negotiate the initial contracts, establish key contacts for the project and beyond, and plan the project from inception to execution. I confirm the user acceptance testing and project aims have been met before project sign off is complete. Pharmacy IT is a fantastic area to work in because it's involved with so many aspects of our working lives.

What is the most challenging part of your role?

One of the most challenging aspects of my role is that the 'team' I routinely work with are not based in the same department. My work encompasses staff from the Trust IT department, supplier contacts, finance and key members of pharmacy. This dynamic is very different and challenging compared to the strong pharmacy team that I had been used to. Luckily, the utilisation of video calls and meetings has meant that the distribution of my 'team' has had less of an impact, but it can still be challenging with so many different and sometimes conflicting priorities and workloads.

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

The vast workload, variety of work streams to cover and the skill set I require to handle the job. As a ward based MMT, I roughly planned my work with a similar structure each day. However, this role is a balance between project work, firefighting urgent problems, and managing the IT requirements of the department. Flexibility with time and workload is essential. A system could fail at any point needing immediate attention and I must pause or sometimes juggle other work until it's resolved. My priorities and plans for each day mostly change as the day goes on.

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

Honestly, nothing. My journey so far has given me knowledge, skills and experiences, with highs and lows, shaping me into the person I am today. Everything happens for a reason. If anything changed, the butterfly effect would be in question.

That said, if I could tell my 10-year younger self one piece of advice it would be:

Life and careers aren't always a smooth drive from point A to B so don't worry if things don't go to plan. It's more like the M6 motorway with bumps, hold ups, and diversions. Hard work and perseverance will get you over the bumps, the hold ups give you time to think and reflect, and the diversions open you up to pathways you may never know existed. Enjoy the journey and don't stress too much.

What do you enjoy most about your role?

Knowing the work and effort I input to keep things running has a positive impact on the team and ultimately patient care.

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

In life, never forget those who you climb the tree with and don't break the branches on the way up. If you fall, you'll have nothing to hold on to and no one will catch you.

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

Recruitment across the board. I don't think we advertise and entice people into the many varied career pathways in our profession. Getting staff interested in a pharmacy career isn't difficult once we have them through the door, it's that first step over the threshold that's an issue.

Has anyone influenced your career decisions, if so, why?

No, but I have taken inspiration from others to develop myself and my career, to reach for my goals as I have seen others do it before me.

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

Working on the ED pilot where LTHTR were one of the first Trusts to introduce a pharmacy team within the ED department. The positive impact was clear with a reduction of missed medications, drug history errors and discharge times and the improvement of patient safety. I was immensely proud of our team receiving 1st place for the APTUK Excellence in Pharmacy Practice award. The project also gave me the opportunity to present at the London Clinical Pharmacy Congress in 2019.

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

Having just completed a successful roll out of EPMA across the paediatric wards, the neonatal department is next on the list. Creating the specific prescribing templates, testing function, trouble shooting, roll out support and staff training.

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

Someone who is approachable, knowledgeable, and professional, who doesn't shy away from challenges, is a firm but fair leader, and a role model for staff.

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

The national lottery numbers.

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

I love working with my hands fixing and making things which brings a great sense of achievement, I love DIY. I enjoy spending time with my girlfriend, family and friends especially hosting barbecues when the weather allows.

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

Anyone who will listen! I'm fortunate my girlfriend works in the same department albeit a different area, she's my go to person. I also have key colleagues in and outside of pharmacy who I turn to.

What simple thing sparks joy at work?

Having a happy positive environment where I can laugh and joke with colleagues, getting along whilst getting the work done and eating treats.

What's next?

Project management. Having been involved in numerous projects, I have a taste for leading on improvements. I'd like to undertake a project management qualification to help push myself to the next level aiming for a senior leadership role. My experiences have given me the grounding and confidence to lead and manage and I am excited to see where my career can go.



Patient Group Direction (PGD) Factsheet 1 - March 2024

The APTUK series of PGD factsheets are designed as an aid to inform Pharmacy Technicians and are not intended to replace any required formal training.

Introduction:

A PGD is a written instruction that permits listed healthcare professionals to supply or administer medicines to a pre-defined group of patients. ^[1]

The Department of Health and Social Care (DHSC) in March 2024 announced the plans to update in the Human Medicines regulations 2012; a legislation update to include pharmacy technicians on the list of the healthcare professionals to practice and support patients with the supply and administration of medicines under PGDs.

APTUK reminds members to await further communications outlining details when the update to legislation is due to take effect.

Guidance:

The change in regulation by the Department of Health and Social Care will enable registered Pharmacy Technicians to supply and administer medication under a PGD. This will be applicable across England, Scotland and Wales in any setting including: ^[1]

- > Community Pharmacy
- > NHS services
- > Independent sector
- > Voluntary sector those

Preparedness:

Registered Pharmacy Technicians are required to undertake additional training as defined in each PGD, and only those who have been deemed competent and qualified to work under each PGD are able to do so. ^[1]

Pharmacy technicians working under PGDs will have responsibilities such as checking the patient fits the criteria as outlined within the PGD, completing clear documentation and use of consultation skills. Pharmacy technicians are required to take professional accountability when working in all aspects of their role and appropriate escalation or signposting as required.

APTUK always recommend pharmacy technicians explore and understand indemnity insurance options with their employer or unions.

Examples of PGDs include: *Vaccination administration, Administering emergency contraception & Administering oral contraception.*

Signposting:

Please click on the following links for further reading:

The Government website: www.gov.uk

Proposal for the use of patient group directions by pharmacy technicians - GOV.UK (www.gov.uk)

- Specialist Pharmacy Service website: <https://www.sps.nhs.uk/> for guidance on how to set up and follow a PGD.
- E-learning for healthcare: [Patient Group Directions - elearning for healthcare \(e-lfh.org.uk\)](http://Patient Group Directions - elearning for healthcare (e-lfh.org.uk))
- Follow the good practice guidelines on the National Institute for Health and Care Excellence (NICE) website: <https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations>
- MHRA advice on use of PGDs within the NHS: <https://www.gov.uk/government/publications/patient-group-directions-pgds>

References:

[1] government/consultations/proposal-for-the-use-of-patient-group-directions-by-pharmacy-technicians/proposal-for-the-use-of-patient-group-directions-by-pharmacy-technicians

[2] england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/