



# PHARMACY TECHNICIAN JOURNAL

WINTER 2025

Journal of the Association of  
Pharmacy Technicians United Kingdom



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## Features



**16**

**12**  
APTUK – 70 Years of History  
Part 3



**15**  
My Journey As A  
Pharmacy Technician

**15**  
The Fellows Forum

**16**  
Improving Access To Healthcare

**18**  
Fracture Risk and  
Osteoporosis in Women

**19**  
A Typical Day

**20**  
Advanced Clinical Roles

**22**  
Member Q&A

## APTUK

**04**  
Editor's Comment

**05**  
President's Comment

**07**  
APTUK Branches Update

**08**  
EDI Update

**10**  
Education Update



**11**  
APTUK 2025

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.



**DIANE TORRY MPharmT – Editor**  
editor@aptuk.org

## Welcome To The Winter Edition Of The Pharmacy Technician Journal

**As I sit here, writing this column, the rain is lashing at the window, and it feels like it is going to be a long time until Spring and some warmer weather. I hope wherever you are in the UK the weather has not been too harsh over the last few months.**

In this edition we have a further instalment of the history of APTUK – it is interesting to see how far our profession has come and how much it has changed – in my professional lifetime I have seen massive change to our scope of practice. Chandra Maraj shares with us how she has advanced her role and is screening oncology prescriptions – when I first qualified, we could not even final accuracy check a prescription that had been screened by a pharmacist!

Our conference this year is titled Advancing Practice, and will showcase and celebrate the work that pharmacy technicians all over the UK are doing to reflect the Four Pillars of Advanced Pharmacy Practice, the article on page 20 has the latest information about the conference as well as links to the website and to the nomination forms for the APTUK Pharmacy Technician awards as well as the submission form for abstracts and posters for the Katherine Miles Innovation Award.

We have branch updates including one from our newly formed Pride branch, plus updates from the executive committee. We welcome one of the new member observers, Mel, you can read more about her on page 6.

If you would like the opportunity to join the executive committee then please see our website [www.aptuk.org](http://www.aptuk.org) where you will find our latest vacancies – I would encourage anyone to apply – you have nothing to lose and lots to gain.

Once again, I hope you enjoy reading this edition as much as we, the editorial team have enjoyed putting it together and as always, we would love to receive your feedback regarding what you would like to see us cover in the PTJ. If you want to support the PTJ by writing an article, please get in touch.

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### PTJ 2025 timeline

Edition	Copy Deadline
Spring	30th April 2025

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

## President's Column

**As we move to a new year, it prompts reflection of 2024, which welcomed landmark moments and enablers for our profession and pharmacy services, including but not limited to:**

- Legislation update: pharmacy technicians added into the list of healthcare professionals able to supply and administer medications under Patient Group Directions. (access the consultation outcome [here](#), and APTUK supportive factsheets [here](#))
- Legislation update: pharmacy technicians able to supply 'Take home Naloxone'. (access the consultation outcome here)
- APTUK challenged the absence of pharmacy technician representation in the Health and Social Care Select Committee's pharmacy inquiry in 2023/24. In response this was acknowledged and were invited in January 2024 to give evidence (access the final report in full here).
- **UK Pharmacy Professional Leadership Advisory Board** (UKPPLAB) began meeting, with a collaborative forward-focused view for UK wide pharmacy professional leadership.

2025 is set to be another empowering and strategic year for pharmacy technicians in collaborative multi-disciplinary working. We continue to be part of the UKPPLAB and look forward to working with Board members, the wider pharmacy workforce and stakeholders including patients and public representatives for a shared vision and common purpose for pharmacy professional leadership. We will continue to professionally lead on behalf of pharmacy technicians ensuring

parity of esteem in future-facing pharmacy strategy and workstreams.

APTUK are included in the Partners Council for the Department of Health and Social Care's *10 year health plan*, providing representation of pharmacy technicians in healthcare policy and planning. Read more on Change NHS [here](#).

A thank you to the executive committee for your unwavering commitment to representing APTUK and our profession so passionately. Additionally, in 2025, there will be a whole executive committee focus on reviewing our [2022-2026 strategy](#). I will also take this opportunity to thank outgoing members of the executive committee:

*Membership Director* **Joseph Myers**,  
*Business Development Director* **Andrew Woods**,  
*Social Media Executive* **Laura Harrison**  
and  
2024 APTUK member observers **Atif Ahkter** and **Leighton Thompson**.

And a welcome to:

2025 APTUK member observers **Melanie Barnett** and **Elsbeth Clarke**.

Vice-President **Amy Laflin** shares upcoming events for 2025 including our annual 2025 conference with the theme of Advancing Practice – in a year that truly promises to be groundbreaking for pharmacy technicians, your professional leadership body will continue to advocate, challenge and represent you and our profession.

## Vice President's Update

**Welcome to 2025.**

Here at APTUK we have an exciting year ahead and we will be sharing updates, communication and news with our members in a variety of ways, including at our 2025 annual conference, taking place in September 2025 at the Hilton Hotel, Newcastle. Please do register and book your tickets now, before the early bird prices close. Coming up soon, in spring, we will also have our annual report and membership business meeting so join us for this if you are able too. We have lots of branch events each month, details of which can be found on our website under the branch tab.

We are always looking to engage and hear members voices so please reach out to us if you would like to write an article for the PTJ, submit a poster abstract for the conference or be a part of the APTUK executive team.

APTUK had the pleasure of attending some wonderful conferences last year and we are looking forward to seeing our members at the conferences this year. We start 2025 in May, with the clinical pharmacy congress in London, Excel. Please visit the

CPC website for information on tickets and being a delegate.

I hope that for those of you who have set new year's resolutions, these are successful in 2025. I took time over the festivities to reflect and set myself a resolution. I want to ensure that APTUK continues to engage and listen to members voices, use the collective to be able to represent the profession and continue to lead and advance the pharmacy technician profession in and at all platforms.

I wish you a wonderful 2025 and I look forward to seeing you at an event soon!

**Happy reading.**



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

# Branch Updates

## APTUK Sussex Branch Hosts First Meeting of 2025

On 16th January, the APTUK Sussex Branch held its first meeting of the year, setting a high bar for engagement and enthusiasm among pharmacy professionals. With attendees travelling from across the UK, the event created a vibrant networking atmosphere that showcased the strength and dedication within the pharmacy technician community.

Kristy Garton, APTUK Branch Liaison Officer, provided an update from the Executive Team, sharing details about the highly anticipated APTUK Conference, which promises to be a highlight of the professional calendar.

### Innovative Insight from SECAMB

The main presentation came from Charlotte Owen MPharmT, who is part of the South East Coast Ambulance Service (SECAMB) Medicines Governance Team. Charlotte offered a compelling look into her evolving role as Medicines Distribution Centre Manager. Working within a team of 24 professionals, Charlotte oversees the safe and accurate distribution of medicines to paramedics and community responders across the region.

In the past year alone, 58,197 medicines pouches were packed and dispatched, ensuring patients received the right medicines promptly. A lively Q&A session followed, with attendees expressing keen interest in how this innovative service model could be replicated in their own localities.

### Learning Opportunities for Pharmacy Professionals

Sussex Branch Secretary and Regional Tutor for the Centre for Pharmacy Postgraduate Education (CPPE) provided updates on educational programmes available to pharmacy technicians and support staff. Highlights included:

- **Primary Care Pharmacy Education Pathway (PCPEP):** Now accessible to pharmacy professionals in primary care and health and justice sectors, even without ARRS funding.

- **Community Pharmacy Technician: Advancing Your Role Programme:** This fully funded programme continues to empower pharmacy technicians to expand their skillsets, leading to more person-centred care and improved health outcomes for patients.

### Exciting Plans Ahead

The meeting concluded with a closed session for Sussex Branch members, where three new members were warmly welcomed. Attendees also heard exciting updates about the inaugural *Excellence in Sussex* event, currently in its planning stages. Details are expected soon, and anticipation is already building for what promises to be a landmark celebration of pharmacy excellence in the region.

The APTUK Sussex Branch's 2025 debut meeting set a dynamic tone for the year, leaving members inspired and energised to contribute to the profession's growth and development.



*Pictured: Charlotte Owen MPharmT Medicines Governance Team Manager SECAMB*

## New Executive Committee Member - Member Observer, Melanie-Jayne Barnett



With a career spanning over three decades, Mel has established herself as a dedicated and highly skilled professional in the field of pharmacy, specialising in mental health and education. Beginning her journey as a part-time Saturday counter assistant, she quickly developed a passion for pharmacy, which led her to complete the pharmacy technician course while working in community pharmacy.

In 2002, Mel transitioned to the Oxleas NHS Mental Health Trust, where she worked as Deputy Dispensary Manager and Education and Training Lead. Building on this experience, she continued her mental health career with Kent and Medway NHS and Social Care Partnership Trust (KMPT) in 2010.

Currently serving as the Lead for Education and Training, Mel balances this role with her clinical responsibilities, providing expert care within community teams and crisis teams. Her passion for patient safety and service improvement has driven her involvement in transformative initiatives, including the workforce expansion program and the piloting of the cross-sector program for pre-registration pharmacy technicians.

In addition to her clinical and leadership roles, Mel contributes to the development of future pharmacists by supporting the Medway School of Pharmacy in delivering training programs for trainee pharmacists. Her commitment to excellence and innovation continues to enhance the quality of pharmacy education and patient care in mental health services.

# A Successful Launch for APTUK Pride Branch

**Towards the end of last year, a Pride branch was formed for the first time within APTUK, and we hosted our first webinar in January of this year. To supplement this launch, we want to give an insight into the key members of our branch, what our aims are and celebrate the success of our first event.**



**Jason Benning**  
Branch Co-chair

*London – Professional Lead  
Pharmacy Technician –  
Trust-wide*

*NHSE Equality, Diversity  
and Inclusivity Champion,  
Pharmacy, London*

My name is Jason (he/him), I have been a pharmacy technician for well over 10 years and worked in the NHS for over 15 years. I have a strong background in secondary & tertiary care pharmacy, working in advanced and specialist clinical roles.

In my current role I am a pharmacy work force lead and E&T lead for pharmacy technicians, PTPTs and pharmacy support staff; I also work in partnership with our Medicine Safety Officer to have oversight of our pharmacy audit and governance structure.

The APTUK Pride branch was born from my realisation that no LGBTQIA+ space existed specifically for pharmacy technicians; nor was there a space exclusively for pharmacy technicians (and PTPTs) which discussed the health and social issues affecting the LGBTQIA+ population.

It is my aim to bestow all pharmacy technicians with the skills, knowledge and confidence to tackle health inequalities, challenge/report discrimination and become treasured allies of LGBTQIA+ people.



**Sarah Sharman**  
Branch Co-chair

*East Midlands – Senior  
Pharmacy Technician – Ward  
Services and Antimicrobial  
Stewardship.*

*Master's student in Research  
Methods in Health as funded  
by NIHR*

My name is Sarah (she/her) and until recently I was co-chairing the East Midlands APTUK Branch, which I stepped down from to fully invest my time into the Pride branch. The Pride branch is something I am very passionate about, both personally and professionally. When I first started my research into LGBTQIA+ networks within my own trust and the pharmacy workforce, I noticed a lack of such for pharmacy technicians and sought to rectify this. Upon contacting APTUK to start a branch, I discovered Jason who was a few steps ahead of me, and I happily joined him on this journey.

My background is with both community and secondary care, but I am currently embarking on a research career pathway with

the University of Nottingham, where I aim to carry out research into pharmacy practice and education of gender affirming treatment and care. Personally, I believe in doing the right thing and not the easy thing, and most recently, I fought to get pronouns added onto name badges at my current trust – something which may only be a little win to some, but I am incredibly proud of as it can mean a lot to so many.

I look forward to seeing the great things we as a branch can accomplish, and to ensure that all pharmacy technicians and PTPTs feel confident when coming across matters of LGBTQIA+ healthcare within pharmacy.

The first branch webinar was titled '**Patient Counselling: How to Include Inclusivity**', and the guest speaker was Sophie Sheehan, an IT Agile Consultant.

Sophie shared her own experiences of accessing healthcare as a transgender woman, both positive and negative. She also discussed with us ways in which we as pharmacy technicians can be more inclusive in how we approach patient engagement.

Conversation and discussion flowed after, with members being open about their own viewpoints (we even ran out of time!). The takeaway from the event was resoundingly positive, with some members commenting that they found the session useful and had a direct impact on their own inclusive practice. A recording of the webinar speaker discussion can be found on the APTUK branch recording page of the website.

Following up from this session, resources and information will be available on the Pride Branch landing page on [APTUK.org](https://www.aptuk.org). This will include links to national literature and educational workshops with CPPE. More details will follow in a future PTJ edition, or you can join the Pride Branch mailing list for a live update.

Future webinar sessions are currently being planned by Pride Branch co-chairs, and we hope to deliver some dates to you soon. Following feedback, we do plan to host some bitesize sessions over lunchtime as well as Sunday sessions to maximise people's ability to attend.

To ensure we are delivering sessions and events that are beneficial to the workforce, we have created a quick survey which will be distributed via email and can also be accessed using the link or QR code at the bottom of this article. Within this, we hope to get an overview of APTUK members' current knowledge regarding all things Pride and highlight any areas where more knowledge is wanted.

It is our aim to promote awareness of health and social issues that LGBTQIA+ people face, and to equip all pharmacy technicians and pre-registration trainee pharmacy technicians with knowledge and skills to provide inclusive care.

For more information about the Pride Branch, to join our mailing list or to speak to our Co-Chairs, please email [pridebranch@aptuk.org](mailto:pridebranch@aptuk.org).

We hope to see you all at the APTUK Conference 2025!

## Sarah & Jason

Survey link: <https://forms.office.com/e/ayDbeMGVtH>





## EDI Update

**It is with great pleasure, that I have the honour of sharing the outcome of our inaugural Equality Diversity and Inclusion (EDI) focus group, which was held in Autumn 2024.**

APTUK values diversity and fosters inclusivity in all we do, hence we welcomed diversity in the expression of interest applicants. All members that express an interest were invited to the focus group. It would be unfitting of me not to acknowledge and commend the commitment, voice and dedication provided by the members that participated in the focus group and made it the success it is. Thank you, you are a testament of commitment and dedication to the development and innovation of your professional leadership body.

The objectives of the focus group were:

- To hear the voice of the members
- Discuss EDI related matters
- Steer the EDI agenda for APTUK and EDI Lead
- Contribute to the topical focus for the coming year
- Help shape the content of the EDI webpage
- Determine the way EDI related events are delivered

The event began on a positive note, with discussions around what was considered as successes in the EDI arena. The diversity of the executive committee, with all protected characteristics represented through its committee members, was a pertinent aspect conveyed to the focus group members. This is something we are immensely proud of as a professional leadership body, enabling us to broadly represent our members and the wider profession as much as possible. As an executive committee we look to embark on reciprocal mentoring, growing and empowering the leaders of the future. This was greatly received by the focus group members, and they welcomed this endeavour, further suggesting that we explore development of a longer-term arrangement of mentorship for members that approach the executive committee.

It was refreshing to hear from the members within the groups that they believed that APTUK had been instrumental in

promoting allyship, increasing knowledge and understanding of diverse events through the APTUK EDI Calendar. This calendar is published annually on the website to inform and educate members of diverse events which occur throughout the year. Whilst due care is taken to include as many events as possible, if events are wrong or omitted, please inform us and we will amend this accordingly. As this is authored by myself, I am always open to critique, and happy to hear members views on the calendar, please get in touch if you have an opinion on this resource.

Discussions around the EDI events were had, and members of the group agreed that we had achieved success with the collaborative events we delivered for Women's Day, South Asian Heritage Month and Black History Month. APTUK looks to continue these collaborative events in 2025 and would like to see greater attendance from our members at these events. We recognise that events need to be accessible for all and will be holding hybrid events where possible. Extra resources such as the "Ramadhan Ready" webinar were seen as an accomplishment and great resource. I am excited to look to provide more EDI related events this year with the help of our wonderful Branches, to diversify our knowledge and foster inclusion in all we do as pharmacy technicians.

It was noted that APTUK had a significant platform for access to learning for members, which was easy to access and navigate. However, we acknowledge there is room for improvement, and we look to explore how we can better utilise the website and online resources for our members.

As a professional leadership body, we are continually reflecting to improve our provisions, and we are immensely grateful to the constructive, open and honest suggestions made by the focus group members. APTUK looks to have a meaningful impact on the profession and review all comments and suggestions made by members. There were common themes around communication, organisational actions and APTUK EDI related events. Whilst there was acknowledgement that we as the pharmacy technician profession are making exceptional strides and achievements, it was believed that this wasn't showcased in the most effective way for all to hear and know about it. This included the astounding work by the Branches, with leadership from the Branch Liaison Executive, which was believed not to have advertised as well as can be. With the expansion of branches and the newly formed Pride Branch, as an executive committee we look to further support the wonderful work of the branches and explore networking platforms in different mediums including our website.

Members of the focus group highlighted the need for a forum for members voices to be heard, through forums like the EDI focus group as well as other platforms. This would promote individuals within our profession and enable celebration of lesser progressive roles, which may be viewed as "normal". Furthermore, sharing successes more effectively will empower members to share their stories and play a more proactive role as members. APTUK distinguishes all pharmacy technicians, regardless of role seniority, as ambassadors of the profession and believe they deserve to be showcased for their contribution each day in their role, hence it's important to "#celebratetheeveryday".

**Follow all APTUK activities on social media:**

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You may be aware that hashtag was used in our Pharmacy Technician Day celebrations, which was a fruition of the focus group. Please could I ask members to get in touch with me if they wish to be involved in the inception of a member's voice networking forum/platform.

APTUK has proudly joined the Disability Confident Scheme, which is a testament to our commitment to inclusive employment within the organisation. As we look to review our inclusive employment processes, the focus group suggested that a guidance document be created to help other pharmacy technicians involved in recruitment, to help improve their inclusive employment processes. In extension to this point, it was discussed that there needs to be greater consideration for intersectionality not only amongst colleagues but also patients. Hence, I look to form a working group to help inform workstreams surrounding intersectionality and underrepresented people, to encourage learning to better our practice as pharmacy technicians, not only within our workplaces, but also for the communities we serve.

As you may know, all registered pharmacy technicians working within the executive committee are unpaid volunteers, who undertake the role in addition to our substantive paid employed roles. The executive members endeavour to do their best for members, with a passion to make a difference. APTUK strives to do better and welcomes all members comments on how we can

achieve this. Please don't hesitate to contact any of the executive committee, we are here to serve our members.

As we look to proactively action the comments and suggestions of the first EDI focus group, I would be delighted for members to connect with me to organise the next EDI focus group during 2025.

APTUK is continuously seeking articles and submissions for the PTJ, and I would particularly welcome members to submit any EDI related articles to share the wonderful work you are doing in this space, your comments or thoughts on EDI topics, or a celebration or reflection of an EDI event. I look forward to connecting with you soon, warmest regards, Shamma.



**SHAMMA BAIG**  
**MPharmT**

EDI Executive  
EDI@aptuk.org

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# Embedding Research Training into Pharmacy Technician Practice

As we enter 2025, we look ahead to the APTUK 2025 conference – an event that not only offers valuable networking opportunities but also provides an excellent platform for education.

This year's theme, *Advancing Practice*, is centred around the four pillars of practice: clinical practice, education, leadership, and research. Of these, research stands out as a key focus area.

Within the pharmacy technician profession, there is a growing number of individuals engaging in research. At this year's conference, these professionals will contribute to the programme by delivering sessions designed to foster research skills. Notably, these sessions will include:

- A **workshop** on reading, interpreting, and evaluating academic literature.
- A **'speed dating' research event**, where attendees can present their research ideas to a room of experts, receive guidance on next steps, identify required research methods, and explore avenues for ongoing support.

## Why is Research Training Essential for Pharmacy Technicians?

The NHS England [Report of a UK Survey of Pharmacy Professionals' Involvement in Research](#) highlighted significant barriers to research engagement within the pharmacy workforce, particularly among pharmacy technicians. Key findings included...

*'Only a minority of the pharmacy workforce are currently research active. Protected time and support, both at the individual and organisational levels, are the most significant enablers for promoting the pharmacy workforce involvement in research and fostering clinical academic pharmacy careers.'*

Under the section Absence of a Research Culture, the report also noted:

- Limited autonomy and a lack of research culture within pharmacy departments hinder engagement.
- Without parity in research culture compared to other clinical disciplines, pharmacy struggles to attract research funding.
- Some organizations with strong research infrastructure still find it difficult to encourage pharmacy staff participation.
- Research success is often viewed as an individual achievement rather than a departmental milestone.

Significantly it also reported that "pharmacy technicians find it more difficult to undertake research, as research is not explicitly aligned with current learning outcomes and frameworks."

## The Formation of the Pharmacy Research Advisory Group (PRAG)

In response to these challenges, 2024 saw the formation of the Pharmacy Research Advisory Group (PRAG) by the NHS. Its purpose is to **embed research into pharmacy professionals' core roles** and to develop a cadre of pharmacy clinical academic leaders, as outlined in the NHS Long Term Workforce Plan.

One of PRAG's key initiatives is the [Pharmacy Professional Incubator](#), a group comprising pharmacy professionals from various sectors, dedicated to increasing research capacity within the field. This group has been conducting focus groups and launched a national survey to identify barriers and enablers to pharmacy research engagement. Also available on their [website](#) is funding opportunities. Additionally, other PRAG working groups are examining job descriptions at all levels, recognizing that protected time for research is crucial. They are developing **exemplar research descriptors** for inclusion in pharmacy job descriptions (JDs) and job plans. This process considers professional competency frameworks, defined principles, and real-world examples to help integrate research more seamlessly into pharmacy roles.

Valuable resources can be found for pharmacy professionals on the [National Institute for Health and Care Research \(NIHR\)](#) website including [funding opportunities](#).

Further information can also be found on the [Clinical Academic Training and Careers Hub \(CATCH\)](#) the home for information on clinical academic careers.

## Key Requirements to Embed Research Training into Pharmacy Technician Practice

To support pharmacy technicians in engaging with research, the following actions are necessary:

1. **Protected Time for Research** – Ensuring research activities are embedded into job plans with allocated time.
  2. **Training and Development** – Offering structured training on research methodologies, literature evaluation, and project development.
  3. **Research Mentorship and Support Networks** – Establishing mentorship programs and expert networks to guide pharmacy technicians in their research journeys.
  4. **Inclusion in Job Descriptions** – Formally integrating research responsibilities within job descriptions and professional competency frameworks.
  5. **Access to Funding and Resources** – Providing pharmacy technicians with access to research funding, grants, and institutional support.
  6. **Creating a Research Culture** – Encouraging a shift in mindset where research is seen as a departmental priority rather than an individual pursuit.
- By implementing these measures, pharmacy technicians can be better equipped to contribute to research, ultimately advancing the profession and improving patient care.



**PHIL JONES**  
**MAPharmT**

Education Director  
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# APTUK 2025 – Registration, Awards and Exhibition Opportunities

Preparations for APTUK 2025 Annual Professional Conference and Exhibition are well underway. This year the event will take place on 19th and 20th September 2025 at the Hilton Newcastle, Gateshead Hotel.



We have a new conference website this year, with everything you need to know about APTUK 2025. The site will be updated regularly as new information becomes available. Take a look by following this link: [APTUK 2025 Professional Conference and Exhibition](#).

Tickets are now available and there is the opportunity to take advantage of early bird prices if you register before Wednesday 30th April 2025. [Click here to register for early bird savings](#).

We are planning another exciting programme around this year's theme of Advancing Practice. Sessions will include plenary speakers, workshops, and round table discussions, covering a breadth of topics across education, clinical practice, research, leadership and regulation. We will be releasing more information about the sessions and speakers shortly so watch out for more news on our website and on social media.

The APTUK Annual Pharmacy Technician Awards are a highlight of the conference and provide an opportunity to celebrate and acknowledge successful individuals, teams and projects within the pharmacy technician profession. We are delighted to be able to recognise all sectors of pharmacy practice and individual excellence through these awards which have been updated this year to reflect the Four Pillars of Advanced Pharmacy Practice as well as equality, diversity and inclusion. So, as well as the Pharmacy Technician Team and Pre-registration Pharmacy Technician of the Year awards, we have several new awards to celebrate pharmacy technician successes.

The award categories for APTUK 2025 are:

- **The APTUK Pharmacy Technician Team of the Year Award** focuses on the pivotal role that outstanding teams of pharmacy technicians have on influencing positive person-centred patient care. This can be through innovation, service development or research
- **The APTUK Pre-Registration Trainee Pharmacy Technician of the Year Award** acknowledges the commitment, dedication and achievement of pre-registration trainee pharmacy technicians. The award will be made to a trainee who, in the opinion of the judges, demonstrates outstanding effort and commitment.

- **The APTUK Excellence in Pharmacy Education Award** recognises an outstanding pharmacy technician, team or project that has made a significant contribution to education, training and development of pharmacy technicians or pharmacy teams in the UK.
- **The APTUK Advancing Clinical Practice Award** is open to pharmacy technicians, pharmacy teams or a project that has contributed to significant clinical advancement.
- **The APTUK Inspirational Leadership Award** is open to pharmacy technicians who have shown inspirational leadership within their team.
- **The APTUK Equality, Diversity and Inclusion Champion of the Year Award** recognises an outstanding pharmacy technician who has championed the values of equality, diversity and inclusion within the workplace.

**Award nominations are open until midnight on Wednesday 30th April 2025** and all awards are open to members and non-members of APTUK. **To nominate for an award, simply click on the following link: [Nominate for APTUK 2025 Awards Now!](#)**

After nominations close, the submissions will be reviewed by a panel of independent judges. Shortlisted nominees will then be notified via email by Monday 30th June 2025 and the winners announced at the APTUK Conference and Awards Dinner on Friday 19th September 2025

## The Katherine Miles Innovation Award

We are also inviting abstract submissions for educational posters and oral presentations. All accepted posters and presentations will be featured at the APTUK Professional Conference and Exhibition and automatically entered into the Katherine Miles Innovation Award. This award helps to support creative thinking, using posters and presentations to illustrate latest research and generation of new and valuable ideas. Awards will be made to the entrants who best showcase their projects, research or achievements.

More details, as well as links to submit an abstract can be found on our website here: [APTUK 2025 Katherine Miles Innovation Award](#)

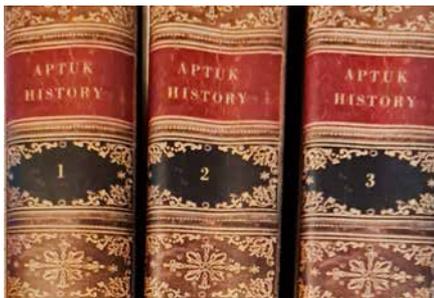
**Note: Poster and Oral Presentation abstract submission closes at 5pm on Monday 31st March 2025.**

We hope that you can join us at this hugely popular event and look forward to seeing you there!



**VICK HOPE**

Operations Lead - APTUK  
operations@aptuk.org



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

## Part Three: 'The Inaugural Meeting & The Quest'

As we move onwards with our history, in this installment we look back at the very first meeting of the Apothecaries Hall Dispensers Association (AHDA). We shall explore the outcomes and see how our early fight for professional recognition and registration started. So, sit tight as we are in for a bumpy ride!

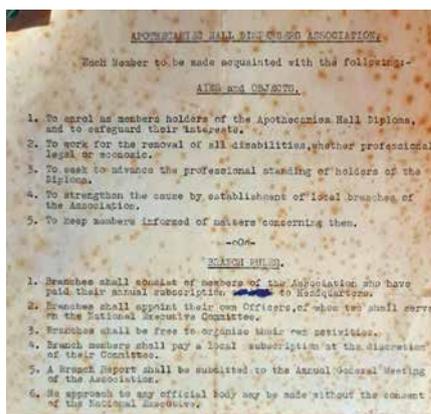
### Society of Apothecaries and the AHDA

Right up to the date of the first AHDA meeting, Miss Miles continued to ask the Society of Apothecaries to offer patronage to the Apothecaries Assistants. She had previously made a personal request to the Master and Wardens of the Society knowing that this was of great significance. Patronage, and its administration through the Society, would have gained public acknowledgements for all the Apothecaries Hall qualified assistants. It would have given public recognition and status to the qualification, education and training. It was thought it would have an annual payment to cover registration and membership subscription to retain the status. Although the Society of Apothecaries were unable to grant Miss Miles request at that time, they did however, suggest this might change once the Apothecaries Hall Dispensers Association became active and gained credence.

They were, however, very supportive of the Association and continued to provide support where they could by offering continued communication, advice and the use of the hall as a meeting venue.

In fact, the APTUK archives tell us that the meeting was attended by dignitaries of the Hall's Court and refreshments provided were served on silver and crystal tableware. It must have been a truly amazing occasion.

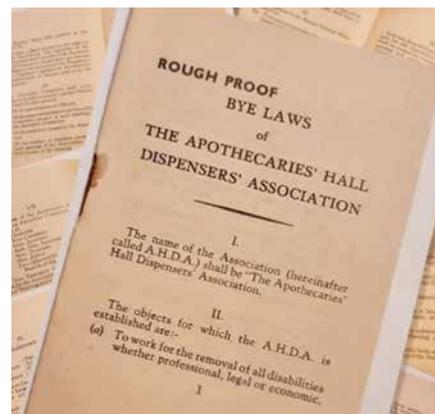
In readiness for the inaugural meeting, the aims, objectives and the Association's priorities were drafted in the form of byelaws. It will be no surprise to see that the priority was to gain recognition for the Apothecaries Hall Diploma and to safeguard their interests. The objective was to gain recognition for the qualification by Whitley Council and to use this to lobby for awards above that of an ancillary grade of staff.



It is also interesting to see that right from the outset local branches were significant to the Association. "To strengthen the cause by establishment of local branches of the Association". Branches formed up and down the country and these included the West Midlands Branch.

The Apothecaries Hall Dispensers Association byelaws stated that it shall be managed by an Executive Committee consisting of:

- Chairman
- Vice Chairman
- Hon. Secretary
- Assistant Hon. Secretary
- Hon Treasurer
- Hon. Editor



Two officers/members of each branch of the Association.

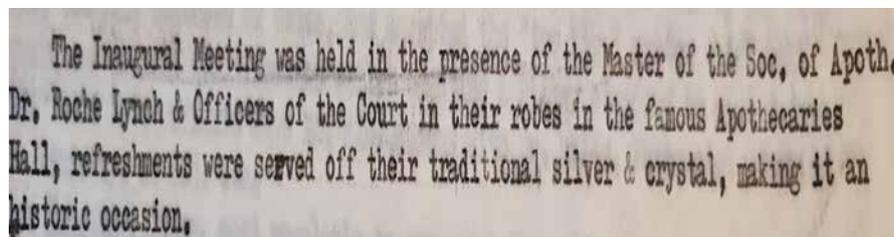
A subscription was fixed as ten shillings and six pence per annum, and this was to include regular issues of newsletters to keep members up to date.

The inaugural meeting was a great success and Miss Katherine Miles was elected as Chairman and Honorary Secretary combined. Miss I Watson was elected as Honorary Treasurer.

Following meetings were all held at the Hall right up to 1957 when conferences were held in different parts of the country. This pattern continued until 1964 when study weekends were organised by different branches.



The Association's archives tell us that "Miss Miles tackled, singlehanded, the colossal correspondence from prospective and new members plus the numerous enquiries about AHDA. She also carried



out all negotiations and travelled the country organising branches of the Association.

Also at this time, using her previous experience gained by being an organiser for the National Council of Women of Great Britain and the COHSE trade union experience, she became the Chairman of the Hospital Staff Committee at the Royal Free Hospital London. The National Council of Women of Great Britain was founded in 1895 as the National Union of Women Workers and had many other women's groups affiliated to it including the Association of Women Pharmacists. Miss Miles gained this chairmanship during her appointment as Deputy Chief to the Chief Pharmacist at the Royal Free and made many representations to the Ministry of Health on the cause of the Apothecaries Hall dispensers.

**Success in the fight for recognition**

Miss Miles had become aware that a remuneration of £15 proposed for Apothecary Hall dispensers was to be given to all unqualified staff on application to the Ministry of Health or by recommendation of the pharmacist. Other evidence Miss Miles had suggested that proficiency tests were being set by pharmacists. These were deemed to be equivalent to the Apothecary Hall qualification alongside of experience gained from working in chemist shop or hospital. These were being considered equivalent to that of college training. Miss Miles was clear that this needed to be addressed otherwise the Society of Apothecaries dispensing examinations and diploma would be rendered useless.

Although a small financial win was soon to be gained, the fight for recognition was about to change. A positive outcome came out of a Whitley Council Professional and Technical Function Council (PTFC) meeting on the 28th March 1952.

It would be useful here, to outline the complex negotiation machinery that the fight for recognition had to go through.

The PTFC was divided into sub-section committees to allow focused salaries and conditions of service negotiations. Committee A was for professional grades such as Pharmacists, Radiographers, etc. Committee B was for technicians and committee C was for ancillary staff including dispensers. Miss L. Mitchell (another Apothecary Hall dispenser) was a member of committee C right from the inaugural Whitley Council meeting and remained so until her retirement in 1964.

The meeting was set up by the Ministry of Health for Whitley Council to explore the anomalies of pay for dispensing assistants. Miss Miles, described as a formidable lady, attended the meeting in her capacity as a deputising member for committee C. She seized this negotiating opportunity, with tenacity and courage, and stayed at the table, right up to the end of the day, until a sum was offered to Apothecaries Hall dispensers in recognition of their qualification.

The sum was small, £5 per annum, but a major win was to finally have the Apothecaries Hall qualification recognised in its own right. This initial recognition may have seemed a small step, but it was a significant achievement and paved the way for further increases in the future.

However, there was an outstanding issue concerning the remuneration of those Apothecaries Hall dispensers who were working singlehanded without supervision; those in sole charge of a pharmacy. This issue was deferred pending the outcome of the findings of the Ministry of Health's Central Health Services Council Subcommittee review into Hospital Pharmaceutical Services, often referred to as the Linstead Report, published in 1955.

Miss Miles, in a letter to the Society of Apothecaries on the 6th April 1952, after seeing an article written in the Pharmaceutical Journal 29th March, raised that it was not looking hopeful. She indicated that direct intervention on behalf of the dispensers from the Society

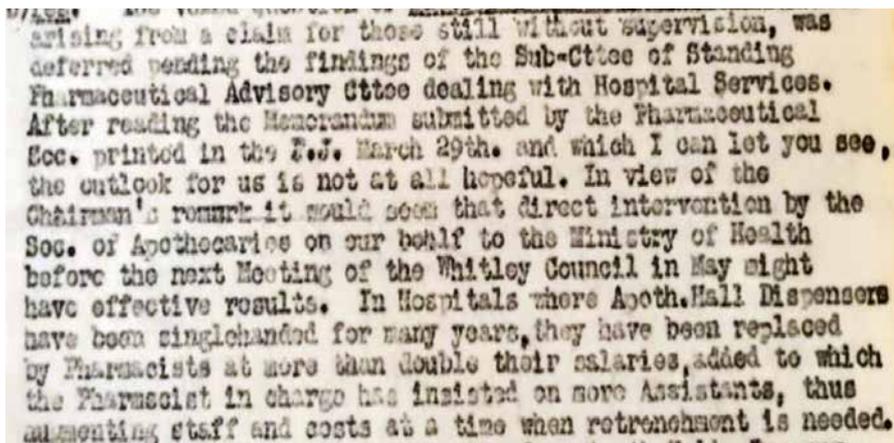
of Apothecaries was required and this should be given to the Ministry of Health before the next Whitley Council meeting. Thus, in 1954 an additional payment was awarded. This was £10 per annum for those in sole charge of dispensaries and £20 to those who had an assistant that dealt with dangerous drugs (now controlled drugs).

So far, our story appears to have focused more on remuneration. It would be a huge mistake to carry this impression, as the Association's purpose was wholly to safeguard the profession.

**Registration: the next battle**

Having fulfilled the first aim of AHDA's priorities, 'to gain formal recognition for education, training and experience of the holders of the Apothecaries Hall qualification', the Association moved onto the next aim of obtaining statutory registration.

As we know this finally came to fruition



in 2011 when pharmacy technicians became compulsory registered with the General Pharmaceutical Council. But it took over 50 years to achieve this aim, and much happened in between as the AHDA leaders strived for registration.

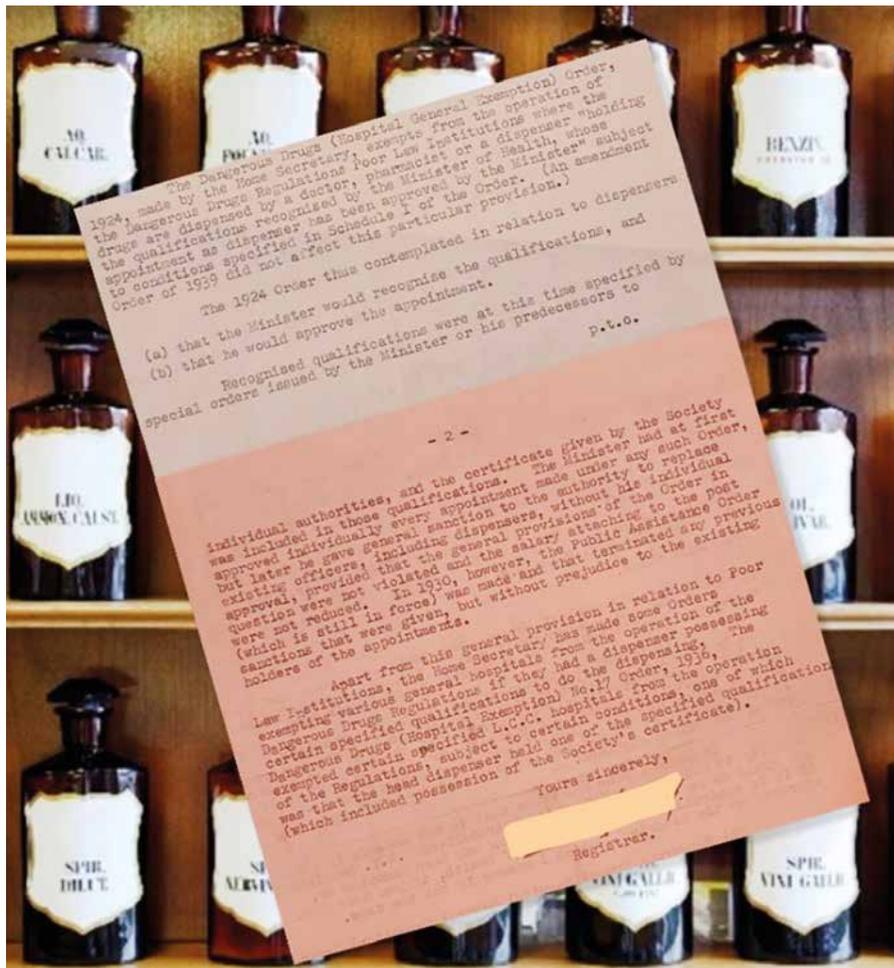
At the opening of the first Annual General Meeting in 1953, the keynote speech focused on the initial strength of the Association and the result of its activities "seeing the return of status that dispensers had once enjoyed". It also drew the distinction between the purpose and machinery of trade unions and that of representation from a professional body. It indicated that AHDA should focus on ethical and academic issues to enhance the profession. Indeed, the Master of the Society of Apothecaries had previously made it clear that it would not tolerate political affiliations.



In addition, to quote from the meeting minutes, it was also strongly advised that *‘it must be remembered that the achievement of an objective cannot mean the cessation of activity. To stand still ultimately results in slipping back whilst the rest of the world moves on. The widening of interests produces clarity of vision and purpose to tackle succeeding objectives and ideals which rise ever higher and higher’.*

Miss Miles, being fully aware of conflicts of interest and the professional role of AHDA, had already started to suggest to the Society of Apothecaries, in February 1952, that the syllabus and examination of the qualification be revised and modernised. Miss Miles deduced that the time was right to start this project as the Chemist and Druggist ‘minor’ examination closed in February 1952 and this workforce gap could be filled by Apothecaries Hall dispensers. Raising the academic standard and length of training would also support the quest for statutory registration. She indicated that the syllabus should now include sterilisation and dispensing of dangerous drugs (DD), as dispensers had historically undertaken this task. In addition, they had held the DD keys.

In 1947, Miss Miles had clarified the position of Apothecaries Halls dispensing DDs with the Society of Apothecaries registrar. It was deemed that in the Dangerous Drugs (Hospital Exemption) No17 Order of 1936 the Home Secretary made exemptions for specified London County Council hospitals to allow the head dispenser, so long as they held a specified qualification, to dispense DDs. The Society of Apothecaries certificate



was included as one of the qualifications. Due to the influx of pharmacists into the hospital service, dispensers were gradually excluded from DDs and this was no longer allowed as these tasks had transferred to pharmacists. Miss Miles, with the support of the Medical MP and a pharmacist drafted an amendment to the DD Act to allow Apothecaries Hall

dispensers to handle DDs. This almost reached the Statute Book in the House of Commons but was withdrawn at the last minute by objections from the Pharmaceutical Society.

And so, at the end of this installment the interprofessional challenges continue and, we can promise you, next time there will be more...

**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.



# My Journey as a Pharmacy Technician

## I am the Relief Regional Manager and Lead Pharmacy Technician for Avicenna Pharmacy, overseeing the Wales West area.

I've been in this position for a year and a half, following my experience as an ACPT in both community and prison pharmacies.

Before I started my role as lead pharmacy technician for all of Wales, there was limited support or mentorship for pharmacy technicians, leaving many uncertain about their career progression.

I aimed to be a "role model" for what a pharmacy technician should exemplify in the workplace.

I ensured I could deliver all services and thoroughly understood the necessary training requirements and governance to effectively lead and mentor others.

This role has allowed me to elevate the presence of pharmacy technicians, paving the way for others, especially with the implementation of a PGD for Emergency Hormonal Contraception (EHC) for pharmacy technicians.

I established a project timeline with clear milestones, enabling pharmacy technicians to achieve and launch this service in sync with the PGD date.

Beyond my core responsibilities, I also assist in leading the Wales West region alongside my supportive Regional Manager, Nathan Davies, by analysing business figures to identify opportunities for stores to enhance service income, making sure stores have enough staff, advocating and providing services personally, managing team members, evaluating service revenue—the list goes on...

Last September, I was truly honoured to be named "APTUK's Community Pharmacy Technician of the Year." It has been incredible to be supported and to share my journey with others, with the hope of inspiring them to put in their best efforts and pursue their dreams.

I eagerly took the chance to speak at the Pharmacy Show in Birmingham, where I highlighted "leading the role for pharmacy technicians in delivering the discharge review service."

I shared my passion for providing this service and explained how I help upskill other pharmacy technicians to do the same.

I discussed the components of the service delivery, hoping to inspire others who are committed to patient care to offer this service as well.

Both the region and the company are incredibly supportive of my goals, and I am deeply thankful for the team around me who are dedicated to constantly enhancing our region.



**KATE GARDINER**  
MAPharmT

kate.gardiner@avicenna.org

## The Fellows Forum

### The 'Fellows Forum' – what is it and what does it do?

Members of APTUK may be aware that there are a small group of members who, at some point in the past, have been awarded a 'Fellowship' of the Association of Pharmacy Technicians. This is a prestigious award, traditionally made at the annual conference to pharmacy technicians who have been judged by their peers as having made an outstanding contribution to the profession.

In early 2024 the Association's President, Nicola Stockmann, invited the 'Fellows' to join a 'Fellows Forum'. The purpose of this newly constituted group, which is overseen and organised by the President, is to provide an opportunity for informal soundings and helpful strategic oversight for the President and Executive Committee. The utility of the forum is particularly evident, when the Association needs to develop a position or policy on a particular issue at pace, or when the Association deems it helpful to exploit the networks, influence or voice that 'Fellows' might have.

Since the group's inception, Nicola has convened several meetings and has corresponded with forum members. This has kept 'Fellows' appraised of plans and developments the Executive Committee are working on and at the same time, provided a safe space to seek input, ask for constructive challenge and to receive support.

This 'new' arrangement mirrors similar governance practices seen in other professional bodies and organisations. A year in, on reflection, it seems like a pragmatic way of

engaging and using some of the experienced and influential members of our profession.

### DARREN LEECH

FAPharmT

Member of the Fellow's Forum

*The prestigious achievement of acquiring the title of Fellow of the Association of Pharmacy Technicians UK is the highest accolade which can be bestowed upon a member of our professional leadership body. A priority for my incoming term as President was to ensure our organisation utilise the experiences of our Fellows and invited their engagement to support APTUK and the profession for future facing strategy in this everchanging landscape.*

*They have supported conference activities and awards, actively contribute and provide constructive challenge and will be integral in the development of our new professional standards over the next year. I am truly grateful for their counsel and support, as are the Board of Directors and Executive Committee.*

**Nicola Stockmann. President APTUK**

# Working to Improve Access and Healthcare Experiences for LGBTQIA+ Patients in Primary Care

I've always been passionate about equality and inclusion and worked on a couple of projects outside of work with the LGBTQIA+ local community. I knew that I wanted to extend this into my role as a PCN pharmacy technician and when I was offered the opportunity to develop my own project I knew exactly what needed to be done. Since starting in primary care four years ago I had become increasingly aware of the health inequalities that the transgender, non-binary and gender diverse patients face when accessing healthcare and the wider and long term impact this has on health outcomes.

## Breaking Barriers: Transgender Cancer Screening Information Evening

I'm working on a longer-term project to improve access and dignity to healthcare for the local trans community and for the first event I linked up with our PCN Cancer Care Co-ordinator to organise an information evening on an often overlooked issue in healthcare: cancer screening for transgender individuals. I already had links with our local LGBTQIA+ friendly Sugar Daddy's Café in Worcester, who are keen to work with us to see if we can provide a health hub, the Transgender Cancer Screening Information Evening aim was to educate, empower, and drive change within the healthcare system, promoting greater equality, diversity, and inclusion.

**WORCESTER CITY**  
PRIMARY CARE NETWORK

# TRANSGENDER HEALTH EVENING

## CANCER SCREENING

Join us for an informal information evening about cancer screening for trans, non-binary & gender diverse people in Worcester

**TOPICS WILL COVER:**

- The importance of regular screening
- Unique cancer risks & screening for trans patients
- Tips that can lead to a better screening experience
- Q&A session

**VENUE DETAILS**

7pm Monday 28th October

Sugar Daddy's Cafe, Trinity Passage, Worcester, WR1 2PO

Working To Improve Access & Healthcare Experiences For LGBTQIA+ Patients In Primary Care

## Setting the Stage

The event began with an introduction to the unique challenges faced by transgender individuals in accessing healthcare. Cancer screening, a crucial preventive measure, often becomes a daunting task for transgender individuals due to a lack of understanding, inadequate healthcare policies, and societal stigmas. The evening sought to address these barriers head-on.

## A Closer Look at Transgender Healthcare Challenges

One of the event's highlights was a detailed presentation which illuminated the multifaceted issues that transgender individuals encounter in healthcare settings. Key points included:

- **Lack of Awareness:** Many healthcare providers lack the necessary knowledge about transgender health issues, leading to improper screenings and treatments.
- **Discrimination and Stigma:** Transgender individuals often face discrimination and poor bedside manners, making them hesitant to seek medical help.
- **Inconsistent Guidelines:** The absence of standardised guidelines for transgender cancer screening creates confusion and inconsistency in care. This is coupled with binary technology which results in trans patients being called for inappropriate screening or none at all.

## Expert Talks

My colleague and I researched extensively into what cancer screening was appropriate for trans patients and for the various types or stages of transition: socially, medically and/or surgically. We also looked at whether transitioning increases cancer risk. One of the most important topics of the evening was providing tips on how to make booking and attending cancer screening a more dignified experience. This should not be the responsibility of the patient, but for now it was about empowering them to be able to ask for changes to be made or to confidently inform the healthcare professional what their needs are.

As with the wider population, cancer screening and diagnosing cancer early has longer term health outcomes and an intersectional approach is helping myself and my colleague, by linking with members of the trans community, to look at structures and practices that create barriers.

## Interactive Q&A Sessions

The event also featured interactive Q&A sessions, providing attendees with the opportunity to ask questions and gain insights. These sessions were particularly impactful, as they allowed for open and honest dialogue about the fears, misconceptions, and real-life experiences of transgender individuals in healthcare settings.

## Support Networks and Resources

Information on local and national resources and services available to the transgender community was another critical component of the evening. Attendees were provided with a comprehensive list of organisations and contacts that offer support and guidance. This network of resources aims to empower transgender individuals, ensuring they have access to the care and support they need.



Ethan and Sharon

### Promoting Inclusivity Through Action

The Transgender Cancer Screening Information Evening was more than an educational event; it was a call to action. By addressing the specific healthcare needs of transgender individuals, the event promoted inclusivity and equality in several ways:

1. **Raising Awareness:** By educating those that attended, the event helped to dismantle misconceptions and biases, fostering a more inclusive environment.
2. **Empowering Individuals:** Providing transgender individuals with knowledge and resources empowers them to take control of their health and advocate for their rights.
3. **Advocating for Change:** We have had discussions with practices around what practical steps they can take to ensure their trans patients are called for appropriate cancer screening and offered to support them with this.

### The Ripple Effect on Equality, Diversity, and Inclusion

The impact of the Transgender Cancer Screening Information Evening extends beyond the walls of the café. It serves as a catalyst for broader societal change, promoting equality, diversity, and inclusion in several key areas:

- **Healthcare:** By addressing the unique needs of transgender individuals, the event sets a precedent for more inclusive healthcare practices. It encourages healthcare providers to adopt a more personalised and compassionate approach to care.
- **Education:** The event highlights the importance of educating healthcare professionals about transgender health issues. This knowledge is crucial for providing competent and empathetic care. By promoting the event as well as talking to colleagues about the project, others have become aware that they need to think about their own practices
- **Community Support:** By fostering a sense of community and support, the event helps to reduce the isolation and discrimination that transgender individuals often face.

### A Personal Reflection

As a pharmacy technician presenting the Transgender Cancer Screening Information Evening, I can reflect on the experience with a sense of accomplishment and hope. This event was a pivotal moment in our journey towards a more inclusive

healthcare system. It's about more than just raising awareness; it's about sparking real change. We need to ensure that everyone, regardless of their gender identity, has access to the care they deserve. As a pharmacy technician I also feel it has been a superb opportunity to showcase what we can achieve and the wider impact we can have, and the initiatives we are able to implement; we look beyond the medication and take an holistic, person-centred approach to improving both outcomes and experiences.

### The Path Forward

The success of the Transgender Cancer Screening Information Evening is a testament to the power of education and advocacy. Moving forward, it is crucial to continue these efforts and build on the momentum generated by the event. We have built on the relationship with the café and have made connections with members of the local trans community who are keen to work with us to develop our long term, wider project aims. We have also had a lot of support and interest from across the wider local healthcare network and one of our next steps we are considering is to repeat the information session to healthcare professionals across the ICB.

### Conclusion

This is an area of healthcare that is only going to grow as more people feel empowered and supported to live authentically. During Transgender Awareness Week, culminating in Transgender Day Of Remembrance, we can reflect on the consequences health inequalities has had on the trans community and the lives lost due to it. As pharmacy technicians we can be at the forefront of a rapidly evolving area tackling health inequalities. The journey towards equality, diversity and inclusion is ongoing, this is just the start for us. It also highlights that as pharmacy technicians we can create a future where healthcare is inclusive and equitable for all.



**ETHAN FRENCH**  
**MPharmT**

Lead Pharmacy Technician –  
Worcester City PCN  
paule.french@nhs.net

# Fracture Risk and Osteoporosis in Women: A Practice Population Study

As part of my PCN pharmacy technician role for Lancashire and South Cumbria ICB, it was necessary to undertake the CPPE Primary Care Pharmacy Education Pathway.

To complete this training, a quality improvement project should be presented to peers, and it was at this time the Clinical Pharmacist at the practice offered me the idea of proactively assessing the bone health of women who had recently turned 60 years old. This included identifying any women who were deemed at risk of fractures and treating them following national guidelines, as outlined in the abstract. Due to good response rates and short waiting times for DEXA scans in East Lancashire, this audit has proved successful.

As a pharmacy team, this work has brought new focus on falls risk prevention within the surgery, tying in with mandatory quality contract work on frailty and, as such, there has been an upsurge in frailty assessments across the practice, leading to an increase in falls awareness and thus work to prevent falls has amplified.

This project has helped identify gaps in women's health, particularly those discharged from oncology services on aromatase inhibitors i.e. letrozole, with directions to continue to a total of ten years treatment without follow up on the effects of these treatments on bone health.

This work has also highlighted neglected areas of primary care, including reducing steroid regimes for patients with musculoskeletal conditions i.e. polymyalgia rheumatica, HRT reviews and referring for updated DEXA scans where bone conditions have previously been identified. The importance of bone health reviews in patients living with Parkinson's or coeliac disease have been emphasized, leading to reviews in coeliac patients, ensuring their vaccination status is complete and BMI assessment and blood screening is up to date.

This audit is a developing project, providing on going care for women at risk of fractures. Where a DEXA scan was not previously indicated in some patients, scores will be recalculated annually as age has an impact on bone density. The project has the potential to have a profound impact on women's health and can be further developed by pharmacy technicians throughout primary care.

## Introduction

Fracture risk and osteoporosis increase with age, significantly so in post-menopausal women<sup>1,2</sup>. Over half a million new fragility fractures occur annually in the UK, with associated significant implications in terms of patient disability and cost to the health system.

## Aims

To prospectively assess the bone health of practice registered female patients aged 60-65 years using a bespoke AccuRx questionnaire modified from the established FRAX questionnaire<sup>2</sup>. To provide lifestyle advice on maintaining bone health to those not meeting the criteria for objective radiological assessment at the present time. To prescribe appropriate treatment for those patients found to have a new diagnosis of osteopenia or osteoporosis.

## Method

The project took place from January 2023 to June 2024. It was predominantly undertaken by a practice pharmacy technician

### Fracture Risk and Osteoporosis in Women: A Practice Population Study

**Introduction / Background**  
Fracture risk and osteoporosis<sup>1</sup> significantly increase with age, particularly in postmenopausal women. Often referred to as a 'silent disease', osteoporosis typically presents no symptoms until a fracture occurs.

To proactively address this risk, we initiated a project assessing fracture risk in female patients aged 60-65 within our practice population.

**Methods – What Did You Do? Who Was Involved?**  
We identified potential participants through an EMIS search, excluding those with prior DEXA scans or pre-existing diagnoses of osteoporosis or osteopenia.

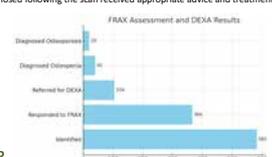
A modified FRAX Risk Assessment<sup>2</sup> was conducted using the AccuRx tool to evaluate fracture risk.

Patients with a FRAX score exceeding 10% were referred for DEXA scans, and those diagnosed following the scan received appropriate advice and treatment interventions.

**Main Findings – Results / Outcome(s)**

- 582 women were identified
- 366 (62.9%) responded to the FRAX assessment
- 104 (28.4%) were referred for DEXA scans
- 41 were diagnosed with osteopenia
- 20 were diagnosed with osteoporosis

A total of 61 (16.7%) women were found to have a new bone condition



**Reflection – What Went Well? What Were the Challenges?**

Response rates were strong, with positive feedback received from both patients and clinicians.

As a result of this project, over 60 women are now aware of their bone health status and have begun appropriate treatment, significantly reducing their future fracture risk.

A key limitation of the project was the requirement for GP referrals for DEXA scans, which introduced delays in the process and could be streamlined for future initiatives.

The FRAX calculator does not account for previous treatments such as aromatase inhibitors used in breast cancer therapy, which significantly impact bone density. A notable proportion of the women in our study had undergone such treatments, making them eligible for DEXA scans despite their initial FRAX scores.

I am so pleased I was offered a scan, as I have a family history of osteoporosis, but didn't think I'd be entitled until I had a fracture

Thank you for inviting me for a scan, otherwise I would have had no awareness of bone conditions and would not have found out my diagnosis

**Conclusion – Implications for the Future**

This project has the potential for expansion to include post-menopausal women and at-risk men, with regular FRAX and DEXA assessments necessary for continuous monitoring.

To manage the anticipated increase in referrals, DEXA services may need to be scaled up. The success of this initiative highlights the valuable role of Pharmacy Technicians in supporting bone health assessments, demonstrating potential for broader adoption both locally and nationally.

By proactively identifying and treating at-risk individuals, this project has the potential to save the NHS approximately £13,000<sup>3</sup> per patient by preventing costly fractures. Early intervention through DEXA scans and appropriate treatment, which costs around £200<sup>4</sup> per patient, significantly reduces the likelihood of fractures that can cost the NHS upwards of £14,000 to treat. Expanding this initiative could lead to substantial long-term healthcare savings.

While this project has successfully generated valuable new data and diagnoses, the true measure of its success will be seen in the long-term reduction of fragility fractures. As a decrease in fracture rates can only be observed over an extended period, it will take years to fully demonstrate the clinical benefits. Continuous monitoring and follow-up will be essential to assess the project's long-term impact on patient outcomes.

Ribbledale PCN: Saldem and Whalley Medical Group | Jodie Wilkinson | Jodie.wilkinson10@nhs.net

<sup>1</sup> National Osteoporosis Foundation (NOF). (2020) The 2020 International Osteoporosis Foundation World Report. Available at: <https://www.iofbonehealth.org/2020-world-report> (Accessed 20 October 2024).  
<sup>2</sup> National Osteoporosis Foundation (NOF). (2020) The 2020 International Osteoporosis Foundation World Report. Available at: <https://www.iofbonehealth.org/2020-world-report> (Accessed 20 October 2024).  
<sup>3</sup> National Osteoporosis Foundation (NOF). (2020) The 2020 International Osteoporosis Foundation World Report. Available at: <https://www.iofbonehealth.org/2020-world-report> (Accessed 20 October 2024).  
<sup>4</sup> National Osteoporosis Foundation (NOF). (2020) The 2020 International Osteoporosis Foundation World Report. Available at: <https://www.iofbonehealth.org/2020-world-report> (Accessed 20 October 2024).

with supervision from the practice pharmacist. Patients were identified through an EMIS search. Patients with pre-existing osteopenia or osteoporosis diagnoses were excluded, as were those who had had prior DEXA scans in the previous 5 years. A modified FRAX assessment was sent to patients by text using the AccuRx tool, with two added questions to try to establish the nature of any previous fracture mentioned by the patient.

Text responses were entered through the FRAX questionnaire. Patients with a FRAX score exceeding 10% for major osteoporotic fracture were referred for a dual energy x-ray absorptiometry (DEXA) scan.

Those not crossing the threshold for DEXA referral were informed and sent a text with a link to generic bone health advice on the website of the Royal Osteoporosis Society.

## Results

582 women were identified. Text questionnaire responses were received from 366 (62.9%) women. 104 (28.4%) were sent for DEXA scans. 41 of those referred were diagnosed with osteopenia on DEXA and 20 were newly diagnosed with osteoporosis. Therefore 61 participants responding to the questionnaire (16.7%) were prospectively identified as having a new bone condition. FRAX algorithm sensitivity was 58.6% for a new diagnosis of osteopenia or osteoporosis.

## Conclusion

Response rates of over 60% led to 1 in 6 women over 60 years receiving a new diagnosis. These patients have now started appropriate medical treatment to reduce their future fracture risk. Response rates were strong, and positive feedback was received from both patients and practice clinicians. The project was an excellent use of multi-disciplinary team resources within primary care, though a limitation was the requirement for DEXA referrals to be made by GPs. True success will take years to determine when actual reductions in the incidence of fragility fractures should be observed. The project has the potential to be expanded across boundaries in primary care and potentially expanded into a research project which may want to include subgroups to include the significantly increased use of hormone replacement therapy in the female population in recent years. To manage anticipated increase, DEXA services likely need to be further resourced.

## REFERENCES

- 1 National Osteoporosis Guideline Group (NOGG) (n.d.) NOGG 2021: Clinical guideline for the prevention and treatment of osteoporosis. Available at: <https://www.nogg.org.uk/full-guideline> (Accessed: 24 October 2024)
- 2 University of Sheffield (n.d.) FRAX tool. Available at: <https://www.frax.shef.ac.uk/FRAX/tool.aspx?country=1> (Accessed: 24 October 2024)



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# A Typical Day Working as a Medicines Management Pharmacy Technician in the Emergency Department

I start my day at 7:30am by reviewing any medicine related incident reports from overnight to determine if they need my support or investigation. Following this, I begin my rounds in the department, informing the nurse in charge of each area that I'm available for any orders or pharmacy related queries. At 8:00am, I attend the doctor's handover to help prioritise drug histories for patients on critical medicines; this can include patients from the First Initial Triage area (FIT Stop) or those who have been on the back of an ambulance overnight during high-acuity periods. By the time the doctor's handover concludes, the nurses have started their drug rounds and orders begin to come in.

Northampton General Hospital emergency department has ten areas so to make sure I am accessible to colleagues I carry a work phone. After prioritising any orders, I use our emergency department clinical system (Symphony) to check which patients have been allocated a bed on a ward. I then complete medicines reconciliation for these patients and discuss any necessary queries or amendments with the doctor or pass them on to the emergency department pharmacist. Once these tasks are done, I station myself in resus where the acutely unwell patients are. I often assist doctors by accessing clinical systems to provide an overview of a patient's medication history while they assess the patient. For any clinical prescribing queries beyond my expertise, I refer to the emergency department pharmacist. I guide doctors to clinic letters, recent electronic discharge letters and our trust policies and personally gather information from other external sources if needed, for example: dialysis centres, care/nursing homes, district nurses for insulin doses and HIV clinics.

Throughout my day I frequently handle queries related to medicines management, waste management, medicine storage, temperature checks, electronic medicine cabinet reports, medicine expiries and controlled drug queries. I also undertake consultations with patients on newly prescribed medicines, particularly injectables like enoxaparin or epi-pens and provide guidance on inhaler technique. My day is always varied, which I enjoy. I conduct regular safe and secure medicine audits, spot checks and deliver training sessions to nursing staff on all

aspects of medicines management. These informative sessions are well received by both newly qualified and experienced nurses. My day in the emergency department concludes at 4:30pm after which any remaining orders or queries are handled by the late-night team in our pharmacy department or the on-call pharmacist.

Our work in the emergency department is greatly appreciated by the matrons, nurses, advanced clinical practitioners and doctors; they value our support in all aspects of medicines management. Our early involvement in the patient's journey helps to resolve medicine-related queries and reduce the number of missed doses. Completing medicines reconciliation ensures medications are supplied when the patient is admitted to a ward.

To expand my knowledge and talk about my role in the emergency department, I attended the London Clinical Pharmacy Congress, where the urgent care lead and I showcased our audit results on The Impact a Medicines Management Pharmacy Technician has in the Emergency Department. Attending this event enabled us to network with other pharmacy technicians and pharmacists and exchange ideas which then led to us being invited to join an emergency department network group. The network group has allowed us to continue communicating, learning, and sharing practice with other trusts. As a result of this, we were privileged and honoured to be invited to be guest speakers at the APTUK conference in 2024. This gave us an excellent opportunity to showcase our work.



**ANGELA WARNER**  
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# 'An Interview with...Meet the Member'



**Name:**  
John Oliver

**Current Role:**  
Quality Assurance Specialist at NHS SPS (Specialist Pharmacy Service)  
Highest qualification related to your role: Post Graduate Diploma in Pharmaceutical Technology and Quality Assurance

**Contact email:**  
john.oliver@liverpoolft.nhs.uk

## Describe your career so far.

My life was transformed when I was offered the position of 'student pharmacy technician' (as we were called back then, in the dark ages). My employment prospects to that point were quite unclear and, although I was fairly bright, I wasn't blessed with role models when it came to careers. However, it was a blessing when someone saw the potential in me and offered me that initial opportunity.

I quickly learned that NHS hospital pharmacy departments not only offer employment and education opportunities, but they come jam-packed with an abundance of role models to boot. I suspect I'll use the word 'opportunity' rather a lot, because my career has been a series of opportunities. Some I've grasped with both hands, some I've declined, and some opportunities I've missed. Sometimes that's for the best.

I've also taken opportunities to learn, and I've asked to be involved in pieces of work and projects. I've applied for a range of jobs over the years, and developed a good foundation of knowledge, skills and experience. I've made mistakes and had successes along the way. My roles have included dispensing and accuracy checking, stock distribution, and as a ward-based medicines management pharmacy technician (I'm showing my age again, it's 'medicines optimisation' now, I believe).

A time came when I decided to spread my wings and take a chance. I moved Trust and pursued an opportunity which had the most transformative influence on my career as a pharmacy technician. I specialised in pharmacy technical services, and what an incredible experience it has been.

I've prepared countless doses of chemotherapy to help treat patients with cancer, and monoclonal antibodies to treat autoimmune diseases. I've prepared injectable products for clinical trials that have informed the therapies of the future. I've been the lead pharmacy technician for an aseptic services unit, and I've worked in the quality assurance team within a licensed unit. All of this helped prepare me for my current role. It's an advanced role that my younger self would never have anticipated I'd achieve.

## Describe what your current role entails.

SPS is commissioned by NHS England to provide advice and guidance. The quality assurance team in which I work provides advice related to the quality of medicines. This advice takes many forms. It can be webpage guidance, or given by answering queries, or by being a critical friend and sounding board. We also provide educational resources such as our SPS QA webinars, which is a real passion for me. We also deliver an audit service of

unlicensed aseptic services and radiopharmacy services, but I very much hope that audit is not the only time our service users connect with us.

## What is the most challenging part of your role?

I suspect this will resonate with all pharmacy technicians, and indeed anyone working in pharmacy in any setting. I feel the biggest challenge is balancing an almost unlimited demand with a very-much-limited resource. We have an endless list of projects we'd wish to undertake, but limited capacity on what we can deliver.

It can also be challenging when requests for support fall outside of our scope. My internal default settings are to always try to help, so I can find it difficult when it's not appropriate to take on a request. We will always try to do some sensible signposting at least.

## What do you enjoy most about your role?

Another one of my default settings is to share as much of my knowledge as possible with anyone who'll listen. I've supported many team members over the years with their education and training and in helping them develop their knowledge, skills and experience. This has been one of the most rewarding aspects of my career, and I love to hear from people I've previously recruited going from strength to strength and developing in their careers.

In my role at SPS I'm able to reach a much bigger audience compared to previous roles in NHS Trusts. This year through our Quality Assurance educational webinars we have reached 3000 attendees who overwhelmingly find these events valuable. Also, I have the opportunity to engage with learners at a range of different events, such as delivering sessions on the post-graduate qualification Pharmaceutical Technology and Quality Assurance with the University of Manchester, or the Aseptic Preparation and Dispensing of Medicines (APDM) course run by the University of Leeds. I find it incredibly rewarding when attendees at these events ask questions, apply critical thinking and judgement, engage with discussions and commit to learning something new, or indeed share their own successes with others. I see the potential in these learners and it's crucially important that we nurture their development. The future of our services is in their hands.

## What surprised you most during your career as a pharmacy technician?

During my early years the pharmacy departments I worked in were staffed by, let's say, old-fashioned workforce groups. Pharmacy assistants, pharmacy technicians and pharmacists. Over the years these roles have evolved beyond anything I might have imagined.

The greatest surprise for me has been having the opportunity to work alongside a much wider group of team members. People with more varied professional backgrounds. I've been able to bring my experiences as a pharmacy technician together with the knowledge and experiences of pharmaceutical scientists, chemists, quality assurance technicians, pharmaceutical specialists with manufacturing backgrounds, pharmacists and microbiologists. Together we have achieved much greater outcomes than our constituent parts alone ever could have.

This is true within SPS too. My team achieves our most valuable work through a collaboration of the widest and richest range of knowledge and experience through varied professional

backgrounds. I was immediately made to feel valuable and valued both for my experiences as a pharmacy technician, but also due to the wider skills I've gained along the way. I was blessed with another opportunity when I was seconded to HEE/ NHSE as a clinical leadership fellow. I aim to put the learning during that fellowship to the best possible use now.

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

The evolution of roles I described continues now. This evolution can create incredible opportunities, and I've certainly benefited from those, but sometimes changes to the scope of roles can create new challenges and risks that, as healthcare professionals, we must be highly cognisant of.

We must ensure we're appropriately qualified and competent when taking on additional duties or responsibilities. We must also be assured that the right governance is in place and that the quality and safety of our work is assured for our patients.

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

Becoming a pharmacy technician has been the making of me as a person. I'm not certain if I'd have the life I have now if I hadn't been a pharmacy technician. I'm blessed with a beautiful and talented wife and a gorgeous son who makes us so proud. We also have a couple of unhinged pets, a cat and a praying mantis, who share a love for sudden, extreme violence.

I gain the most energy and motivation at work by engaging with a workforce who are striving to do the best possible job. Being a pharmacy technician gives me these opportunities, and in my role at SPS I'm able to do that on a regional and national scale.

So, I think I should continue to be a pharmacy technician, but if I were to change profession, I'd imagine being a motivational speaker would suit my personality type. Failing that, being a water slide tester sounds like fun.

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