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Registration now a reality

Recent changes in pharmacy and health service policy and their impact on pharmacy technicians was the theme of the Association of Pharmacy Technicians United Kingdom (APTUK) annual conference. Pamela Mason reports

Statutory registration for pharmacy technicians will start as soon as possible after the necessary legislation is in place. This is according to Janet Flint, head of support staff regulation, Royal Pharmaceutical Society. Statutory powers are being sought via an order under Section 60 of the 1999 Health Act.

Voluntary registration began in January and more than 700 technicians are now registered. The voluntary registration period will continue after the start of statutory registration, and this period is likely to be longer than the two years originally envisaged.

Implementation of registration is taking place in three phases, explained Ms Flint. In the first phase, applicants with appropriate UK qualifications and work experience, that has taken place under the supervision or direction of a pharmacist, have been able to register since January 2005 (standard and grandparent clause route a). During the transitional period, a number of UK qualifications are allowed. In the longer term, however, the Scottish/National Vocational Qualification (level three pharmacy services) which includes underpinning knowledge and work-based experience countersigned by a pharmacist, will be the main route of entry.

The second phase of registration implementation, beginning in April 2005, applies to technicians either whose work

experience has not been under the direction of a pharmacist or who do not meet the criteria for hours worked (grandparent clause route b). In these cases, structured questions will be used to gain additional information on the technician's professional experience. Phase two applicants will be asked about their key responsibilities, how their role contributes to the wellbeing of patients, how they update their knowledge, how they ensure patient confidentiality and which of the generic competencies for pharmacy technicians they think their practice covers (with examples to demonstrate competence). Relevant sections of the application form will be sent to two evaluators appointed by the Society who will assess against agreed criteria. If there is a difference of opinion, a third evaluator will be involved. July or August 2005 sees the beginning of the third phase of implementation, which applies to technicians with qualifications gained outside the UK.

There are two categories of technician registrant: practising and non-practising. Practising means undertaking any work in, or giving advice in relation to, the science of medicines or the practice of health care. The registration fee [for initial registration and to remain on the register until December] for practising technicians is £94 for a standard application and £189 for an application requiring scrutiny (ie, grandparent clause

route b). For non-practising technicians, the fee for 2005 is £80 and for an application requiring scrutiny, £175 (fees applicable to those joining the register between April and June 2005). These fees include a registration administration fee of £30 (standard) or £125 (applications requiring scrutiny).

Technicians must be sure to read the Society's guidance document carefully before completing the registration form, emphasised Ms Flint. They should also complete the checklist to ensure all necessary documentation is included in the application. All photocopied documents (eg, birth and marriage certificates) must be countersigned (by the pharmacist that signs their application form) and a copy of the registration application kept.

When registration has been confirmed, the technician will receive a certificate. Annual retention fees are due on 1 January each year, with reminders sent to all registrants in September. Registrants will receive *The Pharmaceutical Journal* each week. From May 2005, there will be two places for pharmacy technicians on the Society's council. For 2005 the electorate was the 396 pharmacy technicians who were registered on or before 3 March 2005.

Further information is available from www.rpsgb.org.uk/pharmacysupportstaff, by calling 020 7572 2610 or e-mailing pharmacytechnician@rpsgb.org.

Changes in health policy impact on pharmacy technicians

Recent changes in pharmacy and health service policy have a considerable impact on technicians and the way they work. This is the opinion of the conference keynote speaker, Gill Harvey, pharmacy technician and assistant director of medicines management (secondary care), National Prescribing Centre.

Firstly, there is the new general medical services contract. Technicians working in primary care can be involved in medicines

management, which will, in turn, help GP practices to achieve their targets under the new contract. Second, there is the new pharmacy contract. If community pharmacists are going to free themselves from the dispensing bench to provide the new services, they will need the support of an enhanced multidisciplinary team, with technicians at the forefront, emphasised Ms Harvey.

Technicians are also able to support pharmacists in the management of long-term conditions, said Ms Harvey. Public health is another area in which technicians can get involved (eg, blood pressure measurement, smoking cessation, weight clinics). Other significant developments for technicians

include technician registration and also Agenda for Change, the proposed new pay and grading system for the NHS.

Concluding, Ms Harvey urged technicians to position themselves carefully so they can be part of this exciting, high priority agenda. "Consider how medicines management can be improved in the places you work. Be prepared to work across professions and disciplines. This will help to achieve optimum benefits for patients, NHS services and therefore yourselves," she explained. She added, "Get out of any boxes you are in, get involved in these changes. They are going to happen anyway so we might as well be in there — helping to shape the future."

The APTUK conference was held in Chester on 7–10 April and was attended by almost 200 delegates.
Pamela Mason is a freelance journalist.

Agenda for Change profiles re-negotiated

New Agenda for Change job profiles for pharmacy technicians have now been agreed and published on the Department of Health website, following negotiations between APTUK and the job evaluation working party (JEW) (*Hospital Pharmacist* 2005;12:125). The main change is the withdrawal of the band 3 entry level profile. Band 4 is the new entry point for pharmacy technicians and if any job matches band 3, it is recommended that local job re-evaluation should be sought. There have also been changes to job titles and job profiles. Band 5 is now a pharmacy technician higher level, band 6 a pharmacy technician specialist and band 7 a pharmacy technician team manager. These revised profiles are seen as a way to enhance the careers of pharmacy technicians.

Agenda for Change will be affecting technicians soon, if it has not already done so, said Tess Fenn, chief pharmacy technician, education and development, Guy's and St Thomas' NHS Foundation Trust. The job evaluation process involves over 1m people, whose jobs are being transferred from 650 "old grades" to one of nine Agenda for Change bands [one of which has 4 divisions].

Working with the JEW, Guy's and St Thomas' has profiled pharmacy jobs. This

involved staff and staff groups filling in a 40-page job evaluation questionnaire. Five national profiles for technicians were developed. Feedback suggested that these profiles matched five of the nine proposed pay bands.

Ms Fenn concluded by highlighting issues, which still need to be addressed. These include student technician profiles

and the intention is to revise these for this year's September entry. Another issue is for senior technicians to be in pay band 8a and this has recently been added to the JEW agenda. Future challenges lie mainly around continuing professional development, pharmacy technician registration and regulation and the knowledge and skills framework.

Knowledge and Skills Framework

Staff development is critical to the delivery of high quality patient care and the development of a modern NHS workforce. "This is where the knowledge and skills framework (KSF) comes in," said Helen Dalrymple, vice-president, APTUK.

The KSF grew out of the career and pay progression strand of Agenda for Change. It provides an NHS-wide framework, which can be used consistently across the service. Its purpose is to support the development of individuals in their post and their careers and through this support, the development of NHS services to patients and the public. Ms Dalrymple said that the first step is to design a KSF outline for the post. This involves identifying the dimensions, levels and

indicators for the post. The second stage is to match an individual post holder to the KSF post outline. A personal development plan is then developed for the individual, who is then supported to learn through different educational opportunities.

The final stage is the evaluation of the learning and how it has been applied to the individual's work. Consistent with the approach taken in Agenda for Change, KSF outlines should be developed through a partnership approach between management and staff, emphasised Ms Dalrymple. Development reviews happen every year, but are specifically linked to pay and progression at two gateway points (the foundation gateway after a year in post and the second gateway).

New roles for technicians in patient care and training

Supporting patients with their medicines before discharge is a role well suited to a pharmacy technician, according to a poster presented by Nikki Ledger, Milton Keynes Primary Care Trust. In spring 2004, managers at Bletchley Community Hospital identified the need for such a service and funded a technician medicines management post for four hours a week.

Referrals to the technician come from the nursing team. Working alongside pharmacists who provide a full clinical review, the medicines management technician ensures patients know how and why they take their medicines and how to get further supplies. Inhaler technique is checked, as is the patient's ability to swallow and take medicines. Monitored dosage systems and memory aids are recommended if needed. The technician also provides general education around storage, wastage and stockpiling of medicines. If medication change is appropriate, the technician makes recommendations to the prescriber. All clinical interventions are referred to the pharmacist, nurse or doctor.

Feedback from nurses, doctors and patients is positive. According to one nurse "of all recent service configurations, the

medicine management technician role is the best and most useful." Regular review of the role is needed, states Ms Ledger. The technician is regularly accompanied by a senior pharmaceutical adviser, who makes recommendations on good practice and improving the medicines management technician role.

— Methadone clinics

The development of a supervised methadone clinic offers other significant opportunities for pharmacy technician involvement, according to a poster presented by Sarah Laud, practice support technician, Luton Primary Care Trust.

Having helped to set up a primary care-led methadone clinic for the trust, Ms Laud believes that a pharmacy technician can successfully support the pharmaceutical aspects of the service, including legal issues, safety aspects and procedures for methadone provision. Her tasks have included writing guidance on issues such as ordering, dispensing and receipt of controlled drugs. Other aspects of the service she has been involved with are writing prescription charts, patient identification, supervising methadone consumption and design of a logbook detailing

responsibility for the Controlled Drug cupboard key.

In March this year, the clinic had a total of 329 active clients. A primary care led methadone clinic links well into a shared care programme, in which drug, alcohol and social problems are treated together, said Ms Laud.

— Pharmacy development

Milton Keynes pharmacy development group (PDG) now includes technicians. According to a poster presented by Nikki Ledger, chair of the Milton Keynes PDG dispensers' and technicians' sub-group, 10 people met in March 2002 to discuss the needs of dispensers and technicians in Milton Keynes. Education, training and networking were identified as the main gaps. The first educational meeting, held in May 2002, looked at stroke management and was attended by 28 dispensers and technicians. The group now has a termly newsletter and has had several further educational meetings. Of growing importance is the role of the group in supporting dispensers and technicians with the new developments, including registration and the requirement for national vocational qualification level 3 in 2007.