



Registered *Technician*

June 2007

FOREWORD

Dear Reader

Much has happened since our last issue in March, not least of which was the publication of the report of Lord Carter of Coles, endorsing the recommendations of the White Paper, "Trust, assurance and safety: the regulation of health professionals", that a new regulatory body for pharmacists and pharmacy technicians and a new professional leadership body for pharmacy be established.

Harold Wilson said that "a week is a long time in politics and this seems to be true as far as the debate about the future of the Royal Pharmaceutical Society and the formation of a body akin to a royal college is concerned. It has been predicted that the White Paper and other changes in law could bring huge opportunities for pharmacy technicians (see this page) so it is encouraging to see technicians engaging in this debate through the letters pages of *The Pharmaceutical Journal*.

In April, the annual conference of the Association of Pharmacy Technicians UK took place in Birmingham. We bring you news from the conference on pS1 and pS2. Also in this issue there is an article about roles for pharmacy technicians within radiopharmacy (pS3) and an interview with Rachael Lemon, the pharmacy technician elected to the English National Board in January (pS4).

In May, Corinne Hunt's two-year term of office as one of the first two pharmacy technician members of the Society's Council came to an end. She decided not to seek re-election (see pS2) and I wish her well for the future.

Please continue to let me have your views on the newsletter and what you would like to see included (e-mail janet.flint@rpsgb.org).

Janet Flint

New law and reorganisation will bring opportunities for technicians

Changes brought about by the Health Act 2006 will bring huge opportunities for technicians working in community pharmacy, said Carwen Wynne Howells, chief pharmaceutical adviser for Wales, at the annual Association of Pharmacy Technicians UK conference, held in Birmingham in April. She partly attributed the opportunities to the fact that the legislation will alter the definition of "personal control" and "supervision" and this will impact on skill mix.

Miss Wynne Howells suggested that these changes presented a tremendous opportunity for the pharmacy profession to grasp the clinical role it has been seeking. "All the stepping

stones are now in place for pharmacy to move forward," she said.

Referring to the proposed formation of a body akin to a royal college, resulting from the splitting of the Royal Pharmaceutical Society's regulatory and representative functions, Miss Wynne Howells said that her personal opinion was that a royal college of pharmacy (rather than pharmacists) should be formed.

This is an opportunity for pharmacy technicians to say "we want to join the party", she said. This would be in line with the Welsh Assembly Government's pharmacy strategy for Wales, she added.

Hospital technician of the year winners



Margaret Vass (pictured left), lead community services pharmacy technician, NHS Fife Primary Care, was presented with the Hospital Pharmacy Technician of the Year (supply chain) Award for 2006, sponsored by AAH Hospitals Service, at the Association of Pharmacy Technicians UK conference in Birmingham. Her winning entry was a project on developing and completing the vaccine cold-chain in NHS Fife.

The clinical award for 2006 was presented to Sonia Burns (pictured right), antibiotic project manager, North Tyneside General

Hospital, Tyne and Wear, for a report on the technician's role in supporting prudent use of antimicrobials.

Each winner received a £1,000 grant, to be used for travel or education, and was given a year's free membership of APTUK. They also have the opportunity to present their papers at the APTUK conference next year.

Details and entry forms for the 2007 awards can be obtained from Manpreet Chana (tel 024 7643 2941; e-mail Manpreet.Chana@aah.co.uk) or can be downloaded from www.aptuk.org



Find out about recent legislation and policy, APTUK president says

Pharmacy technicians should find out more about the Pharmacists and Pharmacy Technicians Order 2007, the 2006 Health Act and the White Paper, "Trust, assurance and safety", and the collective impact that these could have on their practice, said Sarah Wilcox, president of the Association of Pharmacy Technicians UK. Opening the annual APTUK

conference in April, Mrs Wilcox stressed that, as well as bringing opportunities, the new legislation and Government policy meant that APTUK, as an organisation, would need to change. She invited pharmacy technicians to contact her with their thoughts on what the future role of APTUK should be (e-mail president@aptuk.org).

Staffordshire medicines management technician wins poster competition



Technician Daniel Brough receives his prize (a certificate and cheque for £200) from Ruth Hewitt of Helapet Ltd

Daniel Brough, from the University Hospital of North Staffordshire (UHNS), won first prize for his poster at the APTUK conference. The poster, entitled "Deep vein thrombosis anticoagulant therapy at UHNS", describes the benefits of including a technician in a hospital anticoagulant team. Mr Brough has first-hand experience of these benefits because he has been working as part of the anticoagulant team at UHNS since November 2006.

At the suggestion of a pharmacist, he trained to dispense warfarin from ward supplies for patients with deep vein thrombosis (according to the Fennerty loading protocol) and to counsel them while they are still in the medical assessment unit. He describes this extension to his role as "rewarding", adding: "It is great for someone to realise that technicians can do this."

This system of working means that patients with a DVT start warfarin therapy earlier than before (they do not have to wait for an appointment at an INR clinic) and, generally, the course length of dalteparin can be reduced, thereby decreasing clinical risk. In addition, Mr Brough's new role has resulted in reduced staff costs, and pharmacists can spend more time in other areas.

Ruth Hewitt, marketing executive at Helapet Ltd, the competition sponsor, says that the posters were judged for content, clarity, originality and visual impact. Mr Brough says that his prize money will probably go towards a ski-ing holiday in Canada.

The Association of Pharmacy Technicians conference 2007 took place from 19–22 April

Regulation update

The number of pharmacy technician registrants on 18 June 2007 was 5,609. Despite delays to the implementation of statutory registration, almost 1,000 technicians have registered since the start of the year. It is understood that the drafting of an amending Order, which will extend the statutory regulation of pharmacy technicians across Great Britain, is under way and this will be followed by a formal consultation later in the summer.

Implementation of statutory registration is now expected at the end of the year or early in 2008.

The breakdown of the voluntary register by country is as follows:

- England 85 per cent
- Scotland 7 per cent
- Wales 6 per cent

Statistics for sector of employment on first registration, where known, are as follows:

- Community 69 per cent
- Hospital 22 per cent
- Primary care 5 per cent
- Industry 1 per cent

New technician Council member

In May, Corinne Hunt's two-year term of office as one of the first two pharmacy technician members of the Royal Pharmaceutical Society's Council came to an end. Mrs Hunt decided not to seek re-election and Steve Acres, a hospital-based technician from Leicester, joined Lesley Morgan as the second technician Council member. Mr Acres, who is also vice-president of the Association of Pharmacy Technicians UK, was the only candidate to stand for the position.

Support staff advisory group to review pharmacy S/NVQs

The Royal Pharmaceutical Society's new support staff advisory group held its first meeting in May. The group was established to provide the Society's Council with advice on the education, training and continuing development of pharmacy technicians and other pharmacy support staff, including medicines counter assistants, dispensers and pharmacy assistants. It comprises 13 members, five of whom are registered pharmacy technicians: Melanie Boughen, Catherine Davies, Tess Fenn, Val Findlay and Lesley Morgan. Between them, they have a wealth of experience crossing all of the major sectors of pharmacy practice. One of group's first tasks will be to input into a review of the Pharmacy Services S/NVQs.

A career in radiopharmacy: features and prospects

Radiopharmacy is the production of a radioactive-labelled pharmaceutical that will be administered to a patient requiring a nuclear medicine scan. Most of the products are administered intravenously, so must be produced in an aseptic environment (regulated by the Medicines and Healthcare products Regulatory Agency).

An isotope called technetium 99m is commonly used. As it radioactively decays, gamma radiation is emitted from its nucleus, and this can be detected by gamma cameras during a scan. Technetium 99m has a physical half-life of six hours. This is useful because it lasts long enough for a pharmaceutical containing it to be transported to patients, the dose injected and the scan performed, but it does not remain in the patient's system for too long. Because it is a transitional element, when its valency is changed, technetium can be bound to the required pharmaceutical which transports the isotope to the target organ that needs to be imaged. There are different pharmaceuticals for different areas of the body. Each has an active ingredient unique for uptake in the area requiring imaging.

How did I get into this area? When I was a student technician at Great Ormond Street Hospital, London, the radiopharmacy unit was decommissioned and the service was outsourced to Mallinckrodt Radiopharmacy Services. What I saw was unlike any area of pharmacy production — radiopharmacy had caught my interest. Even the units of measurement were different — no longer grams and milligrams, but becquerels (a radioactive disintegration per second). A couple of years after I qualified as a technician, an opportunity arose at Mallinckrodt. I applied for it and the rest is history. That was almost seven years ago.

Radiopharmacy is a difficult area to recruit both pharmacists and pharmacy technicians for. Working with radiation can be seen as unattractive and many pharmacy graduates and technicians lack knowledge in the area. In addition, it can be far removed from mainstream pharmacy, not only in content but also in location. Many radiopharmacies are located close to or in nuclear medicine departments so can often be more integrated with that department than with pharmacy. This can be off-putting for pharmacy staff but gaining employment in this field opens up a completely new world.

The radiopharmacy community

The UK Radiopharmacy Group (www.ukrg.org.uk) holds regular national meetings and produces a quarterly newsletter in which new and views are disseminated. There is also an online global community called VirRAD (virtual radiopharmacy). Within this community (<http://community.virrad.eu.org>) people can share ideas as well as complete courses



as part of their continuing professional development.

The extremely close links with nuclear medicine means that radiopharmacy is incorporated in a wider community. For example, research in radiopharmacy tends to be presented at British, European and international conferences in nuclear medicine. Radiopharmacy offers new areas of possible research and the opportunity for collaboration with many different professionals, such as nuclear medicine doctors, radiographers, physicists and nurses.

My role

The role of a radiopharmacy technician in this field is not limited. Where I work, technicians and pharmacists alike should be able to, or at least aspire to be able to, carry out every task required of the job. And the job varies. One day I could be working out glomerular filtration rates, or isolating a patient's white blood cells, labelling them with a radioactive tracer and resuspending them in the patient's plasma so that they can be injected back into the patient. On another day I could be dispensing from 5am to 9am (to supply several nuclear medicine departments

in London ready for when their clinics start at 9am) or performing quality control analysis (using thin layer chromatography) on our final products. The technicians have different tasks under a weekly shift pattern, so no week is the same.

Because some hospitals only have small nuclear medicine departments, being able to justify a radiopharmacy unit on site can be difficult. That is where my employer comes into the equation, serving hospitals from a centralised unit at the Institute of Nuclear Medicine in London. Mallinckrodt Radiopharmacy Services has about 15 customers ranging from small private clinics in Harley Street to major cardiac centres like the Royal Brompton Hospital.

The work can be intense. Speed, accuracy and attention to detail are extremely important. In addition, because we are probably one of the bigger radiopharmacy departments in the UK, the workload is high.

Future prospects for technicians in radiopharmacy are limitless. As the recruitment of pharmacists becomes increasingly more difficult, the potential for suitably qualified technicians to run departments is becoming greater. — *Mark Moran*



Place on English Pharmacy Board is a step forward

Rachael Lemon, deputy dispensary manager at Poole Hospital, Dorset, was the technician voted onto the English Pharmacy Board in January.

Lin-Nam Wang asks about her experiences on the board so far and what she sees in the future for pharmacy technicians

The first meeting of the newly elected English Pharmacy Board was held in London in February. By being on the board Ms Lemon hopes to “give pharmacy technicians from all sectors a voice within the pharmacy family and to prove to pharmacists that, as newly recognised professionals, technicians are serious and focused about the same issues, such as improved patient care, good professional practice and continuing professional development.”

She regards the creation of a place for a technician on the English national board as encouraging. “The board can only have so many places and it needs to reflect different sectors of pharmacy practice throughout England — community, hospital, industry, academia, primary care and public health — a member of Council and a lay member. I believe that only the Welsh Pharmacy Board wanted to include a technician from the outset so, given the skill mix, one technician place on the English board is a positive step forward,” she explains.

At the February meeting the chairman and vice-chairman were elected. “The first meeting was exciting. It was an opportunity to plan how we were going to achieve our key priorities, how to engage and communicate with members and deal with current and relevant issues,” Ms Lemon says. “Technicians cropped up in a few of the conversations but the agenda item most relevant to technicians was ‘Health Act 2006 — skill mix update’.” The Health Act will bring changes to the personal control and supervision requirements under the Medicines Act 1968. For example, the concept of “personal control” will be replaced with a “responsible pharmacist” who will be allowed to be absent from the pharmacy under certain conditions and the pharmacist will be able to delegate supervision of dispensing, sale and supply of POMs and Ps to “registered and suitable qualified” technicians. “A responsible pharmacist will impact hugely on the role of the pharmacy technician. It is vital that technicians engage in the consultation process,” Ms Lemon says. Work on the regulations to be made under the Act is in progress.

However, the English board was given a lot more to talk about at its inaugural meeting: the day before, the White Paper on the regulation of health professionals was released. The White Paper proposed that the functions of the Royal Pharmaceutical Society should be split, with the regulatory function to be handed over to a General Pharmaceutical Council and its other functions to be taken on by a royal college-type body. This has stimulated much debate in *The*

Profile: Rachael Lemon, RegPharmTech



“Science was my favourite subject at school and despite my teachers’ protests I studied all three separately for GCSE. When I was applying for college there was an advertisement in the newspaper for a trainee pharmacy technician at the local hospital, which involved studying by block release at Brunel College in Bristol. The idea of working in a profession where I could help people and make a difference really appealed to me so I applied for the post and the rest is history.”

Rachael Lemon has worked at Poole Hospital in Dorset for nine years: “I love the team spirit that we have at Poole, despite working under increasing pressure and implementing the huge changes that have been necessary to improve patient services. I like the fact that spending five minutes with a patient can make a real difference to their care but there never seems to be enough hours in the day.”

She joined the Register of Pharmacy Technicians in 2006: “I registered because I wanted to be recognised as the true professional that I am, prove

that I am serious about my career and demonstrate a commitment to working within standards that protect patients (eg, The Code of Ethics for Pharmacists and Pharmacy Technicians). I believe that if you work in a profession that has a register, you have a duty to be registered.”

As well as being an active member of APTUK, for the past five years, Ms Lemon has edited its quarterly journal: “It happened purely by default. I was at an APTUK conference and the current editor was standing down and nobody else had stood for the post. Lesley Morgan and Julie Mathieson (past president and honorary secretary) persuaded me to give it a go. I love a challenge so I was seconded for a year and stood for election the year after. It has been a steep learning curve and extremely hard work.”

Pharmaceutical Journals letters pages. A particular hot potato is whether or not the new body should have technician representation. “The correspondence [in *The Journal*] has held no surprises for me; wherever you work there are always many differing views. This is a good thing because it stimulates debate and helps to inform and direct change. The important thing is to remain logical and objective and work towards your aims. In the end, rational arguments and common sense will dictate the outcome,” Ms Lemon comments.

For the record, she thinks that pharmacy technicians should become a part of a “Royal College of Pharmacy”. “This is reflective of how we work. I recognise that the membership categories will need to reflect the differing professional qualifications; this should also enable patients, the public and other health care professionals to understand the difference, although this is already clear from our post-nominals,” she explains. Miss Lemon suggests that a faculty within the royal college, specifically for pharmacy technicians, could provide the distinction. “The functions of a royal college are much the same for both pharmacists and technicians and it is to every-

body’s benefit if we work closer together,” she adds.

This wish for joint working and inclusion is similar to the opinions expressed by the president and vice president of the Association of Pharmacy Technicians UK, which Ms Lemon joined as a student in 1989. “I would encourage any technician with an interest in their profession to join [APTUK] because together we have a voice and an opportunity to be listened to at a national level. I think the fact that we can now register with the Society has proved that more than anything,” she says.

And as for where the association might fit in the proposed structure for pharmacy: “This is probably the most difficult question to answer because there are so many other questions that have to be answered first. I think the answer lies in functionality. The functions that APTUK currently undertake will all need to be fulfilled in some way, shape or form in the future and there may also be new functions, such as revalidation. APTUK will clearly need to review and develop into something different but the shape will depend on the outcome of the royal college debate.”