Chapter 1 – Your role in the pharmacy

By the end of this chapter you will be able to:

- State the role and qualifications required of pharmacists and support staff
- Understand the type of training you may receive on induction in a pharmacy

1.1 Roles within a Pharmacy

Your role as a pharmacy technician will involve you managing stock in the dispensary, receiving, assembling and giving out prescriptions, dealing with patient queries, filing scripts... the list is extensive. You will also need to make sure you know who can perform other roles, and who they are.

Compulsory registration as a pharmacy technician only began in July 2011 although they have been working in pharmacy for many years before then. At the same time, a formal set of standards was introduced for your conduct, ethics and performance in your work. This means that you are training to be a professional, someone who the public and patients can trust and have confidence in; someone they can talk to and know they will be treated with respect. It also means that it is always important to discuss with your pharmacist what exactly they are happy for you to do at any point in your training and when they need to be called in to help. Although your pharmacist is responsible for the overall pharmacy service, after your registration you could be held responsible for the work that you contribute to the service so make sure you know your limits and when to call for help.

Later in the course we will look at specific problems and ways of making decisions about what to do. Often there may be more than one acceptable way of dealing with a problem. As you continue your training you will come across problems where the law does not provide an obvious answer and you will have to use your judgement and training to decide the best way to respond. Your pharmacist and this training will help you gain confidence in problem solving but you should always be prepared to ask your pharmacist for help if you are not completely confident that you are doing the right thing.

Pharmacists

In order to practise as a pharmacist in Great Britain they must be registered with the General Pharmaceutical Council. To register they must have a recognised degree in pharmacy from a United Kingdom school of pharmacy and pass an examination at the end of a year’s postgraduate practical training, termed the preregistration year. Pharmacists may practise in primary and/or secondary care, community pharmacy, pharmaceutical industry, academia and other sectors of pharmacy practice.

A pharmacist is an expert in medicines and their use. A pharmacist can be involved in any aspect of the preparation and use of medicines, from the discovery of their active
ingredients to their use by patients. Pharmacists also monitor the effects of medicines, both for patient care and for research purposes.

The majority of pharmacists work within, or are contracted to, the NHS. Their role in the healthcare team helps patients to get the maximum benefit from their medicines. So how do they do this?

- Pharmacists advise medical and nursing staff on the selection and appropriate use of medicines.
- They provide information to patients on how to manage their medicines.
- They may undertake additional training in order to allow them to prescribe medicines for specific conditions.
- They can train staff (like you) to assist in counselling patients.

Pharmacy technicians

Since 1st July 2011 pharmacy technicians must be registered with the General Pharmaceutical Council (GPhC) in order to practise. In order to do so they require an NVQ Level 3 in Pharmacy plus an accredited programme that delivers the required knowledge such as the one you are currently studying. In addition 2 years of work experience is required under the supervision of a pharmacist for a minimum of 14 hours per week.

Pharmacy technicians normally work in either the community or hospital sector. Their role is generally to dispense, deliver, store and order pharmaceutical products. They may also make up preparations. Some may have completed a course allowing them to conduct the final check of the dispensed items known as the “accuracy check”.

Hospital technicians may also be involved in ward rounds, liaising with other healthcare professionals, education, training, IT, procurement (purchasing), clinical trials and drug information services.

Specialist technicians in hospitals can be involved in analytical control, checking of the quality of hospital medicines and in the preparation of radioactive materials.

Community technicians are principally involved with dispensing prescribed medicines and will usually have considerable patient contact. They can often be involved in services to drug misusers, care homes, domiciliary visits, collection and delivery of repeat prescriptions, and health promotion activities. They must be able to keep patient medication records, maintain sensible stock levels and provide over the counter advice to customers. They may also be involved in extemporaneous (fresh) preparation of products such as ointments, creams and simple dilutions.
o Sickness - What procedure should you follow to notify any sickness?

o Holidays – What is the entitlement? What is the procedure for booking them?

o Confidentiality – Normally you will have to sign a confidentiality agreement when you are working in a pharmacy, have you done this?

o Security – Do you have a locker or are you allowed to carry your valuables on you? Are you subject to security checks? Do you need a pass to access buildings?

o Grievance/disciplinary procedures - Where can you obtain a copy of these?

• Health and Safety (We will look in more depth at this topic in a later module)

  o Emergency procedures – Is there routine testing of the fire alarm, where do you assemble if you have a fire drill? Where are the escape routes in case of a fire? What equipment do you have for fighting a fire in your pharmacy?

  o Health and Safety at Work Act (HASAWA) 1995 – What risk assessments have been done and what training or procedures must you follow to ensure your safety and that of the public?

  o Accident reporting - Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) 1995 – If accidents by both staff and customers must be reported into the accident book, do you know where this is?

  o Health and Safety – Who is your first aider?

  o Manual handling – Have you been taught how to lift if this is part of your role?

  o Personal protective equipment – When might you need to use protective equipment and what is available?

• Pharmacy specific information

  o Standard Operating Procedures (SOPs) – Have you read all the SOPs that relate to your role? (We will discuss this more fully later on).

  o Has the use of PMR system and other pharmacy equipment been explained?
Chapter 2 - Regulation of the profession

By the end of this section you will be able to:

- Describe the structure and function of the General Pharmaceutical Council to include:
  - The Council, The Chief Executive and The Registrar
  - The Inspectorate
  - Responsibilities as an independent regulator
  - Function of the statutory committees
  - Registration of pharmacists, pharmacy technicians and pharmacies
- Understand the role of the responsible pharmacist

2.1 General Pharmaceutical Council

Pharmacy in Great Britain is regulated by the General Pharmaceutical Council (GPhC). They are responsible for regulating:

- Pharmacists
- Pharmacy technicians
- Pharmacy premises

The GPhC's headquarters are in London and it is led by an appointed council of 14 members with a representative from each part of the country. The Council defines the organisation's policies which then delegates activities to its staff which are led by a Chief Executive and Registrar.

They are an independent regulator with the main aim of protecting the public. Their responsibilities include:

- The control of entry into the profession
- Education/training standards
- Registration
- Setting and enforcing professional standards and a code of ethics
- Enforcing continued professional development
- Providing support for improvement
- Dealing with poor performance
- Dealing with misconduct
Quantity
- Multiple packs of the same medicine
- Different generics manufacturers having different pack sizes

Date expired
- Poor stock rotation
- No date checking procedure for stock in the dispensary

Wrong patient
- Leaving the patient's name on the computer screen for the next prescription
- Patients with same name and address or DOB not checked

Other factors that can lead to an error

Let us consider the many other factors that can contribute to the cause of an error

- Poor handwriting
  Fortunately handwritten prescriptions in community are in the minority but in hospitals this can still be a major issue. The result could be fatal if the wrong drug or dose is given due to interpretation of the handwriting...if in any doubt contact the prescriber to clarify what it says

- A mental block
  It is so easy to confuse a pair of drugs on the shelf or read something as you expect it to be not as it really is. Have a look at the example below:

Aoccdrnig to rscheearch at Cnabrigde Uinervtisy, it deosn't mttae in waht ordre the lтеers in a wrod are, the olny iprmoatnt tihng is taht the frist and lsat лтteer be at the rght pclae. Tihs is bcuseae the huamn mnid deos not raed ervey ltete by istlef, but the wrod as a wlohe.

Pairs of drugs most commonly confused are amiloride 5mg and amlodipine 5mg, atenolol 50mg and atenolol 100mg, and co-codamol 30/500 with co-codamol 8/500.\(^1\)

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\(^1\)Pharm.J 1/9/01 Learning from medication errors