

## Round 2 Survey - Defining the role of a 'clinical' pharmacy technician in England – sharing practice across healthcare settings.

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### Page 1: Introduction

Dear Colleague,

Thank you for agreeing to participate in this consensus building study contributing to the research title:

**Defining the role of a 'clinical' pharmacy technician in England – sharing practice across healthcare settings.**

This is the second of three rounds of questions as part of a Delphi process to establish your view regarding what the term 'clinical' means in the context of pharmacy technicians. The flow chart [here](#) describes the Delphi process.

Round 2 builds on the results from Round 1. For all criteria where there was greater than 70% agreement ('mostly' and 'strongly' agree) with the criterion statement, this was assessed as 'consensus reached'. These criteria have been removed from Round 2 and will be included in the final description of the 'clinical' pharmacy technician role.

The focus of Round 2 is to look at those criteria for which consensus was not reached i.e.  $\leq 70\%$  agreement by respondents. The remaining criteria require further consideration before either adding into the role description or being removed if consensus is not achieved. New criteria suggested by respondents from Round 1 have been included for you to select your level of agreement, the new criteria are indicated by an asterisk (\*).

A link to the Round 1 results for each set of criteria can be found at the beginning of the relevant question. A copy of your responses from Round 1 has been sent via email to enable you to compare your original selection to those of the expert panel.

The data collected in Round 1 and summarised here in Round 2 should be treated as confidential.

The data you provide will be treated as confidential, and on completion of the project your name or other identifying information will not be disclosed in any presentation or publication of the research. The data provided is conditional upon the University complying with its duties and obligations under the Data Protection Act. The University of Bath privacy notice can be found [here](#).

Clicking 'Next' to start the Delphi activity will confirm your participation and be considered continuation of consent. Participant documents can be viewed by clicking on the description below:

- [Consent form](#)
- [Participant information sheet](#)
- [Topic guide](#)

Participants can withdraw at any time.

The survey is expected to take between 30 and 60 minutes to complete.

The first question will ask you to self-assess your level of experience and understanding of the tasks undertaken by a clinical pharmacy technician; views from all levels of experience are welcomed and valued:

1. Unfamiliar with the topic
2. Casually acquainted with the topic
3. Familiar with the topic
4. Knowledgeable in the topic
5. Expert in the topic

Thank you in advance for your contribution to this study.

## Page 2: Topic - Your understanding of the tasks undertaken by a clinical pharmacy technician

This section invites you to reconsider your level of agreement with criteria for which consensus was not reached (≤70% agreement by respondents) in Round 1.

New criteria suggested by respondents in Round 1 have been included for you to select your level of agreement, the new criteria are indicated by an asterisk (\*).

A link to the Round 1 results for each set of criteria can be found at the beginning of the relevant question.

### 1. What is your level of experience in this topic area?

- Unfamiliar with the topic
- Casually acquainted with the topic
- Familiar with the topic
- Knowledgeable about the topic
- Expert in the topic

### 2. Communication / Interaction - clinical tasks (results from Round 1 can be accessed [here](#))

Please don't select more than 1 answer(s) per row.

	1 - Strongly Disagree	2 - Mostly Disagree	3 - Somewhat Disagree	4 - Neither Agree nor Disagree	5 - Somewhat Agree	6 - Mostly Agree	7 - Strongly Agree
Communication with Clinical Commissioning Group (CCG) medicines management / optimisation team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of medication education sessions/information to patients/carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warfarin counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up domiciliary visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medication Administration Record (MAR) / drug chart management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance reviews in patient's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Falls review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit community mental health team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support to clozapine and depot clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate use of appliances (e.g. inhaler technique)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-ordinating across sectors for the patient pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy lifestyle advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Disease specific reviews e.g. hypertension and diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Mental Health Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Identifying opportunities for deprescribing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Clinical prioritisation (triage) of patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Referral of patients to a relevant healthcare professional including a comprehensive handover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Investigating medication related incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Managing medication related incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Communication with mental health teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Clinical and healthy lifestyle advice for substance misusers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Checking patient adherence with medication and assessing effect on clinical outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Patient counselling and assisting in the interpretation of test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Responding to medication information enquiries from patients, clinical and non-clinical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Provision of clinical supervision to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.a. If appropriate, please provide comments regarding your level of agreement selected for the tasks above including why you may have adjusted your level of agreement

2.b. For the new criteria introduced from Round 1 (indicated by an asterisk \*) please provide comments regarding your level of agreement selected for the tasks

3. Safe administration of medicines - clinical tasks (results from Round 1 can be accessed [here](#))

Please don't select more than 1 answer(s) per row.

	1 - Strongly Disagree	2 - Mostly Disagree	3 - Somewhat Disagree	4 - Neither Agree nor Disagree	5 - Somewhat Agree	6 - Mostly Agree	7 - Strongly Agree
Ordering new medicines for individual patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering resupply of medicines for individual patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ward spot checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Updating patient medical record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 3 (Clinical) Medication Review - a face to face review of medicines and condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conducting blood pressure checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conducting urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Interpreting blood pressure results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Interpreting urinalysis results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Conducting basic observations (respiratory rate, oxygen saturation, pulse rate, consciousness, temperature)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Interpreting basic observations (respiratory rate, oxygen saturation, pulse rate, consciousness, temperature)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Synchronising quantities on repeat prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Monitor blood test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Interpret blood test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Support patients with self administration of medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Conduct medication dose switches with patient and prescriber consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Recording and resolving missed doses of critical medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Assessing appropriateness of patients for electronic Repeat Dispensing (eRD) and signing them up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Reauthorisation of repeat medication supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.a. If appropriate, please provide comments regarding your level of agreement selected for the tasks above including why you may have adjusted your level of agreement

3.b. For the new criteria introduced from Round 1 (indicated by an asterisk \*) please provide comments regarding your level of agreement selected for the tasks

4. Clinical Specialties - clinical tasks (results from Round 1 can be accessed [here](#))

Please don't select more than 1 answer(s) per row.

	1 - Strongly Disagree	2 - Mostly Disagree	3 - Somewhat Disagree	4 - Neither Agree nor Disagree	5 - Somewhat Agree	6 - Mostly Agree	7 - Strongly Agree
Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clozapine monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology including paediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical assessment clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticoagulant clinics - perform point-of-care assay for INR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticoagulant clinics - provide education to new patient with pharmacist present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anticoagulant clinics - provide education to new patient without pharmacist present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transplant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aseptics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of frail and elderly patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admission avoidance team referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advising on clinical specialties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address both the public health and social care needs of patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take a central role in the clinical aspects of shared care protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist in the delivery of management incentive schemes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist in the delivery of patient safety audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support the implementation of national prescribing policies and guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Smoke stop counselling on respiratory wards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Clinical checking of repeat prescriptions ensuring that annual medical reviews are happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Assessing the appropriateness of newly started meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Issuing district nurse prescriptions for a prescriber to sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Clinical screening of prescriptions according to appropriate protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



4.a. If appropriate, please provide comments regarding your level of agreement selected for the tasks above including why you may have adjusted your level of agreement

4.b. For the new criteria introduced from Round 1 (indicated by an asterisk \*) please provide comments regarding your level of agreement selected for the tasks

5. Patient Discharge & Transfer of Care - clinical tasks (results from Round 1 can be accessed [here](#))

Please don't select more than 1 answer(s) per row.

	1 - Strongly Disagree	2 - Mostly Disagree	3 - Somewhat Disagree	4 - Neither Agree nor Disagree	5 - Somewhat Agree	6 - Mostly Agree	7 - Strongly Agree
Preparing discharge summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastoral care for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Referral to community services team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Amending discharge summary or referring identified discrepancies to prescriber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Review and assess patients with complex medication requirements at discharge and consider whether additional support is required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.a. If appropriate, please provide comments regarding your level of agreement selected for the tasks above

including why you may have adjusted your level of agreement

5.b. For the new criteria introduced from Round 1 (indicated by an asterisk \*) please provide comments regarding your level of agreement selected for the tasks

6. Clinical Trials - clinical tasks (results from Round 1 can be accessed [here](#))

Please don't select more than 1 answer(s) per row.

	1 - Strongly Disagree	2 - Mostly Disagree	3 - Somewhat Disagree	4 - Neither Agree nor Disagree	5 - Somewhat Agree	6 - Mostly Agree	7 - Strongly Agree
Authorising staff payments on trials activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.a. If appropriate, please provide comments regarding your level of agreement selected for the task above including why you may have adjusted your level of agreement

7. Community Pharmacy - clinical tasks (results from Round 1 can be accessed [here](#))

Please don't select more than 1 answer(s) per row.

	1 - Strongly Disagree	2 - Mostly Disagree	3 - Somewhat Disagree	4 - Neither Agree nor Disagree	5 - Somewhat Agree	6 - Mostly Agree	7 - Strongly Agree
Palliative care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor ailments service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Administer flu vaccinations under a Patient Specific Direction (PSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Conduct NHS Health checks ( <a href="https://www.nhs.uk/conditions/nhs-health-check/what-is-an-nhs-health-check-new/">https://www.nhs.uk/conditions/nhs-health-check/what-is-an-nhs-health-check-new/</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Monitoring and evaluating waste medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Conduct NHSE&I Discharge Medication Service ( <a href="https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/">https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Conduct Medicines Use Reviews (MURs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.a. If appropriate, please provide comments regarding your level of agreement selected for the tasks above including why you may have adjusted your level of agreement

7.b. For the new criteria introduced from Round 1 (indicated by an asterisk \*) please provide comments regarding your level of agreement selected for the tasks

8. Future clinical tasks

Please don't select more than 1 answer(s) per row.

	1 - Strongly Disagree	2 - Mostly Disagree	3 - Somewhat Disagree	4 - Neither Agree nor Disagree	5 - Somewhat Agree	6 - Mostly Agree	7 - Strongly Agree
*Sale, supply or administer medicines under a Patient Group Direction (PGD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Administration of flu vaccinations under a Patient Group Direction (PGD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Administration of COVID vaccinations under a Patient Group Direction (PGD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Administration of travel vaccinations under a Patient Group Direction (PGD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Supply of clinically screened and checked Prescription Only Medicines (POM) to patients in the absence of a pharmacist on the premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Supply of Pharmacy (P) Only Medicines to patients in the absence of a pharmacist on the premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Supply of emergency hormonal contraception under a Patient Group Direction (PGD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.a. If appropriate, please provide comments regarding your level of agreement selected for the tasks above

9. What further comments would you like to add?

Page 3: \*\*There is no need to re-enter this data if completed during Round 1\*\* Participant Information

11. What is your job title?

12. In which setting(s) do you work? (more than one option can be selected)

- Academia/Education
- Community Hospital
- Health & Justice
- Primary care - Care/Residential Home
- Primary Care - Clinical Commissioning Group
- Primary care - Community Pharmacy
- Primary care - General Practice/Primary Care Network
- Secondary care
- Other

12.a. If you answered 'other' please state which setting(s) you work in.

13. In which region do you work?

- East of England (Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk, Peterborough, Suffolk)
- London (Middlesex)
- Midlands East (Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire, Rutland)
- Midlands West (Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire)
- North East & Yorkshire (Durham, Northumberland, Yorkshire)

- North West (Cheshire, Cumberland, Lancashire, Westmorland)
- South East (Berkshire, Buckinghamshire, Hampshire, Kent, Oxfordshire, Surrey, Sussex)
- South West (Cornwall, Devon, Dorset, Gloucestershire, Somerset, Wiltshire)

14. How would you describe your gender?

- Male (including transgender men)
- Female (including transgender women)
- Prefer not to say
- Prefer to self describe as: (please specify below)

14.a. Prefer to self describe as:

15. Which category below includes your age?

- 18 - 20
- 21 - 29
- 30 - 39
- 40 - 49
- 50 - 59
- 60 or older

