

Round 3 Survey - Defining the role of a 'clinical' pharmacy technician in England – sharing practice across healthcare settings.

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 third and final round 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 3 builds on the results from Rounds 1 and 2. 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 will be included in the final description of the 'clinical' pharmacy technician role.

The focus of Round 3 is to consider all criteria for which consensus was reached in the context of a 'clinical' pharmacy technician working in the Primary Care Network (PCN) environment in England. You will be given the opportunity to rate the level of importance for each criterion in relation to the responsibilities of a 'clinical' pharmacy technician working in a PCN environment.

A description of the PCN environment together with the NHS England and NHS Improvement defined responsibilities of a PCN pharmacy technician will be provided for those unfamiliar with the role.

For your information, a link to the Round 2 results for each set of criteria can be found at the beginning of the relevant question. A copy of your responses from Round 2 has been sent via email to enable you to compare your original selection to those of the expert panel.

The data collected in Rounds 1 and 2 and summarised here in Round 3 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 in the PCN environment; 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 consideration of the level of importance of the tasks presented in relation to the role of a 'clinical' pharmacy technician in the Primary Care Network (PCN) environment

This section includes all the criteria from Rounds 1 and 2 for which there was greater than 70% agreement ('mostly' and 'strongly' agree) by the expert panel respondents and are therefore included in the final description of the 'clinical' pharmacy technician role.

For this Round you are invited to select the level of importance for each criterion in the context of a clinical pharmacy technician working in a Primary Care Network (PCN) environment.

For this study, the definition of a PCN and the responsibilities of a pharmacy technician working in this environment can be found [here](#). All information is taken from NHS England and NHS Improvement resources.

It is acknowledged that the PCN environment may not be familiar to you, however your input is encouraged and valued. If you are unsure, there is a 'don't know' option for each criterion.

All categories from Rounds 1 and 2 have been included, some tasks will be specific to a certain sector but may support the wider PCN through transfer of skills or collaborative patient care.

A link to the Round 2 results for each set of criteria can be found at the beginning of the relevant question for your interest.

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 2 can be accessed [here](#)) * *Required*

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

Please select at least 15 answer(s).

	1 - Not at all important	2 - Slightly important	3 - Moderately important	4 - Very important	5 - Extremely important	Don't know
Attend Multidisciplinary Team (MDT) meetings	<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"/>
Communication with Multidisciplinary Team (MDT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-ordinate patients and workload	<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 other healthcare professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General communication with healthcare professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General communication with patients and carers	<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"/>
Managing medication related incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines management (nursing homes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient counselling including safe & efficient use of medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient facing shared-decision making conversations	<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"/>
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"/>

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"/>
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2.a. If appropriate, please provide comments regarding your selection for the tasks above.

3. Safe administration of medicines - clinical tasks (results from Round 2 can be accessed [here](#)) *
Required

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

Please select at least 16 answer(s).

	1 - Not at all important	2 - Slightly important	3 - Moderately important	4 - Very important	5 - Extremely important	Don't know
Advising and liaising with healthcare professionals on formulary medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessing patients own drugs for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check allergies and interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical check of medicines before transferring information to external organisation e.g. community pharmacy, care home, hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 1 Medication (Prescription) Review - a technical review of a patient's medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Level 2 Medication (Treatment) Review - a review of medicines with the patient's full notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines reconciliation	<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"/>
Ordering new medicines for individual patients	<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"/>
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"/>
Requesting relevant monitoring e.g. blood tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of high-risk medications including interpretation of relevant monitoring	<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"/>
Synchronising medicines for patient transfers between care settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking a drug history	<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 selection for the tasks above.

4. Clinical Specialties - clinical tasks (results from Round 2 can be accessed [here](#)) * Required

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

Please select at least 6 answer(s).

	1 - Not at all important	2 - Slightly important	3 - Moderately important	4 - Very important	5 - Extremely important	Don't know
Anticoagulant clinics - address calls regarding drug:drug & drug:food interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticoagulant clinics - advise patient on change of dose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antimicrobial stewardship	<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"/>
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"/>
Renal dialysis medicines management	<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 selection for the tasks above.

5. Patient Discharge & Transfer of Care - clinical tasks (results from Round 2 can be accessed [here](#))

* Required

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

Please select at least 7 answer(s).

	1 - Not at all important	2 - Slightly important	3 - Moderately important	4 - Very important	5 - Extremely important	Don't know

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"/>
Discharge Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home visits following discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient counselling in preparation for discharge	<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"/>
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"/>
Transfer of care of patients between settings e.g. hospital to GP care	<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 selection for the tasks above.

6. Clinical Trials - clinical tasks (results from Round 2 can be accessed [here](#)) * Required

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

Please select at least 3 answer(s).

	1 - Not at all important	2 - Slightly important	3 - Moderately important	4 - Very important	5 - Extremely important	Don't know
Identifying patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Background research for clinical trials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trials management and project work	<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 selection for the tasks above.

7. Community Pharmacy - clinical tasks (results from Round 2 can be accessed [here](#)) * Required

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

Please select at least 7 answer(s).

	1 - Not at all important	2 - Slightly important	3 - Moderately important	4 - Very important	5 - Extremely important	Don't know
Assisting with Medicines Use Reviews (MURs)	<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"/>
Conduct NHS Health checks (https://www.nhs.uk/conditions/nhs-health-check/what-is-an-nhs-health-check-new/)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct NHSE&I Discharge Medication Service (https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/)	<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"/>
Supervise methadone consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Travel advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7.a. If appropriate, please provide comments regarding your selection for the tasks above.

8. Future clinical tasks (results from Round 2 can be found [here](#)) * Required

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

Please select at least 5 answer(s).

	1 - Not at all important	2 - Slightly important	3 - Moderately important	4 - Very important	5 - Extremely important	Don't know
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"/>
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"/>
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"/>
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"/>
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"/>

8.a. If appropriate, please provide comments regarding your selection 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 previous Rounds** 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

