



University Hospitals Sussex
NHS Foundation Trust



Sussex Partnership
NHS Foundation Trust



Health Education England



Creating Opportunities • Advancing Careers • Patient First

Handbook
Introductory Module

Candidate Name

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Clinical Prioritisation for Pharmacy Technicians

Authors and Acknowledgements

A Health Education England Pharmacy Workforce Transformation Project 2021 completed by University Hospitals Sussex NHS Foundation Trust in conjunction with Sussex Partnership NHS Foundation Trust.

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Course Overview

The course will comprise of 5 units. Each unit will have a separate set of Learning Outcomes for the candidate to work through. The units should be done in order, but some learning outcomes will cross over between units so can be completed throughout the course.

- Unit 1 Legal and Ethical
- Unit 2 Reviewing, interpreting and evaluating sources of patient information and results.
- Unit 3 High risk conditions and medicines
- Unit 4 Patient adherence, medicines management, optimisation and safety
- Unit 5 Clinical prioritisation

Learning outcomes will be assessed by way of:

- Tasks
- SLE's including Mini-CEX
- Intervention logs

For more information about the Mini-Cex, watch Health Education England's video which explains more on: <https://bit.ly/3kR2sZU>

All work produced during the course should be collected in the candidates portfolio using the documentation provided within the handbook.

Clinical Prioritisation for Advanced Pharmacy Technicians

Learning Agreement

This document forms an agreement between the Pharmacy Technician, their Educational Supervisor and Educational Programme Director on the roles and responsibilities of each during the Clinical Prioritisation Programme.

Technician Practitioner

By signing the learning agreement you agree that as a Candidate on the Clinical Prioritisation Programme you will:

- Be an active candidate in the programme and dedicated to your continued professional development.
- Meet with your Educational Supervisor on a regular basis, to discuss progress and plan next steps.
- Build a portfolio of evidence based on programme requirements.
- Complete all work based activities and undertake all Supervised Learning Events and Assessments of Practice in a timely manner and be responsible for scheduling these.
- Demonstrate professional behaviour at all times including punctuality, confidentiality and respect.
- Provide feedback on your work place learning experience to your Trusts Pharmacy Local Faculty Group (LFG).
- Ensure your Educational Supervisor is aware of issues impacting on your ability to progress with the programme. Escalating to your EPD if required
- Inform Educational Supervisor or Educational Director if there is a change in your personal details.

By Signing the learning agreement you agree to the following:

- You must complete the programme within a Period
- You must be in active employment for the duration of the programme to complete

Name	
Signature	
Date	

Clinical Prioritisation for Advanced Pharmacy Technicians Learning Agreement

Educational Supervisor

By signing the learning agreement you agree that as an Educational Supervisor you will:

- Review evidence submitted by the candidate
- Take an active part in the appraisal process including providing direction and setting objectives
- Understand the requirements of the programme and sign off your candidate when competent, against the minimum portfolio requirements and the relevant competency framework
- Ensure candidate has timely assessments.
- Discuss and resolve any concerns at an early stage. If resolution is not possible or outside the scope of the learning relationship, escalate to the EPD as appropriate.
- Report to the Pharmacy LFG on individual practitioner progress and programme specific issues

By Signing this learning agreement you are agreeing to :

- Supporting the candidate through their course as outlined above

Name	
Signature	
Date	

Clinical Prioritisation for Advanced Pharmacy Technicians Learning Agreement

Education Programme Director

By signing the learning agreement you agree that as an Education Programme Director you will:

- Ensure candidate has access to all relevant resources to complete programme
- Ensure candidate has an allocated Educational Supervisor and regular scheduled meetings with them
- Ensure the candidate has the opportunity to complete the programme within their normal working hours
- Ensure there is an adequate balance between training and service provision
- Monitor candidate progress via LFG
- Identify and resolve any programme specific issues
- Support both the Candidate and Educational Supervisor

Name	
Signature	
Date	

Intervention Log

Module..... Unit Ref No:

Date	Pt's Initials/ HN	Location	Intervention	Outcome

Candidate signature

Educational supervisor signature

Date

Intervention Log

Candidate reflection:

--

Assessor comments:

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Candidate signature

Educational supervisor signature

Date

Mini-Clinical Evaluation Exercise (Mini-CEX)

Candidate Name		Date of Mini-CEX	
Please grade the following areas:		Ref No:	MC/

	Below expectations	Meets expectations	Exceeds expectations	Not Applicable
Delivery of Patient Care				
Patient consultation				
Need for medication				
Medication choice				
Medicine specific issues				
Provision of medicine				
Medicine information and patient education				
Patient centred approach				
Follow up/transfer of care				
Professionalism				
Problem solving				
Gathering information				
Knowledge				
Analysing information				
Overall clinical care				

Summary of case: (to include clinical setting, patient type, new or follow up, and complexity of case)

What went well?:

Suggestions for development:

Candidate reflection:

Agreed actions (SMART: Specific, Measurable, Achievable, Realistic and Timely):

Name, role and signature of supervisor

Date

Explanation of each Competency Area

Delivery of patient care	
Patient consultation	Gaining patient consent, conducting a patient-centred consultation, exploring the medical/surgical condition with the patient, considering the patient's own health beliefs, being aware of personal limitations and making appropriate referrals.
Need for medication	Establishing the patient's background, taking a medication history, and gaining the necessary information from a range of sources in order to decide on the appropriateness of drug therapy.
Medication Choice	Appropriate consideration of evidence-based medicine and drug interactions (drug-drug, drug-disease, drug-patient).
Medicine specific issues	Checking that the drug is prescribed correctly (route, formulation, dose, frequency, course length) and considering available results and what effect they have on drug therapy e.g. U&Es, LFTs etc.
Provision of medicine	Implementing an effective system for the supply of medicines
Medicine information and patient education	Provision of medicines and health advice to patients, carers, other pharmacy staff, medical and nursing staff, and other healthcare professionals.
Patient-centred approach	Holistic approach taken to a patient care, considering of the patient's needs, lifestyle interventions, personal preferences and socio-economic issues Identification and prioritisation of medicines management issues.
Follow up/transfer of care	Transfer of care issues / next steps in patient care and follow up; are considered and communicated
Professionalism	Shows respect, compassion, empathy; establishes trust; respects confidentiality; behaves in an ethical manner; awareness of legal frameworks; awareness of limitations, time management.
Problem solving	
Gathering information	Accessing and summarising the information required and ensuring the information used is up-to-date.
Knowledge	Knowledge of pathophysiology of common medical/surgical conditions encountered, pharmacology, side effects, and drug interactions
Analysing information	Demonstrating the ability to evaluate information gathered (reliability of source, relevance to patient care), correctly identifying the problem, appraising options, making appropriate decisions and demonstrating a logical approach.
Overall clinical care	An assessment that summarises all of the above in terms of outcome for the patient.

Explanation of the Rating Scale

Below expectations	Performs poorly; meets the standard required occasionally
Meets expectations	Performs well and to the standard expected of a pharmacy technician at that stage in their training
Exceeds expectations	Performs to a standard higher than what you would expect from a pharmacy technician at that stage in their training
Not Applicable	Unable to comment as performance not observed whilst s/he was there

Medicine Optimisation Handover and Referral Form

Date:	Time:	Form completed by:
Pt Hospital number		Name.....
Ward		Designation

S Situation	Reason for handover:
B Background	Presenting Complaint: Relevant observations, bloods or results:
A Assessment	Medicines discrepancies / optimisation issues found:
R Recommendation	

Referral Criteria for High Risk Conditions and Medicines (Baseline)

Condition/Medicine	Referral criteria (non-exhaustive)
Insulins	Incorrect device prescribed Incorrect dose prescribed Out of range BMs
Mental Health	Has any serious adverse effects from MH medicines Expressing suicidal ideation
Antipsychotics	A high dose antipsychotic (above BNF) A patient on two or more antipsychotics A patient prescribed Rapid Tranquilisation A patient prescribed zuclopenthixol acetate (Clopxiol Acuphase) A patient prescribed a depot or Long Acting Antipsychotic Injection (LAIs)
Clozapine	Any patient prescribed clozapine or recently stopped
Lithium	Any patient prescribed lithium or recently stopped
Antidepressants	On 2 or more antidepressants Signs and symptoms of serotonin syndrome
Valproate	A woman of child bearing age who has been started on/is currently taking valproate
Hypnotics/Anxiolytics	On more than one hypnotic/anxiolytic On long term (over 4 weeks) treatment with these medicines
Anticoagulants	Out of range INR Interactions Poor renal function on DOAC Weight <50kg, >120kg on DOAC On herbal medicine On multiple anticoagulants/antiplatelets
Opioids/Opiates	High doses (especially those that cannot be confirmed) If on any opioid substitution therapy
Chemotherapy	Refer any patient prescribed chemotherapy on an inpatient chart
Methotrexate	Refer any patient prescribed methotrexate on an inpatient chart
Steroids	Anyone on greater than a 40mg dose of prednisolone Anyone on a longer duration than a week Anyone who has had 3 or more repeated doses of steroids in the last 12 months
Amiodarone	<i>No specific referrals</i>
Narrow Therapeutic Drugs/Therapeutic Drug Monitoring	Refer if levels not taken at the appropriate time (or at all) Refer if levels are out of range
Immunosuppressants	Refer any patient who should be on/is on an immunosuppressant
Patient receiving dialysis or any organ transplant	Refer any patient on dialysis Refer any patient who has had a solid organ transplant
HIV	Refer all patients on HIV medications
Epilepsy	Incorrect dose prescribed Incorrect brand (if applicable) Valproate in women of childbearing age Prescribed any new medication (interactions)
Parkinson's Disease	Incorrect medicines prescribed Incorrect dosing Swallowing difficulties or NBM Prescribed medicines that should be avoided in PD
Acute Kidney Injury (AKI)	Any patient with an AKI who is on any high risk medicines as per 'Think Kidneys'
Swallowing Difficulties	Refer any patient who has been identified to have swallowing difficulties AND need their medicines optimised
Falls	Any patient who has had an inpatient fall Any patient who is on multiple medications that may increase their risk of falling

Clozapine Checklist for Technician Referral

If you encounter a patient on your wards who is taking or has recently taken Clozapine (stopped within the last month) then you should refer them to your ward pharmacist for review.

Information to hand over to the pharmacist:

Is the patient still taking Clozapine (if no when did they stop and why) <i>If more than 48 hours, an urgent referral is required.</i>	
When was the last dose taken (date and time)	
Has it been prescribed on the inpatient chart and what is the dose	
Does the patient have a supply (if yes give details)	
Has the patient recently stopped smoking or on NRT (give details)	
Has the patient or MDT reported or recorded constipation or signs of constipation	
Has the patient been prescribed antibiotics	
When was the patients last clozapine blood test	

Clozapine may not appear on the GP record, therefore refer a patient if they: -

- Bring in clozapine
- Report or their carer reports they take clozapine
- Records show they have had clozapine in the past

This information should also be handed over to the clozapine technician / team if you have one within your Trust. If your Trust does not have a clozapine supply service contact your local mental health trust to find out about clozapine supply in your area and any helpful contact numbers.

The clozapine supply service in my area is: _____

The contact number for this service is: _____

Lithium Checklist for Technician Referral

If you encounter a patient on your wards who is taking or has recently taken lithium (stopped within the last month) then you should refer them to your ward pharmacist for review.

Information to hand over to the pharmacist:

Is the patient still taking lithium (if no when did they stop)	
What dose is prescribed on their inpatient chart	
Which brand is being used	
Are they taking tablets or liquid? Has this changed recently?	
Does the patient have their lithium booklet with them?	
Are there any recent plasma levels and if so what are they	
Has the patient had any new medications prescribed since admission?	

About lithium: Lithium carbonate (also called Camcolit®, Lithium Carbonate Essential Pharma®, Priadel® or Liskonum®) or lithium citrate (also called Priadel® or Li-Liquid®) is used to help prevent the symptoms of bipolar mood disorder (e.g. depression or mania) coming back. It can also be used to help the symptoms of mania, unipolar depression, aggression and cluster headaches.

- Lithium has a narrow therapeutic window and bioavailability differs between the brands and the form it comes in i.e. tablets or liquid. Prescribing and dispensing is brand specific.
- Lithium has some significant side effects so must be closely monitored, with blood tests and plasma levels. Because of the narrow therapeutic window lithium must have plasma levels monitored the frequency will depend on how long the patient has been on lithium and what their previous level was and if they have any risk factors.
- Regular blood tests are required as lithium can affect renal and thyroid functions therefore urea & electrolytes (U&Es) including renal function and thyroid function tests need to be carried out as per Trust guidance.
- Lithium has some significant interactions especially with medicines that affect the renal function such as NSAIDs, diuretics, ACE inhibitors.
- Adherence with lithium is important as abrupt discontinuation of treatment is associated with an increased risk of early relapse of mania. When discontinuing treatment, doses should be gradually tapered over at least four weeks and but preferably longer lithium, where discontinuation over three months is preferable.
- Patient should have a patient information booklet with them which details all the important information about the lithium they are taking.

High Risk Medicines Reconciliation Assessment Form

Candidate Name		Date of	
High risk medication			

Data collection	Confirm Y/N
Checks for patient allergies	
Use appropriate questioning to obtain full medicines reconciliation following local SOP's	
For Methotrexate	
A) Confirm dose	
B) Confirm day of the week taken	
C) Confirm folic acid regime	
D) Confirm patient has had prior counselling and received information booklet	
E) Confirm supply	
For Warfarin	
A) Confirm dose	
B) Confirm indication	
C) Confirm date of last blood test and INR result	
D) Confirm patient has had prior counselling and received information booklet	
E) Confirm supply	
Identify any patient concerns	
Identify any patient concerns	
Reconcile information gathered against drug chart	
Identifies issues to be referred	
Refers appropriately	

High Risk Medicines Reconciliation Assessment Form

Candidate Feedback

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Educational Supervisor Feedback

--

To be completed by the Educational Supervisor

Competent

Do you feel the candidate has shown an appropriate level of knowledge and skill to pass this assessment? If not, the assessment must be completed again until a pass is gained.

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Candidate signature

--

Educational Supervisor signature

--

Date

--

Adapted Pharmaceutical Assessment Tool (APAT) v1.1

Purpose and Guidance:

- This tool is primarily for use by Higher Level Pharmacy Technicians to aid and assist in patient/clinical prioritisation.
- For use on all wards excluding paediatrics and critical care.
- All new level 3 patients must be seen on 1st working day and Medicines Reconciliation completed.
- Level 3 patients must be discussed with the ward pharmacist.
- Document significant interventions or recommendations in the patient record after discussing with ward pharmacist.

Level 3 patients (L3 patients are priority and must be seen in the first instance)

- Patient is on a High Risk Medication (HRM)* or a medication requiring Therapeutic Drug Monitoring (TDM)
- Patients on complex drug therapy regime e.g. multiple dosing schedules, weaning or titration regimes.
- High risk patients*
- Patients unable to complete a medication review e.g. patients with carers or learning disabilities.

Level 2 patients

- Aged > 80
- On 10 or more regular medications
- 3 or more co-morbidities

Level 1 patients

- No high risk medicines
- Less than three co-morbidities
- Medicine regime stable
- Clinically stable
- Medically fit and awaiting discharge

High Risk Counselling Assessment Form

Candidate Name		Date of	
High Risk Medication			

Introduction	Confirm Y/N
Confirm patients identity	
Introduction to patient and explanation of purpose of visit	
For Methotrexate	
A) Confirms dose (if known), indication and instructions for use	
B) Provides accurate information on methotrexate and how to use it	
C) Provides accurate information on folic acid regime	
D) Provides accurate and clear information on side effects	
E) Provides accurate and clear information on interactions	
F) Provides information on blood test requirements	
G) Provides purple methotrexate booklet or local counselling booklet	
H) Confirms patients understanding of the medicine	
I) Ensures patient has an opportunity to ask questions	
For Warfarin/NOAC	
A) Confirms dose (if known), indication and instructions for use	
B) Provides accurate and clear information on Warfarin/NOAC and how to use it	
C) Provides accurate and clear information on INR for Warfarin patients	
D) Provides accurate and clear information on side effects	
E) Provides accurate and clear information on interactions with other medicines	
F) Provides accurate and clear information on diet and alcohol	
G) Confirms the patient's understanding of the medicine	
H) Ensures patient has an opportunity to ask questions	
I) Provides appropriate information booklet	

High Risk Counselling Assessment Form

Candidate Feedback

--

Educational Supervisor Feedback

--

To be completed by the Educational Supervisor

Competent

Do you feel the candidate has shown an appropriate level of knowledge and skill to pass this assessment? If not, the assessment must be completed again until a pass is gained.

--

Candidate signature

--

Educational Supervisor signature

--

Date

--

Learning Outcomes & Mapping Document

The following pages contain the Learning Outcomes for the 5 units of the module.

The reference number refers to the number given to an individual documented learning event (e.g. a SLE) in the candidate's portfolio which shows they have met the learning outcome.

Unit 1		Learning Outcome	Reference No
Confidentiality/ Information sharing	1.1	Applies the principles of information governance to ensure patient confidentiality	
Consent	1.2	Familiar with GPhC guidance on consent and applies principles to practice	
Mental Health Act (MHA)	1.3	To have knowledge of the Mental Health Act	1a
Mental Capacity Act (MCA) and DOLS	1.4	Understand what MCA and DOLS are and how this can effect practice	1b
Covert medicines	1.5	Understand the NICE and any local guidance for giving covert medicines	1c
Ethics	1.6	Understand ethical principles and demonstrate how they are able to work through ethical dilemmas they experience as clinical pharmacy technician	
Professional Limitations	1.7	Demonstrate how professional judgement has been used to provide safe and effective care	
Unit 2			
Understanding resources available and how to use/ read information	2.1	Demonstrate knowledge of different resources relevant to care setting.	2a
	2.2	Demonstrate interpretation and application of resources relevant to care setting.	
Observations – BP/HR/Temp/ Weight/ Glucose/Stool chart	2.3	Demonstrate knowledge of how to obtain records of observations including: BP, HR, temperature, weight, blood glucose and stool chart.	2b
	2.4	Be able to interpret results.	2b
	2.5	Be able to apply findings to patient management or know when to refer.	
Bloods – FBC/LFT's/renal function/INR	2.6	Demonstrate knowledge of how to access blood results.	2c
	2.7	Be able to interpret simple blood results including relevant parts of the Full Blood Count, liver function tests, urea and electrolytes, INR.	2c
	2.8	Be able to apply findings to patient management or know when to refer.	
Unit 3			
Insulins	3.1	Demonstrate knowledge of safer insulin prescribing including: Different insulin devices, types and storage Awareness and management of hypoglycaemia Need to inform DVLA if insulin dependant Sick day rules Patient information booklet and passport	
	3.2	Demonstrate knowledge and application of interpreting blood sugars	

Unit 3		Learning Outcome	Reference No
Anticoagulants	3.3	Demonstrates baseline knowledge of obtaining a warfarin history including dosing, target INR and keeping appropriate records (Yellow Book)	3a
	3.4	Demonstrate advance knowledge of warfarin including understanding target INRs for different indications, interpretation and application of INR results	
	3.5	Understand and apply knowledge of different DOACs available, indications and counselling points	3a
	3.6	To be aware of common interactions with anticoagulants, how to identify interactions and refer appropriately	
Opioids	3.7	Demonstrates knowledge of what information is required for a drug history for a patient on opioid substitution therapy	
	3.8	For chronic opioid users, ensuring that the correct medication, preparation and doses are prescribed	
Chemotherapy	3.9	Demonstrates ability to obtain accurate drug history for chemotherapy medication including using appropriate resources	3b
	3.10	To be able to identify local prescribing restrictions for chemotherapy	
Methotrexate	3.11	To have knowledge and understanding of safe methotrexate prescribing and dispensing this includes: Once weekly dosing, prescribing of folic acid, interactions, infections and counselling points for patients- <i>tbc can techs counsel MTX</i>	
	3.12	Conduct a drug history for a methotrexate patient and apply knowledge to patient management	3c
Steroids	3.13	Demonstrate ability to obtain advanced drug history for steroid treatment including: Accurate history e.g. multiple courses, weaning regime Indication	
	3.14	Recognising indication for steroid cards including emergency steroid cards (MHRA alert)	
Amiodarone	3.15	To have knowledge and understanding of amiodarone dosing, counselling points and interactions	3d
Narrow Therapeutic Drugs and Therapeutic Drug Monitoring (TDM)	3.16	To be able to understand the concept of therapeutic drug monitoring and narrow therapeutic drugs	
	3.17	To have knowledge of the following TDM drugs: theophylline, gentamicin, digoxin, phenytoin, lithium	
Antimicrobials	3.18	To have knowledge of the different classes of antibiotics and the antibiotics contained within these classes	
	3.19	To accurately identify any allergies to antibiotics including the reaction type and ensure that these are documented appropriately.	3e

Unit 3		Learning Outcome	Reference No
Immunosuppressant	3.20	Recognise which drugs are immunosuppressant and their Indications	3f
	3.21	Interpreting blood test results in relation to immunosuppressant therapy and recognise points for referral	
	3.22	To be able to identify local prescribing restrictions for immunosuppressant medication	
Patients in dialysis or had any organ transplant	3.23	To be able to obtain an accurate medication history, demonstrating use of specialist sources and appropriate referring	
HIV	3.24	To be able to obtain an accurate medication history, demonstrating use of specialist sources and appropriate referring (including HIV pharmacist)	
	3.25	Have an awareness of complexity around HIV medication including: interactions, confidentiality, compliance and supply	
Epilepsy	3.26	Understanding the clinical importance of correct antiepileptic dosing	
	3.27	Recognising the importance of not switching brands and the three categories to determine if a patient should remain on a specific brand of epilepsy medication	
	3.28	Knowledge of the Pregnancy Prevention Programme	
Parkinson's Disease	3.29	To obtain an accurate history of a patient's Parkinson medication regime, ensuring it is prescribed correctly and appropriately prioritising and referring problems identified	3g
	3.30	Identify and understand medication to be avoided in Parkinson's disease	
Acute Kidney Injury (AKI)	3.31	Basic knowledge of acute kidney injury including understanding what it is, implications on drug therapeutics and knowledge of common drugs which contribute to AKI	
	3.32	Be able to identify patients with AKI and demonstrate knowledge of how this would implicate their medication management	
Swallowing difficulties	3.33	Understand the principles of swallowing difficulties including common causes, implication on medication and awareness of SALT assessment and resources available	3h
Falls	3.34	To be able to identify drugs/ drug classes that can cause falls risk and refer appropriately	3i

Unit 3		Learning Outcome	Reference No
Mental Health	3.35	To be able to identify drugs/drug classes that can be prescribed to a patient diagnosed with a mental health disorder	
	3.36	Understand the risk of medicine supply in the context of suicidal ideation	
Antipsychotics	3.37	To be able to understand and recognise patients prescribed the following and be able to refer appropriately: <ul style="list-style-type: none"> • A high dose antipsychotic (above BNF) • Two or more antipsychotics • Rapid tranquilisation and be aware of local policies • Zuclopenthixol acetate (Clopixol acetate) • Depots or Long Acting Antipsychotic Injection (LAAIs) 	
	3.38	Demonstrates knowledge of what monitoring is required for antipsychotics, including physical health and ECG	3j
Clozapine	3.39	Be able to identify appropriate sources to carry out a drug history for a patient on clozapine.	
	3.40	Understand what clozapine is used for and be able to refer appropriately	
	3.41	Have knowledge and understanding of monitoring parameters including : <ul style="list-style-type: none"> • Red/amber/green blood test results • Frequency of blood tests/restricted dispensing • Missed doses (greater than 48 hours) and the re-titration protocol • Risk of constipation • Interactions with smoking and certain antibiotics • Risk of sepsis 	3k
Lithium	3.42	To have the following knowledge of lithium treatment: <ul style="list-style-type: none"> • Indications • Brand and form (tablets/liquid) specific dispensing • Monitoring: lithium levels, renal function, thyroid function, physical health including ECG • Common interactions— especially NSAIDs, ACE inhibitors and dietary/fluid changes • Use of lithium booklet 	3l
Antidepressants	3.43	Identify patients on 2 or more antidepressants and understand they require referral	
	3.44	Understands and demonstrates knowledge and risks of what monitoring/supply is required for: <ul style="list-style-type: none"> • Suicidal ideation—Zero alliance module • Hyponatremia on SSRIs (and possibly other antidepressants) • Interaction between SSRIs and NSAIDs 	
Valproate	3.45	To identify and be able to refer women of child bearing potential prescribed valproate	
	3.46	Demonstrates knowledge of the pregnancy prevention programme	
Hypnotics and anxiolytics	3.47	To have understanding and awareness of the risk of withdrawal from hypnotics and anxiolytics	

Unit 4		Learning Outcomes	Reference No
Adherence	4.1	Understand causes of poor medication adherence and role to improve adherence	
	4.2	Demonstrates ability to identify medication non-adherence including using appropriate consultation skills .	
	4.3	Demonstrates ability to address medication non-adherence and being able to discuss with patients, to explore solutions, intervene or refer appropriately.	
Access to medicines	4.4	Understand access to medicines is available through various routes and GP records may not include all information regarding patient medication.	4a
	4.5	Understand that the supply of medication provides a point of interaction or intervention by pharmacy professionals.	
	4.6	Demonstrate and recognise the role of a pharmacy technician in ensuring access to medication is: safe, person-centred, timely, equitable, efficient & effective.	
Medicines Optimisation	4.7	Understand the principles of medicines optimisation	4b
	4.8	Demonstrate the ability to contribute towards medicines optimisation	
Medication safety	4.9	Demonstrates ability to identify and intervene to ensure medication safety	
	4.10	Understands what national patients safety alerts are	
Unit 5			
Dealing with conflicting information	5.1	Demonstrates ability to deal with conflicting information and prioritise conflicting information	5a
Knowledge based prioritisation	5.2	Demonstrates ability to handle complex information and apply underpinning knowledge to enable prioritisation to minimise risk and optimise care	5b
Referral Process Knowing your limitations and who/what/when/how to refer Handover Technique Documentation	5.3	Demonstrates application of a robust referral process and ability to refer appropriately. This includes recognising limitations, referring to appropriate person taking into consideration, time and place, handover technique, Information communicated and documentation of referral.	5c
Consulting different patient groups	5.4	Has knowledge of skills required to consult with different patient groups	
	5.5	Demonstrates ability to consult with different patient groups	

Acronyms Appendix

Acronym	Meaning
AKI	Acute Kidney Injury
APAT	Adapted Pharmaceutical Assessment Tool
DOAC	Direct oral anticoagulant
HRM	High risk medicine
INR	International Normalised Ratio
LAAI's	Long Acting Antipsychotic Injection
LFG	Local Faculty Group
MHRA	Medicines and Healthcare products Regulatory Agency
NOAC	Novel oral anticoagulant
NRT	Nicotine replacement treatment
NSAID's	Non-Steroidal Anti-Inflammatory Drugs
SALT	Speech and Language Therapy
SLE	Supervised Learning Event
SSRI's	Selective Serotonin Reuptake Inhibitors
TDM	Therapeutic drug monitoring
U& E's	Urea & Electrolytes