

Ireland



Pharmaceutical Assistant's and Technician's **Work Placements**

St. John's Central College



Education and Culture DG

Lifelong Learning Programme

This handbook for students has been produced within Leonardo da Vinci programme as a transfer of innovation project "Learning Materials for Pharmaceutical Assistant's and Technician's Foreign Work Placements", acronym PHARLEMA (2011-1-FI1-LEO05-06161) during 01.10.2011–30.09.2013. The publication has been co-funded by the European Commission. The Commission accepts no responsibility for the contents of the publication.

Pharmaceutical Assistant's and Technician's Work Placements in Ireland

Content

1. Introduction

2

2. Educational System

4

- 2.1. Irish Educational System
- 2.2. Pharmaceutical Educational System
 - 2.2.1. Pharmacy Counter Assistant
 - 2.2.2. Pharmaceutical Technician
- 2.3. Qualifications and Curriculum
 - 2.3.1. Pharmacy Counter Assistant
 - 2.3.2. Pharmacy Technician

3. Structure of Pharmaceutical Sector in Ireland

12

- 3.1. Irish Healthcare System
 - 3.1.1. Prescription Types Dispensed within the Community Pharmacy System in Ireland
 - 3.1.2. Reimbursement of Healthcare Expenses
- 3.2. Community Pharmacy Structure
- 3.3. Hospital Pharmacy Structure

4. Definition of Professions

23

- 4.1. Retail Pharmacy
 - 4.1.1. Pharmacy Counter Assistant
 - 4.1.2. Pharmacy Technician
- 4.2. Hospital Pharmacy

5. Legislation Affecting Pharmacy Practice in Ireland

40

6. References

45

7. Glossary

46

1. Introduction

Dear Student

◆ This information package is designed to give you an overall view of vocational education and work in the pharmaceutical sector in Ireland, together with some useful background information related to legislation on and dispensing of pharmaceuticals. We hope that the package will help you in preparing for your period of practical training in our country. On reading this material package you may find both differences and similarities in pharmaceutical work in comparison to your country. However, due to your position as a foreign student at your placement address your duties may be limited to those you would be allowed to carry out in your own country.

From a learning viewpoint it might be beneficial for you to go through both your own country's material package and that of your destination country and to compare the two.

In Chapter 2 you will find a general description of our country's education system and more information on how pharmaceutical training is provided in our country.

Chapter 3 gives an overview of the structure of the pharmaceutical sector and how it is organised.

Chapter 4 defines how pharmaceutical professions are defined and their core expectations. This chapter focuses on the services that are available for foreign students as placement opportunities in our country. The sub-chapters also include descriptions of daily work which are intended to assist you in defining the work you will encounter during your practical training period. These “snap shot” descriptions have been written by students during their practical training periods.

Chapter 5 describes the most relevant legislation governing the pharmaceutical sector in Ireland.

Chapter 6 has some links to help you with search for more detailed information.

Chapter 7 describes some specific terms and acronyms.

We hope you will find this information package useful and we wish you every success with your practical training period in our country!

Welcome to Ireland!

◆ We are delighted that you have chosen Ireland as a possible location for your exchange practice placement. We hope that it will be an experience beyond your expectations.

Ireland is known as the Republic of Ireland with an elected president as head of state and prime minister known as Taoiseach as head of government. The capital is Dublin and is located on the east of the island. The current population is just under 4.6 million people. Ireland's currency is the euro and is currently a member of the European Union.

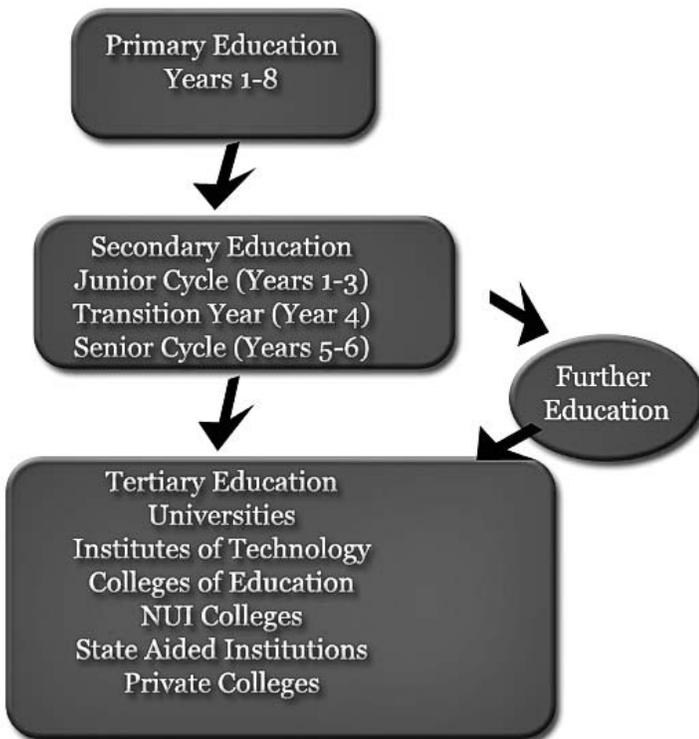
Using this handbook will help you prepare for your foreign study placement. It will provide you with useful background information on the pharmacy sector within Ireland. It is important to remember that currently the healthcare system in Ireland is in transition and is constantly subject to change. The Department of Health (DoH) is responsible for legislation and policy development within the healthcare system in Ireland. As a result many new initiatives are currently being developed and implemented in an attempt to improve the system for both the users and employees of the various areas of the healthcare system. This is particularly relevant in the pharmacy sector with the introduction of the Pharmacy Act 2007. Whilst every effort has been made to reflect up to date information at the time of writing the handbook, you may hear of new initiatives during your placement in Ireland. During your placement if you are uncertain about any aspects of your job role or description the staff in your placement will be happy to support you and guide you towards relevant information.



2. Educational System

2.1. Irish Educational System

◆ The Irish Education System was traditionally divided into three basic levels: **Primary** (8 years), **Secondary** (5 or 6 years) and **Higher** Education which offers a wide range of opportunities from post-secondary courses, to vocational and technical training, to full degree and the highest post-graduate levels. In recent years the focus has expanded to include pre-school education and adult and **further education** as the concept of lifelong learning becomes reflected in the education opportunities available within the Irish education system. The education and training policy in Ireland is overseen and administered by the Department of Education and Science.



Irish Educational Structure

Primary Education

The primary education system emphasises a child-centred approach and is founded on the belief that high quality education enables children to realise their potential as individuals and to live their lives to the fullest capacity appropriate to their particular stages of development. The primary curriculum provides for an extensive learning experience and promotes a rich variety of approaches to teaching and learning. Primary education is an eight year programme comprising of two years of Junior and Senior Infants which is equivalent to kindergarten and then six classes from 1st to 6th. The curriculum is divided into the following key areas:

- Languages
- Mathematics
- Social, environmental and scientific education
- Arts education (including visual arts, music and drama)
- Physical education
- Social, personal and health education

Once primary education is completed there are no formal examinations for entry into secondary education.

Secondary Education

Secondary education in Ireland aims to build on the foundation of primary education to provide a comprehensive, high quality learning environment to enable all students to live full lives and to realise their potential as individuals and citizens. Second level education in Ireland generally starts at the age

of twelve and consists of a three year Junior cycle followed by a two or three year Senior cycle.

The secondary-level education sector comprises secondary, vocational, community and comprehensive schools. All of these schools provide the Certificate courses prescribed by the Department of Education and Science enter their students for the same national examinations and are subject to inspection by the Department.

The Junior Certificate Examination is taken at the end of junior cycle in post-primary schools. The Junior Cycle caters for students aged from twelve to fifteen years and students normally sit the exam at the age of 14 or 15, after 3 years of post-primary education. Students must follow a number of core subjects which includes Irish, English, Mathematics, Social Personal & Health Education, Civic, Social and Political Education and two other subjects of their choosing. The Junior Certificate is assessed by means of a written examination at the end of the three-year programme, along with practical examinations and project work in some subjects and oral and aural examinations in Irish and continental languages.

At the end of the senior cycle the Leaving Certificate Examination is taken. The examination is the terminal examination of post-primary education. It is held at the end of the Senior Cycle

in post-primary schools. The Senior Cycle caters for students in the 15 to 18 year old age group.

The State Examinations Commission oversees the state examinations at secondary level in Ireland. The State Examinations Commission is responsible for issuing the results of all state examinations.

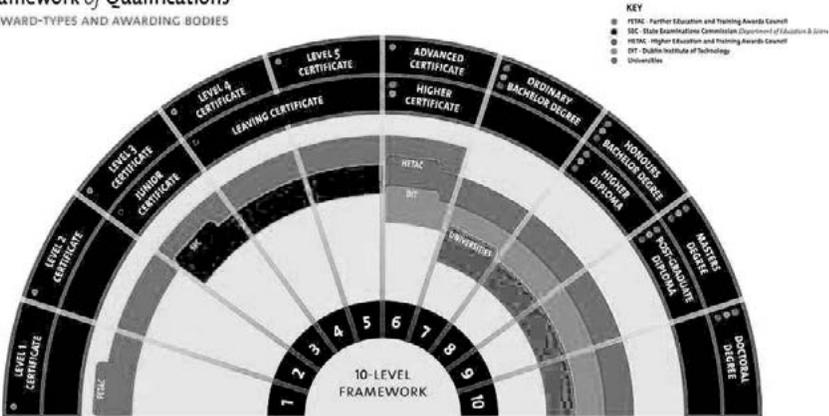
Whole School Evaluations (WSEs) are carried out in primary and post-primary schools. During these inspections, the department of education evaluates the quality of the school management and leadership, the quality of teaching, learning and assessment, and the school's own planning and self-review. The department provides oral feedback to the school community at the end

of these inspections and also provides a printed report which is published on their website.

Third Level Education

The Higher Education Authority (HEA) is the statutory planning and development body for higher education and research in Ireland. The HEA is the funding authority for the universities, institutes of technology and a number of designated higher education institutions. A number of institutions are authorised to confer their own awards. These institutions include the Universities, the Dublin Institute of Technology and a growing number of the Institutes of Technology. The **Higher Education and Training Awards Council (HETAC)** is authorised to make awards in the non-university sector. The Further

National Framework of Qualifications
INITIAL MAJOR AWARD-TYPES AND AWARDING BODIES



Together with the Higher Education Authority (HEA), the National Qualifications Authority of Ireland (NQAI), Further Education and Training Awards Council(FETAC), Higher Education and Training Awards Council (HETAC) and the Department of Education all have a role in quality assurance in further and third level education in Ireland.

Education and Training Awards Council (FETAC) is the statutory awarding body for further education and training in Ireland. FETAC makes quality assured awards that are part of the **National Framework of Qualifications (NFQ)** from levels 1–6.

The National Framework of Qualifications (NFQ) is a system of ten levels. Each level is based on national agreed standards of knowledge, skill and competence i.e. what an individual

is expected to know, understand and be able to do following successful completion of a process of learning. It includes learning from the very initial stages and all such learning may be achieved in schools or colleges at work or in the home or community. The Framework includes awards made by the Further Education Training Awards Council (FETAC) and the Higher Education Training and Awards Council (HETAC). It also includes awards made by the universities at Levels 7–10.

2.2. Pharmaceutical Educational System

2.2.1. Pharmacy Counter Assistant

◆ The Pharmacy Counter Assistant is a qualified worker capable of carrying out competently the range of tasks required in a pharmacy including handling payments, communicating with and serving customers. A pharmacy counter assistant is involved in the sale of over-the-counter medicine and works under the supervision of a pharmacist in accordance with their training and the relevant laws and regulations pertaining to this. A pharmacy counter assistant is trained to offer advice on common ailments and must know when to refer a customer to a pharmacist. A pharmacy assistant undertakes stock rotation and merchandising, selects and assembles stock

items for delivery to customers and monitors and maintains stocks of items for sale. Pharmacy counter assistants are generally the first person a customer will be greeted by on entrance to a retail pharmacy.



Counter Assistant

2.2.2. Pharmaceutical Technician

◆ A pharmacy technician, also sometimes known as a pharmaceutical technician, performs **pharmacy** related functions, working under the direct supervision of a registered **pharmacist**. Pharmacy technicians work in a variety of locations, usually in community/retail and **hospital** pharmacies. Job duties include dispensing **prescription drugs** and other **medical devices** to **patients** and instructing on their use. A major role of the pharmacy technician is to counsel patients on the correct and safe use of their medicines in accordance with the prescription instructions. They may also perform administrative duties especially in the preparation of prescription for payment from the Primary Care Reimbursement Services (PCRS). In recent times the duties of the pharmacy

technician have been developed in order to support the extended roles becoming available in community and hospital pharmacies. Pharmacy technicians will also be able to supply non-prescription medicines (OTC) in accordance with legislation and guidelines.



Pharmacy Technician

2.3. Qualifications and Curriculum

◆ Currently in Ireland there are no standard core competencies for either pharmacy counter assistants or pharmacy technicians. However presently the issue of regulated standards and competencies is under review by the Pharmaceutical Society of Ireland (PSI). As a result of this review guidelines from the PSI are expected in the near future. However under the Code of Conduct for Pharmacist which is statutory and enforced by the PSI, pharmacists may also be responsible for the acts or omissions of persons

operating in the area of pharmacy under their direction, control or supervision thus resulting for recognised training to be provided to all staff members.

As a result of no formal core competencies it is hoped that this booklet will give you as a foreign work placement student a better understanding of the content of courses currently on offer in Ireland and the expectations that the various institutions have on the competency of their students once completed.

2.3.1. Pharmacy Counter Assistant

◆ Pharmacy assistants have no national minimum entry requirements but will be expected to have a good general education. Training mainly takes place on the job and is supported by day release study course and distance learning correspondence courses.

Currently students wishing to pursue a full time course as a pharmacy assistant undertake a yearlong fulltime **FETAC Level 5** course. Entry requirements for this course are at least 5 leaving certificate subjects, leaving certificate applied or equivalent. A FETAC qualification will allow a pharmacy assistant to undertake many duties in a pharmacy setting. It is important that pharmacy assistants are valued as an integral member of the pharmacy team.

In Ireland the main distance learning for pharmacy assistants is provided by the Irish Pharmacy Union (IPU) through two main courses. These are IPU Medicines Counter Assistant (MCA) course and IPU Pharmacy Interact. The IPU Medicines Counter Assistant's Course (MCA) is a one day course per week over five consecutive weeks. It is designed to accommodate staff who are currently working on the pharmacy medicine counter. The course is interactive in nature and will provide pharmacy staff with the skills and knowledge to deal effectively and sensitively with customers in the pharmacy. Emphasis is placed on

questioning skills, product knowledge and appropriate referral. Case studies are used to illustrate and emphasise key points in each module. Pharmacy Interact is delivered by distance learning and will increase pharmacy counter assistants' product knowledge and begin to develop the skills needed to work in pharmacy. The time span is six months. The course consists of two parts, each containing five modules. Each part is sent out separately for the assistant to work through at their own individual pace.

Alternatively FAS offers the pharmacy sales assistant traineeship provides unemployed people with an excellent foundation in the skills and knowledge required to work as a pharmacy counter assistant. The Pharmacy Sales Assistant Traineeship is a 27 week programme consisting of 17 weeks off-the-job training with FÁS and 10 weeks on-the-job training with a host employer. This traineeship results in a **FETAC level 4** certificate in pharmacy.

Courses for pharmacy counter assistants should cover the knowledge and understanding associated the fundamental aspects of their job description. This should result in all students being competent and proficient in the following areas:

- Assist in the sale of medicines and products
- Receive prescriptions from individuals
- Assist in the issuing of prescribed items

2.3.2. Pharmaceutical Technician

◆ For students to progress to study as a pharmacy technician it is necessary to first gain the necessary qualifications at secondary school level to allow entry into the course they wish to pursue. Different third level institutions set their own academic entrance requirement to study as a pharmacy technician. Currently it requires a minimum of five leaving certificate subjects which must include maths and English and at least one laboratory based science subject. Students who attend third level institutions in Ireland will undertake a Higher Certificate in Science (Pharmacy Technician). Alternatively some institutions also accept certain FETAC level 5 qualifications as minimum entry requirements. **FETAC level 5** as an entry requirement is dependent on which previous course was undertaken and subjects covered in this precious award. This course is usually studied by students in a university environment over a two year period. Third level institutions that provide Higher Certificate in Science (Pharmacy Technician) are institutes of technology and result in a **Level 6 Higher Certificate**.

In Ireland it is also possible to train and qualify as a pharmacy technician as a on the job training position. This is a two-year course by distance learning leads to a level-three National Vocational Qualification (NVQ) from City and Guilds. This qualification is

equivalent to a Level 5 certificate. In order to be accepted onto this course the student must be working in the pharmacy for the duration of the course. There are no academic or age requirements but the student must be employed for a minimum of 20 hours per week in the dispensary of a pharmacy. It is also necessary that the pharmacy is a registered member of the IPU. The course is delivered over 2 years. Underpinning knowledge will be delivered in year 1 and the candidate will be required to develop a Portfolio of work for year 2. Study time commitment of approximately 6 hours per week (or 25–30 hours per module/unit) is required.

Pharmacy technicians are a vital part of the pharmacy team, working under the supervision of a pharmacist. It is necessary for pharmacy technicians to prepare medicines and other healthcare products and supply them to patients. Pharmacy technicians also take an active role in providing patients with guidance on taking medicines.

As a qualified technician you should be competent to work in areas such as:

- medicines management
- manufacturing
- aseptic dispensing
- quality control
- training and development
- procurement
- information technology

- clinical trials
- medicines information
- supervision
- management of staff.

As pharmacy technicians are employed in both retail and hospital environments it is vital that the competencies of all training courses allow for transition from one job role to the other.

In relation to pharmacy technician courses that are offered in Ireland the modules offered vary from institution to institution. However certain modules are consistent in all courses offered. It is necessary that courses contain both knowledge and competency related learning. A requirement of all courses is work placement which involves work-based experience under the direction of a pharmacist to whom the trainee is directly accountable. As a result of completing the pharmacy technician course a pharmacy technician should be capable of delivering core services in hospital practice and primary care, on the basis that appropriate medicine management functions can be performed competently.

Common Areas of Pharmacy Technician Courses:

- Pharmacy Practice
- Clinical Pharmacology & Therapeutics
- Pharmaceutical Chemistry
- Biology/Physiology
- Formulating & Compounding
- Placement

Courses also provide other additional modules which vary in content but result in students completing successfully a Higher Certificate in Science (Pharmacy Technician). These modules include Regulations and Dispensing, Pharmaceutical Calculations and Computing, Aseptic Techniques, Pharmaceutical Microbiology amongst others.

Once studies are completed students will have gained experience in dispensing procedures and practices and be able to interpret prescriptions and prepare medicines for dispensing. They will be able to maintain patient records and operate pharmacy computer systems. They will also be able to supply non-prescription medicines in accordance with legislation and guidelines. In addition the pharmacy technician course will provide the professional, managerial and technical knowledge required for pharmacy technicians to take up roles up to senior level in hospital pharmacies, and to support the extended roles now becoming available in community pharmacies. Institutions which have pharmacy technician course are:

Full-time 2 year study:

- **Athlone IT** www.ait.ie/science/deptofnursinghealthscience/courses/caocourses/highercertinsciencepharmacytechnician/
- **Dublin IT** www.dit.ie/colleges/collegeofsciencesandhealth/courses/dt425/

- **IT Carlow** www.itcarlow.ie/study-at-itc/science/science-health/cw116.htm
- **Letterkenny IT** www.lyit.ie/courses/science/ly806/

Distance Learning Courses

- **Irish Pharmacy Union** www.ipu.ie/ipu-training-courses/ipu-pharmacy-technicians-course.html

Career Progression

Graduates with a Higher Certificate in Science (pharmacy Technician) have gone on to study pharmacy in Ireland, Northern Ireland and the UK. It also allows graduates to progress onto a range of science programmes.

3. Structure of Pharmaceutical Sector in Ireland

3.1. Irish Healthcare System

◆ Ireland's health care system is modern and relatively efficient. Everyone resident here is entitled to free public health coverage. The level of free coverage depends on your economic circumstances, illness or disability. All maternity services and child care up to the age of six months are provided free of charge. Private health insurance is also prevalent in Ireland due to the long waiting lists in the public system.

The public **health care system of Ireland** is governed by the Health Act 2004, which established a new body to be responsible for providing health and personal social services to everyone living in Ireland – the **Health Service Executive**. The new National Health Service came into being officially on 1 January 2005. All persons resident in Ireland are entitled to receive health

care through the public health care system, which is managed by the **Health Service Executive** and funded by general taxation. A person may be required to pay a subsidised fee for certain health care received. Everyone living in the country, and visitors to Ireland who hold a **European Health Insurance Card**, are entitled to free maintenance and treatment in public beds in Health Service Executive and voluntary hospitals. Outpatient services are also provided for free. However the majority of patients on median incomes or above are required to pay subsidised hospital charges. Private health insurance is available to those who wish to avail of it.

The **Medical Card** – which entitles holders to free hospital care, GP visits, dental services, optical services,

aural services, prescription drugs and medical appliances- is available to those receiving welfare payments, low earners, those with certain long-term or severe illnesses and in certain other cases. Those on slightly higher incomes are eligible for a **GP Visit Card** which entitles the holder to free general practitioner visits. A GP Visit Card does not cover the cost of prescribed medicines or other health services. People who are not entitled to a Medical Card must pay fees for certain health care services. If a person cannot afford to pay hospital charges, the HSE will provide the services free of charge. Prescription drugs and medical appliances are available to all for free or at a reduced cost. The **Drugs Payment Scheme** ensures that every household only has to pay, maximum, €132 per calendar month for up to a maximum of one month's supply of prescribed drugs, medicines and medical appliances.

Those who hold Medical Cards, suffering from long-term illnesses, or who have Hepatitis C, do not have to pay anything for medicines or appliances. All immunisation vaccines for children are provided free of charge, and are provided in schools, health clinics or hospitals. Recovering heroin addicts are able to get **methadone** treatment for free under the Methadone Treatment Scheme.

Health insurance is used to pay for private care in hospital or from various health professionals in hospitals or in their practices. The arrangements vary from one company to another but most companies have agreements with hospitals that the company will pay the hospital directly. In general, you pay the health professional and then claim from the health insurance company. You should check with your own company as to exactly what procedures they use.

3.1.1. Prescription Types Dispensed within the Community Pharmacy System in Ireland

General Medical Service (GMS)

General Medical Service prescriptions are issued by a chosen General Practitioner to a patient with a Medical Card. These prescriptions are available in two types a monthly (single) or three month (repeat) prescription. All items which are available to patients on this scheme need to have a GMS code which means that the item has to be approved by the Primary Care Reimbursement

Service (PCRS). If an item does not have a code it is cannot be dispensed free of charge therefore it is necessary to review the item with the prescribing GP or the patient is required to pay for the item. The pharmacy computer system will indicate if an item has the required five digit code. A code number of five figures are assigned to a specific pack of each product or standard preparation. When this number is entered on the

prescription form it will identify the product or preparation dispensed and the pack from which it was dispensed. Code numbers are special unique computer numbers, which if used incorrectly, cannot be processed by the Primary Care Reimbursement Service's computer system. If an item is dispensed without a code it means that your pharmacy will not be paid for this item. As well as the usual details on a prescription these prescriptions also indicate a patient's GMS number which is a number unique to them which indicates their entitlement to free pharmaceutical services.

Since October 2010 legislation was passed to introduce a 50 cent levy to every item dispensed on a GMS prescription. The legislation sets a €10 ceiling per family per month.

Drug Payment Scheme (DPS)

The Drugs Payments Scheme (DPS) is open to anyone ordinarily registered in the state that is not covered by the GMS or LTI (Long Term Illness) schemes.

The family; which is any individual, his or her spouse or partner, and any dependents pays the pharmacy the designated cost per month of all prescribed medicines and appliances. Any excess is then claimed directly from the PCRS by the pharmacy. Since January 2012 this cost is €132.00 per month. 'Dependents' for the purpose of the DPS scheme includes children

under 18, anyone between 18 and 23 who is in full time education and anyone, regardless of age, with a physical or mental disability or a mental handicap or illness who cannot maintain themselves fully, is ordinarily resident at the address and doesn't have a medical card. At the moment the DPS requires that all medicines in respect of any one month must be dispensed from one pharmacy. If a prescription is obtained from another pharmacy for the same month payment up to the designated limit must also be made to this pharmacy. However, the patient may claim back this excess payment by submitting their receipts (unified claim forms) to the HSE.

Persons wishing to avail of their entitlement must register with their local HSE Office and will receive a DPS Card which bears a family identification number, eligible person's name, Personal Public Service Number (PPSN) and a 'valid to' date.

The dispensing of DPS prescriptions is similar to that of private prescriptions and the main difference is the need to be registered on the DPS in order to be eligible for the scheme. If a patient presents in the pharmacy and requires medication which exceeds €132 it is permissible for the pharmacy to emergency register them. All prescriptions dispensed under the DPS system need to have the patient's DPS number on the claim form. Two

claim forms are printed on dispensing one for the patient's records and one which the customer keeps and the pharmacy retains in order to claim payment from PCRS at the end of the month. The DPS operates on a calendar month system, and the patient must pay up to the designated amount of the cost of their prescribed drugs or appliances per month. Furthermore, it is important to note that the PCRS will only reimburse you for treatment for a particular month so you should only dispense a quantity suitable for a one month period of treatment. Items which can be dispensed on the DPS included prescribed items with a GMS code, ostomy and urinary products, extemporaneous preparations, certain dressings, incontinence products and fertility drugs.

Patients may choose to not register with the DPS and in this case they will have their prescriptions dispensed in the same manner but there will be no capping of payment at €132 and thus will have to claim back any overpayment from the local HSE office if they wish. If a patient does not register with the DPS their payment type is regarded as Drug Refund (DR)

Any patient presenting with a private prescription no matter what scheme they may be using are issued with an official receipt known as a unified claim form. This is generally automatically printed with each private prescription dispensed.

Long term Illness Scheme (LTI)

This scheme is designed to offer free medication to patients with certain chronic illness irrespective of income. The patients who qualify for this scheme are only eligible to get medications free of charge that relate to their particular long term illness and all other medications are chargeable.

These illnesses' are:

- Mental handicap
- Mental illness (for people under 16 only)
- Diabetes insipidus
- Diabetes mellitus
- Haemophilia
- Cerebral palsy
- Phenylketonuria
- Epilepsy
- Cystic fibrosis
- Multiple sclerosis
- Spina bifida
- Muscular dystrophies
- Hydrocephalus
- Parkinsonism
- Acute leukaemia
- Conditions arising from use of Thalidomide

This scheme does not cover the cost of visiting the patients' doctor but currently this is under review by the department of health. It is believed that in the future these patients will also be eligible to free GP care also. In order to register to receive your medication under the LTI scheme the patients' doctor needs to complete an application form. Once approved by the local HSE office the patient will be

issued a LTI book which will have their prescriptions written into and then this is presented to the pharmacy on each dispensing.

Hospital Emergency Prescriptions

When a medical card patient has been discharged from an Acute General Hospital or has attended the Accident and Emergency Department (Casualty) of a General Hospital they may have been issued with a prescription. Hospital doctors are not part of the GMS, so this prescription would not be valid for dispensing under the GMS scheme. The patient then can either take it directly to their GP or have it transcribed to a GMS prescription or alternatively a week can be dispensed by the pharmacy until they can go to the GP. Certain conditions apply to having a hospital prescription dispensed against the GMS system. The prescription can only be dispensed on the date issued or with 24 hours and a maximum of seven days' supply can be dispensed. Also the hospital must be a participant in the hospital emergency scheme and a photocopy of the prescription must be attached to the unified claim form when apply for payment at the end of the month.

Dental Treatment Services Scheme (DTSS)

The Dental Treatment Services Scheme allows all adults who are eligible to GMS services to receive a range of

dental treatments and procedures. Included in this are prescriptions for drugs which are approved to be prescribed by dentists under the scheme. All these medicines are listed in the Dental Practitioners List of Prescribable Medicinal Products. A specific prescription form is used but the details and description is very similar to that of the prescriptions for GMS prescription.

European Economic Area (EEA) Entitlements – Visitors and Workers

A person from one of the other EEA countries is entitled to free emergency general practitioner services, including the issue, where necessary, of a prescription. A resident of one of the other European Community countries, with established eligibility, who needs emergency general practitioner services while on a temporary visit to the State, is entitled to receive, without charge, such services and such medication as the Doctor may prescribe. It was pointed out at the commencement of the arrangements in 1973 that the visitors are entitled only to medical treatment for sickness or accidents which need urgent attention and this position still obtains. Continuous treatment, including repeat prescriptions, should not ordinarily be involved.

When dispensing these prescriptions it is a requirement that they are

written on GMS prescriptions. Also the address on the prescription needs to be the full address from the patients' county of origin. EU scripts may be dispensed as a hospital emergency and a maximum of seven days may be dispensed.

High Tech Drugs Scheme

The High Tech Drug Scheme was started in 1996 in order to supply expensive drugs through community pharmacies. The medicines are purchased by the Local Health Office and supplied through Community Pharmacies for which pharmacies are paid a patient care fee by the Primary Care Reimbursement Service each month. Examples of high-tech drugs are: anti-rejection drugs for transplant patients, chemotherapy and growth hormones.

In order to dispense a medicine under this scheme a patient must firstly hold a medical card or be registered on the DPS. When a patient is prescribed a High Tech medicine they will need to nominate a specific pharmacy that they will collect their medication from and register this with the local HSE office. When the patient presents to the pharmacy they are required to have the prescription prescribed by a specialist in that area and the prescription needs to be written onto a special High Tech prescription form. Once the prescription is dispensed a unified claim form is produced and the relevant invoice is attached.

Other Prescription Schemes

The following schemes are operated in Ireland but on placement you may not be exposed to them. These schemes tend to be less routinely dispensed but an understanding is still required in order to fulfil a role within community pharmacy.

Stock Orders

Stock orders are forms which are presented to a pharmacy by a doctor in order to have supplies for use in their practice. There are two types of stock orders. Type 1 is when doctors may dispense medicines to their own medical card patients. In this situation the dispensing doctors may use a stock order form in order to obtain medicines and this is from a pharmacy in their immediate area. Type 2 is for syringe/needle/dressing order form and only certain items listed by PCRS are permissible.

Hardship Scheme

This scheme is in place to facilitate items which are not currently available on GMS prescriptions to be available to patients whose medical condition requires. If this occurs the patient applies to the local HSE office for funding. If the local office grants funding the patients pharmacy can then dispense these items under this scheme.

Health Amendment

The Health Amendment Act was introduced in 1996 to allow eligible people who contracted Hepatitis C from blood transfusions, blood products and

the use of Human Immunoglobulin Anti-D to certain healthcare services including free prescription medicines and appliances.

Methadone Scheme

This scheme allows for community based treatments for opiate dependant patients.

Psychiatric Services Scheme

This scheme is only available to patients who are attending public psychiatric clinics in the region formerly known as the Eastern Regional Health Authority. The patient does not have to pay for their prescriptions and the pharmacy claims payment from the authority.

Payment for prescriptions from PCRS

The vast majority of pharmacies now claim payment from the Primary

Care Reimbursement Service (PCRS) electronically at the end of each calendar month. Electronic claims should be submitted to the PCRS by the 3rd working day of the month following dispensing and the pharmacy will receive payment on 21st or 22nd day of that month. Manual claims should be submitted by the 7th day of the following month. Once payment has been issued each pharmacy will receive a statement indicating what has been paid for in respect of each form, and also details of any claims which were rejected due to incomplete, missing or invalid information. It is necessary to check your statement carefully when it is received to ensure that the correct payments have been made, and make sure to reply to the PCRS regarding any rejected claims as quickly as possible.

3.1.2. Reimbursement of Healthcare Expenses

◆ Patients have a number of ways of limiting the expense they spend on healthcare in Ireland. In relation to prescribed medication patients are encouraged to apply for the Drug Payment Scheme (DPS) which was detailed previously. If a patient overpays on the DPS scheme they are entitled to claim any excess over €132 from a central HSE office. This mainly occurs when people need to use two or more pharmacies in one month.

A patient can claim tax relief on medical expenses they pay for themselves and on behalf of any other person. A patient can claim relief only if the expenses cannot be recovered from any other source. A patient cannot claim tax relief for sums already received or due to be received from: any public or local authority, for example the HSE (Health Service Executive), any insurance policy or any other source, for example, compensation . The form used to claim this tax relief is referred to as a Med1 form.

Also any patient who has private health insurance often have provision to claim back specified amounts from routine procedures and dispensing of

prescription medication. The level of reimbursement depends on the level of cover purchased.

3.2. Community Pharmacy Structure

◆ In Ireland the pharmacy sector is regulated by the Pharmaceutical Society of Ireland (PSI). The PSI is an independent statutory body, established by the Pharmacy Act 2007. It is charged with, and is accountable for, the effective regulation of pharmacy services in Ireland, including responsibility for supervising compliance with the Act. It works for the public interest to protect the health and safety of the public by regulating the pharmacy profession and pharmacies. The PSI regulates the professional practice of approximately 4,500 pharmacists, 550 pharmaceutical assistants and 1,700 pharmacies.

Each pharmacy group from one independent shop to chains which have multiple branches are overseen by a superintendent pharmacist. The Superintendent Pharmacist of a practice is the individual responsible for the professional policy and clinical management of the pharmacy practice. This individual is in personal control of the management and administration of the sale and supply of medicines, and has overall control of the professional and clinical pharmacy policy.

Each individual pharmacy then has a supervising pharmacist. The Supervising Pharmacist of a practice is the professional who is in whole-time charge of the operation of the pharmacy, and has three years' post-registration experience. This individual is responsible for all operations of the pharmacy, even when absent, and has a reporting relationship to the superintendent pharmacist. The pharmacist fulfilling this role may operate in this capacity for one pharmacy practice only at a given time. Often in independent community pharmacies the superintendent and supervising pharmacist is the same person.

Depending on the pharmacy size and the nature and extent of the business a pharmacy may also employ more than one pharmacist. Many pharmacies also have either store managers or supervisors employed to look after the day to day management of the pharmacy especially in the retail areas. In relation to the work carried out in the dispensary and pharmacy technicians are employed and depending on the volume of prescriptions being dispensed dictates

the number of pharmacy technicians employed. Busy pharmacies often have more than one technician especially if they operate extended opening hours beyond 6pm. Pharmacies routinely have at least one counter assistant to assist and advice on the sale of over the counter (OTC) medicines. Beauticians are also an important employee in community pharmacies as many pharmacies especially in urban areas have large cosmetic areas. In many community pharmacies it is necessary that staff may cover areas within the pharmacy that they would not ordinarily work in. This usually occurs during lunch cover, sickness or holiday cover.

The supervising pharmacist generally oversees the job roles for each individual within a particular pharmacy however there are certain core tasks that are viewed as essential. These core tasks are taken for granted that as a fully trained and qualified counter assistant or technician you would be able to carry out. In some pharmacies some of these tasks may be rarely or never carried out but there is an expectation that this tasks are within the capability of a trained staff member.

Pharmacy ownership in Ireland is not restricted. In Ireland there are no restrictions on third party ownership of pharmacies and this continues to be the case unless the Government decides to introduce legislation to change this position. As a result community

pharmacy in Ireland comes in many forms from independently owned single units to corporate multiples. However no matter what the ownership status of a community pharmacy the guidelines set down by the PSI and the relevant pharmacy legislation is similar in all thus the role of the pharmacy technician.

During your exchange visit practice placement in Ireland you may be allocated to one of a variety of healthcare settings within the pharmacy sector in Ireland. Wherever you are placed you will be guided by a 'supervisor'. This person will orientate you to the placement and provide you with guidance and support throughout your time on placement in Ireland. You should aim to follow the shift pattern outlined by your supervisor as closely as possible. Traditionally in Ireland community pharmacy was 9am to 6pm Monday to Saturday but due to changes in customer behaviour extended opening hours are common in many pharmacies. Extended opening can include any time from 8.30am to 12 midnight and usually is seven days a week. Depending on your placement it would be expected that you would gain experience in all shifts within the pharmacy depending on opening hours. You will be allocated 5 shifts a week totally no more than 39 hours.

3.3. Hospital Pharmacy Structure

◆ The hospital pharmacy department purchases and supplies, pharmaceutical products within the hospital. It provides information on all these products and answers queries which may arise through their use.

The Pharmacy routinely provides a 'top-up' service to include the majority of wards in a hospital. This system of drug distribution ensures that the pharmacy can facilitate ordering, storage and supply of drugs to the wards. Stock levels of drugs are agreed with the nursing staff and pharmacy technicians visit the wards regularly to top-up ward stocks to the required quantities. Most wards are visited regularly by a pharmacist where they promote the safe, effective economic use of drugs and provide valuable information on drugs usage to the medical, nursing and paramedical staff.

The pharmacists also perform a valuable liaison role on behalf of patients before discharge ensuring that no problems arise with the supply of medication, thus no interruption of treatment occurs.

The compounding units are responsible for the reconstitution of cytotoxics. This is carried out in an isolator, situated in a specially controlled and monitored environment. This work is undertaken by pharmacists and

pharmacy technicians trained in aseptic technique.

The drugs used in an increasing number of clinical trials are now being dispensed by the hospital pharmacy. This involves dispensing and keeping strict records.

Most hospital pharmacy departments are keen to encourage continuing education both within the department and throughout the hospital. Within the pharmacy department this involves continuing education, meetings and journal clubs.

Chief I Pharmacist

Chief II (Dispensary) Pharmacist

- 5 years post registration experience

Chief II Oncology Pharmacist

Senior Clinical Pharmacist

- 3 years post-registration experience

Basic Grade Clinical Pharmacist

Senior Pharmaceutical technician

- > dispensary, purchasing or chemotherapy compounding unit based (may rotate)
- > pharmaceutical technician diploma or recognized qualification equivalent
- > satisfactory post-qualification experience in a hospital dispensary setting
- > supervision and training of junior staff experience essential

Basic Grade Pharmaceutical technician

- > pharmaceutical technician certificate up to and including a diploma or equivalent (ECDL, supervisory management, B Tech, Accredited checking technician, St James aseptic technique course are desirable qualifications)
- > post qualification experience in community or hospital (hospital experience, aseptic technique desirable)
- > rotate between dispensary, purchasing and chemotherapy compounding unit (usually every 3 months)



Hospital Aseptic Suite



Hospital Pharmacy Dispensary

4. Definition of the Profession

4.1. Retail Pharmacy

4.1.1. Pharmacy Counter Assistant

A Typical Day of a Pharmacy Counter Assistant in Ireland

As a pharmacy counter assistant in Ireland the role currently is only available in a community setting. During placement you will be expected to follow directions from your supervisor and so a typical working day for a pharmacy counter assistant has been prepared in order to give you a taste of what to expect. It also highlights what is expected of a pharmacy counter assistant.

Typical Day of a Pharmacy Counter Assistant in Community Pharmacy

My name is Jane and I have been working as a pharmacy counter assistant for 5 years. I started in the position and was trained using various distance learning and face to face course provided by the Irish Pharmacy Union. I currently work 39 hours a week over 5 days.

Day 1

9am – First thing when I come into work in the morning I turn on the till and ensure all stands have lights turned on and weighing machine is turned on and is ready for use by customers. I then count the till from the day before. As our system is computerised I count the till and then input the figures in the

computer so that our head office can see our lodgement details.

9.30 am – I put away the over the counter (OTC) order. I take all the items out and ensure that the correct quantity is received and that nothing is damaged or short dated. The shop in which I work has a computerised stock count so once I have checked the items against the invoice I then book them into stock on the stock control system. Normally most items scan but if barcodes change or an item is new on the market I put to one side to enter the details later. I then take the stock out to the shop and put the items on the shop shelves ensuring date rotation in order to prevent stock going out of date. The time this takes depends on the size of the order and also the number of customers that I need to serve. In our pharmacy we need to stop putting away the order if a customer comes in to the counter.

10.15am – At this time we start to get busy with prescriptions as the first customers begin to come in from early morning appointments from the local doctors. I check each prescription when it comes in to ensure that the name and address are legible and if necessary that the medical card number

is on it. I check with the pharmacist if there is a wait or not so that I can let the customer know how long the prescription will be. Today most customers are regulars so they are happy to wait while their prescriptions are being done. A lady then enters the pharmacy with a little girl who seems to have a chesty cough. After speaking with the lady and from her answers I ensure that there is no infection I suggest that her daughter uses Exputex as it is a mucolytic so will help.

10.45am – Today I am on second lunch so I also take first morning break for 15mins. Our shop has a canteen so I usually take my break in the shop.

11am – when I return from break there are a few customers waiting at the counter to be served. I ask the next customer if I can help. It is a regular customer who asks can she have her usual monthly prescription. As we keep her prescription on file in the pharmacy I go into the dispensary and find her prescription. I then put it in the queue to be completed and return to the customer and explain it will be about 15 minutes before it will be ready. She tells me that she has things to do so she will call back later. The pharmacist then asks me would I mind taking a passport picture for a customer as she has a few prescriptions to do so I say no problem. This morning is busy so I spend most of my time taking in prescriptions and handing them out.

When handing out a prescription I always call out the person's name and then ask them their address in order to confirm that it is the correct person. Often it is for a regular customer so I am already aware of whom it is for. If a prescription is complicated the pharmacist or technician usually hands out the prescription but if items are a customer's usual prescription and no information is required I would do it. I also deal with requests for OTC medications and this morning I'm lucky that the requests are straight forward so I don't need to call the pharmacist.

2pm – As I am on second lunch I wait for the staff from the early lunch to return before I go. I have one hour as a lunch.

3pm – When I return after lunch I notice that a courier has delivered an order while I was on lunch. I check the box and see that it is for items from a supplier that I had placed the other day. In our shop we all have our own suppliers that we deal with. I usually order every two months from each one. When I open the order I check it off against the invoice and process it in the same way as the morning regular order. A customer comes in and I go to serve him. He requests Nurofen Plus which contains codeine and so I call the pharmacist as all codeine sales in Ireland need to be carried out by the pharmacist. I continue with the order but keep an eye on the counter so that I can serve any customers that come in.

3.30pm – Twice a week we do a lodgement with the bank and get change for the float. As today is lodgement day I remind the pharmacist and check if now is a suitable time to go to the bank. She says yes so I get the lodgement and put it in my handbag so that I will not raise suspicion on the way to the bank. As the bank is across the road I can be seen going over so I don't need a second staff member to go with me.

3.50pm – I take my 15 minute afternoon break

4.05pm – When I return from my break I generate an order on the computer with wholesale for items for OTC which we do not get from other bigger suppliers. The system generates an order based on what we have sold during the day. I check it to make sure that nothing is out of the ordinary. I think have a quick look around the shop and manually anything that we may need before we next do an order with other suppliers. In this case I would only order one or two to give me time to do an order for it in bulk. Once I am happy with this I send the order electronically to the wholesaler and it will arrive in tomorrow.

4.30pm – As it seems to have quietened down for a while I go to the digestion remedies section and start cleaning the shelves and checking the dates so that the shorted dated are sold first. It is my responsibility to keep the shop tidy and ensure it is clean and that all the stock is

in date. I do this in rotation of sections and when the shop is quite. Whenever a customer comes in I leave this task to serve them.

4.45pm – the evening order comes in from the wholesaler but generally I don't have an order in it so I continue date checking and serving customers.

5.50pm – I check that there are no outstanding issues that may need to be explained to the staff that will be working late night until 9pm.

6pm – I leave to go home after completing my day.

Core expectations of a pharmacy counter assistant in Ireland

The fundamental task to be carried out by any pharmacy counter assistant in a community pharmacy in Ireland is **Over the Counter Medicine** sales and advice. It is important that you keep up to date on recent product launches and their uses. As a result of OTC sales a pharmacy counter assistant is expected to be able to handle cash transactions and use of the till system.

Prescription Reception is also an important role as often the pharmacy counter assistant is the first person a customer meets in the community pharmacy setting. It is necessary to know all the required details on the prescription so that the pharmacist and/or the technician will be able to dispense it.

Stock Management is an essential part of the role of the counter assistant in the community setting in Ireland. In many pharmacies stock is ordered from various wholesalers and suppliers. It is expected that as a pharmacy counter assistant you would be able to routinely order these products. Routine products are procured generally from specific suppliers and top up orders are placed with the local wholesaler daily. Stock management also entails maintaining proper storage conditions and general tidiness of the shop area. As a pharmacy counter assistant you will be required to price stock and mark items for sale.

The vast majority of community pharmacies use a computer based programme to control stock levels and for ordering. **Computer skills** are therefore a necessary requirement in order to carry out the role of a pharmacy counter assistant. There are various programmes within pharmacies but the main functions are very similar.

Ethics and conduct are set out for each pharmacy in their standard operating procedures (SOP's). The SOP's outline how all tasks within the pharmacy should be carried out. It is the responsibility of the superintendent pharmacist to provide SOP's and the supervising pharmacist to ensure staff compliance with them. It is required that as a pharmacy counter assistant that you read and understand the SOP's for the particular pharmacy you work in which relate to OTC sales.

Health and safety is a major area within any job role including pharmacies and the role of pharmacy counter assistants. A health and safety statement is available in all pharmacies and it is required that all staff read it and are aware of the health and safety requirements of their individual pharmacy. It is the responsibility of the employer to provide you with this and to instruct to read it. As the employee you are obligated to follow the health and safety guidelines set out by your employer. As a pharmacy counter assistant health and safety is also included as part of your routine tasks. These tasks include the keeping the shop floor tidy so as to prevent trips and falls as well as date checking of stock. Also incorporated is cleaning and helping to maintain equipment and work areas according to set guidelines. Incorporated in health and safety is personal presentation and most community pharmacies in Ireland requires that the pharmacy counter assistant wear a standard uniform which is usually provided by the employer. Footwear is usually expected to be closed toe. The health and safety policy or the employee manual in each individual pharmacy identifies these specifics. Smoking in the work place is banned in Ireland since March 2004 thus employees are only entitled to **time off work for breaks** as set down in **Section 12 of the Organisation of Working Time Act 1997**. Your employer is not obliged to provide smoking breaks for employees.

Customer service skills are a major part of the job as counselling and advising patients on the use of their OTC medication is carried out routinely in pharmacies in Ireland by the pharmacy counter assistant. It is expected that a pharmacy counter assistant would know the limits of their job role and refer the patient to the pharmacist where appropriate. Customer service is regarded by the public as excellent within pharmacies so it is important that customer service is included as part of your overall approach to dealing with customers both directly in the pharmacy and with any telephone queries.

Communication and interpersonal skills are also a key requirement in the role of the pharmacy counter assistant. It is important to be able to develop constructive and cooperative working relationships with others and have the ability to maintain these over time. Communication is core as nearly all tasks to be carried out involve some level of communication skills from providing information to supervisors, co-workers, and patients by telephone, in written form, e-mail, or in person.

Organisational and time management skills are often an area within a pharmacy which is difficult to control. As a pharmacy counter assistant it is often necessary to prioritise work according to needs and demands. It is often necessary to leave a task so that a customer can be served. As a

pharmacy counter assistant serving of the customers is also the task that takes the highest priority.

4.2.2. Pharmacy Technician

Typical day of a pharmacy technician in Community Pharmacy

In an attempt to prepare you for this practice placement experience we have identified two potential pharmacy placement settings and have developed a typical day in order for you to gain some knowledge of that is expected of you within that particular setting. A typical working day diary of a technician within community and hospital pharmacy will give you an insight of what sort of experience to expect.

Hi my name is Mary and I am a pharmacy technician working in a community pharmacy in a suburb of Cork city. I have been a technician for a number of years and have worked in various pharmacies since I qualified with varying roles depending on the pharmacy. During my studies to become a pharmacy technician I went to university and partook in a 2 year programme which involved practical placement.

I have been asked to keep a diary of a typical day in order to help you gain an insight into what the job role entails.

Day 1

The shop I work is open from 9am to 9pm but I am only required to work

9am to 6pm 5 days per week. I usually work every other Saturday as part of my required working hours and occasionally I may be requested to work a 'late' shift which is 1pm to 9pm.

9am – First thing each morning when I come into the pharmacy I turn on the computers in the dispensary and ensure that they are ready to use. This take a few minutes as all the computers are password protected.

9.10am – We receive 2 orders a day from our main wholesaler and this arrives first thing each morning. As part of my duties I put the order away. Firstly I take all the items out of the boxes we receive them in. I then check all the items we have received match the description on the invoice. Once the items are checked I then begin to put the items on the dispensary shelves. Our pharmacy is in alphabetical order of brand name but not all pharmacies are laid out in this manner so it may be necessary to check. I put the items on the shelf and check the expiry date of each item we receive as I go. The new items generally have longer expiry dates so we put them to the back as we use items in expiry date order in an effort to reduce waste. Today while putting the items away I notice that one item that we have received is actually out of date. I point this out to the pharmacist on duty today. She asks me would I Mind dealing with it as she is dealing with a query on a customer's prescription from yesterday? I firstly call the wholesalers

and ask to speak to customer services. I informed that the customer service representative of the error and gave her our account number and the invoice number of the item. She apologised and asked if I could return the item and we would receive credit for it. She asked me would she send us out a new one and I confirmed that this would be great. After speaking to the wholesalers I got the returns book and returned the item for credit. This item would be returned with our next delivery.

9.45am – After completing the order I helped the pharmacist with dispensing of prescriptions as a few customers had come in while I was putting away the order. In our pharmacy the pharmacist usually puts the items through the computer so that a clinical check can be carried out to ensure that there are no interactions or contraindications. I get the items required according to the prescription and put on the labels as appropriate. When I dispense an item I put my initials in the dispensed box on the label and when the pharmacist checks its accuracy she will sign the checked box. This process is carried out in order to keep errors to a minimum.

10.15am – Today I am on first lunch so I also take first morning break for 15mins. Our shop has a canteen so I usually take my break in the shop.

10.30am – When I return from my break the pharmacist tells me that one of our regular customers has phoned

while I was on break and wishes to collect her medicines tomorrow. This customer gets her medicines put in a monitored dosage system so we require 24 hours' notice as it can be time consuming to put together. I get out the customers prescription and also her file as we keep a record of how each customer's medicine is packed to ensure continuity. Firstly I get all the items for the prescription in order to ensure that we have enough stock. Once I have gathered all the items I then proceed to put the prescription through the computer in order to generate the labels for each pack. I then put the items in the monitored dosage system and once I had completed the task I put the four packs aside so that the pharmacist could check them for accuracy. Once they are checked by the pharmacist I seal them and put them in a bag and store until the customer comes to collect them.

11.00am – The pharmacy is very busy as mid-morning for us can be a busy time. We operate a system where we do all the scripts first that are waiting. I check the scripts that are in and pick out the next one that has a waiting sign on it. I get the items, put it through the computer and put on labels on each product. I leave to one side for the pharmacist to check. Just as I finish the phone rings and when I answer it is a local doctor who wants to phone in a prescription. I get the pharmacist for the doctor but prior to that the pharmacist asks me to hand out the

prescription she has just checked. The prescription is for a child and is a liquid antibiotic. I go out the pharmacy counter and call out the patients' name. When the child's mother approaches the counter I ask if her daughter has had this medicine previously. As she said no I explain how to take it using the oral syringe that we have provided. I also remind her to keep it in the fridge. When I return to the dispensary the pharmacist and I continue the prescriptions that have been handed in.

12.00 – Our pharmacy also stores prescriptions for customers and this allows them to phone us and order over the telephone. The next call is from a regular customer who asks can she have her usual monthly medication and that she will call in after lunch to collect it. Before the customer finishes the phone call I check that we have a current prescription. I found the prescription and assured the customer that it would be ready by lunch. I put the prescription in the queue to be processed. I continued to dispense the remaining prescriptions.

12.30pm – At this time of day the couriers tend to arrive with any special orders from generally specialised companies. These companies include suppliers of ostomy products or unlicensed medicines. When the courier arrives I sign for the packages. I open the 2 boxes we received today and checked the items against the invoices. As we keep all our stocks correct on

the computer in order to ensure stock levels. I input this information into the computer once I had put the stock on the shelf.

1pm – As I am on first lunch I begin now so that the other staff after me will not be delayed. I have one hour as a lunch.

2pm – I return from lunch and as we are a small shop I will be needed to cover the medicines counter for the next hour as the medicines counter assistant is on lunch. I do this and help in the dispensary at the same time. I go out to the counter as a customer enters the shop. The customer hands me the prescription. As I look at it I notice that it is an item that we do not currently have in stock as it is in short supply. I inform the customer of this and tell them that I will contact the doctor who prescribed it and explain the situation to them. I telephone the doctor and explain that this item is currently not available. The doctor said that I could give an alternative. I took down the details and the doctor said they would put the prescription in the post this evening. I went out and explained to the customer. I then returned to the counter to serve the next customer.

2.30pm – In order to receive an order in the afternoon it is necessary to electronically send the order before 3pm. I quickly checked the order to make sure there were no unnecessary items on it. Once checked I transmitted

the order. I then continued with dispensing prescriptions and keeping an eye on the medicines counter in case I was needed.

3.30pm – The pharmacy has quietened down a small bit so I decided I would do some paperwork. At some stage every day I do verifying which is checking the scripts against the electronic records. This is done to ensure that we receive payment from the payment board at the end of the month. In order to verify the prescriptions are put in numerical order and then checked off the computer. The prescriptions are then filed away until the end of the month.

4.00pm – I take my 15 minute afternoon break

4.15pm – I return to dispensing prescriptions until the afternoon order arrives from the wholesaler. Once the order arrives I put away in a similar manner to the morning order.

5.15pm – A man enters the pharmacy and I go out to the pharmacy to collect the prescription from him. When I bring it in I realise that it is for a cream that needs to be made extemporaneously. As this will take some time I go out to the customer and explain that as we have to make this item up it will not be ready for an hour or so. As we are open late the customer says that he will return after his dinner to collect it. I return to the dispensary

and get out our extemporaneous record sheet. This is to record all the details of the product and how it is made up. I fill out the details of the ingredients. I then measure the ingredients and get the pharmacist to check it. I proceed to make up the product. Once completed I put the details through the computer and label the product highlighting the expiry date. I leave to once side for the pharmacist to check the final product.

5.50pm – I check that there are no outstanding issues that may need to be explained to the staff that will be working late night until 9pm.

6pm – I leave to go home after completing my day.

Core Expectations of Pharmacy Technician in Community Pharmacy

The fundamental task to be carried out by any technician in a community pharmacy in Ireland is the **dispensing of prescribed medicines**. Written prescriptions are presented in the pharmacy usually to the pharmacy counter assistant who takes it from the customer and deposits to the dispensary to be filled. The technician then will check the details to ensure the information is complete and accurate and then collect the items accordingly. The labels are then produced with the directions on how to use the product and left for the pharmacist on duty to clinically check. Once prescriptions are completed they are filed and stored for 2 years. Increasingly pharmacies are

investing in robotic dispensing systems and in these pharmacies technicians monitor the robotic machines that dispense medicine into containers, and label the containers.

In Ireland **extemporaneous preparations** are routinely prepared in community pharmacy. As a technician you will be expected to carry out the compounding of these products. Routine products produced in community pharmacy include paediatric liquids and creams. Incorporated in this area of the jobs role is a requirement to fill out the necessary documentation associated with extemporaneous preparation.

Stock Management is an essential part of the role of technicians in the community setting in Ireland. In many pharmacies stock is ordered from various wholesalers and suppliers. It is expected that as a technician you would be able to routinely order these products. Routine products are procured generally from drug wholesalers on a twice daily basis. Drugs can also be obtained from individual suppliers and specialist suppliers for products such as unlicensed medicines and ostomy products. Stock management also entails maintaining proper storage and security conditions for drugs. Depending on the staffing levels in the community pharmacy a technician may also be required to price stock and mark items for sale.

Monitored Dosage Systems (MDS) are a widely used system used to provide patients with pre-packed medicines. Various systems exist and all essentially do the same task. These systems are packs which are used to simplify the administration of solid dosage forms. They have compartments with set time slots which allow the patients or patients' carer to correctly administer the medication. Technicians are involved in the assembly of the MDS system following the documentation for each individual patient which would include a MDS log of which tablets go where in conjunction with dispensing details from a valid prescription. The extent of the quantity of MDS dispensing depends on the pharmacy. It ranges from MDS for a few individual patients who a need for one was identified to a more structured approach in mass production for supply to patients in nursing homes. In pharmacies which supply nursing homes certain guidelines and criteria are required to be followed by the Health Information and Quality Authority (HIQA) in order to ensure consistent standards of pharmaceutical care to each individual nursing home.

The vast majority of community pharmacies use a computer based programme to generate labels and store patient data. **Computer skills** are therefore a necessary requirement in order to carry out the role of a technician. There are various programmes within pharmacies but

the main functions are very similar. The data stored includes patient details and drug details and directions. Stock management is often computer based also, with orders for wholesalers being automatically generated.

Ethics and conduct are set out for each pharmacy in their standard operating procedures (SOP's). The SOP's outline how all tasks within the pharmacy should be carried out. It is the responsibility of the superintendent pharmacist to provide SOP's and the supervising pharmacist to ensure staff compliance with them. It is required that as a technician that you read and understand the SOP's for the particular pharmacy you work in.

Health and safety is a major area within any job role including pharmacies and the role of technicians. A health and safety statement is available in all pharmacies and it is required that all staff read it and are aware of the health and safety requirements of their individual pharmacy. It is the responsibility of the employer to provide you with this and to instruct to read it. As the employee you are obligated to follow the health and safety guidelines set out by your employer. As a technician health and safety is also included as part of your routine tasks. These tasks include the monitoring of fridge temperature, room temperature and humidity within the pharmacy. Also incorporated is cleaning and helping to maintain

equipment and work areas according to set guidelines. Incorporated in health and safety is personal presentation and most community pharmacies in Ireland requires that the pharmacy technician wear a standard uniform which is usually provided by the employer. Footwear is usually expected to be closed toe. The health and safety policy or the employee manual in each individual pharmacy identifies these specifics. Smoking in the work place is banned in Ireland since March 2004 thus employees are only entitled to **time off work for breaks** as set down in **Section 12 of the Organisation of Working Time Act 1997**. Your employer is not obliged to provide smoking breaks for employees.

Customer service skills are a major part of the job as counselling and advising patients on the use of their medication is carried out routinely in pharmacies in Ireland by the technician. Also it is required depending on the staffing of the pharmacy that as a technician you would also advise on over the counter (OTC) products and depending on experience some queries relating to their prescribed medicines. It is expected that a pharmacy technician would know the limits of their job role and refer the patient to the pharmacist where appropriate. Customer service is regarded by the public as excellent within pharmacies so it is important that customer service is included as part of your overall approach to dealing with customers both directly in the

pharmacy and with any telephone queries.

Over the Counter Medicine sales are also incorporated into the role of a technician in Ireland. The extent of your involvement in OTC sales depends on the community pharmacy in which you are working. In smaller pharmacies your involvement may be greater than larger pharmacies or one which has a large dispensary based business. It is important that you keep up to date on recent product launches and their uses. As a result of OTC sale a pharmacy technician is expected to be able to handle cash transactions and use of the till system.

Verifying prescriptions is a role undertaken in Ireland by pharmacy technicians on a regular basis. Verifying prescriptions is a task which is where paper prescriptions are checked against the computer based version to ensure patient, doctor and product details are accurate in order to receive payment from Primary Care Reimbursement Service (PCRS). PCRS is responsible for making payment to pharmacies for all state funded medicines. Verifying ensures prompt and accurate payment and it vital to day to day activities within the community pharmacy setting.

Communication and interpersonal skills are also a key requirement in the role of the pharmacy technician. It is important to be able to develop

constructive and cooperative working relationships with others and have the ability to maintain these over time. Communication is core as nearly all tasks to be carried out involve some level of communication skills from providing information to supervisors, co-workers, and patients by telephone, in written form, e-mail, or in person.

Organisational and time management skills are often an area within a pharmacy which is difficult to control. As a pharmacy technician it is often necessary to prioritise work according to needs and demands. In some cases work has to be completed to a deadline but others can be scheduled for another time.

4.2. Hospital Pharmacy

Typical day in hospital pharmacy as a technician in aseptic services

My name is Nora and I work in the Aseptic Unit in a hospital pharmacy. Our unit consists of three rooms an office, a preparation room and clean room.

9.30am I start my day by washing my hands according to our hand washing guidelines. I then 'gown up' by putting on a pair of clogs, a hair net, a chemo protect gown and elbow length gloves. Then I enter through the preparation room into the clean room where our isolators are located.

We have two isolators one for making chemotherapy products and one for non-chemotherapy products. Both isolators have to be cleaned each morning. I clean down the entire inside of each isolator using alcohol spray and wipes. Once this is done I lay out and open agar plates inside the isolator. Agar plates are what we use to monitor growths in the isolator. We have 3 sessions for opening plates 10am to 12am, 12am to 2pm and 2pm to 4pm.

10am I come out of the inner clean room and into the preparation room, there is a transfer hatch that connects both rooms, it has two doors, a door in and door out. All items that are being transferred into and out of this room have to go through these hatches. So, I start to spray and wipe trays in through the 'in' hatch. These trays contain all the items that are needed to make up a particular chemotherapy for a patient that day. Each drug gets its own tray. So for example a tray may contain the drug, syringes, needles, fluid bag etc.

10.30 I go on my morning break

11.00 When I return we will normally have received phone calls from the nurses on the inpatient and day ward to inform us of patients who are to get treatment, once we get this 'go ahead' I wash my hands and gown up, enter the inner room and sit into the isolator and reconstitute the chemotherapy. A pharmacist must do several checks before the product is made. So, for

example if I am making an infusion bag, I will draw up the chemotherapy into a syringe up to the required volume, a pharmacist will check this volume, check the vial to see that it's the correct product and expiry date. She will also check the infusion bag. Then I will put the content of the syringe into the bag. I will place the product into the tray and send it through the 'out' transfer hatch to the preparation room where the pharmacist will label and check the bag before releasing the product. I normally have a busy morning making up products until 1pm.

12.00 I will close the agar plates I opened at 10.00 and I will open more for the second session.

1pm I will go on lunch.

2pm. Normally most of the chemotherapy is made by lunch time, but there will still be products to be made after lunch. After lunch I will always get organised for the following day. Once a pharmacist has checked the prescriptions I decide what we will make in house and what we will order. Some products are ordered from outside companies. I'll order these items by filling out an order form with patient and product details, I will generate an order number from the computer system and then fax the order to the company. Then I will book all the items on each prescription out on the computer, I write a label for each product to be made and set

up a tray with all items necessary to reconstitute that item. This tray is left out with the prescription on top so that the pharmacist can check the label against the script. Once checked they are ready for the following day. I check our patient diary and make sure I have all the patients trays pulled out for the following day.

3pm The agar plates from the week before have to be checked for any growths, all results are recorded. If we have a growth we can send this plate to the lab to be analysed.

3.30pm I go on my evening break

3.45pm There are many housekeeping duties to be done in the evening, like filing prescriptions, stocking up on supplies in the unit for example alcohol spray, wipes, syringes, needles etc.

4pm I will close the last set of agar plates, I will place all the plates into an incubator, they have to stay here for five days before we can check them.

4.15pm Once a week we do a drug order. And every couple of weeks we do a stores order.

4.30pm Stock control is very important, we always rotate our stock, check expiry dates and make sure that our stock levels are the same as what's on our computer system.

My day finishes at 5pm.

Typical day in hospital pharmacy as a technician in aseptic services and dispensary

Marie works in a busy hospital pharmacy department as a technician. Marie's role is divided between oncology and dispensary duties. Due to staff shortages we are not operating a full time cleanroom. The Cleanroom is open on Tuesday and Thursday mornings for compounding chemotherapy for day case patients.

Monday mornings/ Wednesday mornings and Tuesday/Thursday evenings I spend in the dispensary this involves:

- Checking off orders, sending orders and filling requisitions that the nurses have ordered for the wards, making any extemporaneous products if required i.e.; a variety of creams, BMX mouthwash etc...and any allocated paper work.

Monday and Wednesday afternoons I prepare for all the patients receiving chemotherapy the following day in the Oncology Day Ward.

- Firstly I collect the prescriptions from the Oncology Day Ward which the nurses have assembled
- There is a 'shared folder' which can be accessed by Pharmacy and Oncology only, on this is a list of all the patients due in on specific dates. I print the relevant date and make sure I have been given all the correct prescriptions,
- Due to our heavy workload we

also order in some compounded chemotherapy from two separate compounding companies. The cheaper items are bought and we make the more expensive items. We only have a maximum of 24hour expiry on all our compounded products made where as these compounding companies has a much longer expiry as they have a licence to do so.

- I complete our own in house worksheet which is a record of everything we make (for e.g.: patients name, drug/s required, patients dose, volume required, batch number/expiry date etc...) All these worksheets are all kept on file.
- I check to make sure the patient is due; dose is correct and calculate the required ml of drug needed.
- I process all these prescriptions through our Clinichemo system, the trays are then assembled and one tray is used per drug.
- Each tray contains fluid bag, drug, needle, syringe, a label with pt.details, drug name and the required volume of drug to be put into the fluid bag).

The Pharmacist then checks that the above is correct and we are then ready to compound the following morning at 9am.

Every Monday afternoon there is a Pharmacy/Oncology nurses/Oncology consultant meeting. I and the rotating pharmacist attend this meeting, all the patients that are coming in that week

and any other issues are discussed. We know mostly in advance if a patient is unwell and may not be receiving treatment that week.

Tuesday and Thursday mornings until lunchtime I and another technician compound the chemotherapy.

- Before we can begin compounding the isolator must be cleaned down and everything entering the isolator must be sprayed and wiped with wipes both containing isopropyl alcohol. This process takes about 45 minutes.
- We have an in house tech-tech accredited system which means the relevant technicians can check each other's compounded volumes before placing in the fluid bag. This accreditation is monitored on a regular basis.
- We compound one item each at a time and once it's completed it is then transferred out of isolator and through the transfer hatch which leads to the prep room.

The pharmacist does her final check and packages all items individually. This is then delivered to the Oncology Day Ward by the pharmacy porter.

At the end of the session the Isolator must be cleaned as per our pharmacy SOP.

Every Friday I complete our chemotherapy order which we send to both compounding companies. The most competitive price decides which company we order the drug from. This

order is done a week in advance to give the relevant company enough time to compound the order.

The above order is double checked by the pharmacist and then sent to the company.

A copy of this order is also given to the oncology nurses, so it is clear what is ordered and what we will be compounding.

Our working hours are 9–5pm Monday to Friday with a Half hour morning break and one hour lunch break.

Core Expectations of a Pharmaceutical Technician in Hospital Pharmacy

Basic Grade Pharmaceutical Technician: Duties and Responsibilities
Under the general direction and control of the Senior Pharmaceutical Technician, the Basic Grade Pharmaceutical Technician will be responsible for:

- Participation in the supply of drugs, pharmaceuticals and other related items as may be required (i.e. inpatient and outpatient dispensing, extemporaneous dispensing, OTC supply)
- Participation in the training structure and adherence to the specific procedures designed for Basic Grade Pharmaceutical Technician
- Participation in the organizing and assisting in the day-to-day workflow in the pharmacy department i.e. prioritizing work on a daily basis as per the training

- Participation in the purchase, storage, and management of pharmacy stock at pharmacy and ward level (includes date checking and stock ordering)
- Processing and documentation control i.e. reconciling of prescriptions (out-patient), invoices etc.
- Answering any pharmacy related questions from members of hospital staff or public within the scope of practice and under the direct supervision of the pharmacist in charge
- Participation in the provision and development of a ward pharmacy service i.e. ward stock 'top ups' (ordering and delivering ward stock items)
- Participation in the dispensing and restocking of specialist kits i.e. HIV kit, anaphylaxis kit and resus trolley at ward level
- Participation in continuing education and educational activities consistent with the post
- Participation in training in specialized posts e.g. purchasing, aseptic compounding, as required
- Attendance and participation at regular dispensary and technician meetings. To keep up to date with the minutes of meetings that were missed
- Ensuring that personal duties are handed over to an appropriate staff member in the event of leave etc.
- Recommendations to the Senior Pharmaceutical Technician in their area as to how pharmacy methods and procedures can be improved upon in the interest of best practice and patient care
- Active participation in non-punitive medication error reporting and the good catches system of reporting
- Familiarity and adherence with all policies and procedures relating to the practice of pharmacy in the designated hospital
- Performance of other duties appropriate to the post as may be assigned by the Senior Pharmaceutical Technician or Chief II Dispensary Pharmacist
- The work performance of the post holder will be subject to Performance Review and Development every three months during the probationary period (usually 12 months) and thereafter annually. This is carried out by the Senior Pharmaceutical Technician.
- The above duties are organized in a rotational manner therefore skill mix and flexibility are essential requisites to ensure optimal performance levels

Specialised duties for chemotherapy compounding unit:

Under the general direction and control of the Senior Oncology Technician the Basic Grade Pharmaceutical Technician will be responsible for:

- Participation in the organizing and assisting of the day-to-day workflow in the aseptic compounding unit i.e. prioritizing work on a daily basis as per the training
- Participation in the specialized activities such as aseptic dispensing,

cytotoxic reconstitution, complying with quality control standards, validation activities, environmental monitoring (micro).

- Participation in stock control i.e. stock isolation, stock levels, checking expiry dates, ordering stock and stock storage at the unit and oncology ward level.
- Participation in the provision and development of a ward pharmacy service e.g. transporting of chemotherapy and ward top-up service.
- Answering any pharmacy oncology related queries from members of staff within the scope of practice and under the direct supervision of the pharmacist in charge
- Participation in the development and updating of the standard operating procedures and policies for the aseptic compounding unit
- Participation in the training schedule for new staff coming into the compounding unit including completion of the training manual and the sharing of knowledge and experiences gathered both on the job and from external sources
- Participation in the dispensing and restocking of specialist kits i.e. extravasation kits and cytotoxic spill kits
- Processing and documentation control i.e. billing drugs to patients and filing

Other requirements include: safety, health and welfare at work; interdepartmental/interdisciplinary relationships; confidentiality

Senior Pharmaceutical Technician Purchasing:

Duties and responsibilities
Under the general direction and control of the Chief II Pharmacist dispensary, the Senior Pharmaceutical Technician Purchasing will be responsible for the following:

- Participation in the activities and duties set down for basic Grade Technicians
- Managing and supervising pharmacy procurement ensuring stock is maintained at pre-agreed stock levels
- Notification of storage requirements of all drugs coming into the pharmacy to pharmacy staff and ensuring that they comply with specific storage instructions, safe transit and security etc.
- Prioritizing, organizing and managing the daily workflow for the purchasing basic grade technician and ensuring that local policies, procedures and systems are adhered to
- Train the purchasing basic grade technician and purchasing clerical officer into their respective roles and supervise/manage in their duties
- Be responsible for purchasing policy development and improvement
- Supervise the optimization of product purchase with respect to maximizing buyer discount through contract negotiation and deal brokering (drug reps meetings)
- Work with fellow senior technicians to maintain minimum product stock levels held in pharmacy

- Supervise the order system within the pharmacy to streamline the efficiency of the purchasing team
 - Act as a liaison with finance and accounts departments in relation to purchasing matters
 - Act as an IT liaison in relation to purchasing computer system – both in existence and development
 - Conduct performance review and development of the purchasing basic grade pharmaceutical technician
 - Observe and report to the Chief II Pharmacist any unusual situations, occurrences, conditions or complaints including those related to drugs, drug requests, drug usage or security within the pharmacy or hospital
-

5. Legislation Affecting Pharmacy Practice in Ireland

◆ Major developments have occurred recently particularly in the last decade in relation to legislation and regulations affecting pharmacy in Ireland. The most significant was the Pharmacy Act 2007. The purpose of the legislation is to protect the public. Also as a result the profession has consistent levels of services provided and thus enhance the satisfaction of patients who use both hospital and community pharmacies.

Legislation in relation to pharmacy includes:

- **Medical Preparations Legislation**
The Medicinal Products (Prescription and Control of Supply) Regulations 2003 were introduced in order to consolidate and update controls applicable to the prescription and supply of medicinal products. It was introduced in November in 2003 and has had various amendments since. This law essentially controls the

availability of certain medicines which are considered to require professional selection and advice on their use. It describes the controls applicable to medicines that are only available on prescription and to those which are exempt from prescription control. Another facet of this legislation is the system of supply and classification of medicinal products for release onto the Irish market.

- **Controlled Drugs Legislation**
The Misuse of Drugs Act was introduced in 1977 and was aimed at defining the conditions which controlled drugs may be produced, possessed, supplied, imported or exported. The main purpose of the Act and its subsequent amendments is to criminalise the non-medicinal use of the substances listed in the Act, to penalise those in breach and to ensure that Ireland is able to meet its obligations under various

international conventions. In 1988 the Misuse of Drugs Regulations were introduced and essentially these regulations apply varying controls to groups of controlled drugs called Schedules.

● **Pharmacy Acts and Regulations**

In recent times the most significant piece of legislation introduced was the Pharmacy Act 2007. It introduced new standards of governance, fitness to practice and registration of pharmacists and pharmacies. This act focuses on having a modern accountable and efficient system of regulation. This Act was enacted in order to protect people who are vulnerable as a consequence of illness and resulting in a pharmacy structure that is accountable.

● **Irish Medicines Boards Legislation**

The Irish Medicines Board (IMB) was set up in 1996 following the Irish Medicines Board Act 1995. The IMB has the power to grant product authorisations as well as manufacturing and wholesaling licenses. In addition the role of the IMB is to handle various matters in relation to drug safety, including collection, assessment and dissemination of adverse drug reports. It also obtains and assesses information about the safety of new and reformulated drugs and advises the Minister for Health on the sale and supply of medicines.

● **Health Amendment Act**

Under the Health (Amendment) Act 1996 certain health services are made

available without charge to persons who have contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin – Anti D or the receipt within the State of another blood product or blood transfusion. General Practitioner services, pharmaceutical services, dental services and optometric/ ophthalmic services provided under the Act are paid for by the state (PCRS).

● **Data Protection Acts**

Under the Data Protection Acts 1988 and 2003 pharmacists who hold patient medication records on computer must register with the Data Protection Commissioner. The 2003 Act also outlines the circumstances where information may be disclosed by a pharmacist without permission.

● **Employment Legislation**

Employment Law is a complicated area but it is important for both employee and employer to be familiar with the basics. The main areas of importance are covered in the following Acts:

- > Minimum Notice and Terms of Employment Acts 1973 to 2001
- > Terms of Employment (Information) Acts 1994 and 2001
- > Unfair Dismissals Acts 1977 to 2001
- > Organisation of Working Time Act 1997
- > Redundancy payments Acts 1967 to 2007
- > Maternity Protection Act 1994 and 2004 & Adoptive Leave Act 1995 and 2005

- > Protection of Young Persons (Employment) Act 1996
- > Protection of Employees (Fixed-Term Work) Act 2003 and (Part-Time Work) Act 2001
- > The Payment of Wages Act 1991
- > Employment Equality Act 1998 and Equality Act 2004
- > National Minimum Wage Act 2000

This guide does not have the scope to cover all of these Acts in detail. If you require further details a comprehensive outline is in the IPU yearbook which if your placement pharmacy is a member of the IPU will be able to furnish you with.

• **Health & Safety Legislation**

The Safety, Health and Welfare Act 2005 Act applies to all workplaces not just community and hospital pharmacies. This act outlines the requirements for the control of health and safety at work in conjunction with the management, organisation and systems of work necessary to achieve this. The Act also allows for the enforcement of the procedures to achieve these goals. This Act sets out the responsibilities and duties of both the employees and employers.

• **Waste Management Regulations**

An intensive programme of regulatory updating has been carried out under the 1996 Act. These Regulations address matters such as waste planning, producer responsibility obligations, the movement, transshipment and general control of

hazardous wastes, and public access to information, as well as waste licensing and permitting.

• **Consumer Protection Legislation**

In Ireland, the rights of consumers of goods and services are protected by Irish and EU laws. Consumer law aims to ensure that consumers have enough information about prices and quality of products and services to make suitable choices on what to buy. Consumer law also aims to ensure that goods are safe and are manufactured to an acceptable standard. Consumer contracts are protected by the **Sale of Goods and Supply of Services Act, 1980**. Consumers are entitled to information which protects them from false claims about goods, services and prices under the **Consumer Protection Act 2007**.

Pharmacovigilance

Pharmacovigilance is the process and science of monitoring the safety of medicines and taking action to reduce the risks and increase the benefits of medicines. It is a key public health function.

The legal framework of pharmacovigilance for drugs marketed within the EU is provided for in **Regulation (EC) No 726/2004** with respect to centrally authorised medicinal products and in **Directive 2001/83/EC** with respect to nationally authorised medicinal products (including those authorised through the mutual recognition and decentralised systems).

In addition, detailed guidelines, definitions, standards and information regarding the precise execution of pharmacovigilance-related procedures are to be found in a number of guidance documents. The current system of pharmacovigilance in the EU is complex and there is potential for duplication of effort, as well as the potential for confusion of responsibilities. This is particularly true now with the introduction of innovative products, some utilising innovative technologies. Pharmacovigilance in Ireland is the remit of the Irish Medicines Board but is controlled under the relevant directives set out by the EU.

Pharmaceutical Society of Ireland

The Pharmaceutical Society of Ireland (PSI) is an independent statutory body, established by the Pharmacy Act 2007. It is charged with, and is accountable for, the effective regulation of pharmacy services in Ireland, including responsibility for supervising compliance with the Act. It works for the public interest to protect the health and safety of the public by regulating the pharmacy profession and pharmacies. The PSI regulates the professional practice of approximately 4,500 pharmacists, 550 pharmaceutical assistants and 1,700 pharmacies.

The main role of the PSI includes:

- registration of pharmacists and pharmacies;
- improving the profession of pharmacy;

- accreditation of educational programmes for the pharmacy profession at different levels;
- quality assurance of standards, and the development of pharmacy practice;
- inspection and enforcement, including the taking of prosecutions;
- handling complaints and disciplinary matters, including the imposition of sanctions;
- provision of advice to the Government on pharmacy care, treatment and service in Ireland

Future of Pharmacy in Ireland

The pharmacy sector in Ireland is currently going through a period of transition brought about by the introduction of the Pharmacy Act 2007 and the changing economic climate. All pharmacy staff roles are expanding in order to provide a better and efficient service based on appropriate training and experience.

It is envisaged in the near future that generic substitution and referencing pricing will be introduced into the sale and supply of prescription medicines in Ireland. This is currently standard practice in many other European countries. This will pose both an opportunity and a challenge for the pharmacy sector especially all staff working in community pharmacy.

In 2011 Irish pharmacists provided the flu vaccination to customers. It is hoped that the success of this will allow for

further development of this service in the future.

Currently medicines use review pilots are being carried out in community pharmacies in Ireland. As a result of the pilots a structured format will be developed and once agreed payment methods are negotiated with the HSE this service will be rolled out in pharmacies.

Health promotion is also a rapidly expanding area especially as the open door policy that pharmacies operate allows for customers to use pharmacies as their first choice on healthcare advice. Pharmacy provides a convenient

environment to assist patients with queries, screening and deliver services such as smoking cessation.

The major emerging role in hospital pharmacy for technicians is the emergence of accredited checking technicians. The scope of this role is to accredit technicians to carry out the final accuracy check of dispensed items clinically approved by a registered pharmacist. The does not seek to replace pharmacists but to allow an appropriate skill-mix that will enhance the pharmaceutical care of the patient and use the knowledge and skills of both technicians and pharmacists more effectively.

6. References

www.ipu.ie

www.thepsi.ie

www.hse.ie/eng/Staff/PCRS/Contractor_Handbooks/PCRS_Handbook_for_Pharmacists.pdf

www.irishstatuebook.ie

www.dataprotection.ie

www.employmentrights.ie

www.iacpt.ie

7. Glossary

DoH – Department of Health

DPS – Drug Payment Scheme

FAS – Foras Aiseanna Sothair (Training & Employment Authority)

FETAC – The Further Education and Training Authority

GMS – General Medical Service

GP – General Practitioner

HEA – Higher Education Authority

HETAC – The Higher Education and Training Awards Council

HSE – Health Service Executive

IPU – Irish Pharmacy Union

LTI – Long Term Illness

MCA – Medicines Counter Assistant Course

NFQ – National Framework of Qualifications

OTC – Over The Counter Medicines

Owing – When a pharmacy has insufficient stock to compile a prescription so the customer is ‘owed’ some remaining stock at another time once stock is received by pharmacy

PCRS – Primary Care Reimbursement Services

PSI – Pharmaceutical Society of Ireland

Acknowledgements

This handbook has been produced by Mrs. Sarah Magner and Mrs. Majella O'Driscoll who offer grateful thanks to the following for their guidance, support, donation of appropriate materials and proof reading for accuracy of this package of information.

- **Group of medicine counter assistant students of St. John's Central College**

- **Birmingham Metropolitan College**
Mr. Robert Biggs and Mrs. Karen Socci

- **Helsinki Vocational College, Welfare Sector:**
Mrs. Asta Lehtinen, Mrs Kirsi Rosenqvist and Mr. Matti Remsu
Students of HVC: Ms. Charlotta Dillström and Ms. Mari Laine

- **Kellebeek College:**
Mrs. Angela Deelen and
Mrs. Gerda van der Meer
Students of Kellebeek College: Ms. Lotte de Bruijn, Ms. Iris Jacobs, Ms. Daisy Schot, Ms. Natasja Tump, Ms. Joany Konings, Ms. Stephanie Melkert, Ms. Marie-Louise Hoekstra, Ms. Tessa Timmers and Ms. Jennifer Vrede Ms. Kareshma Elmi and Ms. Daristan Benaf

- **Srednja šola za farmacijo, kozmetiko in zdravstvo:**
Mrs. Katarina Vrhovnik and
Mrs. Ljubica Gabrovsek
Students of SŠFKZ: Ms. Ema Ciber and Ms. Katja Horvat

- **Tallinn Terviskoju Kõrgkool:**
Mrs. Merle Kiloman and Mr. Alar Sepp
Students of TTK: Ms. Kristi Lemmik, Ms. Liis Märss and Ms. Karolin Nömm

- **Coordination of the project:**
Mr. Matti Remsu,
Helsinki Vocational College
- **Editing and layout:** Rhinoceros Ltd

All materials of the project are downloadable for free from partner colleges' websites:

- www.bmetc.ac.uk/home.aspx
- <http://hesotenet.edu.hel.fi/english/etm2/pharlema/index.htm>
- www.kellebeek.nl
- www.ssfkz.si
- <http://www2.stjohnscollege.ie/>
- www.ttk.ee

Copyright is the property of all partnership colleges represented by St. John's Central College, Ireland. Altering of the materials is prohibited without permission from the partnership group represented by St. John's Central College.