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FEBRUARY 2020

GENERAL PRACTICE -WHY IS IT THE PLACE TO BE?



The clearest sign that the GP Clinical Pharmacist is a valued and integral part of the MDT is the fact that every practice in England will now have access to a practice pharmacist as part of their Primary Care Network (PCN). Furthermore, the new GP Contract announced in February 2020, has increased its funding to 100% reimbursement of the roles (it was previously 70% as per the NHS Long term plan). This is an irrefutable acknowledgement that pharmacists are well-placed clinically to displace a great deal of GP workload.

It's not just in England, however, and this phenomenon is even more advanced in Northern Ireland, Scotland and Wales - all investing heavily in the role. It's an exciting time indeed and with the predictions of 5,000-7,000 GP Pharmacists set to be in position in the next five years, is it really the place to be?

Why do people want to work in general practice?

Irrespective of your background, whether community, hospital or other, working in general practice can be a challenging and fulfilling career. Pharmacists are making the transition into general practice because:

- They can utilise their clinical & patient-facing skills
- They can apply their medicines expertise
- Most will be independent prescribers
- Variety and breadth of work
- Scope to build depth of expertise
- They become integral part of a multi-disciplinary team (MDT)
- More sociable working hours

Aspiring and Inspiring Practice Pharmacist Work stream at the CPC2020

Soar Beyond has been a trusted provider of practice pharmacist services for 13 years and an innovator of the GP Clinical Pharmacist role.

We are sharing three key services at CPC that are dedicated to supporting the GP Clinical Pharmacist to be successful.

1) i2i Network - FREE bespoke training workshops and online implementation resources to manage longterm conditions.



- 2) SMART Platform supporting organisations and practices who have or are recruiting clinical pharmacists Primary Care Networks to be more effective.
- 3) Aspiring Practice Pharmacist e-learning programme for pharmacist from a cross-section of sectors who are wanting to secure a role in general

For the third year running, we will be partnering with, as well as speaking on both days and running 'upskilling clinics' for the practice pharmacist, we are delighted to be an educational partner running 'upskilling clinics' in various LTCs. Come and see us on stand D15 to find out more about the above services and how we can help your career, upskilling and development as a general practice pharmacist.

For more information, please see i2ipharmacists.co.uk or smart-pharmacist.com

PRIMARY CARE **NETWORKS IN 2020: HOW** WILL THEY HELP **BOOST PATIENT OUTCOMES?**

The Primary Care Network (PCN) is the cornerstone of the new five-year GP contract and both GPs and community pharmacies are rewarded for engaging.

A PCN consists of groups of general practices working together with a range of local providers - including across primary care, community services, social care and the voluntary sector. The changes will support General Practice when there is a serious shortage of GPs, but the stated goal is to obtain greater collaboration across general practice and the wider NHS to deliver more integrated and personalised care.

The additional funding will help to stabilise general practice and will significantly increase the workforce, bringing in a range of new roles. There are already a significant number of clinical pharmacists working in general practice, but that number is set to increase to support the PCN in the delivery of the PCN directly enhanced services, the first five of which are due to start in April 2020 (see Box 1). The number of pharmacists required is huge, perhaps 7,500, so PCNs may consider joint appointments, rotations and other innovative arrangements to attract the right people.

Pharmacists should consider the wider links in the system as they begin to deliver these services. For example, the structured medication review service is an obvious opportunity for pharmacists to be involved with delivery. They will be expected to have a prescribing qualification, advanced assessment and

Continued on Page 2 ▶

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About CloserStill Media

CloserStill Media specialises in global professional events, within the technology, medical and healthcare markets. The healthcare portfolio includes some of the UK's fastest-growing and award-winning events, such as the Pharmacy Show, Health Plus Care, Best Practice and The Respiratory Show. CloserStill delivers unparalleled quality and relevant audiences for all its exhibitions.



CloserStill

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PRIMARY CARE NETWORKS IN 2020: HOW WILL THEY HELP BOOST PATIENT OUTCOMES?

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history taking skills. This service is expected to signpost patients to healthy living pharmacies and align with the New Medicines Service and the yet to be implemented Medicines Reconciliation Service. Pharmacists will take a central role in medicine safety and ensuring that patients get the best from their medicines and working across traditional boundaries is essential.

The community pharmacy consultation service aims to manage patients with a minor ailment or require an emergency supply of medicines. As this service expands, pharmacies will be able to take referrals from General Practice. There are an estimated 20 million appointments in General Practice that do not require a GP and a selection of these could be electronically referred from General Practice to Community Pharmacy. The range of patients managed in Community Pharmacy will increase over time.

Integration between General Practice and Community Pharmacy will increase to deliver clinical services on a joint basis. Many pharmacies already measure blood pressure, but in the future, regular management of cholesterol and measurement of cardiac rhythm will be commissioned by the PCN as part of their DES. A PCN that integrates with community pharmacy can more than double the points of contact with its population. This may not be the only opportunity for PCNs to drive services with employed pharmacists in association with community pharmacists. There will be no reason why

a PCN could not commission a variety of services from community pharmacies.

Pharmacists may play an important role in tackling inequalities. Their position in and relationships with their local community provides an understanding of public health and social care needs.

Clinical training requirements for all pharmacist will increase and joint training across. Primary care will become commonplace. Pharmacists in all sectors are expected to take on more clinical roles, delivering more one to one care for patients in a variety of places. As pharmacists push forward the boundaries in both clinical service delivery and service management, we must ensure that there are always the training programs available to support pharmacists expanding their scope of practice.

Today, pharmacists are doing more than ever and the new scope of practice is always expanding. It is an exciting time to be a pharmacist and the new contracts offer plenty of opportunities.

Join us at CPC in June and get valuable insights on PCNs by attending the Primary Care Theatre. Programme is coming soon.

GP directly enhanced services

Box 1

- Structured medication reviews
- Enhanced health in care homes
- Anticipatory care
- Personalised care
- Supporting earlier cancer diagnosis
- CVD prevention and diagnosis
- Tackling neighbourhood inequalities

STRUGGLING TO RECRUIT NEW TALENT FOR YOUR PHARMACY TEAM?

Clinical Pharmacy Congress (CPC) is the UK's most significant event dedicated to the clinical pharmacy, attracting more than 3,000 pharmacy professionals from across the nation. Many of our delegates use the Congress to network with potential new employers and find inspiration to take the next step in their career. We have seen a sharp increase in recruitment companies, and NHS Trusts utilising the event to promote what their Trust can offer, to get face to face with potential recruits so we wanted to make sure this avenue was on your radar.

CPC puts clinical pharmacy professionals from across hospitals, CCG's and general practices at the heart of the exhibition. The programme is run very differently from other conferences. The lecture theatres are placed in around the exhibitors. Regular networking breaks encourage face-to-face interaction throughout the two days, by giving you ample opportunity to engage with potential recruits.

Exhibiting at CPC would enable your organisation to educate these pharmacy professionals on the benefits of working with you and the opportunity to upgrade their skills to facilitate a career progression.

Do you know if your department needs to recruit? Get in touch with **Dwaine** on **024 7671 9685** or email **d.giltrap@closerstillmedia.com**

FOR MORE INFORMATION ON HOW TO GET INVOLVED WITH CPC 2020, CONTACT LAURA SHAPIRO TODAY ON T: 0247671 9681 E: L.SHAPIRO@CLOSERSTILLMEDIA.COM





THE GREAT PHARMACY IDENTITY CRISIS

If we, as pharmacists, don't fully understand our identity – which I think we don't – then we should not be surprised when the general public doesn't either.

There was then a flurry social media activity.

Outrage. Shock. Disgust.

And probably rightly so. We are all quick to jump in and I'm afraid to say on this occasion I took the bait. The response to the



#whatwedoinpharmacy hashtag has provided some short term optimism but when I reflect on where the power really sits in the profession of pharmacy I realise that this is nothing but a brief flash in the pan.

That said a fire needs a spark.

The trouble is as pharmacists I don't think we have ever been able to operate autonomously within the healthcare system. For years we have been passengers. Our job has been to be the healthcare goalkeeper or more recently free up GP time. We have come a long way across a number of sectors but in my view, in recent years we have never been able to confidently get on the front foot.

Any progress made has been down to the selfless effort of the talented minority. Imagine how things could accelerate if we were all on the same page working to a common goal.

The systems within which we operate are designed for another time. The impatience played out in wider society is I feel seeping into our profession. Not before time in my view.

So what is the result of being pushed around for years?

Well, I think pharmacists have largely lost their professional identity to such an extent that we now exist to serve our respective commercial masters. Employer led practise and education. The apprenticeship debacle was a cracking example of how far we have veered off track.

What on earth is a pharmacist?

I had a very **interesting conversation** on this very topic with a colleague recently on our **podcast**. We are both experienced pharmacists and we drew a blank in terms of making a stab at answering this one.

This is one of many problems. For years we have had the opportunity to carve out a professional identity for ourselves. But alas if you mention the term 'pharmacist' the general public will likely replace that noun with 'chemist' and make an immediate association with the retail environment. All sectors are to some extent tarred with this brush, unfortunately. The nuanced skill and expertise of a highly specialist consultant pharmacist is lost on the general public.

But a consultant physician is someone who is very important in their eyes. This is another problem.

Recent history has actually been very kind to the profession of pharmacy across a number of sectors.

In 1948 the then Health secretary launched NHS. This move entitled people to free prescriptions, and therefore drastically increased dispensing volumes within community pharmacies. It heralded a hitherto unprecedented level of investment in the community pharmacy sector and has since driven the growth of a thriving community pharmacy sector. I feel this fact is

often forgotten or not mentioned today.

The **Nuffield report** 'cautiously' suggested that, for the first time, community pharmacists might give advice to the general public from community pharmacies.

In recent years many have hailed Scotland as the visionary centre for innovation in community pharmacy practice. And I would agree with this. **The Right Medicine** was an excellent document and took many of the themes from the Nuffield report and began to create a plan to apply these principles using the concept of **pharmaceutical care**.

The Right Medicine document was ahead of its time. These moves were the pre-cursors to **Prescription for Excellence** and most recently **Achieving Excellence in Pharmaceutical Care**.

I have succumbed to my Scottish bias here but I think we have been lucky north of the border that the Prescription for Excellence document was genuinely visionary. For example, it stated that every pharmacist in Scotland should be a prescriber.

When was the last time you read ambitious visionary rhetoric like this? Nope, I can't remember either.

But leadership, even here in Scotland, is still coming from outwith our profession. In the last 60 odd years, the Government both north and south of the border has been one of our best advocates. How fickle this support is now proving to be.

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Continued on Page 4 ▶

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THE GREAT PHARMACY IDENTITY CRISIS

◀ Continued from Page 3

The Government appear to have called time on the growth of the contractor model in favour of the technology-driven players pouring into the supply market. Click and collect with little or no pharmaceutical care. This approach is happening at pace in England but will likely follow elsewhere.

Yet another problem. I have veered towards an extremely brief curated history of community pharmacy but needless to say, there have been great strides in other sectors too not least academia, hospital practice and more recently activity by pharmacists in general practice.

Hospital pharmacy has forged ahead in recent times. Those talented individuals in the hospital sector have forged their careers by adding value and giving excellent advice. Pharmacists on ward rounds is now a thing. The early adopters of pharmacist prescribing were largely based in hospitals too.

The most recent political rouse has been the attempt to circumvent community pharmacy and place pharmacists directly into general practice. Honestly, if I hear one more time that the primary role of the pharmacist is to relieve the pressure on GPs I think I might spontaneously combust.

As the post-1948 supply function for pharmacists diminishes further where does this leave our collective identity?

Well, I don't think the public has a firm understanding of what a pharmacist does and this is 'our' fault. We need to look to ourselves and the decisions 'we' have made

Selling make-up, homoeopathy and more recently CBD products have not served us well as we strive to carve out a more advice-driven role for the profession. I bet if the general public is asked what a pharmacist does they will probably think of the larger community pharmacy company logos.

Should we continue to sell sub-therapeutic codeine over the counter and is WWHAM really fit for purpose in the era of the expert patient?

I feel the progression of our profession has largely been as a result of individuals existing in a system designed for and protected by medics or others and not geared up to put the pharmacist at the centre of the myriad of activities we now take part in. Given the demographics and epidemic of polypharmacy, this situation really needs to urgently change.

Unfortunately, the reason for this confused identity mess is largely down to the commercial pressures that have so far dominated the activity of the pharmacist. It is my view that a registered healthcare professional it is fine to engage with commercial organisations but we must make decisions within that interaction that support the patient who should be at the centre of everything we do. I'm not perfect. I need to put the dinner on the table like everyone else but those who know me well know that I think deeply about these decisions and try to do the right thing.

Follow the money and you will begin to understand the mess we find ourselves in. The large community pharmacy companies have had an influence on the top of our profession for decades. A profit-driven approach is fine to a point but the shareholder will always win. This is an important point because community pharmacy teams have become deskilled as a result of a long term lack of investment in the development, particularly of pharmacists.

Just compare the GP trainee career pathway with that of newly qualified community pharmacists and it becomes clear.

The result is a confusing picture of a profession struggling to find its core underlying visceral identity. Previous to the inception of the NHS pharmacists diagnosed, compounded and treated patients on the high street. They were out front talking to and engaging with their clientele. The cash injection and resultant supply function role after the NHS got up and running meant these industrious souls beat a retreat through the hatch into the mysterious world of the dispensary.

Everything has changed yet nothing has changed in pharmacy.

So what next?

Well, I think we need to come together probably in a way that we have not seen before. I wonder are the days of paid membership to a professional organisation almost numbered. Is there a subscription led charity type union professional body hybrid about to emerge?

Probably not but I think something has to change because it is quite clear that the status quo does not suit many, except those of course who have held privileged positions for years within the establishment as we have come to understand it.

We have no universal identity and therefore the general public has not got a clue what is going on. Perhaps those people who describe the role a pharmacist in a demeaning way are actually doing us a favour.

"Barefoot doctors."

"All they do is put labels on boxes."

"There they are selling make-up in their chemist

Who is responsible for this lamentable state of pharmacy affairs? Follow the money and you will see.



Johnathan Laird is a pharmacist who remembers his own identity most of the time.



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I already had some experience, but the online training was useful for me as I don't think I was trained particularly well during my induction."

It was very helpful, insightful and an eye-opening training, I learnt a lot. Thank you! >>

cl enjoyed myself thoroughly during the workshop and I hope there will be many more to

come))







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RIGHTBREATHE: A NEW DIRECTORY FOR RESPIRATORY DISEASE TREATMENTS

There are more than 120 inhaler devices and drug combinations licensed for the treatment of respiratory diseases in the UK and it can be challenging for clinicians and patients to identify the product which best meets individual needs. RightBreathe is a web-based resource which provides detailed information on all UK-licensed inhaler products. It is designed to support joint decision-making about product choice and to facilitate appropriate prescribing.



Choosing and matching the device to the needs and abilities of individual patients is critical to successful treatment as is teaching patients how to use it properly. There is firm evidence that patients who do not use their inhaler correctly do not achieve the maximum possible benefit from their treatment. The technique required varies between different types of devices and may vary between devices of the same type. RightBreathe provides links to a comprehensive range of videos which teach optimal inhaler technique for every device, helping patients to achieve the best possible outcomes from their treatment.

RightBreathe was created by NHS pharmacists and doctors for NHS patients. It is now funded and maintained by the NHS London Procurement Partnership with the oversight of a multiprofessional steering board. Make and Ship, the development partners who built RightBreathe, continue to provide technical support for the portal.

The app is available for free on Google Play Store and on the Apple App Store. Why don't you download the app and meet us at our stand A13 for a demonstration of the portal?



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MORPH NATIONAL TRAINING PROGRAMME For Primary Care, CCG and Practice Based Pharmacists



MORPh Training has a growing reputation for delivering high quality training for Primary Care, CCG and Practice Based Pharmacists. They are pharmacist-managed and led, with directors' Dr Duncan Jenkins and Rachel Jeynes, complementing their own expertise with a growing team of associates from the NHS.

2019 proved to be another triumphant year for MORPh, seeing a record breaking 2,055 Pharmacists complete training on several therapy areas including Mental Health, Cardiovascular, Laboratory Tests and many more at study days across the UK.

MORPh Training will once again be at the Clinical Pharmacy Congress, where pharmacists will be able to discuss their training needs and requirements, as well as view the latest events in the MORPh study day and masterclass calendar for 2020. This year will also see MORPh have their own lecture theatre alongside their stand, where they will be hosting a number of talks throughout the congress. The topics and speakers for these will be announced in the coming months.

For more information including 2020 study day dates, please contact alex@morphconsultancy.co.uk or visit www.morphconsultancy.co.uk

| 3rd March 6th March 9th March 10th March 11th March 16th March 26th March 27th March 28-29th March | Anticoagulants & Antiplatelets and the Emerging Role in Primary Care Management of Gastroenterology in Primary Care Diabetes Academy, Part 1: Managing Diabetes in Type 2 Patients Diabetes Academy, Part 1: Managing Diabetes in Type 2 Patients Deprescribing: Opioids and Other Drugs of Addiction Management, Treatment & Review of Cardiovascular Disease Deprescribing: Opioids and Other Drugs of Addiction Workshop TBA | London Birmingham Manchester Cardiff Ashford Nottingham Edinburgh Cambridge Reading Plymouth Birmingham |
|--|---|---|
| 1st April 3rd April 7th April 20th April 22nd April 23rd April | Anticoagulants & Antiplatelets and the Emerging Role in Primary Care Anticoagulants & Antiplatelets and the Emerging Role in Primary Care Diagnosis, Management, Treatment & Review of Asthma Management, Treatment & Review of Cardiovascular Disease Deprescribing: Opioids and Other Drugs of Addiction Deprescribing: Opioids and Other Drugs of Addiction | Manchester Birmingham London Leeds Lincoln Watford |
| 5th May 6th May 13th May 19th May 21st May | Diabetes Academy, Part 1: Managing Diabetes in Type 2 Patients Diagnosis, Management, Treatment & Review of Asthma Deprescribing: Opioids and Other Drugs of Addiction Diabetes Academy, Part 1: Managing Diabetes in Type 2 Patients Deprescribing: Opioids and Other Drugs of Addiction | London Birmingham Manchester Nottingham Reading |
| 2nd June 9th June 10th June 12th June 19th June 22nd June 25th June | Management of Ophthalmology in Primary Care Deprescribing: Opioids and Other Drugs of Addiction Diagnosis, Management, Treatment & Review of Asthma Perfecting the Structured Medication Review in Primary Care Diabetes Academy, Part 1: Managing Diabetes in Type 2 Patients Diabetes Academy, Part 1: Managing Diabetes in Type 2 Patients Perfecting the Structured Medication Review in Primary Care | London Cardiff Manchester Walsall Glasgow Preston Watford |
| 1st July 3rd July 7th July 10th July 14th July 15th July 16th July | Management of Gastroenterology in Primary Care Management, Treatment & Review of Cardiovascular Disease Perfecting the Structured Medication Review in Primary Care Diabetes Academy, Part 2: Managing Diabetes in Type 1 Patients Diabetes Academy, Part 1: Managing Diabetes in Type 2 Patients Perfecting the Structured Medication Review in Primary Care Diabetes Academy, Part 1: Managing Diabetes in Type 2 Patients | Manchester Bromsgrove London Bristol Leeds Leicester Guildford |

CANCER AND LONG-TERM THEATRE

Remarkable progress has been made in cancer medicine, making cancer a chronic disease rather than a fatal one. This has resulted in an increasing burden of cancer treatment complications. During a cancer journey through treatment and beyond, patients are likely to come into contact with a range of professionals from different specialities. Focusing on management approaches for patients with cancer and other co-morbidities, this new theatre aims to explore the changing landscape of cancer; towards multispeciality management, as well as commissioning and future considerations. You can look forward to:



Future/strategic theme: Future of cancer treatment

Nisha Shaunak, Lead Pharmacist tor Uncology Guy's and St Thomas NHS Foundation Trust Specialised Cancer Commissioning Pharmacist, NHS England (London region)



Introduction to Cancer and Co-morbidities - the role of pharmacy, digital platforms, evidence creation, and national screening programmes

Shereen Elnabhani, Associate Professor Oncology Pharmacy, Kingston University, London

Lisa MacLeod, Lecturer in Clinical Pharmacy Practice, School of Pharmacy and Life Science



Cancer and elderly care: De-prescribing in older cancer patients

Kavita Kantilal, Senior specialist pharmacist haematology and cancer services, Northwick Park Hospital

Kumud Kantilal, Postgraduate researcher, University of East Anglia



Cancer and Cardiac Health (Cardio-Oncology)

Emma Foreman, Consultant Cancer Pharmacist, Cancer Services

Alison Warren, Lead cardiac pharmacist, Brighton and Sussex University Hospitals NHS Trust



Commissioning theme: Can we afford a cure? How to pay for innovation with new medicines

Omar Ali, Visiting Lecturer, University of Portsmouth

Adam Buckler, eChemo Support Pharmacist / Education & Training, Royal Marsden Hospital



Cancer and Diabetes

Speaker tbc



Cancer and Pain management

Alleh Jonroy, Lead theatres and Surgical pharmacist, The Royal Marsden NHS Foundation Trust



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"A BEACON OF EXCELLENCE": UKCPA ANNOUNCE THE WINNER OF THE LIFETIME ACHIEVEMENT AWARD 2019



Last November the UKCPA presented their prestigious Lifetime Achievement Award for 2019 to Professor Anna Murphy, a regular speaker at CPC.

The judging panel described Professor Murphy as "without doubt, worthy of this prestigious award. Anna's achievements, experience and impact on patient care are truly astounding. Over the years she has represented UKCPA with passion across many platforms. Her work, commitment and care are astonishing, both locally and nationally. She is inspirational, genuine, humble and exemplary to the profession."

Dr Ruth Bednall, Chair of UKCPA, presented Professor Murphy with her award by saying "Over the years we have celebrated a range of individuals, many of whom have come from academia or had a significant influence on the strategic development of our profession. This year our winner is an exceptional clinician."

As the first respiratory consultant pharmacist in England and founder of the UKCPA Respiratory Group, Professor Murphy is highly respected, not only within the pharmacy profession but beyond. Her nominators described her as "a beacon of excellence in respiratory medicine". Her affiliations with several university pharmacy and medical schools are a testament to her skills, knowledge, and pragmatism.

Her practice is far-reaching: she has taken her expertise outside hospital practice to reach a broader and more diverse patient group, caring for patients in tertiary clinics and working pro bono in GP practices to support the care they provide to respiratory patients.

She is widely published with papers in peer-reviewed pharmacy and medical journals, including the prestigious Thorax journal. Thanks to her development

of national education programmes, including simplestep.co.uk and the national UK inhaler group, more healthcare professionals than ever before are appropriately checking and demonstrating optimal inhaler technique, improving outcomes for patients on an unprecedented scale.

Her insight and innovation were recognised when she achieved a Doctorate of Pharmacy in 2012 for her study to evaluate the efficacy of a community pharmacy-based intervention to people with asthma. Her choice of dissertation clearly demonstrates her inclusive, supportive and patient-focused outlook.

Her determination to bring pharmacy to the respiratory table, through collaboration with national organisations including RPS, UKCPA, NICE, NHS England and the British Thoracic Society, has been rewarded with a new and robust appreciation of what pharmacists can offer. This has, in turn, resulted in doors opening for other respiratory pharmacists shaping national and international strategies.

Professor Murphy is a staunch supporter of patient groups and plays an active role as a member of the Asthma UK Council of Healthcare Professionals, and more recently in putting her lungs to the test by cycling, swimming, walking and running an incredible distance in aid of the British Lung Foundation.

Professor Murphy's nominators describe her as "an outstanding, approachable pharmacist and an inspirational colleague. She is not only the fount of all respiratory knowledge but a continual source of entertainment. We know of no pharmacist that can match her."





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DISCOVER CPC 2020 FEATURES

The Best of Clinical **Pharmacy Awards**



Come together as a community to celebrate your achievements.

Have you or your team made improvements to the services your department provides? Enter the awards, which celebrate and acknowledge successful individuals and teams within the pharmacy profession. Winners will receive an educational grant and a CPC award of recognition.

Categories include:

- **Excellence in Clinical Leadership**
- Excellence in Hospital Pharmacy Practice
- Excellence in Clinical Community Pharmacy Practice
- **Excellence in General Practice Pharmacy**
- Excellence in the Use of Technology in Pharmacy Practice



Visit www.pharmacycongress.co.uk/awards for more information and to submit your application.

Poster Zone



POSTER ZON

The Poster Zone is a fantastic opportunity for pharmacy professionals to share best practice and celebrate innovative ideas.

Located on the exhibition floor, it features up to 100 posters and is a great way to showcase your team's latest projects.

Visit www.pharmacycongress.co.uk/pz for more information and to submit your abstract.

Showcase Theatre



The Showcase Theatre is a brand new feature at CPC for 2020. It is an evolution of the Poster Zone and allows delegates to speak on a bigger platform. We're inviting pharmacy professionals to come forward

and showcase the great work they have been doing. With only a limited number of sessions available, this is a great stepping stone to speaking and presenting on a larger platform.



Visit www.pharmacycongress.co.uk/st for more information and to submit your application.



HANDS ON TRAINING AT CPC

INTERVIEW DROP-IN CLINICS

Are you considering your next career move? In partnership with Do you want to learn some tips and techniques to help you get ready for an interview?

CPPE CENTRE FOR PHARMACY
POSTGRADUATE EDUCATION

This year at CPC, experienced CPPE team members will be holding short, mock interviews to help build your confidence and provide tailored feedback on your

FREE to attend

performance. They will be conducted in a confidential and supportive environment and allow you to hone those all-important interview skills.

Attending the drop-in clinic will:

- Provide you with individualised, objective feedback
- Give you tips on structuring your answers to
- Interview questions
- Offer insight into the recruitment processes
- Enable you to become more confident in interviews

PRE-REGISTRATION PHARMACISTS MINI-MOCK CALCULATION WORKSHOPS

CPC and Babir Malickare once again are offering Pre-Registration Pharmacists a chance to sit a 20 calculation question mini-mock under exam conditions. The mini-mock will cover questions from all areas of the GPhC Framework. Feedback will be given on each subject immediately after to ensure that each person fully understands how to answer all the questions.

Booking required £15 + VAT

There are three slots available over the two days:

| Friday | Saturday |
|---------------|---------------|
| 10:30 – 12:30 | 10:00 – 12:00 |
| 14:00 – 16:00 | |

Booking is required for these features, due to popularity. Booking will be available in April.

PRACTICAL SKILLS ZONE

Receive hands-on simulation training at our Practical Skills Zone, where you can brush up on old skills and enhance your knowledge with new techniques.

Physical assessment workshops

Working with live volunteers focusing on cardiovascular and respiratory systems Adam Radford, Lead Education & Training Pharmacist and Teacher Practitioner, University of Portsmouth.

| Times on FRIDAY | Session | Facilitator | | | |
|-------------------|-----------------------------|-----------------|--|--|--|
| 9:30 - 10:15 | Respiratory | Adam or Michael | | | |
| 10:45 - 11:30 | Cardiovascular | Adam | | | |
| 12:00 - 12:45 | Musculoskeletal GALS screen | Michael | | | |
| LUNCH | | | | | |
| 13:15 - 14:00 | Respiratory | Adam or Michael | | | |
| 14:15 - 15:00 | Cardiovascular | Adam | | | |
| 15:15 - 16:00 | Musculoskeletal GALS screen | Michael | | | |
| 16:15 - 17:00 | Respiratory | Adam or Michael | | | |
| Times on SATURDAY | Session | Facilitator | | | |
| 10:00 - 10:45 | Cardiovascular | Adam | | | |
| 11:15 - 12:00 | Musculoskeletal GALS screen | Michael | | | |
| 12:45 - 13:30 | Respiratory | Adam or Michael | | | |
| LUNCH | | | | | |
| 14:00 - 14:45 | Cardiovascular | Adam | | | |
| 15:15 - 16:00 | Musculoskeletal GALS screen | Michael | | | |
| | | | | | |

Simulation manikin training

Observe a patient scenario with the support of a high fidelity manikin whereby you will see, hear and feel a patient who is stable, deteriorate, critically ill, treated and with a resolution achieved Michael Leech, Senior Lecturer, University of Portsmouth, Jo Blain, Pharmacist, Royal Hampshire County Hospital and Hospital Teacher Practitioner, University of Portsmouth and Michael Collins, Senior Lecturer, University of Sunderland



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OR 020 7013 4986





Conference Programme: Friday

| | KEYNOTE | LEADERSHIP | CLINICAL In partnership CPPESCO With | MEDICINES OPTIMISATION WORKSHOPS | CLINICAL LEADERSHIP | CANCER AND LONG TERM CONDITIONS In partnership with | |
|---------------|--|---|---|---|---|---|--|
| 09:00 - 09:30 | Congress opens and exhibition floor time | | | | | | |
| 09:30 - 10:15 | Pain management: Opioids Yousaf Ahmed, Chief Pharmacist, Care UK and Dilesh Khandia, Clinical Team Manager, North Bristol NHS Trust UKCPA | Schizophrenia Matthew Elswood, Chief Pharmacist, Nottinghamshire Healthcare NHS Foundation Trust | SGLT-2 inhibitors and their use in renal disease and heart failure Philip Newland-Jones, Consultant Pharmacist, Diabetes and Endocrinology, University Hospitals Southampton NHS Foundation Trust UKCPA | Breakfast Symposium: Amgen ®* Delivered by AMCEN* | Being a PCN Clinical Director Helen Kilminster, PCN Clinical Director at Pioneers for Health (Central) and Graham Stretch, PCN Clinical Director, Brentworth PCN | Future/strategic theme: Future of cancer treatment Nisha Shaunak, Lead Pharmacist for Oncology Guy's and St Thomas' NHS Foundation Trust and Specialised Cancer Commissioning Pharmacist, NHS England (London region) | |
| 10:15 - 10:45 | | | Exhibition | floor time | | | |
| 10:45 - 11:30 | Who knows where we are with GFR? Dawn Davin, Nephrology (Renal) Pharmacist, Tallaght University Hospital | Professional recognition through credentialing Joseph Oakley, Head of Assessment and Credentialing and Gail Fleming, Director of Education and Professional Development, RPS ROYAL PHARMAGEUTICAL SOCIETY | Brunch Symposium: A practical approach to prescribing anticoagulation in venous thrombosis ®* Delivered by Bristol-Myen Squibb | Brunch Symposium: ** Delivered by OPENEP by Better | Rheumatology Kalveer Flora, Lead Rheumatology and Biosimilars Specialist Pharmacist, Northwick Park, Central Middlesex and Ealing Hospital, London North West University Healthcare NHS Trust | Introduction to Cancer and Co-morbidities – the role of pharmacy, digital platforms, evidence creation, and national screening programmes Shereen Elnabhani, Associate Professor Oncology Pharmacy, Kingston University and Lisa MacLeod, Lecturer in Clinical Pharmacy Practice, School of Pharmacy and Life Sciences In partnership with | |
| 11:30 - 12:00 | | | Exhibition | floor time | | | |
| 12:00 - 12:45 | Lunch Symposium: CV (1)* Delivered by (BACER) R | Progression on emotional intelligence and practical tips on pharmacy leadership by people working on the front line and in front line leadership roles Yousaf Ahmed, Chief Pharmacist, Care UK | Lunch Symposium: COPD @ * Delivered by ⇔ Chiesi | Cannabis & CBD Oil: Why all the confusion? Chair: Professor Gino Martini, Chief Scientist, Royal Pharmaceutical Society Panelists: Dr Rajesh Munglani, Consultant in Pain Medicine, Cambridge, Elspeth Gray, Deputy Unit Manager & Pharmaceutical Assessor, Medicines and Healthcare Products Regulatory Agency, Dr Amira Guirguis, Senior Lecturer, Biomedical Sciences, Swansea University and Roz Gittens, Director of Pharmacy, HumanKind Charity | Headache: an update including a look at the British Association of Study of Headache new guidelines Joela Mathews, Highly Specialist Pharmacist - Neurosciences Lead, Barts Health NHS Trust UKCPA | Lunch Symposium: ①* Delivered by LloydsPharmacy | |
| 12:45 - 13:15 | | | Exhibition | floor time | | | |
| 13:15 - 14:00 | Lunch Symposium: Diabetes (1) * Delivered by NAPP DIABETES | Lunch Symposium: Antibiotics ** Delivered by ** Prizer* | Lunch Symposium: COPD (1)* Delivered by AstraZeneca | Lunch Symposium: Rheumatology (1) * Delivered by Obvie | Lunch Symposium: CV (1) * Delivered by Daiichi-Saniyo | Lunch Symposium: ①* AVAILABLE | |
| 14:00 - 14:30 | | | Exhibition | floor time | | | |
| 14:30 - 15:15 | The Best of Clinical Pharmacy Awards 2020 followed by the Keynote address Dr Keith Ridge, Chief Pharmaceutical Officer, NHS England and NHS Improvement | Making 'Phriends' with each other to help our mutual patients Reena Barai, Independent Community Pharmacist and Amit Patel, Chief Executive Officer at Merton Sutton and Wandsworth LPC | POACs an update Rosalind Byrne, Lead Pharmacist Anticoagulation, King's College Hospital and Katherine Stirling, Consultant Pharmacist - Anticoagulation and Thrombosis, Leeds Teaching Hospitals NHS Trust UKCPA | Two Tragic Deaths a Decade Apart: Have We Learnt Anything? Ravinder Bratch, Lead Pharmacist Theatres and Acute Pain, Royal Wolverhampton NHS Trust UKCPA | Informing people with mental health problems about their medicines Professor Stephen Bazire, Director of Mistura Enterprise Ltd and Mistura Informatics Ltd | Cancer and elderly care: De-prescribing in older cancer patients Kavita Kantilal, Senior specialist pharmacist haematology and cancer services, Northwick Park Hospital and Kumud Kantilal, Postgraduate researcher, University of East Anglia | |
| 15:15 - 15:45 | Exhibition floor time | | | | | | |
| 15.45 -16.30 | Overprescribing - a panel discussion Chair: Dr Keith Ridge, Chief Pharmaceutical Officer, NHS England and NHS Improvement Panelists: TBC | NHS Patient/ Medicines Safety Strategy Dr Alice Oborne, Consultant Pharmacist for safe medication practice, Guy's and St Thomas' NHS Foundation Trust | Afternoon Tea Symposium: * Delivered by Biogen. | Afternoon Tea Symposium: ** Delivered by L E O | Heart Failure in Practice: From Diagnosis to treatment Clare Thomson and Gayle Campbell, both Senior Heart Failure Clinical Pharmacists, Guy's and St Thomas' NHS Foundation Trust UKCPA | Genomics and cancer Sonali Sanghvi, Pharmacy Advisor - Genomics Unit, NHS England and NHS Improvement NHS | |
| 16:30 - 17:00 | | | Exhibition | floor time | | | |
| 17:00 - 17:45 | Next steps for primary care networks including the role of community pharmacy Ed Waller, Director of Personalised Care, NHS England and NHS Improvement | Asthma Update Professor Anna Murphy, Consultant Respiratory Pharmacist, University Hospitals of Leicester NHS Trust UKCPA LOCAL MARKET MEDICAN | Optimising Antithrombotic Therapy in Patients with stable CVD - what is new? Paul Wright, Lead Cardiac Pharmacist, Barts Health NHS Trust UKCPA | Duration of antibiotic course- evidence so far? Stephen Hughes, Consultant Pharmacist, Chelsea & Westminster NHS Trust UKCPA | In conversation - Menopause Update & Rationale for HRT prescribing Dr Nuttan Tanna, Pharmacist Consultant Women's Health & Osteoporosis/Bone Health, London North West University Healthcare NHS Trust | Cancer and Diabetes | |
| 17:45 - 18:00 | Exhibition floor time | | | | | | |
| 18:00 | Congress closes. Join us at The Bridge Bar, located in the ExCeL Boulevard for more networking opportunities. | | | | | | |

SUBMIT HERE YOUR APPLICATION FOR SHOWCASE AND POSTER ZONE WWW.PH





Conference Programme: Saturday

| | KEYNOTE | LEADERSHIP | CLINICAL In partnership cope sale with | MEDICINES OPTIMISATION WORKSHOPS | CLINICAL LEADERSHIP | CANCER AND LONG TERM CONDITIONS In partnership with |
|---------------|--|--|---|---|---|--|
| 09:30 - 09:45 | Congress opens and exhibition floor time | | | | | |
| 09:45 - 10:30 | Sustainability in the Healthcare sector Sam Coombes, Pharmacy High Cost Drugs Team, Western Sussex Hospitals NHS Foundation Trust, Natasha Callender, Chief Pharmaceutical Officer's Clinical Fellow and Andrew Davies, Director of Hospital Pharmacy, both NHS England and NHS Improvement | Workforce Development Jane Brown, Interim Pharmacy Dean for the North of England WIFS Health Education England | Parkinson's Disease Shelley Jones, Consultant Pharmacist, Neurosciences, King's College Hospital NHS Foundation Trust | Breakfast Symposium: ⑪* AVAILABLE | Liver Disease Aisling Considine, Consultant Hepatology Pharmacist, Kings College Hospital UKCPA | Breakfast Symposium: ⑰* AVAILABLE |
| 10:30 - 11:00 | | | Exhibition | floor time | | |
| 11:00 - 11:45 | Brunch Symposia: NVAF (1) * Delivered by (A) Bristol-Myers Squibb (1) | Developing our FtP strategy Carole Auchterlonie, Director for Fitness to Practise, GPhC General Pharmaceutical Council | COPD: update Ravijyot Saggu, Senior Clinical Pharmacist & Emergency Services and Medicines and Respiratory Link, University College Hospital, London UKCPA | Management of long term conditions and medications peri-operatively Neetu Bansal, Lead Enhanced Recovery Surgical Pharmacist, Manchester University Hospitals NHS Foundation Trust UKCPA | Depression Karen Shuker, Acting Deputy Chief Pharmacist (Strategy and Education Lead), Surrey and Boarders Partnership NHS Foundation Trust | Commissioning theme: Can we afford a cure? How to pay for innovation with new medicines Omar Ali, Visiting Lecturer University Portsmouth & Former Adviser to NICE and Adam Buckler, eChemo Support Pharmacist / Education & Training, Royal Marsden Hospital In partnership with UKCPA |
| 11:45 - 12:15 | | | Exhibition | floor time | | |
| 12:15 - 13:00 | Lunch Symposium: Respiratory (1) * Delivered by (NAPP) RESPIRATORY | Lunch Symposium: ①* AVAILABLE | Lunch Symposium: ①* Delivered by BAYER | Lunch Symposium: (1)* AVAILABLE | Medicines and Breastfeeding - Considering the Risks and Benefits Elaine Smith, Lead Women & Children's Pharmacist, Chelsea and Westminister Hospital, NHS Trust and Deirdre D'Arcy, School of Pharmacy and Pharmaceutical Sciences, Trinity College, Dublin UKCPA | Lunch Symposium: (1)* AVAILABLE |
| 13:00 - 13:30 | | | Exhibition | floor time | | |
| 13:30 - 14:15 | Update on the management of AKI and hyperkalaemia Alan Green, Academic Pharmacist Practitioner, University of Sunderland | Effective delivery of educational/ training sessions – ensuring the message gets through Sumayya Kasuji, Training Programme Director, Foundation Pharmacist, Health Education England Health Education England | Insulin / safety Matthew Heppel, Senior Clinical Pharmacist, Hull University Teaching Hospitals NHS Trust UKCPA | Cardiometablic Medicines Optimisation - Thinking beyond HbAlc Dr. Rani Khatib, Consultant Pharmacist in Cardiology & Cardiovascular Clinical Research, Leeds Teaching Hospitals NHS Trust UKCPA | Stretching your scope of practice: Prescribing in paediatrics Richard Goodwin, Education Pharmacist NPPG and Principal Pharmacist GOSH NPPG Receit & Paddict Pharmacist Gosp | Mental and general well being in Oncology |
| 14:15 - 14:30 | Exhibition floor time | | | | | |
| 14:30 - 15:15 | The updated NICE guidance for VTE treatment - what's new? Rosalind Byrne, Lead Pharmacist Anticoagulation, King's College Hospital UKCPA | Workforce Wellbeing and Inclusion and Diversity ROYAL PHARMACEUTICAL SOCIETY | What pharmacy needs to know if we're going to fulfil the prevention agenda Lisa Jamieson, Managing Director, Enucleo Limited | NICE guidelines on common infections update Marisa Lanzman, Antimicrobial Pharmacist, Royal Free Hospital UKCPA | OTC update based on OTC licensing and new POM-P medicines Babir Malik, Weldricks Teacher Practitioner, University of Bradford UKCPA | Cancer and Cardiac Health (Cardio-Oncology) Emma Foreman, Consultant Cancer Pharmacist Cancer Services and Alison Warren, Lead cardiac pharmacist, Brighton and Sussex University Hospitals NHS Trust In partnership with UKCPA |
| 15:15 - 15:30 | Exhibition floor time | | | | | |
| 15:45 - 16:30 | Education and training updates Helen Porter and Rosalyne Cheeseman, both Dean's of Pharmacy, Health Education England NHS | Applying for jobs in hospital pharmacy – from application form to interview and navigating your way through your pharmacy career to open the right doors Kiran Channa, Clinical Team Lead Pharmacist: Medicine, Worcestershire Acute Hospitals NHS Trust | Development and new treatments in IBD Anja St. Clair-Jones, Lead Pharmacist for surgery and digestive services, Brighton and Sussex University Hospital NHS Trust UKCPA | Rheumatology Kalveer Flora, Lead Rheumatology and Biosimilars Specialist Pharmacist, Northwick Park, Central Middlesex and Ealing Hospital, London North West University Healthcare NHS Trust | Medication Related Osteonecrosis of the Jaw (MRONJ) Dharmika Tailor, Community Dental Officer, Leicester Community Dental Services | Cancer and Pain management Alleh Jonroy, Lead theatres and Surgical Pharmacist, The Royal Marsden NHS Foundation Trust |
| 16:30 | Congress closes | | | | | |

Hot drink and Pastry Free lunch

This Congress is supported by educational grants from various companies who have not influenced the meeting content or the choice of speakers. Sessions marked with an asterisk () are being delivered with input from the sponsoring company By attending these sessions you are agreeing to sponsors receiving your registration data. To revoke consent of your details being shared after your badge has been scanned, please visit Registration. Programme correct at time of print

The conference programme will be updated on a daily basis. Do not miss out on the content you are interested in. Sign up to the Clinical Pharmacy Congress e-newsletter to receive updates on the latest sessions added to the programme.

Sign up at this link: www.pharmacycongress.co.uk/enews-signup

Strategy and Policy, APTUK Pharmacy Technicians, Clinical Pharmaceutics and Technology and Primary Care Theatre will be published each week over the next 4 weeks - keep your eyes peeled!

THEATRE WWW.PHARMACYCONGRESS.CO.UK/ST ARMACYCONGRESS.CO.UK/PZ





APTUK PARTNERS UP WITH CPC TO SHAPE THE AGENDA OF THE PHARMACY **TECHNICIAN THEATRE**

This year at the CPC, the Association of Pharmacy Technicians UK (APTUK) have the absolute pleasure in welcoming you to the APTUK Pharmacy Technician Theatre. We have a packed two days, full of content and motivational speakers who will demonstrate the value pharmacy technicians contribute to clinical services.

We have created 15 sessions that offer a great selection of topics, learning and opportunity for continued professional development for Pharmacy Technicians from all sectors. These sessions have been tailor-made and specifically designed with you in mind. The sessions are open to all Pharmacy professionals and the wider multidisciplinary team and we encourage you to join us and ask questions to the speakers on the day.

APTUK are excited to be able to offer this opportunity as key partners at CPC 2020. APTUK will have a stand in addition to the professional development sessions run in the theatre, so come along and meet members of the Association's Board of Directors and Professional Committee. We want to share our work with you and discuss the merits of becoming a member. Or if you are currently a member come along and let us know what we are doing well or could be doing better - your views really do matter to us.

 $Recent \, developments \, from APTUK \, also$ include a newly updated framework for Accredited checking Technicians which provides support and guidance for education providers to develop the appropriate standardised courses across the UK. This framework enables



the ACPT course to be transferable within the UK.

APTUK is the professional body for Pharmacy Technicians within the UK and works on behalf of Pharmacy Technicians securing and advocating the Pharmacy Technician profession and advancing the profession's education and scope of practice. APTUK actively encourages members to pursue the sharing of knowledge and experience through professional networking and collaborative working.

Visit us at CPC 2020 to hear about the great work being done by Pharmacy Technician professionals and talk to us about how joining APTUK will enable opportunities to make your voice heard and help our policies reflect your priorities.

#joinus #whatwedoinpharmacy

REASONS TO JOIN APTUK



APTUK Events

• Free attendance to all APTUK branch events and an exclusive discount to the APTUK annual professional conference.



Access to all online resources

- · National Education Frameworks, training videos, revalidation tools and support.
- Presentation library presentations from all the APTUK events.
- Poster library Large resource of posters displayed at APTUK and other events (opportunity to showcase your own work and achievements using this platform).



Subscription to the Pharmacy Technician Journal

· A quarterly journal containing updates on recent activity from APTUK and the pharmacy technician profession, highlights and educational articles.



Opportunities to have your say

- Respond to consultations that influence and impact on the pharmacy technician
- Enhance your career by representing your profession (with full support) on local, regional and national platforms.



Use of post-nominal MAPharmT

Celebrate your professional status with the use of the APTUK member post-nominal MAPharmT. Member of the Association of Pharmacy Technicians.





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WHY WE LOVE CPC ...

"The strength of this congress is that it gets pharmacists from different sectors together, from community pharmacy and CCG to hospital pharmacy, so that we can all share best-practice ideas. I know that I learn from other pharmacists, so hopefully, they can learn something from me too. There's a highly collaborative atmosphere here. It's a beneficial event."

Toby Capstick, BSc MRPharmS DipClinPharm Dpharm, Lead Respiratory Pharmacist, Leeds Teaching Hospitals NHS Trust





"I work in clinical trials and research, so it's great to see what's happening outside of these areas and primarily how things are used in real life after they have come through the trials. It's a useful show for validating the work you do as well as for showing you how you can make improvements. The exhibition gets better every year."

Richard Nendick, Lead Pharmacy Technician, Country Durham & Darlington NHS **Foundation Trust**

"I love this congress; it's so varied. There are so many opportunities to learn here. You can jump between the different sessions, talk to the industry and catch up with colleagues. It attracts a range of different grades of staff; I bring my team here. I love it."

Andrew Davies, FRPharmS, Director of Pharmacy, North Bristol NHS Trust



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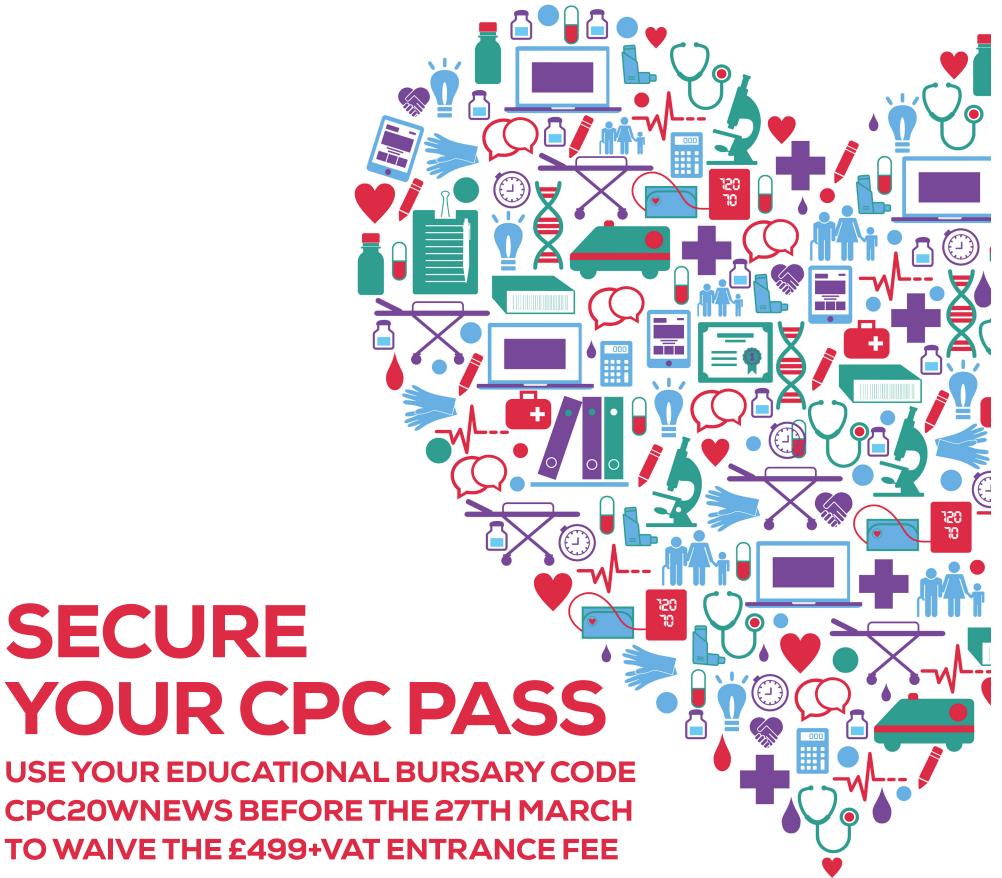
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