10 Overall recommendations

This Chapter contains overarching, high-level recommendations. More detailed recommendations – which establish how these should be achieved – are made at the end of each of the Chapters 1 to 8; these should be read separately.

1. New roles for community pharmacists need to be fully scoped out, including clinical governance, training and funding considerations, and integrated into the Community Pharmacy Contractual Framework and NHS patient pathways and/or enhanced service specifications, before extended roles for pharmacy technicians can be considered. This is an essential prerequisite to delivering effective skill mix within community pharmacy, to make best use of the existing skills base and to develop a nationally-recognised skills escalator and career framework for the pharmacy profession. Pharmacy policy makers should take note of the lessons learned, and the examples set, by the dental profession and the New Ways of Working programme. This issue is less pressing, but still relevant, in the hospital pharmacy sector. In this sector, nationally-recognised career structures are already in place for both pharmacists and pharmacy technicians. Alongside this, the hospital pharmacy sector also benefits from the infrastructure, clinical governance measures, training and expertise already in place to allow pharmacists to safely and effectively deliver a range of extended roles, by appropriate delegation of activity to pharmacy technicians, who in turn see their roles extended.

2. Additional dispensary support must be available to support pharmacy teams before the role of the community pharmacy technician can be safely extended. Essential clinical governance improvements include the integration of bar-code checking into the dispensing process, the regular availability of and an increased degree of reliance upon clinical information communicated with prescriptions, improved staffing levels, original pack

dispensing and the proper decriminalisation of dispensing errors. These improvements could enable the benefits of the extension of the role to be realized.

3. The regulated status of pharmacy technicians, which currently appears tenuous, must be strengthened. Many pharmacy technicians are unaware of the implications of being on a public register and the group has a relatively weak leadership body. Low salaries and low-grade qualifications all contribute to a lack of regulatory traction and must all be improved if the regulator is to be able to ensure public protection for the activities of pharmacy technicians.

4. To avoid misleading the public, causing confusion and creating misplaced confidence in pharmacy service provision, the term 'professional' as a noun must not be used in reference to pharmacy technicians. Public officials in government bodies who influence pharmacy in the UK, pharmacy organisations, representative bodies and in particular the GPhC, must not only recognise the vagaries of the current approach, but they must consciously apply this knowledge and act in a more responsible fashion to ensure that it does not diminish public safety when policy on pharmacy workforce and skill mix is being developed.

5. Community pharmacy technicians would have a greater sense of belonging to the regulated group, and patients would benefit from a better skill mix, if community pharmacy technicians had a clearly-defined practice-related career structure. This would reward additional skills, qualifications and experience with extended roles and career and salary enhancements. A suggested career structure which relies upon **practitioner**, **advanced practitioner**, **specialised practitioner** and **established specialised practitioner** levels, is recommended for both pharmacy technicians and pharmacists - as detailed in this report.

6. Lines of accountability and responsibility within the pharmacy must be more clearly defined, with clearly outlined and delineated job descriptions and individual responsibilities. The role of the 'accuracy checking technician' and 'dispensing technician' for example, must be clearly defined in regulatory policy.

7. The training and qualifications of pharmacy technicians must be improved in order to raise professional standards and help safeguard the public. It is questionable whether the current NVQ level 3 requirement to join the public register is sufficiently demanding and whether the syllabus adequately covers some of the fundamental safety, professional, clinical governance and ethical issues with which all pharmacy technicians should be familiar. Of concern is that the GPhC has agreed to remove this syllabus entirely, which will take effect in training courses from September 2018. [1] [2] [3] While 73% of pharmacy technicians remain registered under a grandparent clause, there can be no guarantee of uniformity of qualification and therefore knowledge.

8. The roles of pharmacists and pharmacy technicians must be clearly defined before suitable initial education and training requirements can be designed. However, to assure public safety, the training requirements of pharmacy technicians must be aligned to those of pharmacists in certain respects. This should include minimum level qualifications as an entry standard, formal progress reports during the training period and direct monitoring and accreditation of the training in situ by the regulator. This should be supported by protected training time and a component of regular day release for training and study (one day per week minimum over two years). A registration exam set by the GPhC would go

some considerable way towards achieving uniformity of standards and would give the regulator greater control over such standards.

9. Buy-in from both pharmacy technicians and pharmacists must be secured before any changes can be proposed to the current roles. Pharmacy technicians, on the whole, currently appear unwilling to develop their roles and unsure of what the implications might be. It is clear that the majority of those who would even consider extended roles would only be likely to do so on the basis of improved salaries, additional training and highly-specific job descriptions and lines of accountability and responsibility. Pharmacists also appear unsure of the ability of pharmacy technicians to take on more demanding work as things stand. If pharmacists remain responsible for aspects of the work of pharmacy technicians, then they must be able to be confident in their ability and the clinical governance systems supporting this work. For skill mix to develop, all members of the pharmacy team must 'buy in' to new models of working.

10. A national and sustainable funding model for pre-registration pharmacy technician training must be developed. No developments to skill mix can be considered without a solid foundation in sufficient numbers of well-trained pharmacy technicians to take on new roles.

11. The development of the roles of pharmacists and pharmacy technicians must be led by the profession and not by civil service edict which lacks the clinical and professional mandate for change. This is in line with the recommendations of the Francis inquiries in to the Mid Staffordshire NHS Foundation Trust. [4] [5] Policy makers must establish whether community pharmacy technicians are - or will ever be - supportive of their proposals, by engaging with those working at the coalface.

References

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