Executive summary

Chapter 3 - Pharmacy technicians - initial education and training

A number of fundamental governance issues with pharmacy technicians’ education and training have been identified during previous research and during the development of this report. Not the least of these is that 73% (as at April 2017) of pharmacy technicians were admitted on to the register through grandparenting arrangements. The GPhC and the Royal Pharmaceutical Society (RPS) (which holds records from the RPSGB, the predecessor to the GPhC) do not hold any record of any assessment having been conducted as to the suitability of the qualifications relied upon during grandparenting to allow someone to work as a pharmacy technician. The Chairman of the GPhC told the RPS conference in September 2014 that as a result of grandparenting, there were some very variable standards amongst pharmacy technicians. He explained that it was therefore not possible for the regulator to take a blanket view and to recommend to pharmacists what roles they should delegate to pharmacy technicians. A generic approach to the entire group was not possible. The level of public protection provided by the grandparenting clause in the present day is questionable and it would be difficult to rely upon the assurance it provides if the roles of pharmacy technicians were to evolve.

Pharmacy technicians’ motives for registering with the GPhC were examined in a research study, conducted independently by JRA Research at the request of the PDA. It was found that 78% of pharmacy technicians surveyed registered with the GPhC in the first place because they were required to do so by their employer, as a condition of their continued employment. 74% reported that their salaries had remained the same since registering (93% in community, 64% in hospital). 66% overall reported having experienced no change in their job roles or responsibilities (80% in community, 63% in hospital). [1] The variation in quality of initial education and training of pharmacy technicians between the community and hospital sectors can be seen in Appendix B.
The role of the pharmacy technician remains poorly defined and there is widespread acknowledgement that there is very little to distinguish the role in community pharmacy from that of a dispensing assistant; this has long been the case. In these circumstances, the initial education and training of pharmacy technicians is likely to lead to variable outcomes, with the trained person’s skillset likely to become aligned to that of a dispensing assistant. In addition, anything learned during a training course which would be beyond the role of a dispensing assistant may have never been put in to practice since qualification. For this reason, among others, it would be difficult to place any reliance in the future upon the training previously undertaken by existing pharmacy technicians, or indeed their current registration, as a basis for extending the pharmacy technician’s role.

There is widespread variation in the quality and nature of the initial education and training provided to pharmacy technicians. The regulatory standards for such are open to interpretation. They have been outdated for a considerable period of time and are of questionable relevance since the pharmacy technician role is poorly defined. In addition, there has been very little – if any - involvement from the GPhC in monitoring the delivery of the course at individual training sites. For these reasons, it may be very difficult for the regulator to provide the requisite public safety assurances in respect of any more advanced roles and responsibilities even in relation to non-grandparented pharmacy technicians. If the issues with the initial education and training were addressed now for future trainees, it would not alter the difficulties in providing assurances in respect of pharmacy technicians who are already on the register and who would be trained to different, inferior standards.

Among the numerous governance issues identified with the initial education and training of pharmacy technicians was the ability for trainee pharmacy technicians to cheat, collude or plagiarise in assessments during their initial education and training, which has been highlighted in
GPhC-commissioned research. [2] Further, there is substantial online evidence of such behaviour on national distance learning courses completed by many pharmacy technicians in the UK, with answers to assessment questions readily available. Further information is included in Appendix D.

The Gatsby Foundation’s report on ‘Technicians and intermediate roles in the healthcare sector’ suggests that the intermediate level in the healthcare sector is generally associated with level 4/5 qualifications. The report said: “It was noted that qualifications included in the healthcare frameworks in the government-supported Advanced Apprenticeship programme (level 3) were normally linked to lighter weight generic health and social support roles rather than substantial occupationally specific qualifications.” Pharmacy technicians’ qualifications, among those who are not grandparented, are currently at NVQ level 3 – below those expected of other healthcare technicians.

A profession-wide, collaborative debate is needed to determine the future of community pharmacy practice for pharmacists and subsequently pharmacy technicians. The development of skill mix and the role of pharmacy technicians through the establishment of an exclusive Rebalancing Medicines Legislation and Pharmacy Regulation programme board, to which members are appointed by the government, where the minutes and agendas are carefully prepared and managed by civil servants and from which the wider pharmacy profession is largely excluded, has created suspicion and concern among pharmacists. Its approach has eroded the pharmacist buy-in and support that would be needed to enable the natural and successful development of skill mix in community pharmacy.
References
