

Chapter 5 - Challenges to the professional status of pharmacy technicians in the UK

The Health and Care Professions Council requires any occupational group that wishes to be recognised as a healthcare profession to demonstrate that membership of its prospective professional body accounts for at least 25% of the occupation's practitioners. The Association of Pharmacy Technicians United Kingdom (APTUK), the leadership body for pharmacy technicians, does not adequately represent the technician workforce. As at late 2016 it had 1,380 members, just 6% or less of the total UK workforce. In addition, it has previously been estimated that around two thirds of pharmacy technicians work in the community setting and the majority of the remainder are employed to work in hospital pharmacies; it was said at the APTUK launch of the 'Identifying the roles of Pharmacy Technicians in the UK' report in October 2016 that the APTUK has the opposite proportions in membership. Indeed, it is stated in the report that the APTUK's membership is "*largely derived from the hospital sector.*" [99]

Despite the APTUK's low level of membership, it is represented on many government developmental groups and treated as if it is a professional body. Great reliance has been placed upon the APTUK to be able to represent pharmacy technicians as a group when government policy is being developed, especially in community pharmacy. At present however, it cannot legitimately fulfil this representative role and its credentials conspire to undermine the validity of the government's entire Rebalancing Medicines Legislation and Pharmacy Regulation programme and other committees to which the APTUK has been appointed by civil servants.

The term *a* professional (noun) must not be used interchangeably with *being* 'professional' (adjective). The noun has been misused without sufficient justification by the government, the civil service and some pharmacy employers to refer to pharmacy technicians, which has caused confusion, misled the profession and public and put patient safety at risk.

It must be recognised by pharmacy policy makers that by any intelligent analysis the creation of a mandatory public register of individuals in 2011 did not result in the overnight creation of a profession of pharmacy technicians.

The public places a great deal of confidence in pharmacists at a national, European and global level, and it is important that this is not undermined by the inappropriate reference to pharmacy technicians as “professionals”. The inappropriate use of terms such as “pharmacy professional” means that, in some contexts, it is impossible to tell whether reference is being made to pharmacists, pharmacy technicians or both, which could lead to confusion and safety risks if a patient is led to believe that they are dealing with a pharmacist when they are actually dealing with a pharmacy technician. Claiming that pharmacy technicians are professionals may suggest to the public that they can have a degree of confidence in pharmacy technicians’ abilities commensurate with the term; many aspects of the report demonstrate that that is not the case.

A study conducted by JRA Research on behalf of the PDA found that half of community pharmacy technicians required assurances that it would be the pharmacist, not the pharmacy technician, that would be held responsible and liable in the event of a dispensing error. The development of increased responsibilities for the pharmacy technician’s role cannot proceed in circumstances where the group is not ready to accept accountability for such.

The government’s approach to the enforced delegation of tasks from pharmacists to pharmacy technicians has created considerable anxiety among pharmacists, and there is a lack of trust among many pharmacists in relation to pharmacy technicians’ capabilities. This can be seen at present where pharmacists are required by their employers to delegate the final accuracy checking of dispensed prescriptions to Accuracy Checking Technicians (ACTs), who may or may not be pharmacy technicians. There is no legal or regulatory control over who may call himself or herself an ACT or around the qualifications required to become an ACT, but it is clear that the pharmacist retains overall responsibility.

The Department of Health announced proposals in 2006 which, if enacted, would lead to pharmacists supervising pharmacies remotely and the delegation of certain tasks to pharmacy technicians. It could be perceived that it has been pursuing this agenda intermittently since that time, with varying degrees of effort – for example by introducing the Responsible Pharmacist regulations in 2009. The reports of the Francis inquiries into the failures at the Mid Staffordshire NHS Foundation Trust, published in 2010 and 2013, recommended that there be senior clinical involvement in all policy decisions affecting patient safety and wellbeing and consultation with professional staff affected by the proposed changes. Despite this, the Department of Health’s Rebalancing Medicines Legislation and Pharmacy Regulation programme board secretly developed proposals to allow pharmacy technicians to supervise the sale and supply of prescription only and pharmacy only medicines and pharmacy staff, in the presence or absence of a pharmacist, without consulting widely with pharmacists or pharmacy technicians at the coalface. Since the proposals were leaked to the Chemist and Druggist in September 2017, there has been significant opposition, including from the PGEU and the Commonwealth Pharmacists’ Association, as well as from pharmacists in the UK.