



March 2019

## **Pharmacy technicians: an assessment of the current UK landscape, and proposals to develop community pharmacist and pharmacy technician roles and skill mix to meet the needs of the public**

### Chapter 8

## 8 How the roles of pharmacists and pharmacy technicians in community pharmacy could be developed

The majority of pharmacy technicians (53% to 67.4%) work in the community setting, while around 21.2% to 39% are employed to work in hospital pharmacies (see Appendix B). [1] [2] Part-time working is more common in the community than hospital sector (45% community vs. 28% of hospital pharmacy technicians work part time). Most pharmacists work with a pharmacy technician in the hospital setting, but up to 40% of community pharmacies operate without a pharmacy technician. [2]

The qualifications of pharmacy technicians, relative to those of other dispensary support staff in community pharmacy, seemingly have no bearing on the responsibilities undertaken. A number of research studies have identified a lack of distinction between the tasks undertaken by dispensing assistants and pharmacy technicians in community pharmacy, with one even identifying that survey respondents would prefer to recruit a dispensing assistant or a medicines counter assistant rather than a pharmacy technician to improve skill mix. [3] [4] [5] The results of surveys previously undertaken by the PDA also indicate that decisions concerning which particular members of the dispensary support staff are charged with performing additional tasks are often being taken by either the pharmacy manager or the pharmacy owner. These decisions appear to be based on trust, confidence and length of service rather than upon regulatory registration and/or dispensing qualifications.

Completing formal qualifications and registration with the regulator are perceived as means of gaining official status, and in some cases, receiving a salary increase. There is a perception that the job itself and the accompanying responsibility does not change on regulatory registration as a pharmacy technician or on completion of the knowledge and competency qualifications.

Anecdotally, it has emerged that many employers have explained to the pharmacy technicians

they employ, that by registering with the GPhC, they were merely codifying the knowledge they already had and which had previously underpinned their jobs. In that sense, regulatory registration is not seen as any kind of significant enabler to greater responsibility. This perhaps also helps to explain why pharmacists value the competence and experience of the dispensary support staff over GPhC registration credentials when allocating additional tasks and delegating specific areas of responsibility. [5]

## 8.1 Advanced pharmacy technician practice

For reasons that have already been described elsewhere in this report, a number of pharmacy technicians, largely practising in secondary care, carry out much more demanding roles, assume clinical and managerial responsibilities and work relatively autonomously. Some are educated to degree level, have undertaken a significant amount of additional training beyond their qualification and have gained considerable relevant experience. They are recognised for their additional levels of expertise and rewarded appropriately via the NHS Agenda for Change pay scales.

A report by the Royal Pharmaceutical Society, outlining the experiences of 35 hospitals that had implemented its 'Professional Standards for Hospital Pharmacy Services' over the previous year, cites a number of examples where pharmacy technicians are carrying out extended roles in hospital practice. [6] [7] Examples include medicines reconciliation and drug history taking, patient counselling on discharge, screening for high-risk drugs on admission, controlled drugs checks, inhaler technique advice and homecare service support. These types of service can safely improve patient care using advanced level pharmacy technicians' skills appropriately, but are delivered locally, according to local needs and based around specific expertise available in a particular

hospital. This type of environment, or practice, is not currently replicated in the community sector. If it could be, it could potentially form the basis of a foundation for change.

## 8.2 New ways of working – learning from successful exemplars in other sectors

The Department of Health's New Ways of Working (NWW) programme was an initiative to change the way that mental health staff work and involved the introduction of new and extended roles for a range of staff grades. [8] The NWW programme was focussed upon the improvement of skill mix involved in the provision of the service, through the development of new roles for various groups of staff. The initiative was led by the National Institute for Mental Health in England's National Workforce Programme and ended in March 2009 after six years of operation. During its years of operation, the NWW programme considerably developed the overall quality of the mental health service.

From the success of this programme, a number of principles were established which could be transferred to other healthcare sectors attempting to improve their skill mix and develop new roles:

1. Benefits for both users and their carers should be identified
2. A needs assessment would be required to determine whether the NWW programme would be needed to deliver the benefits identified in point 1
3. Any new roles need clearly defined competency requirements
4. Clear communication and buy-in must be secured with the relevant key stakeholders
5. Complete clarity around professional accountability and responsibility must be established.

If similar skill mix programmes were to learn from the success of the NWW programme, they would need to rely upon the following working principles:

- Horizon scanning must take place to identify strategic objectives and anticipate likely long-term changes in the landscape that may require future changes to roles
- Not only would stakeholders need to sign up to the programme, they must become active partners in its implementation
- Securing evidence of what works well and then disseminating that evidence are necessary conditions of success
- Funding must be secured for the staff involved in any expanding roles (via a skills and salary escalator). Staff are unlikely to take on more responsibilities unless they are paid more.
- The process of change could be expected to take up to five years to complete.
- The overall programme must be planned and then led by personnel who are experienced in the field and whose authority is earned by their ability to command the respect of those who will be affected by the changes.

The NWW programme aimed to enhance the capability of the whole team and took a whole-system integrated approach. It did not seek to simply create new standalone roles for specific singular groups. Therefore, new roles in mental health were considered together with the needs of the whole team. Practitioners would only relinquish their existing roles and allow them to be taken up by other staff groups with newly-acquired skills if they could take on new roles themselves. In turn, others were simultaneously prepared to relinquish the roles to which the practitioners aspired.

These learning points are highly relevant if any changes are to be proposed to skill mix in community pharmacy that enhance the roles of the pharmacist and the pharmacy technician. It is

evident that skill mix is more effective in hospital pharmacy practice than in community, precisely because of the reasons described above. Advanced roles for hospital pharmacy technicians enhance the capability of the whole team and pharmacists engage in other, more clinically-demanding roles, to which they aspire.

The corollary to this is that skill mix in community pharmacy is unlikely to succeed until the same wider conditions can be recreated. Currently, the skill mix programme being led by civil servants in the community pharmacy setting is seen as a threat by many community pharmacists. Any changes to pharmacy skill mix are more likely to be successful if they adopt the NWW principles and learn from its key bases for success. Enhanced roles for pharmacy technicians in the community pharmacy setting should not be considered in isolation, but as part of a wider programme such as that outlined in the PDA's Wider than Medicines proposals, designed to improve skill mix and encourage new ways of working for pharmacy technicians, pharmacists and ultimately GPs. [9]

### 8.3 Proposals for a national career structure and better skill mix

Basic entry level requirements and specific qualification thresholds for pharmacy technicians have already been recommended in this report (Section 3). Specific titles which would help to clarify roles, specialities and responsibilities have also been described (e.g. Accuracy Checking Technician or dispensing technician).

With these specialised – but clearly defined – titles, and subject to the entry and qualification thresholds described earlier, there is scope to further improve and develop the quality and standard of both the pharmacist and the pharmacy technician register. Taking a much wider integrated developmental approach as described above could lead to the opportunity to introduce a national career structure that would recognise additional qualifications, experience and

expertise. Titles such as ‘**practitioner**’, ‘**advanced practitioner**’, ‘**specialised practitioner**’ and ‘**established specialised practitioner**’ would encourage both pharmacists and pharmacy technicians in the community pharmacy setting to advance their practice and enhance professional recognition. As has already been described, similar systems already exist in the hospital pharmacy setting. Those practising at **specialised practitioner or established specialised practitioner** level and with the commensurate remuneration could, subject to suitable safeguards and regulatory controls, be given responsibility for certain specific clinical roles. Each level within the structure would have to be accompanied by a specific annotation on the GPhC register and each would have its own specific requirement for training and demonstrating continuing development. Using the skills escalator to develop the career structure would help to recognise enhanced practice, encourage the creation of improved pay scales and thus introduce regulatory traction and improved public protection.

## 8.4 How a structured career framework could support the developing roles of pharmacists and pharmacy technicians

### 8.4.1 Practitioner pharmacy technician

Evidence shows that community pharmacists - particularly locums - often lack confidence in the ability of the pharmacy technician(s) with whom they are working, which severely limits the potential for utilising skill mix to deliver more patient-facing roles. [10] To exemplify this at the most basic level, pharmacists must be confident that the pharmacy technicians they delegate to can deliver the fundamentally important - but often routine - dispensary duties, to a recognised standard. Subject to providing consistency of training and standards among the group and improving it at qualification level (Section 3), a highly-specific job description for pharmacy technicians working at the point of entry to the **practitioner** level (a level which is likely to be applicable to most pharmacy technicians working in the community sector) would provide pharmacists with the necessary assurances to enable them to delegate routine dispensary tasks to

pharmacy technicians, while they adopted more challenging patient-facing roles. One mechanism that would deliver immediate benefits would be to require all **practitioner** pharmacy technicians to have (for example) a minimum of two years' dispensary experience over and above their entry-level qualifications and regulatory registration.

The Centre for Pharmacy Workforce Studies' research on supervision in community pharmacy is another study which shows that both pharmacists and pharmacy technicians believe that the list of activities that pharmacy technicians can carry out, without direct supervision, is limited. [10] For skill mix to be effective, allowing pharmacists to develop more clinical roles, the whole pharmacy team must be confident that all pharmacy technicians can carry out routine-but-time-consuming dispensary tasks without direct supervision and be accountable and responsible for their actions. Therefore, even if the list of tasks performed by **practitioner** pharmacy technicians was specific but relatively limited, all **practitioner** pharmacy technicians would have to be capable of carrying out these duties to an extremely high degree of accuracy and consistency. This would create a solid foundation on which to build the higher-level skills sets of **advanced practitioner** and **specialised practitioner** and **established specialised practitioner** pharmacy technicians. Table 1 includes examples of tasks which could be carried out at each level of practice, which have been provided for illustrative purposes only.

As well as aligning the interests of pharmacists and pharmacy technicians, the principles established in the NWW work described earlier show that the structured framework described must also drive direct benefits to patients and other service users. To illustrate this point, one way that this could be achieved would be to ensure that pharmacy technicians could provide support to any patients who may need first aid (e.g. in the event of fainting or anaphylactic reaction) at any time while in a pharmacy; as such, all pharmacy technicians working at **practitioner** level would have a minimum level of first aid training with up-to-date evidence of capability. This



principle, if used, would help ensure that patients' right to high standards of care, in any healthcare environment, could more easily be met.

It could be determined that all pharmacy technicians working at **practitioner** level must have undertaken a dispensing accuracy assessment approved by the regulator (existing pharmacy technicians would need to revalidate). This would mean that there could at least exist a common, consistent platform that could be relied upon in terms of the accuracy of their dispensing.

**Practitioner** level pharmacy technicians or above would be required to revalidate periodically using a relatively straightforward practical test covering the routine - but fundamental - tasks of stock storage, selection and dispensing accuracy. From the dispensing error episodes that are handled by the PDA, it is clear that these are some of the important bedrocks upon which safe medicines supply is built. Pharmacists, other stakeholders and the public must be confident that these tasks are delivered consistently to the highest possible standard before skill mix can be relied upon to enable more patient-facing services provided by pharmacists from pharmacies.

#### 8.4.2 Advanced practitioner pharmacy technician

Applying again the findings of the NWW experience, **advanced practitioners** would be built upon the generalist foundation of being a **practitioner** and in addition they would be trained and skilled in the roles required to meet specific local needs. This approach would be taken to the roles of both pharmacists and pharmacy technicians. For **advanced practitioner** pharmacy technicians, these advanced roles could include healthy living advice, smoking cessation services and services to care homes. **Advanced practitioners** (whether pharmacists or pharmacy technicians) would demonstrate that they were accomplished generalists and would have at least two years' experience of operating at **practitioner** level (as an example). They could select a minimum number of role-specific learning modules that would enable them to deliver a number of the services offered from their pharmacy (we propose five for illustrative purposes for pharmacy

technicians). **Advanced practitioner** pharmacy technicians could also take responsibility for some of the more mission-critical activities and specialised roles such as prescription accuracy checking. They would require up-to-date evidence of capability in each of these areas. This would ensure cost-effective allocation of resources and training. Pharmacy technicians could become more highly skilled and focused on the services they were delivering in their pharmacy to support pharmacists in their new community-pharmacy-based roles. Pharmacy technicians would not usually be trained to **advanced practitioner** level in services that they could not routinely deliver in their pharmacy, as the currency of their qualification would be rapidly lost and this in turn would result in a diminution of patient care and public protection.

#### 8.4.3 Specialised practitioner pharmacy technician

**Specialised practitioner** pharmacy technicians would have a minimum of two years' experience working at the **advanced practitioner** level and would focus on just one or two areas where they could deliver either:

- a more complete service based around one of the advanced level modules
- a more specialised service that may only be offered:
  - in the secondary care setting, or
  - at a limited number of specialised community pharmacies, or
  - in the primary care interface.

Although the fundamental principles behind the skills and salary escalator would be the same for both pharmacists and pharmacy technicians, the substantial differences in their respective training, expertise and professional status (coupled with the expectations of the public) would create very significant differences in both the range and the depth of the services that would be expected to be delivered by each group. As an example, for **specialised practitioner** pharmacy technicians, these specialisms may include inhaler technique advice, aseptic dispensing and

medicines reconciliation, care home and residential home service support and even taking blood samples. Revalidation in respect of these specialisms would be required on a regular basis.

Specialised services to be delivered by **specialised practitioner** pharmacy technicians - with higher levels of qualifications and expertise - could be developed in specialised community practices, or even in GP practices or clinics according to local need. The same concept could be applied to pharmacists in the community pharmacy setting as part of their structured career framework.

**Specialised practitioner** pharmacy technicians could also work in support roles that could be operated in combination with a pharmacist, much in the same way that a dental nurse supports a dentist whilst a dental procedure is undertaken. Examples of this may include where a pharmacist is providing a face to face pharmaceutical care consultation with a patient and is discussing the clinical appropriateness of the medicines, simultaneously the **specialised practitioner** pharmacy technician could be supporting the process by undertaking a full medicines reconciliation service.

#### 8.4.4 Established specialised practitioner pharmacy technician

Ultimately, just as it would for pharmacists working to a parallel structured career framework, **specialised practitioner** pharmacy technicians with at least two years' experience could be able to - and could choose to - operate at even higher levels of expertise of the salary and skills escalator for pharmacy technicians. Such individuals could be well placed to influence the development of the pharmacy technician workforce, by supporting training programmes or working in a variety of leadership roles, or to supervise pharmacy technicians locally across a group of pharmacies or within an NHS trust. Alternatively, **established specialised practitioner** pharmacy technicians may take on a further specialism involving an additional qualification – for example in project or programme management, or teaching.

## 8.5 The value of the structured career / skills and salary escalator

It is important to emphasize that a framework based on quality, skills, qualifications and experience and with accompanying salary scales would need to be introduced to support the development of both pharmacists and pharmacy technicians. If buy-in could be secured across both groups, this could ultimately help pave the way for a greater transfer of some of the tasks seen in the community pharmacy setting to pharmacy technicians. This was proposed in the Scottish Government's 'Prescription for Excellence' vision for pharmacy. [11] Such a framework may already exist in exceptional situations in community pharmacy, but does not exist on any scale large enough to support a national policy on transfer of roles from community pharmacists to community pharmacy technicians.

Those pharmacy technicians currently performing vitally important - but relatively routine - tasks in community pharmacy could continue to do so at **practitioner** level, but would become more effective and accountable team members, operating as part of a far more effective and transparent form of skill mix that would help free up pharmacists' time to develop clinical roles. Pharmacy technicians would also be able to enhance their skills, responsibilities and remuneration by working up to **advanced practitioner**, **specialised practitioner** and even **established specialised practitioner** levels. Pharmacy technicians at each level would be more effectively regulated and their performance would be more standardised - and therefore likely more trusted - by pharmacists. They would become more accountable and would see their skills employed in the most efficient and appropriate manner, as part of a greatly improved skill mix model that would ultimately improve patient care in a cost-effective manner.

Table 1 - Proposed career structure for pharmacy technicians (for illustrative purposes)

Career grade	Job description to include	Training, competency and experience requirements
Practitioner	<ul style="list-style-type: none"> <li>• Relevant annotation on the GPhC register (to include sectoral designation)</li> <li>• Dispensing to extremely high levels of accuracy and consistency – verified via a dispensing accuracy and consistency assessment and certification approved by the regulator</li> <li>• Putting away and selecting stock for dispensing</li> <li>• A thorough appreciation of clinical governance requirements relating to dispensary practice</li> <li>• An understanding of the relevant legal requirements relating to prescriptions, medicines, pharmacy operations, patient confidentiality and data security</li> <li>• An understanding of the ethical requirements relating to patient care and pharmacy practice as described</li> </ul>	<ul style="list-style-type: none"> <li>• At least 5 GCSEs at grade C and above as an entry requirement</li> <li>• A QCF level 4 or 5 qualification for the initial education and training</li> <li>• Satisfactory completion of a pre-registration year and a pass on a pre-registration exam</li> <li>• At least two years' pharmacy experience (to include, for community practitioners, at least six months on the medicines / healthcare counter)</li> <li>• Practical revalidation required periodically to ensure currency</li> </ul>

	<p>in enhanced regulatory requirements issued by the GPhC</p> <ul style="list-style-type: none"> <li>• A solid understanding of individual responsibilities and competencies</li> <li>• First aid qualifications</li> <li>• Knowledge of over the counter medicines, verified by assessment</li> <li>• Participation in the continuing development requirements of the GPhC</li> </ul>	
<b>Advanced Practitioner</b>	<ul style="list-style-type: none"> <li>• Relevant annotation on the GPhC register (to include sectoral designation)</li> <li>• Accuracy checking (as long as a pharmacist's clinical check has been carried out) verified via an accuracy checking assessment and certification approved by the regulator</li> <li>• As for <b>practitioner</b> but with the completion of at least five modules relevant to their pharmacy's practice</li> </ul> <p>Examples may include:</p> <ul style="list-style-type: none"> <li>• Smoking cessation</li> <li>• Substance abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of training and qualification in at least five modules relevant to their pharmacy's practice</li> <li>• At least two years' satisfactory practice experience at practitioner level</li> <li>• Evidence required of up-to-date ability in each of the five modules</li> <li>• Practical revalidation required every two years to ensure currency</li> </ul>

	<ul style="list-style-type: none"> <li>• Healthy living advice</li> <li>• Services to care homes</li> <li>• Compliance aids</li> <li>• Stock control</li> </ul>	
<b>Specialised Practitioner</b>	<ul style="list-style-type: none"> <li>• Relevant annotation on the GPhC register (to include sectoral designation)</li> <li>• Specialised training, practice and experience in no more than two areas at specialised practitioner entry level, such as: <ul style="list-style-type: none"> <li>• Blood sample taking</li> <li>• Supervised medicines administration</li> <li>• Dispensary management</li> <li>• Inhaler technique</li> <li>• Aseptic dispensing</li> <li>• Medicines reconciliation</li> <li>• Drug history taking</li> <li>• Patient counselling on discharge</li> <li>• Screening for high risk drugs on admission</li> <li>• Controlled drug checks and the management of drug addiction services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Completion of training and qualification in no more than two modules relevant to their specialised practice</li> <li>• At least two years' satisfactory practice experience at advanced practitioner level</li> <li>• Likely to be mainly in secondary care and highly specialised community pharmacies</li> <li>• Practical revalidation required on a regular basis to ensure currency</li> </ul>



	<ul style="list-style-type: none"> <li>• Homecare service support</li> </ul>	
<b>Established Specialised Practitioner</b> (For those at the highest levels of expertise)	<ul style="list-style-type: none"> <li>• Management, leadership and governance roles involving the supervision of other pharmacy technicians and support staff</li> <li>• Strategic roles contributing to the development of the pharmacy technician workforce locally and beyond</li> <li>• Educational assessor / quality assurance roles</li> </ul>	<ul style="list-style-type: none"> <li>• At least two years' satisfactory practice experience at specialised practitioner level</li> <li>• May require a management MBA, teaching qualification, governance / audit qualification or project / programme management qualification</li> </ul>

## 8.6 Dovetailing the structured career framework of pharmacy technicians with one for community pharmacists

The structured career framework identifying the levels for **practitioner**, **advanced practitioner**, **specialised practitioner** and **established specialised practitioner** for pharmacy technicians would need to be simultaneously overlaid upon a similar framework for pharmacists. This has been alluded to on many occasions in this report because it is such a necessary and vital component of any successful skill mix model in community pharmacy.

A carefully considered approach to the simultaneous establishment of structured career frameworks for community pharmacists and pharmacy technicians, linked to skills and salary escalators, would provide a strong and mutually beneficial incentive for both pharmacists and

pharmacy technicians to positively engage in driving new role development through skill mix in community pharmacy. It would not only encourage pharmacists to delegate roles to pharmacy technicians - because this would be the pre-requisite for pharmacists to develop their own new roles - but would allow them to do so from a solid foundation where there was much more clarity and understanding as to the suitability of qualifications and training of pharmacy technicians. This systematic, planned and structured approach to skill mix would ensure that the care of patients and the public was developed and enhanced, with safety kept as a major focus.

## 8.7 Conclusions

1. A number of pharmacy technicians, mainly practising in secondary care, carry out more specialised roles and assume significant levels of responsibility; however, this level of expertise is not widespread and is rare in community pharmacy. The overall standard of the pharmacy technician register - and therefore of patient care - could be improved by introducing a national structured career framework that would be supported through GPhC register annotation. This would ensconce the additional qualifications, experience and expertise across primary and secondary care and would help to remove much of the uncertainty and caution that currently exists among community pharmacists. A structured and planned approach to the creation of a skills and salary framework for both pharmacists and pharmacy technicians - introduced simultaneously - would allow the development of skill mix on the one hand, whilst ensuring that patient safety was a central objective on the other. It would also ensure that a much-improved skill mix model was cost-effective and that both pharmacy technicians and pharmacists were able to engage with more demanding roles suited to their respective skillsets.

2. The right pre-entry levels and pre-registration and qualification exam processes for pharmacy technicians would be fundamental to the success of creating an effective skill mix model (as described in Section 3). Additionally, if the requisite levels of regulatory support to provide public protection were in place - via annotation of the pharmacist and pharmacy technician registers with the registrant's level of practice as well as a sectoral designation - then a structured career framework in community pharmacy for both groups would provide suitable safeguards and enablers to more advanced levels of practice.
3. The successful process adopted in hospital pharmacy, coupled with the lessons provided by the New Ways of Working model used in mental health, provides a useful template for implementing any proposed changes to skill mix in pharmacy.

## 8.8 Recommendations

1. Pharmacists can only be expected to relinquish existing roles and technicians expected to take on these roles where an overarching workforce plan including suitable training and career framework are in place for both groups and opportunities exist for them to take on new roles in a planned and integrated fashion.
2. A structured career framework, linked to a skills and salary escalator, should be developed in the community pharmacy setting to help to bring about the kind of skill mix transformation and results that have been seen in hospital pharmacy practice.
3. The design of a structured career framework relying upon **practitioner, advanced practitioner, specialised practitioner** and **established specialised practitioner** roles must be planned at the same time for both community pharmacists and pharmacy technicians.

This would ensure that the frameworks dovetail and produce proper operational compatibility and crossover. The planning process would need to ensure that patient care and safety are the primary concern at all times.

4. The structured career framework should be based upon a transparent qualification, suitable experience and a validation framework, alongside regulatory support through an appropriate GPhC register annotation process.
5. The lessons from the successful Department of Health New Ways of Working programme should be adopted by:
  - a. Horizon scanning to identify long-term changes that may require future changes to the respective roles
  - b. Identifying the benefits of skill mix for patients
  - c. Securing buy-in through clear communication with the relevant key stakeholders. Ensuring that stakeholders are not only signed up to the programme, but that they are active partners in its implementation.
  - d. Clearly defining any competency requirements for any new roles
  - e. Establishing complete clarity around professional accountability and responsibility
  - f. Securing funding for the staff involved in any expanding roles (via a skills and salary escalator). Staff are unlikely to take on more responsibility unless they are paid more.
  - g. Securing and disseminating evidence of what works well to all participants along the way
  - h. Expecting that the process will take up to five years.

6. Planning and leading the overall programme of change must be done by personnel who are experienced in the field and whose authority is earned by their ability to command the respect of those who will be affected by the changes.

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