Foreword from the Chair of the PDA

This report is about the role of pharmacy technicians in community pharmacy and is the output of significant research and analysis carried out over a period of several years.

It has been published because, in recent years as the pressure upon the NHS has been increasing, the government has been looking at ways to improve the accessibility to healthcare in the UK, to meet the needs of the public. The government has been considering the unexploited possibilities that are available through skill mix and in community pharmacy, it has been placing emphasis on the greater utilisation of pharmacy technicians.

In response to this government led initiative, this report seeks to set a sensible vision for the future development of pharmacist and pharmacy technician practice in community pharmacy in particular and it proposes ways in which this can be done. In undertaking this project, the PDA discovered many highly relevant factors and the report reflects upon important challenges which must be overcome in order to move forward in a safe and sustainable manner. Inevitably, there will be those that do not like the challenges, nor the solutions proposed. It is hoped however, that those who care about patient safety and the successful future of pharmacy as well as the future roles of pharmacists and pharmacy technicians will consider the detail of this report and engage in a collaborative way about how progress can be made which benefits patients and all those who work in pharmacy.

As a solely pharmacist organisation, the PDA does not have pharmacy technicians in its membership. However, it fully appreciates that pharmacy technicians are valued colleagues who work alongside its members every day; they are often the friends, family and the fellow employees working together as a team. If skill mix is to work, then it is important that pharmacy

technicians have rewarding jobs with career development, job security, respect at work and fair reward, just as these things are important for pharmacists. It is important to note also that the role of pharmacy technicians in hospitals, manufacturing and primary care is both significantly more developed and very different to that of community pharmacy technicians. Those who seek to rely upon their experiences of one sector, without considering the fundamentally different realities of another should take great care when they participate in the debate about skill mix in community pharmacy. As this report will demonstrate, such a superimposition is an easy mistake to make, but it has already done much to harm this important consideration.

The PDA undertook this project as part of its work on exploring a successful long-term strategy for pharmacy in the UK. If the pharmacy workforce in community pharmacy in particular could be reconfigured and improved, then this would enable the profession to take on many new, professionally fulfilling and exciting opportunities. In many of the other sectors of pharmacy, through careful planning and proper investment, this question has already been resolved. The time has come for community pharmacy to have clarity on what the respective roles of pharmacists and pharmacy technicians could and should be.

Background

The mandatory register of pharmacy technicians in Great Britain was established by the General Pharmaceutical Council in 2011 and soon afterwards, the government established its "Rebalancing Medicines Legislation and Pharmacy Regulation programme board". One of its main objectives was to seek ways to better exploit skill mix in pharmacy. Contained within its terms of reference was included;

"To address in parallel medicines and professional regulatory matters (e.g. supervision), which are considered to restrict full use of the skills of registered pharmacists and registered pharmacy technicians".

The PDA believes that pressure on the NHS can be managed much more effectively through the better of use of pharmacists and pharmacy technicians. In the community pharmacy setting in particular, it is evident that if the further development of the pharmacist's role is to be facilitated and pharmacists are to become more patient facing in the future, an extended role and greater responsibility for pharmacy technicians is not only desirable, but ultimately it is essential. However, the development of skill mix and the role of pharmacy technicians through the establishment of the Rebalancing Medicines Legislation and Pharmacy Regulation programme board, to which members are appointed exclusively by the government, where the agenda is narrowly focussed and from which the wider pharmacy profession is largely excluded, has created suspicion among pharmacists. Through a leak to the Chemist and Druggist magazine in September 2017 of a programme board document, it became clear that it had developed proposals to allow pharmacy technicians to supervise the sale and supply of prescription only and pharmacy only medicines and pharmacy staff, in the absence of a pharmacist. This has created anxiety and concern amongst pharmacists and pharmacy organisations in the UK and overseas.

The PDA believes that the best way for the Rebalancing Board to develop policy is to take advantage of the wider expertise available within the profession to tackle some of the important thorny issues; some of which will impact upon the safety of patients. In this way pharmacists and technicians are more likely to feel engaged in the process and support the natural and successful development of skill mix in community pharmacy.

The current programme of planning for the re-engineering of community pharmacy is more radical than at any time in the last thirty years and it is vital that it is successful. The outcome must be based on an exercise that is undertaken with the greatest of care, relying on the widest consideration of all factors; both favourable and otherwise. It must also rely on transparency and the full and proper engagement of the wider profession.

This report has been developed over three years and its publication at this time is designed to assist in the instigation of a wider consideration of all factors and to enable an intelligent debate within the profession at this time of potentially great change. It includes observations which are applicable to many pharmacy technicians but concentrates particularly on the community pharmacy sector as this is an important focus of the current re-engineering exercise.

This report considers a wide range of relevant topics, many of which have thus far not been properly addressed or even considered at all. These include a consideration, from a patient safety point of view of how public protection is delivered through healthcare regulation. It considers the reasons why currently, there may be a lack of regulatory traction in relation to pharmacy technicians and it explores the important difference between a healthcare professional and a healthcare technician. The report considers the methods employed by other healthcare professions in the UK, who have successfully used skill mix and technicians to drive new services for the benefit of patients and it contrasts these approaches with the issues that emerge in community pharmacy. It looks at the issues concerned with the education and training of pharmacy technicians in the UK, not least of these is that 73% of those on the register of pharmacy technicians (as at April; 2017) were admitted onto the register through grandparenting arrangements. Of considerable concern is that the GPhC does not hold records of any assessments having been conducted as to the suitability of their qualifications relied upon during the grandparenting process.

the pharmacists' defence association

The report considers the roles, both current and proposed as compared to their pharmacy technician colleagues who operate in different environments in other European countries.

Through significantly elevated standards of training, education, practice and professional awareness, with the support of regulation, healthcare professionals are entitled to use protected titles; such as pharmacist, doctor or dentist. This is a system, which is deemed to be so fundamental to the protection of the public that it can rely on criminal sanctions for those who use it without justification. It must be recognised by any intelligent analysis that the creation of a mandatory public register of individuals in 2011 did not result in the overnight creation of a profession of pharmacy technicians. Despite this, there are some areas of pharmacy practice, such as that seen in hospitals, in primary care and in manufacture where pharmacy technicians operate to high standards and without their involvement, the respective services would undoubtedly suffer. This report considers the reasons why, in a general sense, the development of pharmacy technician practice in the community pharmacy setting has not occurred to anything like that seen in these other areas of practice.

Through a focus upon patient safety and public confidence, the report seeks to explore whether a more rigorous and consistent approach needs to be taken when quality kite marking groups of individuals such as pharmacy technicians with protected titles and when describing them as healthcare professionals.

Professional interests are borne out of a collective ambition and they lead to the creation of a strong representative voice. If there is no strong representative voice, then arguably, the collective ambition may not exist. The Association of Pharmacy Technicians UK (APTUK) has only 6% of the pharmacy technician register in its membership with only a minority of these being from

the community pharmacy setting. Bearing in mind that the Rebalancing Board is primarily looking at the re-engineering of community pharmacy, this report challenges whether the board has sufficiently sought evidence that pharmacy technicians in community pharmacy settings are truly supportive of the roles and responsibilities being proposed and whether those views are being appropriately represented.

Finally, the report considers ways in which the successful development of the roles of both pharmacists and pharmacy technicians could be developed through a symbiotic process which develops the roles of both groups to their mutual benefit and ultimately, to the benefit of the public. An example of such a process is one that has successfully been used in the hospital pharmacy setting since the 1980's. Furthermore, this report examines successful exemplars of service re-engineering which relied on skill mix from other parts of the NHS as they provide powerful frameworks for change which could easily be adapted for community pharmacy.

The PDA makes recommendations in respect of these things and describes a way forward which could be embraced, to:

- **Unify pharmacists and pharmacy technicians behind a common vision and purpose, based on shared interests and mutual benefit.**
- **Develop more rewarding, fulfilling roles for both groups, including enhanced clinical roles, which make more appropriate use of their respective skills.**
- **Establish a symbiotic, complementary and effective skill mix model in community pharmacy.**
- **Create rewarding career frameworks, supported by skills and salary escalators and appropriate remuneration.**

- **Enhance patient care and safety, improve governance and regulation, develop the UK healthcare infrastructure and reduce the burden both on community pharmacy and other areas of the NHS such as GP surgeries and secondary care.**

It is fully recognised that some of the issues explored in the report will be deemed emotive, but it is vital that they are considered within the scope of the wider pharmacy practice development exercise. The PDA's intention is to promote wider engagement of the profession in a thought provoking debate that considers the broader factors and encourages all stakeholders to reach a positive consensus on how to address the matters raised. Our ambition is to make pharmacy better for patients, pharmacists and pharmacy technicians. We hope all stakeholders potentially affected will engage in the debate in this spirit.

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Chairman
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