



Rt Hon Andrea Leadsom MP

Parliamentary Under Secretary of State
(Minister for Public Health, Start for Life and Primary Care)
Department of Health and Social Care
39 Victoria Street
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The difference between pharmacists and pharmacy technicians

Dear Minister,

With more than 38,000 members, our organisation represents the majority of pharmacists in the UK and on their behalf, I am raising important safety concerns about the direction of travel of government policy in relation to clinical pharmacy roles being undertaken by technical staff who lack the necessary underpinning education.

We recognise that all pharmacy organisations and other stakeholders can respond to each individual consultation or specific policy step change. However, we want to be sure that as Minister responsible you are fully aware of the cumulative risks to patient safety that are now starting to build over time because of the undeniable move towards allowing pharmacy staff to undertake activities which are inappropriate to their educational standard. There is a consequent risk to the British public that this role substitution may cause.

You will be aware that in a similar vein, very recently the British Medical Association (BMA) have asked for the process of transferring roles and responsibilities to Physicians Associates to be paused due to a number of patient safety incidents including loss of life.

They have also asked their members to consider a more detailed protocol before they consider their reliance upon Physicians Associates going forward and this includes several very sensible restrictions and conditions in their use.

In pharmacy, we are facing a similar dynamic with Pharmacy Technicians being increasingly asked to undertake clinical tasks that hitherto have only been undertaken by pharmacists.

The Pharmacy Technicians became a regulated group as recently as 2011 at which point they joined their newly created register via a grandparenting provision.

Despite this, the PDA wholeheartedly supports, through skill mix, pharmacists and pharmacy technicians working in a complementary way to deliver a growing range of services for the benefit of patients.

However, even today, thirteen years after they became a regulated group, fewer than 50% of their register has subsequently taken the pharmacy regulators (General Pharmaceutical Council) approved NVQ level 3 qualification route to registration. Even those pharmacy technicians who have taken the NVQ level 3 qualification have reached only the equivalent standard of one A level. Whereas pharmacists must have three A levels with high pass rates as a pre-condition of being

admitted to a four-year university master's degree. This is followed by a year of professional examination, which is so rigorous, that it allows only 80% of those who undertake it to enter the register of pharmacists. Currently, pharmacy undergraduates are also being trained to become independent prescribers. There is a very significant difference between the training and formation of the pharmacists and that of the pharmacy technicians.

Consequently, the services that each perform must be properly constructed and we support skill mix, however this is a quite different proposition to role substitution. Additionally, when receiving a service or advice, patients deserve to know the difference, and whether they are dealing with a pharmacist or a pharmacy technician.

Our concerns about the rapid role expansion for pharmacy technicians mirror those raised by the BMA around the emergence of Physician Associate roles.

The ambition of senior NHS pharmacy and DHSC leaders that pharmacy technicians should enjoy 'parity of esteem' with pharmacists and that pharmacy technicians should be enabled to step into clinical roles, is not only unrealistic, but it is potentially dangerous as they simply lack the underpinning educational context. The PDA is clear that in the interests of patient safety there must be a distinction between clinical activities (undertaken by a pharmacist) and technical activities (undertaken by a pharmacy technician).

In parallel to what is happening with medical professionals and Physician Associates, the actions of senior NHS officials reinforce the BMA's view that "the health system is seeking to undermine the role of clinicians in favour of colleagues with less training, skills and expertise."

Currently, the NHS is rapidly developing new roles and services for pharmacy technicians that are way beyond **their NVQ** level 3 capability. The recent consultation on enabling pharmacy technicians (both NVQ level 3 and those who have entered their register via a grandparenting route) to use Patient Group Directions (PGDs).

This can be a clinically challenging process involving aspects of diagnosis which lead to the making of important clinical decisions such as whether a particular medicine is safe and suitable for that individual patient following a full and comprehensive history taking, including an analysis and an understanding of their underlying medical conditions, their likely impact upon metabolism, the need for dosage adjustment as well as any contra-indications. The suggestion is that pharmacy technicians will be capable of treating members of the public that walk into a community pharmacy without even making an appointment. This is being proposed by the DHSC at a time when the nearest comparator for PGD delivery in other healthcare sectors is at NVQ level 5 or 6 and even at level 7.

If the workforce were appropriately reconfigured and developed, pharmacy practice with the appropriate support of pharmacy technicians would undoubtedly be enabled to take on a range of new services. However, the PDA strongly believes that when patient safety is at stake, this must be based on a solid foundation of proper skill mix, education, training and governance, and not on a desire to simply plug gaps in the workforce.

The foundations of PDA policy in this area can be found in an *in-depth assessment* of the UK pharmacy technician workforce which was published in 2019. The report made ambitious proposals to develop the roles of pharmacists and pharmacy technicians and work in combination to meet the needs of the NHS and the public.

Since the creation of the register of pharmacy technicians in 2011, the government, the NHS, the pharmacy regulators, the Royal Pharmaceutical Society, and the Association of Pharmacy Technicians UK have increasingly used the term ‘pharmacy professional’ to collectively describe pharmacists and pharmacy technicians.

Whilst this homogenisation or blurring of the lines between these two groups may well serve a broader agenda to expand the range of services being provided by pharmacy technicians, and give the impression of normality and acceptability, the increasing use of the phrase distinctly gives the public the impression of parity of these two occupational groups. The common use of the terminology ‘pharmacy professional’ has the potential to mislead the public, it is neither appropriate nor helpful in taking pharmacy practice forward in a positive direction. This is evidenced in a recent oral evidence session given at the Health and Social Care Committee on 16th January 2024. William Pett, the Head of Policy and Public Affairs and Research for the patient advocacy group Healthwatch, made some important contributions about this very point.

He said;

“Broadly, it is very understandable why some of the workforce challenges could be alleviated by expansion of what pharmacy technicians could offer. From a patient perspective, our sense from our research is that patients would welcome the increased use of pharmacy technicians, but only on the basis that they feel informed and aware of the difference between a pharmacy technician and a pharmacist.

We would be concerned about patients seeing a pharmacy technician thinking that they are seeing a pharmacist. Our evidence shows that, when patients are taken through who they are seeing and what the role is of that professional, there is generally a good experience of care. The point around patient education and awareness is really important”¹.

The use of the term ‘pharmacy professionals’ confuses patients, policy makers and Members of Parliament and we ask that the Minister takes appropriate steps to end the practice.

The PDA has submitted comprehensive responses to recent government consultations around the use of [patient group directions by pharmacy technicians](#) and on [pharmacy supervision](#) and urges the government to ensure that the patient safety concerns raised by the PDA around the expansion of the pharmacy technician roles are properly addressed.

If you would like to discuss any of the above, my team and I would be happy to meet with you. In either case, I hope you will review the issues we have raised.

Yours sincerely



Mark Koziol M.R.Pharm.S.
Chairman

¹ Health and Social Care Committee - Oral evidence: Pharmacy, HC 140 - Tuesday 16 January 2024
<https://committees.parliament.uk/oralevidence/14087/pdf/>