



The Pharmacists' Defence Association's Response to the Institute for Apprenticeships and Technical Education's Consultation on a Proposal to Develop an Apprenticeship to become a Pharmacist

April 2019

About the Pharmacists' Defence Association

The Pharmacists' Defence Association (PDA) is a not-for-profit organisation which aims to act upon and support the needs of individual pharmacists and, when necessary, defend their reputation. It currently has more than 28,000 members. The PDA Union was inaugurated in May 2008 and achieved independent certification in 2011.

The PDA is the largest pharmacist membership organisation and the PDA Union is the only independent Trade Union exclusively for Pharmacists, in the UK.

The primary aims of the PDA are to:

- Support pharmacists in their legal, practice and employment needs
- Represent the individual or collective concerns of pharmacists in the most appropriate manner
- Proactively seek to influence the professional, practice and employment agenda to support members
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practices, so improving patient care
- Work with like-minded organisations to further improve the membership benefits to individual pharmacists
- Arrange insurance cover for individual pharmacists to safeguard and defend their reputation.

Summary

The Institute for Apprenticeships and Technical Education is consulting on a proposal to develop an apprenticeship to become a pharmacist.

The consultation runs from 4 April 2019 to 14 April 2019.

Questions

Do you support the development of the Apprenticeship Standard set out in the proposal?

No

Comment here

This apprenticeship standard is not appropriate for the pharmacy profession.

An apprenticeship standard must not be developed for qualification as a pharmacist. This is not an appropriate route to qualification for the profession.

Do you recognise this occupation and is it in demand in the labour market?*

Partially

Comment here

Our view is that the nature of this question and the limited response options are not suitable.

We recognise the qualification and it is in demand insofar as the public depends on access to pharmacists. However, there are already sufficient numbers of registered pharmacists to meet the demand. The introduction of this qualification is both inappropriate and unnecessary for a professional qualification as a pharmacist.

Do you think the occupation proposed is sufficiently skilled to require employment and training of at least 12 months duration, with 20% of the time in off-the job training? *

Yes

Comment here

Clearly, the occupation is sufficiently skilled to require employment and training of at least 12 months' duration. Pharmacists' initial education and training involves four years of

academic study at University to Masters level, and a year of pre-registration training on the job.

Are you aware of any other existing or proposed apprenticeship standards that could deliver this occupation?*

No

Comment here

Pharmacy students complete four years of academic study at University and a year of pre-registration training to qualify as a pharmacist.

Does the occupational profile define what is needed to undertake the occupation competently? If 'No', please give details of what it should include. *

No

Comment here

An apprenticeship is an inappropriate route to qualifying as a pharmacist. There is an established route for it – a Master's degree in Pharmacy at University, accompanied by a year of pre-registration training before qualifying. Pharmacy students undertake a substantial period of academic training before entering the workplace because there is a recognised need for them to have attained a suitable level of underpinning knowledge

Do you consider the proposed occupation to be sufficiently wide-ranging to allow an apprentice to develop transferable skills that will enable them to perform this role across the wider sector?*

No

Comment here

An apprenticeship would not require cross-sectoral training in pharmacy and it would not be guaranteed to ensure that those qualifying developed sufficient transferable skills to allow those gaining the qualification to work in roles across the wider sector.

It is in any event an inappropriate route to qualifying as a pharmacist.

Do you have any other comments?

We oppose the development of the Apprenticeship Standard for the following reasons:

- The apprenticeship would be led and controlled by employers, leading to a two-tier approach to qualifying as a pharmacist. It would shift the profession away from a professional University-led model to a model traditionally associated with technical occupations. An apprenticeship route for qualification as a pharmacist would be highly disruptive to the pharmacy profession. Apprenticeships would be appropriate for pharmacy technicians, but our view is that they are not appropriate for pharmacists.
- If the apprenticeship development goes ahead, whilst under existing EU law (Directive 2005/36/EC) it would need to be developed in conjunction with a University, any employer could use it, outside of the normal UCAS application process.
- Entry standards and more broadly the entire initial education and training of pharmacists would be influenced by large corporate employers. We would not wish to see a reduction in standards and deprofessionalisation if employers sought to reduce costs.
- The proposals would potentially lead to increases in the number of registered pharmacists, affecting the balance between supply and demand and diminishing the tried and tested routes of pharmacist education. Ultimately this would not be in the public interest, since it is important that the profession remains attractive enough as

a University Masters-level qualification so that appropriate standards are maintained to protect patients.

- The profession has not been widely engaged or consulted as to whether it wants an apprenticeship to be introduced. On that basis alone it should not proceed. There are many unanswered questions which cannot be addressed satisfactorily within the short timeframe available.
- The minimum wage for apprentices is £3.90 per hour in the first year then defaults to minimum wage. This could undermine the value of the profession.
- The PDA understands that the apprenticeship proposal has been in development for the past two years, although we are unaware of any information being disseminated to the wider pharmacy sector during this time. There seems to be no official information in the public domain about the employer trailblazer group that developed it.
- Though the GPhC and Royal Pharmaceutical Society have reportedly been consulted, there is no mention of the apprenticeship in GPhC Council or RPS board meeting papers in the past two years. Our understanding is that the Pharmacy Schools Council, comprised of representatives from the pharmacy universities, was also unaware of the consultation. The PDA had not been approached despite being the largest pharmacists' organisation in the UK. The consultation runs from 4 April to 14 April, allowing only 7 *working* days to respond.
- Pharmacists have consistently raised serious concerns about patient safety in surveys conducted by the PDA over the past three years, including in relation to staffing levels, workplace pressure and corporate targets within community pharmacy. The PDA's view is that it would be inappropriate to consider an apprenticeship qualification whilst these significant concerns remain. It would not be

a good basis on which to proceed for the future of our profession. There are no material consequences from the GPhC for such patient safety risks and poor working conditions (the GPhC has never issued a single sanction for a breach of its premises standards).

- There are two models of community pharmacy practice on the horizon:
 1. The continuation of the consumer/supplier type route – as preferred by vertically-integrated wholesalers. This model prioritises product volume throughput and has a very limited long-term future.
 2. The development of the healthcare professional / patient relationship – this relies upon clinical services being delivered by pharmacists and turning the community pharmacy into a healthcare hub.

If pharmacist training courses are designed or influenced by organisations wedded to the consumer/supply model they are likely to produce pharmacists predominantly prepared for that model which would be highly detrimental to the long-term strategic health of our profession.

- Even if an individual ultimately supported the introduction of an apprenticeship, the one-page proposal is poorly worded and factually inaccurate. It wrongly states that pharmacists “*are not required to diagnose and manage medical care*” and steers the qualification towards an employer-led view of what pharmacists should do. It also focuses on medicines management instead of pharmaceutical care, which in our view takes the profession in the wrong direction and is not in accordance with the NHS England objective of providing the public with pharmacists who are skilled and able to utilise independent prescribing qualifications to provide direct patient care in an increasing number of settings.