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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 1

Pharmacy Technicians Report 2018 –

Community pharmacy skill mix and the current UK landscape

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1 Professionalism: the differences between healthcare professionals and healthcare technicians

1.1 The role of a healthcare professional

Definitions of 'profession' as a noun include:

- a. *"A calling requiring specialized knowledge and often long and intensive academic preparation; a principal calling, vocation, or employment; the whole body of persons engaged in a calling" (Merriam-Webster English Dictionary) [1]*
- b. *"A paid occupation, especially one that involves prolonged training and a formal qualification" (Oxford English Dictionary) [2]*
- c. *"Any type of work that needs special training or a particular skill, often one that is respected because it involves a high level of education" (Cambridge English Dictionary) [3]*
- d. *"A "liberal profession" [e.g. doctors, pharmacists] is one where the practitioner is widely educated and, as such, is not just a technician" (International Journal of Business Research) [4]*
- e. *"An occupation in which an individual uses an intellectual skill based on an established body of knowledge and practice to provide a specialised service in a defined area, exercising independent judgement in accordance with a code of ethics and in the public interest" (the United Kingdom Inter-Professional Group (UKIPG)). [5]*

Commenting on the role of the healthcare professional, the UKIPG said: *"The public must have confidence in professionals to follow a code of conduct, maintain their competence and only undertake professional tasks for which they are competent. There is therefore a need to have*

evidence of competence and for regulatory bodies to be more proactive in maintaining professional standards, rather than merely reacting to complaints.” [5]

The Health Professions Council (now the Health & Care Professions Council, HCPC) also produced a detailed definition of professionalism: *“Rather than a set of discrete skills, professionalism may be better regarded as a meta-skill, comprising situational awareness and contextual judgement, which allows individuals to draw on the communication, technical and practical skills appropriate for a given professional scenario. The true skill of professionalism may be not so much in knowing what to do, but when to do it. The role of the educator is to raise awareness of this.” [6]*

The foundations of professionalism may be laid down long before a professional enters the labour market. William Goode, an American sociologist, provided a list of what he considered “generating traits” which, if possessed by a group of workers, signify that the group has become a profession. These can be simplified and grouped into two interrelated lists:

- **A body of professional knowledge**
 - Specialist knowledge which is useful to society and recognised by it as such
 - Formal organisation
 - Autonomy
 - Ethics.
- **The service ideal**
 - Use of knowledge to determine the needs of the client
 - Enduring ideals
 - Altruistic attitude recognised by society. [7] [8]

Personal characteristics which underpin professionalism, such as honesty and integrity, may also be learned long before a professional begins to practise. It is clear that the very fabric of professionals is important as the HCPC goes on to say, in its definition of professionalism: *“‘Professionalism’ is under increasing scrutiny across the health and social care professions, with many of the issues that emerge later in people’s careers being linked to a broad range of behaviours distinct from their technical ability. Fitness to practise cases heard by regulators such as the Health Professions Council (HPC) and the General Medical Council (GMC) often include components of inappropriate or unprofessional behaviour which would not be captured by competency testing.”* (Emphasis added). [6]

One review of this area identified many measures and approaches to assessing professionalism, but found no clear consensus on validity. It outlined five ‘clusters of professionalism’ found in existing measures, which were:

- Adherence to ethical practice principles
- Effective interactions with patients and people who are important to those patients
- Effective interactions with people working within the health system
- Reliability
- Commitment to autonomous maintenance / improvement of competence in oneself, others and systems. [9]

This illustrates the behavioural focus of many of these approaches.

The erstwhile Chief Pharmaceutical Officer for the Scottish Government, Professor Bill Scott, recently put forward his own definition: *“Professionalism can be defined by a set of values, behaviours and relationships. It encompasses aspects such as commitment, integrity, honesty, a sense of service, accountability, independent judgement and individual responsibility and is underpinned by a culture of continuous improvement.”* [10]

Steve Acres, former president of the Association of Pharmacy Technicians United Kingdom (APTUK) and Pharmacy Service Manager at University Hospitals of Leicester, summed up what it means to be a professional thus: *“The patient is absolutely at the centre of our care. As a registered healthcare professional, you have to take accountability and responsibility for the things you do in the workplace. Above all else it’s about behaviour and attitude and your general conduct in the workplace.”* [11]

Authorities and academics have achieved no clear, universally-applicable consensus on what distinguishes a profession from an occupation. In sociological literature, there has even been some debate as to whether pharmacists have achieved full professional status. It has been argued that mercantilism, corporatization, technology, consumerism and non-exclusivity of its social object (medicines) undermine pharmacists’ professional status. [12] [13] Based on this premise, it would be unlikely that the technical role of pharmacy technicians could be considered to have achieved professional status. This may explain why it has not been given a great deal of, if any, consideration in sociological literature.

1.2 The technician’s role

Definitions of ‘technician’ include:

- a. *“A specialist in the technical details of a subject or occupation; one who has acquired the technique of an art or other area of specialization”* (Merriam-Webster English Dictionary) [14]
- b. *“A person employed to look after technical equipment or do practical work in a laboratory; an expert in the practical application of a science; a person skilled in the technique of an art or craft”* (Oxford English Dictionary) [15]

- c. *“A worker trained with special skills, especially in science or engineering; a worker trained with special skills or knowledge, esp. in how to operate machines or equipment used in science” (Cambridge English Dictionary) [16]*

The Technician Council was established in 2010 and appears to have ceased operating in 2012. It was an initiative funded by the Department of Business, Innovation and Skills to raise the profile of technicians in the UK. Its members included those from the engineering, science, information and communications technology and health communities. [17] It defined the role of a technician thus: *“Technicians are highly productive people who apply proven techniques and procedures to the solution of practical problems. They carry supervisory or technical responsibility and competently deliver their skills and creativity in the fields of science, engineering and technology.”* [18]

Technicians are expected to be knowledgeable in the technical details of their trade, and practised in its application. There are different expectations and characteristics of technicians and professionals, reflected within the terms.

1.3 The role of employers in supporting professionalism

Employers and regulators have an important role to play in supporting and enabling professionalism to flourish and develop. The relevance and role of professionalism needs to be presented positively and proactively. [6] Professionalism may be developed through employer-led initiatives aimed at providing supportive environments in which professionals feel valued. The context-specific nature of professionalism means that further work in this area should address the development of professionalism as a dynamic judgement rather than a discrete skill set. [6]

1.4 The role of the regulator in supporting practice

Regulation involves setting standards for qualifications and practice. However, a regulator must ensure that it can describe the practice and then ensure that the qualification supports this. The regulator of pharmacy technicians in Great Britain (GB) – the General Pharmaceutical Council (GPhC) – has not yet delivered this objective. In order to regulate the group effectively, it must have a clear definition of the role in order to understand what it is regulating. Otherwise, for example, setting suitable standards for initial education and training, or the evaluation of continuing development submissions, may be poorly guided.

It should be noted that pharmacy technicians are not regulated in Northern Ireland (NI). The professional regulator of pharmacists and pharmacies in NI is the Pharmaceutical Society of Northern Ireland (PSNI). It has previously considered the prospect of regulating pharmacy technicians and indicated an intention to do so in the future in its 2017-2022 Corporate Strategy. [19] [20]

1.5 The role of a professional body in supporting professionalism

Strong professions are generally supported by a strong professional body, whose membership base is representative and which is generally held in high regard by the public and the profession alike, enabling it to strategically influence the development of practice. However, whilst pharmacists enjoy such support, pharmacy technicians do not.

Professional bodies are similar to, but distinct from, regulatory bodies. A professional body is a group of people in a learned occupation entrusted with maintaining control or oversight of its legitimate practice. A regulatory body, on the other hand, is accountable to the public and acts in

the public interest by setting minimum standards of practice for the professionals it regulates. [21]
It may work with the profession to agree and set minimum standards.

Professional and regulatory bodies play three roles:

1. They are set up to safeguard the public interest. This is what gives them their legitimacy.
2. Professional bodies (but not regulatory bodies) also represent the interests of their respective professional practitioners. In this capacity they act as a professional association or trade union (including legitimating restrictive practices), or as a learned society contributing to continuous professional development.
3. The professional or regulatory body represents its own self-interest: the organisations act to maintain their own privileged and powerful position as a controlling body. This is where control, legitimated by public interest, sometimes becomes confounded by control based on self-interest. [22]

The professional leadership body for pharmacists – the Royal Pharmaceutical Society (RPS) – stated that: *“Regulation is effectively a shared responsibility between professional leadership bodies setting standards for professional activity and the enforcement role of the regulator. This approach ensures that the regulator maintains public confidence in the regulatory process and achieves a safe environment for the public to access their pharmaceutical care. The professional leadership body has the role of demonstrating to the public that pharmacy is a trusted profession whose members deliver safe pharmaceutical care.”* [23]

1.6 Hierarchies in healthcare labour

Hierarchies necessarily exist within the divisions of labour in healthcare. Sociological theory has placed medicine as the dominant healthcare profession, as a result of its autonomy and the formal

control over the work of other allied professions. [24] By extension, particularly in the community pharmacy setting, the activities of pharmacy technicians are formally controlled by pharmacists; the pharmacy profession is the dominant group.

1.7 The difference between a professional and a technician

A technical role, as performed by a technician, will have a set of instructions; there will be a script to follow. If a technician identifies a problematic situation, he or she will know whether the matter will have to be handed over to someone else who knows what to do, or to seek guidance on how to proceed. As the person supporting the role of the professional, in such problematic situations, the technician will naturally turn to the professional for guidance, including in respect of the appropriate steps to be taken. Many technical procedures, such as taking blood or performing an x-ray, or assembling and labelling medicines as ordered on a prescription, require specific technical steps that rarely vary. Satisfactory delivery of the technical role relies largely upon accuracy and precision.

As an example of this in practice, the National Occupational Standards (NOS) applicable to pharmacy technicians require *adherence* to standard operating procedures at all times, whilst the responsibility for establishing, maintaining and reviewing them rests with the pharmacist. [25]

Technicians will be different from professionals. In a pharmacy context, whilst both groups will see differences between patients, pharmacists have a much broader base of skills and knowledge with which to interpret and act upon those differences. Pharmacy technicians do not have to make complex decisions based on extensive degree-level training and significant professional experience. Pharmacists, due to the nature of their training, will not only understand the need for specific questioning and tests; they will know how to interpret results, make decisions based on

what they find and explain what is happening to their patients - and why. They also need to be able to practice ethical decision making and operate in 'shades of grey' where clinical situations require them to be able to critically appraise and balance the available evidence and options regarding an intervention - and use that evidence to inform decisions based on the needs of individual patients.

It is in the public interest that healthcare professionals are involved in all clinical and ethical decision-making. Pharmacists do not need to perform every task themselves, but as individuals held to account by the public for patient safety, they must be satisfied that only suitable tasks are delegated to pharmacy technicians, who in turn must be appropriately qualified and experienced. Pharmacists should usually be supervising the work of pharmacy technicians to some extent, and always be readily available for pharmacy technicians to consult when the need arises.

It is also in the public interest to ensure that both pharmacists' and pharmacy technicians' skills and competencies are used to the best effect, which requires an understanding of where the boundaries lie between their respective skills and competencies. These boundaries must be clearly linked to the underpinning qualifications, competency assessment and professional awareness, to ensure that their roles interlock effectively and safely.

1.8 Pharmacy technicians in the hospital setting

The practice of the technician should be developed in such a way that it supports the role of the respective professional. This is an important element of an effective skill mix model. In a pharmacy context, pharmacy technician practice has been developed very successfully in the hospital setting. Here, new pharmacist roles were first established in the 1980s and the pharmacy technician service was later developed to support the further development of the pharmacist's

role. As such, the roles of hospital pharmacists and hospital pharmacy technicians developed symbiotically and in an organised way.

From a sociological perspective, it could be said that in the hospital sector, pharmacists have been able to delegate routine, generic activities to the lower status occupation (pharmacy technicians) to enable specialization as a means of reinforcing its professional (dominant) status.

Since the 1980s, the roles of pharmacy technicians in the hospital setting have developed significantly; this has led to the development of a structured career framework for both pharmacists and pharmacy technicians. Over time, pharmacy technicians in hospitals have been able to specialise and have been allowed greater degrees of autonomy. Hospital pharmacists have generally welcomed the development of the support roles being provided by pharmacy technicians.

It must be noted, however, that whilst some senior pharmacy technicians in the hospital setting are beginning to practise autonomously, they are not making complex clinical or ethical decisions.

1.9 Pharmacy technicians in community pharmacy

Conversely, the approach being taken by the government to community pharmacy bears no similarity to the successful approach that was taken in the hospital setting. In community pharmacy, the government appears to be trying to hastily develop the role of the pharmacy technician, without first developing the role of the pharmacist. The result of this is that pharmacists perceive 'boundary encroachment' of pharmacy technicians in to their professional roles. This has caused tension and conflict and has left pharmacists feeling suspicious of the government's pharmacy programme.

1.10 Body of knowledge

A body of knowledge could be regarded as the set of concepts, teachings, competencies, skills and methodologies which help to define a role and which are to be mastered by its practitioners. A profession or regulated group should base its practice around an established body of knowledge, in order to define and inform practice and help practice develop. Within the health professions, that body of knowledge must be constantly reviewed and expanded upon to ensure that patient safety is paramount at all times. A well-defined body of knowledge, upon which pharmacy technicians in the community setting can base their practice, is lacking. This must be addressed urgently if the role is to be clearly defined.

A body of knowledge and practical experience for community pharmacy technicians may include areas such as:

- Risk management
- Prescription stock picking errors
- Consistent accuracy of dispensing
- Generic packaging similarity issues
- The use of labelling and Patient Medication Record (PMR) systems
- High risk areas for dispensing - such as steroids, controlled drugs, paediatric medicines and medicines with a narrow therapeutic index
- The repeat dispensing process
- Interactions with patients and relevant healthcare professionals.

1.11 Conclusions

1. Professionals are those who, amongst other things, have pursued a calling as a career, work with an established body of knowledge and are supported by a representative body which sets standards for the group above and beyond those set by the regulator, to enhance public trust and confidence in its members. Professionalism involves exercising judgement, ethical reasoning and decision making and demonstrating behaviours (based on values) which result in the public bestowing its confidence in the professional. It requires autonomy of thought and action - based on experiences, intellect and reasoning - rather than the pursuit of a set of defined technical tasks. A profession can be held accountable for such practice, resulting in a greater degree of accountability than could reasonably be applied to a technical occupation.
2. Pharmacists are highly skilled, extensively trained and strictly regulated individuals whose training, attitude and standards of professional practice help to ensure public protection. Experienced pharmacy technicians are competent individuals in a technical role who work under and support the work of pharmacists, enabling pharmacists to carry out more complex and demanding tasks.
3. The successful development of skill mix in hospital pharmacy has led to complementary, symbiotic roles for pharmacists and pharmacy technicians. The roles of pharmacists and pharmacy technicians are more clearly developed and defined in hospital than in community pharmacy.
4. A review of the role of pharmacy technicians in the community pharmacy setting, as part of a broader strategic re-engineering of community pharmacy practice, has not been

properly undertaken. As such, any thoughts of autonomous practice for pharmacy technicians in the current circumstances are misplaced.

1.12 Recommendations

1. The successful approach that has been adopted in hospital pharmacy, insofar as it relates to the interplay between pharmacists and pharmacy technicians, should be studied and the relevant lessons that it provides applied to community pharmacy. However, policy makers, when deciding current policy, must not use the roles, responsibilities and capabilities of hospital pharmacy technicians as exemplars of the roles and responsibilities that can **currently** be safely undertaken by community pharmacy technicians.
2. Any change to roles and responsibilities undertaken by pharmacists and pharmacy technicians in community pharmacy must be introduced as part of a planned and properly executed wholesale, integrated re-engineering of community pharmacy practice.
3. Community pharmacists' future roles must be identified (involving appropriate pilot studies to assess suitability) and established before pharmacy technicians are afforded any greater degree of autonomy. The training, roles and practice of pharmacy technicians must then be designed to complement and support the developing roles of pharmacists in the sector.
4. It is essential, when skill mix is being considered, that patient safety standards be maintained. While pharmacy technicians are a vitally important group of practitioners in

the modern NHS, their roles and responsibilities must not be confused with those of pharmacists.

5. The public must never be confused or misled into thinking that they are dealing with a pharmacist, when they are actually dealing with a pharmacy technician.

6. The safety of the public in community pharmacy must not only be maintained; it must be further developed to ensure continued confidence in community pharmacy practice. The public expectation regarding community pharmacy is that a pharmacist will always be available to them if required to address their clinical medicines-related needs. [26]

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