June 2018

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 2

| representing **your** interests |

pda
the pharmacists' defence association

2 The public protection delivered by pharmacy regulation

2.1 Understanding how public protection is delivered

Public protection in UK healthcare is delivered to a significant extent through professional regulators – whose purpose is to maintain high standards of entry to public registers, set professional and ethical standards / codes of practice and maintain strict regulatory frameworks.

The UKIPG describes the sanctions to be applied when codes of practice are broken as an "important public safeguard". It describes this safeguard thus: "*Few professionals, whatever actions have been taken against them by the courts, an employer or another public body, would regard being 'struck off' by their professional body as anything other than the ultimate sanction. As such, it cannot be used lightly. It is a system of exemplary justice 'pour encourager les autres'.*" [1] (Underline added).

The threat of the 'ultimate sanction' - removal from the public register - should provide the requisite regulatory traction, ensuring registrants have due regard for the consequences of their actions and thus assume an appropriate level of responsibility for such. However, the prospect of removal from the register can only influence behaviours and standards of practice if it does indeed represent the 'ultimate sanction': it must be capable of bringing about significant loss of income, career damage and loss of reputation or status. Therefore, for healthcare regulation to be effective and 'striking off' to represent the ultimate sanction, registrants must have an income, career and reputation or status that they believe are worth protecting. If this is not the case, regulatory traction will be reduced and the protection afforded to the public diminished.

It is apposite to examine how this dynamic works in practice for pharmacy technicians.

2.2 A comparison of the salaries paid to healthcare technicians

2.2.1 Pharmacy technicians in the community pharmacy setting

Information collected by independent researcher JRA Research, on behalf of the PDA, found that 38% of pharmacy technicians questioned, who worked in the community sector and were prepared to reveal their salary, were paid £15,000 or less per annum (for full time hours). 74% of respondents were paid less than £20,000. Less than 3% of those surveyed claimed a salary of over £25,000. [2]

A GPhC-commissioned research paper published in November 2014 found that, both pre- and post-qualification, the most common full-time (≥35 hours per week) salary banding for pharmacy technicians in the community sector was £14,000 to £17,999 (41.7% of respondents post-qualification). 17.6% of respondents reported a full-time salary of £10,000-13,999 and 25.5% reported a salary of £18,000 to £21,999. However, examining salaries was not the principal purpose of the research. As such, the results did not distinguish between those who worked as Accuracy Checking Technicians or in management positions and those who did not; the average number of hours per week worked was not provided and the area of the country in which the pharmacy technician was working was not part of the analysis. [3]

On 3 April 2017, payscale.com showed a median average salary among all pharmacy technicians of £8.72 per hour (or £17,000 for a full-time equivalent post), with NHS salaries notably higher than those in community pharmacy. [4]

Excerpts from an online discussion forum in 2013 also suggested a rate of around £8-10/hr:

- *"I'm currently struggling through my NVQ3 and getting there, just. I had an hourly rate in mind that I thought I would get paid when I qualify and register, however*

I've just found out that my employer is planning to pay me what he considers industry standard, which apparently is about 75p/hour more than I get now. That's a lot less than I was thinking.

I work in an independent community pharmacy where I've been for 3 years (nearly 4 when I qualify) and I have about 8 years' experience."

- *"How much do you get now??? My wages went up by 35p an hour."*
- *"£8.75, and especially 35p, seems like a bit of a kick in the teeth after all the hard work/extra responsibility. From talking to a couple of registered technicians that I know, and a few pharmacists who've worked with other technicians, £10 seems to be about average for a newly qualified technician (in London)."*
- *"Zones obviously differ. City locations will be £9/10. Rural (such as Norfolk) it's about £8.40 - 50 ish qualified. Rural dispenser is about £7.90 an hour (NVQ2)"*
- *"As a dispensing assistant I earn £7.20 an hour but not got a clue how much my wage will rise after the course."* [5]

A further online discussion in July 2017 suggested that the rates for community pharmacy technicians had not materially changed from the 2013 levels:

- *"I'm a technician currently doing the ACT course with Buttercups… I'm currently on £10.10. I work in an independent."*
- *"Thats [sic] a really good wage as a technician I only get £8.72 and if I did ACT course it would only go up £1. I want to do ACT course but not for an extra £1."*
- *"£10.05 is technician hourly rate in our independent company."* [6]

Salary scales for 2017 for a large community pharmacy multiple indicated a rate of less than £9 per hour would be common for pharmacy technicians. The rate was equal to that paid for non-pharmacy-related non-managerial roles and only marginally higher than for a dispensing assistant

employed by the same company. There was a small increment for working as an Accuracy Checking Technician.

2.2.2 Pharmacy technicians in the hospital sector

In contrast to community pharmacy, pharmacy technicians working in the hospital sector are paid according to nationally-determined NHS Agenda for Change (AfC) pay bands. These take experience and qualifications in to account and promote a recognised career structure. GPhC-commissioned research found that the salary bands for trainee and qualified pharmacy technicians in hospital were significantly higher than those in community. [3]

Table 1 - Pharmacy technicians working in hospital – NHS Agenda for Change pay bands and rates for 2016/17 [7] [8]

AfC Band	**Job title**
2 (£15,251-17,978)	Pharmacy support worker
3 (£16,800-19,655)	Pharmacy support worker - higher level
4 (£19,217-22,458)	**Pharmacy technician**
5 (£21,909-28,462)	Pharmacist entry level Pharmacy technician – higher level
6 (£26,302-35,225)	Pharmacy technician specialist Pharmacist
7 (£31,383-41,373)	Pharmacy technician team manager Pharmacist specialist
8 (£40,028-82,434)	Pharmacist advanced Pharmacist consultant Pharmacist team manager

	Professional manager pharmaceutical services

2.2.3 Dental technicians

Table 2 - Dental technicians – NHS Agenda for Change pay bands and rates for 2016/17 [7] [9] [10] [11]

AfC Band	**Job title**
2 (£15,251-17,978)	Clinical support worker (dentistry)
3 (£16,800-19,655)	Dental nurse entry level
4 (£19,217-22,458)	**Dental nurse**
5 (£21,909-28,462)	Dental nurse team leader Dental nurse specialist **Dental technician** Oral health practitioner
6 (£26,302-35,225)	Dental technician specialist Dental nurse team manager Dental nurse tutor Oral health practitioner specialist
7 (£31,383-41,373)	Oral health practitioner advanced Dental technician advanced
8a-c (£40,028-68,484)	Dental laboratory manager

Dental technician salaries are usually at AfC band 5, between £21,909 and £28,462 per year. With experience, this can rise to over £40,000. Dental laboratory managers can earn over £68,000. [12]

Starting salaries for dental hygienists are usually at AfC band 5, between £21,909 and £28,462. With experience, this could rise to band 6, between £26,302 and £35,225, with highly experienced dental technicians earning up to £41,500. [13]

2.2.4 Dispensing opticians

Dispensing opticians make up optometrists' prescriptions, fit customers' glasses and contact lenses and advise on lens types. They can earn between £18,000 and £30,000 a year. Specialists and managers may earn up to £40,000. [14] [15]

2.2.5 Veterinary nurses

Veterinary nurses can earn between £18,000 and £24,000 a year, depending on experience. Senior veterinary nurses can earn around £26,000 a year. [16]

2.3 National average wages

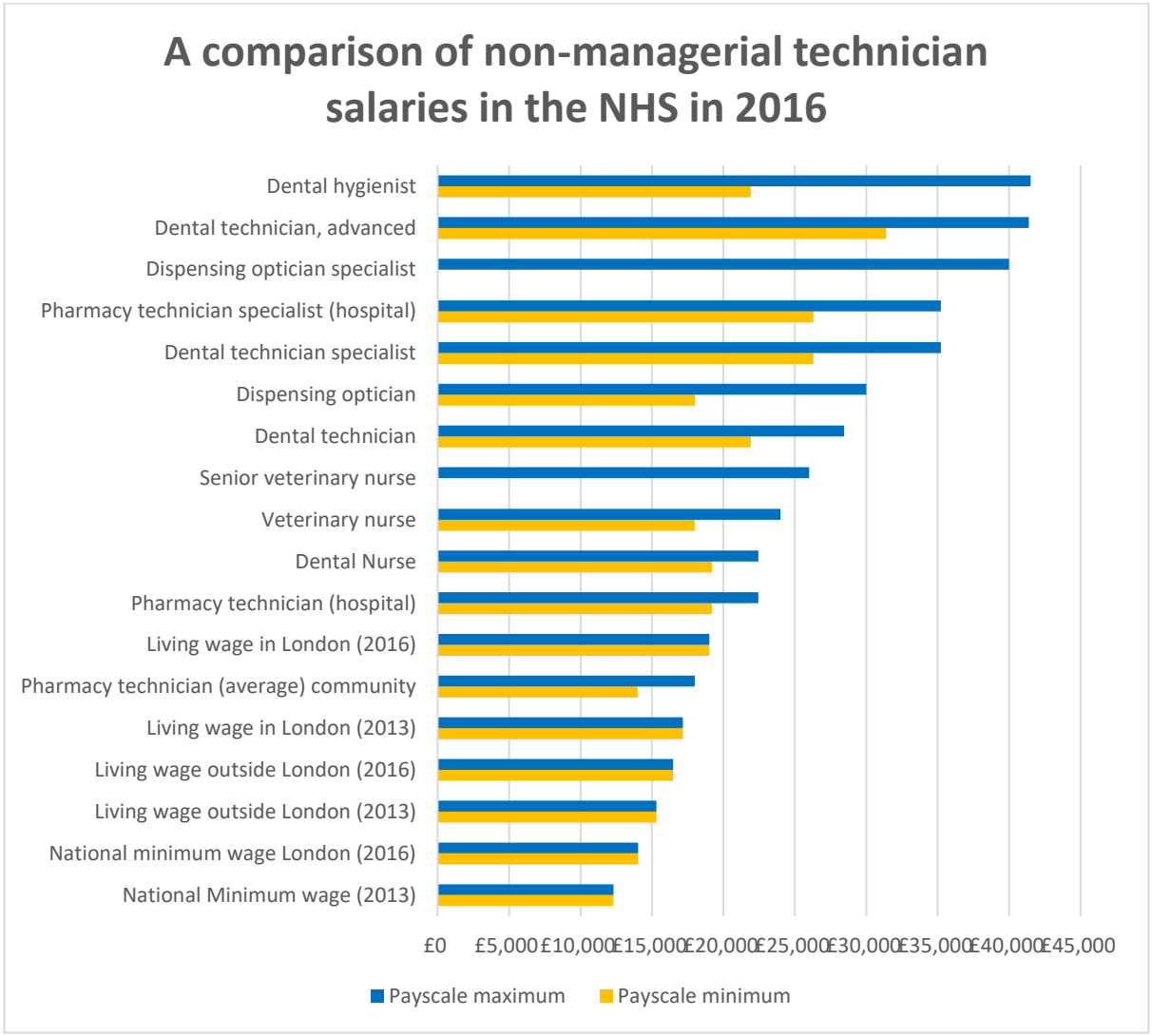
The "UK National Minimum Wage", also known as the "UK National Living Wage", is calculated based on 55% of the median income in the UK for over 25s, and for those aged 21-24, a negotiated settlement based on recommendations from businesses and trade unions. By contrast, the "Living Wage" is a calculation made according to the cost of achieving a minimum acceptable standard of living, derived from the cost of a basket of household goods and services. [17] [18]

In October 2016, the UK National Minimum Wage was set at £6.95/hour for those aged 21 and over. [19] The Living Wage in the same period was £8.45/hour and £9.75/hour in London. [20] Based on a 37.5-hour week, worked 52 weeks of the year, this equates to £16,478 per annum or £19,013 in London.

Table 3 - A comparison of non-managerial technician salaries in 2016

Occupation	Annual salary for full-time hours
Dental hygienist	£21,909 – 41,500
Dental technician, advanced	£31,383 – 41,373
Dispensing optician specialist	Up to £40,000
Dental technician specialist Pharmacy technician specialist (hospital)	£26,302 – 35,225
Dispensing optician	£18,000 – £30,000
Dental technician	£21,909 – 28,462
Senior veterinary nurse	Up to £26,000
Veterinary nurse	£18,000 – £24,000
Pharmacy technician (hospital)	£19,217 – 22,458. Highest proportion (79.2%) of hospital pharmacy technicians in £18,000-21,999 bracket (2014) [3]
Dental nurse	£19,217 – 22,458 [7] [10]
Pharmacy technician average (community)	**38% paid £15,000 or less (2013)** [2] **Highest proportion in £14,000-17,999 bracket (2014)** [3]
Living Wage	£16,478 or £19,013 in London (2016) £15,307 or £17,160 in London (2013) [20]
National Minimum Wage	£14,040 (2016) £12,304 (2013) [19]

Chart 1 - A comparison of non-managerial technician salaries in 2016



2.4 Findings – pharmacy technician salaries

Pharmacy technicians working in community pharmacy are paid, on average, significantly less than those working in the hospital sector. Their experience and expertise is not remunerated according to any national pay scale, nor is the level of remuneration linked to a structured career framework commensurate with responsibility, as it is in the hospital setting.

The pay for pharmacy technicians employed in community pharmacy was the lowest of any of the healthcare technicians examined. Additionally, the salaries of most pharmacy technicians employed in community pharmacy are only around the level of the UK Living Wage. The average annual salary for a community pharmacy technician appears to be comparable to that of a general customer service occupation such as retail cashier, checkout operator and travel agent. [21] [22]

In such circumstances, it is difficult to see how the loss of a salary, which for many community pharmacy technicians is *less* than the UK Living Wage, could represent the ultimate sanction and provide the desired and necessary regulatory traction and public protection. [19] Under such conditions, pharmacy technicians can easily find alternative work with a salary which is commensurate with - or even higher than - their pharmacy technician salary. Furthermore, such work does not need to be in any way associated with healthcare practice, and so the regulatory history from a previous GPhC fitness to practise determination need have no impact whatsoever upon a pharmacy technician's future job prospects.

2.5 Regulatory traction for pharmacy technicians

Fitness to practise determinations across a period from 2012 to 2016, published by the GPhC on its 'Determinations Search' web page, were examined. [23] The web page details the most recent decisions of the fitness to practise committees, except where the matter relates to a registrant's health or an interim order. [24] 50 months' worth of determinations were examined from that period. In six cases involving pharmacists and two involving pharmacy technicians, it was not confirmed in the determination whether or not the registrant attended. Of the remaining 183 cases, where the registrant's attendance or absence was confirmed, 37 (20%) involved pharmacy technicians and 146 involved pharmacists (80%). Of these, the pharmacy technician did not attend in 27 cases (73%). In contrast, the pharmacist did not attend in 32 cases (22%). Statistically, pharmacists are significantly more likely to attend ($p<0.001$).

111 fitness to practise determinations published on the GPhC's website, covering a period of 26 months between 2014 and 2016, stated the registrant's sector of work at the time of the matters in question. Of the 89 cases involving a pharmacist, 77 worked in community pharmacy (87%). In stark contrast, of the 22 cases involving a pharmacy technician, just 5 worked in community pharmacy (23%), despite this being the sector in which around 53% to 67.4% of pharmacy technicians work (see Appendix A).

There are approximately half the number of registered pharmacy technicians compared to the number of registered pharmacists. [25] However, four times as many pharmacists as pharmacy technicians appeared before a fitness to practise committee. In terms of fitness to practise cases dealt with and closed by the GPhC (not all of which result in a committee hearing), in 2015, 90.5% involved pharmacists and just 9.5% involved pharmacy technicians. [26]

There will undoubtedly be several factors that affect these ratios. In 2006, the Home Office established a 'notifiable occupations scheme' which would be applied to certain occupations in the event of a criminal sanction. Under this scheme, a list of category 1 notifiable occupations was created (which included pharmacists) and was applied to professions or occupations which according to the Home Office were deemed to bear "*special trust or responsibility, in which the public interest in the disclosure of conviction and other information by the police generally outweighs the normal duty of confidentiality owed to the individual.*" It also created a list of Category 2 notifiable occupations (which included pharmacy technicians). This was described by the Home Office as a list of "*less sensitive professions or occupations where probity and integrity may nevertheless be an important factor in preventing crime... In these cases, a test of relevance should be applied before the decision to share conviction or other information is made.*" [27] The effect of these lists means that whilst the police would automatically report a pharmacist involved

in criminal activity to the GPhC, they would not report a pharmacy technician as a matter of course.

In March 2015, the Home Office introduced its Common Law Police Disclosure (CLPD) provisions. [28] The CLPD provisions are a discretionary scheme and request Chief Officers of police forces to consider disclosure to a third party (a regulator) where 'a significant risk is identified which there is an urgent pressing social need to address'. It is feasible that in making the decision as to whether to notify a regulatory body in respect of a particular profession or occupation, police forces will consider the detailed provisions that were in place under the notifiable occupations scheme, which describe pharmacists as a category 1 occupation and pharmacy technicians as a category 2 occupation. [29]

2.6 The ultimate sanction and the lack of regulatory traction

Pharmacy technicians from the hospital setting, especially those at more advanced stages of their careers and on higher pay grades, stand to lose much more if the ultimate sanction is applied, relative to those in community pharmacy. For those on the higher grades, if they are struck off, it can result in a significant loss of income, career damage and loss of reputation or status.

The salaries of community pharmacy technicians are generally low (in many cases less than the UK Living Wage). For individuals in this group, the ultimate sanction of removal from the register (striking off) does not realistically represent anything like the ultimate sanction.

2.7 Participation in the regulatory process

The transcripts of regulatory cases reveal some of the reasons why attendance rates for pharmacy technicians at GPhC fitness to practise hearings are considerably lower than attendance rates for pharmacists. Some absentees appear willing to simply look for another job unconnected to pharmacy rather than face regulatory proceedings. In some cases, registrants have made clear that they have had no difficulty in finding alternative employment, with a similar or higher salary and far less responsibility, in non-healthcare-related work.

Table 4 - Examples of excerpts from fitness to practise determinations relating to pharmacy technicians

Fitness to Practise Determination Comments	Year
A pharmacy technician who failed to turn up to her hearing, simply told the committee via email: ***"I walk away and move on happily and once again let you know that, whatever the dates set, I will not be attending.***" [30]	2013
A pharmacy technician wrote to the committee: *"**I am sorry that I am not there to voice this personally, but I really cannot afford the expense of coming to London.**"* [31]	2013
A pharmacy technician simply wrote: *"**I do no (sic) intend going back into pharmacy. I have had to change my career.**"* [32]	2013
A determination read: "*We accept that there is convincing evidence that the Registrant had notice of today's hearing, and convincing evidence that she has made a deliberate decision not to attend. That is the only reasonable inference to be drawn from the manner in which **she has simply disengaged from all contact with the Council** since she became subject of inquiry and subject of allegations which led to a disciplinary hearing… it might be said that **Miss Scott has***	2014

emphatically turned her back on the Council, refusing to have anything to do with it or its regulatory processes**. It might well be that Miss Scott has decided to pursue some other career, but she has not even taken the trouble to inform the Council about that.*" The GPhC fitness to practise committee chairman commented: "I am bound to say that, in my experience, it is not infrequent for pharmacy technicians not to engage with the process, so it is difficult to categorise this case as rare and exceptional.***" [33]	
A pharmacy technician sent an email via her solicitor to the committee, saying: "*As far as I am concerned, all action in relation to any alleged misconduct has been completed and **therefore any action, including expulsion from the Society and withdrawal of my licence to practice, is irrelevant, as I am no longer a member and will not be returning to work.***" The chairman remarked: "*It may be observed that possibly Mrs Norwood* (redacted*) was confusing membership of the Royal Pharmaceutical Society with registration with the General Pharmaceutical Council.*" [34]	2014
A senior GPhC case worker made notes of her telephone call with a pharmacy technician: "*he said he had no intention of attending the hearing as he no longer wanted to work in pharmacy, and in fact **he was now a manager in a steel plant and had no intentions of practising again**.*" [35]	2015
An email from the pharmacy technician: "*I am not interested in practising and have applied for removal from the register. I don't see why there has to be an investigation when **I am trying to put that part of my life behind me, without no [sic] intention or inclination of working anywhere even related to pharmacy.***" [36]	2015
The determination reported emails showing "*very clearly that Mrs Eassom* (redacted) *has made a conscious decision not to attend the hearing. She has not*	2015

asked for an adjournment. ***She has not indicated to the Council that she is unable to attend today for any particular reason, other than that she has decided she does not wish to attend.***" [37]	
*We attach particular importance to the opening statement in his e-mail today, that "**I will not attend today's hearing**"....* *We note that he says he has been suffering with a viral infection and a cold, and we note that he talks of being confused about the dates and about not realising that this was indeed a principal hearing. But, on the other hand, he had clearly been in receipt of all the documentation in advance of the hearing, and he has had earlier e-mail exchanges with the Council. It is reasonable to assume he broadly knew what was going on.* [38]	2016
*"**More serious than that**, since the Notice of Hearing was served on her at the beginning of March 2016, **she has completely disengaged from this regulatory process.**"* [39]	2016

2.8 Conclusions

1. Pharmacy technicians, particularly those in community pharmacy, are paid at lower rates than technicians that support professions in other healthcare settings where skill mix is well developed.

2. There is a significant difference between the pay of hospital and community pharmacy technicians, with a large proportion of community pharmacy technicians paid at rates below the UK Living Wage.

3. Whilst in hospital pharmacy there is a structured career framework, where skills and experience are linked to a supportive pay banding structure, no such system exists in the community pharmacy setting.

4. A much higher proportion of pharmacists than pharmacy technicians face regulatory sanctions (up to four times as many pharmacists faced sanctions between 2012 and 2016, with only approximately twice as many on the register). In part, this may be because in the event of a criminal offence, unlike 'pharmacist', 'pharmacy technician' has never carried the status of a Category 1 notifiable occupation. Under the current Common Law Police Disclosure provisions, it may make it less likely that police forces would refer a pharmacy technician than a pharmacist involved in criminal activity to the GPhC.

5. The loss of income, career damage and loss of status or reputation that occurs when the regulator delivers the ultimate sanction of removal from the register provides a strong incentive to pharmacists to maintain high standards of professional behaviour. The prospect of the ultimate sanction modulates the behaviour of pharmacists, gives regulatory traction to the regulator and in so doing, protects the public. This regulatory traction is markedly reduced for pharmacy technicians. This is evidenced by the fact that over the five-year period studied from 2012 to 2016, 73% of pharmacy technicians facing a GPhC disciplinary hearing did not even attend when called to do so, and with little to lose, many could simply secure work elsewhere. During the same period, a much lower percentage (22%) of pharmacists failed to attend. The degree of regulatory traction is likely to be particularly low for pharmacy technicians working in the community pharmacy sector, where salaries are significantly lower. [3]

6. Whilst the pharmacy technician salary in community pharmacy means there are limited consequences for individuals removed from the register, it simultaneously reduces the

attractiveness of the vocation to those considering it. A person would have little incentive to train to become a pharmacy technician whilst there is no established career framework and the salary remains comparable to that of a general customer service occupation such as retail cashier, checkout operator and travel agent, which do not carry healthcare responsibilities. As such, a high turnover of pharmacy technicians might be expected, with candidates commencing the role having previously worked in other occupations which may lack high entry standards.

7. In the eyes of the public, healthcare registration should be seen as an act of validation and quality kitemarking. However, because of the factors described above, some of these quality indicators are called in to question. The extent to which community pharmacy technicians see the point of being registered, and the degree to which their behaviour is modulated by prospect of removal from the GPhC register, is questionable. Whilst registration ought to mean that the group is effectively regulated, the proportions facing fitness to practise hearings - and then actually attending - demonstrate that regulatory traction on pharmacy technicians as a group is far less than that pertaining to pharmacists. In particular, it is of concern that the extent of the public protection and assurance afforded by the regulation of pharmacy technicians – as relied upon by the GPhC and other stakeholders - is easily capable of being misrepresented and overestimated. As such, were the public to be made aware of these issues, public confidence and assurance in the regulation of pharmacy technicians would likely be diminished.

2.9 Recommendations

1. The existence of a register (a public list) of pharmacy technicians cannot be relied upon in isolation to protect the public, but must be underpinned by a suitably structured career

framework for pharmacy technicians to support the roles of pharmacists, linked to pay banding at a significantly higher level than is currently the case in community pharmacy.

2. If regulatory traction for pharmacy technicians is to be improved, the ultimate sanction, which is designed to protect the public, must indeed represent a meaningful loss of income, career damage and loss of status or reputation.

3. Pharmacy regulatory bodies should consider whether regulation of pharmacy technicians is likely to be effective given the current conditions prevailing in community pharmacy.

4. Both pharmacists and pharmacy technicians must be treated in the same way and judged by the same standard in terms of notification by the police to the GPhC of criminal activity.

References

[1] The UK Inter-professional Group, "The UK Inter-professional Group Position Statement on Professional Regulation," November 2012. [Online]. Available: http://www.ukipg.org.uk/publications/Prof_Reg_Booklet.pdf.

[2] JRA Research, "Registered Pharmacy Technicians Research," February 2014.

[3] S. Jee, S. Willis, A. Pritchard and E. Schafheutle, "The quality of pharmacy technician education and training: A report to the General Pharmaceutical Council," November 2014. [Online]. Available: http://www.pharmacyregulation.org/sites/default/files/quality_of_pharmacy_technican_education_and_training.pdf.

[4] "Pay Scale - Pharmacy Technician Salary," [Online]. Available: http://www.payscale.com/research/UK/Job=Pharmacy_Technician/Hourly_Rate. [Accessed 6 March 2017].

[5] "Pharmacy Forum," 18 May 2013. [Online]. Available: http://www.pharmacy-forum.co.uk/showthread.php?t=8938.

[6] "salary for technician / act?," Pharmacy Forum UK, 17 July 2017. [Online]. Available: https://www.pharmacy-forum.co.uk/forum/general-information/cpd/231744-salary-for-technician-act.

[7] "NHS Agenda for Change Pay Bands," April 2016. [Online]. Available: https://www.healthcareers.nhs.uk/about/careers-nhs/nhs-pay-and-benefits/agenda-change-pay-rates. [Accessed 28 November 2016].

[8] "National Profiles for Pharmacy - NHS Agenda for Change Pay Bands," [Online]. Available: http://www.nhsemployers.org/~/media/Employers/Documents/Pay%20and%20reward/Pharmacy.pdf. [Accessed 1 January 2017].

[9] "National Framework Agreement for the Supply of Temporary Allied Health Professionals & Health Science Service Staff," [Online]. Available: https://data.gov.uk/data/contracts-finder-archive/download/993260/bb7775f0-338a-4080-b93d-02abefc98f8a. [Accessed 13 January 2017].

[10] "National Profiles for Clinical Support Worker (Dentistry) and Dental Nurses," [Online]. Available: http://www.nhsemployers.org/~/media/Employers/Documents/Pay%20and%20reward/Dental_Nursing.pdf.

[11] "National Profiles for Dental Services and Oral Health Practitioners," [Online]. Available: http://www.nhsemployers.org/~/media/Employers/Documents/Pay%20and%20reward/Dental_Services.pdf. [Accessed 13 January 2017].

[12] "National Careers Service - Dental Technician," 21 December 2016. [Online]. Available: https://nationalcareersservice.direct.gov.uk/job-profiles/dental-technician.

[13] HM Government, "National Careers Service - Dental Hygienist," [Online]. Available: https://nationalcareersservice.direct.gov.uk/job-profiles/dental-hygienist. [Accessed 28 November 2016].

[14] "National Careers Service - Dispensing Optician," [Online]. Available: https://nationalcareersservice.direct.gov.uk/job-profiles/dispensing-optician. [Accessed 13 January 2017].

[15] Your Eye Guide, "Optician, Optometrist & Ophthalmologist," [Online]. Available: http://www.youreyeguide.co.uk/opticians/optician-whoswho.html. [Accessed 13 January 2017].

[16] "National Careers Service - Veterinary Nurse," [Online]. Available: https://nationalcareersservice.direct.gov.uk/job-profiles/veterinary-nurse. [Accessed 13 January 2017].

[17] "Living Wage Foundation - What is the Living Wage," [Online]. Available: http://www.livingwage.org.uk/what-living-wage. [Accessed 13 January 2017].

[18] Loughborough University Centre for Research in Social Policy, "The Living Wage," [Online]. Available: http://www.lboro.ac.uk/research/crsp/mis/thelivingwage/. [Accessed 13 January 2017].

[19] HM Government, "National Minimum Wage and National Living Wage rates," 1 October 2016. [Online]. Available: https://www.gov.uk/national-minimum-wage-rates.

[20] Living Wage Foundation, "Living Wage Calculations and Historical Data," [Online]. Available: http://www.livingwage.org.uk/calculation. [Accessed 28 November 2016].

[21] "Best paid jobs 2015: Compare your salary to the national average in this league table of 350 professions - and see the year's winners and losers," 27 November 2015. [Online]. Available: http://www.thisismoney.co.uk/money/news/article-3334946/Best-paid-jobs-2015-Compare-pay-UK-average-350-professions.html.

[22] Office of National Statistics, "Region by Occupation (4 digit SOC) - Annual Pay Gross 2016 - ASHE: Table 15.7a," 26 October 2016. [Online]. Available: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/regionbyoccupation4digitsoc2010ashetable15.

[23] "GPhC Fitness to Practise Hearings," [Online]. Available: www.pharmacyregulation.org/search/search_decisions.

[24] "GPhC Publication and Disclosure Policy," September 2014. [Online]. Available: https://www.pharmacyregulation.org/sites/default/files/gphc_publication_and_disclosure_policy_vseptember_2014.pdf. [Accessed 16 January 2017].

[25] General Pharmaceutical Council, "GPhC Council Meeting Papers," 10 November 2016. [Online]. Available: http://www.pharmacyregulation.org/sites/default/files/2016-11-10_council_-_papers_for_website_0.pdf.

[26] General Pharmaceutical Council, "2015 fees rules and consultation analysis," 11 June 2015. [Online]. Available: http://www.pharmacyregulation.org/sites/default/files/2015-06-11_council_-_15.06.c.01_-_2015_fees_rules_and_consultation_analysis_-_complete.pdf.

[27] "006/2006: notifiable occupations scheme - revised guidance for police forces," August 2015. [Online]. Available: https://www.gov.uk/government/publications/the-notifiable-occupations-scheme-revised-guidance-for-police-forces/for-information-only-0062006-notifiable-occupations-scheme-revised-guidance-for-police-forces.

[28] "Common Law Police Disclosures," College of Policing, [Online]. Available: https://www.app.college.police.uk/app-content/information-management/sharing-police-information/#common-law. [Accessed 11 September 2018].

[29] National Police Chiefs' Council, "Common Law Police Disclosures (CLPD) – Provisions to supersede the Notifiable Occupations Scheme (NOS)," College of Policing, [Online]. Available: https://www.app.college.police.uk/wp-content/uploads/2016/08/NPCC-2017-Common-Law-Police-Disclosures-CLPD-%E2%80%93-Provisions-to-supersede-the-Notifiable-Occupations-Scheme-NOS.pdf. [Accessed 11 September 2018].

[30] "GPhC Fitness to Practise Determination - Louise Harding 5011661," [Online]. Available: http://www.pharmacyregulation.org/sites/default/files/Harding%2C%20Louise%205011661-%2009-11-2013.pdf.

[31] "GPhC Fitness to Practise Determination - Kevin Gerald Reginald Symonds 5007070," [Online]. Available: http://www.pharmacyregulation.org/sites/default/files/Symonds%2C%20Kevin%20%205007070%20-%2027-08-2013.pdf.

[32] "GPhC Fitness to Practise Determination - Moira Tuckwood 5000470," [Online]. Available: http://www.pharmacyregulation.org/sites/default/files/Tuckwood%2C%20Moira%20Jayne%205000470%2017-01-2013%20Determination%20on%20sanction%20approved.pdf.

[33] "GPhC Fitness to Practise Determination - Suzanne Scott," 8 December 2014. [Online]. Available: http://www.pharmacyregulation.org/sites/default/files/determinations/scott_suzanne_5007151_-_08-12-14_0.pdf.

[34] "GPhC Fitness to Practise Determination - Erika Yzanne Norwood," 15 October 2014. [Online]. Available: http://files.pharmacyregulation.org/ConceptLinkedFiles/D014275%2FNorwood%2C%20Erica%20(5000134)%20Principal%20Hearing%2017-10-2014%20Determination%20public.pdf.

[35] "GPhC Fitness to Practise Committee Determination - Darren Lee Rodgers," 9 November 2015. [Online]. Available: http://files.pharmacyregulation.org/ConceptLinkedFiles/D020445%2FD020445.pdf.

[36] "GPhC Fitness to Practise Determination - Victoria Neill," 5 August 2015. [Online]. Available: http://www.pharmacyregulation.org/sites/default/files/determinations/neill_victoria_20150811_05-08-10.pdf.

[37] "GPhC Fitness to Practise Determination - Teresa Eassom," 13 January 2015. [Online]. Available: http://www.pharmacyregulation.org/sites/default/files/determinations/eassom_teresa_susan_20150114_-_13-01-15.pdf.

[38] "GPhC Fitness to Practise Determination - Rakeshbhai Patel," 9 February 2016. [Online]. Available: http://files.pharmacyregulation.org/ConceptLinkedFiles/D020505%2FD020505.pdf.

[39] "GPhC Fitness to Practise Determination - Farhana Akram," 21 June 2016. [Online]. Available: http://files.pharmacyregulation.org/ConceptLinkedFiles/D020693%2FD020693.pdf.