



Association of Pharmacy Technicians UK (APTUK)

The Professional Leadership Body for Pharmacy Technicians

President's Blog: 15th October 2017

Pharmacy Show 2017: 'Where next for the Rebalancing programme'.

It was my pleasure to have been asked to participate as part of the panel discussion 'Where next for the Rebalancing Programme' at the Pharmacy ¹ Show this year. As a member of the Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board ², I was delighted to be able to give the pharmacy technician view to the question put to me by the discussion chair, Richard Thomas, Editor of Pharmacy Magazine.



Richard asked '*Pharmacy technicians are still relatively young as a profession. What is in this for Pharmacy Technicians?*'

My answer indicated that yes, we are a young profession and we have been compulsory registered now since July 2011. As recorded by the General Pharmaceutical Council (GPhC) in June 2017 there are now 23,351³ pharmacy technicians registered in Great Britain; a significant workforce. As many pre-registration trainee pharmacy technicians complete their two year course in the summer and register in August/September, I am sure that the number has increased since then.

However, although we are a young profession, pharmacy technicians have been part of the pharmacy team for many years. The Association of Pharmacy Technicians United Kingdom (APTUK) was set up in 1952 to represent this workforce but the role has evolved tremendously, alongside that of pharmacist, during that time.

I was glad to have been asked the question what's in it for Pharmacy Technicians and I turned the question around to ask 'What is in it for patients' as the Rebalancing programme is not about what is in it for pharmacy professionals. It's about how the pharmacy team can deliver the services to patients that they want and need. It's about how this can be done more effectively and efficiently in the current and future demanding and changing healthcare landscape. It's about utilising the pharmacy team to its capacity, and for pharmacy technicians that is in the context of their professional registration, skills, knowledge and experience. A term that has gained traction recently, 'working to the top of your licence' explains this well. It means working in the team and practicing to the full extent of your education and training, instead of spending time doing something that could effectively and safely be carried out by someone else who is suitably trained and competent.

I emphasize safely and competently, as it's unquestionable that patient safety is paramount and this is built into all of the Rebalancing Programme Boards work and APTUK's part within this.

Patient safety is encompassed within the four layers of regulatory and organisational governance and risk management for the whole of pharmacy ⁴ – regulators, owners, superintendents, responsible pharmacists and individual registrants.



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So what does this mean? Let's look at the four layers in relation to delegation. Within standard 9 of the GPhC Standards for pharmacy professionals ⁵, it indicates that professionals should only delegate tasks to people who are competent and appropriately trained or are in training, and exercise proper oversight.

So, for pharmacy owners/employers and superintendents their responsibility is to ensure that their staff are properly trained and work within safe systems of work; protocols and procedures. The responsible pharmacist, with day to day responsibility for the quality of care delivered in the pharmacy, can delegate tasks and activities where appropriate but only in the context of the GPhC standard 9 for pharmacy professionals as explained above. This may be delegating routine tasks leaving more capacity for the pharmacist to deal with complex activities, interventions and queries that might be carried out away from the immediate dispensary.

So for individual Pharmacy Technicians, as registered professionals, their responsibility is using their professional judgement and recognising their limitations and when to refer to a pharmacist. This is clearly stated in standard 5 of the GPhC Standards for pharmacy professionals. The new GPhC Initial Education and Training Standards for Pharmacy Technicians ⁶ entry onto the register include more around professionalism, responsibilities and accountabilities.

If and when the proposals for legislative changes to supervision are agreed, none of this will happen overnight. It is a journey, just the same way that the Accuracy Checking Pharmacy Technician (ACPT) role evolved. This is now generally embedded in all sectors of pharmacy and can be seen as a routine role. As with the ACPT role training and competence will be required for any expansion of roles and responsibilities. So this is about 'evolution not revolution'.

The research carried out last year by the University of East Anglia, in collaboration with APTUK, looked at identifying the roles that pharmacy technicians are currently undertaking in the UK ⁷ and asked about their aspirations for future roles. 88% of the community pharmacy technician respondents indicated that they would like to expand their roles to support the pharmacist, the pharmacy business and patients.

Some of the responses said *'I would like to be given more responsibility, and put in to practice what I have learnt'* and *'I would like to be able to receive training so I can offer some additional services'*.

Health Education England has recently released a procurement tender for the delivery of a Community Pharmacy Technician Training and Development Programme. This is a pilot for 25 pharmacy technicians to develop their professional, management, and leadership roles within community pharmacy. The Welsh government have funded advanced training for community pharmacy professionals which is open to pharmacy technicians.

Thus 'Rebalancing for Patients' is about looking at what is needed for patients and looking at restrictions or barriers that could hinder innovation and future pharmacy practice, bearing in mind that current legislation was originally enacted 50 years ago when practice was very different. In addition to this we need to be mindful that the education and training of the whole pharmacy team was also very different.

So the Rebalancing programme is about enabling and allowing change and not about demanding change. It's about empowering pharmacists to look at their practice and be given the scope to decide how and when others can be



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utilised to the full extent of their skills and competences, in the same way as other healthcare professional teams, such as pharmacists and GPs, medics and nurses, nurses and their teams and dentists and their teams.

Tess Fenn

APTUK President

1. Pharmacy Show 2017: <http://www.thepharmacyshow.co.uk/main-theatres#/>
2. Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board: <https://www.gov.uk/government/groups/pharmacy-regulation-programme-board>
3. General Pharmaceutical Council meeting 7th September 2017 papers: <https://www.pharmacyregulation.org/council-meeting-7-september-2017>
4. APTUK Conference 2017: Department of Health: An Update on Rebalancing Medicines Legislation and Pharmacy Regulation: <http://www.aptuk.org/members-pages/conference-presentations-2017/>
5. General Pharmaceutical Council : Standards for pharmacy professionals: <https://www.pharmacyregulation.org/spp>
6. General Pharmaceutical Council : Initial education and training for pharmacy technicians: <https://www.pharmacyregulation.org/initial-PT>
7. APTUK <http://www.aptuk.org/aptuk-news/2016/10/8/identifying-roles-pharmacy-technicians-uk-final-re/>