



Association of Pharmacy Technicians United Kingdom

Examples of how pharmacy technicians can enhance patient pathways and pharmaceutical care

Background

The purpose of the below examples is to provide readers with an overview of the skills, expertise and knowledge pharmacy technicians have and how they could further contribute to improving patient pathways and enhancing services. Utilising the skills and knowledge of a registered workforce enables appropriate skill mix and greater access for patients to receive pharmaceutical care. Examples to support the case for change regarding pharmacy technicians and vaccine administration are not included in this paper. This is due to separate work led by the Department of Health and Social Care, as part of its pandemic response.

1.1 UK workforce

Pharmacy technicians in England, Scotland and Wales have been registered with the General Pharmaceutical Council (GPhC) since 2011. Pharmacy technicians in Northern Ireland are currently not registered with a regulator, but this is a strategic priority. The current numbers registered with General Pharmaceutical Council in each country, based on home address are as follows

Country registered address	of Pharmacy Technicians registered on 7 October 2020	%
England	20,067	83.25%
Scotland	2,225	9.23%
Wales	1,654	6.86%
Northern Ireland	70	0.29%
Isle of Man	18	0.07%
Channel Islands	43	0.18%
Overseas	27	0.11%
Total	24,104	100.00%

1.2 Northern Ireland pharmacy technician workforce data

This data has been provided by the Chief Pharmaceutical Officer and Pharmaceutical Society Northern Ireland (PSNI) as there is not currently a register.

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- 1) Pharmacy Workforce Review 2020, Action Plan. Available at: <https://www.health-ni.gov.uk/sites/default/files/publications/health/pharmacy-workforce-review-2019-action-plan.pdf>



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Quantifying the number of pharmacy technicians working in Northern Ireland is more difficult as there is no register of qualified pharmacy technicians. The GPhC currently defines a pharmacy technician as possessing Pharmaceutical Science Level 3 (City & Guilds / BTEC / SQA) and NVQ Level 3 (Pharmacy Service skills). This will be replaced in 2020 by a new qualification, the Level 3 Diploma in Principles and Practice for Pharmacy Technicians and other recognised routes which meet the 2017 GPhC Initial Education and Training Standards.

Currently there are **351 WTE pharmacy technicians** working in hospital practice, with the requirement rising to over 600 WTE by 2024. The wide variation in support staff qualifications in the community sector makes it difficult to provide accurate estimates of the current workforce. The Community Pharmacy Northern Ireland (CPNI) report that states there are approximately 400 pharmacy technicians working in this sector is probably an overestimate, arising from confusion around the definition of a pharmacy technician. As such, these data likely represent a combination of all support staff with some qualification.

The PSNI estimate, from premises returns, that **262 pharmacy technicians** are employed in the community sector.

1.3 Northern Ireland position

Given the current political landscape there is no agreed timeframe at present to support the legislation changes required to register pharmacy technicians in Northern Ireland (NI). It is a clear priority and strategic intention for policy makers within NI and APTUK is working with key partners on options to support registration. It is critical that the current registration status for pharmacy technicians in NI is not a barrier to utilising the wider pharmacy technician workforces' skills and expertise particularly during a global pandemic.

APTUK recognise the role contribution of all pharmacy technicians, regardless of registration status.

Pharmacy technicians from across the UK are therefore eligible to be members of their professional leadership body. Although revalidation is not mandated in NI, many pharmacy technicians reflect on their practice and continue their professional development to ensure their skills are current.

The Pharmacy Workforce Review¹ policy document was published in 2020. One of the actions in the plan for implementation is to, by Sept 2023 'to enable the registration and regulation and career development of the pharmacy technician workforce in NI in step with the rest of the UK'.

2. Examples

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The below examples are not definitive and are intended to demonstrate the value added to the patient and healthcare system. The development of legal, regulatory frameworks, education governance and indemnity can all be modelled on existing routes.

2.1 Pandemic response and restoration - Pharmacy Technicians Administering Vaccines

Pharmacy technicians have responded rapidly and professionally to the pandemic and all its challenges. Through late 2020 and early 2021 we have witnessed the rapid mobilisation of the profession to support the distribution, preparation and administration of the vaccine on NHS Sites or other centres.

The experience, skills and knowledge of Pharmacy technicians has contributed to the success of the vaccination programme from **receipt, stock management and distribution of the vaccine, to support for preparation of the vaccine prior to administration.**

The current legal and governance framework for vaccines **does not allow** pharmacy technicians to administer vaccines where vaccination centres choose to operate their vaccination programme under a Patient Group Direction (PGD).

Pharmacy technicians have become an integral part of the COVID vaccination roll out and delivery. Pharmacy technicians have been able to administer vaccines where the choice of legal mechanism to support service has been PSD or National Protocol. There is working experience and evidence of successful implementation of pharmacy technician skills across all parts of the patient's vaccination journey from receipt of vaccine to administration.

The success of the national COVID vaccination roll out and delivery relies on the ability to operate effectively and with 'lean' processes that maximise the skill sets available by the staff engaged in providing the service. The current model does not allow pharmacy technicians to fully participate as the legal framework excludes them from certain parts of the process (e.g., patient consent). This leads to fragmentation in service provision that could be addressed using a PGD that allows pharmacy technicians who complete specific PGD training and are deemed competent to be involved in the whole process. There are clear benefits to be realised from a service provision model that uses a more holistic approach to the patient vaccination journey both in terms of patient safety and service effectiveness.

Pharmacy technicians included as registered healthcare professionals able to supply and administer under a PGD will see longer term patient benefits. The scale of vaccination programmes for both COVID and influenza requires the pharmacy technician profession to contribute to immunisation

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programmes. They are well positioned and have demonstrated that they the required skill set and knowledge to support this safely and effectively.

2.2. Community Pharmacy Examples

2.2.1 Emergency Hormonal Contraception (EHC).

Pharmacy technicians in community pharmacy are well positioned to supply Emergency Hormonal Contraception (EHC). Along with EHC PGD competency training, the underpinning knowledge gained in human physiology, pharmacology of medicines and patient consultation skills provides a sound basis to enable appropriate assessment of the presenting patient in terms of suitability and eligibility for a supply (inclusion criteria, concomitant medication and medicines interactions); consent; ability to signpost patients to appropriate services should they not be eligible; advice in relation to administration, side effects and risks should the patient decline treatment after counselling. The supply associated with the PGD is defined and there is a standard dose requiring no adjustment or calculation. Including pharmacy technicians in EHC supply under a PGD offers pharmacies with the ability to offer presenting patients a choice of pharmacy professionals with which to discuss their treatment which may be preferable in a sensitive situation such as this and could expand the pharmacies capacity to provide a broader range of services.

2.2.2 Nicotine Replacement Therapy Products (NRT)

Community pharmacy has extensive experience of providing stop smoking services and pharmacy technicians already play an important role in this public health intervention. As a first contact with members of the public visiting community pharmacy, pharmacy technicians are well positioned, to provide appropriate advice and opportunistic intervention by extending their role to the supply of NRT under a PGD. With specific PGD competency training and the underpinning knowledge gained in human physiology, pharmacology of medicines and patient consultation skills, pharmacy technicians can seek consent from patients; provide advice in relation to choice of product, dose and administration over the course of consultations, inform about adverse effects and use with other medications as well as being able to refer patients to their GP where appropriate. Stop smoking services are one of the most cost effective of all NHS health interventions and it is one of the most frequently commissioned local enhanced services from community pharmacies. With 485,000 smoking related hospital admissions (ONS, 2017), the case for increasing those healthcare professionals able to support prevention is strong. Including pharmacy technicians in the supply of NRT under a PGD offers pharmacies with the ability to increase capacity and capability to provide

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contracted services, and to sustain accessible services which contribute to improving public health, reducing morbidity, premature deaths and hospital admissions.

Examples are provided by sector but APTUK recognises the opportunity for these to be offered across healthcare systems to support integrated patient care where service supports.

2.3 Hospital Pharmacy Examples

2.3.1 Pharmacy Technicians in the Emergency Department

Pharmacy technicians are increasingly working in the Emergency Department (ED) as part of the multi-disciplinary team (MDT). Their role in seeking the patient's medication history as part of the medicine's reconciliation process involves consultation with the patient often prior to them being seen by an Emergency Department Practitioner. During the consultation, the patient may display signs they are in pain. There is the opportunity in these circumstances for patients to be assessed and if indicated to have minor to moderate pain, for a stat dose of analgesia (e.g., paracetamol, ibuprofen) to be supplied and administered under a PGD. The pharmacy technician's underpinning knowledge and skills and medicines management competency are the foundation for additional training and competency assessment in the use of pain assessment score tools, PGDs, and medicines administration, to support such a role. Pharmacy technicians are able to identify patient suitability for pain relief, (confirming conditions for treatment, inclusion/exclusion under the PGD, the identification of patient medication history and contra-indications, allergy status, previous doses of analgesia, appropriate stat dose based on patient weight, consent), administer a 'P' medicine, provide advice and information on side effects and subsequent dosing of medication, as well as ensuring accurate documentation in the patient record and handover to colleagues. Additionally, pharmacy technicians can refer to ED Practitioners where patients are assessed as having severe pain or other concerns. Similarly, patients who are smokers and have waited some time in a non-smoking environment may display anxiety related to Nicotine withdrawal. A pharmacy technician could supply and administer NRT under a PGD in these circumstances. The ability to make these timely interventions will improve patient experience of care and support nursing colleagues in the prioritisation and management of patients in a busy environment.

2.2.2 Pharmacy Technicians in Pre-Op Clinic

The pharmacy technician's role in pre-op clinic includes medicines reconciliation, medication supply, patient counselling and discharge facilitation, often in patients categorised as 'low risk' on specific elective pathways. Working as part of the MDT to complete the patient assessment prior to surgery, medication history is taken and confirmed, inpatient prescription charts transcribed ready for inpatient stay, advice and information provided about medication both pre-op and post op, including what to stop and start, to minimise risks and optimise outcomes. In all circumstances the pharmacy technician can refer to a pharmacist or clinician. This allows Pre-Op clinical pharmacists to target their resources towards the management of more complex and/or high-risk patients and for nursing time to be released for other duties/roles in the pre-op clinic. To further maximise skill mix and

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resource in the MDT and to enhance patient safety and experience, pharmacy technicians, who complete specific PGD training and are deemed competent, could supply patients with pre-operative bowel cleansing preparations (prior to colorectal surgery), medication for pre-op MRSA decolonisation and supply of pre-packed post-op analgesia consistent with certain procedure protocols. The pharmacy technician's underpinning knowledge, skills and competency support their role in assessing patient suitability and eligibility (including interpretation of patient results and medication history), consent, providing verbal and written advice and information to ensure appropriate administration by the patient, documentation in patient's record and referral to clinicians where appropriate.

2.3.3 Pharmacy Technician in Anticoagulant Clinics

Pharmacy technicians have been supporting Anti-coagulant clinics in an acute setting for some time. Performing an information retrieval and referral role. Building on the expertise and knowledge gained, pharmacy technicians are well placed to supplement their role for patient care benefit.

Here is an example of how this could be used to support a postal service:

The pharmacy team are responsible for advising doses of oral anticoagulants (warfarin, acenocoumarol and phenindione) to patients in a geographical catchment area. It is primarily a postal service, but the team liaise with patients and many different health care professionals including thrombosis nurses, haematologists, GPs, consultants, doctors, and nurses daily. Most patients will attend their GP practice for INR blood tests. The blood samples are sent to and analysed in the laboratory at the local hospital. The INR results are picked up by the RAID (Rapid Anticoagulation and Interpreting Dosing) computer dosing software. PAMS use RAID to determine the dosage and next INR test date for the patients, however this can be overridden by the Pharmacy staff when necessary. Patients are informed by letter of their result, dosage, and next test date; however, some patients may need to be contacted more urgently by telephone.

This would enable a smoother patient care pathway, reducing the number of times a patient needs to repeat information, supporting an appropriate healthcare professional skill mix.

2.4 Examples from a Mental Health service setting

2.4.1 Pharmacy Technicians in Clozapine Clinics

The redesign of the community clozapine clinics, including Point of Care (Pochi) blood testing systems, has seen the provision of "one stop" services for service users in which pharmacy technicians, as part of the multi-disciplinary team, have the opportunity to deliver a more enhanced service such as the completion of baseline measurements, relay of information to service users regarding side effect management, monitoring of physical health, as well as the release/issue of dispensed medication upon confirmation of a valid blood result as per the Clozaril Patient Monitoring Service requirements. Robust governance frameworks exist to support such services. The service model could be further enhanced to enable supply of Clozapine by pharmacy technicians under a PGD. This role would build on existing experience, knowledge and skills and with PGD specific training and competency assessment could be applicable to the supply of Clozapine to a

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defined cohort of service users on established therapeutic doses, meeting the inclusion and exclusion parameters. Any changes in a service user's mental and/or physical health would be referred to clinicians.

2.5.1 Primary Care Pharmacy Technician in the Asthma Clinic

The pharmacy technician's role in primary care includes medicines optimisation, managing repeat prescribing processes, reviewing discharge summaries, dealing with medication related queries, and supporting the clinical pharmacist and MDT with chronic disease management including asthma.

The pharmacy technician's underpinning knowledge: skills and competency support their role in seeing patients in an asthma clinic. As part of a structured and templated consultation the pharmacy technician can review a patient's asthma control by asking questions about symptoms and inhaler use. As part of this review pharmacy technicians can review the patient's inhaler technique. Inhaler technique assessment is vital to evaluate that the most appropriate device is being used and that the patient is gaining maximum benefit from their treatment in terms of availability of drug deposit in the lungs. Inhaler device choice is supported by a wealth of evidence-based algorithms and based on assessment of the patient's ability to breathe in either a 'slow and steady' or a 'quick and deep' manner. The assessment of this ability influences the most appropriate inhaler device for the patient. To further maximise skill mix and resource in the MDT and to enhance personalised care and experience, pharmacy technicians, who complete specific PGD training and are deemed competent, could make changes to the inhaler devices offered to the patient where a change is deemed necessary because of this assessment. Another example would be a patient who is struggling to coordinate the breath associated with metered dose inhaler and would benefit from a change to a breath actuated device. In all circumstances the pharmacy technician can refer to a pharmacist or clinician.

This allows the practice clinical pharmacists to target their resources towards the management of more complex and/or high-risk patients and for nursing time to be released for other duties/roles in the practice.

3. Conclusion

As described above this list of examples is not exhaustive This document is to support strategic discussion on which the role of the pharmacy technician in relation to PGDs would provide the best outcome for patient and healthcare services. The examples provided illustrate the different to patient pathways and healthcare outcomes utilising this registered profession could enable.

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