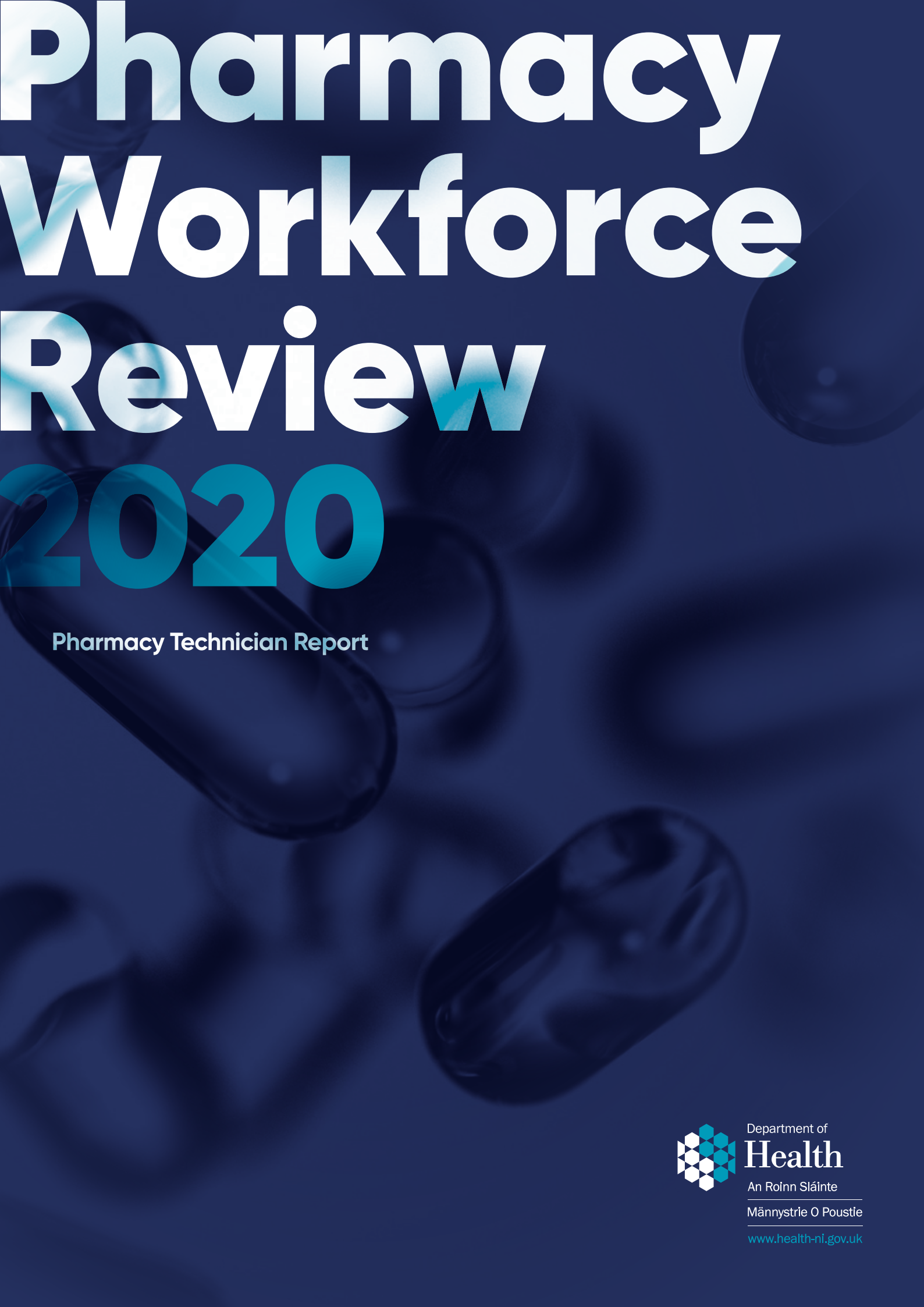
Pharmacy Workforce Review 2020

Pharmacy Technician Report



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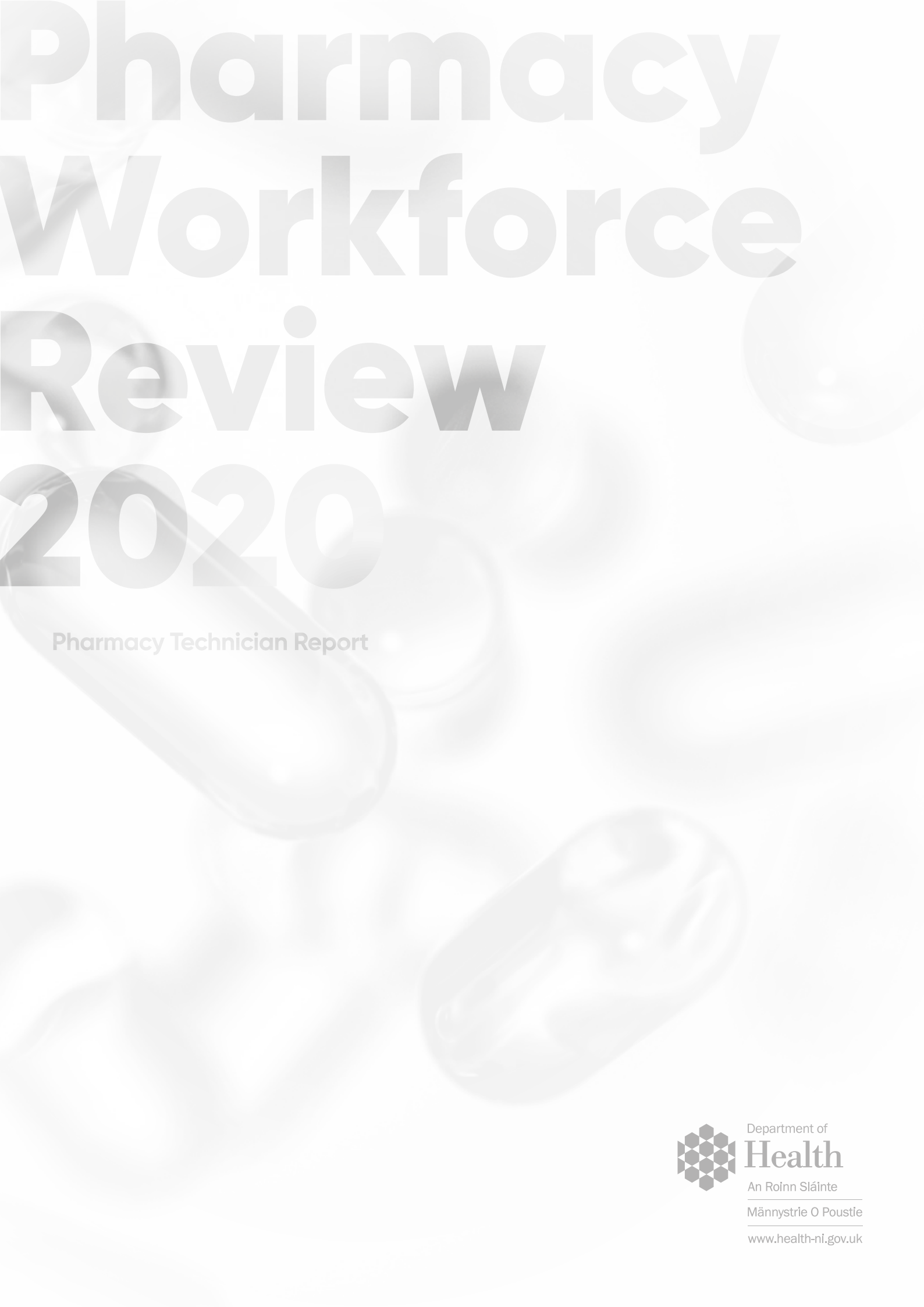

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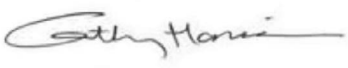
Contents

Foreword

I welcome the publication of this Report which will be used to support the implementation of the 2020 Pharmacy Workforce Review's actions for pharmacy technicians in Northern Ireland. These actions include a commitment to take forward the regulation of the pharmacy technician profession, in-line with the rest of the United Kingdom. Also to work with education providers to ensure sufficient training places to meet the needs of the health and social care service, to develop the technician workforce in general practice, hospital and community pharmacy sectors and promote career progression in all sectors.



Cathy Harrison
Chief Pharmaceutical Officer,
Department of Health

Defining the plan

Step 1

Step 1 – Defining the plan

1.1 Purpose of this review

The Pharmacy Workforce Review (2020) concluded that the number of newly qualified pharmacists cannot meet the demand for pharmacists over the next 5-10 years. Any remedial action will take a further six years to see benefits, therefore it is essential to consider how staff's skills are optimally used and what other strategies might be deployed.

Pharmacy technicians work as part of the pharmacy team to support the delivery of safe, effective and efficient pharmacy services for patients. Their wide range of skills help to release pharmacist time to focus on more complex and clinical issues. Appropriate skill-mix allows each profession to practise at the top of their licence, leading to increased capacity and better efficiency.

However, pharmacy technicians in NI are not regulated healthcare professionals, unlike their counterparts in Great Britain (GB), who have been regulated by the General Pharmaceutical Council (GPhC) since 2011. As a consequence, some pharmacists are reluctant to delegate their dispensing and management responsibilities in the absence of another registered professional, which limits the potential for service development.

Thus, a subgroup of stakeholders (Appendix 1) from the Pharmacy Workforce Review was established to consider the role of pharmacy technicians and explore regulatory models that might support better skill mix, ensuring the full capabilities of the workforce are utilised, whilst maintaining patient safety and public confidence.

In keeping with the approach of the Pharmacy Workforce Review, the Regional HSC Workforce Planning Framework[1] (Figure 1) was adopted for the review of the pharmacy technician workforce. This review considers Steps 1 to 5, while Step 6 will take place following implementation of recommendations by the DoH.

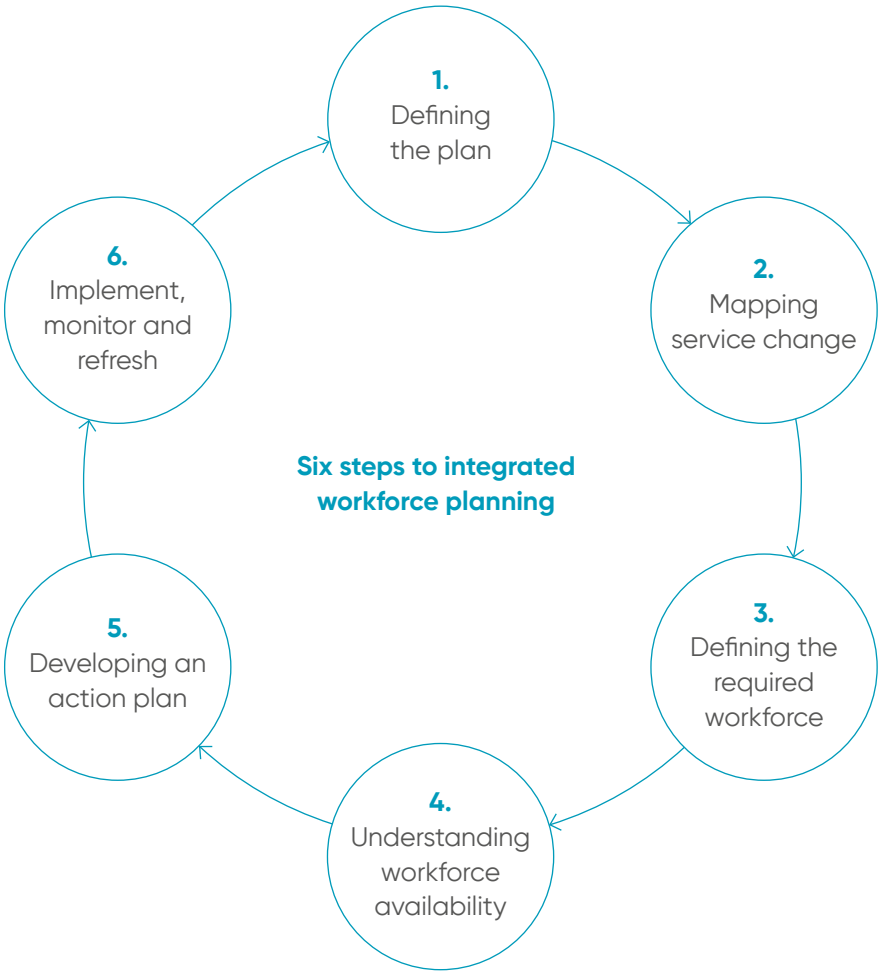


Figure 1 Six steps to integrated workforce planning.

[1] https://www.health-ni.gov.uk/publications/regional-hsc-workforce-planning-framework

Mapping service change

Step 2

Step 2 – Mapping service change

2.1 Defining the role of pharmacy technicians

Research undertaken by the University of East Anglia (UEA) in collaboration with APTUK identified the roles of pharmacy technicians in the UK[2]. Many of the tasks carried out by pharmacy technicians are common across all sectors of practice and are listed Table 1.

1. Technical • Ordering medicines for patients • Assisting with audits • Actioning tasks from the pharmacist • Managing repeat dispensing services • Monitoring key performance indicators • Prescription administration • Updating patient medication records	**2. Clinical** • Communication with multidisciplinary team • Patient counselling • Communication with patients • Assisting the pharmacist with medication reviews
3. Management • Updating IT systems • Data collection and analysis • Writing Standard Operating Procedures (SOPs) • Health and safety assessments • Maintaining training and accreditation databases • Dealing with complaints	**4. Training** • NVQ assessors • In-house training • Mentoring other pharmacy staff • Educating other healthcare professionals on medicines

Table 1 List of tasks and duties commonly carried out by pharmacy technicians working in the community, hospital and primary care sectors.

2.1.1 Community pharmacy

The UEA review noted that roles commonly undertaken by community pharmacy-based technicians include:

- reading prescriptions, labelling and dispensing prescribed medicines
- calculating quantities and doses of medicines
- providing information and advice to patients on using their medicine
- providing advice to members of the public regarding over the counter (OTC) medicines and minor ailments
- sale of OTC medicines
- manufacturing ointments and mixtures
- stock procurement and control
- maintenance of patient medication records (PMRs) on computer systems.

Additionally, there have been examples of innovative practice in the UK, one such example being the use of pharmacy technicians to administer flu vaccinations to children in the Isle of Wight[3]. A more detailed list of tasks undertaken by pharmacy technicians working in community pharmacy can be found within Appendix 2.

[2] https://www.uea.ac.uk/documents/899297/15294873/Identifying+The+Role+Of+Pharmacy+Technicians+In+The+UK/d6d60e7b-f527-481a-8f16-9f3f04037b6c

[3] https://www.chemistanddruggist.co.uk/news/boots-pharmacy-technicians-administer-4000-child-flu-vaccinations

2.1.2 Hospital pharmacy

Pharmacy technicians have been a key part of the hospital pharmacy workforce for many years. Their number and role expanded with the advent of supplementary pharmacist prescribing in 2003/04. Thus, pharmacists spent more time on clinical duties and technicians assumed a greater role within the dispensary. Defining the role of pharmacy technicians in the hospital pharmacy sector is relatively straightforward as a result of Agenda for Change (AfC) banding structures[4]. Nationally defined training and qualification requirements enable pharmacy technicians to carry out tasks and activities associated with each band. These profiles are set out in Table 2.

AFC	Profile title	Qualifications/role
2	Pharmacy Support Worker	Must hold an NVQ Level 2 qualification. These individuals are involved in the dispensing process.
3	Pharmacy Support Worker Higher Level	Must hold an NVQ Level 3 qualification. These individuals are required to undertake team supervision responsibilities, in addition to the above.
4	Pharmacy Technician	Individuals who must hold a knowledge based BTEC qualification in the form of either Diploma in Pharmaceutical Science (Level 3) or Diploma in Pharmacy Service skills (Level 3), and an NVQ Level 3 qualification or equivalent. They must meet the GPhC requirements for registration as a pharmacy technician in Great Britain, including appropriate qualifications and time in practice. Therefore, they are often referred to as 'qualified pharmacy technicians' in Northern Ireland.
5	Pharmacy Technician Higher Level	Posts require individuals to hold the above mentioned qualifications, in addition to an ACPT qualification.
6	Pharmacy Technician Specialist	Posts require individuals to have all of the above credentials. Their role involves responsibility for a specialist area or service within the hospital setting.
7	Pharmacy Technician Team Manager	Posts require all of the above credentials, in addition to a diploma level qualification.
8	Pharmacy Technician Leadership	While there are no Band 8 pharmacy technicians in Northern Ireland, such posts would be expected to work in the areas of regional leadership and management.

Table 2 National Profiles for Pharmacy.

A detailed list of tasks undertaken by pharmacy technicians working within hospital pharmacy can be found within Appendix 3.

[4] https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Pharmacy-final-version-Dec-18.pdf

2.1.3 General practice

Good examples already exist of pharmacy technicians in GB working alongside pharmacists in general practice.

In this sector, pharmacy technicians focus on promoting safe and clinically cost-effective best practice prescribing by carrying out medication switches in-line with agreed protocols, managing electronic repeat prescribing services, conducting prescribing audits and reporting on key performance indicators. Examples of tasks undertaken by pharmacy technicians working in general practice is shown in Appendix 4.

Given the increasing pressures within general practice and the establishment of multi-disciplinary teams in primary care, the case for pharmacy technicians in this sector is clear.

2.1.4 Expansion of the role

Progression of the pharmacy technician role elsewhere in the UK provides a clear direction of travel for Northern Ireland to follow. Future areas for development that supports efficiency, better skill-mix and more clinical focus relate to:

- undertake MURs
- provide travel advice
- provide nicotine replacement therapy
- provide emergency hormonal contraception
- demonstrate inhaler use
- undertake medication review and discharge
- administration of intravenous medicines
- provide specialist roles in, for example care homes and production
- fill management/leadership roles
- education and training.

2.2 Constraints

2.2.1 Role recognition and definition

There is often confusion, particularly in the community sector, regarding the titles 'pharmacy technician' and 'dispensing assistant'. The need for role clarity has been cited previously, acting as a barrier to effective use of skill-mix. Many community pharmacies have employees with no formal qualifications involved in the dispensary carrying out many of the duties listed above. This confusion is further compounded by variability in historical qualifications, which may not meet current GPhC entry requirements for registration as a pharmacy technician in GB. Arising from this confusion, the number of pharmacy technicians working in Northern Ireland is unknown and limited experience of working with pharmacy technicians and their capability in the community sector may constrain the vision of employers to invest more in their development. Moreover, the current shortage of pharmacists in the community sector has focussed employers on this issue, rather than on better skill-mix. Nonetheless, appropriate skill-mix can off-set some of this deficit where two or more pharmacists are currently employed in the dispensary.

2.2.2 Pharmacist reluctance

Some pharmacists are fearful of role erosion, and are reluctant to relinquishing some responsibilities. The absence of technician regulation is a major confounding factor. Currently, the pharmacist is legally accountable for all regulated activity within the pharmacy, even though they may not be directly involved in some tasks.

2.2.3 Mandatory registration and regulation

Unlike Great Britain, pharmacy technicians in Northern Ireland are unregulated, despite some exercising considerable responsibility. As the number of pharmacy technicians continues to increase and their role expands, it is both timely to recognise their role as necessary to progress their professional regulation in Northern Ireland. The purpose of professional regulation is to ensure the public are protected and any healthcare professional wishing to practice in a regulated profession is legally required to register with the relevant regulatory body, who may investigate complaints concerning a professionals' fitness to practise and make decisions regarding their future practice.

2.2.4 Uncertainty in workforce numbers

An accurate assessment of the current pharmacy technician workforce in Northern Ireland is needed. Accurate data on the hospital pharmacy technician workforce is available by AFC Band and those still in training. The wide variation in support staff qualifications in the community sector and confusion over the definition of a pharmacy technician makes it difficult to estimate the size of this workforce. Available data likely represent a combination of all support staff with some qualification. The introduction of registration would resolve this issue, allowing better workforce intelligence and planning for expansion of pharmacy services.

2.2.5 Recruitment

Anecdotal evidence suggests some 'pharmacy technicians' employed in the community sector move to hospital practice and this can discourage employers from investing in staff who may move to another sector, once qualified. However, the number of staff involved is small and most of this movement arises from unqualified staff. Community pharmacy employers note they are unable to compete with career opportunities in the hospital sector, together with the better terms and conditions offered.

If not managed, recruitment of pharmacy technicians into general practice, may further exacerbate workforce availability in the hospital and community sectors.

The hospital sector also reports difficulties in filling pharmacy technician posts. This is further constrained because there is no centralised recruitment of hospital pharmacy technicians and the lengthy recruitment process. This impacts negatively on staff morale and retention, increases the potential for errors and compromises patient care. The introduction of a seven-day hospital services has further exacerbated issues, leaving staff feeling unable to meet the demands of their job. Difficulties have been noted in recruiting pre-registration pharmacy technicians, as the temporary nature of these posts can be a deterrent. Anomalies with AFC can also adversely impact on recruitment. For example, those working at a Band 2 level (unqualified) must take a drop in salary if moving to a pre-registration pharmacy technician post. Thus 'headroom' should be built into staff post to accommodate the extra demands of seven-day working and the lead time for recruitment. Additionally, HSC pharmacy technician teacher practitioner roles should be established to ensure protected time exists for the training and development of staff.

2.3 Maximising the pharmacy workforce

2.3.1 Better skill-mix

Pharmacy technicians enhance capacity of the pharmacy team, allowing each member to practice at the top of their licence. They allow pharmacist time to focus on patients with multiple and complex needs requiring a higher level of care. As a result, technicians can undertake the technical functions involved in pharmaceutical services, which have traditionally been carried out by a pharmacist. In Northern Ireland it is estimated that only 60% of hospital patients are seen by a member of the pharmacy team, consequently 40% of patients receive no pharmaceutical intervention in their care. A better pharmacy skill-mix could markedly improve this situation, providing safer, more effective care.

2.3.2 Enhancing the technician role

Lack of professional regulation is a constraint on developing the pharmacy technician role, with its own unique responsibilities, standards of entry and registration. Employers, pharmacists and other healthcare professionals, have less confidence in their role and are less inclined to delegate tasks. These limit the potential of technicians and further expansion of pharmacy services. Upskilling the pharmacy technician workforce is in line with the recommendations of the Carter report (2016[5]). This model also supports the World Health Organisations (WHO) Medication without Harm strategy (2017[6]).

Creating a defined regulated and registered healthcare profession gives it a unique status, with its own career structures and higher profile, raising the potential for recruitment and ongoing specialised post-qualification training.

2.3.3 Rebalancing legislation

A review of current legislation on supervision has taken place to identify restrictions that may constrain use of the entire pharmacy workforce or restrict practice development as a result of penalties that may be considered unfair or disproportionate. The full benefits of this improved regulatory model can only be realised with technician registration.

2.4 Mandatory registration and regulation

2.4.1 Introduction

The Pharmacy Workforce Review highlighted a challenge with the declining number of people choosing to study pharmacy. Actions are planned to reverse this trend, but any remedial action is likely to take at least six years to have a full effect. At the same time, demand is increasing for pharmacists, which currently cannot be met. Thus, the pharmacy team, comprising pharmacists and pharmacy technicians, must be developed to support the HSC workforce strategy. The current legislative framework allows the Pharmaceutical Society of Northern Ireland (PSNI) to take fitness-to-practice action against the responsible pharmacist for any errors that may have occurred under their supervision, regardless whether they or another member of the team has made the error. Registration and regulation of the technician workforce would make each pharmacy professional accountable for their own actions.

[5] https://www.gov.uk/government/publications/productivity-in-nhs-hospitals
[6] https://www.who.int/patientsafety/medication-safety/en/

2.4.2 The case for patient safety

It is in the interest of public safety to have fully regulated healthcare professionals with restricted job titles. This is not currently the case for the pharmacy technician profession in NI who are only subject to employer checks and there is no control on the use of the job title of *pharmacy technician*. The Professional Standards Authority (PSA) published 'Right touch assurance: a methodology or assessing and assuring occupational risk of harm' in October 2016[7]. Thus, it is both appropriate and important that this group of healthcare professionals is brought under a regulatory framework, as has been the case with pharmacy technicians in Great Britain for the past decade.

Assessing the relative risk of harm posed to the public by the pharmacy technician profession involves asking a number of key questions.

Are interventions high-risk? Pharmacy technicians increasingly exercise professional autonomy and are involved in high-risk areas that can lead to direct patient harm. For example, those working in aseptic services are carrying out high-risk technical tasks, such as the preparation of chemotherapy for cancer patients and total parenteral nutrition for seriously ill patients. Within dispensary teams, pharmacy technicians with the accredited checking pharmacy technician qualification (ACPT), carry out the final accuracy check on prescribed medicines that have been clinically checked by a pharmacist. In these examples, pharmacy technicians exercise autonomy, are involved in high-risk scenarios and any errors and omissions on their part can lead to patient harm.

Do they work alone with patients? Pharmacy technicians have an important role in medication reconciliation for patients being admitted to hospital and increasingly this role is extending to care homes. Many of the pharmacy technicians working within the community sector are checking technicians and in this high workload, high stress environment, increasingly deal one-to-one with patients without pharmacist intervention. The high workload environment increases the potential for error and registration of the technicians would provide confidence in the technician profession, while ensuring consistency of training and professional development.

Do their decisions impact on individual mortality or morbidity? Those technicians holding the ACPT qualification carry out the final accuracy check on dispensed medicines that have been clinically checked by a pharmacist. This task is associated with a high level of responsibility and risk, in that the technician is the last person to check the medicines before they reach the patient. An error at this point will not be checked by anyone else, the consequences of which will undermine public confidence in the pharmacy profession and lead to patient harm. Currently, in Northern Ireland the pharmacist supervising the process would be professionally liable for any mistakes made by that technician, albeit both may be subject to civil proceedings. In the case of technician regulation, the technician would be accountable for their role in the dispensing process. For the full potential of the ACPT role to be realised, statutory registration of the pharmacy technician workforce must exist.

2.4.3 Routes to registration and regulation

Based on the evidence it is necessary and proportionate to introduce statutory regulation for pharmacy technicians in Northern Ireland. This could be achieved in a number of ways. For example, initially through a voluntary or an accredited voluntary register and then a statutory register.

The experiences of the GPhC can be drawn on to ensure they practice safely and effectively, to nationally agreed standards. This would ensure appropriate skill mix, safeguard patients and allow expansion in pharmacy services to improve patient care.

[7] https://www.professionalstandards.org.uk/docs/default-source/publications/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm-(october-2016).pdf?sfvrsn=f21a7020_0

As pharmacy technicians become more widely employed throughout healthcare, it is important to explore the options for professional regulation (Figure 2).

Figure 2 Options for professional regulation of the pharmacy technician workforce.

Voluntary Registration: As a voluntary register, individuals are not subject to statutory regulation and are able to work in the profession without joining the register. Employers are responsible for setting the requirements and, thus, there will be variation in standards of practice and in training across the profession. Additionally, there is no underpinning legislation, more than one voluntary register can exist leading to inconsistencies and registrants are not subject to fitness to practise standards and can be removed from the register but not prevented from practising.

Accredited voluntary registration: The Professional Standards Authority (PSA) accredit this register and has standards that must be met. However, it has all of the limitations of a voluntary register, including the power to remove registrants from the register, but they cannot be prevented from practising. The PSA has the power to remove accreditation of the register if the register did not comply with its standards.

Statutory Registration: Legislation sets out statutory regulation for the profession by the relevant regulator. The regulator acts in the interest of the public. They hold registers of professionals who meet standards of education, training and practice, health and behaviour. Professionals must meet these standards to register and practise in the profession. Regarding pharmacy technicians, potential healthcare regulators include the General Pharmaceutical Society of Great Britain (GPhC) and Pharmaceutical Society of Northern Ireland (PSNI), both of whom are overseen and scrutinised by the PSA. The regulator sets the standards of competence and conduct for registrants. They ensure quality of training programmes through accreditation and retain professional registers that can be accessed by the public. They have the power to investigate complaints regarding the practice of registrants and, when appropriate, prevent registrant practising by removing them from the register. Employers are responsible for ensuring an employee's registration allows them to practise in the profession.

A detailed cost-benefit analysis of these options is provided in Appendix 5.

2.5 The way forward

It is evident that statutory registration of pharmacy technicians, as has been the case in GB since 2010, is the best option. This can be progressed by one of two routes as set out below.

2.5.1 Grand-parenting

This refers to processes that manage the transition from voluntary to statutory regulation of those individuals currently working who may not possess the full credentials necessary for registration. The grand-parenting period is temporary and time-limited until the new rules come into force. The nature of grand-parenting adopted by different regulators can vary, but the common goal remains to protect the public by limiting the practice of a profession to those who meet the standards.

Grand-parenting was used as a route of entry for pharmacy technicians in GB, beginning with the opening of a voluntary register in 2005 overseen by the then Regulator, the Royal Pharmaceutical Society of Great Britain (RPSGB). This was followed by the introduction of a mandatory register in 2011, overseen by the new regulator, the General Pharmaceutical Council (GPhC). Those individuals who were grand-parented onto the register not having an approved qualification, were given the opportunity to demonstrate their competency through evidence of their training and experience.

Although the opening of a voluntary register for a defined period of time provided the workforce with time to prepare for statutory registration, it resulted in variation in qualifications and skills of the registered workforce.

If grand-parenting is considered, the list of qualifications and duration of grand-parenting must be agreed at the outset. Additional resources may be required, including assessors, fitness-to-practice panels and personnel to manage a communications strategy. Further detail on grand-parenting can be found in Appendix 6.

2.5.2 One standard of entry

This involves entry onto a mandatory register with one standard of entry, such as an exam or OSCE. Significant resources are required to run the assessment, but it has the advantage of removing variability from the workforce. This option does not provide members of the profession an opportunity to demonstrate their competency through their experience, only by formal assessment.

2.6 Mapping the route to registration

The steps involved in registering the pharmacy technician workforce are outlined in Figure 3.

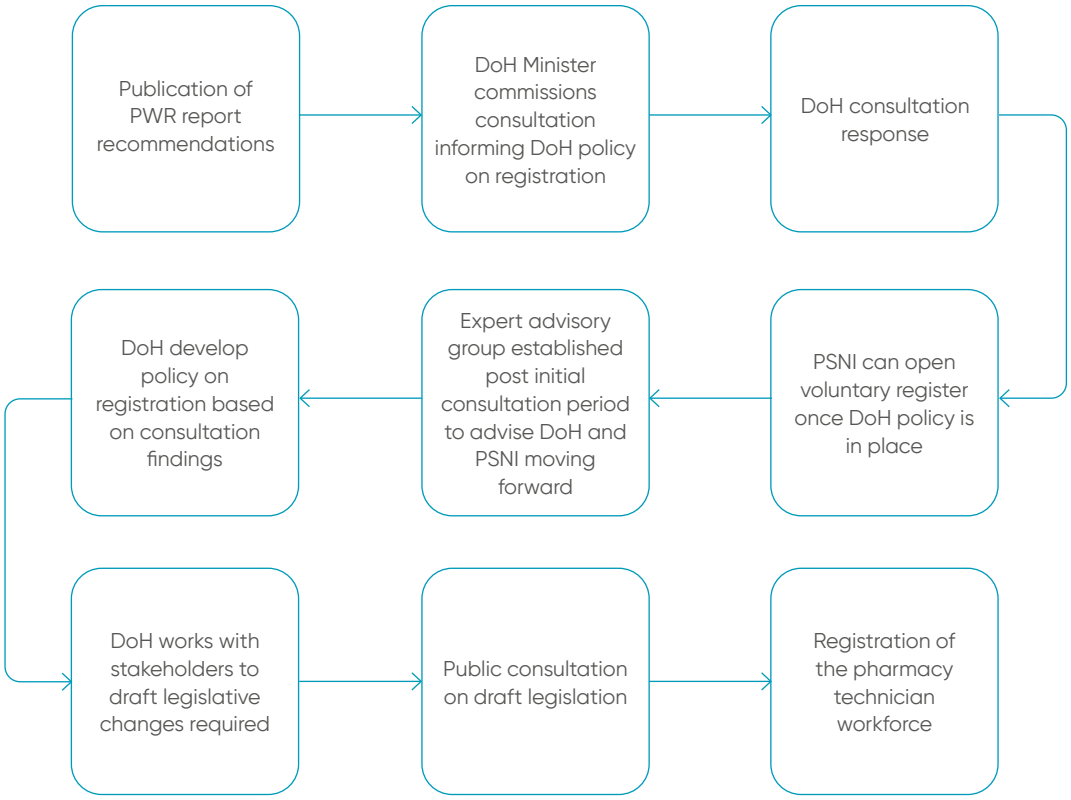


Figure 3 Steps involved in registering the pharmacy technician workforce.

Defining the required workforce

Step 3

Step 3 – Defining the required workforce

3.1 Pre-registration requirements

According to GPhC criteria for registration as a pharmacy technician published in August 2018, applicants must have completed two qualifications;

- a recognised competency based qualification and
- one of the recognised knowledge based qualifications.

In addition, applicants must have completed a minimum of two years' work-based experience in the UK.

Pearson have launched a new qualification in the form of the *Pearson BTEC Level 3 Diploma in the Principles and Practices for Pharmacy Technicians*. This single qualification will replace the traditional combination listed above, with the intention of being rolled out in February 2020. It is supported by the General Pharmaceutical Council (GPhC), with the qualification units mapped to the GPhC initial education and training standards (IETs). This new qualification provides more flexible delivery, ensuring needs of learners and employers are met. Notable features include a reduced number of units, with an element of end-point assessment, ensuring alignment with Apprenticeship standards in England.

3.2 Community pharmacy and general practice requirements

To meet future policy goals, every community pharmacy (n=532) and general practice (n=350) has the potential to have at least one pharmacy technician working as part of their pharmacy teams. There are currently no technicians working in general practice in NI. The Pharmacy Workforce Review noted that there is wide variation in support staff qualifications within the community pharmacy sector which makes it difficult to provide accurate estimates of the current number of pharmacy technicians. Thus, the 400 pharmacy technicians reported by Community Pharmacy Northern Ireland (CPNI) as working in this sector may be an overestimate, arising from lack of clarity around the definition of a pharmacy technician. There is significant scope for an expansion of a registered technician workforce in these sectors over the next five years.

3.3 Hospital pharmacy requirements

Following an NHS benchmarking exercise, all five HSC Trusts in Northern Ireland have projected a significant increase in demand for pharmacy technicians and support staff requirements over the next three and five years (Table 3). This parallels the need for more pharmacists and for both pharmacists and pharmacy technicians to each practice at the top of their licence.

Pharmacy technicians	In post (WTEs*)	Projected requirements in three years (WTEs)	Projected requirements in five years (WTEs)
Band 8b	0	1	2
Band 8a	0	2	5
Band 7	4	10	13
Band 6	29	44	53
Band 5	136	201	241
Band 4	182	241	288
Total	351	499	602

Table 3.1 Pharmacy technician requirements over the next three to five years in HSC Trusts.

*WTE, Whole time equivalent.
Data to the nearest whole number.

Other support staff	In post (WTEs*)	Projected requirements in three years (WTEs)	Projected requirements in five years (WTEs)
Pre-registration Trainee Pharmacy Technicians Year 2	16	46	56
Pre-registration Trainee Pharmacy Technicians Year 1	15	47	57
Pharmacy Assistant – Band 3	33	66	81
Pharmacy Assistant – Band 2	92	126	143
Total	156	285	337

Table 3.2 Pharmacy support staff requirements over the next three to five years in HSC Trusts.

*WTE, Whole time equivalent.
Data to the nearest whole number.

3.4 Future pharmacy technician career development

APTUK has developed a Foundation Pharmacy Framework (Figure 4[8]) and is working with HEE on a project to consider UK-wide adoption of this framework[9]. Further work in progressing with an Advanced Practice framework.

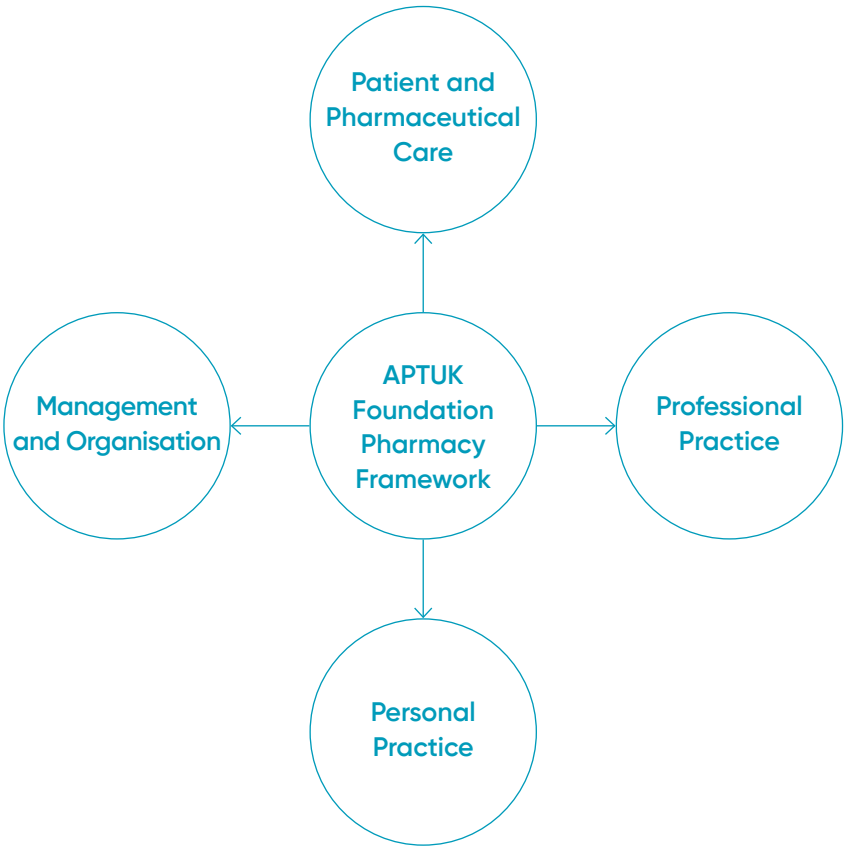


Figure 4 APTUK Foundation Pharmacy Framework.

Both frameworks parallel opportunities already in-place for pharmacists and allows individuals to demonstration their competence against a framework. Thus, the foundation framework for pharmacy technicians should be adopted in Northern Ireland to ensure alignment with GB counterparts.

Continued upskilling the pharmacy technician workforce requires increasing availability of post-registration training (and funding) for the ACPT programme, the Medicines Management Accredited programme (MMAP) and Pre- and Post In-Process Aseptic Checking programme (PIP). Regulation of the technician workforce would increase the impact of these programmes in practice.

[8] https://www.aptuk.org/foundation-pharmacy-framework
[9] https://www.pharmaceutical-journal.com/your-rps/rps-to-explore-potential-of-early-years-pharmacy-technicians/20207072.article

Under-standing workforce availability

Step 4

Step 4 – Understanding workforce availability

4.1 Current pharmacy technician workforce

The pharmacy technician workforce is predominantly female (65%), with almost half aged between 25 and 34 years. In the absence of a register, it is only possible to estimate the number of qualified pharmacy technicians working in Northern Ireland at around 600. However, we have accurate data for the hospital sector in which 351 pharmacy technicians are employed, details of which are given in the Pharmacy Workforce Review. PSNI obtained estimates from premises registration of the 532 registered pharmacies in Northern Ireland, of which 51% provided employee profiles. This showed that 176 support staff hold BTEC Level 3 or equivalent, while 153 hold an NVQ Level 3 qualification. These data were provided voluntarily by employers and it is not possible to comment on their accuracy.

Estimating the number of pharmacy technicians holding the accuracy checking pharmacy technician qualification (ACPT) in Northern Ireland is difficult because there is no register and the number of training programmes is unknown, with some companies running training in-house. We are aware of 232 accuracy checking technicians in Northern Ireland, but this is undoubtedly an underestimate of the total number.

4.2 Current training arrangements

4.2.1 Pre-registration pharmacy technician training

The providers of technician training in Northern Ireland are shown in Table 4. These include further education colleges and private organisations, with teaching methods ranging from classroom-based learning to distance learning.

Training provider	Awarding body	Student intake	Frequency of intake	Teaching methods
Belfast Metropolitan College	Pearson	22 per year	Once annually	Classroom-based
South Eastern Regional College (SERC)	Edexcel	30 per year	Once annually	Classroom-based
North West Regional College (NWRC)	Edexcel	~ 6	Once annually	Classroom-based
Derry Youth & Community Workshop (DY&CW)	City & Guilds	~ 10 per year	Once annually	Distance learning
National Pharmacy Association (NPA)	Edexcel	33 active	Staggered	Distance learning
Buttercups	Edexcel	57 active	Staggered	Distance learning

Table 4 Pre-registration training provision (BTEC and NVQ Level 3) in Northern Ireland.

Increasingly, employers from all sectors are expressing a preference for distance learning. While undoubtedly flexible, some have voiced concerns about the difficult and demanding nature of the qualification, which requires peer support along with a structured timetable. However, students generally have been very positive about distance learning, and consider that they are well supported throughout the process, enabling programme completion within the 2 years.

4.2.2 Apprenticeship NI Programme

In the UK, employers with annual salary costs over 3 million are required to pay an apprenticeship levy of 0.5% of their pay bill, with an allowance of £15,000. Private and public sector employers have digital accounts as a mechanism to access funding for apprenticeship training.

In Northern Ireland, the Department for the Economy (DFE) administers this employer levy through the Apprenticeships NI programme. Unlike GB, apprenticeship funding is only available to employers in the private sector, even though public sector employers must still pay the 0.5% levy. HSC Trusts have raised concerns about the restrictions on limited access to the private sector and DfE is currently reviewing this policy.

There are a number of conditions attached to funding. Training must be delivered by contracted approved training providers, such as SERC, NWRC and DY&CW. Community pharmacy employers appear reluctant to take up Apprenticeship NI funding, and their preferred training providers (e.g. Buttercups, NPA) are not on the contracted provider list. Moreover, there is limited awareness of the Apprenticeships NI programme in the community pharmacy sector.

4.2.3 Training capacity

The capacity of the traditional training providers limits the number of pre-registration pharmacy technicians. Specifically, FE colleges cite the availability of NVQ assessors as restricting further expansion. Thus, any proposal to register pharmacy technicians and increase their number would also have to support FE colleges building an infrastructure to ensure sufficient training capacity.

4.3 Post-registration training arrangements

Registration of the pharmacy technician workforce has implications for CPD to support role development. Currently, the majority of post-qualification training for extended roles relates to ACPT, MMAP and PIP courses. It is unclear whether this training will become part of the new training programme syllabus.

The APTUK is working with Health Education England on a foundation and advanced practice framework for pharmacy technicians, which mirrors similar developments for pharmacists[10]. To support this, pharmacy technician teacher practitioners would be required. Models exist for this role in GB hospitals, whereas the community pharmacy and general practice network could be supported by training organisations such as NICPLD. This would ensure NI-based pharmacy technicians have the same development opportunities as their GB counterparts.

[10] https://www.aptuk.org/foundation-pharmacy-framework

Developing an action plan

Step 5

Step 5 – Developing an action plan

5.1 Pharmacy workforce review recommendations

As outlined in Step 2 of this report, constrains to the provision of current and future pharmacy services. To overcome these constraints and ensure the workforce can deliver on the wider transformation agenda, a number of recommendations, specific to each pharmacy sector, have been identified (see Table 5).

Table 5 Pharmacy technician recommendations.

Sector	Recommendations
All Sectors	To maximise the benefit of skill-mix, work should be urgently progressed to enable the registration and regulation of the pharmacy technician workforce in NI in-line with the rest of the UK.
	Using appropriate developmental frameworks (e.g. APTUK Foundation and Advanced Practice), pharmacy technicians should be encouraged to practice at the top of their skillset through post-registration training. This should be appropriately resourced and supported through pharmacy technician teacher practitioners.
	The Department should work with the universities and FE colleges to ensure the necessary number of pharmacy graduates and pharmacy technicians are available to meet workforce demands, linking with measures to attract, recruit and retain new pharmacists.
	The role of the pharmacy technician should be promoted, particularly to school leavers. The HSC careers services should also be utilised as a means of promoting the pharmacy technician role.
Community	Utilisation of pharmacy technicians and technologies should be optimised to enable pharmacists to spend more time on patient-facing clinical activities and manage capacity.
Hospital	The cost to provide all pharmacy support services should be included in any business case for new medical services. This must allow for seven-day working and headroom (i.e. annual leave, maternity leave, sick leave, training). Appropriate numbers of pharmacists, pharmacy technicians and pharmacy support staff should be recruited and trained for high-risk areas.
General practice	A path-finder study should be undertaken to explore the role of pharmacy technicians in supporting the work of general practice pharmacists.

5.2 Conclusion

This report has been written to inform HSC pharmacy technician workforce development for the period 2019-2029 and should be read in conjunction with the Pharmacy Workforce Review. The increasing demand for pharmacists cannot be met by the number of newly qualified pharmacists; indeed current undergraduate recruitment suggests the situation will continue to deteriorate. Accordingly, there is a need for better skill mix and for both pharmacists and pharmacy technicians to practice at the top of their licence. To increase workforce capacity in a meaningful way, the pharmacy technician workforce needs to be regulated, which will require changes to policy, legislation and funding arrangements, and ensure workforce development is supported.

Effective workforce planning and full implementation (to include a formal mid-term evaluation of actions taken) of the recommendations in Table 5 will ensure we have the right people, in the right place at the right time to support the HSC transformation agenda over the next ten years.

Appendices

Appendices

Appendix 1 Membership of the Pharmacy technician sub-group

Prof Colin Adair, NICPLD, Queen's University Belfast

Peter Barbour, Department of Health

Karen Briers, General practice Pharmacist

Karen Browne, Department of Health

Mark Browne, Department of Health

Dr Karen Cardwell, NICPLD, Queen's University Belfast

Tess Fenn, Association of Pharmacy Technicians UK

Warren Francis, Association of Pharmacy Technicians UK

Kerry Grimes, Community Pharmacy Northern Ireland

Jill Macintyre, South Eastern Health and Social Care Trust

Dr Kate McComiskey, NICPLD, Queen's University Belfast

Trevor Patterson, Pharmaceutical Society of Northern Ireland

Jo Sutton, NICPLD, Queen's University Belfast / Belfast HSC Trust

Appendix 2 Tasks undertaken by community pharmacy technicians

Technical

1. Medicines management
- Ordering medicines for patients
- Dispensing medicines
- Accuracy checking dispensed items
- Undertaking financial transactions
- Dispensing adherence aids
- Prescription administration
- Legal register maintenance
- OTC sales
- Medicines management (nursing homes)
- Checking MHRA alerts
- Assisting with audits
- Actioning tasks from the pharmacist

2. Maintenance of pharmacy supplies
- Ordering/procurement
- Invoice reconciliation
- Dealing with invoice queries
- Stock management
- Cleaning

3. Management of controlled drugs
- Methadone dispensing and supply
- Destruction of controlled drugs

4. Quality assurance
- Monitoring key performance indicators

Clinical

1. Communication/interaction
- Communication with multidisciplinary team
- Communication with patients
- Patient counselling

2. Essential services
- Healthy lifestyle advice
- Travel advice

3. Advanced services
- Assisting with MURs
- Pastoral support for patients

4. Enhanced services
- Palliative care services
- Minor ailments services
- Supervising methadone consumption
- Smoking cessation

Management

- Updating IT systems
- Data collection and management
- Managing staff rotas

Training

- NVQ assessors
- In-house training
- Maintaining ACPT competence in the dispensary

Appendix 3 Tasks undertaken by hospital pharmacy technicians

Technical

1. Medicines management
- Managing medicines waste
- Ordering medicines for patients
- Prescribing audits
- Missed dose audits
- Dispensing medicines
- Eye clinic discharge prescriptions
- Accuracy checking dispensed items
- Undertaking financial transactions
- Dispensing adherence aids
- Prescription administration
- Maintaining legal documents e.g. CD registers

2. Maintenance of pharmacy supplies
- Ordering/procurement
- Updating supply issues for end of life medication
- Procurement contract monitoring
- Source new item requests
- Process high cost medication requests
- Stock management
- Ward stock top ups
- Maintaining emergency cupboard supplies
- Clearing out drug trollies

3. Management of controlled drugs
- Accountable officer
- Move to community
- Destruction of controlled drugs

4. Quality assurance
- Error investigation and management
- Compliance to medicine and CD policies
- Monitoring key performance indicators
- Health and safety risk assessments
- Checking and recording fridge data
- Environment monitoring e.g. temperature
- Vaccine storage and handling

5. Data analysis and reporting
- Prescribing incidents
- Usage and wastage
- Medicines management incentive schemes

6. Aseptics medicines management
- Checking batches
- Extemporaneous dispensing
- Manufacturing aseptic products
- Checking customer service team orders
- Health and safety of aseptic medicines preparation

Clinical

1. Communication/interaction
- Communication multi-disciplinary team
- Attend multi-disciplinary and medicines management team meetings
- General communication
- Patient counselling
- Problem solving
- Falls review

2. Safe administration
- Check allergies and interactions
- Assessing patients own drugs for use
- Ordering new and resupply of medicines for patients
- Taking drug histories
- Medicines reconciliation
- Ward spot checks

3. Clinical specialities
- Clozapine monitoring
- Antimicrobial stewardship
- Renal dialysis medicines management
- Oncology including paediatrics
- HIV
- Haematology
- Medical assessment clinic
- Transplant patients

4. Patient discharge
- Discharge planning
- Preparing discharge summaries
- Patient counselling in preparation for discharge
- Pastoral support for patients
- Home visits following discharge
- Transfer of care of patients from hospital to GP care

5. Clinical trials
- Background research for clinical trials
- Identifying patients
- Trials management and project work

Management

- Staffing rota planning
- Writing standard operating procedures
- Staff management – recruitment, appraisals, sickness, disciplinary procedures
- Budget control
- Monitoring and reporting trust drug spending
- Writing policies and procedures
- Strategic planning
- Planning for the future in terms of staff numbers and facilities
- Building IT software
- Updating IT systems
- Performing user satisfaction surveys
- Health and safety assessments
- Dealing with complaints
- Formulary work
- Maintaining training and accreditation databases
- Horizon scanning
- Governance activities
- Writing business cases

Training

- NVQ assessing
- Delivery of in-house training to other pharmacy staff and other HCPs
- Mentoring staff
- Antibiotics training for nurses
- Supervision of pre-registration pharmacy technicians and pharmacists
- Internal quality assurer (IQA) verification
- Facilitator for ACPT training
- Writing and updating training programmes
- Acting as a witness for NVQ assessment

Appendix 4 Tasks undertaken by pharmacy technicians in general practice

Technical

1. Medication reviews
- Medication usage reviews
- Blood pressure checks
- Signposting
- Better access to health checks
- Sync medication supplies
- Telephone and face-to-face consultations
- Booking in relevant blood tests ahead of pharmacist medication reviews

2. Repeat prescribing
- Repeat prescription management
- Syncing medication supplies
- eRD initiation
- Prescription clerk training
- Managing queries from community pharmacies
- Process monthly prescriptions for nursing/care homes

3. Transfer of care
- Inputting new patient checks
- Process discharge summaries and clinic letters
- Manage post discharge medication
- Review follow ups
- Reconcile medication
- Update PMRs
- Update GP/pharmacist with any changes
- Prescribing audits
- Advise on cost effective prescribing choices according to local formulary
- Action drug alerts
- High-risk drug monitoring
- QoF

4. Prescribing actions
- Assist pharmacist with annual or 6 monthly medication reviews
- Book relevant blood tests and appointments
- Perform compliance reviews
- Initiate MDS or compliance aids as appropriate
- Inhaler technique training
- INR monitoring

5. Long term conditions
- Development and review of policies and procedures

Appendix 5 Cost benefit analysis of registration models

4.1 Voluntary registration.

Costs	Benefits
Professional fee to join the register and annual retention fee. Level of fee determined by size of the register.	There may be requirements for professionals to meets standards or hold a particular level of qualification to be registered. Employers may require employees to meet requirements of the voluntary register.
Acceptance onto the register is on the condition of holding acceptable qualifications and completing CPD which has associated costs to individuals and employers.	Public can identify those professionals who meet standards.

4.2 Accredited voluntary registration.

Costs	Benefits
In addition to the fee for joining the voluntary register, there is an additional cost associated with becoming an accredited register. PSA assess the register against a set of standards. There is annual fee based on the register maintaining the same standards. This will result in higher registrant fees. PSA charges; £13,580 for initial application and £10,250 to renew accreditation annually[11].	Professionals on the register must meet set standards of behaviour and competence. The PSA have standards to be met to be accredited, including the existence of a complaints mechanism relating to registrants.
There are monetary and time costs associated with achieving the required qualification for entry onto the register and completing CPD for both individuals and employers.	A mark of accreditation from the PSA can give the public additional confidence that their professional is maintaining standards to a certain level.

[11] https://www.professionalstandards.org.uk/what-we-do/accredited-registers/about-accredited-registers/faqs

4.3 Statutory registration.

Costs	Benefits
Individuals must pay an initial joining fee followed by an annual retention fee. From the 1st July the GPhC will charge pharmacists £257; and pharmacy technicians £121 in annual retention fees. The PSNI charge pharmacists a £398 annual retention fee. The PSNI have projected likely fees for pharmacy technicians if they were subject to statutory regulation as £118, in the Department of Health consultation document: Future of Pharmacy Regulation in Northern Ireland published in 2016[12].	Assurance processes have legal consequences. With a voluntary or accredited voluntary register these processes may exist. However, individuals may still legally practise without registration and actions of the regulator are non-mandatory in these instances.
Individuals will have time costs associated with meeting regulatory requirements. There will be time and money costs associated with fitness to practise procedures.	Allows for scope of practice to be extended. Therefore, employers can maximise potential of the role.
There will be one-off set up costs associated with setting up the register.	Fitness to practise procedures can protect the public by assessing a registrants practice and taking appropriate action. The regulator has the power to act as an independent body providing clarity for patients.
	Demand for the profession should increase from employers, colleagues and other healthcare professionals with the reassurance that statutory regulation provides.

[12] https://www.health-ni.gov.uk/consultations/review-pharmacy-regulation-northern-ireland

Appendix 6 The GB experience of grand-parenting

6.1 Introduction

Grand-parenting adopted a pragmatic approach to the registration of those pharmacy technicians who may have had a considerable number of years of experience working in practice, but did not have the necessary qualifications. It was used in Great Britain (GB), starting with a voluntary register in 2005 as mandatory registration was introduced in 2011. Grand-parented individuals not having an approved qualification were given the opportunity to demonstrate their competence through evidence of their training and experience. Grand-parented applications required details of qualifications and work experience, evidenced by:

- certificates of qualification
- detailed career histories accounting for the previous eight years
- details of hours in practice for two out of the last four years or four out of the last eight years depending on the number hours worked weekly,
- details of legal and disciplinary hearings
- health declaration
- applicant declaration
- declaration by a counter-signing pharmacist outlining how long they had known the applicant and providing assurances regarding their ability to act with honesty and integrity, as well as the trueness of the information provided in the application.

Grand-parenting arrangements enabled entry onto the register via two routes; route A and route B (Figure 5). Route B applications required extra scrutiny and attention. Individuals applying via this route may have held a qualification on the approved list, but not the time and hours in practice needed for entry via route A. Therefore, applicants had to provide evidence of their qualification and career history, as well as a completed 'Statement of Practice'. These applications required the signature and declaration of a counter signing pharmacist. Route B applications were scrutinised by two RPSGB assessors; a third assessor adjudicated only when the first decision was not unanimous.

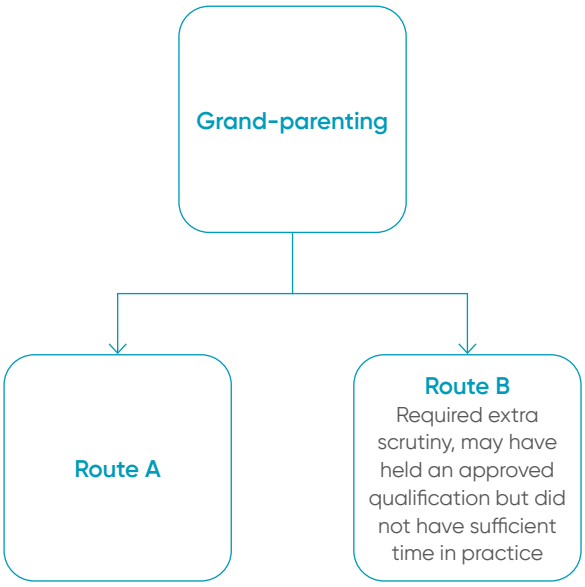


Figure 5 Infographic representing grand-parenting arrangements.

Counter signing of such applications by pharmacists had an associated accountability and responsibility attached, providing assurance to the public and pharmacy profession that the prospective registrant was competent in their role as a pharmacy technician. The disadvantage was that it created the perception of the profession consisting of those with and those without qualifications. It also led to assumptions about variability of the workforce, although there is no evidence for the existence of variability in the pharmacy technician workforce in GB.

Successful grand-parenting involves ensuring standards outlined in legislation are met, and that the process is fair and consistent. Concerns and expectations expressed at the time were:

- standards required are not too high to act as a deterrent and a barrier to those applying for registration
- the process should not be unduly onerous, recognising that most of the workforce are practising safely and effectively within their competencies
- those registered under grand-parenting arrangements should not be treated differently and that the value of experience and practice are protected
- those holding the approved qualifications and time in practice should be indistinguishable from those who were grand-parented onto the register.

6.2 Communication

The need for a clear communications strategy is paramount for the success of grand-parenting. A review by the Health Professions Council (HPC) of their grand-parenting approach between 2003 and 2005 outlines important considerations. Objectives of this strategy should include:

- raising awareness of grand-parenting requirements amongst relevant stakeholders, including unregistered pharmacy technician workforce, organisations representing the workforce (e.g. APTUK), employers (HSC Trusts, CPNI) and training providers (e.g. SERC, NWRC, DY&CW, Buttercups and NPA)
- the purpose of grand-parenting
- raising awareness of the role and powers of the PSNI as the future regulator of the pharmacy technician profession.

Communication of the grand-parenting process to the unregistered pharmacy technician workforce is possible via a number of routes, for example, meetings, brochures, and relevant organisations. All relevant organisations should be clearly informed and kept up-to-date with the timelines and status of the transition period. They should be contacted at important milestones throughout the process and encouraged to remind their members of upcoming deadlines.

An advertising campaign promoting awareness of the change in legislation concerning registration of pharmacy technicians should also target the public. Public awareness of the role of the pharmacy technician and PSNI as the regulator of the profession should be promoted. Examples of possible communication mediums include social media, posters, public transport advertising, radio campaigns and advertising in suitable magazines.

Prospective applicants should be clearly informed throughout the process that they can continue to use the title of pharmacy technician given that they have applied for registration in time and it is being processed, even if this period of processing runs beyond the deadline itself.

Despite concerted efforts, it is likely that a small number of individuals will fail to apply for registration before the deadline. While reliance is placed on the representing bodies to relay information communicated to them onto their members, it can be difficult to reach individuals who are not members of any representing organisations.

6.3 Resources

The experience of others who have previously implemented grand-parenting should be considered in assessing the resource needed. For example, an estimate of the unregistered pharmacy technician workforce will inform the allocation of resources required to oversee implementation. A panel is needed to define the criteria for registration and grand-parenting requirements. Additionally, assessors with the skills and knowledge, suitably trained, are needed to process the applications for registration and deal with appeals.

Experience shows that a surge in applications takes place towards the end of the grand-parenting period and thus workload is not evenly distributed. Applications meeting the education / training /time in practice requirements are straightforward. Grand-parented applications are more resource intensive, but can be successfully manged via collective assessment by a group of assessors. This facilitates discussion amongst assessors for more complex applications, whilst ensuring better consistency in approach. Assessor training ensures consistency of assessment process.

6.4 Duration

The length of the grand-parenting period should consider the time it takes for completion of the qualification, with two years being the minimum. This allows applicants who may need to undertake additional education and training to meet the registration requirements. In addition, another one year grace period should be considered for communication. Thus, a minimum three year grand-parenting period is required.