

APTUK Position Statement on Pharmacy Technicians being added to the list of Healthcare Professionals who can supply medicines against a Patient Group Directive

Recently, the Guild of Healthcare Pharmacists included the following statement in their submission to National Institute of Clinical Excellence (NICE) during the NICE consultation on Patient Group Directives (PGDs):

The list of Health Professionals eligible to use PGDs should include 'Pharmacy Technicians'. The clinical roles of pharmacy technicians in NHS hospitals has developed in recent years therefore adding these registered health professionals to the list would enhance patient care by improving access to appropriate medicines and reducing delays in treatment. The skills of these individuals would also be maximised.

The topic was then picked up by the Pharmacist Defence Association (PDA) who surveyed their members and published an article in the PDA Hospital Newsletter which can be found at: <http://www.the-pda.org/pdf/insight/2013-summer-insight-hospital.pdf>

Subsequently, a report was published by Chemist and Druggist (C&D) which can be seen at: <http://www.chemistanddruggist.co.uk>. To avoid any confusion, technician in the context of the C&D report title does refer to a pharmacy technician.

The Association of Pharmacy Technicians (UK), (APTUK), is the recognised professional leadership body for pharmacy technicians. We support the general principle proposed by GHP that pharmacy technicians should be added to the list of healthcare professionals who can supply medicines against a PGD. Our general approach to supporting new or extended roles for pharmacy technicians is underpinned by three important principles: protecting patients, protecting pharmacy technicians and maximising the competence of pharmacy technicians alongside their relatively newly registered status.

In supporting these important principles, we believe that, where any new role is proposed for pharmacy technicians, it should be the subject of a rigorous risk assessment and risk management process. The purpose of this is to ensure that the three important principles listed above are preserved. This approach has been communicated previously and can be found in our Supervision statement at: <http://www.aptuk.org/media/dynamic/files/2011/10/07/Supervision>

Using the approach outlined above, we believe that there will be some PGDs where medicines can be supplied by pharmacy technicians providing all of the risks to both patients and pharmacy technicians have been appropriately managed. Of course, we also recognise that there may be some that cannot. However, if pharmacy technicians are on the list, it does not mean that they will necessarily be included in every PGD. The process of developing a PGD will, in itself, be part of the risk management process.

The survey and articles highlighted some comments which may have arisen from misunderstandings or a lack of knowledge. However, some of these comments need an informed response to ensure a consistent and wide understanding of the subject.

- **75 per cent of pharmacy technicians (16,358) became registered pharmacy technicians by dint of a grandfather clause – this enabled them to join the register by demonstrating that they had been practising for a certain number of years – they were not required to sit any specific exams** – This statement is misleading and shows a distinct lack of understanding of the transitional process (commonly called 'grandparenting'), right down to the name. All pharmacy technicians joining the register under transitional arrangements were required to have completed one of the nationally recognised pharmacy technician training courses. They were also required to produce evidence of post qualification work experience. The whole evidence portfolio was then signed off by their pharmacist employer.
- **Concerns that a lack of training would render the service ineffective** – The whole process of developing PGDs, including the risk management element, would ensure that

appropriate training would be part of the evidence required for individual pharmacy technicians to be authorised to deliver the service. This is the same as any other clinical service delivered in pharmacies and is an employer responsibility. There is strong evidence from the hospital sector, primary care and forward thinking community pharmacies that pharmacy technicians, when empowered, trained and supported can deliver safe services. This does, of course, place an onus on the employer to support staff appropriately.

- **Concerns about a reduced pharmacist presence leading to de-skilling of the service and poorer patient outcomes** – If pharmacy technicians are delivering services in a very limited number of PGD's, it does not mean that the pharmacist presence will be reduced. There are many other roles which absolutely must be undertaken by a pharmacist, meaning that there will always be a pharmacist available. There may also be occasions when a pharmacy technician delivering a service against PGDs may reach the limit of their competence and need to refer to a pharmacist. We consistently reinforce the message with our members that understanding, and acting on, the limit of your own professional competence is a key element of professionalism.
- **Blurring of roles causing confusion amongst patients** - Patients want and need a safe service; they often do not understand the exact role or profession of the person dealing with them. The patient's normal interface in any pharmacy is normally not a pharmacist.
- **Lack of appropriate professional relationships and accountability** – Pharmacy technicians have demonstrated in a number of settings that, given the opportunity, they are perfectly able to have a proper and effective professional relationship with patients and other healthcare professionals. , With regards to accountability, pharmacy technicians are fully accountable, as registered healthcare professionals for their professional output. It is also important to recognise that pharmacy technicians are required to work professionally to the GPhC Standards of Conduct, Ethics and Performance.
- **Lack of underpinning knowledge resulting in a detrimental impact on patient safety** - If the PGD routinely required a level of underpinning knowledge beyond that of a pharmacy technician, then it would not be appropriate for a pharmacy technician to deliver this service. This would/should be picked up during the risk assessment in the PGD development stage. Any infrequent need for underpinning knowledge can safely be managed by referring back to a pharmacist when required. A systematic approach to service delivery using referral and handover tools can produce decision points to allow appropriate escalation.

The greater use of pharmacy technician competence can be managed through the development of systems and processes to eliminate risk both to patients and pharmacy technicians. Similar concerns were raised at the prospect of pharmacy technicians taking on final accuracy checking, ward based and other patient facing medicines management roles; there was also significant concern at registering pharmacy technicians. All of these concerns have proved unfounded with no negative impact on patient safety.