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Original Research

Fitness for purpose of pharmacy technician education and training: The case of Great Britain

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Abstract

Background: To enable pharmacists to become increasingly patient-centered, clinical professionals, they need to work with suitably trained and competent support staff; pharmacy technicians (PTs) may be the most appropriate to take on additional roles and responsibilities. However, clarity on PT roles, particularly in community pharmacy, is lacking, and pharmacists may be reluctant to delegate due to concerns over PTs' competence.

Objectives: This paper aims to explore the fitness for purpose of PT education and training in Great Britain.

Methods: A mixed methods study was conducted in 2013–14. Semi-structured interviews were undertaken with face-to-face and distance education providers; and different types of community ($n = 16$) and hospital pharmacy ($n = 15$) employers. Interviews explored views on education delivery, work-based learning and assessment, and quality assurance; they were transcribed verbatim and analyzed thematically. Interviews informed a questionnaire that was piloted and distributed (with reminders) to all 1457 recently registered PTs. Survey data were analyzed using SPSS v20, employing comparative statistics (Mann–Whitney U, Chi-Square). University ethics approval was obtained.

Results: Staff in 17 Further Education (FE) colleges, 6 distance providers, 16 community pharmacies and 15 NHS organizations were interviewed. Participants from different sectors, education providers and employing organizations questioned whether standards met current practice requirements. Certain topics were considered as redundant or over-taught whereas others, such as professionalism (attitudes, behaviors), were perceived to be lacking. Hospital interviewees felt that PT education and training lacked clinical detail, whereas many community interviewees felt that requirements for PTs were more advanced than required. Various comments suggested that PTs' roles in community pharmacy were not clearly defined or sufficiently different from other support staff. In order to define appropriate and up-to-date education and training standards, comments suggested the role of PTs in all sectors of practice needed to be clearly defined. There were usable responses of the questionnaire returned from 632 PTs. Three-quarters (475; 75.9%) of respondents had trained in community. The majority ($n = 550$; 88.0%) were female, with a significantly larger proportion of females in community pharmacy (90.7%) than hospital (77.4% – $X^2 = 20.021$, $P < .001$). The average age of respondents was 35.26 ± 10.22. Respondents working in hospital were more likely to agree ($n = 121$; 84.0%) that their role in the workplace was

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clearly defined ($U = 10740.500$, $Z = -2.563$, $P = .010$) than their community colleagues ($n = 303$; 73.9%).
Conclusions: Role clarity is required for PTs so that regulatory standards can be designed to meet current and future practice needs. This will support effective skill mix configurations to enable pharmacists, particularly in community, to take on extended, clinical roles.

Keywords: Pharmacy technicians; Training standards; Professional regulation; Pharmacy education; Skill mix

Introduction

Pharmacists are the third largest health care profession (after nurses and doctors),[1] and over recent years, they have become increasingly clinical professionals. This was first seen in secondary care settings, where pharmacists now provide routine ward, clinic and outpatient-based clinical services.[2] Community pharmacies are also providing increasing levels of clinical and public health services, and closer working with other primary care providers, including General Practice.[1,3] In the process of taking on these additional roles and responsibilities, pharmacy has lost some of its more traditional roles, such as the extemporaneous preparation (making) of medicines. Other roles, particularly that of medicines supply (dispensing), however, have been retained.

To enable pharmacists to become more clinical, patient-centered professionals, they need to be supported by a well-trained, competent team, whose members can take on some of the less complex and/or more routine, technical tasks. Parallels exist here with other health care professionals: nurses have taken on roles previously reserved for doctors,[4–6] and more recently dentists are being supported by a whole range of registered dental care professionals.[7,8] Pharmacists in both hospital and community pharmacies also work with different types of support staff.[9,10] These include medicines counter assistants, dispensers, assistant technical officers, and pharmacy technicians (PTs), with PTs being the most qualified group of pharmacy support staff and thus the most obvious group to take on some of the more advanced roles, and indeed responsibilities.[11]

In Great Britain (GB), besides pharmacists, PTs are the only group of pharmacy staff, who are registered with, and thus regulated by, the General Pharmaceutical Council (GPhC). In order to register as a PT, the GPhC standards and criteria for the initial education and training of pharmacy technicians[12] must be met, which require pre-registration trainee PTs (PTPTs) to undergo apprenticeship-type training. This involves completion of a minimum of 2 years' work experience, where the majority of learning occurs in employment, on the job, usually in 1 of the 2 main sectors of the pharmacy labor market: hospital or community pharmacy. Alongside this, 2 GPhC-approved qualifications[13] need to be completed: a knowledge-based one (for underpinning knowledge) and a competency-based one (to demonstrate task competence in practice). These qualifications are offered by face-to-face providers, mainly Further Education (FE) colleges and approved National Health Service (NHS) Trusts, or through private distance learning providers. More detail can be found in Table 1.

If PTs are to take on certain roles, and related responsibility and accountability, from pharmacists,[11] the GPhC, pharmacists, and indeed patients and the public need to be assured that education and training is fit for purpose and that the underpinning standards are appropriate. Concerns have been raised over the quality and comparability of different types of PT qualifications.[11] These concerns do, at least in part, contribute to community pharmacists' reluctance to delegate roles which PTs feel qualified and able to do safely, creating a barrier to effective use of skill mix in community pharmacy.[11] Nevertheless, the need for expanding the roles of PTs and standardizing their education and training is recognized internationally, particularly in North America.[14–16]

In light of the recency of PT registration (mandatory since 2011), the GPhC commissioned research with the aim of better understanding the quality of PTPT education and training, as delivered by different education providers, employing organizations and awarding bodies (in Great Britain).[17] This paper draws on findings from this research and aims to specifically explore the fitness for purpose of PTPT education and training.