

Initial education and training standards for pharmacy technicians

A consultation analysis report

About this report

1. This report provides a summary of the responses to the consultation on initial education and training (IET) standards for pharmacy technicians. The consultation ran for 12 weeks and closed on 1 March 2017. We also held a number of engagement events relating to the consultation.
2. The consultation document was set out in three parts:
 - a. Part 1: IET standards for pharmacy technicians – learning outcomes
 - b. Part 2: standards for IET course providers; and,
 - c. Part 3: Changes to the criteria for registration as a pharmacy technician
3. In addition to questions asked on the three parts listed above, we asked for specific feedback on our initial equality analysis.
4. The consultation questions are listed below.

1. IET standards for pharmacy technicians – learning outcomes: are these the right outcomes, at the right level?
2. Standards for IET course providers: are these the right standards and criteria?
3. Now that pharmacy technicians are an established registrant group, we think that pre-registration trainee pharmacy technicians should be able to be supervised by the registrant group they intend to join. Do you have any comments about this proposed change and its potential impact?
4. Do you have any comments about whether we should keep the two-year work experience requirement or whether we should introduce a change, and about any potential impact?
5. We suggest that pharmacists wanting to register as pharmacy technicians should have to complete the same initial education and training as pre-registration trainee pharmacy technicians, although they could apply to have their prior learning and experience recognised by the course provider. Do you have any comments about this proposed change and its potential impact?
6. Do you have any comments about workplace training and the quality assurance of initial education and training?
7. Do you think there is anything in the standards or suggested changes to the criteria for registration that disproportionately affects any particular group over others?
8. Do you have any other comments?

5. Each of the questions we asked were 'open questions' in an attempt to secure as wide ranging feedback as possible on each of the issues and questions asked.

Who we heard from

6. We received written responses from 76 organisations and 281 individuals. Most of these responses were received electronically through an online survey, with a small number submitted by e-mail.
7. The vast majority of individual respondents (265, around 94 per cent) identified themselves as a pharmacy professional of which around 83 per cent (217) said they were pharmacy technicians while around 16 per cent were pharmacists (43). Just above 3.5 per cent (10) said they were a pre-registration trainee pharmacy technician (PTPT).
8. The questions in the online survey were used to structure discussions in our engagement events allowing us to capture people's views and include them in this consultation analysis.
9. Around 320 individuals and representatives of organisations attended these events.
 - a. The full list of organisations that responded to the consultation can be found in Appendix A.
 - b. Details of the engagements events can be found in Appendix B.

What we heard

10. The structure of this section follows that of the consultation document and questionnaire.
11. The consultation comprised open questions only and these were analysed using an iterative coding process which identified themes.
12. Here we report the number of responses we received and summarise the key themes that emerged for each question. Where possible, we have organised the analysis by reporting on the apparent degree of agreement or disagreement with the questions.

Part one of the consultation

13. Part one of the consultation document set out the proposed IET standards and the learning outcomes that PTPTs will have achieved on successful completion of their education and training.

Question 1: General comments

“IET standards for pharmacy technicians – learning outcomes: are these the right outcomes, at the right level?”

14. We received 334 responses to this question.
15. Responses from pharmacy professionals and from organisations indicated broad overall agreement that the proposed learning outcomes for the initial education and training of pharmacy technicians were correct.
16. Themes from respondents who indicated unequivocal support for the learning outcomes were:
 - embedding patient safety, professionalism and the standards for pharmacy professionals in training was seen as positive;
 - inclusion of accuracy checking and medicines management in the initial qualification was supported because these skills were now central to the role of a pharmacy technician;
 - inclusion of core safety concepts, clinical and corporate governance and team and multidisciplinary team working was supported; and,
 - the improvement of links between course providers and employers was important to cement knowledge into practice.
17. A minority of respondents indicated clearly their disagreement with the learning outcomes. A summary of views is set out below:
 - A small number of respondents were of the view that the standards for the course were not right and possibly set too high; some also requested clarity on the scope and level of the outcomes to avoid blurring the role of pharmacist and pharmacy technician.
 - A few respondents felt that there was a need for an indicative syllabus for the knowledge learning outcomes for these to be delivered effectively and consistently. It was felt that an indicative syllabus would avoid differing interpretation of the level and depth of knowledge required by different awarding organisations and course providers.
18. Comments from respondents indicating broad agreement only with the IET standards, mainly centred on two areas in particular:
 - a. the inclusion of accuracy checking and medicines management; and,
 - b. the lack of reference in the draft standards to aseptic technique which was regarded by some as a core role for pharmacy technicians in hospitals.

19. A number of responses to question one highlighted the issue of accuracy checking both in general and in comment on learning outcome 37 set out in the consultation document (*Carry out an accuracy check of dispensed medicines and products*)
20. A number of key comments (either because they were raised a number of times or because we believe they should be highlighted for reasons of transparency) are summarised below:
- A desire for greater clarity on the definition of accuracy checking and confusion about whether the draft standard referred to “final accuracy checking” and how the standard would compare with the accredited checking pharmacy technician qualification (ACPT), or developing accuracy and self-checking skills in the dispensing process.
 - Some, although supporting the inclusion of accuracy checking because they felt it would help the trainee develop robust and consistent self-checking methodology, were concerned that final accuracy checking was not an entry-level activity and not appropriate for newly qualified pharmacy technicians to undertake.
 - Some respondents were of the view that accuracy checking and also medicines management required a greater degree of confidence, maturity, experience and further training to undertake safely. A number of these respondents indicated that at least two years post-registration experience was required prior to starting these level 4 qualifications for advanced practice roles and their inclusion in initial education and training of pharmacy technicians was detrimental to patient safety.
 - A few respondents expressed the view that there was a difference in the complexity of prescriptions encountered between hospital and community pharmacy settings and that experienced accuracy checking technicians in hospitals not only undertook a technical accuracy check of prescriptions but often provided an additional clinical check too and often identified issues which had been missed first time round. It was stated newly qualified pharmacy technicians would not have the experience to be able to do this.
 - Other comments received included concerns that the inclusion of accuracy checking and medicines management could make newly qualified pharmacy technicians more desirable for employers and could also affect career progression and pay bandings for both newly qualified and existing pharmacy technicians.
21. One organisation’s response expressed a view that there needed to be a role definition for pharmacy technician’s before they could give a view on the education and learning outcomes required.

Question 1: Specific comments on learning outcomes

22. The consultation set out proposed learning outcomes. These were grouped under four 'domains': person-centred care; professionalism; professional knowledge and skills; and, collaboration.
23. The outcome levels in this standard are based on an established competence and assessment hierarchy known as 'Miller's triangle'. There was broad agreement in the responses that most of the learning outcomes were set at the right level (the levels being 'knows', 'knows how', 'shows how' and 'does').
24. In addition to the comments on accuracy checking (draft learning outcome 37) a number of comments and questions were received about the drafting of other learning outcomes.
25. For example, questions were raised about the word 'safety' in draft learning outcome 32 and whether there needed to be clarification that this would be different to a pharmacist check on clinical appropriateness (*Receive prescriptions and check for validity, safety and clarity, taking action to address identified deficiencies*).
26. Some respondents raised questions about whether there was duplication between the learning outcomes, specifically draft learning outcomes 37 and 48 (*Check their own and others' work effectively*).
27. Specific feedback was also received about draft learning outcome 42 (*Including providing first aid*) and whether there should be an amendment to the drafting to reflect different settings and the appropriateness of providing first aid, for example, in hospital or community settings.

Question 1: Specific comments on outcome 'levels' in the draft learning outcomes

28. A number of respondents suggested that the following outcomes should be '**Does**' and not '**Knows how**' as was proposed in the consultation:
 - *Learning outcome 9 - 'Effectively promote healthy lifestyles using available resources and evidence-based techniques'*
 - *Learning outcome 10 - 'Be able provide public health advice and recommend recognised health screening or public health initiatives'*
 - *Learning outcome 29 - 'Assess a person's current supply of medication and order appropriate medicines and products'*
 - *Learning outcome 30 - 'Accurately review a person's medication to identify the medicines required'*
 - *Learning outcome 31 - 'Order, receive, maintain and supply medicines and other pharmaceutical products safely, legally and effectively'*
 - *Learning outcome 39 -- 'Ensure the quality of ingredients to produce and supply safe and effective medicines and products'*
 - *Learning outcome 41 - 'Safely and legally dispose of medicines and other pharmaceutical products'*
29. One respondent suggested that the following outcome should be '**Knows how**' and not '**Does**' as was proposed in the consultation:

- *Learning outcomes 32* – ‘Receive prescriptions and check for validity, safety and clarity, taking action to address identified deficiencies’

Question 1: Additional proposed learning outcomes

30. A few respondents offered suggestions for further learning outcomes to be added, for example:

- Patient consultations
- Psychology of disease and illness and understanding patients behaviours and attitudes towards illness to support the management of patients with long term conditions
- Pharmacy information technology for example: eHealth, electronic transfer of data, automated ordering/robotic assembly

Question 1: Additional drafting comments

31. A number of comments were received about detailed drafting to help remove perceived ambiguity which will all be considered individually.

Part two of the consultation

32. Part two of the consultation set out the proposed standards that IET course providers must meet to deliver the learning outcomes for the IET for pharmacy technicians set out in part one of the consultation.

Question two: General comments

Standards for IET course providers: are these the right standards and criteria?

33. We received 303 responses to this question.
34. Responses from pharmacy professionals and from organisations indicated broad overall agreement that the proposed IET standards for course providers were correct.

Feedback on Domain one – selection and entry requirements

35. Some respondents felt that the entry level and criteria for course entry should be more specific and should include not only English language and numeracy but also science, chemistry and biology minimum requirements. Respondents suggested this would support pharmaceutical principles of formulation and preparation and the basic pharmacological principles for the use of medicines.
36. Some respondents were of the view that there was a need to raise the bar for entry requirements for pharmacy technician education and training. However, there were also concerns that doing so might deter or exclude applications from people without traditional qualifications but with pharmacy work experience, for example, as a dispenser.
37. A number of respondents also stated that the entry criteria should include professionalism and caring characteristics, acknowledging that this may require changes to existing admission and recruitment processes.
38. Some respondents also requested guidance and support from the GPhC for both course providers and employers on what should be covered by good character and health checks. It was also suggested this guidance should cover instances when concerns arise during training that may affect a PTPT's suitability for future registration.

Feedback on Domain three - management, resources and capacity

39. Some respondents commented that the standards should clarify whether the awarding organisation, the course provider or the employer is responsible and accountable for each part of delivery.
40. A few respondents highlighted here a potential conflict between course providers and employers who fund the course provision, citing an example where a course provider may identify insufficient work place support, which may result in loss of business, if the employer subsequently chooses another provider because of the feedback.

41. Some respondents also commented that the standards should include a requirement for staff delivering the course to be actively engaged in pharmacy practice and that trainers in the workplace must have completed training to be a trainer and that workplace training should only be assessed by workplace assessors.

Feedback on Domain four - monitoring, review and evaluation and domain five - course design and delivery

42. A number of respondents felt that there was a need for regular reviews and monitoring of organisations and providers to check they are achieving the same standards.
43. Some respondents suggested having a standardised course across all providers, both face to face and distance learning, to address variability in standards and quality of outputs between providers and awarding organisations. However, some respondents felt that a single qualification would prevent duplication but others also questioned how much duplication there actually was.
44. There was feedback from some respondents that the level of the pharmacy technician qualification should be higher than NVQ level 3 and set at level 4 if accuracy checking and medicines management were included.
45. Concerns were expressed from some respondents about the variability of PTPT workplace experience and support between employers and between sectors. It was suggested that the quality of workplace training needed to be standardised. A few respondents were concerned that community pharmacy may be unable to provide appropriate support for the new qualification in the present financial climate.
46. Some respondents suggested that stronger links between course providers and employers to support the workplace training experience of PTPTs and regular quality assurance of this would help address the current variability.
47. A small minority of respondents were of the view that PTPTs should be treated in the same way as pre-registration pharmacists and only undertake workplace training at approved training sites with a recognised tutor.
48. Feedback was also received about criterion 3.7 (below in italics) that in Scotland, full-time students begin and complete the knowledge element of the qualification first at a further education college and would not be in a workplace learning environment for there to be any liaison or support between the course provider and workplace.

Each pre-registration trainee pharmacy technician must be supported as a learner in the workplace. There must be systems in place for liaising with course providers regularly about the progress of a pre-registration trainee pharmacy technician.

Feedback on Domain six - course assessment

49. A few respondents gave examples of the variability in assessment processes and requirements required by differing awarding organisations. In one example cited by a respondent, assessment criteria had to be met on a number of occasions for a PTPT to demonstrate successful completion and in the case of another organisation it was sufficient for a PTPT to have met the assessment criteria on one occasion only.
50. A few respondents suggested that there should be an independent assessment of achievement before a PTPT could register.
51. Some respondents requested clarification on a number of standards and criteria for example:
 - Criteria 6.3 – ‘Assessment of competence must take place in the workplace’
 - Criteria 6.7 - ‘Assessments must be carried out by appropriately trained and qualified people who are competent to assess the performance of PTPT’
52. Respondents acknowledged that assessors would need to be trained but a few respondents queried whether there would be sufficient assessors with current advanced qualifications to assess the new qualification.
53. There were also a few suggestions on changes to wording. For example:
 - Criteria 1.2 - ‘*Applicants must be working in a pharmacy environment and be supervised by a pharmacist or pharmacy technician*’. There was a suggestion that this could be changed to, ‘*Applicants must be working in a pharmacy environment, or have secured a placement as a PTPT*’
54. A small number of respondents repeated their concerns regarding the inclusion of accuracy checking and medicines management in the learning outcomes of the initial qualification and a few sought clarification as to what would happen if the PTPT failed to pass the accuracy checking section of the qualification (i.e. would they then fail to qualify as a pharmacy technician).

Part three of the consultation

55. Part three of the consultation set out proposals for changes to the criteria for registration as a pharmacy technician in three particular areas:
- Pre-registration trainee pharmacy technicians being able to train under the direction, guidance or supervision of a pharmacy technician or pharmacist
 - Introducing some flexibility into the two year work experience and set minimum hours requirement for the training period
 - Removing the option that current or recently registered pharmacists in Great Britain or Northern Ireland are able to register as a pharmacy technician automatically
56. This part of the consultation also explored general issues of quality and work based training, impact of the proposals and provided an opportunity for respondents to make any other comments.

Question three: general comments and feedback

Now that pharmacy technicians are an established registrant group, we think that pre-registration trainee pharmacy technicians should be able to be supervised by the registrant group they intend to join. Do you have any comments about this proposed change and its potential impact?

57. The current registration criteria require PTPTs to train under the direction, guidance or supervision of a pharmacist only. The proposal is to enable PTPTs to train under the direction, guidance or supervision of a pharmacy technician or a pharmacist.
58. In question three consultees were asked whether they had any comments about this proposed change and its potential impact. We received 333 responses to this question.
59. The majority of responses from pharmacy professionals and from organisations agreed with the proposal to allow PTPTs to train under the direction, guidance of a pharmacy technician or a pharmacist.
60. The most frequently cited reasons for supporting this change were the following:
- The proposal recognises the profession of pharmacy technician as distinct from that of pharmacists
 - PTPTs should be supervised by the registrant group they will be joining and need to work with registrants who have the appropriate technical knowledge, are doing the job they are training to do and who can show them what the role entails.
 - Supervision by pharmacy technicians already happens in hospitals where many areas are managed by pharmacy technicians, so this should happen in other sectors too.
61. There was also recognition that both pharmacists and pharmacy technicians should be involved in supervision, pharmacists especially for their clinical expertise and knowledge. A small number of respondents said that allowing pharmacy technicians to supervise PTPTs would assist pharmacists with time management and free up pharmacists to undertake more clinical roles that only they can fulfil. There were however mixed views as to whether the final sign-off of the learning outcomes should still remain with a registered pharmacist.

62. In addition, there was strong support for the view that those supervising, irrespective of whether a pharmacist or pharmacy technician, need a minimum amount of experience, specific qualifications and training and should be competency assessed before acting as a supervisor.
63. The minority of responses from pharmacy professionals and from organisations disagreeing with this proposal gave the following reasons:
- PTPTs should only train under pharmacist supervision as pharmacist input in training was essential
 - Pharmacists were more qualified with greater clinical understanding to provide PTPTs with guidance and support
 - It was beneficial for PTPTs to be trained by pharmacists as this gives PTPTs a good understanding of the different professional responsibilities and roles.
64. Respondents disagreeing also raised concerns about the quality of the training received by PTPTs if they were supervised by newly registered pharmacy technicians, unless there was guidance on who can supervise and under what circumstances.

Question four: General comments and feedback

Do you have any comments about whether we should keep the two-year work experience requirement or whether we should introduce a change, and about any potential impact?

65. Under the present criteria, a pre-registration trainee pharmacy technician must undertake at least two years' work experience in the UK, and this includes a set minimum hours requirement for their work experience period. We asked for views on whether this should remain, or whether some flexibility should be introduced so that trainees able to meet all the learning outcomes in less than two years could be allowed to do so, with appropriate safeguards
66. We received 343 responses to this question.
67. The majority of responses from pharmacy professionals and from organisations supported keeping the work experience requirement of two years.
68. The most frequently cited reason in support of maintaining the status quo was that two years was needed for the PTPT to acquire sufficient depth of knowledge and range of practical experience. It was stated it should remain because valuable learning takes place during this time and this is necessary especially if the proposed standards are to include accuracy checking and increased clinical content.
69. From a patient safety perspective, two years was felt to be a necessary minimum for the PTPT to demonstrate their competence as an accuracy checker. Respondents from the hospital sector were also of the view that anything less than two years was not appropriate or adequate for hospital pharmacy because of rotations through dispensary, aseptics and medicines management.
70. Respondents indicated PTPTs would not be able to spend sufficient time in the different sections to gain adequate experience and demonstrate consistent competence.
71. Other comments included:
 - Support for maintaining not only the two years but also the minimum number of hours requirement
 - Concern that reducing the two year work experience may pressurise students to finish earlier, because an increase in salary would be seen as an incentive, or that course providers or employers may rush learners to complete before they were ready in order to meet service needs. Others were concerned that fast tracking could have an impact on the quality of training and threaten patient safety.
72. A minority of respondents who favoured maintaining the two year work experience requirement did however acknowledge that a degree of flexibility in the work experience requirement would be beneficial for those with previous work experience in pharmacy for example dispensers, assistant technical officers, or pharmacists who wish to qualify and register as pharmacy technicians.
73. Some respondents favoured introducing some flexibility to the two year work experience, in recognition that PTPTs work at different rates and those able to meet all the learning outcomes in less than two years using accreditation of prior learning of previous work experience or training in pharmacy. This may

include experience such as a dispenser with a level 2 qualification or an overseas qualified pharmacist, who should not be required to complete the two year requirement in order to be eligible for registration.

74. A number of respondents although supporting flexibility in the overall duration still felt that a set minimum number of hours should be maintained to safeguard against a PTPT who worked only very few hours from qualifying. It was felt that it would be unlikely for them to have gained sufficient experience to demonstrate consistent competence.
75. A minority of respondents favoured extending the work experience requirement beyond two years. Reasons cited for extension included a longer length of work experience being required to gain thorough experience and understanding to ensure consistent competence especially as the proposed standards include accuracy checking. It was also suggested that a longer qualification would enable PTPTs to experience both hospital and community sectors and perhaps other healthcare settings.
76. Some respondents suggested that not only should the work experience be longer but the level of the qualification should also be higher than NVQ level 3, if the core qualification is to include what is currently regarded as advanced practice. It was suggested that a higher level pharmacy technician qualification was required in view of the types of roles and tasks registered pharmacy technicians now routinely undertake, citing parity with other supporting healthcare professional roles such as nurse associates and dental technicians by way of example.

Question five: General comments and feedback

We suggest that pharmacists wanting to register as pharmacy technicians should have to complete the same initial education and training as pre-registration trainee pharmacy technicians, although they could apply to have their prior learning and experience recognised by the course provider. Do you have any comments about this proposed change and its potential impact?

77. At present, current or recently registered pharmacists can automatically register as a pharmacy technician. The proposal is to remove this option and to require pharmacists, wishing to register as a pharmacy technician, complete the same IET as a PTPT, although they can have prior learning and experience recognised by the course provider.
78. We received 332 responses to the question above.
79. The majority of responses from pharmacy professionals and from organisations agreed with the proposal to remove the option enabling current or recently registered pharmacists in Great Britain or Northern Ireland to register as a pharmacy technician automatically.
80. The most frequently cited reasons for supporting removal included the following:
 - the professions are different, in relation to the training, knowledge and skills set required to work as a pharmacy technician
 - pharmacists wanting to register as pharmacy technicians should meet the same IET outcomes for PTPTs but that prior education and training should be recognised by course providers.
81. A number of respondents suggested that specific training or programmes could be developed for those wishing to change roles from pharmacist to pharmacy technician and a few suggested that this may be useful for overseas qualified pharmacists wishing to register as pharmacy technicians here.
82. The minority of responses from pharmacy professionals and from organisations disagreeing with this proposal gave the following reasons:
 - pharmacists are trained to a more advanced level than pharmacy technicians and have the knowledge and skills to work as a pharmacy technician from their degree and pre-registration training
 - making pharmacists do lesser qualifications does not make sense.
83. A few respondents questioned how pharmacists can supervise and train pharmacy technicians but then not be able to register as a pharmacy technician and fulfil that role.

Question six: General comments and feedback

Do you have any comments about workplace training and the quality assurance of initial education and training?

84. We received 287 responses to this question.

85. A number of respondents felt that the level of GPhC oversight of the current pharmacy technician qualification was good and some also praised the workplace training and support that they had personally received during their training.
86. A minority of respondents felt that there should be protected learning time for PTPTs.
87. Other themes emerging from the responses repeated what we heard in response to question two:
- A number of respondents repeated their view that workplace training should be standardised to overcome the current variability of work place experience and support between employers and between sectors.
 - Some respondents suggested that links between the course provider and employer should be strengthened, and that this should be quality monitored and assured. Suggestions for how the monitoring and assurance role could be conducted included utilising support of HEE quality monitoring processes and tools or for the GPhC to accredit workplace training programmes.
 - A minority of respondents felt that consistency in workplace training and supervision of PTPTs in the work place could be helped if PTPTs were treated in the same way as pre-registration pharmacists and were to undertake workplace training at approved training sites with a recognised tutor. Some respondents also felt that persons supervising should have a minimum amount of experience post registration and be trained and assessed as competent to be a supervisor.
 - A number of respondents felt that there should be a standardised course and that quality assurance of organisations and course providers should be strengthened. Respondents felt that it was important to ensure that organisations and course providers are meeting the same standards and using consistent robust assessment processes, irrespective of whether the course provision was college- based face to face or distance learning.
 - A minority of respondents suggested that there should be a national exam or some kind of independent assessment towards the end of the qualification.

Question seven: General comments and feedback

Do you think there is anything in the standards or suggested changes to the criteria for registration that disproportionately affects any particular group over others?

88. We received 272 responses to this question. The majority of respondents were of the view that neither the standards nor the suggested changes to the criteria for registration would disproportionately affect any particular group over others.
89. Of those who felt that some groups may be disproportionately affected in relation to one or more of the protected characteristics, a few respondents were of the view that if the qualification changed to an apprenticeship qualification targeted towards the young, people of older ages or of different nationalities could be disadvantaged.
90. A few respondents also felt that if the course entry level requirements were raised, this may mean that applicants with several years of pharmacy experience as dispensers or counter assistants may be discouraged from applying as they may not have achieved the required qualifications before leaving school. One respondent felt that entry requirements should not include a specific GCSE level in Maths and English as this may create artificial barriers and suggested that alternative qualifications should be considered.
91. A few respondents were concerned that any changes to the criteria for registration such as changes to the two year and minimum hours work experience requirement could potentially disadvantage those who may need to work part-time because of caring responsibilities, health issues or a disability as they may not be able to achieve the learning outcomes in a shorter time frame. One respondent commented that the requirement to final check prescriptions could disproportionately affect trainees with dyslexia.
92. Other respondents felt that one or more of the following groups or sectors could be disproportionately affected:
 - Hospital pharmacy sector as there appeared to be a reduced emphasis on technical services, quality assurance, preparation and aseptics in the proposed learning outcomes.
 - Hospital pharmacy in general as the learning outcomes appeared more relevant to community pharmacy practice.
 - Pharmacy technicians who wish to work in hospital technical services or industry as opposed to clinical ward or dispensary based work as the new qualification may not adequately prepare them for work in those sectors.
 - Existing pharmacy technicians who do not have additional accuracy checking or medicines management qualifications.
 - Independent community pharmacies as they may find the additional quality assurance of work place experience too burdensome.
 - Independent community pharmacies that may have insufficient resources and infrastructure to support the work place learning and assessment required by the new qualification.

Question eight: General comments and feedback

Do you have any comments?

93. We received 150 responses to this final question which was included to ensure respondents could raise any concerns which did not relate to the previous seven questions.
94. Some respondents repeated and expanded on concerns they had raised in response to previous questions, while others raised new issues.
95. Some concerns were expressed about our statement in the consultation document (page 11) that our research had shown that the standards would need to be updated as '*we need to remove references to some obsolete technical procedures*'. The question was raised about whether this would impact on numbers of pharmacy technicians with skills and knowledge to work in this sector of hospital pharmacy practice.
96. Concerns were expressed about the potential impact of the proposals on the full-time college courses in Scotland which support part-time employed PTPTs. A few respondents raised concerns that these courses may no longer be viable if there is a move to one combined qualification. It was suggested that there should be the possibility to continue with a full-time course followed by a work placement in a similar way to the structure of the pharmacists' qualification.
97. It was suggested that further discussion would be required with Further Education colleges and the pharmacy sector to address this. Concerns were also raised that advanced courses available in Scotland to aid career progression were not mentioned in the consultation.
98. There was general support in responses to question eight for the proposed IET standards. Further support was given for the inclusion of accuracy checking and medicines management as these were perceived to be core skills to enable the pharmacy technician work force to effectively contribute to patient care.
99. However contrary views were received that the proposed IET standards including accuracy checking and medicines management which feels like a 'dumbing down' of the role as this doesn't take into account the level of experience required to do these tasks effectively or take into account the impact that this may have on patient safety.
100. Concern was also expressed that the inclusion of accuracy checking and medicines management in the IET standards would reduce opportunity for future career progression.
101. Support was given for one qualification that was the same for both hospital and community pharmacy providing assurance that all PTPTs meet the same standards.
102. In relation to the duration of the proposed qualification, a view was expressed that there should not be loss of specialist skills to fit the qualification into a shorter time span. If knowledge and skills to cover accuracy checking and medicines management are now core requirements for the pharmacy technician role these should be included in the IET standards but not at the expense of losing technical operational expertise with medicines.

103. A suggestion that a new learning outcome concerning risks and prevention of antimicrobial resistance could be included which would support the delivery of the UK Five Year Antimicrobial Resistance Strategy 2013 to 2018.
104. In relation to the registration criteria a concern that a five year time frame currently permitted for completion of the pharmacy technician qualification may be too long.
105. Finally, a request was received for greater clarity as to when the new IET standards would be introduced.

Appendix A: Organisations that responded to the consultation

1	Greater Manchester West Mental Health NHS Foundation Trust
2	Stockport NHS Foundation Trust
3	Bradford College
4	The LTE group
5	Norfolk and Norwich University Hospital
6	Hospital Workforce Development Group (NE & N Cumbria)
7	North Essex Partnership University NHS Foundation Trust
8	NHS
9	HEE NE Pharmacy Subgroup
10	East of England Pharmacy Technician Education and Development Leads Group
11	DUDLEY GROUP NHS FOUNDATION TRUST
12	Health Education England - London and South East (pharmacy leads group)
13	Health Education England - London and South East (pharmacy workforce group)
14	Walsall College
15	Community Pharmacy Scotland
16	NHS Grampian
17	Royal Wolverhampton NHS Trust
18	SWMIT IQAs
19	Westminster Kingsway College
20	Welsh Centre for Pharmacy Professional Education
21	South Essex Partnership University NHS Foundation Trust
22	Salford Royal NHS Foundation Trust
23	School of Pharmacy, University of East Anglia
24	Royal Surrey County, Ashford & St Peters, Frimley Health
25	NHS Sheffield CCG

26	Hampshire hospitals NHS Foundation Trust
27	East Sussex Local Pharmaceutical Committee
28	South West regional IQA'S
29	Rowlands Pharmacy
30	The Pharmacy Department, Walsall Healthcare NHS Trust
31	APTUK
32	North Cumbria University Hospitals NHS Trust
33	Liverpool Heart and Chest Hospital NHS Foundation Trust
34	NHS Fife
35	Nottingham University Hospitals NHS Trust
36	Health Education England
37	Health education England - Thames Valley
38	Northumbria Healthcare NHS Foundation Trust
39	South West Medicines Information and Training, University Hospitals Bristol NHS FT
40	Royal Wolverhampton NHS Trust
41	Welsh Pharmaceutical Committee
42	Royal Free London NHS Foundation Trust
43	NHS Education for Scotland
44	Aneurin Bevan University Healthboard
45	Royal Pharmaceutical Society
46	NHS Education for Scotland
47	Dispensing Doctors' Association Ltd
48	Edinburgh College
49	NHS Greater Glasgow & Clyde
50	Health Education England; London and South East Pharmacy Team
51	NHS Education for Scotland
52	University Hospitals Southampton NHS FT

53	Glasgow Kelvin College
54	South Staffordshire Local Pharmaceutical Committee
55	Royal Brompton and Harefield foundation trust
56	NHS Pharmaceutical Aseptic Services Group (PASG)
57	Lancashire Teaching Hospital NHS Foundation Trust
58	NHS Technical Specialist Education and Training
59	NHS Pharmacy Education and Development Group UK - Pharmacy Technician and Support Staff sub-group
60	Pharmacy Department Sandwell & West Birmingham Hospitals NHS Trust
61	Pharmacy Education and Training Leads, NHS Wales
62	NHS Tayside
63	West Midlands Technical Services Group
64	NHS Ayrshire & Arran
65	Heart of England Foundation Trust – Pharmacy
66	Isle of Wight NHS Trust
67	UCLH
68	Area Professional Pharmaceutical Committee, NHS Ayrshire & Arran
69	City & Guilds
70	Scientia Skills
71	Cambridge University Hospitals NHS Foundation Trust
72	Centre for Pharmacy Postgraduate Education
73	Pharmacy Voice
74	Pharmacy Forum NI
75	Pharmacists' Defence Association
76	National Pharmacy Association

Appendix B: Engagement events

1	Westminster Kingsway College
2	APTUK professional committee meeting
3	Combined East of England event
4	West Midlands Regional Dispensary Manager's Meeting
5	NHS Education for Scotland
6	Patient and public focus group (London)
7	North East & North Cumbria regional meeting with E&T leads
8	Preston College
9	London & South East Pharmacy Technician Education Programme Director/Leads meeting
10	APTUK London branch meeting
11	West College Scotland
12	Patient and public focus group (Glasgow)

A patient focus group and stakeholder event on three active consultations (threshold criteria, Religion, personal values and beliefs and PT IET) was held in Cardiff, but unfortunately there was insufficient time to discuss PT IET.