

**Community Pharmacy  
Technician Training  
and Development  
Pilot Programme 2018**

**Final Report  
2019**

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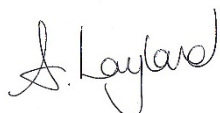
## 1. Foreword

This report focuses on the Community Pharmacy Technician Training and Development Pilot Programme 2018 - a year-long training programme developed by Coventry University for a cohort of 15 community pharmacy technicians in the West Midlands. The programme aimed to provide insight into the workplace context and the roles and responsibilities of pharmacy technicians in community pharmacy in order to consider how best to develop these for the benefit of the wider community pharmacy team.

The programme was supported by NHS England and Health Education England through the Pharmacy Integration Fund, established to integrate community pharmacy professionals into primary care as part of changes to the NHS as set out in the Five Year Forward View and NHS Long Term Plan.

The pilot was the first programme of its kind to expand the professional learning of this group and at the same time target organisational development. It has been rewarding to see how well the participants have improved their skills as current and future leaders in the health system of their communities. Where possible, we have aimed to demonstrate the positive impact this has had in the pharmacy workplace itself.

I would like to thank everyone involved – the pharmacy technicians who underwent the training, the community pharmacy owners and pharmacists who are supporting the development of their staff. Acknowledgement must also go to the Local Pharmaceutical Committee for their guidance and expertise, staff at Coventry University, members of our research steering group and educational governance group and the Pharmacy Integration Fund team. Pilots are only possible when teams work together. The success of this programme is shared among everybody.



**Adam Layland**  
**Programme Director**



## 2. Executive Summary

The Community Pharmacy Technician Training and Development Pilot Programme 2018 was designed to help our understanding of how to strengthen and diversify the pharmacy workforce enabling effective use of clinical skills as part of the multi-disciplinary primary healthcare teams of the future.

The year-long programme in the West Midlands provided an intensive training package of professional, management and leadership skills and also explored the role pharmacy technicians could play given the substantial changes happening in community health provision. The pilot looked at the current picture of community pharmacy in England, undertook a literature review and gathered information from the learners and their employers both during the programme and following its completion. These findings have helped evaluate the benefits of the training model, as well as the individual component parts, and can be used to inform future education programmes.

A number of opportunities for further development and recommendations were identified. For example, there is a clear need for high-quality research into community pharmacy technicians and their varied roles and responsibilities, as well as for standardisation of core competencies and improved role definition. We have set out these recommendations on page 27.

Pharmacy technicians are playing an increasingly important role in improving patient care and supporting colleagues in community pharmacy settings as the changes take hold. There is potential for them to undertake a number of public health services in the community as well as identify and implement areas for improvement in the pharmacies in which they work.

We have produced a five-minute summary video highlighting some of the successes of the programme which can be viewed here:

<http://bit.ly/nationalpilot>



### **3. Scope of this report**

This report combines the outcomes of the first two progress reports, focusing on a literature review and interim findings for the training and organisational development aspects of the programme. It sets out what we have learnt about what worked well and what can be taken forward.

The main goal of this report is to highlight the impact the pilot has had on the pharmacy technicians who attended the programme, the pharmacies in which they work and the patients and communities they serve. It also adds to the evidence base for understanding how best to develop the careers of pharmacy technicians and provides direction for future investment in training and education for this professional group. We are presenting the findings in three core strands:

- Training and development
- Organisational development
- Research.

#### **3.1 Summary of Reports One and Two**

*Report One* concentrated on the available literature on community pharmacy and community pharmacy technicians and presented initial findings and case studies.

*Report Two* updated the progression of two strands – training and development and organisational development. It also contained interviews with the pharmacist employers whose pharmacy technicians attended the pilot.

Feedback was gathered from learners and their pharmacy employers through a mix of online surveys and face-to-face interviews. Extracts can be found throughout this report to demonstrate the specific areas of training that have had a positive impact in the workplace.

## **4. Overview of the programme**

Coventry University designed the programme's content around the three core elements outlined above – training and development, organisational development and research – then packaged it into one intensive programme, a novel approach to training in community pharmacy.

From March to December 2018, 15 pharmacy technicians attended face-to-face training days and carried out accompanying online activities that provided continuous learning. All the programmes were designed to allow the candidates flexible and accessible learning either at work or in their own time. They also maintained a portfolio of evidence to help revalidation.

Programme delivery was facilitated by a Coventry University senior lecturer with previous experience of working in community pharmacy. A number of organisations supported its delivery including Health Education England, the General Pharmaceutical Council, the Association of Pharmacy Technicians UK and the University Hospitals of Coventry and Warwickshire NHS Foundation Trust. The Local Pharmaceutical Committee for the West Midlands was pivotal in supporting the programme and there was also international contribution and perspective from a pharmacy professional overseas.

Each participant was allocated a mentor as a confidant who was someone outside the organisation they worked for. Three of the four mentors were experienced pharmacy technicians and the fourth was a pharmacist who specialised in staff development. This mix gave learners the chance to approach the most relevant person to discuss their challenges. In the workplace, participants were supported by their line managers to implement their new skills and practices and were given opportunities to share their learning with pharmacy colleagues.

The pilot looked at the available data from England and overseas that could help inform future development programmes like this one. This literature

review is set out in full in Report One. For the purposes of this report, we have summed up the findings and included a link to the full version on page 23.

One of the programme's objectives was to have an immediate impact on improving community pharmacies and their public health provision. These include services like pharmacy discharge processes, the Healthy Living Pharmacies Initiative, medication advice, medicine delivery and health-screening programmes (blood pressure and diabetes). Throughout the programme evidence emerged that showed how the new skills the pharmacy technicians had acquired were enabling them to undertake more tasks in these areas.

## **5. Training and development**

The programme's content was built around the following aspects of skills development:

*Styles of learning* – the programme began by identifying individual styles of learning so that delivery could be tailored to each participant.

*Principles of leadership and management* – this encouraged the pharmacy technicians to understand themselves as individuals and what it means to be a good leader.

*Leadership and management skills* – the programme introduced simulation of challenging scenarios the participants may encounter in real life to test their learning.

*Evidence-based management* – this helped participants develop their identities as registered health professionals by finding suitable evidence to support their practice.

*Experience-based co-design* – learners explored working with patients to co-design services that provide better treatment and care.

*Professional behaviour and judgement* – given the evolving nature of the pharmacy technician role, this element allowed for deeper exploration of the operational interface with professions that have a more established history.

*Person-centred care* – the participants explored the impact of adopting a more person-centred approach and how this was reflected in their behaviour with patients and colleagues.

*Professional knowledge and skills* – this looked at the changing landscape of community pharmacy and the professional skills that are now required of pharmacy technicians.

*Commercial skills* – this explored the value and practical acquisition of skills to become more commercially astute enabling participants to support business growth and the longer-term sustainability of community pharmacy.

*Social media awareness* – the programme explored the benefits of social media for personal and professional purposes and how this could be used to update patients and customers with services and public health information.

*Developing and improving leadership and management (personal, team, organisation, community)* – the continuation of learning and its application in the community pharmacy setting was an important goal of the pilot. Exploring the levels of leadership development and improvement helped participants understand how best to support others in the workplace.



*Communication skills* – this looked at how to bring together the knowledge and skills acquired through the training to effectively use these to improve communication in the pharmacy.

An information network was set up for pharmacy technicians to engage with each other and share learning and this will continue beyond the pilot, working closely with the Local Pharmaceutical Committee in the West Midlands. So far, the network has been useful in highlighting issues with stock and harnessing collective efforts to organise a visit to a medicine distribution warehouse. It also worked with a prescription ordering service hub to enhance knowledge and understanding.

## 5.1 Online survey and interview feedback – participants

On completion of the programme, Coventry University conducted an online survey of 11 participants that provided additional data to the in-depth focus group and face-to-face interviews that took place during the programme. Extracts of this feedback is set out in the boxes below.

### Duties and tasks

Participants were asked what additional responsibilities they had been able to take on since starting the programme. In the online survey, one respondent said they had gained a promotion while half reported no immediate change. Another claimed her manager had ensured the ideas she had put forward were acted

#### **Interview feedback:**

“I think recognising us for our abilities and allowing us to deliver more services would give pharmacists time to be able to have the one-to-one consultation with patients and do the ‘medicines use’ reviews and new medicine services.”

**Programme participant**

on, while another had taken on the new challenge of becoming a dispensing manager.

### **Better management**

The participants felt the management and leadership part of the programme had helped improve their confidence in dealing with more challenging customers. A number said the programme had benefitted their teams positively and helped them find new ways of keeping colleagues motivated. This finding tallies with one of the programme's objectives to improve the pharmacy team's confidence in the competence of pharmacy technicians to lead and manage.

#### **Interview feedback:**

"I met with community nurses and doctors at their monthly meeting and asked if they could encourage patients to keep their ordering to a minimum. They're in a better position than us to see what medication they have at home. This was one of the ideas shared in our group."

**Programme participant**

### **Impact on workplace**

One respondent reported taking on more of an active day-to-day role within her organisation while another felt better able to contribute to making the pharmacy more efficient. More efficient time management of staff and improved prioritisation of tasks were also noted.

### **Improved confidence**

Participants reported higher levels of confidence that enabled them to make small changes like increasing eye contact with patients. This was reported as helping improve the public-facing part of the job. The online survey showed the confidence levels of participants increased by 57% as a result of the programme (see figure 1). This was attributed to the support from peers, the opportunities for training and networking and by reviewing individual strengths and weaknesses.

#### **Interview feedback:**

"I feel having more confidence has given me a boost to be able to deal with any issue or situation."

**Programme participant**

Most participants had not undertaken any formal post-qualifying education before the pilot. They reported their confidence levels on a scale of 1-10 before and after the programme (1 being very low confidence and 10 being most confident).



**Figure 1: Confidence levels of participants**

### Implementing changes in the workplace

The programme encouraged participants to act as change agents within their pharmacies. Some initiatives the participants were introducing included preparing stock shortage letters to GPs (to highlight issues with medicine supplies) or developing new processes to stop repeat prescriptions going uncollected. Other respondents said they had not yet had time to implement changes but intended to.

#### Interview feedback:

"I initiated a scheme that stops prescriptions sitting on our shelves uncollected for long periods."

**Programme participant**

### Delegation

The community pharmacy technician plays an integral role in the community pharmacy workforce. They take on different roles depending on who they are employed by and therefore responsibility can vary substantially.

The participants were asked how much had been delegated to them since starting the programme:



Five people said 30-60% more duties had been delegated since the start of the training. Two respondents felt more than 60% of tasks within their pharmacy were now being delegated (see below). This suggests some increase in confidence in the autonomy and accountability of the pharmacy technician by the pharmacist, another of the programme's key objectives.



In terms of the scope of their role, participants were asked how many other tasks could be delegated to them as community pharmacists. This depended on the existing scope of practice determined by their employer. However, it was encouraging to see their capacity to take on additional tasks. Three respondents believed they now had 30-60% more capacity and four felt they had more than 60% (see below).



We asked how participants thought they were working differently since starting the programme. Responses varied from no difference at all to feeling more methodical and better able to solve problems. Increased eye contact with patients and improved listening skills were reported. Part of the teaching encouraged a patient-focused approach. The survey found participants felt more confident in giving advice about medication, delivering medication on time and explaining changes to patients.

Findings from the training and development strand indicated a strong need for pharmacy technicians to be provided with extra training in soft skills alongside knowledge in performing additional roles within the pharmacy itself. The increased confidence and new learning gave participants a sense of achievement and this was reflected in greater delegation of duties by the pharmacist.

## 6. Organisational development

The interviews we held with community pharmacists and pharmacy owners to explore the organisational development needs from their standpoint raised interesting findings. In some instances, community pharmacists were keen to implement changes and recognised the importance of doing so but found the balance between development and delivery challenging. Several key themes emerged, listed below:

### **A clearer role for the community pharmacy technician**

It was felt there was ambiguity around the exact role of the community pharmacy technician with it often being defined by the individual community pharmacy manager or pharmacist. *Greater role definition and a clear pathway for career progression in community pharmacy, as is in place for hospital pharmacy technicians, would help.*



### **Regular team development**

Regular team development sessions would help improve relationships and identify the individual strengths that could be brought together. In areas with high attrition rates it is often difficult to get a clear picture about staff skills. It was felt important to build on team strengths and assign roles in accordance with them.

### **Better management of colleagues**

Finding ways to improve the management of people in close proximity was a consistent theme to emerge. Some environments provided no reflective time or space to build resilience or absorb new information. It was felt new and improved management systems could help avoid the conflict that sometimes arises when staff work closely with each other for prolonged periods.

### **Improved methods of holding people to account**

The employers reported a need to develop better methods of holding people to account for their actions and behaviours. Linking with the above point, this was seen as sometimes difficult in smaller organisations where there is no formal process for appraisals or performance management.

### **Enhanced task delegation**

It was recognised that delegation was challenging in a professionally-regulated environment. However, there were numerous examples cited of tasks that could have been competently and professionally handled by a pharmacy technician had they possessed the required confidence and skills. *Changing the culture of community pharmacy so pharmacy technicians can recognise themselves as registered professionals, as well as better role clarification, were cited as areas that could help improve this.*

### **Management skills to motivate teams**

It was recognised that in prioritising day-to-day operations, staff motivation could get overlooked. Celebrating smaller successes was seen as a method that could engage and motivate the community pharmacy team.

### **Increase patient-facing work for the pharmacy technician**

The interviews conducted by Coventry University highlighted the breadth of skills that pharmacy technicians have and the tasks they could be delivering. Some of these would fall under the supervision of the pharmacist but there were many other tasks the pharmacy technician could carry out if they had the required confidence and skills. Some pharmacists were keen to develop their

pharmacy technicians' input into the Healthy Living Pharmacies initiative promoting healthy eating, weight management and sexual health services to patients.

Clearer role definitions were once again called for as being necessary to increase confidence among pharmacy technicians in order to be comfortable taking on more responsibilities.

### **Develop formal appraisal management systems**

A formalised process to support and develop pharmacy technicians while setting objectives was a recurring theme consistent with the areas mentioned above.

## **6.1 Organisational development event**

In February 2019 we held an event for all community pharmacies in the West Midlands which aimed to provide the skills and techniques to help improve workplace culture and effectiveness. Workshops were designed to offer practical knowledge and skills addressing the areas of concern identified in the interviews.

Nineteen people attended and the evaluation highlighted a need for similar events. Twelve people reported being 'extremely satisfied', six were 'very satisfied' and one was 'somewhat satisfied'.

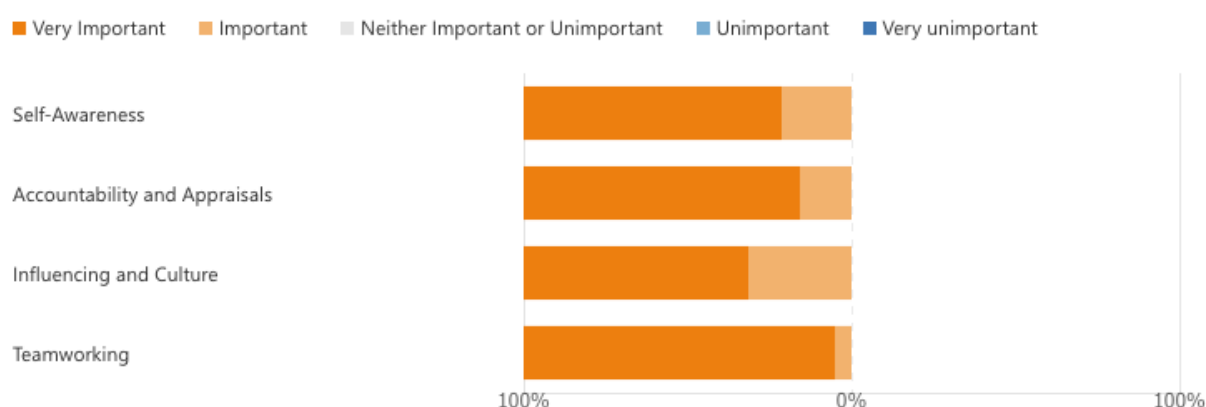
● Extremely satisfied	12
● Very satisfied	6
● Somewhat satisfied	1
● Not so satisfied	0
● Not at all satisfied	0



More than half said they would recommend the event to colleagues if it was repeated (see below). The following answers were completed on a likert scale from 0-10, classifying responses into promoters, passives and detractors. The lowest score for the event was six out of ten.



The individual workshops held at the event were also evaluated. Most were rated as ‘very important’ topics in the current field of community pharmacy with ‘teamworking’ emerging as the most important overall.



Following the event, we launched a website with tools and information that would support pharmacy employers who wanted to implement organisational changes to their pharmacies.

## 6.2 Online survey – pharmacists and pharmacy owners

We conducted a post-training online survey with the pharmacists and pharmacy owners whose technicians had attended the programme. This was designed to understand their perspective of the programme.

### **Improved soft skills**

There was a clear indication that the pharmacy technicians who attended the programme were benefitting pharmacy operations through improved skills, increased awareness and strategic thinking. There was enhanced leadership and management capabilities, more successful delegation of tasks, leading on projects, better management of people, raised confidence levels and increased assertiveness. These soft-skills are invaluable and reflect the behaviours expected of leaders and managers in healthcare. One employer reported that the staff member who took part had helped motivate other team members and renew their interest in the pharmacy profession.

### **Delegation**

Some pharmacists reported they felt confident enough to delegate more than 60% of their current role to their pharmacy technician following the training. This would significantly free up the pharmacist's time which in turn would benefit patients and ease the burden on GP surgeries.

### **Community pharmacy business model**

The community pharmacy business model, in which pharmacies operate as either standalone or multiple businesses, was at times seen as unhelpful. This was because of unnecessary competition that arose either through structure, reporting mechanisms, funding or culture. Some pharmacy owners were concerned that this could obstruct the development of integrated services for primary care. While this does not fall within the scope of this report, it is worth noting for future attention.

## **6.3 Face-to-face interviews – pharmacists and pharmacy owners**

From the pharmacies approached, ten pharmacists across the local health economy were interviewed between May, June and August 2018. This was to determine their views on the current and future opportunities for community pharmacy technicians and overall community pharmacy services. These included pharmacists from multiples and those from independent smaller

community pharmacies. All those we interviewed had supported either an individual participant on the pilot programme or multiple participants. [The interviews are contained in Report One and can be viewed in full here.](#) This section summarises these interviews, in which four themes emerged:

- Relieving pressure in the system
- Extended roles
- Impact of the community pharmacy technician pilot, and
- Dealing with vulnerable population groups on the frontline.

### **Relieving pressure in the system**

One pharmacist we interviewed believed delegating more duties to pharmacy technicians would free up the pharmacist's time to carry out simple practices that would save patients having to attend their GP surgery:

“I recently attended a training event that will allow me to provide antibiotics to patients who are complaining of sore throats. I can do a 100% diagnosis by using a swab and a sample tester to see if it's bacterial or viral. If it is bacterial I can supply antibiotics there and then without them having to go to their GP. If it is viral I can give them medication to help ease the pain and inflammation.”

Some pharmacists had qualified as independent prescribers which could also help ease the burden on GPs if the right organisational changes took place within the community pharmacy.

“I can now give medication for chronic disease and we offer advice on minor issues every day. I can see a time when people will be able to access the pharmacy, be assessed and immediately get a prescription.”



## Extended roles

One pharmacist outlined his thoughts on how to make better use of the role of the pharmacy technician:

“Technicians are primarily used to dispense prescriptions but I see the role as becoming much more than that. I think community pharmacy technicians could take up the full management of the dispensary and manage all the processes as well as staffing and workflow.”

### Interview feedback

“We’ve got a pharmacy technician who is managing the Healthy Living Pharmacies initiative side of things. She makes sure we’re compliant with information governance, that the health information zone is correct and that the training gets done. She looks after data collection for critical path monitoring and ensures we’re compliant with legislation. So, there’s the business side of things and the technical side.”

### Community pharmacist

The following comment shows how pharmacy technicians can work in a range of extended roles:

“Because the pharmacy technician role is patient-facing they have to have good people skills. But they’re also pharmacy technicians and that role is an important part of the pharmacy team. They help with patient queries about dispensing, the stop-smoking service, blood pressure checks and help patients with complaints.”

## Impact of the community pharmacy technician pilot

Another interviewee explained how pharmacy technicians were using their new skills to improve relationships with colleagues and patients:

“The pharmacy technician is about utilising the skillset that we have within the pharmacy. It is very much a coaching and mentoring role as they support colleagues with training.”

### Interview feedback

“When I was doing my own learning, it was the pharmacy technician who gave me the nuggets of pharmacy information that I didn’t get from my academic degree. It’s the rapport-building skills with customers, patients and surgeries. The pharmacy technician is the perfect person to do that.”

### Community pharmacist

## **Dealing with vulnerable population groups**

In addition to medicines management and supporting the pharmacy team, the pharmacy technician was often the front-facing staff member dealing with patients as they come through the door. Here the need for people skills and communicating with vulnerable groups is paramount:

“We have a higher than average proportion of vulnerable patients because our demographic is elderly. We also have a mental health facility just down the road – two very separate and distinct patient needs. Our pharmacy team has an understanding and empathy in how to handle those individuals. When they walk in they’re going to be welcomed and looked after. We’re going to understand their needs and that’s not necessarily the case if they walk into a supermarket or other retailer. If there is confusion over medication, we do an assessment to see what measures can help, like blister packing for instance. We don’t believe in taking responsibility away from patients if they’re capable, only if there is genuine danger or compromise to their care because of mild dementia. We can take measures to help them understand their treatment. We also offer a delivery service if patients can’t come in.”

The following interviewee also noted the challenges faced by the high street pharmacy as it increases involvement in delivering health services to the community. Again, the importance of soft skills was highlighted by the pharmacist as particularly relevant:

“With a degree of understanding and awareness you get to know how to defuse a situation and work towards a sensible goal. Quite often it is me that steps in and handles the encounter, but I can see that a technician equipped with those softer skills would be really helpful and worthwhile.”

The insight gained from the organisational strand of our programme and the

interviews held with pharmacists demonstrate the increasing role community pharmacy is already playing in primary care health services and patient-focused provision. It also helps form a picture of the type of actions now necessary to ensure this can be built on further.

## **7. Research**

As has been noted, there is a significant knowledge gap when it comes to understanding the role of community pharmacy technicians in England. As part of this pilot we undertook a desktop review of the available literature over the last ten years to look in more depth at the role, responsibilities, training needs and attitudes around the development of this group. We have summarised the findings in this section.

Because of the limited studies available, the review took an international perspective. Research that was more than ten years old was excluded, as was anything with details of pharmacists, pharmacy technicians and dispensing roles in hospitals. Key words like *community pharmacy*, *roles and responsibilities*, *workforce development in community pharmacy technicians*, *training needs and advanced roles* were entered into research databases like PubMed, Cinahl, Medline and Embase.

Sixteen papers were identified as relevant with some notable findings. None were systematic reviews and the papers were a mix of quantitative and qualitative surveys through focus groups and interviews looking at community pharmacy in the USA, Canada, Australia, New Zealand and the Yemen.

### **7.1 Summary of literature review**

A 2018 study found a '*Tech check Tech*' process was helping cut dispensing errors in some US community pharmacies. This involves a pharmacy technician with advanced training performing final accuracy

check of prescriptions that had been previously reviewed by a pharmacist (Frost).

Other studies from the US and New Zealand focused on the safety of practice and roles that could be delegated from the pharmacist to the technician and other pharmacy workers with the focus on dispensing tasks. This could help free significant time for the pharmacist to spend with patients (Bradley, 2013) (Napier, 2016).

It was also found that community pharmacy accreditation in the US recognises pharmacies for their high-quality in providing safe, effective and consistent dispensing and patient-centred services (Mihalopoulous & Powers 2013). This is not a system currently in the UK as only the qualifications of employees are accredited rather than individual pharmacies.

A 2017 research paper claimed there was some way to go before standardisation of the role of pharmacy technician could be achieved in the UK. However, it was recognised that agreeing their competences and responsibilities would help expand their role (Zellmer).

A mixed methods study that set out to better understand the profile, education and training of pharmacy technicians in England found they sometimes felt isolated in their learning opportunities. There were structural barriers and a resistance from their pharmacy employers that limited training opportunities (Schafheutle, 2012). A later study found that community pharmacy technicians actively wanted opportunities to expand their clinical and managerial skills (Boughen, 2017).

A study of retrospective data from the Ontario College of Pharmacy in Canada claimed that employing regulated pharmacy technicians did not necessarily extend public health services for patients. It was suggested the pharmacy technicians were employed to increase prescription volumes (Grootendorst, 2018).

A study in the Yemen looked at community pharmacy in terms of pharmacovigilance (the practice of monitoring the effects of medical drugs after they have been licensed for use to identify previously unreported adverse reactions). It found that pharmacy technicians were less equipped than pharmacists and therefore had a negative attitude to adverse drug reporting (Al-Worafi, 2017).

The literature review found consensus in there being significant potential to further develop the role of the community pharmacy technician as a key support staff member and as a profession, as well as highlighting a need for more research. These findings have helped identify the recommendations made later in this report. [The full literature review is available in Report One which can be viewed here.](#)

## **8. Case study – community pharmacy improvements**

*We have included this case study as evidence of best practice in community pharmacy following our training programme. This community pharmacy has introduced a quality improvement scheme whereby the pharmacy technician informs GP surgeries when advised by manufacturers that certain medications are unavailable. This is done by sending out-of-stock medication notifications to surgery managers. The extract below reflects the responses as given by the pharmacy technician at the time the data was collected.*

### **What change/improvement are you hoping to achieve?**

We aim to improve patient experience through better communication between the pharmacies and local surgeries. This improvement advises GPs on what not to prescribe at a specific point in time. This saves their time and saves patients extra trips to the pharmacy as well as our/their phone calls to surgeries to request alternative treatments. This helps older patients who may have physical/mobility problems.

### **What patient feedback have you had on this project so far?**

When patients are advised that their prescribed medication is not available they can be upset and frustrated. They are usually not aware that GPs have not been informed the medication is unavailable. Once we implemented this change it led to a more streamlined process and patient feedback shows they are much happier. One patient said, 'this is much easier than it used to be' and another, 'this saves me returning to the surgery in a taxi to sort it out'.

**How do you think this project can lead to better patient care?**

There are fewer delays while GPs prescribe alternative medications and fewer time-consuming phone calls and visits to GP surgeries for patients trying to collect medication. There is more patient-centred and personalised care for vulnerable people in need of support, including the pharmacy making phone calls with their consent. Patients are also becoming aware that 'joined up' services are working for them and that pharmacies are being proactive. This avoids delays with medications that lead to discomfort and health issues, including stress. Patients are now more likely to ask the pharmacy service for advice and help as they are more aware of the ways in which we are serving the local community.

**Who have you influenced in your pharmacy and network to make the change happen?**

It has led to better communication and relationships between pharmacies, GP surgeries and wholesalers/drugs manufacturers who have all been influenced by the changes we have implemented. Manufacturers now inform us of what items are not obtainable and we are instrumental in sharing that information with surgeries in an efficient way. It has improved teamwork too with a new 'can make a difference' approach.

**What aspects of your community pharmacy technician role have made a difference?**

My role as a community pharmacy technician has provided me with a good insight into patient experience and the need for me to demonstrate leadership skills in suggesting proactive solutions. This change has also supported the role of pharmacists who can focus on their clinical roles while pharmacy

technicians provide surgeries with accurate information that improves patient experience.

**How has your employer helped to make this change?**

My employer has been supportive of this change by ensuring appropriate medication is available and the patient is informed of that. It is a 'win-win' situation.



## 9. Engagement challenges and barriers

Engaging with the community pharmacy technician workforce has at times been challenging during the course of this pilot. This has been mainly because of work pressure and the capacity of predominantly small, independent organisations to free up their staff for involvement in external programmes especially if no immediate direct benefit was evident.

Within smaller organisations staff often operate across multiple roles. In comparison, larger pharmacy organisations usually have organisational development departments of their own and more delineated roles and responsibilities for pharmacy technicians. This again has presented challenges in being able to develop a coherent approach that engages the community pharmacy workforce as a whole.

Despite these challenges, the engagement demonstrated that there is overwhelming support within pharmacies to improve the services that they provide to their communities.

“The pharmacist I am today is because technicians taught me things that I didn’t get at an academic level. Skills like patience and how to deal with workflow - you don’t learn those at university. I feel we need to look at the development of technicians during the post-registration time. Let’s get them utilising their skillsets and acting as managers or leaders.”  
**Community pharmacist**

## **10. Future opportunities and recommendations**

This report has explored the three elements of the pilot: training and development, organisational development and research. Our findings and evaluation have identified the following areas to take forward:

### **Research**

There is a need for more high-quality academic research into community pharmacy and the role of the pharmacy technician in England and the UK.

### **Medications advice training**

The social value and care that community pharmacies can provide to patients in relation to their medication is invaluable. When £1 in every £7 spent by the NHS is on medication (NHS England, 2017), helping to improve efficiency and save wastage through better use of the pharmacy technician workforce makes sense. They often have a detailed understanding of the pharmacological needs of patients and could therefore be able to recommend alternatives or other forms of therapy. With a large proportion of hospital admissions linked to medication errors, community pharmacy could also be playing a bigger role in the education of patients about their medication. As well as this, further training would enable them to provide more support to patients managing long-term medical conditions.

### **Leadership and management**

A key element within the taught content of the pilot was leadership and management. The participants were employed in various roles depending on the pharmacy in which they worked. It was clear that pharmacy technicians could play an essential role in the leadership and management of pharmacies and this topic was consistently emphasised as important.

## **Competency standardisation**

Further definition and standardisation of the community pharmacy technician competencies would help develop the profession and attract younger people into it. Improved skills, greater responsibility and the evolution of a pharmacy technician can only have a positive impact on community healthcare. The pharmacist's role will adapt to accommodate this. They will be able to increase their interaction with patients with more complex medical needs and provide more clinical services.

## **11. Conclusion**

This pilot has demonstrated the potential benefit to community pharmacies of having a better-skilled pharmacy technician workforce. Community pharmacy has an opportunity to be pioneering patient services and taking its place as an integral part of primary care networks in the local community. When supported by a stronger pharmacy technician workforce, the community pharmacist can dedicate attention to patient-focused tasks that previously would have taken place in a GP surgery. Tasks like helping patients manage long-term conditions, advising people who take multiple medicines and delivering clinical advice about treatments. More direct involvement with the public strengthens the staff-patient relationship and helps reinforce the role of pharmacy professionals as trusted health advisers in the community. Pharmacy technicians have a significant role to play in supporting the advancement of services offered in community pharmacies.

The Coventry University programme saw a number of examples of better working practices and enhanced patient services in community pharmacies as a result of the training received by the participants. There was a positive impact on the individual, their team, their organisation, their community and most importantly, the patients they were serving. The higher levels of

confidence they gained through their skills development led to an increase in the delegation of duties towards them and inspired more teamworking.

The findings show an overwhelming case for further development of pharmacy technicians. They not only free up time for pharmacists but also take on valuable, patient-centred health promotion activities. Adapting and improving this organisational development on a larger scale will benefit more communities and the health economy as a whole. Skills training and education that will advance this is what we should now focus on as we consider future commissioning to develop the pharmacy technician workforce.

## **Appendix 1 – Literature review from Report One**

### **Studies covered:**

Fera T et al, 2018, USA  
Frost et al, 2018, USA  
Grootendorst P et al, 2018, Canada  
Gregory P.M.A and Austin, Z. 2016, Canada  
Kraus, S.K, 2017, USA  
Mihalopolous, C.C and Powers, M.F, 2017, USA  
Napier, P. et al, 2015, New Zealand  
Odukoya, O.K et al, 2015, USA  
Potter, H. et al, 2013, England  
Al-Worafi Y.M. et al, 2017, Yemen  
Schafheutle, E.I et al, 2012, (a) England

[The full literature review is available in Report One which can be viewed here.](#)

### **Additional References**

NHS England (2017) 'Using RightCare to support the Medicines Value Programme' [online] available from:  
<<https://www.england.nhs.uk/rightcare/2017/12/20/using-rightcare-to-support-the-medicines-value-programme-jasbinder-khambh/>> [October 2019]

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