Responding to the consultation on draft standards for the initial education and training of pharmacy technicians

Consultation questions

We have set out initial education and training standards for pharmacy technicians, which include revised learning outcomes and standards. The main changes brought about by the proposals are discussed in the 'Our proposals' section of the consultation. We aim to make the necessary changes while making sure that the requirements are in line with the scope of a pharmacy technician's role.

Please note: at the end of the sections of questions there is a place to make further comments.

Level of study

The present RQF level for pharmacy technician training is Level 3 or above. As part of this review, we are considering whether a level of at least RQF Level 4 (or equivalent) would better prepare trainees for pharmacy technician practice.

1. To what extent do you agree or disagree with the proposal to increase the minimum level for pharmacy technician initial education and training to 'Level 4 or above'?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

2. Do you have any comments on the proposal to increase the minimum level for pharmacy technicians to RQF Level 4 or above? Please consider the following in your response:

- Potential benefits
- Potential challenges
- Any need for a transition period
- Support to help learners and training providers adapt to the change

- Widening participation implications
- Sustainability of candidates for training

Addressing variation in the current education level of newly registered pharmacy technicians offers several important benefits.

Firstly, it promotes consistency and equity across the home nations, ensuring that all pharmacy technicians enter the profession with comparable knowledge and skills. This alignment supports workforce mobility across Great Britain, which is increasingly important for service resilience.

Secondly, raising the minimum education level helps future-proof the profession. Pharmacy technicians are taking on more complex responsibilities, including those enabled by recent legislative changes such as Patient Group Directions (PGDs) and pharmacy supervision. A more consistent baseline of education will ensure pharmacy technicians are prepared for these expanded roles supporting safe, effective care.

Thirdly, standardisation can enhance public and professional confidence in the role. By ensuring that all newly registered pharmacy technicians meet robust, nationally consistent standards, the profession strengthens its credibility and supports integration within multidisciplinary teams.

Overall, we are supportive of uplifting the initial education and training standards to ensure the pharmacy technician workforce is equipped for evolving roles and responsibilities. However, there are significant challenges to consider.

In Wales and Scotland, the delivery of pharmacy technician courses already provides a level of education equivalent to RFQ Level 4 so the impact of these changes will be felt more acutely in England and by those education providers offering distance learning qualifications. Additionally, employers could experience unintended consequences in the form of increased education and training costs, both for supporting staff through more demanding programmes to meet the new learning outcomes; and for managing potential disruptions to workforce supply during the transition. As pharmacy technicians' education level and skill set increase there may be an expectation that there will be a corresponding increase in remuneration. These financial pressures may disproportionately affect smaller employers and community pharmacies, potentially limiting access to training opportunities and creating barriers to the pipeline of potential students.

Expanding the scope of pharmacy technician practice offers clear benefits across all sectors. However, opportunities to utilise these enhanced skills may vary between settings. It is important that implementation does not disadvantage any sector and that equity of opportunity is maintained, ensuring community, hospital, and other settings can fully benefit from pharmacy technician roles.

Accuracy checking

At the moment, all GPhC-approved pharmacy technician education and training providers must train and assess their trainees in Accuracy Checking and make sure they are competent in this area. Our new proposals are to replace Accuracy Checking with *Final Accuracy Checking* as a competency. This means that newly registered pharmacy technicians will no longer have to undertake additional skills assessments before they can carry out final accuracy checking. They will have gained the relevant knowledge and skills during their initial education and training.

Final accuracy checking is when a trained pharmacy professional verifies that a dispensed medication is correct before it is given to the patient. It involves a systematic review of the dispensed items to minimise errors and ensure patient safety.

3. Do you agree with making final accuracy checking an essential competency in the new initial education and training outcomes?

Yes

No

Don't know

Length of training

We are committed to making sure that trainees have enough time to develop the competencies outlined in our proposed new learning outcomes. So, we are asking for your views on the present two-year length of training.

During our discussions with stakeholders before this consultation, views on the length of IETPT varied significantly. As a result of this feedback, we plan to keep to the present two-year duration.

4. Is the present two-year duration of initial education and training appropriate for trainees if they are to meet the learning outcomes in these proposed standards?

Yes

No – too long

No – too short

Don't know

5. If you have selected 'No', how long do you think they need and why?

We have selected "don't know" to this question. Feedback from pharmacy technicians, educational supervisors, employers and education providers must be taken into account when considering the appropriate duration of the course.

The duration of initial education and training should provide pharmacy technician trainees with suitable opportunities to gain relevant experience and satisfactorily

demonstrate the required learning outcomes - regardless of setting or work environments.

Our reflections lead us to suggest that GPhC consider a flexible, blended learning approach where trainees can complete modules toward the full qualification at their own pace, supported by evidence of competence and required supervised contact hours. This would help accommodate external commitments (e.g., family, caring responsibilities) and shift the focus from rigid timeframes to demonstrated capability. A process should exist where trainees can request an extension to the time i.e. reasonable adjustments to support the trainee with unforeseen circumstances.

Practice-based supervision

Effective educational supervision is key in supporting trainee pharmacy technicians to develop the skills they need for safe and effective practice. At the moment, pharmacy technicians must have at least 14 hours of supervised practice-based learning a week, throughout the two years of initial education and training.

We are reviewing this requirement to make sure it is still relevant as part of the proposed new learning outcomes and standards.

6. Is the minimum weekly requirement of 14 hours of supervised practice-based learning still appropriate for the proposed new initial education and training standards for pharmacy technicians?

Yes

No

Don't know

7. Please explain your answer

We have selected "don't know" to this question. Feedback from pharmacy technicians, educational supervisors, employers and education providers must be taken into account when considering the appropriate weekly requirement for supervised practice-based learning.

It may be useful to consider in more depth the current benefits and any disadvantages of the fixed weekly requirement. It is unclear in the consultation document if the proposal to allow flexibility by working the equivalent over a longer time period would be with a view to fix that period to one year or longer depending on individual circumstances. More detail on this should be published by GPhC to allow full views to be gathered on the specific options.

8. Should the GPhC consider allowing more flexibility in how supervised practice hours are achieved in practice, as long as the required hours are completed within the two-year training timeframe?

Yes

No

Don't know

9. Please explain your answer

Feedback from pharmacy technicians, educational supervisors, employers and education providers must be taken into account when considering the flexibility to achieve the required supervised practice.

Our reflections lead us to suggest that GPhC consider a flexible, blended learning approach where trainees can complete modules toward the full qualification at their own pace, supported by evidence of competence and required supervised contact hours. This would help accommodate external commitments (e.g. family, caring responsibilities) and shift the focus from rigid timeframes to demonstrated capability.

The emphasis should be on the quality of the learning experience and the supervised practice. In order to support this principle, flexibility of approach should apply equally to trainee supervisors as well as the trainees themselves.

Learning outcomes

A learning outcome is a measurable statement that describes specific ways in which learners will achieve the goals of a course.

10. How satisfied are you that the proposed new learning outcomes (in Appendix 1) are the right ones to meet the requirements of the role of a pharmacy technician?

Table 1:Domains

Domain	Completely satisfied	Mostly satisfied	Slightly satisfied	Not at all satisfied	Don't know
Domain 1 – Person-centred care and collaboration	✓				
Domain 2 – Professional practice				✓	
Domain 3 – Leadership and management	✓				
Domain 4 – Education and research	✓				

We use 'Miller's levels' in this document to rank the level of competence a trainee must have if they are to meet the proposed new learning outcomes during the initial education and training. In general, Miller's levels distinguish between *knowledge* at the lower levels and *action* in the higher levels. The levels shown alongside the proposed

new learning outcomes in this consultation are: 'Knows', 'Knows How', 'Shows' and 'Does'.

11. How satisfied are you that the proposed new learning outcomes are at the right Miller's level?

Table 2: Domains

Domain	Completely satisfied	Mostly satisfied	Slightly satisfied	Not at all satisfied	Don't know
Domain 1 – Person-centred care and collaboration		✓			
Domain 2 – Professional practice		✓			
Domain 3 – Leadership and management		✓			
Domain 4 – Education and research		✓			

12. Please provide any comments explaining your responses to the questions on the learning outcomes (if relevant, please give the reference numbers of the learning outcomes).

Unless greater clarity is provided, there is a risk of inconsistency in how learning outcomes are interpreted and delivered. We recommend that all learning outcomes are worded as unambiguously as possible to ensure education providers and supervisors apply them consistently in both teaching and assessment.

There also needs to be much clearer differentiation between outcomes set at 'Knows' and 'Knows How,' as the assessment approach will differ (e.g., factual recall versus theoretical application). In addition, we recommend consistent use of active verbs within each learning outcome to make the required depth and breadth of knowledge explicit and to support clarity in demonstrating competence e.g. Learning Outcome 39 could begin with "Safeguard people in line with relevant legislation… or Knows how to safeguard people in line with relevant legislation…" and thereby making it clearer how the outcome can be demonstrated.

We are supportive of the inclusion of final accuracy checking within the initial education and training standards for pharmacy technicians. However, careful consideration must be given to how this requirement can be accommodated across all sectors of practice. For example, trainee pharmacy technicians working in primary care settings may need placements in other environments, such as dispensaries, to gain the necessary

experience. Multi-sector training is a recommended model and would help ensure that trainees can achieve this learning outcome and be equipped for employment across diverse practice settings. Learning from the pharmacist model in this regard would be helpful where the importance of appropriate resource and support mechanisms are required for success.

In relation to Domain 2, we are concerned that the proposed learning outcomes do not adequately prepare pharmacy technicians for their vital role in ensuring the quality of medicines and medical devices for patients, particularly in dispensary, production, and aseptic environments. Learning Outcome 21 should be clearer and more inclusive of preparation environments, and we believe it should be set at Miller's level of *"Shows How"*, as quality assurance is a core responsibility of pharmacy technicians and will be further enabled by the Pharmacy Supervision legislation in aseptic dispensing units.

Additionally, Learning Outcome 35 should be amended to refer to *"substance misuse"* rather than *"drug misuse"*, and it would be valuable to emphasise the importance of trauma-informed care and practice to reduce stigma for this patient cohort. We are pleased to see the inclusion of sustainable healthcare and digital technologies within the learning outcomes, as these areas are critical for modern pharmacy practice.

Standards and criteria

In this consultation, a 'course provider' means an organisation that designs and delivers the initial education and training for pharmacy technicians.

13. How satisfied are you that the proposed new standards for course providers (in Appendix 2) are the right standards and criteria for quality assuring pharmacy technician education and training?

Table 3: Standards

Standards	Completely satisfied	Mostly satisfied	Slightly satisfied	Not at all satisfied	Don't know
Standard 1 – Selection and admission					
Standard 2 – Equality, diversity and inclusion					
Standard 3 – Management, resources and capacity					
Standard 4 – Monitoring, review and evaluation					
Standard 5 – Design and delivery					
Standard 6 - Assessment					

Standards	Completely satisfied	Mostly satisfied	Slightly satisfied	Not at all satisfied	Don't know
Standard 7 – Trainee support and the learning experience					
Standard 8 – Supervision and sign-off					

14. Please provide comments explaining your responses to question 13. (if relevant, please give the reference numbers of the standards or criteria).

For Standards 6 and 7, there should be explicit reference to Miller's levels to ensure providers select appropriate assessment tools for each level. As noted in our response to Question 12, the assessment approach for 'Knows' versus 'Does' is fundamentally different (e.g., factual recall versus practical demonstration), and the standards should describe this clearly.

For Standard 8, many assessment decisions will fall to educational supervisors, who will require training and support to make consistent judgments on whether learning outcomes have been demonstrated at the relevant Miller's level. Learning Outcome 30 on pharmacogenomics illustrates the need for clear guidance to ensure consistent interpretation, as the required depth of knowledge could otherwise be understood across a wide spectrum of detail.

Under the present standards, applicants must have specific English and Numeracy qualifications of at least RQF Level 2 or equivalent. We are proposing to add a science entry requirement at RQF Level 2 or equivalent, to increase the basic knowledge expected of applicants. This is intended to give a better balance between the accessibility of the training and the higher demands of pharmacy technician practice. It also opens up opportunities for future academic advancement and to gain a qualification that is equivalent to the first year of an undergraduate degree.

15. Should Level 2 science, or equivalent, be a mandatory entry requirement under Standard 1?

Yes

No

Don't know

16. Please provide comments explaining your responses to question 15 (if relevant, please include any supporting data)

Feedback from pharmacy technicians, educational supervisors, employers, and education providers must be considered before making a decision.

Including the Level 2 science entry requirement will provide a foundation for the pharmacy technician trainee to learn about pharmacogenomics and pharmacology of medicines use. This foundational knowledge may also support any post-registration educational opportunities that the pharmacy technician may wish to undertake.

While we support raising the level of initial education and training, we are concerned about unintended consequences for individuals who have developed the necessary skills and behaviours through workplace experience but lack formal NQF-level qualifications. We recommend a consistent, statutory approach to 'access to' bridging or preparatory courses to ensure these candidates are not excluded from progressing into pharmacy technician roles.

Furthermore, we welcome the principle of recognising relevant work experience in a pharmacy environment as part of the entry requirements for pharmacy technician training. It is unclear whether work experience would meet the same learning outcomes achieved through a Level 2 science qualification. It will be critical to establish clear criteria and robust assurance mechanisms for assessing equivalency should this proposal be taken forward. This will ensure consistency and fairness in application, while achieving the intended goal of preparing trainees to meet the higher academic and practical demands of the course and supporting their readiness for post-registration development alongside widening participation.

Regulation

In Great Britain, there are regulators in each country that ensure the credibility and quality of qualifications, including pharmacy-related qualifications. These regulators include Ofqual (England), Scottish Qualifications Authority (Scotland), Qualifications Wales (Wales), and Office for Students (England).

These regulators make sure that qualifications are rigorous, consistent and comparable with each other. They also make sure that trainees have the knowledge and skills they need for safe and effective practice.

As part of this review, we are proposing that all qualifications are 'credit bearing', and therefore meet the requirements of the respective qualifications regulators.

17. To what extent do you agree or disagree that initial education and training for pharmacy technicians should also be regulated by the qualifications regulators in the respective GB countries?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

Equality and impact questions

18. We want to understand whether our proposals will have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?

Protected characteristic	Positive impact	Negative impact	Positive and negative impact	No impact	Don't know
Age					
Disability					
Gender reassignment					
Marriage and civil partnership Pregnancy and maternity					
Race					
Religion Sex					
Sexual orientation					

19. We also want to know if our proposals will have a positive or negative impact on pharmacy staff, pharmacy owners, foundation trainee pharmacists, and patients and the public. Do you think our proposals will have a positive or negative impact on each of these groups?

Protected characteristic	Positive impact	Negative impact	Positive and negative impact	No impact	Don't know
Pharmacy staff Pharmacy owners					
Foundation trainee pharmacists					
Patients and the public					

20. Please give your comments explaining your answer to the two 'impact' questions above. Please describe the individuals or groups concerned and the impact you think our proposals would have.

Older learners may be disadvantaged by the higher academic entry requirements; however, this could be mitigated by recognising relevant pharmacy experience as part of the entry requirements for pharmacy technicians, together with a consistent approach to 'access to' courses . Increased training costs and the more demanding nature of the course may also disadvantage part-time workers, which could disproportionately affect women with caring responsibilities and individuals with disabilities, particularly if opportunities for flexible training and employment become more limited.

We welcome that the draft standards include measures to promote inclusion through monitoring admissions and progression by protected characteristics, which is essential for identifying and addressing any disparities. There may need to be additional considerations from international trainees.

Enhanced initial education and training standards for pharmacy technicians can enhance professional development, however, this could be negated with the adjustment required to cope with a higher qualification, there may be a risk of higher drop-out rates from pharmacy technician courses.

Pharmacy owners may benefit from a higher level of knowledge and skills, where pharmacy technicians can offer a wider scope of services within their pharmacies. In primary and secondary care this will also be true with an opportunity for pharmacy technicians to be deployed across a wider range of services. However, training costs and higher entry requirements may create barriers to the pipeline of pharmacy technicians. However, we note that owners of small independent pharmacies may face challenges with costs and staff release for training, which could impact sustainability and staff retention.

Foundation trainee pharmacists already work alongside pharmacy technicians in training, and this supports interprofessional learning and collaboration at early stages in careers fostering a positive working environment. However, as pharmacy technicians take on expanded roles with final accuracy checking, taking clinical observations and operating under patient group directions, foundation trainee pharmacists may face uncertainty around role distinction and responsibilities. Clarity of supervision frameworks will be vital.

Patients will see an overall improvement in safety and quality with enhanced training promoting safer medicines use. Consequent expansion of pharmacy technician roles will improve patient access to care. To maximise the impact of these changes, patients may need clear support and accessible resources explaining the evolving roles within the pharmacy team. A concise guide outlining the scope and valuable contributions of pharmacists, pharmacy technicians, and support staff could help build understanding and confidence.

Pharmacists and pharmacy technicians have a responsibility to ensure patients know who they are speaking to and receiving care from. Clear introductions and role explanations should be standard practice, not only to distinguish between the two registered pharmacy professions but also because their roles and responsibilities often overlap with those of medical and nursing colleagues.