

Insuring your grandparent?

By RACHEL GRAHAM MRPHARMS

The potential need for indemnity insurance for technicians, the practicalities of how the “grandparent clause” will work, and issues surrounding “Agenda for change” were among the topics discussed at the APTUK study day held in Birmingham on 28 October

Indemnity insurance for pharmacy technicians is an issue under active review by the Association of Pharmacy Technicians United Kingdom, according to DARREN LEECH, the association's president. Mr Leech explained that the issue is one of increasing importance to members in the light of the extended roles that pharmacy technicians are taking on and the litigious nature of society. Because of this, APTUK had asked a firm of lawyers, specialising in the field of clinical negligence, to give an opinion about whether pharmacy technicians should take out professional indemnity insurance. The consultation was not yet complete, and Mr Leech hopes to be able to have a definitive answer by the APTUK 2004 annual conference in Northern Ireland next spring. Taking legal advice is not the cheapest option, but it is believed that it is the best way of obtaining an independent, impartial opinion that best serves the interests of the association's members.

Mr Leech went on to give brief details of the legal background to the issue of indemnity insurance. He set out the principle of “vicarious liability” – that employers can generally be sued for the negligent actions of their employees providing the employee's negligent act was either authorised by the employer or was an unauthorised way of doing an act authorised by the employer. However, having the employer provide legal representation is not always in the best interests of individual employees (including technicians). Employees may want, for example, to claim that there are mitigating circumstances, such as inadequacies in their training. Moreover, the working patterns of pharmacy technicians are changing – many are now working as agency staff, locums or independent contractors. For agency staff and locums it is often unclear who the employer is (ie, is it the agency or, for example, the hospital or community pharmacy where they carry out the work?) Independent contractors are often their own “employer”.

Criminal liability is also something which

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Officers of the APTUK discussing issues at the recent study day — (left to right) Darren Leech (president), Sarah Goodson (education officer) and Helen Dalrymple (vice-president)

pharmacy technicians should be aware of, according to Mr Leech. Since the Shipman case, the police are now more interested in death or harm caused through medical negligence. The most common charge is “involuntary manslaughter” which may be committed without any intention to cause harm, if actions are grossly negligent or reckless. The criminal liability issue will be addressed by the legal opinion as well, Mr Leech said.

Participants at the study day were concerned that, should the legal advice come back suggesting technicians take out insurance, the costs of policies might be prohibitive. Such costs would be on top of registration fees that would also need to be paid from 2007. Mr Leech told the audience that he envisages that there could be categories of cover, depending on where a technician works and the roles they undertake. Whichever category of insurance a technician needs, Mr Leech pointed out, premiums are likely to be “heavily discounted for APTUK members”. Insurers like to see people managing their own risk and engaging with their profession, and so there are “obvious reasons why association members would get a better deal”. Mr Leech also pointed out that, for registration fees at least, there is a possibility that employers

might agree to foot the bill, as is common among community pharmacists employed by multiples, and is becoming more common for hospital pharmacists, particularly in areas where there are difficulties recruiting and retaining staff. If necessary, advice would also be given to members by APTUK on how to claim back tax paid on fees and premiums.

GRANDPARENT CLAUSE

Making sure that you can find your certificates was just one of the practical tips relayed to participants by SARAH GOODSON, education officer for APTUK when she discussed the “grandparent clause”, the mechanism by which pharmacy technicians who do not hold an Scottish/National Vocational Qualification level 3 in pharmacy services can become registered as technicians. Although registration will not be compulsory until 2007, technicians will be able to register from 2005. Ms Goodson hopes that technicians will take the initiative to get on the register in good time, and not wait until the end of December 2006, before discovering that they do not know where their certificates are and that they have not put together an employment history.

During her presentation, Ms Goodson set



Find your certificate, to aid the registration process using the “grandparent clause”

out the two aspects of the grandparent clause – the two routes to registration for those without S/NVQ level 3. Route A will require technicians to hold a qualification that has been approved by an independent assessor, the Pharmacy Sector Committee, and to give proof of recently completed employment undertaking the roles and responsibilities of a pharmacy technician either for not less than 14 hours a week for four out of the past eight years, or for not less than 28 hours a week for two out of the past four years. This needs to be signed off by a pharmacist. “Approved” qualifications include pharmacy-related BTEC (Business and Technology Educational Council) and, SCOTVEC (Scottish Vocational Educational Council) certificates. A brief employment and career history also needs to be provided. It is hoped that 95 per cent of technicians who do not have S/NVQ level 3 will register this way, according to Ms Goodson.

For technicians who cannot qualify by route A (for example, because they have worked less hours than required), route B will be available. This requires technicians to hold an approved qualification (as for route A) and to demonstrate to an independent assessor that they can “practice to the standards of proficiency and competence set for pharmacy technicians” (ie, to the standard of those holding an S/NVQ level 3). It involves providing case studies or other demonstrations based on experience. For both routes, technicians will need to provide a declaration from a medical practitioner that they are medically fit to practice, provide proof of their identity and self-declare any criminal convictions. The registration rules for those with overseas qualifications have yet to be decided on.

Ms Goodson pointed out that routes A and B had been decided on after consultation with APTUK members over the summer. Members had expressed concern that a previous proposal, that two years work experience of over 16 hours a week was needed, was too inflexible.

Regarding the wider registration process, important concessions that the APTUK has secured include having places for two techni-

cians on the Royal Pharmaceutical Society’s Council from 2005, and ensuring that any pharmacists who want to register as a technician will only be able to do so if they meet the same requirements as other technicians. Pharmacists who are struck off the pharmacy register would automatically be struck off the technicians’ register, and vice versa. While technicians will be regulated by the Society, the Society will not act as a professional body for technicians (as it does for pharmacists). Technicians will need to find other means (such as the APTUK) to “lead, represent and lobby” to ensure that their personal and professional interests are represented.

AGENDA FOR CHANGE

Many “concerns, rumours and conjectures” surround the “Agenda for change” process, according to SARAH WILCOX, employee liaison officer for APTUK. In order to address some of these, she described the work being done to compile national job profiles for technicians at Guys and St Thomas’ Hospital NHS Trust, one of the 12 early implementer sites for Agenda for change focusing on pharmacy staff (including technicians). To do this, Ms Wilcox had the help of TESS FENN, chief pharmacy technician at Guys and St Thomas’, responsible for technician education and development at the trust.

In order to compile the profiles, pharmacy technicians of various grades at Guys and St Thomas’ have completed extensive questionnaires. This had been done in groups, because of the time-consuming nature of the task. The questionnaire results are to be compiled and profiles formulated. These will be reviewed by a job analyst, who will interview post-holders. Pay bands for the various profiles will then be set by a job evaluation working party. Profiles will not be published until they have been agreed by APTUK and the relevant unions. Once the profiles are published, they will be used nationally to match technicians job descriptions against in order to decide an individual technician’s pay. Where an individual technician’s role does not readily match a national profile, the job will have to be assessed on an individual basis.

According to Ms Wilcox, technicians can prepare for the process by “making sure that their job descriptions are up to date” and are signed off by chief pharmacists or other line managers. Job descriptions should not be rewritten to tie in with the Agenda for change process, stressed Ms Wilcox, but should be updated sooner rather than later if they really do not reflect the job a particular technician is doing. One thing to always bear in mind is that it is the job and not the person who is being evaluated to determine pay bands in the agenda for change process.

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