



# Community pharmacy England's response to the GPhC consultation on draft Standards for the initial education and training of pharmacy technicians (IETPT)

December 2025

## About Community Pharmacy England

**We are the voice of community pharmacy in England, representing all 10,000+ community pharmacies across the country.**

We champion community pharmacies across the country – representing our members and giving them the support they need, negotiating the best deal with the Government and NHS, and influencing positive change.

We represent community pharmacy businesses of all sizes in England and are responsible for negotiating the NHS Community pharmacy Contractual Framework (CPCF), under which all community pharmacies operate, with the Government and the NHS.

We are recognised by the Secretary of State for Health and Social Care as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees (LPCs) to support their role as the local NHS representative organisations.

We work closely with everyone in the community pharmacy sector to meet our goals and to promote the value of community pharmacy. Because everyone in society needs community pharmacy to thrive.

Our goal is to develop the NHS community pharmacy service to enable community pharmacies to offer an increased range of high-quality and fully funded services that meet the needs of their local communities and provide value and good health outcomes for the NHS and the public.



## GPhC proposal

GPhC is seeking views on the proposals to:

- **Raise the qualification level** to a minimum RQF Level 4 (SCQF Level 7) to reflect evolving pharmacy technician roles and better prepare them with critical thinking and clinical decision-making skills. This level is equivalent to the first year of a university degree
- **Encourage multisector training** to build versatility across diverse pharmacy settings.
- **Add new learning outcomes** covering digital technology, sustainability, and pharmacogenomics.
- **Replace Accuracy Checking** with Final Accuracy Checking so all technicians are qualified upon registration.
- **Introduce a science entry requirement, alongside existing English and Maths requirements** at RQF level 2 or equivalent (equivalent to GCSE level C or above in Wales, 4 or above in England and a level C or above at National 5 level in Scotland). Previous practice-based learning could also count towards meeting the science requirement.
- **Clarify educational supervisor and course provider responsibilities.**
- **Retain the 2-year study duration** to ensure sufficient time for competency development.



## Our response to the consultation.

### Consultation questions

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#### 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.

**Question 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 RQF Level 4 or above?*

- *Strongly agree*
- *Agree*
- *Neither agree nor disagree*
- *Disagree*
- ***Strongly disagree***
- *Don't know*

#### Our response:

#### **Strongly disagree**

**Question 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*



### **Our response:**

Community Pharmacy England supports the Company Chemists' Association (CCA) response, which is as follows:

*"The CCA do not currently see significant skill gaps among pharmacy Technicians that would require more rigorous initial education and training (IET) at RQF level 4 (or equivalent).*

*We recognise the value of advanced skills and believe they will be required to support the evolving role of pharmacy technicians in the future. However, the current 'core' community pharmacy technician role does not require pharmacy technicians to have advanced skills from day one of registration to undertake their role.*

*Some NHS-commissioned services which pharmacy technicians will soon be able to deliver may require advanced consultation skills. However, pharmacy technician practice can differ between settings, and not all pharmacy technicians will be delivering these services. We do not expect that this will become a "core role" of pharmacy technicians in the near term and therefore does not justify disruptive changes to pharmacy technician training.*

*Pharmacy technicians can be upskilled and expand their competence through additional training provided by employers or commissioners where it is necessary for their job roles. This includes undertaking further education or training at L4 or above where there is a demonstrated need. It will not be necessary for all pharmacy technicians to undertake L4 training and gain skills which are not relevant to their job role.*

*Increasing the level of study will likely reduce the number of pharmacy technicians training and joining the register. There are multiple reasons for this, which we explore below:*

- **Stopping other members of the pharmacy team from progressing**

*Many pharmacy technicians begin their careers after completing level 2 (L2) qualifications and working as dispensing assistants or medicines counter assistants. The entry requirements set out by the GPhC will only require level 2 qualifications in numeracy, literacy and a science topic.*

*However, it is possible that training providers or employers will require people who already hold an L3 qualification to demonstrate their academic capability before starting L4 pharmacy technician training.*

*This would prevent almost half of current support staff from undertaking a pharmacy technician course and progressing into current roles, as well as reducing the number of new entrants to the sector.*

*This change risks undermining social mobility and widening inequalities in access to professional development. This will particularly impact individuals from disadvantaged backgrounds and reduce diversity in the pharmacy technician workforce.*

- **Longer, harder courses will increase the drop-out rate**

*30% of pharmacy technician apprentices in England will either fail their end-point assessment or leave the course before taking the assessment.*

*While the revised standards retain the minimum course duration of 2 years, the increased level of study will mean that learning will have to be condensed. Increasing the academic rigour of the course, and making it harder, is likely to increase the number of pharmacy technicians who do not successfully complete their course.*

- **Increased training costs for training will reduce investment**

*L4 qualifications are typically more expensive and time-intensive than L3. Apprenticeship levy funding for L4 qualifications is usually double the funding available for L3 courses.*

*There are currently around 12,500 trainee pharmacy technicians across Great Britain, and we expect the majority of these to be trained using apprenticeship levy funding.*

*Based on the assumption that all trainees have their courses funded by the apprenticeship levy, we can expect the proposed changes to cost the Government an additional £75–100m annually.*

*This far exceeds the amount of unspent apprenticeship funding returned to the Treasury by the Department for Education in England. Changing the level would therefore require further investment from employers and the Government to maintain current training levels.*

*Many employers will also fund trainee pharmacy technicians directly from their training budgets. However, community pharmacy funding remains limited. Many employers will not be able to absorb the additional cost of pharmacy technician training. This will mean they will*

reduce the number of training places they offer to students or will have to re-prioritise funding from elsewhere.

We have seen before that financial pressures have required employers to reduce their investment in their workforce. For example, the number of registrants working in community settings decreased by 13% between 2021 and 2024.

As a result of recent legislative changes, employers are once again investing in pharmacy technicians, with the number of trainee pharmacy technicians in England increasing by 225% in 2024, compared to 2023. However, these changes risk reversing that progress.

- **Increased salary costs will reduce the number of pharmacy technician roles**

Pharmacy technicians with advanced skills and higher levels of academic qualification would rightly be expected to be remunerated more to reflect the additional training they have undertaken.

In the NHS managed sector, pharmacy technicians typically start their careers at Agenda for Change (AfC) band 4.

More experienced pharmacy technicians, including those with L4 additional qualifications, will typically work as a Specialist, Advanced, or Lead Pharmacy Technician. These roles are typically within AfC bands 5 and 6.

We expect that pharmacy technician salaries will need to increase by 12% to reflect L4 qualifications (based on the difference between Band 4 and 5 minimums).

Based on the NHS England target of 13K pharmacy technicians, of which 10% would have a L4 qualification, this would cost community pharmacy employers an additional £50m a year in England alone.

- **Pharmacy technicians will move to other settings to make use of their advanced skills**

Currently, there are limited NHS-commissioned services which would require a pharmacy technician with advanced qualifications, although this may change in future.

*We know that professionals with advanced qualifications want to work in settings where they can put those skills to use and deliver patient care.*

*We calculate that over 1,200 pharmacy technicians have left community pharmacy settings to work in new roles in Primary Care Networks delivering advanced clinical services.*

*This proposal risks creating a 2-tier workforce and encouraging further movement of pharmacy technicians from community pharmacy to other settings, exasperating the community pharmacy workforce crisis.*

*In addition to concerns about restricting future growth, pharmacy technician competence already varies significantly between pharmacy technicians who joined the register on the 2010 or 2017 learning outcomes, and those who were “grandfathered” onto the GPhC register when it was established in 2011. Changing the level of IET will introduce further variation in competence across the pharmacy technician workforce.*

*To promote professionalism amongst the pharmacy technician workforce, the GPhC should focus on strengthening the existing L3 learning outcomes to ensure all pharmacy technicians have the required skills to perform the core role from day 1 of registration, as well as encouraging additional training for those who have not undertaken formal pharmacy technician qualifications.”*

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## **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 undertake 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.*



**Question 3:** *Do you agree with making final accuracy checking an essential component in the new initial education and training outcomes?*

- **Yes**
- **No**
- *Don't know*

**Our response:**

**Yes**

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### **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.

**Question 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*

**Our response:**

**No – too long**



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

### **Our response**

Community Pharmacy England supports the Company Chemists' Association (CCA) response, which is as follows:

*"Under the September 2019 Criteria for registration as a pharmacy technician in Great Britain published by the GPhC, pharmacy technicians were required to complete 2-years of work-based experience. In addition, they must have completed 1,260 hours of experience must be undertaken under the supervision of a registrant during these two years.*

*However, the requirement to complete 1,260 hours of supervised work experience was dropped in the most recent criteria published in November 2024. Pharmacy technicians are now only required to undertake 2-years of work experience, with at least 14 hours per week under the supervision of a registrant.*

*A full-time pharmacy technician could theoretically undertake 1,260 hours of supervised work experience in under a year. The arbitrary 2-year work experience requirement should therefore be removed.*

*We propose moving to an outcomes-based approach, where pharmacy technicians must undertake 1,260 hours of supervised practice over a reasonable period. pharmacy technicians should be allowed to join the register once they have undertaken the appropriate amount of supervised training hours and are deemed to be competent by their supervisor. This has multiple benefits.*

**1. Trainees can undertake the course at a pace that aligns with their working patterns and confidence.**

*Pharmacy technicians can start working in, and be remunerated for, a pharmacy technician role as soon as they are competent to do so.*

*This will reduce the number of people starting but not completing a pharmacy technician course or training programme. It will also increase its attractiveness to existing pharmacy support staff and those looking to enter the pharmacy profession.*

*Taken together, these will bring more, higher qualified, better paid colleagues into community pharmacy.*

**2. Additional flexibility will reduce variation in the experience of newly qualified pharmacy technicians.**

*Under the current criteria, a newly qualified pharmacy technician could have as little as 1,450 hours of work experience, whilst some may have closer to 4,000 hours.*

*Given the extensive variation in existing pharmacy technician competence, the initial education and training period should cover a prescribed amount of work experience, coverage of the learning outcomes and a competency assessment by a supervisor. This will reduce the variation in the amount of experience a pharmacy technician has when joining the register."*

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## 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.

**Question 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

### Our response:

**No**

**Question 7:** Please explain your answer

### Our response:

Community Pharmacy England supports the Company Chemists' Association (CCA) response, which is as follows:



*“The previous Criteria for registration as a pharmacy technician required 1,260 hours of supervised practice, whilst 14 hours of supervised practice weekly would equate to approximately 1,450 hours of supervised practice (excluding annual leave, sickness absence) over the proposed minimum 2-year period.”*

**Question 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**

**Our response:**

**Yes**

**Question 9:** *Please explain your answer.*

**Our response:**

Community Pharmacy England supports the Company Chemists' Association (CCA) response, which is as follows:

*“As noted in our response to question 5, a full-time pharmacy technician could theoretically undertake around 2,000 hours of supervised work experience within one year. This would exceed the supervised work experience of a pharmacy technician undertaking 14 hours per week for two years. The arbitrary 2-year work experience requirement should be removed.*

*We propose moving to an outcomes-based approach, where pharmacy technicians must undertake 1,260 hours of supervised practice over a reasonable period. This could result in pharmacy technicians undertaking more, or less, than the 14 hours per week as proposed by the GPhC. This will allow the IET period to be more flexible to changing workforce patterns for trainees.*

*Pharmacy technicians should be allowed to join the register once they have undertaken the appropriate amount of supervised practice hours and are deemed to be competent by their supervisor.”*



## Learning Outcomes

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

**Question 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?

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

**Our response:**

**As detailed in the table above.**



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'.

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

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

**Our response:**

**As detailed in the table above.**



**Question 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).*

**Our response:**

Community Pharmacy England supports the Company Chemists' Association (CCA) response, which is as follows:

*"We support the changes to place a greater emphasis on topics such as skills mix, technology and sustainability in the revised learning outcomes. As part of the skills mix topic, a new learning outcome is introduced (48) which requires trainees to be able to demonstrate supervision of the dispensing process and the sale and supply of medicines.*

*With an expanded clinical role for pharmacy technicians, it will be important for pharmacy technicians to operate within the relevant legislation, service specifications, patient group directions and standard operating procedures. A potential additional learning outcome could be added under Domain 2. This could be worded similarly to learning outcome 19, but reflecting delivery of clinical services, which may not involve supply of a medicine. "*

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

**Question 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?*



	Completely Satisfied	Mostly Satisfied	Slightly satisfied	Not at all satisfied	Don't know
Standard 1 – Selection and admission	X				
Standard 2 – Equality, diversity and inclusion	X				
Standard 3 – Management, resources and capacity	X				
Standard 4 – Monitoring, review and evaluation	X				
Standard 5 – Design and delivery	X				
Standard 6 – Assessment	X				
Standard 7 – Trainee support and the learning experience	X				
Standard 8 – Supervision and sign-off	X				



**Our response:**

As detailed in the table above.

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

**Our response:**

**No comments**

*Under the present standards, applicants must have specific English and Numeracy qualifications of at least 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.*

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

- Yes
- **No**
- Don't know

**Our response:**

**No**

**Question 16:** *Please provide comments explaining your response (if relevant, please include any supporting data).*

**Our response:**

Community Pharmacy England supports the Company Chemists' Association (CCA) response, which is as follows:



*“Some education providers already require a L2 science qualification. However, some also undertake screening assessments to ascertain whether applicants have sufficient scientific knowledge at L2 where applicants do not have formal qualifications. Some providers require no evidence of scientific knowledge at all.*

*Many trainees undertake GPhC-accredited courses such as the L2 pharmacy Services Assistant, Dispensing Assistant, Medicines Counter Assistant or pharmacy Advisor prior to enrolling in a pharmacy technician course. We would welcome confirmation from the GPhC that successful completion of these courses are considered to be adequate science qualifications. The consultation document rightly identifies that this change may have implications for access to training courses. It proposes that the equivalent science entry requirements could include previous practice-based learning. We wholly support this flexibility, which enable capable members of the pharmacy team from progressing, even if they do not have formal L2 qualifications.*

*We would not support mandatory L2 science qualifications for entry to the technician training without this flexibility.”*

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## 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.

**Question 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

**Our response:**

**Agree**

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**Impact of the proposals**

*We want to understand whether our proposals may have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010*

**Question 18:** *Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?*



	Positive impact	Negative impact	Positive and negative impact	No impact	Don't know
Age					X
Disability					X
Gender reassignment					X
Marriage and civil partnership					X
Pregnancy and maternity					X
Race					X
Religion or belief					X
Sexual orientation					X

**Our response:**

**As detailed in the table above**

We also want to know if our proposals may have an impact on other individuals or groups (not related to protected characteristics) – specifically: patients and the public, pharmacy owners or employers, pharmacy technician education and training providers, the pharmacy team and trainee pharmacy technicians.

**Question 19:** Do you think our proposals will have a positive or negative impact on each of these groups?



	Positive impact	Negative impact	Positive and negative impact	No impact	Don't know
Patients and the public		X			
Pharmacy owners or employers		X			
Pharmacy technician education and training providers					X
The pharmacy team		X			
Trainee pharmacy technicians		X			

**Our response:**

As detailed in the table above.

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

**Our response:**

Community Pharmacy England supports the Company Chemists' Association (CCA) response, which is as follows:



*“The proposed learning outcomes have potential to drive forward pharmacy technician professional practice, reflecting their greater clinical role in community pharmacy. However, the increase to L4 or equivalent for the IET will negatively impact pharmacy staff, owners and patients and the public.*

*Trainee pharmacy technicians will be required to undertake a more difficult training programme, without being able to use the advanced skills within their role. Some existing members of the pharmacy team may be excluded from progressing to a pharmacy technician role as a result of the entry requirements. Reduced investment from employers may also inhibit progression of the pharmacy team.*

*Pharmacy Owners are likely to face additional costs because of the increased level of training required. They will also likely be expected to remunerate pharmacy technicians for their additional skills, regardless of whether they can be used in community.*

*Finally, the impact above will ultimately result in a reduction in the number of pharmacy technicians. This will reduce the capacity available to patients and the public to deliver pharmaceutical care”*