

The RPSGB code of ethics embeds principles into practice for technicians

Gill Risby describes some of the key concepts outlined in the recent *Code of ethics for pharmacists and pharmacy technicians* and *Professional standards and guidance documents*.

The Royal Pharmaceutical Society of Great Britain recently released the new *Code of ethics for pharmacists and pharmacy technicians*¹ and *Professional standards and guidance documents*.² This article explores some of the key concepts within the *Code* and associated guidance, with some personal reflections focussing on the particular implications for pharmacy technicians.

The number of registered pharmacy technicians has steadily increased since voluntary registration began in January 2005 and now approaches 6500. Once individuals are registered the principles of the *Code* are mandatory. This applies across all sectors and so it is vitally important that individuals explore the *Code* and identify how each different aspect applies to their particular area of practice.

Pharmacy technicians, like pharmacists are accountable for their practice

The new *Code* does not distinguish between pharmacists and technicians as such, only to state that pharmacists have the 'overall responsibility for the provision of pharmaceutical services' and that pharmacy technicians 'undertake work to support, develop or provide these services'. Each professional is accountable for their own practice, and as such should ensure they act within the limits of their capability and work within the principles of the *Code*. We have shared values, set out within seven principles of ethical practice, which all individuals should follow. These are:

1. Make the care of patients your first concern.

2. Exercise your professional judgment in the interests of patients and the public.
3. Show respect for others.
4. Encourage patients to participate in decisions about their care.
5. Develop your professional knowledge and competence.
6. Be honest and trustworthy.
7. Take responsibility for your working practices.

It is the responsibility of each technician to establish how the *Code* applies to their practice, and how to work within these principles. A range of professional standards and guidance documents,² which accompany the *Code*, expand on the above principles. Many technicians will probably feel that these professional values within the *Code* have been part of their practice anyway, so what is new?

In this article I will explore some aspects, which I feel should be highlighted. It is crucial that these documents are not a resource just kept in a drawer, and that we all have an awareness of the content and an understanding of how they may be applied in practice, because our professional and personal conduct will be judged against the *Code*. I believe it is very important that we start to embed the principles within our day-to-day working practices.

Some issues of relevance for pharmacy technicians

Pharmacy technicians are used to working to sets of standards. However, the *Code* is much more than this; 'standards are only one aspect of the code of ethics — the main

emphasis is on moral choices and values.'³ I will look at some of the considerations for technicians, however I would welcome further debate from colleagues, as we start to embrace the principles.

What defines a professional?

If we were to ask pharmacy technicians 'Do you feel, as technicians, you are professionals?' I am sure many would answer 'Yes' — being, as we are, committed to patient care and displaying a professional approach. But is this the same as 'being a professional'?

Professional standards and characteristics

There are a number of published lists describing attributes displayed by professionals — often very similar in their content. The following distinguishing characteristics are concerned with standards of competence, integrity and fair conduct:⁴

- detachment and integrity in exercising personal judgment
- direct personal client relations based on trust, faith and confidence
- collective responsibility of professionals for the competence and integrity of the whole profession.

Some professional characteristics⁵ commonly quoted include:

- trust
- skill and competence
- accessibility
- innovation and invention
- accountability
- integrity
- motivation.

Professional pharmacy technicians must recognise their judgment boundaries

These distinguishing characteristics recognise the use of professional judgment, first and foremost, which is a skill most technicians undoubtedly would claim to have. However, the issue for technicians is, what is the *limit* within which this judgment is exercised, and where do the boundaries lie?

Standard operating procedures (SOPs), which a wide range of technicians work in accordance with, competency statements and 'rule books' 'cannot envisage every circumstance of a client-professional relationship'.⁴ For some roles, for example in primary care, there are no SOPs or rules as such, covering a non-routine issue.

'The problems of real-world practice do not present themselves to practitioners as well-formed structures'.⁶ Rather they are often 'messy indeterminate situations' that may result in 'uncertainty, uniqueness and value conflict', which cannot always be rationalised. Thus any judgment or movement away from agreed standards needs to be carefully considered, because a professional will be expected to justify their position or action.

It is important to recognise this as many technicians now take on advanced roles. Issues that need to be explored include ascertaining how far they accept responsibilities, where the gaps are in knowledge and skills, and whether they need to take out their own professional indemnity insurance or whether they are adequately covered by their employers insurance. Guidance may be sought on the latter from the Association of Pharmacy Technicians UK. Questions pharmacy technicians should ask themselves include:

- Am I working to standard operating procedures?
- Is it part of my job description?
- Am I working to broad occupational guidelines?
- Am I working within a specific protocol?
- Am I giving out advice, and is this evidence based and supported by any of

the above?

- Am I competent to perform this task?

Passing on knowledge and supporting our peers

The principle 7.2 of the *Code*: 'contribute to development, education and training of colleagues and students, sharing relevant knowledge, skills and expertise' has an expectation that all professionals develop their own skills, which can be gained through continuing professional development (CPD). However, principle 7 states that those individuals in a supervisory role [whether a team leader or senior manager] have a particular responsibility to support those undertaking work within their team. I feel it is good practice, whatever position we hold, for us all to contribute to bringing on the next generation in pharmacy. Indeed, it is through this activity that we also develop our own knowledge.

Accountability

Accountability is probably the aspect of pharmacy practice, where, for technicians, a difference in emphasis may be noted. As support staff, technicians work under the supervision, or guidance of a pharmacist, who has the overall responsibility for pharmaceutical services provided to patients.^{1,7,8} Technicians are now professionally accountable for their practice. Therefore, regardless of advice or directions from a manager,¹ it is expected that we use



above: pharmacy technicians have a responsibility to ensure patients understand what they have said

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our professional judgment, and must be prepared to justify any actions if asked to do so. This also raises the issues of autonomy,⁹ and the capacity of technicians to make their own decisions. Certainly clinical decision-making is referred to pharmacists or other health care professionals, unless a clear protocol is accepted and followed. Operational decision making, however, has become more within the domain of the more senior technicians.

Many technicians have been 'accountable to' a pharmacist, who would take the ultimate responsibility for services. For many years, technicians were given instructions, and told what and when to do a particular task. This has changed considerably over the years, and the *Code* is quite specific in stating that we must recognise the limits of our professional competence; 'practise only in those areas in which you are competent to do so and refer to others where necessary' (principle 5.41). It should be noted that the *Code* is very general in stating 'refer to others', which may be a pharmacist or a colleague from the broader health care team. This leads us now to question ourselves more along the lines of:

- Do I understand?
- How do I know 'what I don't know'?
- Can I/should I do this?
- What are the gaps in my knowledge?
- Who can help me?

Technicians should be able to *demonstrate* they have done their best to identify development needs and continually update their knowledge and skills through CPD.

I am sure most technicians take responsibility for their own work — in becoming a registered professional, the emphasis on personal responsibility is clear.

Technicians' roles

Modern health care is very much patient-centred, and patients are encouraged to contribute towards their own care and decision-making. So, whatever we might think is best for the patient, we should always be mindful of their wishes

For health care professionals, it has been said that professional standards, attitudes and behaviours derive largely from pre-registration education.¹⁰ For many pharmacy technicians, their primary qualification was gained some years ago, where the syllabus did not include these issues. Learning to be a professional, comes, I believe, from practice settings, and is gained experientially over time — probably years.

There is also a much longer-term issue of how this is maintained and how proving fitness to practise is achieved, which is likely to be through a process of revalidation. This is intended to provide reassurance and reinforcement of performance, as we have moved from a 'position where trust alone was sufficient guarantee of fitness to practise, to one where that trust needs to be underpinned by objective assurance'.¹¹ The days have long gone where there was an assumption of competence, based upon initial qualification alone.

Ethical dilemmas

There are many ethical areas of concern embedded within the new *Code*, which we should be aware of and are now given more detailed guidance about than within the original RPSGB *Code of ethics for pharmacy technicians*.⁷ For example, issues such as involving patients in their care, raising concerns, child protection, taking on positions of responsibility, and attitudes and behaviours — particularly where services we may be asked to provide may conflict with our beliefs. Many questions may arise from this, including:

- Am I comfortable providing services to specific patient groups?
- What would I do if I were concerned

with the behaviour or competence of another colleague or health care professional?

- Am I happy with the way a specific service is provided to our patients?

Some good examples are given to promote thinking around own actions,¹¹ for example, on being drawn into giving comments about another professional. Being prepared to challenge, where you feel patients are at risk is particularly important. Each professional is answerable for their own acts and omissions, 'regardless of advice or directions from your manager or another professional'.¹ This may be uncomfortable, indeed a 'difficult dilemma' for some technicians. It is, nevertheless, an important issue. Although the *Code* does not in any way change our position of authority or organisational roles and responsibilities, it does empower all individuals to report events where there are genuine areas for concern.

Modern health care is very much patient-centred and patients are encouraged to contribute towards their own care and decision-making (principle 4). So, whatever we think is best for the patient, we should always be mindful of their wishes and we are advised to consider asking the patient about this before we act.⁹ For example, we might ask them:

- Is it convenient for me to discuss your medicines?
- Are you happy for me to have a student present?

But we also need to confirm that they have understood what we have asked them. We are expected to ensure we have taken 'all reasonable steps' to ensure we communicate effectively with patients and carers, and that they have understood the information given to them. To satisfy ourselves of this we might ask them to summarise what we've said.

Overall reflections

I feel many colleagues would agree the basic values of the *Code* are very similar to the previous *Code*. However, the new *Code*

better reflects the issues around modern health care practice and the patient-related skills pharmacy is embracing. It is very important to understand the detail, and we should be aware of how this applies to our individual circumstances. As we are reminded: 'there is no substitute for reading [the *Code*] with careful attention'.⁹

The new *Code* certainly empowers pharmacy technicians to take responsibility for their own actions and to make their own decisions around their own development needs regarding professional knowledge and competence. ❀

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