Pharmacy Technician & Support Staff (Pre & Post Qualification) Group
Minutes 2nd May 2013
50 Eastbourne Terrace, Paddington, London

1. Present

Liz Fidler (LF) Chairperson, Deborah Williams (DW) Secretary, Rachel Dixon (RD) for presentation only, Diane Blunden (DB), Ellen Williams (EW), Dalgeet Puaar (DP), Karen Wragg (KW) from CPPE, Wendy Penny (WP) from Wales CPPE, Jo Causer (JC), Catherine Davies (CD), Gail Hall (GH), Gill Risby (GR), Rachel Kenward (RK) on behalf of Lyn Stark), Andrea Hollister (AH) on behalf of Jane Pyatt and Dan Grant.

2. Apologies

Jane Pyatt (JP), Tess Fenn (TF), Val Findley (VF), Karen Nash (KN), Dan Grant (DG) for Jane Pyatt. Melanie Boughen (MB), Alison Pritchard (AP), Tracy Burrows (TB)

3. Presentation

- **TSET Competency Framework (Rachel Dixon)**

4. Responses from briefing papers for minutes

Edexcel

Briefing paper electronically sent to group prior to meeting.
Key points:
Edexcel has now started with the change over to the Pearson brand. Email addresses for staff at Edexcel now end with pearson.com. Pearson has purchased EDI and is currently working on integrating EDI into the Pearson brand. The website is being updated as is the SV site for completing reports. Further training will be given once these changes have been made. SV training will now be face to face at the University of Warwick; date for pharmacy is 19th to 20th July 2013.

APTUK

Briefing paper electronically sent to group prior to meeting.
Profile has asked if the conference flyer can be sent out from this group. LF to action.

City and Guilds

Briefing paper electronically sent to group prior to meeting.
CD reminded the group about the City and Guild Pharmacy Network Annual Event on 14th May 2013 in London. DP and WP confirmed that they would be attending. Places are still available for this event.

Action: DP will provide feedback to the group of key messages from the event.

5. Update from Main Committee + Matters arising

Members were asked to read minutes from the main committee.
Key points:

Main committee would like to commence partnership working with APTUK. List of principles will be drawn up, in the same principle as RPS partnership.

Education outcomes framework: linking in with Francis report – programmes that both groups deliver and how to evidence this. LF asked question if there was any steering as to which avenues to focus on – pre or post qualifications? Mapping courses to education frameworks? EW says that it has highlighted gaps regarding 'train the trainers'. LF suggested looking at frameworks that we are already looking at. GR – share work across regions to see what everyone is doing – egg at 10 week reviews at apprenticeship; Depart of Health –modernising scientific careers – involved patients in any development training for patient focus – impact on patient welfare and care. AH – ' Expert Patients Programme Community Interest Group – service user mentoring programme – Oxford LETB already involved – contact; Cheryl Berry Project Manager EPP CIC. 07500 039706 www.expertpatients.co.uk. Cheryl.berry@eppcic.co.uk

There is a potential to use evidence of near misses to show value of these frameworks.

6. PIPC National Framework update Proposals (LF)

LF presented the proposals for the PIPC framework review which is due July 2013. Due to tight timescale please see action below and contact LF to discuss any points needing further clarity within 3 weeks of receipt of minutes.

Proposals

- Review of the current learning outcomes to reflect ACPT similarities.
- Inclusion of reflective practice when 1st error occurs. It has been proposed that there be an option for the candidate to do extra 250 checks in addition to the 1000 rather than restarting. The candidate would be required to reflect on the error they made – this approach would place an emphasis on assessing the candidate's reflection. If the candidate made a 2nd error then they would have to completely restart. Removing the blame element and supporting error reporting and learning.
- Inclusion of minimum number of hours performing the checking role post accreditation.
- Change Re-accreditation to Re-validation, within ACPT there has been a shift away from re-accreditation and has now moved to re-validation. As the 100 checks sent in to regional team was only a point in time assessment and did not represent the whole of the two years. ACPTs are now revalidated so long as they maintain practice and are signed off by their Trust. Revalidation would mean that the Trust send in a signed statement. The issue could be specifically for in process checks as they may only be double checked when logs are being gathered this mean that QA on in process checking might not take place. A suggestion was to issue guidance to the department so they can decide for themselves if they want to do spot checks. Revalidation would require a statement and if the Trust is not

confident onvolume checks then we would require 50 double checked pre and/or in process checks to be completed.

Introduce a scope of practice

Action: Response within 3 weeks of these minutes required from those who do not agree. Those in attendance at the meeting supported the proposals

7. Task & Finish Group Project Updates

ACPT (EW)

Key points/changes discussed and agreed at the review meeting on 18th December 2012 were:

- Entry criteria – candidates entering the scheme must have completed a dispensing accuracy log of a minimum 0f 200 items (with no errors) within the past two years to be deemed current.

Phased approach to 'error criteria' in framework as follows:

- 1st attempt – 1 serious error or 3 less serious = period of reflection and 250 additional items.
- 2nd serious error or a further 3 less serious = period of reflection and restart 1000 items.
- Mapping the QCF against framework; although the group felt that the QCF is a good tool for gathering evidence it isn't like for like as it does not currently meet the national framework standards. The QCF could be used to complement an ACPT programme but not instead of.
- Incorporating CPD in framework – candidates should be encouraged to use ACPT training as CPD evidence but not the other way around as the group felt that CPD was too generic for reflective examples.
- RPL/APL of ACPT into PIPC or vice versa – it was agreed that there would be a separate group to work on this with CD and the APTUK Education Group leading.
- Final checking in technical services 'Product Approval' – separate piece of work currently being undertaken in the South West and with the NHS Aseptic Services Accreditation Group (EW).
- Keeping the framework up to date with technology. It was acknowledged that there may be times when the ACPT may be asked to check prescription items that they had transcribed previously on wards, but had not actually dispensed.,The framework has now included guidance on how this situation should be managed in line with local risk management strategies.
- Question around entry criteria time frames; does this include pre-registration trainee pharmacy technician training time? Not clear in the criteria. Not clear in national framework Discussion about this – has the time frame become a pressure on trusts? Some trusts are still using two years post qualification but need to be careful on 'age discrimination'. London area is one year; some areas 'fast track'. Group acknowledged that ACPT is now normal part of pharmacy technician role. New framework states that criteria are 6 months in dispensary within the preceeding 12 months of registering on

course as minimum. These 6 months could be included in the pre-registration training period, based on individual skills and approval from Chief Pharmacists.

Action: Response within 3 weeks of these minutes required from those who do not agree. Those in attendance at the meeting supported the proposals

Available training for support staff

Project brief sent out with minutes in January.
Need for this T&F group to start identified as a priority.
DP to send to DW to send out with minutes.

Action: Response within 3 weeks of these minutes required from those who do not agree.

PIPC/ACPT core training standardisation

GR gave an overview of the work carried out by T&F group First telecom in January; pulled together a survey. Quality of responses were good from all regions.

- Data – 116 surveys back (not all complete). Some questions not answered. 79 responses fully received from across all regions.
- Highest responses from areas expected those that run regional PIPC schemes.
- Need to go back to areas that didn't send in any.
- Data is now spilt into regions and information sent to each region lead.
- Key questions – 5 – is the rotational pharmacy technician happening across the board can those skills be transferred in all specialities how many using the two schemes? 27 trusts had staff in dual roles. (72 staff across UK). How many of those 72 are using regional schemes?
- Survey has provided group with strong evidence for mapping of skills and frameworks.

Raised questions that individual regions may like to explore – how have people been trained? Use national framework or in house? Where are they getting training provisions from?

Group now moving forward to think about certificate for checking underpinning knowledge – e.g. communication skills, law and ethics etc studied under one training module; then students could move into either direction and demonstrate practice in either section. Need to make it streamlined and easy for individuals whowork in each area. This model is already being used in Wales – one day learning package and then divert across into technical services training. If already accredited in one area e.g. dispensing accuracy checking then spend one afternoon training for technical services. Similar training model in South West.

WP to join the PIPC T&F Group to share expertise.

LF to produce PIPC national framework update proposals for circulation with technical service groups.

Action: T&F group to have a proposed mapped draft model for discussion at July meeting

8. Final Approval Update

NHS PQA– definition of 'supervision' broken down into each level and each area of responsibility to enable pharmacy technician final product approval. Definition has been approved by the NHS PQA. SWMIT now has support to proceed with formal program; first course only 7 candidates. Program is for both pharmacists and pharmacy technicians required to undertake the role of product approval.

National Aseptic Services Accreditation Group (NHS ASAG) are going to meet to work on a national framework for product approval. Clear that NHS PQA and NHS ASAG backing is needed for anyone wishing to develop their own product approval training package.

9. HEE MPC 2 Communications and Consultation Feedback

Work stream 2 looks at post qualification development. A communication and consultation skills (Professional Development Frame) for all pharmacy professionals throughout their career – attitudes, knowledge, skills and behaviours to make us all more patient focussed. Final draft ready in June for consultation; LF to forward to group for feedback. Short deadline for comments by 7th May. Next meeting in 20th May.

Post meeting note – comments received and fed into MPC task and finish group
Action: LF to update group at next meeting.

10. GPhC Pharmacy Technician and Pharmacy Assistant Seminar Feedback

The seminar hosted by the GPhC laid out the vision of the regulator. Two key questions were explored, with a view to reviewing Pharmacy Technician registration.

The two principal changes proposed are:

- Removing the requirement for a two year period of qualifying work experience (but retaining the requirement to study for a knowledge and a competence qualification while working as a preregistration trainee pharmacy technician); *Removing the requirement for a two year period of qualifying work experience*: We are retaining the requirement for two recognised qualifications while working as a trainee in the UK - which for many trainees will take two years. If, however, an experienced person is able to complete both qualifications in less than two years, we can see no reason why they should not be able to do so. We understand that some of you feel that the qualifications need to be revised – which will happen in time – but this change is about upholding the principle that learning outcomes should take precedence over time served, which is not a proxy for competence.

and

- Permitting pre-registration trainee pharmacy technicians to be supervised/tutored by (registered) pharmacy technicians. *Supervision by pharmacy technicians*: We accept that there was some logic in requiring trainees to be supervised by a registered professional (a pharmacist) when technicians weren't registered but now that they are, the position is less defensible. Also, as a principle, it makes sense that a trainee should be supervised by a person registered as a member of the professional group they aspire to join.

LF provided feedback on behalf of the group based on previous discussions as there was little time to scope views individually copy of email content below – not to be circulated without LF permission.

Qualification

It became apparent to me at the meeting that there was some general misunderstanding regarding the ownership of the qualification. I feel that concerns were not raised as Education and Training leads were unsure of whom to report their concerns too. In my national chair role we have often fed back to awarding bodies when there was no Pharmacy Lead and got lost in a loop of frustrating correspondence.

The meeting at the GPhC affirmed my understanding that the GPhC set the standards the curriculum is based upon (these were transferred from RPSGB and based on Skills for Health National Occupational Standards that were developed 5 years ago) and that the Awarding Bodies own the qualifications.

During the workshop and feedback exercise, a clear message about the qualification being fit for purpose was aired from all sectors. Although I completely understand the time and workload associated with redeveloping the qualification and support the decision to extend the qualification to 2016 – I do feel that work must begin now, scoping the future qualification. Particularly, considering the Mid Staffs report and the continuing numbers of patient facing roles that Pharmacy Technicians are undertaking almost immediately after qualifying/registering. An example of this is the lack of requirement to complete a communication/consultation skills unit as a medicines counter assistant. From a patients perspective these skills are necessary.

I also feel that there may be some remedial steps that can be taken to support delivery of the qualification now, for example a discussion on the mandatory and optional units to reflect current roles and to make the current qualification more reflective of service and patient needs.

Proposal 1

In general I feel that any acknowledgment of Recognised Prior Learning (RPL) is a positive step for the profession and may encourage graduates from other fields with vital knowledge and experience that could be utilised. This would work if awarding bodies had aligned RPL procedures and GPhC recognised/endorsed certain academic pathways.

However, I feel there is an underlying issue that needs exploring – currently most trainees within the NHS are on 2 year fixed term contracts. This is to ensure that the underpinning knowledge programme can be achieved and that the trainee can demonstrate competency that is continuous before being 'signed' off. This is also due to commissioned placements and following a process that aligns with other Health Care Professionals (HCP). The concern is whether in the current financial climate there will be pressure on employers to sign off trainees quickly to meet the need of the service if there is no set time requirement reflecting the work experience required to demonstrate competency. This would be detrimental to patient care and the profession.

NHS PEDC would be more in line with a proposal that mirrored the PRP programme. For example a minimum number of hours work experience, study time and the introduction of professional appraisal supported by 'tutor' standards. The current Assessor award is purely based on assessment and does not train appropriate practice supervision skills. The current arrangement under QCF guidance can be up to 5 years) this was certainly needed during the grandparenting stage and to support part time employees, but now that we are growing a new profession this would be the ideal opportunity to align pharmacy professionals and standardise training requirements.

Proposal 2

We are very much in favour of this proposal as long as the same model of practice supervision is applied for PTPTs as PRPs. As mentioned above the model is currently assessment focussed and not linked to professionalism or providing educational theory to trainees in the workplace. There are examples of how this work can be achieved we would be delighted to share with you.

Once again, many thanks for the opportunity to share views.

Please don't hesitate to contact me if you would like to discuss further or if I or members of NHS PEDC could be of any further support to the work you are undertaking.

No further response/update from GPhC – CD to action through APTUK

11. Actions and deadlines from meeting

LF - circulate APTUK conference flyer to group.
DP - send out notes from event with these minutes and to report back from City and Guilds Pharmacy Network Annual Event at July meeting.
All - respond within three weeks of these minutes on PIPC National Framework Update Proposals.
All - respond within three weeks of these minutes on Task and Finish Group Project Updates.
GR - PIPC T & F group to produce proposed mapped draft model for discussion at July meeting.
LF - provide update re HEE MPC2 Communications and Consultation feedback at July meeting.

12. Any Other Business

Volunteer for next presentation at meeting -Cath O'Brien – experience on getting medicines management programme approved.
KW – thank you for help with suggestions from this group for CPPE
GR – re clinical trails – awareness training and practitioner programme
GR – MSc writing learning guides for healthcare practitioners – Deb to have link from Gill
JC – query of 500 dispensing accuracy numbers whilst 200 in framework. Why isn't there a national framework in dispensing accuracy numbers?

Date of meetings for 2013

Monday 21st January
Tuesday 2nd May

Wednesday 17th July
Tuesday 5th November

Receipt of these minutes prior to the date of the next meeting implies that they are unconfirmed minutes.