

NCFE/CACHE pharmacy technician qualification recognition event report – April 2020



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Event summary and conclusions

Awarding organisation	NCFE/CACHE
Course	Level 3 Diploma in the Principles and Practice for Pharmacy Technicians.
Event type	Recognition
Event date	24 April 2020
Recognition period	June 2020 - June 2026
Outcome	Approval / Approval with conditions The recognition team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the L3 Diploma in the Principles and Practice for Pharmacy Technicians (Qualification) provided by NCFE/CACHE should be recognised for a period of six years with an interim visit in three years.
Conditions	There were no conditions
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Registrar decision	Following the event, the Registrar of the GPhC accepted the recognition team's recommendation and approved the recognition of the qualification for a period of six years with an interim visit in three years.
Key contact (awarding organisation)	Emma Patterson, Qualification Development Manager
Recognition team	Barbara Wensworth (Team Leader - Pharmacist), Freelance Pharmacy Lecturer, Standards Verifier, Assessor and Writer Catherine Davies, Freelance Education and Training provider Laura McEwen-Smith (Pharmacy Technician), Strategic Project lead, Pharmacy and Primary Care Development, Health Education England Fiona Barber (Lay Member), Independent Member, Leicester City Council
GPhC representative	Chris McKendrick, Quality Assurance Officer, GPhC
Rapporteur	Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde; Proprietor, Caldaran Research (Educational and Writing Services)

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in England, Scotland and Wales (the countries of Great Britain). In order to practise in Great Britain, pharmacists and pharmacy technicians must be registered with the GPhC and have satisfied us that they meet our detailed requirements. If you are a training provider or awarding body, you will need to follow the process set out **Standards for the initial education and training of pharmacy technicians, October 2017** to have your pharmacy technician competency and knowledge-based course/qualification approved by us.

The powers and obligations of the GPhC in relation to the recognition of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit:
<http://www.legislation.gov.uk/uksi/2010/231/contents/made>

Background

Council for Awards in Care, Health and Education (NCFE/CACHE) approached the GPhC with an application for recognition of a qualification to train pharmacy technicians. NCFE/CACHE has worked as part of a group of awarding organisations, facilitated by Skills for Health, and supported by Health Education England, throughout the development of this qualification. The development process included working closely with pharmacy technicians and pharmacists to design the learning outcomes, assessment criteria and indicative content, underpinned by an external consultation. A recognition event (Stage 1) relating to the GPhC learning outcomes was held on 11 April 2019. In line with the GPhC's standards for the initial education and training of pharmacy technicians October 2017 (integrated knowledge and competency), a further event (Stage 2) was scheduled for 24 April 2020 to review the NCFE/CACHE qualification's suitability for recognition; this event concentrated on the fulfilment of the GPhC accreditation and recognition standards and criteria and the awarding organisation's ability to deliver the qualification through their centre providers. Normally, in line with the GPhC's methodology for recognising awarding organisations delivering pharmacy technician qualifications, the event would have been held on site at the provider's head office to allow for the GPhC's recognition team to view the resources available. However, due to the coronavirus pandemic, the event was held by a SKYPE teleconference.

Documentation

Prior to the event, the awarding organisation submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the recognition team and it was deemed to be satisfactory to provide a basis for discussion.

Pre-visit

In advance of the main event, a pre-visit meeting took place by teleconference on 17 April 2020. The purpose of the pre-visit meeting was to prepare for the event, allow the GPhC and the awarding organisation to ask any questions or seek clarification, and to finalise arrangements for the event.

The event

The event began with a private meeting by teleconference of the recognition team and GPhC representatives on 24 April 2020. The remainder of the event took place by teleconference on 24 April 2020, and comprised a series of meetings with the awarding organisation staff involved in the design of the qualification.

Declarations of interest

There were no declarations of interest.

Key findings - Part 1: learning outcomes

During the Stage 1 event referred to above, the team reviewed all 53 learning outcomes relating to the pharmacy technician programme. The report to the Stage 1 event can be [found here](#). To gain additional assurance the team may test a sample of learning outcomes during the interim event with the awarding organisation when the qualification is operational.

Key findings - Part 2: Standards for the initial education and training

Standard 1: Selection and entry requirements

The team was satisfied that all of the four criteria relating to the selection and entry requirements are or will be met

It was explained that as selection processes will differ from centre to centre, the process has been standardised by amending the approval criteria to ensure that centres approved to offer the qualification adhere to the same selection and entry requirements. There are specific rules relating to selection processes and those involved in them. Selection of trainees will be effected by various sources, with most trainees probably entering the programme via NHS employer selection processes, for example, the NHS trusts, community pharmacies or GP practices. In England, trainees undertaking training via the apprenticeship route are also recruited by employers. Centres may support employers to identify suitable candidates for apprenticeships. Self-funding learners apply directly to the centres that will then organise work placements; the awarding organisation is not involved in this process. If trainees are selected by the employer

rather than the centre the employer must check that all those involved in selection must apply the selection criteria consistently, in an unbiased way and in line with relevant legislation. They should be trained to do this and training should include equality, diversity and inclusion. In addition, the employer must carry out the relevant health, academic, good character and general fitness to practise checks. Any employers that are unable to provide evidence of this will be deemed as unsuitable to provide work placements. The NCFE/CACHE-approved centres must evidence that they have a pharmacy fitness to practise policy and explain how it is being applied in the context of their trainees. Centres must also demonstrate that they have equality and diversity and admissions or enrolment policies and explain how these are used during the selection process. The team noted that although age, gender and ethnicity were considered as part of the equality, diversity and inclusion policy, other protected characteristics defined in the Equality Act (2010) were not specified; the providers' representatives agreed that this area could be strengthened and the GPhC team encouraged this. Centres must undertake a series of good character and health checks and must have evidenced to NCFE/CACHE that they have processes for this before being approved by NCFE/CACHE. The pharmacy centre approval team will be composed of pharmacy professionals trained in this qualification specifically and who are qualified in quality assurance. It will be at their discretion whether centres have met the selection criteria and are approved to deliver the qualification. Centres that have not selected their own learners due to employers undertaking this step will be required to provide evidence on behalf of the employers. The selection criteria require processes to be in place to check evidence of the pre-requisite qualifications and knowledge requirements outlined in the qualification specification, for good character checks, for checking the health of applicants, and for dealing with concerns over health or character. It is a requirement for trainees to be working in a pharmacy environment, or have secured a placement as a pre-registration trainee pharmacy technician, and be supervised by a GPhC-registered pharmacy professional. Continuous quality assurance processes require evidence of applicants having secured a place and registered with a course provider within 3 months, and of evidence of the work placement.

Standard 2: Equality, diversity and inclusion

The team was satisfied that all of the three criteria relating to the equality, diversity and inclusion requirements are or will be met

The submission documentation stated that equality and diversity is embedded into the design of the qualification and it is a requirement of the regulator Ofqual. NCFE/CACHE has an access arrangement and a reasonable adjustments policy to ensure that learners are not treated unfairly on grounds of any protected characteristics. The team was told that equality, diversity and inclusion is considered early in the development of courses, including writing course materials in unbiased language and ensuring that assessments are fair. Equality and diversity is embedded into the delivery of the qualification by mandating a policy for all centres and reviewing this during quality assurance visits. Again, the team noted that although age, gender and ethnicity were considered as part of the equality, diversity and inclusion policy, other protected characteristics defined in the Equality Act (2010) were not specified; the providers' representatives agreed that this area could be strengthened and the GPhC team encouraged this. Any required reasonable adjustments and special considerations will be discussed at quality assurance visits. Reasonable adjustments can be made to course delivery and assessment to

help those with specific needs to meet the learning outcomes. Trainees will attend college every week hence allowing personal face-to-face contact with teaching staff. In addition, there will be a review of trainee progress, via centre providers, every eight weeks allowing any issues related to equality, diversity and inclusion and any appropriate adjustments to be made. External Quality Assurers (EQAs) are employed by NCFE/CACHE and review such adjustment requests.

Standard 3: Management, resources and capacity

The team was satisfied that all of the seven criteria relating to the management, resources and capacity requirements are or will be met

NCFE/CACHE requires evidence from centres of clear roles and responsibilities, lines of accountability, defined structures for delivery of the qualification and processes for identifying risk. Centres are required to show the staffing structure for the delivery of the qualification, and evidence that staff responsibilities, authorities and accountabilities are clearly defined, allocated and understood. At the centre approval stage a planned programme of delivery and assessment for the qualification which meets the requirements of the specification is required. Centres must have formal workplace agreements in place and a work-based placement procedure. Risks must be monitored and checked during EQA visits. EQA visits will check to see if anything has changed, check learning agreements and check the centre's Internal Quality Assurance (IQA) Strategy. All centres will have a formal learning agreement in place covering all learning and training environments that is checked at EQA visits. Feedback must be used to evaluate the quality and effectiveness of qualification provision. It is a mandatory part of the approval criteria that centres have a complaints policy that is shared with learners as part of their induction, so that trainees are made aware of how to raise concerns about their course. The Qualification Specification stipulates that pharmacy professionals must be involved in the delivery of the qualification; this is checked at both approval stage and at EQA visits. Pharmacy professionals will be involved when the qualification undergoes a full content and assessment review in 2023. NCFE/CACHE's EQA team of pharmacy professionals will also be tasked with keeping up to date with any changes in the sector or the role that may affect the course content or delivery. The team observed that the EQAs would have a considerable role and responsibility. At the centre approval stage sufficiency of staff and their qualifications, and the GPhC-registration of all delivery staff are checked. It is a requirement that centres inform CACHE of any staffing changes. A staff induction and development process is also an approval requirement. The EQA will always check the quality and availability of centre learning resources at approval and then again during EQA visits. However, the provider's representatives were unable to define a level of sufficiency in terms of trainee/staff ratios and rather told the team that levels had to be adequate with contingency plans to cover sickness leave. The EQAs will check staffing levels, but the team was told that there is no set requirement and that the EQA will check that the staffing resource is appropriate for the delivery of the qualification. Similarly, the appropriateness of learning resources could not be defined by the provider, rather it will be for the EQA to make a judgement. The roles and responsibilities of the employer and the provider in supporting the trainee will be outlined in the workplace contract, which is a formal agreement approved at the centre approval stage. All learners will have a work-based supervising registrant who will need to follow the mandated GPhC guidance about how those involved in tutoring and mentoring trainee pharmacy technicians should behave. Learners should have regular opportunities to review their progress and goals, and receive regular verbal and written feedback after

assessment. Three-way learning agreements will be monitored early in the trainee's learning journey and meetings at eight-week intervals will identify any concerns or questions. There are quarterly reports and three to four employer meetings per year, allowing safeguarding issues to be dealt with promptly. It is a requirement at approval stage that centres demonstrate that learner developmental needs are matched against qualification requirements and individual assessment plans established.

Standard 4: Monitoring, review and evaluation

The team was satisfied that all of the five criteria relating to the monitoring, review and evaluation requirements are or will be met

The external quality assurance process includes a mandatory approval visit, rigorous checks at approval, a minimum of two further centre visits per year by EQAs, square root sampling of learner work at each visit, and annual standardisation sessions where EQAs ensure they are sampling work in the same way across different centres. The team questioned the reliance on square root sampling and the providers' representatives agreed that a wider range of methods of sampling of work would be utilised. Quality Monitoring data is collected from centre visits, phone calls, conversations with learners, reviewing paperwork, learner evidence and centre processes. All centres must show that they are monitoring, reviewing and evaluating their programmes systematically as part of their Internal Quality Assurance strategy. Minor amendments can be made quickly, but in addition there is a high-level annual portfolio review and a three-year full qualification review carried out by pharmacy professionals. EQAs will ask learners for their feedback whenever possible during EQA visits as indicated in the EQA visit templates. The team was told in the quality assurance meeting that EQAs must keep up to date with developments in the course via three-monthly reviews which will include learner and centre feedback. Collecting patient feedback with the combined purpose of the learner's personal development and potential course improvements is a requirement of delivery, checked during EQA visits. There is a fitness to practise process that will be implemented by all NCFE/CACHE colleagues involved in the relevant quality management of the qualification. It is a requirement that centres have a complaints policy and that this should be shared with learners as part of their induction; trainees are asked to meet with EQAs during centre visits so that NCFE/CACHE can gather learner feedback.

Standard 5: Course design and delivery

The team was satisfied that all of the ten criteria relating to the course design and delivery requirements are or will be met

The learning outcomes and assessment criteria map directly to the GPhC outcomes and have been signed off by GPhC at stage 1 of the recognition process. Centres will use the learning outcomes, the Qualification Specification, the Internal Assessment Tasks and the mandatory GPhC documents to design their own teaching and learning strategies, and their own courses which include knowledge, competence and work experience. The team was told that delivery is integrated as part of the qualification design agreed at stage 1 of this process. The EQA checking process ensures that each individual centre provider IQA process has regard to integrated strategies of the qualification as part of the GPhC requirements. Learners are required to understand professionalism for their role, including registration and revalidation as a pharmacy

technician. Personal development and reflection are embedded throughout the whole learning programme. Centres will develop their own teaching and learning strategies to allow for flexibility in delivery according to local provision. The scope of learning has been developed for each unit that details mandatory teaching and learning content providing assurance that all centres are delivering the same content across England and Wales. Similarly, the awarding organisations have developed a set of shared common assessment principles to assure that the qualification is being assessed in the same way across England and Wales. EQAs will sample work to check that all learning outcomes have been achieved. NCFE/CACHE has a number of subject specialists who are currently working in pharmacy education to support the maintenance of quality assurance. The use of the GPhC document Guidance on Tutoring and Supervising Pharmacy Professionals in Training by both centres and employers is checked at EQA visits along with patient safety and supervision requirements within learning agreements. It is recommended that units be delivered in a particular order to help mitigate circumstances where learners are expected to complete tasks in which they are not yet competent, and the skills units cannot be started before some of the knowledge units have been achieved. The learner must demonstrate that they meet the requirements of all of the units to pass the qualification with a minimum of three pieces of assessment evidence for each skills-based criterion to demonstrate consistency. The team was told that in the case of a patient safety issue arising, such unsafe practice would be regarded as a fitness to practise issue. This would be dealt with by the relevant centre's fitness to practise process, reporting back to NCFE/CACHE in the case of a serious issue within 36 hours. The provider indicated that it would keep in close touch with the relevant centre and report any issue to the regulator if appropriate. The team was told that reporting processes relating to patient safety issues must be in place with policies and standard operating procedures of which assessors and educational supervisors must be aware. The team was told that "whistleblowing" is part of the induction process and policy for trainees. Employers and centres can raise concerns via their own fitness to practise policies and learner agreements. This will be monitored by the EQAs and recorded as part of the EQA reports.

Standard 6: Course assessment

The team was satisfied that all of the ten criteria relating to the course assessment requirements are or will be met

The awarding organisations involved in the collaborative development have developed a set of common assessment principles covering the requirements for skills-based and knowledge-based units. Centres develop their own assessments based on these principles. There are three skills-based units which have additional assessment requirements detailed in the units. For two of these units, NCFE/CACHE has created specific assessment tasks for centres to utilise. The tasks aim to support delivery and standardise teaching and assessment of these units. The assessment principles outline the roles and responsibilities in the assessment process, which includes assessors, internal quality assurers, expert witnesses, external quality assurers, and co-ordinating and lead assessors. Marking criteria for internal assessments, verification of assessment decisions, appeals procedures and mapping to learning outcomes will happen at centre level. Centres are asked to provide examples of assessments during the approval process as a way of helping to assure consistency of assessment across centres. The qualification runs on a mastery model, in which all learning outcomes and assessment criteria must be achieved. The use of a mix of skills and knowledge units is designed to test the knowledge and competence

requirements that the learning outcomes set out. Evidence of the choice of assessment methods will be recorded in the planned programme of delivery and assessment as viewed at approval stage with assessment validity checked at approval and EQA visits. EQAs require evidence on how trainees are monitored and assessed throughout their training and that learners have regular opportunities to review progress and goals throughout their programme of learning. The formal workplace agreement at the approval stage will outline roles and responsibilities for assessment. A three-way agreement template between the learner, the employer, and the relevant centre will ensure that agreements are consistently communicated to all stakeholders. The centre and the employer will need to adhere to the roles and responsibilities set out in the assessment principles. NCFE/CACHE will employ a small team of regionally-based professional pharmacy EQAs tasked with the independent quality assurance and external validation of each centre's assessment processes; two such pharmacy EQAs attended the event. Learners will receive appropriate and timely feedback on their performance. Learners will be allowed a maximum of four weeks to complete each assessment. If the learner does not pass the assessment on the first attempt, they will be given a maximum of two further opportunities to re-take the assessment criteria that they failed on the first attempt; re-takes should be submitted within two weeks.

Standard 7: Pre-registration trainee pharmacy technician support and the learning experience

The team was satisfied that all of the seven criteria relating to pre-registration trainee pharmacy technician support and the learning experience requirements are or will be met

Centres are required to have a learner support policy including effective supervision, appropriate and realistic workload, personal and academic support, time to learn and access to resources. NCFE/CACHE requires evidence that centres are supporting learners through their learning journey. All those involved in the delivery, assessment or quality assurance must be pharmacy professionals so that pre-registration pharmacy technicians will have regular opportunities to meet with registrants. It is a requirement that pre-registration pharmacy technicians have access to members of a multi-disciplinary team and this is verified specifically during EQA visits. Centres must evidence their processes for providing regular feedback to learners and regular opportunities for them to review their progress. Centres must provide evidence at the approval stage that they give information, advice and guidance about qualification procedures and practices to learners. The team was told that there had never been an incident of trainees wishing or needing to raise a concern, but there is a Customer Compliance Unit within NCFE/CACHE that would deal with such an issue if brought to the awarding organisation. Centres would follow their own procedures. If the concern related to centre, this would be dealt with by the Customer Compliance Unit. Course providers are encouraged to obtain a declaration of workplace induction from employers as part of the work-based placement procedure. Employers are not empowered to sign off a learner; this will be done by the centres. However, employers may sign off some of the skills units and then support learners with evidence for the GPhC registration, but sign-off would be completed by delivery staff within the centre.

Appendix 1 - Standing conditions

The following are standing conditions of recognition and apply to all awarding organisations:

1. The record and report include other comments from the team and the provider/awarding body are required to take all comments into account as part of the accreditation/recognition process. The provider/awarding body must confirm to the GPhC that required amendments have been made.
2. The provider/awarding body must respond to the definitive version of the record and report within three months of receipt. The summary report, along with the provider's response, will be published on the GPhC's website for the duration of the accreditation/recognition period.
3. The provider/awarding body must seek approval from the GPhC for any substantial change (or proposed change) which is, or has the potential to be, material to the delivery of an accredited/recognised course/qualification. This includes, but is not limited to:
 - a. the content, structure or delivery of the accredited/recognised course/qualification;
 - b. ownership or management structure of the institution;
 - c. resources and/or funding;
 - d. trainee numbers and/or admissions policy;
 - e. changes/conditions imposed by qualification regulators;
 - f. any existing partnership, licensing or franchise agreement;
 - g. staff associated with the course.
4. The provider/awarding body must make trainees and potential trainees aware that successful completion of an accredited course or recognised qualification is not a guarantee of future employment as a pharmacy technician.
5. The provider/awarding body must make trainees and potential trainees aware of the existence and website address where they can view the GPhC's accreditation/recognition reports and the timescales for future accreditation/recognition events.
6. Whenever required to do so by the GPhC, providers/awarding bodies must give such information and assistance as the GPhC may reasonably require in connection with the exercise of its functions. Any information in relation to fulfilment of these standing conditions must be provided in a proactive and timely manner.

