



# The Pharmacists' Defence Association's Response to the General Pharmaceutical Council's Consultation on the Education and Training Requirements for Pharmacy Support Staff

August 2019

## About the Pharmacists' Defence Association

The Pharmacists' Defence Association (PDA) is a not-for-profit organisation which aims to act upon and support the needs of individual pharmacists and, when necessary, defend their reputation. It currently has more than 28,000 members. The PDA Union was inaugurated in May 2008 and achieved independent certification in 2011.

The PDA is the largest pharmacist membership organisation and the PDA Union is the only independent Trade Union exclusively for Pharmacists, in the UK.

The primary aims of the PDA are to:

- Support pharmacists in their legal, practice and employment needs
- Represent the individual or collective concerns of pharmacists in the most appropriate manner
- Proactively seek to influence the professional, practice and employment agenda to support members
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practices, so improving patient care
- Work with like-minded organisations to further improve the membership benefits to individual pharmacists
- Arrange insurance cover for individual pharmacists to safeguard and defend their reputation.

## Summary

The General Pharmaceutical Council is consulting on draft requirements for the education and training of pharmacy support staff other than pharmacy technicians.

The consultation runs from 5 July 2019 to 23 August 2019.

## Questions

*Amending exemptions to the requirements*

*Students on a MPharm or OSPAP programme and pre-registration pharmacist trainees are currently exempt from having to complete training when employed in a support staff role.*

*We think that all staff should be trained for the role they are in. For this reason, we are proposing to amend the exemption that automatically allows students on an MPharm or OSPAP programme and pre-registration pharmacist trainees to work as support staff without support staff training. We propose to introduce an additional safeguard by requiring them to undergo assessment of their further training needs.*

**Do you think we should introduce this additional safeguard for pharmacy students and pre-registration trainees and require them to undergo assessment of their further training needs if they are employed in support staff roles?**

Yes

**Please explain the reasons for your answer**

We agree that an assessment of further training needs would be helpful, but would qualify our views through the following recommendations.

**Recommendation**

Pharmacy students and pre-registration trainees should be required to undertake an assessment of their further training needs for the work they undertake in pharmacy.

This should be conducted by a pharmacist, not an employer (as is currently proposed in the guidance). Employers may be non-pharmacists and lack the skills and competencies needed to undertake a suitable professional assessment. Pharmacists could be expected to undertake the assessment in the best interest of patients, without the same profit objectives as pharmacy owners.

**Recommendation**

Pharmacy students and pre-registration trainees should not be regarded as “working in support staff roles” except in the case of pharmacy students who are directly employed as such, for example when undertaking evening/weekend work as dispensing assistants in pharmacy whilst studying for the MPharm degree. Otherwise, they have their own roles and work for an employer in order to learn and gain experience.

There should be no *mandatory* requirement for pre-registration trainees, or pharmacy students (whether directly employed in pharmacy support staff roles or not) to undertake the training normally done by those working in pharmacy support staff roles, for the reasons given by the GPhC in the consultation. However, such training may be necessary if identified as such during the assessment of further training needs.

### Recommendation

The GPhC should state what roles are covered by the term “pharmacy support staff”.

Otherwise it is likely to become a nebulous concept. It may lead to:

- insufficient structure in the pharmacy workforce. Medicines counter assistants currently provide a recruitment pipeline for dispensing assistants, who in turn provide a pipeline for pharmacy technicians. This effectively creates a career framework within those support staff roles (though we have expressed our views elsewhere that a further framework is needed for pharmacy technicians).
- a wide range of job titles, making it difficult for pharmacists, employers and others to assess a person’s competence or previous experience
- pre-registration trainees and pharmacy students being taken by some to come within the definition, meaning that they’re treated differently – as an “extra pair of hands”, for example, rather than as a learner
- an inaccurate portrayal of the staffing levels available to the pharmacy. If employers can include non-pharmacy/retail staff within the definition simply because they’re enrolled on a training course, even where they spend little or no time in the pharmacy, it could create a false impression of the available staffing levels.

The list of pharmacy support staff should include:

- Pharmacy technicians
- Dispensing assistants
- Medicines counter assistants
  - Delivery drivers

However, it is recognised that this guidance may not be applied to pharmacy technicians since they are regulated separately.

*Key areas of competence for pharmacy support staff*

*We have set out generic learning outcomes that would apply to staff working in any support role. The learning outcomes describe the generic skills that we would expect all support staff to gain from their training. We would also expect them to acquire the technical skills specific to their role through their training.*

**To what extent do you agree or disagree that these are appropriate learning outcomes for all pharmacy support roles? \***

Strongly disagree

**Please explain the reasons for your answer**

We take the view that the proposed learning ‘requirements for all support staff’ are appropriate in and of themselves, and we welcome them. They help to improve on the existing interim training requirements in various ways – for example by setting additional expectations and improving governance. However, they are insufficient on their own. The GPhC has made no distinction between different support staff roles, meaning that the outcomes lack the requisite specificity. Its current document “*minimum training requirements for unregistered pharmacy staff*” does distinguish between different roles – specifically Medicines Counter Assistants and Dispensing / Pharmacy Assistants. [1]

**Is there anything missing or that should be changed in any of the outcomes? \***

Yes

**Please describe any changes or omissions you have identified**

**Recommendation**

In addition to the learning outcomes which apply to all support staff, proposed in the consultation, the GPhC should retain additional specific requirements for named pharmacy support staff roles (which are a feature of its existing minimum training requirements).

**Recommendation**

The wording of part of learning outcome 6, *“Communicate effectively with... other health and social care professionals”* should be changed to *“Communicate effectively with... health and social care professionals”* to avoid the possibility that some may interpret this to mean that the GPhC believes that pharmacy support staff are health and social care professionals.

**Recommendation**

Learning outcomes 19 and 20 are almost the same, with the exception that outcome 19 includes the words *“Demonstrate effective team working”* appended to the end of it, without any punctuation and out of context to the other wording. It appears that that learning outcome 19 should merely state *“Demonstrate effective team working”* and that the other wording could be removed as it is duplicated in outcome 20. This should be reviewed.

*Revised and updated accreditation criteria*

*We accredit courses for support staff against criteria which set out how we expect such courses to be designed and delivered. We are proposing to use revised accreditation criteria in the future. This is because we think the existing criteria are no longer suitable and do not cover some key areas, such as equality, diversity and inclusion, or raising concerns. We have*

*set out our proposed new accreditation criteria in our draft education requirements document.*

**Considering the accreditation criteria in Part 2, to what extent do you agree or disagree that these are appropriate criteria for courses for pharmacy support staff? \***

Neither agree nor disagree

**Please describe the reasons for your answer**

We have already recommended that the GPhC should specify which named staff roles fall under the definition 'pharmacy support staff'. The GPhC's website includes a set of frequently asked questions about these proposed new requirements, which states, among other things, "*Our revised requirements recognise there are now several different support staff roles for which training will be required. **We have already accredited courses related to stock and delivery roles** and courses for staff working in a 'hub' pharmacy.*" [2] This appears to indicate that the GPhC will regard those in "delivery roles" as falling within the definition of 'pharmacy support staff'. Further, it states in the consultation document:

*"Our requirements are that:*

- **All staff involved in the dispensing and/or supply of medicines and devices at any stage of this process, including advising individuals about their use, must demonstrate the relevant knowledge, understanding, abilities and behaviours for these roles at RQF level 2/SVQ level 5 or a level accredited as equivalent to this.***

- These are defined as achieving the outcomes below. These outcomes may be demonstrated by successfully completing or working towards completing:*

- a nationally recognised pharmacy services qualification at RQF L2/SVQ L5*
- a course accredited by us as covering the required learning outcomes at a level equivalent to RQF L2/SVQ L5".*

It was recently reported that delivery drivers were involved in 5% of errors reported to the NPA, in the first three months of 2018. [3] There have been recent advertising campaigns by delivery service providers such as Royal Mail, offering to deliver prescriptions, and we are concerned about the safety implications of this; it needs stricter regulation.

#### **Recommendation**

It appears to us that the GPhC is proposing to include delivery drivers in the definition of 'pharmacy support staff' and would therefore require them to undertake a course at RQF Level 2 (e.g. an NVQ Level 2). We would welcome and support this development and believe it would improve patient safety if implemented.

Is there anything missing or that should be changed in any of the criteria? If so, please indicate which of the following: \*

**Criteria 1: Equality, diversity and inclusion** - No

**Criteria 2: Course curriculum Criteria** - No

**Criteria 3: Assessment** - No

**Criteria 4: Management, resources and capacity** - No

**Criteria 5: Quality management** - No

**Criteria 6: Supporting learners and the learning experience** - No

**Please describe any changes or omissions you have identified**

N/A

*Impact of the proposals*

*We want to understand:*

*What the impact of our proposals may be on patients and the public, support staff themselves, pharmacy students and pre-registration trainees, pharmacy professionals, employers and pharmacy owners, and;*

*whether our proposals may discriminate against or unintentionally disadvantage any individuals or groups sharing any of the protected characteristics in the Equality Act 2010*

**What kind of impact do you think the changes will have on: \***

**Pharmacy students** - Positive impact

**Pre-registration pharmacy trainees** - Positive impact

**Pharmacy professionals** – Both positive and negative impacts

**Patients and the public** – Both positive and negative impacts

**Pharmacy support staff** – Both positive and negative impacts

**Pharmacy owners and employers** – Both positive and negative impacts

**Please describe the reasons for your answers**

We take the view that the impact of an assessment of further training needs on pharmacy students and pre-registration trainees would be positive, if our recommendations are adopted (which relate to, for example, the importance of the pharmacist conducting it rather than the employer).

The impact on pharmacists, in our view, will be both positive and negative. Having pre-registration trainees and pharmacy students who are given better training to support their work could in turn have a positive impact on pharmacists – for the example through the ability to delegate with greater confidence. However, the GPhC has not named which roles will fall under the definition of ‘pharmacy support staff’, which could have the negative effects outlined in our response – such as a pipeline for pharmacy support staff roles. Subsequently, there would be an adverse effect on pharmacists. For the same reasons, the effect on patients and the public will be mixed.

The lack of a pipeline and structured career framework within pharmacy support staff roles caused by the decision not to name the roles which fall within the definition will have a negative impact on staff in those roles, including pharmacy technicians. However, as indicated elsewhere in our response, there are some positive aspects to the outcomes.

Finally, in terms of pharmacy owners and employers, we believe it will have positive and negative impacts. The requirement for delivery drivers to undertake RQF Level 2 training will strengthen their governance arrangements, though they may experience recruitment difficulties caused by the decision not to name the roles which fall within the definition of 'pharmacy support staff'.

**Do you think our proposals will have a positive or negative impact on certain individuals or groups who share any of the protected characteristics listed below? \***

**Age** - No impact

**Disability** - No impact

**Gender reassignment** - No impact

**Marriage and civil partnership** - No impact

**Pregnancy and maternity** - No impact

**Race** - No impact

**Religion or belief** - No impact

**Sex** - Both positive and negative impacts - No impact

**Sexual orientation** - No impact

**Please describe the reasons for your answers**

We selected 'no impact' for each protected characteristic except 'sex', for which we said 'Both positive and negative impacts'. This is on the basis of the effect on pharmacists and pharmacy support staff, the majority of which are female.

**Do you have any further comments on any aspect of our revised policy?**

Yes

**Recommendation**

The document states “*Pharmacy owners are responsible for meeting the Standards for registered pharmacists...*”

This is inaccurate in respect of owners who are non-pharmacists and as such needs to be revised.

**Recommendation**

The document refers to the GPhC’s ‘Guidance to ensure a safe and effective pharmacy team’ and states that pharmacy owners must only *preferably* make protected time available for learning and development for members of the pharmacy team. The GPhC must require pharmacy owners to provide mandatory protected time for learning and development for those undertaking GPhC-accredited training courses.

### Recommendation

The document refers to the GPhC's 'Guidance to ensure a safe and effective pharmacy team' and states that *"Support staff must be enrolled on a training course as soon as practical and within three months of commencing their role."*

Our view is that staff ought to be enrolled on a training course immediately once they start the role, or at the latest within 7 days of doing so. This would give patients and pharmacists confidence that the staff working in the pharmacy were undertaking appropriate training. This is important to all pharmacists but locums can face the additional challenge that they are unfamiliar with the other pharmacy staff – so it could be particularly helpful to them. Our view is that patient safety and the need to provide training and support to trainees at the outset is a higher priority than the recruitment objectives that employers may have (which may include, for example, to give trainees a three month "probationary period" in a pharmacy support staff role); any such objectives should be addressed through an effective approach to recruitment.

### Recommendation

The document refers to the GPhC's 'Standards for registered pharmacies' and states that the person supervising the training *"could be a registrant"* i.e. either a pharmacist or pharmacy technician, or *"another appropriately qualified or experienced individual"*.

The GPhC must require pharmacy support staff in training to be supervised by a pharmacist.

### Recommendation

Certain social media platforms, such as pharmacy-forum.co.uk, include the answers to assessments for pharmacy support staff courses. The answers have been shared by users on the platform and are available to others who are undertaking the same course, and some have been there since 2011. This includes courses for both dispensing assistants and pharmacy technicians. This may amount to cheating, collusion and/or plagiarism.

If the GPhC takes the view that it is not cheating and/or plagiarism, it should have no qualms about publishing or allowing others to publish a full set of model answers online.

However, if it takes the view that it does amount to cheating, collusion and/or plagiarism, the GPhC must investigate it. It must publish its findings, take appropriate steps to assure the safety of the public and provide assurances in that regard. This may include requiring all pharmacy support staff, including pharmacy technicians, who have undertaken the affected course(s) in the relevant time period to retake the assessments. Any potential conflicts of interest at the GPhC, in addressing such issues, would need to be managed carefully.

In March 2019, the PDA published a report on these issues in respect of pharmacy technicians.

The full report can be found here:

<https://www.the-pda.org/wp-content/uploads/FINAL-PT-Report-28-02-19.pdf>

Appendix D, which addresses potential cheating, collusion and plagiarism, can be found here:

<https://www.the-pda.org/wp-content/uploads/Appendices-19-09-2018.pdf>

Recent examples include:

<https://www.pharmacy-forum.co.uk/forum/student-section/student-chat/240775-level-3-technical-certificate-in-pharmaceutical-science-help-please>

<https://www.pharmacy-forum.co.uk/forum/general-information/cpd/240897-question>

# References

- [1] The General Pharmaceutical Council, "Interim policy on minimum training requirements for unregistered pharmacy staff," September 2018. [Online]. Available: [https://www.pharmacyregulation.org/sites/default/files/document/interim\\_policy\\_on\\_minimum\\_training\\_requirements\\_for\\_unregistered\\_pharmacy\\_staff\\_sept\\_2018\\_final.pdf](https://www.pharmacyregulation.org/sites/default/files/document/interim_policy_on_minimum_training_requirements_for_unregistered_pharmacy_staff_sept_2018_final.pdf).
- [2] The General Pharmaceutical Council, "Education and training requirements for pharmacy support staff - Frequently asked questions (FAQs)," [Online]. Available: <https://www.pharmacyregulation.org/education/education-training/requirements-pharmacy-support-staff-faqs>. [Accessed 2 August 2019].
- [3] "Delivery drivers involved in 5% of 'dispensing errors' over 3 months," Chemist and Druggist, 16 May 2018. [Online]. Available: <https://www.chemistanddruggist.co.uk/news/delivery-drivers-involved-5-dispensing-errors-over-3-months>.