



Association of Pharmacy Technicians United Kingdom

Association of Pharmacy Technicians United Kingdom (APTUK) response to the Skills for Health Consultation on the draft qualification units for Pharmacy Technicians.

The Association of Pharmacy Technicians UK (APTUK) is the professional leadership body for pharmacy technicians throughout in the United Kingdom. We are the only body that represents pharmacy technicians and all sectors of pharmacy in the UK. The APTUK, through strong, influential representative leadership, supports patient centred professionalism by encouraging in our membership, the attitudes and behaviours associated with outstanding healthcare professionals. We work on behalf of pharmacy technicians, championing and safeguarding the pharmacy technician profession, enhancing the education and scope of practice. To achieve our objectives and goals APTUK works closely and collaboratively with the other pharmacy organisations to help deliver professional excellence and identify the views of a range of pharmacy stakeholders in number of forums.

Pharmacy Technicians are healthcare professionals who are registered with the General Pharmaceutical Council (GPhC) for their license to practise. They are skilled professionals and essential members of the healthcare and pharmacy team, who broadly review, prepare, dispense, check, supply and issue a wide range and variety of medicines to patients. They also take an active role in providing patients with guidance on taking medicines and leading the dispensary team and operational services. As registered professionals, they are responsible and accountable for their own accurate and safe practice.

APTUK acknowledges that the roles of Pharmacy Technicians and that of other health care professionals need to evolve to meet the increased demands being placed on NHS services as outlined in the Five Year Forward View (FYFV), Medicines Value Programme and Community Pharmacy Forward View.

Pharmacy Technician education, training and development is fundamental to underpin the transformation and up-skilling of a large pharmacy technician workforce. It is essential to enable appropriate skill mix to support the infrastructure changes required to enhance the role of pharmacist clinicians and services across the sectors. The development of a new qualification which meets the GPhC Initial Education and Training Standards for Pharmacy Technicians is a key enabler to NHS and Pharmacy policy and must be 'fit for purpose' and 'fit for the future'.

APTUK sought the views of its members, the Board of Directors and the Professional Committee in collating the professional leadership body's response to the consultation on the development of the new qualification as below.

The consultation was open from 2nd July 2018 to noon on the 30th July 2018.

Unit 1 – Communication for Pharmacy Technicians	
Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?	No
Comments: This unit and ALL units require further development and clarity to clearly demonstrate how the knowledge and skills relate to the GPhC IETs learning outcomes and how these reflect the depth and breadth of the activities required for a newly qualified pharmacy technician on day 1 of practice. The complexity of the tasks and processes required to undertake the activities need to link with the Miller's Triangle level of competence and assessment stated. The assessment criteria needs to be more clearly defined and to be reflective of the preregistration trainee pharmacy technician's level of skills, knowledge and professional performance expected to allow consistent and accurate assessment of the learning. The current verbs used in the most of the learning outcomes and assessment criteria do not reflect the level of expected knowledge and performance of the practice required of a day 1 registrant. This particularly related to the qualification that is required to enable the required skill mix and service transformation in community and hospital	



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pharmacy supporting the Medicines Value Programme, Five Year Forward View and Community Pharmacy Forward View become a reality.

Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?

No

Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector.

General comment for all Units : There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required. The unit maps to IETs 6, 8, 16, 17, 19, 21, 26, 35, 49, and therefore there are learning outcomes in all 4 domains, patient centred care, professionalism, professional knowledge and skills and collaboration. The learning outcomes, although level 4 of Miller's competence & assessment hierarchy (does), indicate that the day 1 registrant can act independently in obtaining relevant information from patients/ carers and other healthcare professionals, adapt information and communicate the needs of an audience. However, assessment criteria in LOT 1 suggests numerous assessment criteria based on the registrant's ability to summarise non/verbal and verbal communication techniques and the importance of when to apply these. This is not sufficient for a day 1 technician who may be faced with patients with complex communication needs. The newly qualified pharmacy technician would need to be able to demonstrate that they can utilise their knowledge and adapt their consultation style to communicate effectively with the service user. Pharmacy technicians will also need to comply with all the legal requirements and work place processes that exist to record information and maintaining confidentiality that are relevant to their scope of practice, being able to clarify these is not adequate at this stage.

LOT 2; Be able to manage verbal and written communications within a team and externally with individuals and stakeholders. There is little reference to demonstrating effective team working and or communicating and working effectively with members of the multidisciplinary teams, IETs 49 and 50. In the 5Year Forward View it was recognised that pharmacy services needed to develop to support the wider NHS in service transformations, to meet the increasing demands being placed upon services. The introduction of Sustainable Transformation Plans (STPs), Integrated Care Partnership (ICP) Accountable Care Organisations (ACO) by their nature encourage multi-sector/multi - professional working partnerships. Therefore, greater emphasis must be placed on the pharmacy technician being able to demonstrate the benefits of team working as a base line to facilitate potential future working partnerships.

There is also no information provided as to how the day 1 technician will be assessed in the management of errors, from error identification, processes involved when dealing with errors such as incident reporting etc. How would a pharmacy technician manage a patient complaint? No indicative content or assessment criteria listed therefore in its current format the unit does not meet with IET standard 16.

IET 35 states that the pharmacy technician should be able to effectively use systems to support the safe supply of medicines. Further clarification is required around this and how this will be assessed.

Are there any gaps in the content?

Yes

What are the gaps?

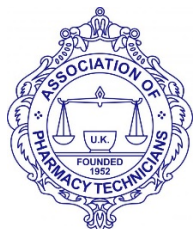
Included in previous information.

Not sure business communication is the right language- should this be healthcare environment? Also I feel establishing who the individual is the Pharmacy Technician will communicate with. There is a lot of focus about meeting their needs and adjusting communication but nothing about understanding the person in the first instance. PTs will come into contact with a diverse range of 'patients' 'customers' and individuals - some who will have additional needs, in particularly patients / carers who are elderly, may have dementia, mental health problems, etc. all who would have specific needs but you need to have some understanding of what these are before changing your approach.

16 - nothing in qualification on responding to errors.

19 - no demonstration of communication linked to leadership skills of a trainee.

26 and 35 - no evidence of these standards being covered.



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49 - no evidence of team working in this unit.
50 - no evidence of working as part of an MDT in this unit.
No demonstration of leadership skills at trainee level, no evidence of team working as part of an MDT.
Insufficient evidence to support use communication to respond to complaints etc. Limited understanding of own limitations and knowing when to refer.

Is there any content that should be removed?

Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units

How do you think this unit should be assessed?

Using a holistic, evidence based approach.
Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies.
Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.

General Comments:

Not sure whether business and administration is relevant.
The learning in the units do not support the tasks that would be carried out to enable that learning outcome to be achieved. Need to ensure this Day 1 pharmacy technician is fit for purpose. Consideration for further development is an awareness of all sector practice, may be challenging all sectors to achieve these outcomes. This could be a quality marker for setting cross-sector training.

Unit 2 – Governance and Quality Assurance for Pharmacy Technicians

Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?

No

Comments:

There is limited assessment of competence of applying the principles. It does not meet the detail in the IET. Governance needs to be brought into the modern context of professional and safe practice, professional decision making etc.

Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?

No

Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector.

General comment for all Units: There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required. This unit maps to IETs 47 and 48 in the Professional knowledge and skills domain pitched at level 3 of assessment and competency in the Miller Hierarchy triangle.
LOT 1 states the day 1 pharmacy technician should understand the purpose and context of strategic and local governance for pharmacy technicians, assessment criteria and indicative content are included within the section.
The learning outcomes, assessment and indicative content do meet the IET 47 and 48.
However, another IET is relevant to this unit, IET46; Apply the principles of clinical governance. The information presented in this unit does not cover this IET currently however, this would be most appropriate unit for this information and this does need to be included here.



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Are there any gaps in the content?	Yes
What are the gaps? Included in response above and this is missing basic understanding of quality systems. We are aware and note that 'Making Medicines' has been deliberately omitted as a unit, however day 1 pharmacy technician registrants need to understand at least, how medicines are made, licensed, brought to market and effectively governed; could this be incorporated as knowledge? This would also apply to the manufacture of extemporaneous medicines/products under Section 10, particularly related to formulae and calculations as this is defined as dispensing against a prescription for an individual patient.	
Is there any content that should be removed? Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units	
How do you think this unit should be assessed? Using a holistic, evidence based approach. Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies. Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report. 3.3 – Using reflect as an assessment criteria is liked, but will this be measured? As IET 46 should be linked to this unit and this is DOES; although this unit currently indicates there is no assessment of competence of the ability to apply the principles; it is mostly knowledge based, this needs to be reviewed.	
General Comments:	

Unit 3 – Personal Development for Pharmacy Technicians	
Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?	No
Comments: There is little evidence to support the assessment of IET 19. Demonstrate leadership skills within their scope as a trainee.	
Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?	No
Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector. General comment for all Units : There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency the detail of the mapped IET and NOS within different Units. A consistent approach is required. This unit maps to IETs 19,20,23,24 and 53 found within the professionalism and the collaboration domains and is pitched at level 4 (Does) within the Miller Hierarchy triangle of assessment and competency. Within all the learning outcomes the assessment criteria use knowledge verbs as per Blooms taxonomy models within the assessment criteria, for example, describe, comment, asses, outline which are low level verbs. However, this does not match with the language used in the IETS which uses higher level verbs such as demonstrate, recognise, prioritise etc. IET 23 requires the day 1 registrant to be able to 'Effectively use a variety of methods, including feedback, to regularly monitor and reflect on practice, skills and knowledge'. Currently this only appears to be covered in	



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1.1.5 and 2.3a which does not sufficiently cover the complexities of tasks and processes that would be used to judge and analyse feedback to give or the approach and style to use with a range of different recipients, i.e. effectiveness of human interactions. This knowledge and skills will be used to also carry out IET 20 'Recognise when their performance or the performance of others is putting people at risk and respond appropriately'. This is crucial to ensuring patient safety and the leadership role indicated in IET 19. Therefore, greater emphasis must be placed on the pharmacy technician being able to demonstrate applying risk assessment procedures to professional practice to evaluate whether the pharmacy service is safe both for their own practice and that of others particularly in the context of accurate supply of medicines and advice and information given on medicines.

The GPhC are clear that professionalism is at the centre of the standards for pharmacy professionals and indicate that trainees must demonstrate how professional attitudes and behaviours are carried out. The evidence guidance document procedure indicates that this judgement includes ethical and effective decision making, responding to errors and raising concerns. Thus the pre-registration trainee pharmacy technicians must be able to gain this experience during training and demonstrate this is practice.

Many of the qualification units focus on tasks that require effective decision making and problem solving skills and the learning to support this is absent from the whole qualification. This must be addressed. Assessment criteria within a number of units set out to assess the application of effective decision making but this appears not to be taught.

For example responsibility and accountability clearly links with IET 27 'Take personal responsibility for the legal, safe and efficient supply of medicines'

This unit needs further development to ensure all of the above is captured within the learning outcomes, assessment criteria and the indicative content.

Are there any gaps in the content?

Yes

What are the gaps?

Included in response above. NOS – There is no reference to which NOS are covered by this unit. Missing the whole bigger picture of being a registered professional within a multidisciplinary healthcare system.

LO3 is missing the indicative content on how to evaluate and the skills needed. LO3 contains knowledge verbs (outline, evaluate) in a competence learning outcome therefore not achievable.

LO4 no indicative content, why is this CPD not linked to requirements for re-validation?

Is there any content that should be removed?

Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units

How do you think this unit should be assessed?

Registrant to provide portfolio of evidence CPD log for assessment. Work based by including CPD entries as evidence, creating their own development plan using SMART objectives, regular one to one meetings with line manager to assess progress and by using the one to one paperwork as evidence.

Using a holistic, evidence based approach.

Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies.

Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.

General Comments:

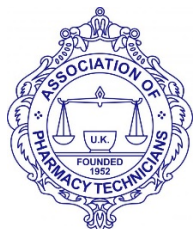
There needs to be more robust, comprehensive and larger focus within this unit of the Pharmacy Technician as a professional and linked to the Pharmacy Technician profession within the whole profession. Although professionalism is included in indicative content of other units this is in relation to those roles rather than the profession as a whole. For example this should include the behaviours and attitudes both in and out of the workplace, the accountability and responsibilities of the individual registrant and to the PT profession. There needs to be clearer and more transparent links with the GPhC regulatory standards for professionals in reflective practice to enable this to be taught and assessed consistently across all training providers. There also needs to be emphasising on contributing to the development of the profession for example by,



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professional leadership and activities to demonstrate this, eg contributing to professional discussions and networks, participating in consultations etc. There should be from the outset a focus on 'want to instil a sense of belonging to the profession.
This unit requires a rewrite

Unit 4 – Health and Safety for Pharmacy Technicians	
Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?	No
Comments: Difficult to see the competence being covered here and knowledge verbs often used to assess competence, which cannot be achieved.	
Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?	No
Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector. <p>General comment for all Units : There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency the detail of the mapped IET and NOS within different Units. A consistent approach is required. This unit maps to IETs 18, 43, 44 and 48 covering the professionalism and professional Knowledge and skills domains. In terms of Millers Hierarchy triangle, the LOTs are set at level 3 – know how. IET 43 is not met by this unit as there is no information within the assessment criteria for any of the LOTs that demonstrates the registrant has gained any knowledge, to demonstrate they can safely and legally dispose of medicines and other pharmaceutical products. There are different processes involved in the safe destruction of several types of medication and this knowledge is required for a day 1 pharmacy technician.</p> <p>LOT 2 suggests a list of possible areas where risk assessments may be required, however this should also extend to the pharmacy technicians working environment and the equipment being used.</p> <p>IET 44 states that registrants should be able to respond appropriately to medical emergencies including first aid. Although learning outcome 3 does include some information relating to how emergencies should be dealt with there is no mention of first aid and how this learning will be delivered, and to what level this needs to be taught.</p> <p>Again, this unit shows no reference to any NOS.</p>	
Are there any gaps in the content?	Yes
What are the gaps? <p>These standards have been lifted from a Level 2 Award. Needs slightly higher level and to incorporate common work place assessment for safe working practice.</p> <p>Included in response above plus very narrow range, the broadness of health and safety and responsibilities needs to be included and the level required for the role . I.e. risk assessments- what happens if this goes wrong- reporting errors and critical incidence? Needs to include hazardous and high risk medicines.</p> <p>No assessment of disposing of meds legally and safely. No assessment of trainees taking responsibility for themselves or following up concerns.</p> <p>There is no evidence of knowledge or competence for first aid.</p>	
Is there any content that should be removed?	



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Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units

How do you think this unit should be assessed?

Registrant to complete a first aid course, once content added.

Using a holistic, evidence based approach.

Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies.

Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.

General Comments:

The Health and safety unit should be continually assessed and demonstrated throughout the qualification.

Unit 5 – Person Centred Care for Pharmacy Technicians

Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?

No

Comments:

More availability of sources needs to be added.

Covers only most basic communications training and not person-centred care. There was no indicative content given on consultation to show coverage of a particular topic, the underpinning knowledge wasn't very clear. Not enough content for a Pharmacy Technician to be able to do it well.

Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?

No

Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector.

General comment for all Units: There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency the detail of the mapped IET and NOS within different Units. A consistent approach is required. This unit maps to IETs 1,3,4,7, 12 and 16 covering the person-centred care and professionalism domains. The LOTs are set at level 4 – Does- of the Millers Hierarchy triangle. There are 9 LOTs within this unit and again the low levels of verbs used as per Blooms Taxonomy do not meet the level of those expressed in the IETs. Verbs such as summarise, explain, support, establish are knowledge-based verbs as opposed to competency-based verbs detailed in the IETS, e.g. Involve, recognise, respond etc.

There is no evidence presented in this unit to show how the pharmacy technician responds effectively to complaints, incidents and errors in a way that demonstrates patient- centred care. Therefore IET 16 is not met by the information provided within the unit. It is very difficult to see what the LOTs and assessment criteria relate to as there is no indicative content to support this.

Patient centred care is subjective, a pharmacy technician practising within their first days will need to interact with patients and adapt communication style effectively, it is not sufficient for pharmacy technicians to simply explain and describe factors which affect patient centred care.

From all the LOTs in this unit it is not clear what the pharmacy technician is expected to do at day 1 regarding proposed content being taught.

NOS reference Pharm 31 is not met as there are no LOTs, that demonstrate they have confirmed the suitability of an individual's medicines for use and ensure sufficient supply.

Are there any gaps in the content?

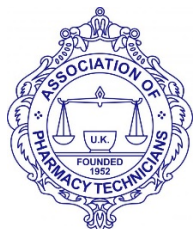
Yes



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What are the gaps? Included in response above. With no indicative content, it isn't clear to see it covers the IET fully. No indicative content listed – could ref to HEE framework https://www.hee.nhs.uk/our-work/person-centred-care	
Is there any content that should be removed? Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units	
How do you think this unit should be assessed? A lot of the content would be covered while assessing other units (e.g. units 9, 10 & 13). To cover gaps not addressed via these units consider scenarios or questions. Using a holistic, evidence based approach. Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies. Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.	
General Comments: Whole unit needs to be reviewed for more depth/breath- this needs linking to healthcare policy and the philosophy of person centred care.	

Unit 6 – Principles of Health Promotions and Well-being in a Pharmacy Service	
Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?	No
Comments: With no indicative content described it is difficult to see what would be taught!	
Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?	No
Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector. General comment for all Units: There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency the detail of the mapped IET and NOS within different Units. A consistent approach is required. The unit maps to the IET Learning Outcome & 11 that sit within the person centred care domain. The learning outcomes, although level 2 of Miller's competence & assessment hierarchy (Knows How), indicate that the day 1 registrant can effectively promote, using available resources & evidence techniques (LO 10) healthy lifestyles by providing advice and recommending screening and healthcare initiatives to the public. To enable this the day 1 registrant will need to discover, collect, compare, contrast, analyse, critique, assess, judge and justify the information that is to given to a range of different patients and the public for effective health outcomes requiring changes in behaviour. It is not sufficient to merely understand the principles of health and well-being, it requires the registrant to inform and provide a range of options based on the person's whole being and lifestyle. This unit should reflect the analysis and judgements required to make	



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effective decisions on the information to give, whilst also making recommendations and how to provide that information. This requires the registrant to evaluate a range of options and they must be able to know how to do this. Therefore the learning outcomes need reviewing and the assessment criteria adjusted accordingly. This unit is not even near the knowledge and performance criteria required of that set out in the NOS HT2, PHP13, PHP14, PHP15, PHP16 which provide the substance for the GPhC IET LOs 10 | & 11

Are there any gaps in the content?

Yes

What are the gaps?

As previous plus there is no indicative content listed so it is difficult to judge what the learning outcomes and assessment criteria relate to or to evaluate the intentions. The indicative content needs to reflect the knowledge and understanding within all the NOS listed above such as the following sample from PHP14 as an example (these are just a few):

1. the social construction of health and illness and how this affects people's perceptions
2. a working knowledge the kinds of misinformation which people receive about health and wellbeing and how this can be counteracted
3. the stressors to health and wellbeing: biological; chemical; physical; social; psychosocial
4. inequality and discrimination and their impact on health and wellbeing, and how to recognise and address inequality and discrimination in the context of Human Rights legislation
5. risks to health and wellbeing - avoidable, relative and absolute
6. the concepts, principles and models for promoting health and wellbeing (such as those within WHO agreements)- understanding and application

It is absolutely unclear where this detail and breadth of knowledge is covered in this unit. This cannot be assessed through simply defining and describing health and well-being. This unit underpins the healthcare practice for preventing ill health and supporting patients and the public to self-manage plus use community pharmacy as outlined in all UK countries health policies e.g 5 year forward view and next steps/Public Health England etc and therefore commands the healthcare knowledge for registered front line staff to deliver this.

Unit 6- many knowledge gaps - the whole unit needs a clear review against the NOS related to it. It is understood that some knowledge may link into other units and duplication is to be avoided. However the context and application of the knowledge is crucial.

Is there any content that should be removed?

Answer to previous question- re content to remove: Unit 6- it's difficult to answer this question as there is no indicative content listed but from the review against the related NOS and IET.

How do you think this unit should be assessed?

Using a holistic, evidence based approach.

Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies.

Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.

This unit links to the IETs 10/11 which are Knows How, and therefore it could be tested with essays, scenario based questions and short answer questions and/or under examination conditions. This should not be tested with MCQs

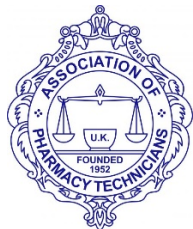
General Comments:

Unit needs more context, review of the verbs/language and more about patients/life styles- there should be more about the how and impacts- need to relate to the why- social health etc. impact of ill health in society, long term conditions, effect on NHS, - needs a lot more included. Poor unit and not of the standard required.



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Unit 7 – Provide an effective and responsive Pharmacy Service	
Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?	No
Comments: Lots of duplication with the communications unit.	
Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?	No
Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector. <p>General comment for all Units: There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required. The unit maps to the IET Learning Outcomes 3, 4 & 26 that sit within the person centred domain. The learning outcomes are level 4 of Miller's competence & assessment hierarchy (Does), indicate that the day 1 registrant can effectively assess a patient's needs, develop a strategy for communicating with them whilst judging how this would provide the best outcomes to help their life style choices, and/or compliance with their medicines or products, either on prescription or over the counter.</p> <p>To enable this the day 1 registrant will need to assess the patient's needs by analysing the use of questions and communication, collecting, comparing and contrasting, modifying the conversation and judging and justifying the information that is to be given to a range of different patients and the. It is not sufficient to merely identifying the patients' needs and options, it requires the registrant to inform and provide a range of options based on the person's whole being, needs and lifestyle.</p> <p>This unit should reflect the analysis and judgements required to make effective decisions on the information to give, whilst also making recommendations and how to provide that information. It should also reflect the day 1 role of a professional registrant in solving patient's queries, questions and dissatisfaction that are within their scope of practice. All strategies for resolving conflicts, complaints and dissatisfaction rely on being able to appraise, analyse, compute, compose and reconstruct and revise the service for patient.</p> <p>This unit should reflect the analysis and judgements required to make effective decisions on the service provision, whilst also making recommendations for better outcomes which may also require the registrant to defend and justify unpopular decisions chosen. The IETs related to this unit are set at DOES and indicate this is in complex situations as well as familiar and everyday practice. This requires the registrant to evaluate a range of options and they must be able to demonstrate doing this in practice. Therefore the learning outcomes need reviewing to reflect the activities and role to meet the IETs.</p> <p>The unit indicates that it refers to NOS Pharm 2 and 10. Pharm 10 refers to issuing prescribed items. Thus it is critical that the day 1 registrant can provide a service that links with the principles of medicines optimisation and in the event that the patients' needs or concerns cannot be met, give a clear explanation to individuals, a good example of this is the supply of medicines and any issues with stock shortages.</p>	
Are there any gaps in the content?	Yes
What are the gaps? This is a better unit but the learning outcome descriptors need adjusting to relate to the DOES requirement of the IET and the learning outcomes. It requires more than merely from the outset identifying patients' needs. Effective decision making and problem solving strategies	
Is there any content that should be removed? Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units	



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How do you think this unit should be assessed?

Using a holistic, evidence based approach.

Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies.

Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.

This unit links to the IETs 3/4/26 which are DOES, and therefore it requires the trainee to demonstrate this in practice by acting independently, consistently, reliably and repeatedly. Therefore it could be tested by observation and portfolio evidence over a period of time.

General Comments:

Unit appears to repeat the current unit, however it needs to focus on my use of own judgement rather than referral always being the option. Nothing about recording and follow ups, or about communication with patients if something has gone wrong. Use of language 'patients being dealt with', need to be careful and conscious on how we are treating people. Needs updating and modernising in to providing better experience.

Unit 8 – Order, receive, maintain and supply stock

Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?

No

Comments:

There is no competence being assessed in this unit, therefore it doesn't meet the IET standard. It is just knowledge and competence is not assessed. The knowledge requirements are extremely low level and I doubt this would be more than a level 1 unit.

Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?

No

Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector.

General comment for all Units: There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency the detail of the mapped IET and NOS within different Units. A consistent approach is required. For a knowledge only unit the assessment criteria are very task specific rather than an overall principle driven knowledge of the pharmacy supply chain and its impact on practice. For this level should there be more focus on problem solving, contacts, procurement, automation, policy, dealing with more complex stocks such as unlicensed medicines/off label etc.

Are there any gaps in the content?

Yes

What are the gaps?

Missing handling hazardous medicines

Is there any content that should be removed?

Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units



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How do you think this unit should be assessed?

The sheer volume of knowledge criteria being assessed here is unworkable. It needs to be condensed and higher order criteria used to reach a suitable level for a registered professional on Day 1. This unit requires a total re-write.

As it currently stands it is a stream of knowledge and understanding only and all at a low level. Therefore it is feasible to assume it can be assessed though some sort of written test / exam. It is a totally unsuitable unit though and therefore this answer is irrelevant.

General Comments:

In Scotland knowledge content for all included 3 NOS included however PTPTs only required performing ordering of stock as felt receiving and maintaining a role carried out by PSWs.

Unit 9 – Assess the suitability of an individual's own medicines

Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?

No

Comments:

The unit maps to IETs 17, 27, 30, 32 and therefore there are learning outcomes in the professionalism and professional knowledge and skills domains. The learning outcomes are all at level 4 of Miller's competence & assessment hierarchy (does), and indicate that the day 1 registrant can act independently and consistently when assessing a patient's medicines suitability for continued use.

It is unclear how IET 27 'Take personal responsibility for the legal, safe and efficient supply of medicines' would be assessed as this would require application of IET 17 Use information to make effective decisions. Although this is covered in physical tasks the process of making an effective decision is not sufficient covered elsewhere as already fed back and indicated in Unit 3.

It is imperative that this can be assured throughout as this links with a number of units and tasks and specifically taking responsibility for safe supply of medicines and this patient safety.

Decision making is not just about selecting the right choices or compromises, it requires collecting, organising, comparing and choosing to make a judgement. Effective decision making can be defined as the process through which alternatives are selected and then managed through implementation to achieve objectives. Thus there is a sequence of cognitive steps to go through that need to be reflected in the assessment criteria level. The day 1 resistant will have a key role within the supply of medicines and the cognitive process of decision making needs to be assured and assessed appropriately.

GDPR – use a broader term around data security and authority/permissions

Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?

No

Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector.

General comment for all Units: There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency the detail of the mapped IET and NOS within different Units. A consistent approach is required. Unsure of how a PT in Community Pharmacy could apply this unit in its entirety

Are there any gaps in the content?

Yes

What are the gaps?

Nothing about limitation own role and when to refer.
Effective decision making



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Is there any content that should be removed?

The legislation shouldn't be named and should just refer to "current" and give examples otherwise it can become obsolete very quickly.

GDPR is not the name of the legislation. Do not use acronyms with no explanation.

How do you think this unit should be assessed?

Using a holistic, evidence based approach.

Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies.

Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.

General Comments:

Consideration for further development is an awareness of all sector practice, may be challenging for all sectors to achieve these outcomes. This could be a quality marker for setting cross-sector training.

Unit 10 – Retrieve and reconcile information about medicines

Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?

No

Comments:

IET 5 is not assessed here at all.

IET 42 requires a change in the wording in LO2 2.3 to indicate this is about "adverse drug reactions" if this IET is to be met.

The unit maps to IETs 2, 5, 14, 31, 42 and therefore there are learning outcomes in the patient centred care, professionalism and professional knowledge and skills domains. One would argue that this also links to LO 53. The learning outcomes are all at level 4 of Miller's competence & assessment hierarchy (does), and indicate that the day 1 registrant can act independently and consistently work in partnership with the patient, the Pharmacy team and the wider multidisciplinary team. Therefore this intrinsically links with unit 1: communication which is not sufficiently assessed at the level of complexity required to carry out the tasks required in this unit. Throughout a number of units the consultation skills required of a day 1 pharmacy technician registrant are missing.

As in Unit 9 the cognitive decision making skills required for this task are not reflected in the level of assessment that is required for the assessment criteria.

AC 2.2 suggests 'classifications of drugs' this really refers to different types of medicines described for specific conditions. Classification of drugs usually refers to the legal status- ie GSL, P, POMs

Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?

No

Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector.

General comment for all Units: There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency the detail of the mapped IET and NOS within different Units. A consistent approach is required. Some issues raised that aspects of the task in the NOS cannot be undertaken now that electronic medicine charts are in place.

Are there any gaps in the content?

Yes



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What are the gaps?	<p>Not enough around understanding the patient, talking to them, understanding what matters to them and what are their concerns about medicines.</p> <p>Consultation skills</p> <p>Effective decision making and problem solving skills</p>
Is there any content that should be removed?	<p>Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units</p>
How do you think this unit should be assessed?	<p>LO 4.2 what is meant by "validate" in this instance? and how can "critically analyse" be assessed as competence?</p> <p>Using a holistic, evidence based approach.</p> <p>Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies.</p> <p>Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.</p>
General Comments:	<p>Consideration for further development is an awareness of all sector practice, may be challenging for all sectors to achieve these outcomes. This could be a quality marker for setting cross-sector training</p>

Unit 11 – Assemble and check dispensed medicines and products	
Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?	No
Comments:	
Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?	No
<p>Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector.</p> <p>General comment for all Units: There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required.</p> <p>The unit maps to the IET Learning Outcomes 14, 27, 36, & 40 that sit within the professionalism and professional knowledge and skills domains. The learning outcomes are all level 4 of Miller's competence & assessment hierarchy (Does) and indicate that the day 1 registrant can effectively interpret and accurately operate the assembly and accuracy check of dispensed items and products.</p> <p>To enable this the day 1 registrant will need to collect, analyse, assess the information on the prescription or order and prepare and generate a label and collect and assemble the medicines accurately synthesising all of the information available. This requires application of knowledge from a range of information including legislation, policies and procedures. It is not sufficient to merely understand the principles and knowledge behind these activities, it is crucial that the day 1 registrant examines the information from a range of sources, analyses this and applies it to practice.</p>	



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The application of knowledge required to carry out the assembly activities includes the details required on a prescription and why they are necessary, the range of medicinal products that may be dispensed on each type of form and reasons for limitations, the prescribing conventions, abbreviations and medical terminology, dosage forms and their properties and use, how medicines are administered, their use and the effect they have on basic human physiology, different strengths, forms, doses and quantities of medicines and why they are used, the actions and use of drugs including different drug interactions and contra-indications, as well use of the patient medication records.

This unit should reflect the analysis and judgements required to accurately produce a label and assemble a medicine appropriate for a patient. Therefore the learning outcomes need reviewing and learning outcomes and the assessment criteria adjusted accordingly.

This unit also includes the accuracy check of medicines and products dispensed by others which involves synthesising, evaluating and applying another set of skills and knowledge as well as taking personal responsibility for the legal, safe and efficient supply of medicines.

This further supports that the learning outcomes need reviewing and learning outcomes, assessment criteria and the depth and breadth of the indicative content be adjusted accordingly to fully reflect the role, responsibility and professional accountability applied.

Are there any gaps in the content?

Yes

What are the gaps?

This is more connected to the descriptions of the learning outcomes and assessment criteria rather than the actual content.

It is also crucial that this unit is clear how it links back to the NOS Pharm 28 that clearly indicates this is referring to a final accuracy check. This is crucial for the profession as the GPhC IETs, although indicated this is the meaning of the learning outcomes, have still not made this crystal clear.

Is there any content that should be removed?

Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units

How do you think this unit should be assessed?

This unit links to the IETs 314, 27, 36, & 40 which are DOES descriptors, and therefore it requires the trainee to demonstrate this in practice by acting independently, consistently, reliably and repeatedly. Therefore it could be tested by observation and portfolio evidence over a period of time. Also professional discussion would be an invaluable method to test the professional aspects of this unit. The unit reflects a range of activities and this presents a challenge and it would be beneficial to reflect on the assessment criteria carefully in reviewing the assessment methodology and how the crucial knowledge is tested in practice.

Validation - observation or statement

Dispensing - observation, set number of items/range

Final accuracy check - observation, set number of items/range

Errors - personal statement/reflective report

General Comments:

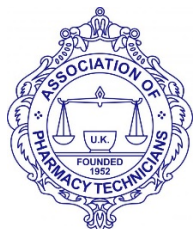
LO 4 concerns accuracy checking of items produced by others and as such is an independent activity. This unit appears to be mixing up the dispensing, self-checking your own dispensing and then a few criteria on 'final' accuracy checking will lead to confusion and is a huge risk for patient safety. There should be a separate unit on 'final' or independent accuracy checking and not added in as what appears to be an afterthought as here. This should clearly link to NOS Pharm 28 to link coherently with the GPhC IETs

Unit 12 – Receive Prescriptions



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Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?	No
Comments: This unit does not appear to have reflected on the many ways that prescriptions can be received, i.e. EPS and therefore LO requires a review to ensure the assessment criteria is written generically enough to be achievable i.e. 2.1- the individual may not be physically in the pharmacy- however some pharmacies have processes for telephoning the patients to discuss the repeat or acute supply	
Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?	No
Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector. General comment for all Units : There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required. Nothing on taking payments - is just on validation. This should be a knowledge rather than a competence unit as not all sectors will be able to undertake this in practice. i.e. could secondary care?? Is this ready for the future roles of technicians?	
Are there any gaps in the content?	Yes
What are the gaps? Payments for prescriptions and exemptions. Allergy status checking. Stock availability	
Is there any content that should be removed? Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units	
How do you think this unit should be assessed? Using a holistic, evidence based approach. Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies. Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.	
General Comments: In Scotland removed performance for receiving prescriptions as PSW role. Knowledge is still covered. However, this unit also refers to validating the prescription and its appropriateness The terminology used in this unit within the indicative content to refer to current legislation is good! Model this in other units rather than naming Acts of parliament which may be obsolete when this comes out.	



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Unit 13 – Issue prescribed items	
Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?	No
Comments: Not sure all sectors could complete this unit. Don't feel it is future-proofed for extended roles. This unit should also be cognisant of the introduction of the Falsified Medicines Directive and the change of processes that this might bring and of the use of technology and different ways that patients collect their prescriptions.	
Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?	No
Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector. General comment for all Units : There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required. Strengthen consultation skills. Not updated from previous qualification, has nothing changed in issuing Rx since that was developed? Will nothing change in the future on this?	
Are there any gaps in the content?	Yes
What are the gaps? Allergy status checking.	
Is there any content that should be removed? Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units	
How do you think this unit should be assessed? Using a holistic, evidence based approach. Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies. Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.	
General Comments: No real changes from the previous qualification. Therefore not moving forward and no planning for the future.	

Unit 14 – Chemical Principles for Pharmacy Technicians	
Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?	No
Comments:	



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Referenced to IET standard 41 (Accurately perform pharmaceutical calculations to ensure the safety of people) – this is a “does” IET standard defined as acting independently and consistently repeatedly and reliably – not “shows how” defined as demonstrate in simulation or real life. Only underpinning knowledge verbs used in the criteria.

Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?

No

Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector.

General comment for all Units : There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required.

Many elements covered are level 2, learners will have studied the underpinning knowledge principles of chemistry at GCSE level. This unit needs to be applied to pharmacy.

Unable to interpret the NOS, to be referencing against them.

Are there any gaps in the content?

Yes

What are the gaps?

Has calculations for formulae but there is no basic knowledge about formulae etc.- there should be something

Is there any content that should be removed?

Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units

How do you think this unit should be assessed?

Using a holistic, evidence based approach.

Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies.

Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.

If level 3 by examination.

General Comments:

A prior learning method is needed for the science units to enable those with prior knowledge to move on quickly. Science needs to be applied to pharmacy.

Unit 15 – Biological Principles for Pharmacy Technicians

Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?

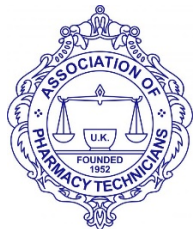
No

Comments:

Level 2

Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?

No



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<p>Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector.</p> <p>General comment for all Units: There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required.</p> <p>Needs re-writing to a level 3 or higher. This should build on GCSE with the entry requirements being a GCSE in science at grade 4 or higher.</p> <p>Experts in biology need consulting to review areas for improvement with the current qualification and then this needs implementing.</p>	
<p>Are there any gaps in the content?</p>	<p>Yes</p>
<p>What are the gaps?</p>	
<p>Is there any content that should be removed?</p> <p>Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units</p>	
<p>How do you think this unit should be assessed?</p> <p>Using a holistic, evidence based approach.</p> <p>Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies.</p> <p>Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.</p>	
<p>General Comments:</p>	

<p>Unit 16 – Microbiology for Pharmacy Technicians</p>	
<p>Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?</p>	<p>No</p>
<p>Comments:</p> <p>Only the assessment method will cover IET 10 , not sure how IET 3 and 4 could be achieved here</p>	
<p>Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?</p>	<p>No</p>
<p>Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector.</p> <p>General comment for all Units: There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required.</p> <p>Is this UPK gained at GCSE level? What level will this unit be? Could this be linked to Unit 18? Concise unit understanding actions, medicines and their use and how chemistry, microbiology and biology influences pharmacy?</p> <p>How is GPhC standard 37 and 38 covered in this unit?</p>	



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Only the assessment method will cover IET 10 and I'm not sure how IET 3 and 4 could be achieved here	
Are there any gaps in the content?	Yes
What are the gaps? There is a huge missed opportunity to link to AMR in this unit and discuss that in more detail. There is little change, if any to the current qualification.	
Is there any content that should be removed? Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units	
How do you think this unit should be assessed? Formal written assessment/report Practical application and examination.	
General Comments:	

Unit 17 – Human Physiology for Pharmacy Technicians	
Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?	No
Comments: General comment for all Units: There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required. Link to units 19-25 to cover NOS and IET standards Should be linked to Action and Uses units.	
Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?	No
Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector.	
Are there any gaps in the content?	Yes
What are the gaps?	
Is there any content that should be removed? Remove this unit and embed into the action and uses units.	
How do you think this unit should be assessed? Practical experimentation and examination. Ideally remove this unit and embed the content into each appropriate action and uses unit so it can be assessed within there.	
General Comments:	



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Unit 18 – Action and Uses of Medicines	
Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?	No
Comments: Medicines management is not the correct terminology to use now- medicines optimisation is the terminology in England	
Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?	No
Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector. General comment for all Units : There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required. The above units link with Unit 18 providing clear NOS and IET standards relating chemistry, biology and microbiology to pharmacy. This unit should be integrated in to Unit 19-25 to collaborate the LO and AC, covering a varied number of NOS and IET standards Referenced to IET standard 28 (Understand the basic principles of biology, microbiology, physiology and chemistry) only so UPK verbs are appropriate – NOS not listed though not sure if performance criteria or appropriate or not? It isn't up to date. Has it changed from the current qualification? Where are genomics and gene therapy? It isn't future-proofed. Need to use words as pharmacology, pharmacodynamics and pharmacokinetics – Pharmacy Technicians should be aware of these terminology and not just Action and Use	
Are there any gaps in the content?	Yes
What are the gaps? It isn't up to date. Has it changed from the current qualification? Where are genomics and gene therapy? It isn't future-proofed.	
Is there any content that should be removed? Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units	
How do you think this unit should be assessed? Formal written assessment/report/case studies Though case studies and written work.	
General Comments: Need to use words as pharmacology, pharmacodynamics and pharmacokinetics – Pharmacy Technicians should be aware of these terminology and not just Action and Use	

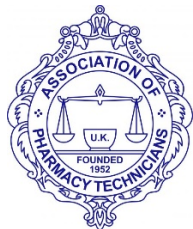


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Unit 19 – GI and Nutritional Medicines	
Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?	No
Comments: This is a knowledge unit and therefore IET 30, 31 and 32 are not being assessed as competence.	
Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?	No
Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector. General comment for all Units: There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required.	
Are there any gaps in the content?	Yes
What are the gaps? Add in some competence if it needs to link to IET 30, 31 and 32. TPN should be discussed in GI meds.	
Is there any content that should be removed? Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units	
How do you think this unit should be assessed? Using a holistic, evidence based approach. Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies. Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.	
General Comments:	

Unit 20 – Cardio-respiratory Medicines	
Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?	No
Comments: Knowledge unit and therefore doesn't meet IET 30-32	
Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?	No



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Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector.

General comment for all Units: There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required.

Are there any gaps in the content?

No

What are the gaps?

Is there any content that should be removed?

Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units

How do you think this unit should be assessed?

Using a holistic, evidence based approach.

Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies.

Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.

General Comments:

LO3 is knowledge and 3.3 is a competence assessment criteria. This needs moving into a competence section or changing.

Unit 20 – Cardio-respiratory Medicines

Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?

No

Comments:

Knowledge unit and therefore doesn't meet IET 30-32

Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?

No

Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector.

General comment for all Units : There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required.

Are there any gaps in the content?

No

What are the gaps?

Is there any content that should be removed?



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Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units

How do you think this unit should be assessed?

Using a holistic, evidence based approach.

Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies.

Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.

General Comments:

LO3 is knowledge and 3.3 is a competence assessment criteria. This needs moving into a competence section or changing.

Unit 21 – CNS and anaesthesia

Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?

No

Comments:

Knowledge unit IET 30-32 are not being covered

Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?

No

Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector.

General comment for all Units: There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required.

LO4.1 and LO4.2 – Currently difficult to achieve with old standards. Both assessment criteria need changing to “discuss” rather than “explain” to make this achievable

LO3.1 Further information required about analgesic ladder. Add in WHO guidelines and local policies

LO5 Change “explain” to “outline” as currently difficult to achieve

Are there any gaps in the content?

No

What are the gaps?

In reference to the analgesic ladder the indicative content should include the WHO guidelines and local policies.

LO4 - both of these criteria are currently a nightmare! What is the answer to "explain the reasons for different admin routes for locals"? Both assessment criteria need changing to "discuss" to be achievable.

LO5 - these are currently a nightmare to achieve as they are written! Change the "explain" verb to "outline" to enable this to be covered better.

Common disorders: Within indicative content Alzheimers and Dementia should be included.

Look at recent promotions on dementia friends training

Is there any content that should be removed?



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Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units

How do you think this unit should be assessed?

Using a holistic, evidence based approach.

Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies.

Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.

General Comments:

Unit 22 – Infections, immunological products and vaccines.

Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?

No

Comments:

Knowledge unit so cannot cover IET 30-32

Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?

No

Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector.

General comment for all Units : There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required.

It is identical to the current qualification. Is it future proof if it hasn't changed?

Are there any gaps in the content?

No

What are the gaps?

Antimicrobial resistance is a serious concern and Pharmacy Technicians play a role in this. This needs including in the unit.

Move immunoglobulins into the malignant diseases unit (unit 24) as it fits there and enables discussions on MABs easier.

Is there any content that should be removed?

Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units

How do you think this unit should be assessed?

Using a holistic, evidence based approach.



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Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies.

Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.

General Comments:

Unit 23 - Endocrine and GUMed

Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?

No

Comments:

No change from the current qualification.

Knowledge unit IET 30-32 are competence and not covered in this unit.

Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?

No

Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector.

General comment for all Units : There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required.

The indicative content is realistic for a day 1 Pharmacy Technician with wording such as “refer to BNF”.

LO3 – Query regarding what the term “fate” of medicines used refers too.

LO5 – Some indicative content missing such as indication, form, side effects

Are there any gaps in the content?

No

What are the gaps?

Is there any content that should be removed?

Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units

How do you think this unit should be assessed?

General Comments:

Using a holistic, evidence based approach.

Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies.

Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.



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Unit 24 – Malignant disease and immunosuppressives	
Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?	No
Comments: Knowledge unit IET 30-32 are competence and not covered in this unit.	
Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?	No
Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector. General comment for all Units: There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required. The unit hasn't changed but areas have developed. Diagnosis testing needs adding as Pharmacy Technicians may be involved in that, i.e., a patient may have a question about a bowel testing screening kit, mammography etc. Add TNF to indicative content Move immunoglobulin products to this unit so links can be made easier. Can refer to MABs.	
Are there any gaps in the content?	No
What are the gaps? See above	
Is there any content that should be removed? Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units	
How do you think this unit should be assessed? Using a holistic, evidence based approach. Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies. Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.	
General Comments: This hasn't been changed from the previous qualification un-yet this is probably one of the most developed areas of diagnosis and treatment in the last 5 years. Diagnosis needs adding to this unit as pharmacy may be involved in that i.e. a patient may have a query about a screening kit they have been sent etc.	

Unit 25 – Eye, ear, nose and dermatological medicines.	
Do you think that the content of the unit reflects the requirements as described in the GPhC IET standards?	No



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Comments: The unit hasn't changed but further content is required.	
Does the unit content provide the knowledge and skills required for a Day 1 Pharmacy Technician working in your sector?	No
Please describe how or why not this unit meets Day 1 Pharmacy Technician knowledge and skills in your sector. General comment for all Units : There has been insufficient time in this consultation to complete an in-depth review of all of the Unit content against the IET and NOS. Regarding formatting of the Units: there is inconsistency in the detail of the mapped IET and NOS within different Units. A consistent approach is required. Need information on managing contact lenses (and different types of these) and how these can affect medication. Add in indicative content deaf/blind patient regarding Pharmacy support that can be provided	
Are there any gaps in the content?	No
What are the gaps? Need information on managing contact lenses (and different types of these) and how these can affect medication. Add in indicative content deaf/blind patient regarding Pharmacy support that can be provided	
Is there any content that should be removed? Don't know as the qualification needs to be looked at in its entirety to avoid duplication and some content might move into other units	
How do you think this unit should be assessed? Using a holistic, evidence based approach. Knowledge – through short answer questions, MCQ (where appropriate), written assignments and answers to case studies. Competence - A learning log with observational assessments, feedback from colleagues, managers, service users and student providing evidence/written statement/reflective report.	
General Comments: This unit hasn't change from the current qualification. The use of contact lenses and the changing in their construction i.e. can wear some for 30 days in a row night and day, have disposable ones etc., have developed. PTs need to be able to advise on their care with mediation.	

Overall general comments on the draft qualification:

Overarching, feel this has been rushed and not sufficient time to give a response that is required. Not easy for members to give comments as the not sufficient guidance given on how to complete the consultation and not provided all the information, such as the NOS.

None of the units meet IET standards. Qualification hasn't contextualised IET for now and into the future. Use of verbs is incorrect and do not relate to the IET being asked for. Level required in Miller's triangle is not correct. IET are outcome based and tasks need to link to the learning outcomes, flow and be rational. This was supposed to be future proofed but uses the bases of the current qualification when this was identified as not



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fit for purpose. Inconsistency in the way the NOS and IET are referenced at the bottom of the proposed units making it difficult to understand which area of the NOS are being referred to.

The learning in the units do not support the tasks that would be carried out to enable that learning outcome to be achieved. Need to ensure this Day 1 pharmacy technician is fit for purpose. Consideration for further development is an awareness of all sector practice, may be challenging all sectors to achieve these outcomes. This could be a quality marker for setting cross-sector training.

Extemp / Aseptics services – knowledge of formulation and calculations is required.

Calculations- huge gaps only in chemistry unit.