General Pharmaceutical Council

CIG Healthcare Partnership pharmacy support staff courses reaccreditation event report, March 2022

Contents

Event summary and conclusions

Provider	CIG Healthcare Partnership
Courses	Support staff courses
Names of courses/qualification	1. Counter Intelligence – Medicines Counter Assistant Plus Stock Control Course (MCA) 2. Counter Intelligence – Pharmacy Assistant Course (PAC)
Event type	Reaccreditation
Event date	09-10 March 2022
Approval period	July 2022 – July 2025
Relevant requirements	Requirements for the education and training of pharmacy support staff, October 2020
Framework used	National Occupational Standards
Outcome	Approval with conditions. The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the support staff courses provided by the CIG Healthcare Partnership should be reaccredited for a period of three years, subject to two conditions.
Conditions	1. The CIG must provide the GPhC with a clear mapping document demonstrating how all learning outcomes are assessed at the knows, knows how, shows how, and does levels for both courses. The detail of this mapping document must clearly identify what part of the assessment(s) cover the outcome at the stated level. This is because upon review of the submission and consequential testing of learning outcome 10, the team were unable to find, and clearly link, the outcomes to assessment at the required level. This is to meet criteria 2a and 2c. 2. The CIG must develop a written policy for managing concerns and whistleblowing with clear, defined, and separate accountability lines in respect of support and investigation of trainees. This is because upon the review of the submission and subsequent questioning, the team were not assured that the current process was sufficient. Additionally, the CIG must revise the malpractice and plagiarism policies to include the stages of investigation and indicative timelines. This is because upon the review of the submission and subsequent questioning, and although CIG have

	never used this policy, the policy is not clear. This is to meet criteria 3c and 4f. These conditions must be met prior to any enrolments of trainees onto the new iteration of the courses.
Standing conditions	A link to the standing conditions can be **found here**.
Recommendations	1. Although the accreditation team noted that a feedback mechanism is triggered should a trainee fail their second attempt at the summative MCQs, the team could see little evidence of any other feedback mechanisms and documentation for both formative and summative assessments. It is therefore a recommendation that the CIG look at ways to increase documented feedback opportunities for trainees at formative and summative assessment levels. This is in relation to criterion 3d. 2. Although the accreditation team noted the future plans for EDI data collection and consequential aspirations to analyse this data to identify themes and trends, the team would like assurance as to how this data will be used to inform the management of course delivery. It is therefore a recommendation that the CIG look to develop a process to regularly, and systematically, review and action the data collected in relation to course management and delivery. This is in relation to criterion 5d.
Registrar decision	Following the event, the provider submitted a response to the conditions of reaccreditation and the accreditation team agreed they had been met satisfactorily. The Registrar of the GPhC accepted the team's recommendation and approved the reaccreditation of the support staff courses for a period of three years.
Key contact (provider)	Daljit Bains, Education and Training Pharmacist
Provider representatives	Lesley Johnson, Director of Education and Training Patrick Grice, Contributing Editor Tim Stopher, Chief Technical Officer at Precision Marketing Group – independent third-party data controller
Accreditation team	Rebecca Chamberlain (team leader - pharmacy technician) Education Officer, Health Education and Improvement Wales and Education and Training Pharmacy Technician Independent Consultant Joanne Bye (team member - pharmacy technician) Senior Medicines Management Pharmacy Technician, West Suffolk Clinical Commissioning Group (WSCCG)

	Gail Holmes (team member - pharmacy technician) Manager, Pharmacy Programmes, Bradford College
	Liz Harlaar (team member - lay) Independent Business Consultant
GPhC representative	Chris McKendrick, Senior Quality Assurance Officer
Rapporteur	Jane Smith, Chief Executive Officer, European Association for Cancer Research

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The approval process is based on the Requirements for the education and training of pharmacy support staff, October 2020.

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

Background

The Medicines Counter Assistant (MCA) course offered by CIG Healthcare Partnership (CIG) was reaccredited by the GPhC on 22 June 2012, following previous accreditation by the RPSGB. In March 2016, the MCA course was reaccredited with the inclusion of an additional stock module. A new Pharmacy Assistant course (PAC) was also presented to the GPhC for initial accreditation at this event. Both courses were reaccredited following an event held on 28 May 2019, with no conditions and no recommendations.

Since the last reaccreditation event, the courses had been reviewed and updated and an event was scheduled for 10 March 2022 to consider the courses for reaccreditation against the new GPhC standards.

Documentation

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

Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 1 March 2022. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event.

The event

The event began with a private meeting of the accreditation team and GPhC representatives on 09 March 2022. The remainder of the event took place via video conference on 10 March 2022 and comprised a series of meetings with the provider staff involved in the design of the course(s)/qualification(s).

Declarations of interest

There were no declarations of interest.

Schedule

Meeting	Time
Day 1 – 09 March 2022	
Private meeting of accreditation/recognition team and GPhC representatives	14:00 -16:15
Day 2 – 10 March 2022	
Private meeting of accreditation team and GPhC representatives	09:00 – 09:10
Accreditation team and GPhC representatives meet with the course provider representatives	09:10 – 11:15
Meeting to discuss the learning outcomes	11:30 -12:30
Meeting with the internal/external quality assurance of the course	13:0 -14:15
Private meeting of accreditation team and GPhC representatives	14:15 – 16:30
Deliver outcome to provider	16:30 – 16:45

Key findings - Part 1 - Outcomes for all support staff

During the event the accreditation team reviewed the provision against all 19 outcomes required for all pharmacy support staff roles. To gain additional assurance the accreditation team also explored a sample of **six** learning outcomes during a separate meeting with the provider and judged that 1 of the 19 learning outcomes **was not met** to the level required by the GPhC requirements. The following learning outcome was not met: **10.** The learning outcome that was not met will need amendment prior to the next intake of trainees being admitted to the qualification. *After the event, CIG amended materials including the MCQs to ensure that learning outcome 10 was taught and assessed appropriately. The accreditation team reviewed the remapping and were satisfied that the outcome would be taught and assessed at the stated level.*

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

Criteria 1: Equality, diversity and inclusion

Criteria met/will be met? Yes ☒ No ☐

The team was satisfied that all three criteria relating to equality, diversity and inclusion will be met.

In their presentation to the accreditation team, the provider addressed issues which had been raised at the pre-event meeting in relation to the collection of equality, diversity and inclusion (EDI) data. The provider collected data from trainees who enrolled directly with them on their gender, age, disability/needs, and ethnicity. Data were not provided on trainees enrolling via the provider's key stakeholder to ensure compliance with the UK General Data Protection Regulations (GDPR). In future, the provider will ask all candidates to complete an optional 'Candidate Information Survey' so that these data are gathered and monitored for all trainees. Data on the remaining protected characteristics will not be collected, again to ensure compliance with the UK GDPR.

The team was told that trainees' support needs are identified at the point of enrolment, and on an on-going basis. For many trainees, this is their first experience of formal education for some time, so it is not unusual for needs to be identified part-way through the course, rather than being disclosed at the beginning. Needs are addressed on a case-by-case basis. The team asked for examples of adjustments that have been made and was told that the most common adjustment is to provide extra time for trainees with dyslexia. The provider has also made course materials available in large font for trainees with impaired sight, have used text to speech software for a trainee with reading difficulties, and gives the option of paper-based assessments if trainees have IT access issues. All needs and adjustments are recorded on a database and reviewed at the six-weekly meetings with employers.

The team asked about the support that had been provided to trainees through the pandemic. The provider explained that all trainees had been given a three-month extension. If further adjustments were needed, these were agreed at an individual level. The provider sought to reassure trainees and to keep in touch. Once they were back at work, trainees were contacted with a new training plan and completion date. At a practical level, the provider had started using a courier for course materials, rather than Royal Mail, which significantly improved delivery times, and candidates had been allowed to submit their quality assurance evidence via email rather than post. This change would be maintained post-pandemic. The provider was aware that some trainees would continue to need support, for example, those affected by long Covid, and would continue to make adjustments where needed.

EDI content in the courses had been considered as part of the review against the new GPhC standards. EDI 'panels' have been introduced in the course material to highlight EDI content and both intertext activities and summative assessments expect trainees to demonstrate knowledge and understanding of EDI issues. The provider stated that EDI is assessed at the does level via the learning outcomes checklist.

Criteria 2: Course curriculum

Criteria met/will be met? Yes ☐ No ☒

The team was satisfied that four of the six criteria relating to course curriculum will be met with two criteria subject to a condition.

Both the MCA and PAC courses are distance learning courses designed to be completed in the workplace under the supervision of a registered pharmacy professional. Course content is mapped against the relevant NOS to ensure that trainees who complete a course achieve the learning outcomes for their role. Both courses deliver content through training handbooks that are structured to give the trainees an introduction to working in the pharmacy along with the underpinning principles. The PAC course has an additional training handbook (Training Handbook Set E) and also has a Dispensing Practice Workbook. These cover the necessary additional knowledge for this course, such as prescription dispensing processes, pharmaceutical calculations, prescription checking processes and dealing with errors.

As part of the review of the courses, a learning outcomes checklist has been introduced at the end of each handbook. This is designed to enable the trainee and supervisor to record that the trainee has met the generic learning outcomes relating to competence in their role. Most of these learning outcomes are required to be demonstrated at the shows how or does level, with multiple choice questions assessing outcomes at the knows and knows how levels. However, the team found no evidence of this mapping of outcomes to assessment at the required level in the submission, nor in the consequential testing of learning outcome 10. There was also concern that some of the does activities appeared to be assessed only at the knows how or shows how level.

It will therefore be a **condition** of reaccreditation that the provider gives the GPhC a clear mapping document demonstrating how all learning outcomes are assessed at the knows, knows how, shows how, and does levels for both courses. The detail of this mapping document must clearly identify what part of the assessment(s) cover the outcome at the stated level. This is to meet criteria 2a and 2c. This condition must be met prior to any enrolments of trainees onto the new iteration of the courses.

The team asked about any stakeholder engagement that the provider had conducted since the last accreditation. The provider explained that it engages regularly with the editorial panels for the CIG magazine and journals, as well as with the research panels, which gives access to a variety of stakeholder and patient survey results. For example, in January 2022 an online survey of 1000 people visiting pharmacies had been undertaken. The results of this survey had confirmed that the focus on patient-centred care within the courses was the right approach.

The provider also consults its key stakeholder; a large community pharmacy multiple, through 6-weekly meetings. As a result of these meetings, the dispensing practice workbook was introduced, and, more recently, the online assessment portal had been developed.

Criteria 3: Assessment

Criteria met/will be met? Yes ☐ No ☒

The team was satisfied that three of the four criteria relating to assessment are or will be met with one criterion subject to a condition. One recommendation was made.

Learning on both courses is assessed using a variety of methods including inter-text activities throughout the course material, end of module multiple-choice assessments, practical exercises and observation of the trainee in action (see Criteria 2). The PAC course also uses a dispensing practice workbook and an additional Training Handbook, Set E.

There are two quality assurance processes in place to ensure consistent assessment standards are applied:

- Sampling of training handbooks, to ensure that inter-text activities are being completed to a satisfactory standard by trainees, and to ensure that supervisors are marking fairly and appropriately. The team asked for more detail about how the provider is assured that the workplace supervisors judge competency to a consistent standard. The provider explained that to some extent they rely on the fact that supervisors are all registered professionals, but the sampling process means that anything outside of the expected parameters is identified and followed up. One in every 50 handbooks is selected for sampling. The Dispensing Practice Workbooks are only called in for sampling if the provider is not satisfied with the initial submission from the training handbook. The team stated that the provider should consider routine random sampling of the Dispensing Practice Workbooks.
- Monitoring of final MCQ assessments (to monitor the performance of the assessment question bank and maintain the expected pass rate). The team asked how the MCQ pass mark has been reviewed and benchmarked since the last accreditation and was told that the performance of questions is analysed every six months. The provider also reviews the pass rates of other training providers.

The provider gave a demonstration of the new online course assessment portal. Each assessment has a 75% pass rate (actually 19/25, with marks at the borderline reviewed) and candidates can have up to three attempts.

The team noted that the provider permits the use of simulation within the Dispensing Practice Workbook and asked whether there was a limit to the number of the number of prescriptions that could be assessed in this way. The provider stated that there is currently no differentiation between real-life and simulated assessments, but that this could be introduced for the future. Certainly the provider's intention was that trainees would benefit from a wide range of real experience. The team stated that explicitly limiting the amount of simulation allowed should be considered.

The team requested further details of the provider's plagiarism and malpractice policy, and how it would be applied in practice. The provider had never had to use the policy, but stated that it would investigate concerns thoroughly and, if allegations were upheld, would discontinue the trainee. The team asked what support would be provided to the trainee if concerns were raised around their behaviour. The provider would speak to the trainee and look to involve an impartial member of the employer's staff (e.g. a regional manager) to provide support. The provider would remain impartial and keep in contact with the trainee. The team could find no evidence of this in a written policy and was concerned that the policy and procedure for trainees and employers would not be clear.

It will therefore be a **condition** of reaccreditation that the provider revises the malpractice and plagiarism policies to include the stages of investigation and indicative timelines. This is to meet criterion 3c. This condition must be met prior to any enrolments of trainees onto the new iteration of the courses.

The team asked the provider to clarify how workplace supervisor feedback is communicated and recorded. The provider explained that trainees receive feedback direct from their supervisor in the workplace. However, formative MCQ feedback is not recorded. If a candidate fails an assessment twice, the provider reviews their work and provides feedback to the trainee and supervisor before the trainee has their third attempt. Although the team noted that this feedback mechanism is triggered should a trainee fail their second attempt at the summative MCQs, it could see little evidence of any

other feedback mechanisms or documentation for both formative and summative assessments. It is therefore a **recommendation** that the provider look at ways to increase documented feedback opportunities for trainees at formative and summative assessment levels. This is in relation to criterion 3d.

Criteria 4: Management, resources and capacity

Criteria met/will be met? Yes ☐ No ☒

The team was satisfied that seven of the eight criteria relating to management, resources and capacity are or will be met with one criterion subject to a condition.

The team was satisfied that the courses are appropriately resourced and that there are a sufficient number and appropriate mix of teaching staff, mentors and assessors to deliver the course. The team noted the self-imposed 24-hour response time for emails to the trainee helpline and the provider confirmed that they have staff resource to achieve this.

The team noted that the provider sub-contracts the responsibility for managing the assessment process to a third party, and asked how the contract with this company is monitored and quality assured. The provider stated that this is a long-standing relationship with a clear service level agreement. The provider regularly reviews performance against this agreement and meets formally with the company, as well as having regular informal contact. There are no minutes of the formal meetings; the provider will ensure these are made available in the future.

The team asked how the provider ensures that trainees are receiving an appropriate and reasonable amount of protected study time over the duration of the course. The provider explained that the learning contract, signed by the trainee and supervisor, sets out the need for protected time. If issues are raised, then they are recorded and an action plan is developed jointly with the employer and the trainee.

The team requested details of the provider's whistleblowing policy and was told that trainees are directed to the policy in place in their workplace. There is no clear, written policy offering advice and support to trainees. It will therefore be a **condition** of reaccreditation that the provider develops a written policy for managing concerns and whistleblowing with clear, defined, and separate accountability lines in respect of support and investigation of trainees. This is because upon the review of the submission and subsequent questioning, the team were not assured that the current process was sufficient. This is to meet criterion 4f. This condition must be met prior to any enrolments of trainees onto the new iteration of the courses.

Criteria 5: Quality management

Criteria met/will be met? Yes ☒ No ☐

The team was satisfied that all four criteria relating to quality management will be met. One recommendation was made.

The content of the course is periodically reviewed by the course team to reflect changes in pharmacy practice, product availability and treatment guidelines. Key stakeholder input is also sought, as well as feedback from trainees themselves. Any course updates are posted on the course website and on the

online assessment portal. The provider also has the option of sending an addendum to all trainees if that is felt to be necessary.

The team asked how the provider assures standardisation in assessment decisions across settings and was told that the random sampling of handbooks and the review of the multiple choice questions (see Criteria 3) are important tools. For decisions made in the workplace, supervisors are given clear guidance on marking and are asked to contact the provider with any queries or concerns. If, through these processes, it became clear that there was an issue with a particular employer or supervisor, then the provider would would follow up and ultimately would not let the employer enrol or supervise trainees until the issue was resolved.

The team also asked how data about trainees is collected and used to inform course developments. The provider explained that individual student progress is monitored using a RAG rating, with automatic 'chase' letters sent to the supervisor and trainee if progress is a concern. These are followed up on case-by-case basis. Although the team noted the future plans for EDI data collection (see Criteria 1) and consequential aspirations to analyse this data to identify themes and trends, the team would like assurance as to how this data will be used to inform the management of course delivery. It is therefore a **recommendation** that the provider develop a process to regularly, and systematically, review and action the data collected in relation to course management and delivery. This is in relation to criterion 5d.

Criteria 6: Supporting learners and the learning experience

Criteria met/will be met? Yes ☒ No ☐

The team was satisfied that all five criteria relating to supporting learners and the learning experience will be met.

The team asked for more detail on the pastoral support available to trainees and was told that although trainees do not have a named contact, they have a dedicated phone line and email address. If a pastoral care issue is identified, then it is referred to a pharmacist member of staff at the provider and the same pharmacist will deal with the issue until it is resolved.

Key findings - Part 3 - Role-specific learning outcomes

Please see the individual courses part 3 report for commentary.