

**Pearson Education Limited pharmacy support staff  
qualifications recognition interim event report,  
February 2023**



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## Event summary and conclusions

<b>Awarding organisation</b>	Pearson Education Limited
<b>Qualification</b>	Support staff qualifications
<b>Names of courses/qualification</b>	Qualification A- 603/6166/9 Pearson BTEC Level 2 Certificate in the Principles and Practice for Pharmacy Support Staff  Qualification B- 603/6167/0 Pearson BTEC Level 2 Certificate in the Principles and Practice for Pharmacy Support Staff (Apprenticeship)
<b>Event type</b>	Interim
<b>Event date</b>	21 February 2023
<b>Approval period</b>	October 2020 – October 2026
<b>Relevant requirements</b>	<a href="#">Requirements for the education and training of pharmacy support staff, October 2020</a>
<b>Framework used</b>	Apprenticeship Framework (England) and National Occupational Standards
<b>Outcome</b>	Continued recognition  The accreditation/recognition team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the support staff qualifications provided by Pearson Education Limited should continue to be recognised for the remainder of the accreditation/recognition period.
<b>Conditions</b>	The conditions are:  1. Pearson must develop and implement a process to ensure that centre providers use equality and diversity data while designing and delivering courses, this is to ensure that centre providers policies and procedures are fair and do not discriminate against trainees or applicants, and may include analysis of the data to identify themes, trends, and actions based on protected characteristics. This must be monitored in a meaningful way by Pearson. This is because although the team could see evidence that Pearson encourage centre providers to collect equality and diversity data, it was unclear how that data was used by centre providers, and monitored by Pearson, to ensure it was being utilised in delivery of the qualification. This is to meet criteria 1a and 5d.

	<p>2. Pearson must develop and implement a process to obtain views from a range of stakeholders, specifically patients and the public. This is because the team could see no meaningful engagement with patients and the public since the last recognition event. This is to meet criterion 5a.</p>
<b>Standing conditions</b>	A link to the standing conditions can be <b><u>found here</u></b> .
<b>Recommendations</b>	<p>The recommendations are:</p> <ol style="list-style-type: none"> <li>1. Pearson should prioritise the process currently underway for recruitment and training of new Standards Verifiers. This is because the team noted that there is not sufficient capacity within the Standard Verifier (SV) team to deal with the volume of work. This is in relation to criteria 4a and 5a.</li> <li>2. Pearson should review its strategy for communication with centre providers and wider stakeholders. This is because both Pearson and centre providers could not articulate how pharmacy developments are systematically reviewed and actioned as part of the overall review of the qualifications to keep them up to date. This is in relation to criteria 5a and 5c.</li> <li>3. Pearson should update the SV report processes to explicitly capture the public protection aspects of the GPhC requirements. This is because it is not clear where patient safety issues are collated and raised by the SV. This is in relation to criterion 3c.</li> </ol>
<b>Registrar decision</b>	<p>The Registrar of the GPhC has reviewed the interim report and considered the recognition team’s recommendation.</p> <p>The Registrar is satisfied that Pearson has met the requirement of continued approval (subject to remediation) in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Requirements for the education and training of pharmacy support staff, October 2020. The Registrar notes that conditions as outlined in the report have been met.</p> <p>Pearson is approved to continue to offer the support staff qualification and apprenticeship pathway for the remainder of the recognition period until the <b>end of October 2026</b>.</p>
<b>Key contact (provider)</b>	Dionne Broughton, Product Manager Healthcare, Childcare and Education and Training
<b>Awarding organisation representatives</b>	<p>Dionne Broughton, Product Manager Healthcare*</p> <p>Michelle Smith, Department Head, Vocation QA</p>

	<p>Michael Phun - Assessment Leader*</p> <p>Chris Oley, Assessment Leader EPA*</p> <p>Donald McAlpin (Cheshire College South &amp; West)</p> <p>Jane Yarnell (Oxford University Hospitals)</p> <p>Sam Collins (Skills4Pharmacy)</p> <p>Manjit Nahal (Buttercups)</p> <p>Vicky Johnson (Buttercups)</p>
<b>Recognition team</b>	<p>Professor Ruth Edwards, Head of School of Pharmacy, University of Wolverhampton</p> <p>Leanne Bartholomew (team member - pharmacy technician), Senior Medicines Management Pharmacy Technician, West Suffolk CCG</p> <p>Joanne Bye (team member - pharmacy technician), Senior Medicines Management Pharmacy Technician, West Suffolk Clinical Commissioning Group (WSCCG)</p> <p>Fiona Barber (team member - lay), Deputy Chair &amp; Independent Lay member, East Leicestershire &amp; Rutland CCG</p>
<b>GPhC representative</b>	<p>Chris McKendrick, Senior Quality Assurance Officer (Education), General Pharmaceutical Council*</p>
<b>Rapporteur</b>	<p>Ian Marshall, Proprietor, Caldarvan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde</p>

## 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>

### Purpose of this event

The purpose of the interim event is to review the performance of the qualification against the education and training of support staff to ensure that delivery is consistent with the GPhC education requirements. The interim event utilises trainee feedback and evaluation together with a review of documentation and a meeting with the awarding organisation representatives and relevant stakeholders.

### 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 by videoconference on 11 February 2023. 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 recognition team and GPhC representatives on 21 February 2023. The remainder of the event took place by videoconference on 21 February 2023 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

### Day 1: Pharmacy support staff interim, 21 February 2023

	09:00 – 10:45	Private meeting of the recognition team and GPhC representative
	10:45 – 11:15	Break
1	11:15 – 12:00	Questions to provider
	12:00 – 12:45	Lunch
2	12:45 – 13:30	Meeting with stakeholders and sample of centre providers
	13:30 – 13:45	Break
3	13:45 – 15:00	Private meeting of accreditation team
4	15:00 – 15:15	Deliver outcome to provider

## Key findings - Part 1 - Outcomes for all support staff

Learning outcomes were not tested at this event.

## 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 two of the three criteria relating to equality, diversity and inclusion continue to be met with one criterion subject to a condition.**

The guidance to centres for embedding equality and diversity is given under Centre resource requirements is monitored during SV/LSV visits to ensure that the centres have the policy and apply it in practice. Centres are advised that for learners with disabilities and specific needs, the assessment of their potential to achieve the qualification must identify, where appropriate, the support that will be made available to them during delivery and assessment of the qualification.

The team learned that EDI is taken into account in centre approval process; EDI should be embedded in the programme by centres so that everyone has to be treated fairly. However, the team was told that Pearson does not collect or collate EDI data from centres as it is the centres' responsibility, although centres would not be penalised for not collecting data. SVs are not expected to analyse EDI data. Representatives of centres interviewed indicated that EDI data are used to inform specialised learning needs approaches, for example, for mental health issues. It will be a **condition** of recognition that Pearson must develop and implement a process to ensure that centre providers use equality and diversity data while designing and delivering courses, this is to ensure that centre providers policies and procedures are fair and do not discriminate against trainees or applicants, and may include analysis of the data to identify themes, trends, and actions based on protected characteristics. This must be monitored in a meaningful way by Pearson. This is because although the team could see evidence that Pearson encourage centre providers to collect equality and diversity data, it was unclear how that data was used by centre providers, and monitored by Pearson, to ensure it was being utilised in delivery of the qualification. This is to meet criterion 1a

Reasonable adjustments are made to course delivery and assessment to help learners having specific needs to meet the learning outcomes. Teaching, learning and assessment may be modified for this purpose but learning outcomes may not. Any reasonable adjustment must reflect the normal learning or working practice of a learner in a centre or working within the occupational area. Data on special considerations and reasonable adjustments is held centrally within Pearson and is considered when reviewing the qualifications and/or reviewing assessments.

## Criteria 2: Course curriculum

Criteria met/will be met? Yes  No

**The team was satisfied that all six criteria relating to course curriculum continue to be met.**

The qualification consists of 8 units which cover a mix of knowledge and skills. These units are designed to be delivered in the workplace and by education and training providers and be assessed holistically. The course is structured to allow learners to achieve the knowledge skills and behaviours required for their role while ensuring that the GPhC learning outcomes are achieved. The Apprenticeship course also allows the learners to achieve the full Apprenticeship standard as it contributes toward the preparation for the end point assessments.

Centres develop their own individual training and learning strategies which are monitored during SV visits to ensure learners are supported and guided to achieve the knowledge for these qualifications. The specification gives centres direction on the suggested approaches to delivery of the units. The skills and underpinning knowledge will be taught through work-based learning, guided learning and individual study throughout the 12-18-month programme. Experts from the NHS and centres delivering these qualifications have been involved in the development and review of the qualifications to ensure that both content and assessment reflect the relevant and current principles in education and pharmacy.

The outcomes achieved are monitored during the twice-yearly Standards Verifier (SV) visits. The visits support the centres and monitor the achievement of outcomes. Sampling is done on a risk-based approach and direct claim status is given only when the centre has had two years of clean reports and no actions from the SVs.



Each qualification meets the requirements of the RQF level 2 Certificate. The learner is expected to have the knowledge and understanding of facts and procedures in the area of chosen study or field of work, and to be able to complete well-defined tasks and address straightforward problems within their role. The learner is expected to interpret relevant information and ideas and be aware of a range of information that is relevant to their area of study or work.

### Criteria 3: Assessment

Criteria met/will be met? Yes  No

**The team was satisfied that all four criteria relating to assessment continue to be met. One recommendation was made.**

The assessment guidance in the course includes different assessment methods for knowledge and skills and where possible the assignments should be contextualised based on the local or national context. The Assessment principles also define the methods that can be used for assessment of knowledge and skills to ensure the assessments are consistent and comparable across the centres and learners. Learners are required to achieve all learning outcomes and assessment criteria.

The centres develop their own assessment plans and assignment briefs which are shared with the SVs during the first visit and monitored during each visit. Centres are required to have a rigorous IQA process to support the assessment strategy. The assessment strategy is continuously monitored during each SV visit and the outcomes recorded using the SV Report.

Learner feedback is monitored by the SVs through the sampling of assessment evidence and interviewing learners as part of the SV visit. This confirms that learners are supported throughout their learning journey and are aware of processes to raise concerns and gain additional support as required.

The submission stated that different experts from the sector have been involved in designing the qualification to ensure that the course allows learners who work in supply of medicines, in any area can achieve this qualification. However, the team agreed that it should be a **recommendation** that Pearson should update the SV report processes to explicitly capture the public protection aspects of the GPhC requirements. This is because it is not clear where patient safety issues are collated and raised by the SV. This is in relation to criterion 3c.

### Criteria 4: Management, resources and capacity

Criteria met/will be met? Yes  No

**The team was satisfied that all four criteria relating to management, resources and capacity continue to be met. One recommendation was made.**

The specification provides guidance on staff requirements and their competence. This is monitored firstly during qualification approval and then during each SV visit to ensure that staffing and resources are enough to support the number of learners registered on the programme. Centres have their own learning agreements with trainee/learner and employer. These agreements and their compliance is

monitored during SV visits by learner and employer interviews.

The team learned that the long-standing pharmacy SV had retired recently and that currently there is one person acting as both SSV and SV. Two additional SVs have been appointed recently and are being trained, with another two SVs being recruited currently. Thus, the team agreed that it be a **recommendation** that Pearson should prioritise the process currently underway for recruitment and training of new Standards Verifiers. This is because the team noted that there is not sufficient capacity within the Standard Verifier (SV) team to deal with the volume of work. This is in relation to criterion 4a.

Learners that complete and achieve the full qualification will receive a certificate stating the full qualification title and the unit certificate including all units achieved. Learners that are registered on a programme of study that does not lead to a full award, or who do not get the qualification they were registered for, may claim a Certificate of Unit Achievement or Fallback Certificate of Unit Credit. This is a cumulative record of success to date but does not state the title of the programme for which the learner was originally entered.

Pearson provides gives guidance to centres on how and what they need to do to in case malpractice is identified. Any malpractice issue may be escalated internally to the relevant teams and followed up according to the Pearson malpractice guidance and policy. Learners will mostly be employed or be on work placement. Employers will have policies and procedures in place to monitor their learners and these will vary locally. There will be standard governance policies in place, and these will include how to raise concerns about patient safety or any other health and safety concerns.

## Criteria 5: Quality management

Criteria met/will be met? Yes  No

**The team was satisfied that two of the four criteria relating to quality management continue to be met with two criteria subject to a condition. Three recommendations were made.**

Pearson has a Quality Management policy to deliver continual improvement and efficiencies to enable it to meet the needs of learners, centres and stakeholders, and to ensure that its business goals comply with internal, external, legal and regulatory requirements. There is a quality assurance system in place for all BTEC and competence-based qualifications. This starts at the centre and qualification approval stage. Centres are expected to obtain a centre approval and then a qualification approval and to enter a formal agreement with Pearson to offer the qualifications.

During the development of the programme feedback was obtained from HEE, HEIW and other employers and providers involved in the development of the qualification. HEIW also carried out an online consultation for the Apprenticeship Framework. Ongoing feedback from wider stakeholder, employers and patients' views and feedback will be gathered annually through the subgroup of Joint Awarding Body Qualification group to ensure the qualification remains fit-for-purpose and to inform future reviews.

Learner feedback is monitored by the SVs through the sampling of assessment evidence and interviewing learners as part of the SV visit. This confirms that learners are supported throughout their learning journey and are aware of processes to raise concerns and gain additional support as required.

The gathering of data on learner progression and achievement is usually carried out at centre/provider level and it is the responsibility of IQA to ensure that all learners are progressing as expected. If learners are not progressing then the SV would check this as part of an SV visit.

As described in the commentary to Criteria 4 above, the team learned that the long-standing pharmacy SV had retired recently and that currently there is one person acting as both SSV and SV. Two additional SVs have been appointed recently and are being trained, with another two SVs being recruited currently. Thus, the team agreed that it be a **recommendation** that Pearson should prioritise the process currently underway for recruitment and training of new Standards Verifiers. This is because the team noted that there is not sufficient capacity within the Standard Verifier (SV) team to deal with the volume of work. This is in relation to criterion 5a.

As indicated in the commentary to Criteria 1, the team was told that Pearson does not collect or collate EDI data from centres as it is the centres' responsibility, although centres would not be penalised for not collecting data. SVs are not expected to analyse EDI data. Representatives of centres interviewed indicated that EDI data are used to inform specialised learning needs approaches, for example, for mental health issues. It will be a **condition** of recognition that Pearson must develop and implement a process to ensure that centre providers use equality and diversity data while designing and delivering courses, this is to ensure that centre providers policies and procedures are fair and do not discriminate against trainees or applicants, and may include analysis of the data to identify themes, trends, and actions based on protected characteristics. This must be monitored in a meaningful way by Pearson. This is because although the team could see evidence that Pearson encourage centre providers to collect equality and diversity data, it was unclear how that data was used by centre providers, and monitored by Pearson, to ensure it was being utilised in delivery of the qualification. This is to meet criterion 5.d.

The team learned that input from with wider stakeholders (employers, trainees, patients, public, other AOs) to ensure that the qualification continues to be fit for purpose, is the responsibility of centres and that Pearson has no interaction with patients and public. The team pointed out that this is part of the standard and should not be left to SVs to check. Accordingly, it will be a **condition** of continued recognition that Pearson must develop and implement a process to obtain views from a range of stakeholders, specifically patients and the public. This is because the team could see no meaningful engagement with patients and the public since the last recognition event. This is to meet criterion 5.a. It is also a **recommendation** that Pearson should review its strategy for communication with centre providers and wider stakeholders. This is because both Pearson and centre providers could not articulate how pharmacy developments are systematically reviewed and actioned as part of the overall review of the qualifications to keep them up to date. This is in relation to criteria 5a and 5c.

## 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 continue to be met.**

Learners must have access to a pharmacy, a pharmacist and other members of the pharmacy team, for example a pharmacy technician, to act as supervisors or mentors. Providers must ensure that learners are allocated a mentor in the workplace to assist them in the day-to-day working environment and to act as contact for the assessor/trainer.

Centres must have policies and procedures on supporting trainee staff involved in teaching or assessing. The SV interviews any trainee staff members to gauge the support offered. All assessments must be countersigned by a qualified competent assessor and/or IQA if originally assessed/IQAed by a trainee. The SV monitors that training and development is carried out to address identified needs of assessors and internal verifiers including trainees.

## Apprenticeship pathway and End Point Assessment (EPA)

Pearson treats the apprenticeship as a separate achievement, meaning that apprentices will receive their competence-based qualification, prior to undertaking their end-point assessment. As the gateway requirement for Pharmacy Services Assistant, does not require evidence of a level 2 qualification, Pearson does not mandate this as part of the preparation of EPA. All providers use the level 2 qualification to support the training aspect, which focuses on the knowledge, skills and behaviours of the assessment plan. Within the professional discussion component, on-programme evidence is used to support four pieces of evidence across each of the five sections. It is ensured that the work-based evidence is valid, authentic, reliable, current and sufficient to assist an assessment outcome to be made.

The Pearson EPA management system allows for each provider to upload the gateway evidence and then submit to Pearson for review, before entering the EPA period. As the system tracks each interaction, it confirms who has reviewed, who has added comments and allows for a clear picture for internal and external audit. Only when the gateway evidence has been confirmed by a Pearson-appointed individual, can the provider make a booking for EPA and undertaken the assessment.

Once assessment has been completed, the Independent End-Point Assessors have 48 hours to upload their assessment decisions, IQA has 48 hours to sample, and results are released on the system on day 5. With everything being contained in the management system, any assessment-related decisions can be locked until IQA has occurred. This is a standard time frame for both level 2 and level 3 apprenticeship standards.

## Key findings - Part 3 - Role-specific learning outcomes

Please see part 3 reports.



