

Report on findings from engagement events on unregistered staff

Executive summary

Background

We identified a need for engagement to seek views on the requirements we set for unregistered pharmacy team members. Focus groups were held in London, Glasgow and Cardiff on 3rd October, 8th October and 15th October 2018 with patients and the public and unregistered staff. This report outlines the themes raised and views given by those who attended these focus groups.

The views and opinions in this report were collected to assist and inform policy development. The purpose of this document is to report on the views given, and it does **not** aim to set out our views or policy on this issue.

Key themes raised by patients and the public:

Knowledge of the roles of unregistered staff and patient and public experience:

- Patients and the public are not always aware of the different roles performed by unregistered pharmacy staff and had experienced both positive and negative interactions with them.
- Patients told us that they like to get to know and build good relationships with pharmacy staff and highlighted the importance of an easy and positive interaction.

Person centred, professional and confidential care:

- Person centred, professional and confidential care was considered very important: some patients thought there should be a code of conduct for unregistered pharmacy staff.
- Patients thought that staff should be trained to safeguard vulnerable members of the public.

Education and training standards and accreditation of unregistered staff courses:

- Many patients were unsure about the education and training required for unregistered staff.
- They also thought that the GPhC should set education and training requirements for unregistered staff and most thought the GPhC should continue to accredit courses.
- Patients thought that unregistered staff should generally demonstrate the same standards as pharmacy professionals.
- Some also highlighted a lack of training and development opportunities for unregistered staff.

Expectations of unregistered staff knowledge:

- Patients and the public thought unregistered staff should have basic knowledge of medicines, know the major adverse drug interactions and offer advice for minor illnesses.

- They also thought that unregistered staff should be able to provide knowledge of pharmacy services, local NHS services and other services such as support schemes.

Pharmacy support staff:

- Participants felt the term 'unregistered staff' was negative or unhelpful.
- They also suggested that staff qualifications and personal I.D should be on display in pharmacies.

Key themes raised by unregistered staff:

Education and training requirements and accreditation of unregistered staff courses:

- Staff told us that the GPhC should continue to set education requirements for unregistered staff.
- The majority of those we spoke to thought that the training was useful, however some disagreed and felt some information learnt is not relevant for day to day practice.
- Some staff told us that courses contain too much theory and not enough practical learning.
- The majority said there was not enough time to complete the training in working hours.
- Many participants felt they were supported during their training by colleagues, but some felt they did not receive enough support for their training.

Training and development opportunities for unregistered staff:

- Unregistered staff said they would like to have more opportunities for training and development to keep learning and progress in their careers.
- It was noted that some community and hospital settings do not accept qualifications designed for the other setting, which can limit movement between sectors and career progression.
- There should be extra training for unregistered staff to keep knowledge up to date.
- Some thought they should have Continuing Professional Development, like pharmacy professionals.

Pharmacy support staff:

- Staff also told us the term 'unregistered staff' is negative and does not make them feel valued.
- Many of those we spoke to noted that there is a lack of financial reward for unregistered staff.
- Participants thought having a means to identify unregistered staff in a pharmacy is important.

Next steps

The feedback from these events will be used to inform unregistered staff policy proposals. These will be shared with our Senior Leadership Group and Council before further developments take place in 2019.

Background and aims

In 2017, we consulted on proposals to change the way we regulate the wider pharmacy team. Following the consultation on our safe and effective pharmacy team guidance, we agreed we would explore the requirement for the General Pharmaceutical Council (GPhC) to continue to approve Level 2 courses in the future.

The roles of unregistered staff are changing and the General Pharmaceutical Council (GPhC) has a responsibility to check that the requirements we set meet the needs of patients, pharmacies and the unregistered staff themselves. We need to decide what, if any, requirements should be set in the future. We identified a need for engagement with patients and the public and unregistered staff themselves to gather feedback which will help inform our proposals in this area.

Focus groups were held in London, Glasgow and Cardiff on 3rd October, 8th October and 15th October 2018 with patients and the public and unregistered staff.

We identified the following aims for the focus groups:

1. To help us understand the experiences of unregistered staff and the expectations of patients and the public.
2. To see if our current requirements for courses are aligned to the needs of pharmacies, patients and the public, and unregistered staff.
3. To seek views on whether the GPhC should continue to set education and training standards for unregistered staff members and approve Level 2 courses in the future.
4. To gain more input and information from unregistered pharmacy staff about their education.
5. To see if our current requirements reflect the range of roles and risks within the pharmacy team.

Approach

57 delegates attended the patient and public focus groups and 56 delegates attended the pharmacy support staff focus groups in London, Glasgow and Cardiff (approximately 20 at each event). Patient and public participants at the Cardiff focus groups were recruited by a market research agency, which was asked to recruit groups which were broadly representative of the public in Great Britain. Half of the patient and public participants at the Glasgow and London focus groups were recruited by the same market research agency and the other half from local groups we work with, Alliance in Scotland and Tower Hamlets Parent and Carers Group in London. Support staff were recruited through a range of methods including emails to pharmacies, messages via GPhC inspectors and Strategic Relationship Managers and through social media. In London, the GPhC communications team visited their local pharmacies to hand out flyers. The majority of support staff who attend the focus groups consented to be contacted by the GPhC in the future.

Participants were asked to provide demographic information. The demographic profile for the workshops is shown in Appendix 1, which indicates that each group included a range of participants with

protected characteristics. All participants were asked to complete evaluation questionnaires, these can be found at Appendix 2.

Following a presentation about the role of unregistered staff, facilitation at the workshops was provided by GPhC staff members. Facilitators made notes of all discussion sessions, which have been used in producing this summary report.

A Council member observed the focus groups held in Glasgow and Cardiff. The role of Council members at stakeholder events is to listen to feedback from delegates, so they can use what they learn through their engagement to validate or constructively challenge the organisation's report of what has been heard through external engagement.

Key themes from the patient and public engagement events

Below are the key themes that emerged from the analysis of the data captured in all of the patient and public focus groups. The questions the focus groups were asked can be found at appendix 3.

Knowledge of the roles of unregistered staff and experiences of interacting with them

Patients and the public were generally unsure of the roles of pharmacy staff. Many respondents had some awareness that there were various roles in a pharmacy but there was a lack of understanding of specific roles, especially those of unregistered staff. Some had comprehensive knowledge of the roles of pharmacy staff, some assumed all staff are at the same level, and a few had no knowledge of the different roles.

Positive and negative experiences were almost evenly split with there being slightly more positive comments. Positive examples given included unregistered staff being helpful, caring, efficient and providing a good service. Negative comments include examples of unregistered staff being rude or inconsiderate, lacking skills and assuming that patients have knowledge about pharmacy services. Some commented that the difference between pharmacists and unregistered staff is the level of professionalism and knowledge. Many participants had interacted with pharmacy staff outside of a pharmacy, such as delivery drivers and online pharmacy staff.

The majority thought it was important to know the staff they are dealing with. Reasons mentioned included a good relationship being important for confidence in both parties, and seeing regular staff being good for advice. It was mentioned that if the staff know patients, then they know their needs for medications and adapt services accordingly to help them.

Those who did not think it was important to know the staff they were dealing with gave reasons such as the importance of ease and a positive interaction outweighing the importance of knowing who the staff are. Some pointed out that on occasions, people may not want to know who the staff are for reasons of confidentiality.

Person centred, professional and confidential care

Person centred, professional and confidential care was considered very important by patients and the public. Some thought that unregistered staff are helpful, friendly, caring, have good communication skills and empathy. It was mentioned however that they want to be treated with greater confidentiality, especially due to the open layout of community pharmacies and overall would like a better level of customer service. Some suggested that there should be a code of conduct which sets out what it means to be professional.

Patients and the public thought it important that unregistered staff are trained to raise safeguarding issues about vulnerable individuals and that staff themselves have Criminal Records Bureau (CRB) checks. Some patients also thought staff should all be first aid trained, especially delivery drivers who deliver medicines to a wide variety of customers.

Education and training standards and accreditation of unregistered staff courses

Many participants were unsure about how much education and training unregistered staff members have. Some assumed they are highly trained but others thought they undertake basic training.

It was clear that the participants thought that the GPhC should set education and training for unregistered staff. They said this would ensure a consistent standard of training for which employers would be responsible for organising.

Patients and the public thought minimum educational requirements should be set to train as an unregistered staff team member. Furthermore, it was thought that unregistered staff must complete compulsory modules to ensure they have the core skills associated with public facing roles, such as customer service and communication skills.

It was thought by some participants that unregistered staff should demonstrate all of the standards that pharmacists and pharmacy technicians demonstrate. The majority however thought that they should demonstrate all of them except leadership, as only a technicians and pharmacists needed to demonstrate this.

The majority of attendees thought that the GPhC should continue to accredit unregistered staff courses. They thought the independence of the regulator would ensure that unregistered staff are qualified effectively and ensure consistency. It was thought by some however, that it did not necessarily need to be a regulator, as long as another organisation is accrediting the courses.

Some participants mentioned the lack of training and development opportunities for unregistered staff and said that there should be more, which will improve patient safety. They would like to see

continuous training and refresher courses to upskill staff with older training and ensure all staff are kept up to date with pharmacy practice.

Expectations of unregistered staff knowledge

Nearly all participants expect staff to have basic knowledge of medicines. They would not expect unregistered staff to have knowledge of chemistry but know the major adverse drug interactions and to offer better advice on medicine for minor illnesses. The importance of unregistered staff knowing the limits of their knowledge and referring queries to the pharmacist when they are unsure and not making judgements beyond their role was paramount.

A few participants thought unregistered staff should be able to provide knowledge of pharmacy services to people who are unaware of how pharmacy services work, e.g. a repeat prescription. Several people commented that they would like to see more services offered in their pharmacy such as more clinics for different conditions. Furthermore, it was thought that unregistered staff should have knowledge of other services, such as support schemes and local knowledge of NHS services.

It was highlighted by quite a few participants that pharmacists are very knowledgeable and in some cases, they would prefer to go to a pharmacy than their GP. Comments relating to a good level of knowledge were aimed mainly at the pharmacist rather than the unregistered staff.

Pharmacy support staff

There was a strong feeling amongst participants that the term 'unregistered staff' is negative and doesn't reflect that they are trained. There was agreement that the term 'pharmacy support staff' better encompasses the various roles. Nearly all participants thought that unregistered staff qualifications should be on display in pharmacies and that there should be some system of identification that explains the different roles of pharmacy staff (for example I.D badges and uniforms). Someone said they would like to see support staff registered, as pharmacists and pharmacy technicians are.

Pharmacy premises

While not usually related to the issue of unregistered staff, many of those we spoke to noted the importance of pharmacies being designed effectively for efficient service.

Key themes from the unregistered staff engagement events

Below are the key themes that emerged from the analysis of the data captured in the unregistered staff focus groups. The questions the focus groups were asked can be found at appendix 4.

Education and training requirements and accreditation of unregistered staff courses

It was thought the GPhC should continue to set education and training requirements for unregistered staff. Participants thought the GPhC are best placed to do this and that this will ensure a consistent standard and make sure employers view training as important. The majority thought that the GPhC should continue to accredit courses as it was felt that it is the GPhC's role to be involved in the requirements for all pharmacy staff, not just those who are registered. Some however, did not mind who accredits the courses as long as they are learning and gain the qualification.

The majority of unregistered staff thought that the training was very useful. There was agreement that it was relevant to the work and gave them a good grounding for their role. Some however thought that the training was not very useful. These respondents said that not all the information learnt is used on a day to day basis and therefore they did not always think it was relevant. An example given was making creams, which they said unregistered staff would not be asked to do in their pharmacy. Some participants thought that unregistered staff courses do not cover all the content they should, such as knowledge of important medicine interactions, confidentiality training and the legal side of pharmacy.

The majority said there is too much theory in the courses and not enough practical learning, when the most helpful aspect of training was to learn by doing the job. A few unregistered staff had trained a long time ago and felt that training is very different now compared to how it used to be. Soft skills were covered in training but there was an even split, with half thinking they were covered effectively and half disagreeing.

The majority said there was not enough time to complete the training in working hours and that it had to be completed outside of work in their own time, which was often difficult due to other commitments. Some however said they were allocated time to complete the training in working hours. Some felt that the time and effort to complete the course was proportionate but others did not, saying that the programme was a lot of time and effort for them, considering the level of the role and commitments outside of work. It was felt that the training was not easy to complete by some, who didn't find the online course user friendly as they lack computer skills. Furthermore, training felt quite overwhelming for some because the training on top of the job was already significant. Few participants said that they found the training easy, but those that did said the online training was useful because it can be accessed easily and when they wanted.

Many participants felt that they were supported during their training by colleagues. Some however, felt they were not given enough support during their training and would have liked more one on one support from senior colleagues and trainers. The majority said that that they felt confident in the requirements of their role because during training, they had been learning whilst working which meant they could put the theory in to practice. Some said that recently trained staff may not feel as confident, especially the Saturday staff who are 'thrown in the deep end' and often do not work with a regular pharmacist.

Training and development opportunities for unregistered staff

Many unregistered staff felt there is a lack of training and development opportunities available for them and want to keep learning and progress in their careers. Others said that training and development opportunities are available to them where they work. Staff who worked in larger or multiple community pharmacies tended to identify more opportunities than those in independent pharmacies, with online modules being common. It was noted by some that community and hospital settings do not often acknowledge training qualifications designed for the other setting which can limit movement between sectors and career progression.

Staff also thought there should be extra training for unregistered staff to keep their knowledge up to date which will improve patient care. A few participants said they do not want opportunities to further their careers and are happy with their roles. Staff told us that appraisals do take place but not very often. It was thought by some that unregistered staff should be required to do CPD, the same as pharmacy technicians and pharmacists.

Pharmacy support staff

All participants felt that the term 'pharmacy support staff' is appropriate and reflects the varying roles in the pharmacy team. There was agreement that the term 'unregistered staff' is negative and does not make them feel valued. Some staff also told us there is a lack of financial reward for unregistered staff, with staff often being on minimum wage. This made some staff feel undervalued and many had considered a career change, as they feel they could earn higher salaries in other customer facing roles.

Participants also thought having a means to identify unregistered staff in a pharmacy is important; some suggested name badges and having qualifications on show in the pharmacy.

Next steps

The feedback gained from these focus groups will be used to inform the unregistered staff policy proposals. The proposals will be shared with the GPhC's Senior Leadership Group and Council before the further developments take place in 2019.

Appendix 1: Participant profile

Patient and public focus groups

57 delegates completed the equality monitoring form.

Sex	
Male	42%
Female	58%
Other	-
Prefer not to say	-
Skipped question	-

Sexual orientation	
Heterosexual/straight	95%
Gay woman/lesbian	-
Gay man	2.5%
Bisexual	-
Other	-
Prefer not to say	2.5%
Skipped question	-

Do you consider yourself disabled?	
Yes	13%
No	87%
Prefer not to say	-
Skipped question	-

Age	
16 – 24 years	9.00%
25 – 34 years	14%
35 – 44 years	26%
45 – 54 years	25.00%
55 – 64 years	19%
65 + years	5%
Prefer not to say	-
Skipped question	2.00%

Ethnicity	
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White British	61%
White Irish	-
Gypsy or Irish traveller	-
Other white background	5%
Black Caribbean	2%
Black African	10%
Other Black background	2%
White and black Caribbean	-
White and black African	-
White and Asian	-
Other mixed background	2%
Indian	-
Pakistani	-
Bangladeshi	9%
Other Asian	2%
Chinese or Chinese British	5%
Arab	-
Prefer not to say	-
Skipped question	-

Religion	
Christian	28%
Jewish	-
Muslim	10.50%
Hindu	1.75%
Buddhist	-
Sikh	-
None	24%
Any other religion	1.75%
Prefer not to say	10.50%
Skipped question	23%

Unregistered staff focus groups

52 delegates completed the equality monitoring form.

Sex	
Male	6%
Female	94%

Other	-
Prefer not to say	-
Skipped question	-

Sexual orientation	
Heterosexual/straight	88%
Gay woman/lesbian	-
Gay man	2%
Bisexual	6%
Other	-
Prefer not to say	4%
Skipped question	-

Do you consider yourself disabled?	
Yes	2%
No	96%
Prefer not to say	2%
Skipped question	-

Age	
16 – 24 years	15%
25 – 34 years	27%
35 – 44 years	27%
45 – 54 years	19%
55 – 64 years	10%
65 + years	-
Prefer not to say	-
Skipped question	2%

Ethnicity	
White British	81%
White Irish	-
Gypsy or Irish traveller	-
Other white background	5%
Black Caribbean	2%
Black African	-
Other Black background	-
White and black Caribbean	-

White and black African	-
White and Asian	-
Other mixed background	4%
Indian	2%
Pakistani	-
Bangladeshi	-
Other Asian	2%
Chinese or Chinese British	-
Arab	2%
Prefer not to say	2%
Skipped question	-

Religion	
Christian	36.50%
Jewish	-
Muslim	2%
Hindu	2%
Buddhist	2%
Sikh	-
None	36.50%
Any other religion	-
Prefer not to say	4%
Skipped question	17%

Appendix 2: Summary of feedback from evaluation questionnaires

Patient and public focus groups

	London (23 responses)	Glasgow (17 responses)	Cardiff (17 responses)
I felt able to contribute to the discussion	86%	100%	94%
I thought the event gave me the opportunity to explore key issues raised in the consultation	91%	100%	94%
I thought the speakers at the event were good	91%	100%	94%
I thought the venue was appropriate	83%	88%	94%
I received enough information about the event in advance	78%	94%	77%

Unregistered staff focus groups

	London (17 responses)	Glasgow (18 responses)	Cardiff (20 responses)
I felt able to contribute to the discussion	100%	100%	100%
I thought the event gave me the opportunity to explore key issues raised in the consultation	100%	100%	100%
I thought the speakers at the event were good	100%	100%	100%
I thought the venue was appropriate	100%	100%	100%
I received enough information about the event in advance	93%	94%	75%

Appendix 3: Patient and public focus group questions

Who do you see when you use a pharmacy?

- Do you know who you are interacting with when you visit a pharmacy?
- Do you know the different roles of the staff you interact with in a pharmacy?
- We have been using the term ‘unregistered staff’ to describe people who work in pharmacy but are not pharmacists or pharmacy technicians. What do you think about this term? Do you understand what this means? What alternative terms would you suggest instead?
- Do you know how much education and training the different members of staff have had?
- Is it important to you to know who you are dealing with?
- Have you ever interacted with pharmacy staff outside of a pharmacy, for example a delivery driver, or in a hospital?

Your experiences of the staff you meet in a pharmacy

- What are your experiences of the service you have received from pharmacy staff?
- What made your experience good?
- How could it have been improved?
- Is your experience of dealing with unregistered staff different to dealing with a pharmacist or pharmacy technician? What made it different?

What skills would you expect someone working in a pharmacy to have?

- What skills would you expect someone to have if they work in a pharmacy dispensing and supplying medicines but are not a registered pharmacist or pharmacy technician?
- What behaviours would you expect; for example good communication skills?
- What knowledge would you expect them to have; for example knowledge about different types of medicines?
- We set standards for pharmacists and pharmacy technicians (show the standards wheel). Which of these would you expect unregistered staff to also demonstrate? Which of these do you think only a registered pharmacist or pharmacy technician should be expected to demonstrate?

Assurance

- What would give you assurance that the unregistered staff in a pharmacy are competent to do their role?
- Do you think the GPhC should set requirements for the education and training of unregistered pharmacy staff?
- What do you think these requirements should be and why?
- Currently, the GPhC accredits course for unregistered staff. By 'accredit' we mean that we check how the course is being delivered and what is covered to make sure it is meeting the requirements we set. Do you think that we should continue to do this and why?
- Could someone who was not a regulator accredit courses instead? How would you feel about this?

Any other comments?

- NA

Appendix 4: Unregistered staff focus group questions

Your experiences of training

- Overall, did you find your training useful for your current role?
- What did you find most useful about your training?
- Were there aspects of your training that were less useful for your role? Explain what these were, and why they were not useful?
- Thinking about your role now, is there anything you have liked to have seen more of in your training, or that was not covered?
- Did your training cover 'soft skills' such as communication and working in teams?
- How confident do you feel about the requirements of your role?

Support during your training

- How easy or difficult did you find it to do the training programme?
- Did the time and effort required feel proportionate?
- Were you given time and/or resources during work time to complete your training?
- Were you given any other support in the workplace? Explain what this was?
- How important is training and development where you work?

Ongoing training and identifying development needs

- Do you receive any ongoing training and development for your role?
- Do you get have an appraisal or development conversations for supervision in role?
- Thinking about the future, what training and development would you find it helpful to have?

How we describe people who work in pharmacy but are not on our register

- We have been using the term 'unregistered staff' to describe people like you who work in pharmacy but are not pharmacists or pharmacy technicians.
- What do you think about this term?
- What alternative terms would you suggest instead?

Assurance

- What do you think would help give greater assurance to patients and the public that you, and the other unregistered staff in the pharmacy, have the training, skills and competence to do your role? (prompt - examples might be name badges with roles on, certificates displayed in the pharmacy)
- Do you think the GPhC should set requirements for the education and training of unregistered pharmacy staff?
- What do you think these requirements should be and why?
- Currently, the GPhC accredits course for unregistered staff. By 'accredit' we mean that we check how the course is being delivered and what is covered to make sure it is meeting the requirements we set. Do you think that we should continue to do this and why?
- Could someone who was not a regulator accredit courses instead? How would you feel about this?

Any other comments

- NA