General Pharmaceutical Council

National Pharmacy Association pharmacy technician course accreditation event report, November 2023

Contents

Event summary and conclusions	
Provider	National Pharmacy Association
Course/Qualification	Pharmacy technician course
Name of course	NPA Pharmacy Technician Course
Event type	Accreditation
Event date	30 November 2023
Approval period	February 2024 – February 2027
Relevant requirements	Standards for the initial education and training of pharmacy technicians, October 2017
Outcome	The accreditation team has agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the Pharmacy Technician course provided by the NPA should be accredited for a period of three years, subject to 1 condition and 3 recommendations. The team's recommendation includes approval for a maximum intake of 12 cohorts per year, with a maximum of 15 trainees per cohort, or an overall maximum of 180 trainees in any given year.
Conditions	1. The NPA must review the assessment methodology in relation to the proposed competency logs, particularly dispensing and accuracy checking for errors, and associated additional items. This is because although the accreditation team could see that the assessment methodology was robust in most areas, they noted a concern in relation to the management of errors within the competency logs which could impact on patient safety. An assessment methodology in relation to the proposed competency logs which includes reflection on errors, a sufficient number of additional items, and maximum number of attempts, must be sent to the GPhC by **12 January 2024**, for approval by the accreditation team. This is to meet criterion 6.1.
Standing conditions	A link to the standing conditions can be **found here**.
Recommendations	1. The NPA should consider creating and documenting guidance and processes for those involved in supervising trainees in placement(s) which are not the core workplace setting identified as part of the learning agreement. This would assure that agreements and expectations are clear to all those involved in delivering the course. This relates to criterion 3.2.

	2. The NPA should consider strengthening the NPA assessor 'touchpoints' with the workplace supervisors, which may include making supervisor reviews mandatory. Further, the NPA should consider if there are any benefits to occasional tripartite touchpoints with the NPA assessors, workplace supervisors, and trainees. This may further enhance the systems in place for liaising with the NPA about the progress of pharmacy technician trainees in the workplace. This relates to criteria 3.6 and 3.7. 3. The NPA should consider developing a strategy to further engage patients and the public to gain their views on pharmacy technician education and training in an ongoing and systematic way. This may provide further insight into the needs of patients and the public in relation to the NPA's pharmacy technician course. This relates to criterion 5.5. A response to the recommendations should be sent to the GPhC for review by the accreditation team by **12 January 2024.**
Minor amendments	It should be corrected that the independent quality assurance of assessment process is appendix 4 (EQA) not appendix 3 (IQA) in terms of meeting criterion 6.8
Registrar decision	Following the event, the course representative submitted a response to the condition and the accreditation team agreed that it had been met satisfactorily. The Registrar is satisfied that the NPA has met the requirement of approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Standards for the initial education and training of pharmacy technicians, October 2017. The Registrar confirmed that the NPA is approved to offer the pharmacy technician course for a period of three years and noted that the condition as outlined in the report has been met.
Key contact (provider)	Kushal Patel, Quality Assurance Manager
Provider representatives	Kushal Patel, Quality Assurance Manager* Louise Baglole, Director of Professional Services and Development* Glen Savage, EQA Linda Macdonald, Lead IQA* Heenal Malde, Learning & Development Manager Alvina Hussain, Assessor Liz Kirkham, Assessor Colleen Robinson, Assessor

	Adrienne Horrocks, Learning and Development Pharmacist* Indie Kaur, Assessor Karen Kellet, Assessor Nick Kaye, NPA Member Megan Scott, Student Hayley Ganvir, Training Lead for non-pharmacist staff/member Amerjit Singh, Skills 4 Pharmacy (partner) + Pharmacist
Accreditation team	Rebecca Chamberlain (team leader – pharmacy technician), Self-employed Pharmacy Technician, Trainer and Associate* Leanne Bartholomew (team member – pharmacy technician), Principal Pharmacy Technician Suffolk and North East Essex ICB** Shahzad Ahmad (team member – pharmacist), Clinical Lead, NHS England Transformation Directorate Fiona Barber (team member – lay), Independent Member, Standards Committee, Leicester City Council
GPhC representative	Chris McKendrick, Senior Quality Assurance Officer (Education), General Pharmaceutical Council*
Rapporteur	Ian Marshall, Proprietor, Caldarvan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde
Observer	Professor Steve Howard (new accreditation panel member in training) Independent Healthcare Consultant

*also attended the pre-event meeting on 16 November 2023

**Leanne Bartholomew was unable to attend the event on 30 November 2023 but contributed to the questions and team discussion on 29 November 2023

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and registered pharmacy premises in England, Scotland and Wales (the countries of Great Britain). In order to practise in Great Britain, pharmacists and pharmacy technicians must be registered with the GPhC and have satisfied us that they meet our detailed requirements. If you are a training provider or awarding body, you will need to follow the process set out **Standards for the initial education and training of pharmacy technicians, October 2017** to have your pharmacy technician competency and knowledge-based course/qualification approved by us.

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 the **website**.

Background

The NPA is a trade association for independent community pharmacy. The NPA offers GPhC-accredited level 2 courses, including a Counter Assistants' Course, a Dispensary Assistants' Course, and an Accuracy Checking for Dispensers Course. The NPA is currently a centre provider for the Pearson awarding organisation, delivering a pharmacy technician qualification to the 2017 GPhC standards. The provider has now repurposed its teaching materials and is applying for direct accreditation of its level 3 course with the GPhC. Accordingly, an accreditation event was scheduled for 29-30 November 2023 to consider the application. The course consists of 22 books that have been written by a team of pharmacists. Originally based on the Pearson specification, the books cover the essential knowledge required, with six also incorporating practical skills elements.

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 16 November 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 accreditation team and GPhC representatives on 29 November 2023. The remainder of the event took place via videoconference on 30 November 2023 and comprised a series of meetings with the provider staff and stakeholders involved in the design of the course.

Declarations of interest

Rebecca Chamberlain declared that 25 years ago as part of her pharmacy technician initial education and training, the knowledge element of her study was undertaken by distance learning with the NPA. However, it was noted that this was not the qualification used for the purpose of registration with the GPhC.

Schedule

Day 0: Accreditation team private meetings 29 November 2023

Private meeting of the accreditation team and GPhC representative

Day 1: Accreditation event 30 November 2023

Private meeting of the accreditation team
Meeting with course provider
Learning outcomes testing session
Meeting with internal and external quality assurance of the course
Meeting with external stakeholders involved in the development of the course
Private meeting of the accreditation team
Deliver outcome to course provider

Key findings - Part 1 - Learning outcomes

During the event the accreditation team reviewed the provision against all 53 outcomes relating to the pharmacy technician course. To gain additional assurance, the accreditation team also explored a sample of **6** learning outcomes during a separate meeting with the provider and was satisfied that **all 53 learning outcomes will be met** during the course to the level required by the GPhC standards.

A detailed list of learning outcomes can be found in the **Standards for the initial education and training of pharmacy technicians, October 2017**

Domain: Person-centred care (outcomes 1-12)

Learning outcomes met/will be met? Yes ☒ No ☐

Domain: Professionalism (outcomes 13-25)

Learning outcomes met/will be met? Yes ☒ No ☐

Domain: Professional knowledge and skills (outcomes 26-48)

Learning outcomes met/will be met? Yes ☒ No ☐

Domain: Collaboration (outcomes 49-53)

Learning outcomes met/will be met? Yes ☒ No ☐

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

Standard 1: Selection and entry requirements

Standard met/will be met? Yes ☒ No ☐

The team was satisfied that all four criteria relating to the selection and entry requirements will be met.

Entry requirements include applicants having GCSEs grades A*- C or equivalent in Maths and English along with good character and health checks undertaken by the employer. Applicants who need Maths or English support will be signposted to organisations that deliver level 2 functional skills prior to enrolment. Applicants who do not have a science qualification, will be assessed by the NPA via an in-house, open book, assessment to make sure they have a solid foundation of science knowledge. The accreditation team [the team] was told that the open-book test used ensures that applicants know how to look up information and understand it. This In-house assessment is used for about 20 percent of applicants, generally those lacking a science GCSE qualification. This is to ensure that individuals will be selected that are suitable to practise as trainees. In addition, applicants must be working for a minimum of 14 hours per week under the supervision of a registered pharmacist or pharmacy technician.

The team was told that the main onus for recruitment of trainees is on employers who are members of the NPA. However, the NPA will intervene if there is concern or a lack of suitable qualifications. NPA members select potential trainees and submit applications to the NPA via an enrolment form. NPA members must adhere to the GPhC code of conduct and as professionals must ensure the consistent and unbiased application of selection criteria. The team learned that there are no standardised questions for interviews. However, guidance is provided by the NPA Member Services Team, for example, for character or health, with an outside organisation providing HR support. Members will be encouraged to complete training that includes an emphasis on equality, diversity, and inclusion. Refusal of admission to the NPA would solely be based on applicants not meeting the entry requirements detailed above. The NPA provides information and guidelines to members to ensure unbiased treatment and equal opportunities for all applicants, emphasising the importance of treating all applicants equally and in accordance with relevant legislation.

Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes ☒ No ☐

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

Applicants will be enrolled by NPA members who are provided with a resource that promotes equality and diversity. The NPA does not discriminate based on race, ethnicity, gender, religion, disability, age, or any other protected characteristic. The team was shown EDI data on six relevant protected characteristics from other courses delivered by the NPA. Course content encompasses diverse perspectives and experiences, ensuring that all trainees can relate to the material and find it relevant.

Course content is reviewed and updated to address the evolving needs of a diverse trainee population. EDI data is routinely collected for all current level 2 (accredited support staff) courses and will be collected for the new pharmacy technician course, and subsequently used during the review cycle. To accommodate trainees' individual needs, a range of reasonable adjustments is offered, including coloured acetates, additional time for the course, additional time for the individual books and action plans to keep trainees on track.

Assessors undergo regular training on a yearly basis and are encouraged to create an inclusive and respectful environment where trainees from different backgrounds are valued and encouraged to participate actively. This training takes place on LinkedIn learning, but is supplemented by project IDEA (inclusivity, diversity, equality and allyship), an NPA initiative.

Equality and diversity data will be collected on a yearly basis for all courses. The course lead will use this data to inform evidence-based decisions and shape potential changes to the course during the review cycle. This data will allow identification of potential areas for enhancement, addressing any disparities, and implementing strategies to cater for the diverse backgrounds and requirements of trainees.

Standard 3: Management, resources and capacity

Standard met/will be met? Yes ☒ No ☐

The team was satisfied that all seven criteria relating to management, resources and capacity requirements will be met. Two recommendations were made.

In-house learning and development pharmacists have developed each of the course books. The course comprises of 22 knowledge books, with six of those books also consisting of a skills element. The books were written by pharmacist subject matter experts that have additional qualifications in education and training.

An assessor team of pharmacists and pharmacy technicians will be responsible for the delivery of the course. Each trainee will be allocated an assessor that acts as a mentor and guides the trainee through the course and monitors trainee progress using a caseload tracker. The assessor and assessor team will conduct regular reviews, issue reminders on overall progress and assignment progress, and be the main point of contact for trainees. Each trainee must have a designated workplace supervisor that is responsible for supervising and mentoring in the workplace. The supervisor will provide support, conducts regular reviews and provides a suitable environment for learning on the job. The team was

told that learning agreements will be uploaded and explained in detail at the first meeting during induction. If a trainee starts to fall behind, then the assessor will discuss the trainee's progress; this will depend largely on the intuition of the assessor but there are also planned reviews. The team wished to know who is responsible for the trainee's health and safety, safeguarding etcetera when they are on placement and was told that the onus is on the member to find suitable a suitable placement for the trainee. The placement location will be responsible for health and safety, and other legal issues. There is no NPA guidance for placements but the team was told that this could be developed. Criterion 3.2 was subject to a **recommendation** that the NPA should consider creating and documenting guidance and processes for those involved in supervising trainees in placement(s) which are not the core workplace setting identified as part of the learning agreement. This would assure that agreements and expectations are clear to all those involved in delivering the course.

The learning and development pharmacists are involved in the ongoing review of course content in collaboration with an assessor team. Reviews will be led by the Lead Learning and Development Pharmacist. The team was told that there have been two formal reviews in the last year. There will be more reviews in the first year of the new course, with *ad hoc* reviews if there are concerns. There will be a full review at 27 months. The team wished to know the rationale for the proposed number of what appeared to be non-mandatory workplace supervisor reviews over the duration of the course, and was told that such reviews would be too tedious to do every month, with three months being a better timeframe. Assessors will use a tracker and *ad hoc* reviews can be called with the threshold for NPA intervention being three missed reviews, despite three chase-ups per review. Assessors get to know trainees so will contact trainees, with outcomes and actions discussed at weekly team meetings. The team learned that there will be no tripartite reviews involving the trainee, supervisor and assessor due to availability problems and privacy for discussions; this was described as being more comfortable for trainees who can speak more openly in the absence of their supervisor. However, supervisors can speak to assessors and assessors can learn of issues with supervisors from trainees. Criteria 3.6 and 3.7 were subject to a **recommendation** that: the NPA should consider strengthening the NPA assessor 'touchpoints' with the workplace supervisors, which may include making supervisor reviews mandatory. Further, the NPA should consider if there are any benefits to occasional tripartite touchpoints with the NPA assessors, workplace supervisors, and trainees. This may further enhance the systems in place for liaising with the NPA about the progress of pharmacy technician trainees in the workplace.

A Risk Register serves as a central repository for identifying, documenting, and assessing potential risks related to course delivery, compliance, and trainee support, and is reviewed monthly and updated by the management team. The team learned that the risk register is a live document with a project manager, that looks at capacity and any issues with the course. Findings will be escalated to the NPA board and discussed at the Membership and Services Committee. The team questioned a statement in the risk register that stated, "changing assessments to make them easier to mark and L&D prioritising this". The provider initially responded stating this was incorrect and would need to be removed, then clarified that they have standardised some assessments to make them easier to mark, e.g. given trainees two specific drugs to discuss rather than leaving it open to learners to select two drugs to discuss. The provider assured the team that the risk register would be reviewed, and contentious/confusing wording would be clarified.

The majority of staff members are internal, including the learning and development pharmacists, Quality Assurance team, Member Services and the assessor team. All external providers, including the External Quality Assurance (EQA) have an agreement or service level agreement. A learning contract

details how trainees will receive guidance, mentorship, and assistance. Internal processes have been established for regular monitoring of learning contracts. These include assessor reviews at set stages and supervisor reviews. The team was told that staff that will be delivering the course will be supported through dedicated sessions by two Internal Quality Assurers, IQAs, who can discuss any issues such as confidence and presentation with the QA Manager. There will be team meetings three or four times a year to discuss areas with which staff struggle. Five learning and development pharmacists work with the assessors, and the outside HR organisation will be available to provide assistance with pastoral issues.

Standard 4: Monitoring, review and evaluation

Standard met/will be met? Yes ☒ No ☐

The team was satisfied that all five criteria relating to monitoring, review and evaluation requirements will be met.

There is an established quality management structure in place to ensure the continuous monitoring and evaluation of the course. This structure includes procedures for reporting, review, and taking appropriate action. The course lead is responsible for leading the review of all course materials on a regular basis. The Quality Assurance Manager oversees the quality of the course and works closely with the Lead IQA and the Support IQA to ensure that processes align with industry standards and regulatory requirements. The QA Manager maintains a strong connection with the Learning and Development Team. The team of assessors participates in the quality management process, providing insights from course delivery and assessment. Regular reporting and review cycles occur throughout the year to ensure that any emerging issues will be addressed.

The team wished to know how progression and achievement data from the course will be monitored, reviewed and evaluated, and was told that data will be monitored through the VQ Manager and tracker. Progress will be available to assessors in real time, and have to be monitored at least once a month. An e-learning content manager will analyse the data for performance of particular groups and forward to the QA Manager for implementation. The team was told that data has not yet been used for future development of NPA courses, but that the provider will be looking into the better use of data.

The NPA will be inspected by an EQA, who is a registered and experienced pharmacist, to provide independent oversight/assessment of the course. The EQA process will start from discussions with the NPA team. The EQA will conduct biannual inspections, including interviews with trainees, supervisors, tutors, assessors, and IQAs, plus sampling of trainee work, and produce detailed reports, helping to identify areas for improvement. If the EQA determines that there are action points there will be timescales as defined by the EQA for the NPA to rectify any issues or show improvement. At the conclusion of their course, trainees will have the opportunity to provide feedback through the NPA trainee satisfaction process. There is also an accessible and transparent complaints mechanism through the Member Services department.

The IQA strategy involves systematic sampling of assessments conducted by the assessors. Each new assessor is sampled for a minimum of three times for each book until signed-off. A representative random sample of assessments is selected across multiple units, assessors, and assessment methods.

A feedback system ensures that trainees receive meaningful guidance and support throughout the course with marked work being returned within 14 days. Assessors provide detailed feedback to trainees for every assessment to highlight strengths, to address areas for improvement, and to guide trainees.

The team was told that there had been no significant changes to the course recently as a result of any updates to pharmacy practice. Thus, there were no recent addenda to show the team. The team learned that the provider receives daily updates from the NPA, NICE, and Community Pharmacy England. Eight support pharmacists regularly give update information that is developed by the provider. Each course book will be reviewed every two years, but trainees do not get all 22 course books at start of their course. Implementation of changes will depend on their urgency, and addenda will be produced, for example, on sodium valproate.

Standard 5: Course design and delivery

Standard met/will be met? Yes ☒ No ☐

The course materials encompass essential knowledge over 22 course books. The GPhC's standards for pharmacy professionals are actively incorporated into the curriculum. The course was initially designed to adhere to the standards previously operated when the NPA was a Pearson centre, but has been adapted slightly. The sequence of the course materials firstly imparts the necessary underlying knowledge before trainees will be required to demonstrate related skills, to ensure a safe and gradual progression. The team wished to know the rationale for commencing the medicines reconciliation module, prior to completion of all the therapeutic modules, and was told that Pearson had wanted skills to be developed over a period of time, at least 3 months but ideally 6 months, for consistency. It was explained that medicines reconciliation is not done on a daily basis in community pharmacy, and that it is difficult to identify suitable patients for the process. In the medicines reconciliation part of the course trainees undertake history-taking where, it was opined, that they do not need to already know about all therapeutic areas but can use the British National Formulary (BNF) and refer as necessary.

Trainees will be expected to comply with course rules, including responsibilities such as managing extensions, maintaining open communication with assessors, and adhering to malpractice and plagiarism policies. Serious breaches of these regulations can result in dismissal from the course. Trainees will be required to complete a minimum of 24 months (27 months typical) under a qualified supervisor or pharmacist, engaging in practical work for a minimum of 14 hours per week. Workplace supervisors will be responsible for on-the-job training, mentoring, and guidance to trainees to ensure that trainees gain practical experience and can demonstrate competence.

Workplace supervisors will also play a pivotal role in upholding patient safety standards throughout the training. Thus, pre-registration trainee pharmacy technicians will only engage in tasks for which they are competent or that are actively supervised to acquire competence. The team wished to know how supervisors and trainees will be supported to ensure patient safety at all times and was told that the criteria are within six Skills Books on, for example, dispensing and accuracy checking. Safety was said to be embedded in the course and linked to the GPhC standards. There is a patient safety officer, and quarterly patient safety reports for NPA members. Safety elements will be covered at induction and in the terms and conditions of the course. As there is no tripartite review, the pharmacist supervisor must be trusted. If there is a potential concern identified this can be fed back to supervisor, or to the GPhC if serious. The provider indicated that guidance on the management of patient safety

issues in the workplace can be added in as a few lines in assignment briefs.

The team wished to know how patient safety issues will be managed, particularly errors which occur when gathering items for competency logs. The provider explained that the approach for dispensing and accuracy checking is based on the previous Pearson recommendation, with 500 completed items required. If trainees make an error in the first 480 items, then they are required to do an extra item per error. If an error occurs in the last 20 items, then they have to do more, although not specified. Trainees "should reflect on errors", although not mandatory, and on their everyday practice.

Issues identified during the discussions on criteria 5.7 and 5.9 above on patient safety and assessment, particularly a concern in relation to the management and assessment of errors within the competency logs which could impact on patient safety, resulted in a **condition** being imposed in relation to Standard 6 on Assessment, see below.

To capture insights and feedback, NPA has engaged various stakeholder groups, including patients, members, pharmacists, trusted partners, and sector specialists including standard verifiers for a stakeholder survey. Stakeholder feedback has been integrated into the course design and delivery. Stakeholders interviewed told the team that the NPA was reactive to the needs of small pharmacies. There are proposals for regular contact with trainees on the course, and trainees on the Pearson qualification were asked opinions on timescales and work/study balance. The course was described as trainee-focussed but with explanations of roles and expectations to workplace supervisors, including the use of videos. Stakeholders opined that workflow makes the course difficult to complete in 24 months and welcomed the extension to 27 months, as has been the reduction in the pass mark for the knowledge assessments. Stakeholders expressed their willingness to be involved in the future, with one member, a partner organisation, intending to attend regular meetings with the NPA to discuss good working practices.

The team asked the provider to share an example of patient or public engagement and feedback which had been used to inform course design but was told that, despite an open comment survey of 20 patients that responded, nothing from the survey had warranted a change in the course. The team was told that there is no patient involvement in the NPA Board but that patients' feedback can be considered despite none thus far. Criterion 5.5 was subject to a **recommendation** that the NPA should consider developing a strategy to further engage patients and the public to gain their views on pharmacy technician education and training in an ongoing and systematic way. This may provide further insight into the needs of patients and the public in relation to the NPA's pharmacy technician course.

Standard 6: Course assessment

Standard met/will be met? Yes ☐ No ☒

The team was satisfied that nine of the ten criteria relating to the course assessment requirements will be met with one criterion subject to a condition.

The submitted documentation indicated that assessment encompasses a range of methods, including short answer questions, multiple-choice questions (MCQs), expert witness observations, simulations, professional discussions and more. The assessment methods have been aligned with the requirements outlined in Part 1 of the standards. The pass mark for all knowledge-based assignments is 80% and requires all candidates to have answered every question to ensure that they have the

required knowledge. The submission indicated that the assessment methods have a proven track record of success, having been utilised in previous NPA pharmacy technician courses, being well-tested and suitable for pre-registration trainee pharmacy technicians. During assessor reviews, any areas of concern will be addressed, and trainees provided with clear guidance on how to provide further evidence if required. All assignments will be marked within 14 days of submission.

The team wished to know about resubmissions of knowledge assignments and how the process ensures that trainees are unable to edit their initial submission and that an audit trail is maintained. It was told that it is only occasionally that a trainee edits their original submitted work, but that a process is followed with assessors keeping the original on their VPN with an audit trail showing changes made. The team received a tour of the NPA VQ Manager which included how evidence is resubmitted to ensure a clear audit trail, such as use of different colour texts and each new submission being uploaded as a new document.

The assessment strategy includes methods to assess competence in the workplace to ensure that a pre-registration trainee pharmacy technician's ability to make competent decisions in real-world scenarios is evaluated. Expert witnesses will be a trained to gauge a trainee's decision-making skills to ensure that they are fully prepared for their professional role. There will be regular supervisor reviews to assure that the trainee's practice remains safe and aligned with patient safety standards. Assessors and IQAs will be proactive in identifying any evidence that may indicate unsafe or dangerous practice, to ensure that every trainee prioritises patient safety throughout their learning. To ensure the integrity and impartiality of the quality assurance of assessment, there is an agreement with a third-party External Quality Assurer, EQA, who will undertake biannual visits, sample assessments and review IQA work and capacity.

As the team noted that workplace assessor observations are no longer proposed as part of the course design, it wished to know how learning and assessment in practice is quality assured and aligned. It was told that workplace supervisors and witnesses will not be not qualified assessors but training is offered, for example, on observations, and there will be more training for expert witnesses. If a supervisor is deemed not to be competent there will be a 1:1 call with the assessor, with training offered and help with professional discussions. Assessor reviews will take place at defined intervals, with any unsafe practice discussed at weekly meetings, with an action plan being developed for the supervisor and escalated to the QA Manager. The team was told that assessment decisions in the workplace will be quality assured by the IQA and EQA, with expert witness observations on trainee work *re* quality assured by random sampling to ensure that the trainee has enough evidence to prove their competence. An expert witness training pack has been introduced which the EQA considered had improved the quality of detail in the observations. The team was told that the EQA will not address the learning contract but rather interviews supervisors and trainees to obtain information on support and contact with the assessor on assessment issues. There will be a discussion of findings at end of the EQA event/visit; if an anomaly arises then the EQA can meet immediately with the IQA and QA Manager.

The team was told that the percentage of sampling that will be undertaken by the IQA has not yet been set up, but will be normally 100% as the course is new, with a minimum of three pieces of work sampled, two on knowledge and one on skills as a minimum. “At risk” elements such as patient safety will be prioritised.

Based on the discussions relating to criteria 5.7 and 5.9 above, the team agreed that criterion 6.1 be subject to a **condition** that the NPA must review the assessment methodology in relation to the

proposed competency logs, particularly dispensing and accuracy checking for errors, and associated additional items. This is because although the accreditation team could see that the assessment methodology was robust in most areas, they noted a concern in relation to the management of errors within the competency logs which could impact on patient safety. An assessment methodology in relation to the proposed competency logs which includes reflection on errors, a sufficient number of additional items, and maximum number of attempts, must be sent to the GPhC by **12 January 2024**, for approval by the accreditation team.

Standard 7: Pre-registration trainee pharmacy technician support and the learning experience

Standard met/will be met? Yes ☒ No ☐

The team was satisfied that all seven criteria relating to pre-registration trainee pharmacy technician support and the learning experience requirements will be met.

An induction programme will acquaint trainees with the course structure, expectations, and the importance of adhering to professional standards. It will highlight patient safety as the greatest priority. The induction will give trainees information about the NPA team, the course, and processes such as extensions, plagiarism and malpractice, where to go for support.

Trainees will have a dedicated assessor for support whom they can contact via email or telephone. There will be monthly drop-in virtual calls where trainees can seek guidance, clarify doubts, and ask questions. These sessions will be specifically tailored to address induction and skills-related queries. At specific points during the course, trainees will undergo structured assessor reviews at the 3-month, 6-month, 12-month, 18-month, 24-month, and 27-month points. During these reviews, assessors will work closely with trainees to evaluate their progress, offer constructive feedback, and identify areas for improvement. To ensure comprehensive workplace support, regular supervisor reviews will be encouraged. These reviews will be conducted ideally on a three-monthly basis, allowing supervisors to monitor progress, and provide guidance.

Workplace supervisors will be encouraged to arrange placements with local teams, such as their local GP surgery or Primary Care Network (PCN), subject to availability. A reflection form will then be reviewed at their next supervisor meeting. Additionally, trainees will interact with various healthcare professionals such as nurses and PCN pharmacists, as well as hospital pharmacists, particularly through queries over the phone.

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