1. **Present**
Liz Fidler (LF) Chairperson, Sarah Wright (SW) Secretary, Beth Barrett (BB), Dalgeet Puaar (DP), Deborah Williams (DW), Cath Davies (CD), Ellen Williams (EW), Gill Risby (GR), Cath O’Brien (rep for Cath Stride), Jane Pyatt (JP), Tess Fenn (TF), Julie Jordon (JJ), Helen Fawcett (HF), Deborah Williams (DW), Alison Pritchard (AP).

2. **Apologies**
Tracey Burrows (TB), Diane Blunden (DB)

3. **Minutes of 17th October 2011**
Minutes were agreed and signed of. To be posted on NHS PEDC website.

4. **Responses to briefing papers**

   **Edexcel** – L. Fidler has written and spoken to Dr Damian Jones to discuss the continuation of having an Edexcel representative attend the meeting. Edexcel are in support of this and will approach Gail Hall to be their representative. Dr. Jones will be sending an electronic brief regarding the reorganisation that has occurred at Edexcel as an information source for PTSSG members. L.Fidler will circulate once received.

   **City and Guilds** – T.Fenn Apologised for the late submission, this was due to waiting for C&G information.
   Refer to briefing papers - No questions arose from paper
   City and guilds are hosting four Pharmacy network events, 2 in London and 2 in Birmingham.
   It was agreed it may be beneficial to have representation from the group at these events and to feedback at subsequent PTSSG meetings.
   M.Boughen and D.Puaar attending 29th February and will provide feedback.
   C.Davies will attend 29th March 2012 and provide feedback.
   D. Puaar will liaise with members of the group to encourage representation at each meeting.

   **APTUK** – Briefing paper circulated – no further discussion

5. **Update from Strategy group and Matters arising** – **L.Fidler**
Change in chair for the Main group. Gail Fleming will be vice chair for 12 months and then take up position of chair.

Susan Sanders is leading work on reporting. L.Fidler will liaise with Susan to incorporate PTPT figures as requested. This will form part of the Reporting Task and Finish Group work as agreed in October. L.Fidler will inform group of any outcomes/deadlines as appropriate. The main committee
discussed the merits of looking more specifically at individual job specialities, clarification on this will come from the task and finish group.

6. GPhC Visit - T.Fenn

GPhC Support Staff Seminar: 15th December 2011: GPhC, 129 Lambeth Road
L.Fidler was unable to attend this at short notice and so had asked T.Fenn to feedback to the group.
Focus of seminar: advisory session for GPhC to provide general updates and developments and in the field of education and training of Pharmacy Technicians and Support Staff.

Damian Day provided an update on the GPhC – one year on. Damian gave an overview on the GPhC restructure explaining the two main divisions:
Policy and Communications Directorate which includes:
- Education and registration policies: include education and training standards together with accreditation and reaccreditation processes.
- Fitness to Practise: introduction of proportionate risk based process, which has streamlined and closed a high number of outstanding cases inherited from RPSGB particularly those with minor safety issues. GPhC publishing learning points from fitness to practise issues, in form of FTP queries and case studies, as future guidance for registrants.
- Communication: now regular electronic updates on the website and through publication ‘Regulate’
- Standards advisory team: available for answering queries for all registrants
- Stakeholder and PPI engagement: to encourage participation and engagement of registrants: for example- pharmacist education standards consultation. Through this it is planned that the support staff seminar, stakeholder engagement, will become an annual event.

Regulatory Services Directorate which includes:
- Customer services: a streamlined service that now triages queries
- Quality and case management
- Investigations and case management
- Legal advice and hearings management
- Inspection team: review of premises inspection processes with possibly changes to inspection role

Registration data: Dec 2011: 19,450 Pharmacy Technicians on the register. Rolling entry onto the register started September 11 with new entrants being added on the 1st and 15th of every month.

GPhC future focus will concentrate on giving guidance rather than setting more standards to help and support registrants applying their professional judgement. Four new pieces of guidance will shortly be released; obtaining consent, confidentiality, professional boundaries and raising concerns.
Premises standards are being reviewed and GPhC will be asking for registrants views through a consultation @ New regulatory framework for registered pharmacy premises’.
Joanne Martin provided an update on accreditation and re-accreditation of qualifications undertaken by the GPhC to ensure education standards set are being met.

Joanne explained two aspects of this process:

- Accreditation- directly review evidence to ensure a qualification meets the standards- e.g. MPharm and private providers
- Recognition- review the QA processes of awarding bodies to ensure National Occupational Standards meet the GPhC standards e.g. Edexcel and City and Guilds

Pharmacy Support Staff and Dispensers: minimum standards in place since 2005 for individuals who supply medicines to the public. These are in place for patient safety and not a career pathway.

Standards of conduct, ethics and performance clause 7.4 state that a pharmacist must delegate effectively ensuring the person they delegate to has the knowledge and skills to carry out the task safely and effectively which means only delegate tasks to people who are trained or are being trained.

Current there are four routes to meeting the minimum requirements.

- Full NVQ level 2 (QCF) and Certificate in Pharmaceutical Science (QCF)
- Completion of relevant units of the above
- Completion of a complete underpinning knowledge programme accredited by the GPhC equivalent to a Level 2 qualification
- Completion of relevant units of the above.

Action: **PEDC SSSG would like clarification on the minimum requirements**

Amendments to the policy in 2011 have now added to the list the grand parenting pharmacy technician qualifications. This means those individuals holding these qualifications who did not register can work as either a pharmacy assistant or a dispenser without undertaking any further qualifications.

Medicine Counter Assistants: GPhC approved courses covers three units of the NVQ L2 QCF or equivalent: assist in the sale of medicines and products; receive prescriptions from individuals; assist in the issuing of prescribed items.

Pharmacy Technicians: from September 2012 GPhC will be asking the awarding bodies or training providers for PASS lists of qualifying PTPTs.

Accuracy Checking Technicians: GPhC currently see this as an extended role and recognise the term should be Accuracy Checking Pharmacy Technician. The question was raised as whether there should be a separate register for Accredited Pharmacy technicians. GPhC were clearly not supportive of L2 programmes aimed at accuracy pharmacy assistant checkers. Final accuracy checking is seen to be a role of a registered Pharmacy Technician.

Action: **PEDC SSSG would like clarification on the level 2 and the standards from the GPhC.**
Martha Pawluczyk provided an update on the international route to the register. From 1st July 2011, European or overseas professionals must be registered before they can work as Pharmacy Technicians. They can no longer work as PTs whilst their application is being processed although they could work as a PTPT in an introductory role.

2 routes

- European Route: must be a European national: has right to work in the UK as a Pharmacy Technician. Application to the GPhC will be scrutinised and involve a comparison gap analysis which would include application understanding or experience of UK law and ethics.

- Overseas route: applies to overseas pharmacists and pharmacy technicians who have no rights under European directives. Will need to achieve both the knowledge and competence qualifications, work at least 14 hours per week under direct supervision of a pharmacist. There may be exemptions from the 2 years work experience as experience from their home country may be counted. However this would be independently verified together with confirmation of the pharmacy qualification from the professional awarding body.

- OSPAP course (the English Language course level 7) although required for overseas pharmacist is not currently applied to pharmacy technicians. This is seen as the employer’s responsibility when recruiting. However, poor communication may be seen as impairment to fitness to practice.

*Action** would like clarification on this from the GPhC.

Diane Meech provided an overview of the registration to date, gave feedback on incomplete applications and how these can hold up the registration process.

- Up to June 2011- 53% error rate with applications
- Up to Nov 2011- 37% error rate

Diane identified the main errors occurring and asked for help in reducing these:

- Error with certificates- both certificates are required
- Work experience start dates not clear, overlaps or missing career histories
- Declarations not being signed
- Name differences throughout the required documents

If applications are returned GPhC request a quick response for the additional information.

From noon 20/12/13 applications must be submitted within 5 years of commencing the first approved qualification or 2 years after completing the 2nd qualification or which ever if the sooner.

Additional session

Institute for Employment Studies: public funded organisation carrying out research, through Skills for Health, looking at different health professionals. Pharmacy Technicians have been included in the research. Delegates on the day formed focus groups, discussed and fed back on the current qualification, roles and extended roles of Pharmacy Technicians. Research will be ongoing and the Institute may contact PTs further.
7. Induction Pack – comments and sign off – D.Puaar
H. Fawcett had raised concern that the Induction pack contains the NHS PEDC Letterhead template and should not be in the public domain. The Group agreed that there was nothing else in the Induction pack that shouldn’t be in the public domain. L.Fidler asked for the pack to be signed off – all present agreed. D.Puaar to take out template page and then it can be put on the website in a PDF format. D.Puaar to amend and forward to S.Wright to submit to website.

8. Extemporaneous Checking – J.Jordan
J. Jordan posed the question about whether Extemp checking is currently being done by Pharmacy technicians. The group responded that as these are unlicensed products under current legal requirements the final release check can only be done by pharmacists. The group then went on to state that the outcomes of the Product Approval pilot project in the South West may provide a change in regulation to support this role. Pre & In Process Checkers may perform part of the task but not the final release of unlicensed products which in this case would apply to Extemps. J.Jordan will feedback locally the responses from the group.

9. Apprenticeship paper – L.Fidler
L.Fidler reported that the draft paper had only been sent to those who responded to original questionnaire. Those who have received a copy can have a read of the draft and give feedback to L.Fidler. Some members of the group indicated they had not received the questionnaire. To ensure national representation L.Fidler will send out the questionnaire again with tight deadlines. The main committee are interested in the paper. L.Fidler will email and set deadlines accordingly. A discussion around different funding mechanisms began, in summary this varies around the country and the apprenticeship paper will emphasize this.

Please see the revised attached project brief. It is essential that members of the group submit information within the agreed deadlines to enable this project to progress. If work is not submitted within the agreed timeframes then this could result in that members regional information not being included. Further information will be given during the April meeting.

11. Defining Roles of Pharmacy technicians – preparing a project brief – E.Williams
Post meeting note – Due to the work being conducted for the Scoping Post Qualification Pathway project the task and finish group have proposed that this work be postponed and discussed during the July meeting.

12. Task and Finish Group update – National MM feedback – E.Williams
Approval process
2nd mapping meeting has been arranged for tomorrow looking at Northern Ireland and LPET schemes. This will be the first time of going through the formal process following lessons learned from the pilot run.
The framework and all the necessary approval application documentation is now all uploaded onto the NHS PEDC website and they welcome applications. The working group consists of a member from APTUK, Member from the PEDC Pharmacy technicians and support staff group, and a member from the original working group.

Approval panel meetings will be held in a different region each time to distribute the travel and cost for panel members. Applicants need to submit one month before panel meeting. Full details are on the website. E.Williams will feedback updates regarding how the process is working with regards to resources etc at the next meeting.

13. ACPT – Professional Decision Making – B.Barrett
B.Barrett posed the question regarding ACPTs making decisions that were not black and white. Professional and ethical decision making is not something PTs have been taught or generally experienced as a new professional body and underpinning qualification has not embraced in the same way as a PRP. E.Williams will share some work that is being done in the Final Product Approval pilot regarding professional decision making. Members felt that this will need to be incorporated into ACPT teaching so will await feedback.

14. Actions and Deadlines
   I. L.Fidler to send out Edexcel document when received
   II. L.Fidler to write a thank you letter on behalf of the group and to ask for clarification on the level 2 and ACPT statements to the GPhC with T.Beswick if required post discussions
   III. D.Puaar to finalise Induction pack and forward to S.Wright to get published onto website
   IV. Task and finish group to lead on the agreed work and feedback at next meeting
   V. E.Williams. T.Fenn and G.Risby to produce a briefing paper and present to MPC.
   VI. All to review Apprenticeship paper and feedback by 20th February 2012

15. Any Other Business
H. Fawcett -As many departments are now outsourcing their dispensing services some hospitals are finding it difficult to complete part of the NVQ Level 3 award, i.e. receiving prescriptions. Where possible the trusts concerned are working with other hospitals to cover these areas, as simulation is not allowed. The local EV has been informed and is aware that this is an issue. Can the group email any issues / concerns about the NVQ to D.Puaar who will ensure that their views are represented at the C& G network day. There is a qualification review in June 2013 so collating these issues will be beneficial to feed into the review.

For information – xxxxxx reported that a Pharmacy Technician who submitted their application to the GPhC had it returned as the GPhC said that the certificate, which stated ‘Btec’ and not ‘Btec national’ wasn’t acceptable. The College who supplied the re-issued certificate (as the original had been lost) said there wasn’t a Btec National in 1987 when the Pharmacy technician qualified. The GPhC has been asked if they have received applications from any other applicants who qualified in
1987, and if so, had they got a National certificate or just a Btec. The GPhC replied that they had received applications from applicants who had graduated in 1987 with a National certificate.

**Date of next meeting: Tuesday 17th April 2012**

Please email the secretary of your attendance by the 16th March 2012. **Receipt of these minutes prior to the date of the next meeting implies that they are unconfirmed minutes.**