

Support Staff Specialist Group
Minutes of the meeting, 26 April 2010
50 Eastbourne Terrace, Paddington, London

Present

Helen Fawcett (HF), Kath Stride (KS), Sarah Wright (SW), Deborah Williams (DW), Melanie Boughen (MB), Tess Fenn (TF), Gill Risby (GR), Beth Barratt (BB), Diane Blunden (DB), Liz Fidler (LF), Dan Grant (DG) on behalf of Jane Pyatt, & Sue Gibbons

Apologies

Julie Jordan, Barbara Wensworth, Sally Kemp, Karen Nash, Ellen Bidwell, Dalgeet Puaar, Vanessa Eggerdon, Jennifer Harris, Alison Pritchard

1. Presentation from Janet Flint (JF)

Key points from Janet's presentation were:

- To encourage pharmacy technicians to register earlier. Only 15 months left of transitional arrangements. Pharmacy Technicians registering at the last minute may find that processing of their registration may be delayed, this happened with the dental profession when 4,000 applications were received at the last minute – they took five months to clear the backlog.
- To date only 1425 hospital Pharmacy Technicians have registered, there are 6000 Pharmacy Technicians working in hospital pharmacy.
- There may be a professional allowance linked with Agenda for Change that provides £38 towards the registration fee for NHS staff at Band 5 or above.
- Discussions have taken place with the GPhC to encourage Pharmacy Technicians to register.
- When the GPhC starts operating fully, the registration process for pre-registration trainee pharmacy technicians will be the same as for pre-registration trainee pharmacists.
- The calling in of CPD records started in July 2009, 400 people's CPD is requested every two weeks
- Only non-responders to the request are being referred at the moment, with a 1.5% non-response rate
- There is a gap form available that can be completed if you are going on maternity or any other leave to request that your CPD is put on hold. It is up to the individual whether they continue to carry out CPD whilst on leave
- JF provided information on the new pharmacy qualifications (see point 5 on the minutes)

Action: HF will send the presentation to group members.

2. Presentation from Skillwise

Paul Greenhalgh gave a presentation on their eportfolio system.

3. Minutes of meeting held 13 January 2010

It was agreed by the group that due to the full agenda members will email any amendments to January's minutes to TB

4. Matters arising

TB will be unable to continue as secretary after April's meeting. Nomination forms will be emailed to members. A new secretary must be appointed for July's meeting.

Action: TB to email nomination form to members

5. Discussion of important issues

New Pharmacy Qualifications

TF informed the group that the competence qualifications will be submitted to Ofqual in May 2010 for accreditation. The qualifications will then be added to the National Database for Accredited Qualifications (NDAC).

There has been a slight delay in development of the knowledge qualifications. Some of the units have been submitted to the database but not all as yet. City & Guilds and Edexcel hope to have the course handbooks ready by July/August 2010. The knowledge units have been credited and levelled. The next stages in the process are that the RPSGB as regulator endorse the units, they then put them through a web based accreditation process, and then final approval is given for the units to be accredited. This whole process takes approximately six weeks. Skills for Health are hoping to submit the qualifications to the Skills Funding Agency (previously LSC) in July 2010 so that the new qualifications can be included in the apprenticeship framework and centres can draw down funding for the units. City & Guilds also released information confirming the titles for the new qualifications,

http://www.cityandguilds.com/55132.html?utm_campaign=City+%26+Guilds+Focus+April+2010&utm_medium=email&utm_source=City+%26+Guilds

JF explained that the RPSGB have asked the GPhC if they wanted to continue with the minimum competence requirement or pharmacy assistants. The GPhC have confirmed that they will. There will not be a requirement to complete the knowledge qualification, only the competence qualification will be required to meet the minimum competence requirements. If drawing down apprenticeship funding then both the competence and knowledge qualifications will need to be completed. The case may be put forward in the future to have an integrated qualification.

Note from BW:

If you are doing a whole new NVQ qualification then you need the underpinning knowledge, e.g. the new L2 certificate will be the way to do that. People can do the competence units they need for their job BUT they will still need to do the underpinning knowledge for those units. How this is addressed will be up to the assessment centre. Each NOS NVQ unit has corresponding knowledge units attached to it and it would make sense for people to use ready made materials rather than invent their own.

The knowledge part is integral to the NVQ units and must be delivered if you do 1 unit or more. If you do the whole unit you have the convenience of a whole qualification to cover the knowledge and a formal way of dealing with that – an advantage for Centres.

Funding will only be available for the full qualifications, 20 credits worth for the L2 NVQ, 30 credits worth for the L2 certificate, 75 credits worth for the L3 NVQ and 120 credits worth for the L3 Diploma. I don't think Skills for Health have any intention to ask for funding for single units so employers will have to pay full cost of doing these units since funding for Centres will only be attached to the full qualifications in each case via the apprenticeship route. This rather works against the RPSGB

requirement since it will make it very expensive for employers to buy single units, however the Government want everyone to do the full qualification.

HF expressed concerns that there is too short a time scale for colleges to be able to prepare a new syllabus in time for September 2010. HF asked the group whether a response should be sent to Skills for Health from this group requesting an extension. JF stated that these concerns had already been raised and that if the knowledge qualification was not ready then an extension would be requested by the RPSGB. JF also confirmed that the new qualifications would not be up for review again until 2014.

NOS available on Skills for Health website: <https://tools.skillsforhealth.org.uk/suite/show/id/52>

ACPT framework review - DB

DB had requested comments from members before an update of the framework takes place. There was discussion around the need for a document maintenance schedule to ensure updates are completed in a timely manner. LF raised the question regarding maternity leave arrangements and the length of time stated in the framework for an ACPT to commence checking upon return from long term leave. It was felt that the time was too long and is potentially holding competent staff back from being able to get on with their job. There was also discussion around re-validation. GR stated that ACPTs within her region were re-validated via CPD. This involved a refresher period which involved reading procedures, completion of a CPD exercise and a practice test. This had been agreed by all Chief Pharmacists in her region. The ACPTs do not do the 100 item check.

Chief Pharmacists manage capability within their trusts. GR suggested that the ACPT national framework is still important as a benchmark. DB questioned equality with this system; GR explained that this standard would be agreed within each trust. Each trust takes responsibility for clinical governance of this. Members agreed to an amendment within the framework that provides flexibility in the time requirement to re-start checking after extended leave. LF highlighted an issue for rotational pharmacy technicians who have accreditation in technical services as well as dispensary. Is there scope for a reduction in numbers to check if doing both rather than the same amount for each? TSET wanted to ensure the required evidence for the pre and in-process checking was undertaken. If you work in both areas then you should complete the individual accreditations. GR felt that there was not enough evidence on this to make a decision at this point. LF informed the group that they would be looking at this issue. LF said they could carry out a scoping exercise to identify whether this is a national or regional issue.

Action: SK has requested that if anyone has any information on competency assessments for pharmacists clinical screening prior to ACPT would they mind sending it to her

Technical Services National Frameworks - SK Pre and In Process checking

The national framework has been reviewed/updated – No major changes.

- Some of the wording has been clarified & changed, i.e. responsible pharmacist to accountable pharmacist

- Some extra points have been added regarding pre course work (including assessment of a candidate's calculation ability and practice checking) and post course support (including error reporting, CPD and appraisals). These have been added as support tools for the candidate
- The working group are proof reading the document at the moment and it will be circulated to NHS PEDC SSG once agreed
- South West Medicines Information & Training (SWMIT) and South East/South Coast have collaborated with the Pre and In-Process Checking course, streamlining teaching plans and assessments and using each other as QA for the teaching and assessment delivery. Results on 2010 outcomes and benefits will be published

Final checking / Release

- No movement with this role for pharmacy technicians
- Development of a framework for pharmacists training and assessment for final check and release. This may be an e-learning/assessment development. Project still in early days
- The above could be used for pharmacy technicians in the future
- Will feedback to the group as and when with information on this project

Dispensing/Checking Oral Chemo

- SWMIT has developed a competency framework in line with guidance from National Chemotherapy Advisory Group (NCAG)
- Competencies are lifted from Skills for Health and BOPA
- Launch of the document in the South West 1st May. Can circulate the document to the group if this would be useful and if others are thinking about 'action-ing' the NCAG recommendation
- Will wait to hear from the group before sharing and will feedback on the documents use and outcomes at the next meeting

Post qualification employment opportunities - BB

BB had raised the concern that within her region there were qualified pharmacy technicians that had not secured employment due to pay freezes. It was felt important to raise this within the group and other regions may be having the same difficulty.

GPhC consultation on initial education & training of pharmacy technicians - LF

LF asked whether a response should be sent from the group. This was agreed,

<http://www.pharmacyregulation.org/getinvolved/consultations/standards/initialeducationandtrainingforpharmacistsandpharmacytechnicians/index.aspx>

Action: All responses to LF by 12 May

6. SSG objectives

Regulation – MB

Nothing to report (see agenda point 1)

National projects

The Strategy Group have authorised a project to develop a national Medicines Management Framework. (see agenda point 8)

Funding

Nothing to report

Accreditation in final accuracy checking

See agenda point 5 – ACPT Framework review

Support and develop higher level qualifications

The Derby provider for BTEC professional Development Certificate & Diploma for clinical and aseptics are both going. The university do not get as much money for part time programmes; therefore a financial decision has been made to not continue. Does anyone know of any good distance learning providers/universities that might want to take this on? GR will ask Bradford College.

London School of Pharmacy have accredited a Certificate in Medicines management that is delivered in-house. GR will forward the email from Helen Martin and members can email unit managers for information. This will also be discussed at TSET.

Action: GR to speak to Bradford College. Members to contact GR if they have any ideas of who could continue to deliver these courses or where similar courses can be accessed

Support work-based facilitation

SK had sent feedback on how eportfolios are progressing in her region.

The process is working well in the South West and there are more completed units at this point this year compared with previous 1st year students.

- Skillwise are still working hard to deal with any glitches and also taking on board suggestions to make the processes easy to use with the Level 3 pharmacy L3 qualifications
- Skillwise will load on the new qualification information once it is released
- Skillwise are now loading on the SWMIT Medicines Management qualification – Pilot June/July 2010

Action: SK will report to the group the results and outcomes of this move

Pharmacy Support Staff training in Aseptics

NHS TSET Aseptic Processing Programme – the manual is completed, need to register with MedsLearning first in order to gain access to the programme via,

<http://www.medslearning.leeds.ac.uk>

GR has created an evaluation template which asks the candidate to evaluate their skill level before and after the programme. GR needs some robust evidence that this program is effective.

Action: Send evaluation results to GR by August 2010

Workforce Planning

Awaiting results from Establishment & Vacancy Survey. NHS PEDC SSG will inform the main committee that we are not happy with assistant practitioners as a classification - this lumps a lot of bands together so will not provide very specific info.

8. Update from Strategy Group

The 08/09 annual report is now on the NHS PEDC website. Establishment & Vacancy Survey will now be funded by the Department of Health – They want all the collated data available by mid July. They want more information about locums, head count as well as WTE. Chief Pharmacists will be emailed soon with the timetable and amendments. The survey will go out on 17 May with a deadline of 31 May. Non-responders will be chased. Susan Sanders has written a document

explaining differences between the NHS PEDC data, this is also available on the NHS PEDC website. Codes used by the data information centre have been a little ambiguous. Trevor Beswick and Susan Sanders have liaised with them. The following codes have been agreed, Consultant Pharmacist, Chief Pharmacist, Pharmacist, Pre-reg Pharmacist, Pharmacy Technician, Assistant Practitioner Pharmacy Technician (has taken an accredited course, e.g. acpt in an extended area), Pharmacy Technician Trainee and Pharmacy Assistant.

QIPP Project – there was an annual development meeting last year. Martin Stephens asked how to support QIPP. The group have decided to concentrate on technician-led Medicines Management as there was felt the need for a national approach for extended roles in this area. Work is underway to collate information on existing programmes (May 2010) and in June/July the main committee will provide the scope of the project. It is hoped to have a final accreditation framework by July next year. A working group will be put together, any members that are interested to email Gail Fleming. LF stated that it would be useful to have someone who has been involved with the TLF on the group.

Action: interested members to email Gail Fleming at gail.fleming@southeastcoast.nhs.uk

Modernising Pharmacy Careers Board

Stakeholder event coming up. TF advised that the new work on a national medicines management framework should be brought to the board. GR has worked with SK on some of this already. GR will share this info.

LF asked whether someone from MPC could come and talk about this new work. TF suggested Sue Ambler would be useful to invite.

TF was interested via the APTUK in obtaining information about development opportunities for pharmacy technicians nationally.

Action: Any info on medicines management frameworks to be sent to TF to pass on. Send TF a précis of what you do for tech development and a link to the website GR to send out 'opportunities for NHS Pharmacy Technicians and Support Staff Development'.

10. Edexcel update

See agenda item 5 (new pharmacy qualifications)

11. City & Guilds update

See agenda item 5 (new pharmacy qualifications)

12. APTUK update

The APTUK have now been formally recognised as the professional body for pharmacy technicians. New website has been launched.

This year's conference is in Cheshire, early bird applications finish on 30 April.

The poster submissions deadline has been extended until 7 May. Please publicise information to staff about the poster.

Nomination of national officers' posts – deadline extended to 30 April 2010. The following posts are up for nomination: President, honorary secretary, administration officer, publicity officer,

website officer, CPD officer and media officer. You can download nomination forms from the APTUK website. If there is more than one person nominated it will go to a postal vote.

The 2010 prospectus is being printed and will be sent out soon. Includes 5 value statements – TF will send out so members can pass on.

Need more members to support the APTUK to enable to progress. Key focus at the moment is supporting CPD.

Action: TF to distribute APTUK 2010 Prospectus to members

14. RPSGB Support staff advisory group

Nothing to report

DONM: Tuesday 13 July 2010

Any Other Business

Receipt of these minutes prior to the date of the next meeting implies that they are unconfirmed minutes.