South West Pharmacy Medicines Optimisation Training Programme

Handbook

Version 1
June 2016
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The South West Pharmacy Medicines Optimisation Training Programme

Introduction

Welcome to the handbook for the South West Pharmacy Medicines Optimisation Training Programme.

This handbook outlines the suggested patient facing medicines optimisation roles for registered pharmacy technicians and other healthcare professionals (HCP) and the process that must be followed for training and assessment.

The programme is aimed at registered pharmacy technicians (where registration is a requirement), for example, in Great Britain registration is with the General Pharmaceutical Council (GPhC), who are undertaking patient facing roles and wish to be accredited. This scheme is also open to other healthcare professionals who meet the entry criteria.

This handbook will outline:

- A suggested role/model of working for pharmacy medicines optimisation services including:
  - Managing patient medication requirements, including
    - Assessing Patients’ Own Drugs (PODs)
    - Ensuring clinically accurate medicines supply
  - Medicines Reconciliation
  - Discharge planning and facilitation
  - Clinical Prioritisation
- The process that must be followed for training, assessment and accreditation

Origins of the scheme

South West Medicines Information & Training has provided a number of training, assessment and accreditation programmes to support the work of pharmacy technicians in extended medicines management roles since 2001.

The programmes relating to medicines management aimed to support the prevention, detection and solving of medicines related problems in patients being cared for as in-patients.

These programmes were devised primarily to support practice in the acute sector and were focused on the assessment of patients’ medicines on admission, in-patient and discharge medicines supply. Latterly, a module addressing medicines reconciliation was added. Newer roles are now being developed, creating a demand for schemes to support clinical prioritisation (i.e. reviewing all patients in a care setting and identifying those that need to be seen by a pharmacist) and discharge facilitation.
Pharmacy technicians from non-acute providers have completed the programmes successfully but some service users expressed the view that they did not meet their needs in terms of the specific tasks accredited and that the evidence of competency was difficult to collect within their specific health care setting.

A number of providers are also now implementing electronic prescription and medicines administration (EPMA) systems which change the ways that some of the traditional medicines management tasks are delivered.

NHS England have launched the next version of the medicines optimisation dashboard that places a high value on medicines reconciliation and the Carter review highlights efficiencies gains from improved medicines optimisation.


NICE has published guidance on medicines optimisation that supports the development of these roles:

- Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes
  March 2015 [http://www.nice.org.uk/guidance/ng5](http://www.nice.org.uk/guidance/ng5)
- Managing medicines in care homes March 2014 [https://www.nice.org.uk/guidance/sc1](https://www.nice.org.uk/guidance/sc1)

Taking all of the above into account SWMIT considered it timely to review the current suite of medicines management programmes to ensure that they remained fit for the purposes of the range of health care providers and settings within the south west.

Following consultation with a range of stakeholders, the South West Medicines Optimisation Training Programme was developed.

**Aim of the programme**

The scheme has been designed to facilitate the development of pharmacy technicians and other healthcare professionals (where appropriate) into delivering medicines optimisation services.

The aim of the scheme is to prepare trainees for a patient facing role by:

- outlining the medicines optimisation roles
- describing the infra-structure to facilitate these
- addressing issues about the new working environment
- providing a framework for training and assessing trainees, which is recognised across the region and meets the standards of the national framework

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SWMIT, University Hospitals Bristol NHS Foundation Trust

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The Role of the Training Provider

As the training provider, the department will:

- Ensure that the training and assessment programme is regularly reviewed and updated, and meets the standards of the national framework for the assessment of medicines management skills
- Ensure that an equality impact assessment of the training is carried out
- Accept nominations for the training courses and facilitate places
- Ensure that a Learning Agreement has been completed for each trainee outlining the responsibilities of the trainee, the Educational Supervisor and the employer
- Ensure that the Educational Supervisor has ascertained any specific training needs the trainee may have, and the support and guidance they may require when working towards completion of the unit(s)
- Provide an induction programme to ensure the trainee fully understands the requirements of the unit(s) they will undertake
- Provide central assessment of the e-portfolio
- Facilitate the summative assessment, e.g. interviews and presentations
- Issue certificates to trainees upon successful completion of the accreditation and additional units
- Maintain a regional register of pharmacy technicians and other healthcare professionals accredited through the programme
- Provide a reaccreditation tool for trainees
- Ensure that an equal opportunities and appeals procedure is in place and is invoked when necessary (available in the e-portfolio file library)
- Provide advice and information to hospitals and organisations implementing pharmacy medicines optimisation services
- Ensure high standards of training delivery are maintained through regular reviews of trainee evaluation

2 Department of Health. (Feb 2011) Analysing the impact on equalities.
• Review and evaluate the scheme with a review panel every 2 years

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<thead>
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<td><a href="mailto:mary.carter1@nhs.net">mary.carter1@nhs.net</a></td>
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The Role of the Employer (Chief Pharmacist)

It is the responsibility of the Chief Pharmacist (CP) to:

- Take local action to ensure that the trust/organisation recognises that the medicines optimisation role by accredited pharmacy staff and other healthcare professionals is an appropriate duty for clinical indemnity purposes
- Ensure job descriptions and person specifications are amended where necessary
- Ensure that the Learning Agreement is read, agreed and signed

Guidance on issues for local administration

It will be necessary for the Chief Pharmacist to:

- Establish clear departmental guidelines/written procedures for the roles and responsibilities of the pharmacy technician/HCP prior to the trainee embarking on these patient facing roles
- Ensure that all staff whose work may be affected by the implementation of the programme are fully informed of the process
- Identify an appropriate clinical area in which to base the trainee
- Identify the units appropriate for the trainee to cover locally
- Identify an appropriate Educational Supervisor to support the trainee through the training and assessment period
The Role of the Educational Supervisor

This information is for Educational Supervisors of trainees undertaking the South West Pharmacy Medicines Optimisation Training Programme.

What is an Educational Supervisor?

“Educational supervision” in pharmacy involves overall supervision and management of a specified trainee’s educational progress during a programme (or series of periods of training), as opposed to a single period of training. Educational Supervisors are responsible for ensuring that trainees are making the necessary practice-based and educational progress, through the use of appraisals and review meetings. The ability to effectively review a trainee’s entire e-portfolio will also be necessary. This will require a holistic approach, rather than assessing single pieces of evidence.

An “Educational Supervisor” in pharmacy is someone who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a period of a training placement or series of placements. The Educational Supervisor is responsible for the trainee’s Educational Agreement or plan. This will include formal assessment and sign off. The Educational Supervisor should have an understanding of the range of learning, assessment and support opportunities for learning in the workplace, work collaboratively with colleagues to monitor and support the trainee’s progression and foster learner autonomy. They should also be able to identify and support trainees in difficulty, including interfacing with employment performance management procedures.

Role of the Educational Supervisor

The Educational Supervisor’s role is to facilitate the local implementation of the regional programme. They provide support, guidance, and assess performance, providing feedback to the trainee whilst they undertake the South West scheme.

Who can be an Educational Supervisor?

The Educational Supervisor can be:

- an experienced clinical pharmacist based at the trainee’s organisation

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an experienced pharmacy technician/HCP (accredited in the South West Pharmacy Medicines Optimisation Programme or equivalent modules from the previous South West Medicines Management Training Scheme, or an approved equivalent) based at the trainee’s organisation

or

a professional who has equivalent experience at the practice base to be acknowledged as occupationally competent

NB: Due to the fact that the Advanced unit is brand new to the programme, Educational Supervisors for trainees undertaking this unit must be experienced clinical pharmacists.

Educational Supervisors must be approved by the Chief Pharmacist and Clinical Pharmacy Manager (CPM) (or equivalent organisational posts).

It is recommended that the Educational Supervisor is someone who has the opportunity to meet regularly with the trainee to discuss progress and give feedback.

Duties of the Educational Supervisor include:

• Ensuring that the Learning Agreement is read, agreed and signed by the Chief Pharmacist, the Educational Supervisor and the trainee, then scanned, saved and uploaded into the trainee’s e-portfolio
• Discussing the essential reading - Professional standards and code of conduct produced by the regulatory body, e.g. GPhC ‘Standards on Conduct, Ethics and Performance’⁴ - to ensure that the trainees have understood any important issues relevant to their role
• Encouraging trainees to read publications from the recommended reading list and discussing any relevant issues
• Confirming that trainees have a clear understanding of all relevant policies and procedures
• Supporting the trainee to complete the underpinning knowledge and course preparation activities and tasks, and providing any additional support to address the change in the working environment
• Ensuring that the trainee is confident to work in the patient facing environment prior to attending the induction course
• Facilitating the post course training and assessment period
• Assessing the trainees objectively against the standards set in the programme

• Assisting with identifying opportunities for trainees to cover the set range of experiences
• Coaching the trainee regarding their approach to the set range of experiences
• Documenting the progress of the trainee by performing regular reviews
• Preparing trainees for external assessment
• Liaising with South West Medicines Information & Training
• Assisting the trainee with assembling the e-portfolio of documentation as evidence for accreditation
The Role of the Trainee

This information is for trainees undertaking the South West Pharmacy Medicines Optimisation Training Programme.

It is the responsibility of the trainee to:

- Ensure an on-line application form is completed and submitted to SWMIT via the SWMIT website at [www.swmit.nhs.uk](http://www.swmit.nhs.uk).

- Complete and sign a Learning Agreement for each unit undertaken, which outlines the responsibilities of the trainee, the employer and the training provider.

- Inform their Educational Supervisor of any specific training needs they may have, and agree the support and guidance they may require when working towards completion of a unit.

- Read and comply with the ‘Standards on Conduct, Ethics and Performance’ (or equivalent) produced by their professional regulatory body.

- Fulfil all responsibilities outlined in their job description and comply with all trust/organisation and departmental policies and procedures relating to the role they will be undertaking, e.g. confidentiality.

- Become familiar with the requirements of the units they are preparing to undertake.

- Attend any face to face teaching sessions or courses as required by the scheme on a day/block release basis.

- Inform the Educational Supervisor/line manager of any concerns/issues with working in a particular clinical environment e.g. ward setting, consultation room, patient’s home.

- Meet regularly with their allocated Educational Supervisor.

- Take responsibility for their own learning and actively seek opportunities to cover the range of experiences and gather the required evidence.

- Act upon feedback received from Educational Supervisor and other colleagues to improve learning and practice.

- Ensure that all evidence submitted is entirely their own work.

- Complete the units within the agreed timescales as set by the training provider.

- Be aware of the training provider’s appeals procedure.
The Programme

The South West Pharmacy Medicines Optimisation Training Programme is separated into three levels:

- Foundation
- Intermediate
- Advanced

The three levels are designed to be undertaken independently although multiple units within the same level can be undertaken at the same time.

Within the levels, the medicines optimisation role is divided into units as follows:

**Foundation**

Unit 1.1 Manage Patient Medication Requirements

**Intermediate**

Unit 2.1 Medicines Reconciliation
Unit 2.2 Discharge Facilitation

**Advanced**

Unit 3.1 Clinical Prioritisation

The programme has been designed to allow organisations to select units which apply to the present local work situation and also allow for service developments.

Once local agreement has been reached regarding which units the trainee will be undertaking, an on-line application form must be completed and submitted to SWMIT.
What is clinical prioritisation?

Clinical prioritisation is a method of working that aims to achieve the optimum use of the pharmacy team in clinical areas. This is achieved by training and empowering the pharmacy technician to identify and prioritise those patients who require the most clinical input with regards to their medications, thus ensuring the most effective use of the pharmacist’s time.

Key advantages for patients include:

- High risk patients and patients on high risk medicines are identified and monitored as a priority thus reducing the risk of medication related errors and missed doses
- Patients requiring clinical intervention are prioritised and risks averted by appropriate and timely escalation
- Reduction in the number of healthcare professionals potentially asking the same questions unnecessarily
- Reduced errors and safer treatment
- Faster treatment and better outcomes
- Access to medication review and information about their medicines
- Greater understanding and informed choices about their medicines
- Better outcomes from treatment

Key advantages for organisations include:

- More efficient use of pharmacy staff time
- Reduction in unnecessary duplication of work, i.e. pharmacy technician and pharmacist both checking the same chart when no changes have been made since the last visit
- Appropriate and effective use of skill mix
- Reduced errors leading to improved patient safety, better outcomes and reduced readmissions
- Improved skill mix and motivated staff
Aims and Learning Outcomes

Unit 1.1 – Manage patient medication requirements

Aim: To train and assess the competency of staff undertaking the role of establishing a patient’s medication requirements within the relevant care setting. This process includes determining the suitability of a patient’s own drugs for use and making appropriate decisions about what medication needs to be supplied and from where. It also encompasses the identification of discrepancies and issues that may arise as part of the process and dealing with these in an appropriate manner.

Learning Outcomes

1. Confirm the process for using patients’ own drugs
2. Assess patients’ own drugs ensuring that they are fit for the purpose required
3. Review patients’ own drugs for relabelling
4. Manage patients’ own drugs if unsuitable for use
5. Accurately order medicines for individual patients
6. Deal with a variety of initial and/or repeat supply issues
7. Facilitate the timely processing of orders
8. Identify and resolve risks/problems associated with the incorrect storage and stock control of individuals’ medicines
9. Complete all relevant documentation accurately

Unit 2.1 – Medicines Reconciliation

Aim: To train and assess the competency of staff undertaking Medicines Reconciliation to the appropriate level, 1 or 2, within the relevant care setting. It also encompasses the identification of discrepancies and issues that may arise as part of the process and dealing with these in an appropriate manner.

Learning Outcomes

1. Level 1 Medicines Reconciliation - Accurately complete, verify and record medication histories
2. Level 2 Medicines Reconciliation - Reconcile the verified medication history with the most recent prescription available
3. Communicate the outcomes of the level 1 or level 2 medicines reconciliation process
4. Complete all documentation accurately and legibly
Unit 2.2 – Discharge Facilitation

Aim: To train and assess the competency of staff undertaking the facilitation of the discharge medication process within the relevant care setting.

NB: This process includes the final assembly of medications at the point of discharge but does not accredit individuals to Final Accuracy Check the discharge prescription. Competence for this process is assessed through the South West Accuracy Checking Pharmacy Technician scheme.

Learning Outcomes

1. Accurately assemble all necessary information regarding a patient’s discharge
2. Communicate and liaise with all relevant parties regarding any issues concerning or delaying the patient’s discharge, and/or necessary follow up requirements
3. Assemble all required documentation and medication in preparation for the patient’s discharge
4. Establish patient medication information needs and provide an opportunity for the patient/carer to ask any questions
5. Complete all documentation accurately and legibly

Unit 3.1 – Clinical Prioritisation

Aim: To provide training and assessment that will equip pharmacy technicians with the required knowledge and skills to be able to accurately and efficiently prioritise patients who require further clinical input regarding their medicines and to communicate this effectively.

Learning Outcomes

1. Demonstrate a working knowledge of high risk patient conditions and high risk medicines and how to identify these
2. Locate, review and use professional and clinical judgement to interpret patient specific information
3. Deal with conflicting or a variety of information and prioritise effectively
4. Interpret what information needs to be communicated and to whom
5. Demonstrate an understanding of urgency and when to escalate
6. Refer to the relevant healthcare professionals using the appropriate handover techniques
This unit will prepare trainees for this role by:

- Developing their knowledge of high risk patient conditions and high risk medicines that are most likely to cause significant harm to the patient, even when used as intended

- Developing their understanding of and ability to interpret patient specific results, including regular observations and blood test results, for the purpose of identifying potential clinical issues, adverse reactions and referring appropriately

- Developing their ability to deal with a variety of potentially conflicting information and establishing an order of priority for referral

- Providing an opportunity to test and apply the knowledge gained to a series of case studies and scenarios

- Developing their understanding of prioritisation, escalation and handover techniques
Upon successful completion of and accreditation in Unit 1.1, individuals will have demonstrated that they can ‘consistently’ meet the following criteria from the APTUK Foundation Pharmacy Framework:

1. Patient and Pharmaceutical Care

   Improves professional practice in order to benefit patient care

1.1 Patient Engagement

   - Patient assessment
     - Uses appropriate questioning to obtain all relevant information from the patient
   - Patient interaction
     - Appropriately refer pharmaceutical or health problems
   - Recording consultations
     - Documents consultations where appropriate in the patient’s records
   - Patient consent
     - Satisfactorily obtains patient consent if appropriate

1.2 Need for the medicinal product

   - Relevant patient background
     - Retrieves relevant or available information

1.5 Provision of Medicinal Product (in a patient facing role)

   - The prescription is clear
     - Ensures the prescriber’s intentions are clear for any patient
   - Ensure the prescription is legal
   - Ensure the correct Medicinal product is selected
     - Drug matches the prescription and prescribers requirements
   - Labelling of the medicine (PODs element only)
     - The label on the dispensed medicine includes required information
     - The dispensed medicines is labelled appropriately for the patient

1.6 Medicines Information and Patient Education

   - Health Needs
     - Takes into account the patients individual circumstances
   - Need for information is identified
     - Identifies the need for information in any patient
   - Medicines Information
     - Communicates accurate and appropriate medicines information (within scope of practice)
   - Provides appropriate written information

1.7 Medicines Optimisation

   - Identifies ways to manage medicines problems
   - Accurately prioritises identified medicines problems
     - Including referring when appropriate
   - Applies the use of clinical and non-clinical Guidelines
     - Within scope of practice
   - Resolution of medicines and pharmaceutical care problems
     - Appropriately takes action to resolve or refer any identified problems

---

2. Professional Practice

Promotes effective communication and professionalism personally and within the team - Supports the education and learning of others

2.1 Organisation (in a patient facing role)
- Appropriately prioritises work
- Is punctual and organised
- Appropriately demonstrates initiative
- Uses time efficiently

2.2 Effective Communication Skills
- Communicates clearly, precisely and appropriately with:
  - Patient and carer
  - Medical staff Nurses
  - Other health staff Immediate pharmacy team
  - Mentor/Tutor Employing organisation

2.3 Team Work
- Pharmacy team
  - Recognises the value of other staff Works effectively as part of a team
- Multi-disciplinary team
  - Recognises the value of other members of the healthcare team
  - Uses appropriate channels to refer patients to other members of the healthcare team
- Organisational team
  - Recognise the roles of non-clinical staff within the organisation
- Scope of Practice
  - Able to demonstrate awareness of limitation of own role within the pharmacy team

2.4 Professionalism
- Maintains confidentiality
  - Including awareness of information governance
- Quality and accuracy of documentation
  - Documents legally required information
- Legislation
  - Describes any legislation that affects patient care
- Accountability for own action
  - Accepts and takes accountability for own actions and omissions
- Demonstrates integrity and trustworthiness that inspires confidence
- Responsibility for patient care
  - Accepts and takes responsibility for patient care Demonstrates compassion with patients Demonstrates commitment to patient care
- Decision-making
  - Undertakes ethical decision-making in the best interests of patients and the public

1.8 Evaluation of Outcomes
- Appropriately assess outcomes of contributions
  - Utilising a range of feedback e.g. patient, other healthcare professionals
2.5 Education and Learning
• Is able to show links between practice and education development

3. Personal Practice
Uses knowledge and research to inform and improve practice.

3.1 Gathering Information
• Accesses information
  o Is able to access information from appropriate information sources
• Maintains up to date information
  o Keeps current and maintains information needed on a regular basis

3.3 Analysing Information
• Utilises and analyses information
  o Is able to analyse and utilise key elements from information gathered
• Appropriately identifies and refers problems
• Evaluates information
  o Is able to evaluate information gathered when requested
• Decision making
  o Demonstrates clear decision making
• Appraises options
• Logical Approach
  o Demonstrates a logical process to problem solving
• Displays critical thinking
  o Uses logical methodology to investigate a medicine or practice related issue to improve patient care

3.4 Providing Information
• Provides accurate information
• Provides relevant information
• Provides timely information

3.5 Follow up
• Ensures resolution of problem and documents appropriately

3.6 Audit & Service Improvement
• Displays ability to provide feedback on working practice
  o Provides feedback on Standing Operating Procedures and audits to improve service
• Actively participates in audit and Service Improvement
  o Undertakes, communicates and applies findings, as a member of the team

4. Management and Organisation
Leads, manages and organises service delivery commensurate with working environment and scope of practice

4.1 Clinical Governance
• Clinical governance issues
  o Demonstrates the application of clinical governance issues
• Standard Operating Procedures
  o Uses relevant and up to date procedures for practice
• Working environment
  o Implements legal and professional requirements for a safe system of work
• Risk management
  o Documents critical incidents
  o Forwards critical incident reports to the appropriate organisations

4.4 Organisations
• Organisational structure
  o Describes the operating structure of employing organisation
Upon successful completion of and accreditation in Unit 2, individuals will have demonstrated that they can ‘consistently’ meet the following criteria from the APTUK Foundation Pharmacy Framework

1. **Patient and Pharmaceutical Care**
   *Improves professional practice in order to benefit patient care*

1.1 Patient Engagement
   - Patient assessment
     - Uses appropriate questioning to obtain all relevant information from the patient
   - Patient interaction
     - Appropriately refer pharmaceutical or health problems
   - Recording consultations
     - Documents consultations where appropriate in the patient’s records
   - Patient consent
     - Satisfactorily obtains patient consent if appropriate

1.2 Need for the medicinal product
   - Relevant patient background
     - Retrieves relevant or available information
   - Medicines Reconciliation
     - Documents an accurate and comprehensive medicine history when required

1.4 Medicines Management
   - Identifies appropriate dose for any patient
   - Selection of dosing regimen
     - Identifies appropriate screening for route for any patient
     - Identifies appropriate screening of timing of dose
   - Selection of formulation and concentration
     - Ensures appropriate screening of formulation for any patient
     - Ensures appropriate screening of concentration for any patient

1.5 Provision of Medicinal Product (in a patient facing role)
   - The prescription is clear
     - Ensures the prescriber’s intentions are clear for any patient
   - Ensure the prescription is legal
   - Ensure the correct Medicinal product is selected
     - Drug matches the prescription and prescribers requirements
   - Labelling of the medicine (PODs element only)
     - The label on the dispensed medicine includes required information
     - The dispensed medicines is labelled appropriately for the patient

1.6 Medicines Information and Patient Education
   - Health Needs
     - Takes into account the patients individual circumstances
   - Need for information is identified
     - Identifies the need for information in any patient
   - Medicines Information
     - Communicates accurate and appropriate medicines information (within scope of practice)
   - Provides appropriate written information

1.7 Medicines Optimisation
   - Identifies ways to manage medicines problems
• Accurately prioritises identified medicines problems  
  o Including referring when appropriate
• Applies the use of clinical and non-clinical Guidelines  
  o Within scope of practice
• Resolution of medicines and pharmaceutical care problems  
  o Appropriately takes action to resolve or refer any identified problems
• Pharmaceutical Care issues  
  o Appropriate documentation of any intervention or optimisation is completed
• Accurately prioritises and refers identified medicines problems

1.8 Evaluation of Outcomes
• Appropriately assess outcomes of contributions  
  o Utilising a range of feedback e.g. patient, other healthcare professionals

2. Professional Practice
Promotes effective communication and professionalism personally and within the team - Supports the education and learning of others

2.1 Organisation (in a patient facing role)
• Appropriately prioritises work
• Is punctual and organised
• Appropriately demonstrates initiative
• Uses time efficiently

2.2 Effective Communication Skills
• Communicates clearly, precisely and appropriately with:  
  o Patient and carer  
  o Medical staff Nurses  
  o Other health staff Immediate pharmacy team  
  o Mentor/Tutor Employing organisation

2.3 Team Work
• Pharmacy team  
  o Recognises the value of other staff Works effectively as part of a team  
• Multi-disciplinary team  
  o Recognises the value of other members of the healthcare team  
  o Uses appropriate channels to refer patients to other members of the healthcare team
• Organisational team  
  o Recognise the roles of non-clinical staff within the organisation
• Scope of Practice  
  o Able to demonstrate awareness of limitation of own role within the pharmacy team

2.4 Professionalism
• Maintains confidentiality  
  o Including awareness of information governance
• Quality and accuracy of documentation  
  o Documents legally required information
• Legislation  
  o Describes any legislation that affects patient care
• Accountability for own action  
  o Accepts and takes accountability for own actions and omissions
• Demonstrates integrity and trustworthiness that inspires confidence
• Responsibility for patient care  
  o Accepts and takes responsibility for patient care Demonstrates compassion with patients Demonstrates
commitment to patient care

- Decision-making
  - Undertakes ethical decision-making in the best interests of patients and the public

2.5 Education and Learning

- Is able to act as a role model
  - Understands and demonstrates the key attributes of a role model to members of the team
- Demonstrates mentorship behaviour to others
- Is able to show links between practice and education development

3. Personal Practice

*Uses knowledge and research to inform and improve practice.*

3.1 Gathering Information

- Accesses information
  - Is able to access information from appropriate information sources
- Maintains up to date information
  - Keeps current and maintains information needed on a regular basis

3.3 Analysing Information

- Utilises and analyses information
  - Is able to analyse and utilise key elements from information gathered
- Appropriately identifies and refers problems
- Evaluates information
  - Is able to evaluate information gathered when requested
- Decision making
  - Demonstrates clear decision making
- Appraises options
- Logical Approach
  - Demonstrates a logical process to problem solving
- Displays critical thinking
  - Uses logical methodology to investigate a medicine or practice related issue to improve patient care

3.4 Providing Information

- Provides accurate information
- Provides relevant information
- Provides timely information

3.5 Follow up

- Ensures resolution of problem and documents appropriately

3.6 Audit & Service Improvement

- Can interpret audit protocols
  - Conducts audit and reports results to improve use of medicines and services
- Displays ability to provide feedback on working practice
  - Provides feedback on Standing Operating Procedures and audits to improve service
- Actively participates in audit and Service Improvement
  - Undertakes, communicates and applies findings, as a member of the team
4. Management and Organisation
Leads, manages and organises service delivery commensurate with working environment and scope of practice

4.1 Clinical Governance
- Clinical governance issues
  - Demonstrates the application of clinical governance issues
- Standard Operating Procedures
  - Uses relevant and up to date procedures for practice
- Working environment
  - Implements legal and professional requirements for a safe system of work
- Risk management
  - Documents critical incidents
  - Forwards critical incident reports to the appropriate organisations

4.4 Organisations
- Organisational structure
  - Describes the operating structure of employing organisation
Communication Skills

Communication with the patient and the wider multidisciplinary team within medicines optimisation is vital, and staff have an important role to play in each step. Pharmacy technicians/HCPs are expected to communicate with patients and other HCPs on a range of issues including:

- obtaining consent for the safe re-use of PODs
- managing the supply and storage of medicines
- seeking and eliciting information from the patient as part of the medicines reconciliation process
- establishing what patients and their carers would like to know
- informing the patients of any changes made to their prescriptions
- engaging with patients about compliance and safe storage of medicines
- counselling patients on how to take their medicines in preparation for discharge
- gathering information and dealing with a range of conflicting priorities
- Referring and resolving medicine related discrepancies

Each level of this programme will require the trainee to undertake particular sections of the Centre for Postgraduate Pharmacy Education (CPPE) ‘Consultation skills for pharmacy practice: taking a patient-centred approach’ distance learning programme and complete the relevant e-assessment as part of the underpinning knowledge and course preparation. Details of the relevant sections for each level can be found on the SW PMOTP Underpinning Knowledge and Course Preparation page of the SWMIT website at www.swmit.nhs.uk.

The course induction will revisit some of this preliminary work and competency in this area will be assessed as part of the holistic competency based assessments and clinical pharmacy manager assessment.
Scope of Practice

It is recognised that the role of healthcare professionals in medicines optimisation will vary across organisations. Therefore, it is important that Educational Supervisors ensure that the units to be undertaken are agreed with the trainee and reflect both the scope of the role and the training and assessment needs of each individual.

Each trainee must therefore provide an agreed job description and person specification that defines their scope of practice within their e-portfolio of evidence. This will ensure that training providers and Educational Supervisors can verify that the training needs and assessment of that area of practice are met.

The scope of practice outlined in the job description will form the basis upon which decisions will be made regarding the range of skills and situations that will be assessed within each module.

A copy of the job description and person specification should be scanned, saved and uploaded into the e-portfolio.

Learning Agreement

It is an entry requirement of the training programme that each trainee, along with their Educational Supervisor and employer reads and agrees to the conditions outlined in the South West Pharmacy Medicines Optimisation Training Programme Learning Agreement. The Learning Agreement is essential in ensuring that each stakeholder understands their role within the training programme and have considered the training needs of the trainee. The Learning Agreement also provides a declaration that each stakeholder’s commitment to the trainee’s training will be upheld.

The Learning Agreement can be found within the e-portfolio template appendices for each unit.

A copy of the signed Learning Agreement should be scanned, saved and uploaded into the e-portfolio.
## The Training and Assessment Programme

This handbook describes the different stages of training and the assessment process. The table below outlines the stages of the process and what is required to complete each stage of the programme.

<table>
<thead>
<tr>
<th>Unit</th>
<th>Foundation</th>
<th>Intermediate</th>
<th>Advanced</th>
</tr>
</thead>
</table>
| Practical training (supervised training period) | Complete all pre course work  
Ensure familiarity with all SOPs  
Attend day 1 induction | Complete all pre course work  
Ensure familiarity with all SOPs  
Attend day 2 induction (and day 1 if starting at intermediate level) | Complete all pre course work  
Ensure familiarity with all SOPs  
Attend day 3 induction |
| Stage 1 assessment - Evidence collection | Documented evidence of a minimum of 100 POD items accurately assessed and 100 items accurately identified for supply  
Cover a range of experiences recording a minimum of 12 CPD entries starting at ‘action’ | Documented evidence of a minimum of 10 medicines reconciliation processes accurately carried out to level 1 and/or 2  
Documented evidence of a minimum of 10 discharge facilitation processes accurately carried out  
Cover a range of experiences recording a minimum of 5 full case study CPD entries | Documented evidence of a minimum of 10 patient rounds accurately carried out and prioritised effectively  
Cover a range of experiences recording a minimum of 5 full case study CPD entries |
| Regular reviews with Educational Supervisor | Minimum of 3 | Minimum of 3 | Minimum of 3 |
| Stage 2 - Competency based assessments | 4 occasions – observed by named Educational Supervisor | 4 occasions – observed by named Educational Supervisor | 4 occasions – observed by named Educational Supervisor |
| Clinical pharmacy manager assessment | Final competency based assessment undertaken by Clinical Pharmacy Manager or Lead Clinical Pharmacist | Final competency based assessment undertaken by Clinical Pharmacy Manager or Lead Clinical Pharmacist | Final competency based assessment undertaken by Clinical Pharmacy Manager or Lead Clinical Pharmacist |
| Summative assessment | E-portfolio submitted to SWMIT  
Local interview supported by SWMIT | E-portfolio submitted to SWMIT  
External Interview | E-portfolio submitted to SWMIT  
Presentation to external panel |
Programme Framework

Trainees must meet the entry criteria as listed in the course handbook

Recommendation from the manager
The applicant has the appropriate level of knowledge and attitudes

Appropriate Educational Supervisor (ES) assigned

On-line application to enter the scheme via www.swmit.nhs.uk

Pre course work completed with ES and units signed off in e-portfolio 2 weeks prior to course

Trainee and ES registered onto e-portfolio system and provided with unique log-in details

Induction course

Complete stage 1 assessment - Evidence collection

Complete stage 2 assessment - Competency based assessments with ES

Complete final work based assessment with Clinical Pharmacy Manager

Regional portfolio assessment

Reflective CPD entries/case studies Cover range of experiences

Regular appraisals and reflection on personal practice

Regional assessment interview (for units 2 & 3)

Certificate awarded by SWMIT

Local reaccreditation at least every 2 years

Recommendation from the manager
The applicant has the appropriate level of knowledge and attitudes
Entry Criteria

The training programme is available only to healthcare professionals who:

- Are registered with their professional regulatory body (where registration is a requirement), for example, in Great Britain registration is with the General Pharmaceutical Council (GPhC)

NB: For Pharmacy Assistants please see separate criteria

- Have recommendation and support from the Chief Pharmacist or designated deputy
- Have a patient facing role
- Have an Educational Supervisor based within the trainee’s trust/organisation who is an appropriately experienced pharmacist or an accredited medicines management pharmacy technician/accredited healthcare professional or has equivalent experience at the practice base to be acknowledged as occupationally competent
- Demonstrates a good working knowledge of local Standard Operating Procedures to the Chief Pharmacist and Educational Supervisor

The following entry requirements for each level are designed to allow local selection of trainees with appropriate experience and suitability for the role:

Foundation

Unit 1 is open to newly qualified pharmacy technicians, those who are new to the MM role or other healthcare professionals who are assessed as suitable to manage patient’s medication requirements in a patient facing/clinical area.

Intermediate

Units within the intermediate level are open to pharmacy technicians and other registered healthcare professionals who have demonstrated competence and been accredited in the foundation unit.

Organisations who wish to enrol trainees directly onto the intermediate units without completing unit 1 will be required to demonstrate that the trainee has been assessed as having the necessary experience to commence the programme at this level.

NB: SWMIT recommend the Association of Pharmacy Technicians UK ‘Foundation Pharmacy Framework’ as an assessment tool to support establishing suitability for entry onto Units 1 and 2 of this programme.

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6 Association of Pharmacy Technicians UK (APTUK) ‘Foundation Pharmacy Framework’
Advanced

This unit will be open to pharmacy technicians who:

- Have been accredited in unit 2 of the South West Pharmacy Medicines Optimisation Training Programme or one or more modules of the previous versions of the South West Medicines Management Training Scheme (must include module 4 – Medicines Reconciliation)

- Have at least 1 year post accreditation experience.
Entry Criteria for Pharmacy Assistants

Unit 1 of the training programme is available to pharmacy assistants who:

- Have at least 6 months experience working within the organisation in which they will be taking on a patient facing role
- Provided evidence of completion of the following level 2 NVQ Units:
  - Assemble prescribed items (206)
  - Undertake an in-process accuracy check of assembled prescribed items prior to the final accuracy check (314)
  - Maintain pharmaceutical stock (312)
- Have recommendation and support from the Chief Pharmacist or designated deputy
- Will have a patient facing role
- Have an Educational Supervisor based within the trainee’s trust who is an appropriately experienced pharmacist or an accredited medicines management pharmacy technician/accredited healthcare professional or has equivalent experience at the practice base to be acknowledged as occupationally competent
- Demonstrates a good working knowledge of local Standard Operating Procedures to the Chief Pharmacist and Educational Supervisor

Attending the induction courses

Foundation level

Day 1 of the induction course will be attended by trainees registered for the Foundation level qualification.

Foundation and Intermediate levels

Trainees with at least 6 months’ post registration experience can attend days 1 and 2 together if they are planning to complete units from both levels within 6 - 12 months of attending day 1.

Applicants who are accepted to complete units from level 2 without first having completed unit 1 will be required to attend both day 1 and day 2.

Advanced level

The induction to the advanced level qualification is a one day induction course and will only be open to applicants who meet the advanced unit entry criteria.
Guidance for adding unit 2.1 to an existing accreditation in modules 1 – 3 of the previous South West Medicines Management Training Programme

Trainees who have been accredited in module 1 - 3 (Assessing PODs, non-stock supply or one-stop supply) of the previous ‘South West Medicines Management Training Scheme’ or an approved equivalent, may wish to add unit 2.1 Medicines Reconciliation and/or 2.2 - Discharge Facilitation - of the South West Pharmacy Medicines Optimisation Training Programme. To do so, trainees must complete the following:

- Demonstrate evidence of completion of existing accreditation
- Complete the following underpinning knowledge and course preparation:
  - All core activities
  - All unit 2 activities relevant to the unit being undertaken
- Attend day 2 of the induction course
- Complete unit 2.1 and/or 2.2 evidence collection
- Submit portfolio to SWMIT for regional assessment
- Attend and pass regional summative assessment interview

Guidance for adding unit 2.2 to an existing accreditation in Medicines Reconciliation

Trainees who have been accredited in module 4 - Medicines Reconciliation - of the previous ‘South West Medicines Management Training Scheme’ or an approved equivalent, may wish to add unit 2.2 - Discharge Facilitation - of the South West Pharmacy Medicines Optimisation Training Programme. To do so, trainees must complete the following elements of unit 2:

- Demonstrate evidence of completion of accreditation in Medicines Reconciliation
- Complete the following underpinning knowledge and course preparation:
  - All core activities
  - All unit 2 activities except:
    - 3a. Staying Safe with Medicines e-learning and assessment programme
    - 6. Medicines Reconciliation activity
- Attend day 2 of the induction course
- Complete unit 2.2 evidence collection
- Submit portfolio to SWMIT for regional assessment
The Electronic Portfolio (e-portfolio)

The VQManager e-portfolio was introduced in 2010 to assist SWMIT with the assessment process of portfolios and also to enable a safer, more manageable method of transporting trainees work around the region. The system also:

- provides a method of ensuring the authenticity of trainees’ work (using electronic signatures)
- ensures that a robust audit trail is possible for each trainee
- enables formative assessment to be undertaken. This helps Educational Supervisors and SWMIT to monitor a trainee’s progress throughout the training period and provide support where necessary.

Each trainee is required to submit their portfolio of evidence electronically. Following registration onto the scheme, each trainee and Educational Supervisor will be sent an email containing their log-in details for the e-portfolio and a handbook explaining how to use the system.

**NB: It is recommended that a maximum of 5 sheets are scanned and saved per document prior to uploading as a piece of evidence. Large documents in excess of 5 pages can be time consuming to upload and open.**

There is a training tool on the VQManager system and an e-portfolio training session will also be provided for the trainees on the induction course.

Trainees and Educational Supervisors should make every attempt to fully utilise the training and help tools available to understand and use the system effectively and to resolve any issues. If technical problems are experienced, the Skillwise helpdesk should be contacted on 0845 519 4634.

If help is still required, additional support and training for trainees and Educational Supervisors is available from SWMIT and can be provided in the form of a WebEx session or conference call.

Please contact the SWMIT Training Lead responsible for this training scheme to discuss your needs.
Underpinning knowledge and Course Preparation

Prior to attending the induction course, it is important that all trainees have been adequately introduced to their role at their organisation, and have received an appropriate induction into the clinical area/patient facing environment. This plays an essential part in instilling confidence in the trainee, who may be venturing into this environment for the first time, and also in ensuring consistency in the basic level of understanding of medicines optimisation between ALL trainees attending the course.

The underpinning knowledge and course preparation is divided into 4 areas:

a) Defining the scope of the role and completion of the Learning Agreement

b) Essential and recommended reading/e-learning
   
   *This has been included to develop the trainee’s background knowledge of the role*

c) Knowledge of policies and procedures
   
   *This is important to ensure that the trainee familiarises themselves with local procedures*

d) Practical activities/assignments
   
   *These have been included to establish whether trainees are comfortable working in the patient facing environment and dealing with patients. It also provides some experiences on which to build*

All the required underpinning knowledge and course preparation for each unit is outlined on the SWMIT South West Pharmacy Medicines Optimisation Training Programme underpinning knowledge and course preparation webpage which can be found on the SWMIT website at www.swmit.nhs.uk.

Trainees are expected to reflect on their underpinning knowledge and course preparation learning in the form of CPD entries starting at ‘reflection’. For trainees registered with the GPhC, all CPD entries must be completed online within their personal CPD record at www.uptodate.org.uk. Guidance on how to save and upload CPD entries onto the e-portfolio is also available on the underpinning knowledge and course preparation webpage.

Trainees without a GPhC online CPD account should use the template provided on the underpinning knowledge and course preparation webpage to complete and upload their reflection on how they dealt with the range of experiences.

It is estimated that the underpinning knowledge and course preparation for each unit will take the trainee approximately 8 – 12 weeks to complete so this needs to be taken into account prior to registration onto an induction course.

**Two weeks** prior to attending the induction course, each trainee will be expected to have completed all the underpinning knowledge and course preparation for the unit they are undertaking and uploaded the relevant
pieces of evidence into their e-portfolio. The underpinning knowledge and course preparation will be assessed by the regional training provider prior to the induction course.

The Induction Courses

After completing all areas of the trainees must attend and complete the relevant induction course.

A series of tutorials and workshops will be covered on each of the days which provide the theoretical aspects of the relevant medicines optimisation activities.

Topics included in the course programme are:

Foundation

- Medicines governance, security and storage
- Medicines Optimisation
- Legal and ethical issues - consent and accountability
- Incident reporting
- Patient safety/human factors
- Information gathering and transfer
- Self-administration
- Medication safety and PODS
- Accurate supply of prescribed medicines to meet patient need; in-patient, domiciliary and discharge
- Portfolio building and the e-portfolio

Intermediate

- Discharge Facilitation, including final assembly of discharge medication
- Legal and ethical issues – using professional judgement and accountability
- Using different sources of information and associated risks
- Medicines reconciliation (on admission and discharge)

Advanced

- Legal and ethical issues – using professional judgement and accountability
- Interpreting and evaluating different sources of patient information
- High risk medicines and high risk patients
- Reviewing and interpreting basic patient specific results
  - Observations, i.e. blood pressure, temperature etc.
  - Blood results, i.e. U&Es, liver function, creatinine clearance etc.
- Dealing with a variety of conflicting information and referring appropriately
- Prioritisation techniques and handover, e.g. SBAR, RSVP
- Interpreting what information needs to be communicated and understanding who needs to know
- Writing in notes and other appropriate forms of communication
- Transcription skills
- Identifying poor practice with medicines management that may impact on patient safety e.g. IV injection reconstitution, poor medicines security
- Portfolio building and the e-portfolio
The Supervised Training and Assessment Period

On completion of the induction course, trainees must complete a supervised training and assessment period.

The supervised training period has been included to allow the trainees an opportunity to learn and practice the necessary skills involved in each area in a structured manner.

Local in-house training/coaching should be provided; a suggested time period has not been recommended as it will depend on each individual’s needs. It is recommended however that all trainees undertake a practice period prior to commencing the assessment period.

When the trainee has completed all local training procedures they must then complete an accurate log of their activities for the purpose of the assessment.
Regular Reviews with the Educational Supervisor

For all units of this programme, trainees must meet with their named Educational Supervisors for a review, on at least three occasions that are evenly spaced throughout the training.

These reviews are vital as they:

- ensure that there is regular communication between the trainee and the Educational Supervisor
- create an opportunity to reflect on the progress of the trainee and the department, especially during the transition process

Suggested times for reviews would be:

- on completion of the underpinning knowledge, prior to attending the induction course
- during the post course supervised training and assessment period
- during collection of the range of experiences
- on completion of the e-portfolio, prior to an external assessment interview/presentation

Reviews may provide information for the assessment interview as an ongoing record of trainee's progress.

All reviews must be documented, scanned and uploaded into the e-portfolio.

To aid this process, a list of points to consider in preparation for the appraisal has been included:

- for the trainee
- for the Educational Supervisor

**Points to be considered by the trainee before the review in preparation for discussion**

- What are you doing well in your patient facing role?
- What do you find particularly challenging about working in a patient facing environment?
- Are you comfortable working in the patient facing environment?
- Are there any factors that have a positive effect on your performance?
- Are there any factors that have a negative effect on your performance?
- What are your strengths in this role?
- Have you found any interventions? (In this review period)
  - If yes what were they?
What action did you take?

- Have you made any errors? (In this review period)
  - If yes what were they?
  - What do you think caused you to make this error?
  - How would you prevent this happening again?

- Have you found any difficulties whilst in the transition of your role?

- How do you find the portfolio paperwork and the e-portfolio? Are they easy to understand and manageable to complete?

- Do you feel you are receiving sufficient support?

- Are there any other comments that you feel may be relevant?

**Points to be considered by the Educational Supervisor before the review in preparation for discussion**

- How is the trainee progressing through the scheme?
- What is the trainee doing well in their new role?
- Are there any areas that the trainee is finding difficult and requires additional support in?
- Are there any features of the trainee’s performance that you are concerned about?
- Are there any specific areas of their new role where you can offer support?
- Is the trainee’s level of confidence appropriate in their new role?
- How has the trainee performed in quieter areas?
- How has the trainee performed in busier areas?
- Would you recommend that the trainee continue with the scheme?
- Are there any other comments that you feel may be relevant?
- How is the trainee progressing with their portfolio build and the e-portfolio?
**Stage 1 - Evidence Collection**

This stage of the assessment process focuses on the trainee's level of competence.

In order to successfully complete this stage, trainees are required to accurately complete and document the following:

**Foundation**

Unit 1.1 - Managing Patient Medication Requirements

- Documented evidence of at least 100 accurately assessed Patients’ Own Drugs, belonging to at least 25 patients from a range of patient types,
- Documented evidence of at least 100 appropriate and accurate items requested/supplied for at least 25 patients from a range of patient types

**Intermediate**

Unit 2.1 - Medicines Reconciliation

- Documented evidence of the trainee accurately carrying out the Medicines Reconciliation process (to level 1/and 2 as appropriate) a minimum of 10 times

Unit 2.2 – Discharge Facilitation

- Documented evidence of the trainee accurately assessing the discharge needs of a patient, assembling the patients discharge medication and resolving any issues on discharge a minimum of 10 times

**Advanced**

Unit 3.1 – Clinical Prioritisation

- Documented evidence of the trainee accurately performing the process of clinical prioritisation during a patient round (to the agreed level) a minimum of 10 times

Trainees must document these activities on the relevant unit ‘Accuracy Log’ form (see portfolio template appendices) and these must be second checked for accuracy and signed for by the Educational Supervisor or an accredited pharmacy technician or clinical pharmacist. The Educational Supervisor must check each item to ensure they have been signed by both the trainee and the checker and that no errors made by the trainee have been recorded.

The purpose of this stage is to actively monitor the trainee's performance and identify if there are aspects of the process where the trainee is not performing accurately. This will provide the trainee with precise information on their actual performance, and if they should need to, the trainee can reflect on this and identify any actions to improve.

Once checked, ALL completed item logs must be scanned and uploaded into the e-portfolio.
Guidance for completing stage 1 evidence collection

On completion of all training and practice numbers and when the Educational Supervisor and the trainee are satisfied that they are ready to proceed, trainees should begin the assessment.

Foundation

Unit 1.1 – Manage Patient Medication Requirements

In order to successfully complete this stage, for each aspect of the unit, trainees are required to accurately complete and document the processing of a minimum of 100 items for at least 25 patients:

- Assessing Patients’ Own Drugs (PODs)
- Managing patient supply needs

Trainees are expected to cover the range of patient types that reflect their scope of practice within their items.

Trainees should also demonstrate the ability to fulfil the range of supply types that reflect their scope of practice. These could include:

- Obtaining from ward/clinical area stock
- Requesting non-stock supplies from pharmacy
- Requesting one-stop supplies (with full directions) from pharmacy
- Requesting medications are brought in from home/community pharmacy (e.g. for non-formulary medications)

We recommend that trainees should ensure they provide evidence of at least 25 items from each category in which they wish to demonstrate competence.

Once checked, ALL completed item logs must be scanned and uploaded into the e-portfolio.

NB: It is recommended that a maximum of 5 sheets are scanned and saved per document prior to uploading as a piece of evidence. Large documents in excess of 5 pages can be time consuming to upload and open.
Intermediate

Unit 2.1 – Medicines Reconciliation

Trainees should observe the process of medicines reconciliation (to the agreed level) being performed by a pharmacist or pharmacy technician/HCP accredited in medicines reconciliation. The number of observations required as part of the training should be agreed between the Educational Supervisor and the trainee. This will depend on the trainee’s experience and confidence in the role, however a minimum of 10 observed Medicines Reconciliation processes is recommended.

On completion of the observations and when the Educational Supervisor and the trainee are satisfied that they are ready to proceed, the trainee should start undertaking medicines reconciliation whilst under the supervision of the Educational Supervisor or an accredited pharmacy technician or clinical pharmacist.

Trainees should then be assessed accurately performing the process of medicines reconciliation (to the agreed level) under supervision, a minimum of 10 times.

Ideally, with each medicines reconciliation process undertaken, the trainee should cover a good range of:

- patient types (elderly, long term illness, acute illness, hearing impaired etc.)
- number of prescription items
- information gathering from a variety of sources (patient, GP, notes, community pharmacies, Summary Care Records)
- dealing with discrepancies (wrong drug, form, strength)
- identification of the type of information that needs to be referred to a pharmacist
- documentation

The ranges should be relevant to the trainee’s scope of practice.

It is the responsibility of the Educational Supervisor and trainee to ensure that the practical training and assessment is truly reflective of the work that the accredited pharmacy technician/HCP may be expected to perform once accredited.

Once checked, ALL completed assessment logs must be scanned and uploaded into the e-portfolio.
Unit 2.2 – Discharge Facilitation

Trainees should observe the discharge facilitation process being performed by a pharmacist or pharmacy technician/HCP accredited in unit 2.2. The number of observations required as part of the training should be agreed between the Educational Supervisor and the trainee. This will depend on the trainee’s experience and confidence in the role, however a minimum of 10 discharge facilitation processes is recommended.

On completion of the observations and when the Educational Supervisor and the trainee are satisfied that they are ready to proceed, the trainee should start undertaking discharge facilitation whilst under the supervision of the Educational Supervisor (on patients selected by the Educational Supervisor).

Trainees should then be assessed accurately performing the process of discharge facilitation under supervision, a minimum of 10 times.

Ideally, with each discharge facilitation process undertaken, the trainee should cover a good range of:

- patient types (elderly, long term illness, acute illness, hearing impaired etc.)
- discharge destinations (home, residential/nursing home, hospice etc.)
- number of prescription items
- information gathering from a variety of sources (patient, GP, notes, community pharmacies)
- dealing with queries/questions (from patient/carer/relative)
- liaising with other healthcare professionals involved in the patient’s discharge
- providing information to the patient/carer/relative regarding the patient’s medications
- documentation

The ranges should be relevant to the trainee’s scope of practice.

**NB:** This process includes the final assembly of medications at the point of discharge but does not accredit individuals to Final Accuracy Check the discharge prescription. Competence for this process is assessed through the South West Accuracy Checking Pharmacy Technician scheme and if the individual does hold this accreditation then it is expected that the prescription will have been Final Accuracy Checked by another qualified ACPT or pharmacist.

It is the responsibility of the Educational Supervisor and trainee to ensure that the practical training and assessment is truly reflective of the work that the accredited pharmacy technician/HCP may be expected to perform once accredited.

Once checked, ALL completed assessment logs must be scanned and uploaded into the e-portfolio.
Unit 3.1 – Clinical Prioritisation

Trainees should observe the clinical prioritisation process being performed during a clinical area visit/patient round (to the agreed level) by a pharmacist or pharmacy technician accredited in unit 3.1. The number of observations required as part of the training should be agreed between the Educational Supervisor and the trainee. This will depend on the trainee’s experience and confidence in the role, however a minimum of 10 patient rounds is recommended.

On completion of the observations and when the Educational Supervisor and the trainee are satisfied that they are ready to proceed, the trainee should start undertaking patient clinical prioritisation rounds whilst under the supervision of the Educational Supervisor (on patients selected by the Educational Supervisor).

Trainees should then be assessed accurately performing the process of clinical prioritisation of a clinical area visit/patient round (to the agreed level) under supervision, a minimum of 10 times

Ideally, with each clinical prioritisation process undertaken, the trainee should cover a good range of:

- high risk patients (elderly, long term illness, acute illness, hearing impaired etc.)
- patients on a range of high risk medicines
- information gathering from a variety of sources (patient, notes, other members of the multidisciplinary team, blood results, general monitoring results etc.)
- conflicting information (multiple patients requiring referral)
- levels of urgency of referral
- documentation

The ranges should be relevant to the trainee’s scope of practice.

To assess the trainee, the Educational Supervisor should visit the clinical area after the trainee has completed their patient round. They should then check each patient the trainee has assessed and decide in each case if:

- All relevant information has been reviewed and interpreted correctly
- Referred appropriately (in the appropriate timescales and to the appropriate healthcare professionals)
- Documented accurately and in the appropriate place

It is the responsibility of the Educational Supervisor and trainee to ensure that the practical training and assessment is truly reflective of the work that the accredited pharmacy technician/HCP may be expected to perform once accredited.

Once checked, ALL completed assessment logs must be scanned and uploaded into the e-portfolio.
Errors

Any medicines-related error that could potentially reach the patient represents a risk to patient safety or achieving beneficial outcomes and therefore consistent accuracy must be demonstrated. As a result, there is no scope for errors within the evidence collection for this scheme. It is therefore imperative that Educational Supervisors ensure that trainees have completed all the necessary training prior to commencing the assessment period.

Should a trainee make an error whilst collecting evidence within stage 1 assessment of any of the modules, they should reflect on the error made and re-commence the completion of the stage 1 evidence collection.

Trainees are required to fully reflect on any errors made and complete and submit an ‘Error Analysis Record’ (see portfolio template appendices) prior to re-starting their evidence collection.

Educational Supervisors must be made aware of any errors and should review the trainee’s Error Analysis Record and discuss the circumstances and possible implications of the error with the trainee.

All Error Analysis Records should be submitted in the e-portfolio.

No trainee will be allowed more than two attempts at completing any stage of the assessment process without re-entering the scheme.
Transcription Errors on Item Log Sheets

There have been occasions where a trainee has accurately requested a medication or assessed a POD but has then made an error when transcribing the item onto the e-portfolio ‘Item log’ sheet.

When this occurs, the most important factor is that the item was ordered or assessed correctly for the patient, therefore if the initial order/assessment was correct, this would not be deemed as a fail and therefore a re-start would not be necessary.

However as this scheme addresses the importance of accurate transcription, it is essential that the trainee is aware of the possible implications of inaccurate transcription and the risk of this occurring on a supply sheet in the future. Therefore if a transcription error is made on an ‘item log’ sheet, the trainee will be required to obtain a further second check on 20 items and 5 patients in addition to the minimum requirement of 100 items and 25 patients. The trainee should also be asked to reflect on the transcription error on an Error Analysis Record (see portfolio template appendices) and evidence of this should be included in the e-portfolio.
Stage 2 - Competency Based Assessments

This stage of the assessment process assesses the trainee’s ability to perform the process competently, in line with local SOPs, and meet the needs of the service.

When the trainee has achieved the requirements of stage 1 and both the trainee and Educational Supervisor are confident that the trainee has been trained sufficiently and has gained enough experience and confidence, stage 2 of the assessment process can commence.

This stage consists of four observed formal holistic assessments of the trainee’s ability to perform the relevant medicines optimisation process effectively.

Checklists of competencies for the ‘Competency Based Assessments’ have been set for all units and can be found in the unit portfolio template appendices.

Trainees should make themselves aware of the competencies they will be assessed against by reading them prior to the assessment process.

All of the observed assessments must be carried out objectively by the named Educational Supervisor and the trainee’s performance/competency must be assessed against the standards and documented. Trainees must be assessed in the clinical/patient facing area.

To demonstrate competence, trainees must consistently be able to perform within a work-related function or occupational area to the expected standards.

The trainee must be assessed on four separate occasions and demonstrate consistent competence performing the role. After each assessment constructive feedback must be provided and documented.

If a criteria cannot be covered as the situation did not arise on that occasion, a question can be used to explore the trainee’s understanding and knowledge of the process.

- Each criteria can only be covered with a question on one occasion
- No more than three questions can be used during one assessment
- All questions and a description of how well the trainee has answered the question must be documented in the feedback
- Each of the competency-based criteria must be achieved on at least 3 out of 4 assessments

On completion of four satisfactory assessments, trainees will be approved to go forward to the Clinical Pharmacy Manager’s assessment.
At the point of commencing working unsupervised, it is important that there is clear guidance on how the trainee can access appropriate support, guidance and further information.

ALL completed competency based assessments must be recorded in the e-portfolio. Completed appendices can be scanned and uploaded, or Educational Supervisors can ‘log’ the evidence directly into the system, indicating which competencies were met on that occasion and documenting their feedback on five separate pieces of evidence (see e-portfolio handbook for guidance).

**Errors within the stage 2 assessment process**

Should a trainee make an error whilst undertaking **stage 2** of the assessment process, they should reflect on the error made, document their reflection on an ‘Error Analysis Record’ and re-commence the four competency based assessments.

Educational Supervisors must review the trainee’s reflection on the error and discuss the circumstances and possible implications of the error with the trainee.

No trainee will be allowed more than **two** attempts at completing any stage of the assessment process without re-entering the scheme.
Range of Experiences

For each unit there is a set range of experiences to cover – some are listed as essential and others are optional. Trainees are expected to demonstrate that they have covered all of the essential ranges of experiences and must include a minimum of two from the optional ranges from each category.

Foundation

Trainees must provide documented evidence of dealing with the set range of experiences as a CPD entry starting at ‘action’.

Trainees are required to:

a) describe the activity/experience and how they approached it
b) provide the date this experience happened
c) discuss the outcome for the patient and what the implications may have been had they not identified these problems
d) describe what they learned from this experience
e) explain how what they have learned has or will benefit their practice
f) how they will apply what they have learned to their future practice

The trainee should then identify and claim the ranges of experiences that they feel they have covered by selecting and ticking the criteria on the list within the e-portfolio.

The range of experiences can be collected throughout stages 1 and 2 of the assessment process, but must be completed prior to the final assessment with the Clinical Pharmacy Manager.

This evidence should then be submitted to the Educational Supervisor in the e-portfolio. The Educational Supervisor is responsible for assessing whether or not the trainee has sufficiently covered the ranges claimed and should offer feedback on the trainee’s approach. If ranges are not sufficiently covered at the point of regional assessment, trainees’ e-portfolios will be returned to the Educational Supervisor with a request for a local re-assessment and potential re-work by the trainee.

CPD entries may be cross referenced and ranges from multiple units within the same level can be claimed if the situation reflects this.
Intermediate
The trainee must demonstrate that they have sufficiently covered a wide range of experiences throughout their assessment period by reflecting on these experiences and recording their reflection as a CPD entry starting at ‘action’.

These entries will be more detailed than is required for the foundation units and should be presented as case studies of the patients who have been seen.

To complete a case study that will meet the scheme requirements for the intermediate units, the trainee must include the following:

- a) the background to the situation, e.g. the clinical area in which you met the patient
- b) an introduction to the patient and their condition/reason for admission
- c) an indication of the role they played in the patient’s care, i.e. carrying out the medicines reconciliation or the discharge facilitation process
- d) an outline of any sources of information used and how they were obtained
- e) a detailed description of any problems they identified and how they went about resolving these; e.g. seeking additional sources of information
- f) their referral processes and to whom they referred when applicable
- g) the outcome for the patient and what the implications may have been had they not identified these problems
- h) what they learned from this experience
- i) how what they have learned has or will benefit their practice
- j) how they will apply what they have learned to their future practice

The trainee should then identify and claim the ranges of experiences that they feel they have covered by selecting and ticking the criteria on the list within the e-portfolio.

A minimum of five case study CPD entries must be uploaded into the scheme e-portfolio detailing the situations encountered and what the trainee has learned from these experiences.

Advanced
The trainee must demonstrate that they have sufficiently covered a wide range of experiences throughout their assessment period by reflecting on these experiences and recording their reflection as a CPD entry starting at ‘action’.

These entries will be more detailed than is required for the foundation and intermediate units and should be presented as case studies of the clinical area visits/patient rounds undertaken and the decisions made and actions taken based on the information available.

To complete a case study that will meet the scheme requirements for the advanced units, the trainee must include the following:
a) the background to the situation, e.g. the clinical area in which the round was undertaken, process followed to identify new patients/changes etc.

b) an outline of some of the patients dealt with and their conditions/reasons for admission

c) how patients with high risk conditions and on high risk medicines that are most likely to cause significant harm were identified

d) details of any patient specific results that were accessed, including regular observations and blood test results

e) a detailed description of any problems that were identified and how the trainee went about resolving these; e.g. seeking additional sources of information

f) a description of how a variety of potentially conflicting information were dealt with and how an order of priority for referral was established

g) an outline of any handover techniques used and which health care professionals the trainee liaised with/referred to

h) what they learned from this experience

i) how what they have learned has or will benefit their practice

j) how they will apply what they have learned to their future practice

The trainee should then identify and claim the ranges of experiences that they feel they have covered by selecting and ticking the criteria on the list within the e-portfolio.

A minimum of five case study CPD entries must be uploaded into the e-portfolio detailing the situations encountered and what the trainee has learned from these experiences.
Reflective Practice

This stage of the assessment process is vital in ensuring that the trainee has demonstrated a deeper understanding of what they have learned from each particular situation they have encountered.

It is important to note that if a trainee claims multiple ranges on a CPD entry; their reflection must sufficiently take into account the different aspects of the situation and what they learned from their experience of each of these aspects. It may therefore be advisable to describe the different aspects of a situation on more than one CPD entry in order to sufficiently reflect on them.

Reflective practice is a learned skill and some trainees may require additional support from Educational Supervisors in order to develop this.

All CPD records must comply with the good practice criteria for CPD recording published in the GPhC's requirements for undertaking and recording CPD. CPD entries that are submitted for regional assessment with little or no reflection will be returned to the Educational Supervisor with a request that the trainee reconsiders each situation. It is therefore important that Educational Supervisors ensure that trainees are adequately reflecting on the situations covered throughout the assessment process and prior to submitting the e-portfolio for verification and regional assessment.

7 http://www.pharmacyregulation.org/sites/default/files/gphc_plan_and_record_dec_2015_0.pdf
Guidance on uploading online CPD entries to VQ manager

For trainees registered with the GPhC, all CPD entries must be completed online within their personal CPD record at www.uptodate.org.uk.

Trainees without a GPhC online CPD account should use the template provided on the underpinning knowledge and course preparation webpage to complete and upload their reflection on how they dealt with the range of experiences.

For trainees completing their reflective accounts using the uptodate.org.uk system, the following guidance has been provided to assist with writing, saving and uploading the documents into the VQManager e-portfolio:

1. Log into GPhC CPD account at www.uptodate.org.uk
2. Start a new entry, select, start entry at ‘action’
3. Provide a name for your entry, for example:
   - ‘Unit 1.1 – Dealing with PODs unsuitable for re-use’
   - ‘Unit 3.1 - Case study 2’
4. Complete all the fields within the ‘Action’ and ‘Evaluation’ sections, ensuring all the necessary elements are covered as outlined in each unit. *NB: Please ensure you respect patient confidentiality and do not include any patient identifiable information in your entries.*
5. Once entry is complete, press save
6. Select print
7. Select ‘print filled optional fields only’
8. Copy text by left clicking, hold down an drag until all required text is ‘blue’ then right click and copy
9. Open a blank work document
10. Paste text onto work document and save as .......... 
11. Log into VQManager
12. On the home page select ‘My portfolio’
13. Select ‘log evidence’
14. Select appropriate evidence method from drop down menu
15. Enter summary evidence description/title – note this can only be entered at this stage
16. Enter a brief description of the evidence (could just re-enter CPD entry title here)
17. Click on upload & attach files
18. Click on browse & select required work document
19. Double click on upload files button, ‘initialising update’ message will appear
20. File will now be uploaded
21. Select criteria you wish to claim from the qualification tree drop down list
22. Repeat as required
23. Log out of GPhC record, Word document and VQManager
Clinical Pharmacy Manager Assessment

Upon successful completion of stages 1 and 2 and the preparation of the e-portfolio, the Clinical Pharmacy Manager Assessment is the final stage prior to the assessment interview.

At this stage the trainees should have a reasonable amount of experience of working in the patient facing environment and the relevant areas of medicines optimisation.

In addition to the four undertaken by the Educational Supervisor, this is the fifth and final competency based assessment to ensure that the trainee is adequately trained and now has an appropriate level of experience and confidence in all relevant aspects of the medicines optimisation role to become accredited.

In order to determine a trainee’s competency, the CPM or the Senior Clinical Pharmacist must perform a final competency based assessment. During this assessment the CPM should observe the performance of the trainee during one complete clinical area visit. This assessment should specifically cover the tasks relevant to the units that the trainee has undertaken.

The assessment will assess the trainee's overall performance focussing on aspects such as:

**Foundation**
- Communication skills,
- Interpersonal skills
- Professional skills and attitude
- Documentation/transcription skills

**Intermediate**
- Communication skills
- Problem solving skills
- Professional skills and attitude
- Documentation/transcription skills

NB: If more than one unit is being completed from level 2, one final CPM assessment that covers both units is acceptable.

**Advanced**
- Clinical prioritisation skills
- Communication skills
- Professional skills and attitude
- Documentation/transcription skills

A record of the assessment must be documented and the Clinical Pharmacy Manager should complete a report on the trainee’s performance (see relevant unit portfolio template appendices) in support of their application to the assessment interview panel for accreditation. This documentation should be scanned and uploaded into the e-portfolio.
Chief Pharmacist Authorisation to Accredit

Upon the satisfactory completion of all stages of the e-portfolio build and local assessment methods, the Chief Pharmacist (or approved designated deputy) is required to sign the ‘Chief Pharmacist Authorisation to Accredit’ form (see relevant unit portfolio template appendices)

This form provides the authorisation that upon the satisfactory completion of all stages of the assessment process, including the e-portfolio assessment and outcome of any other final external assessment processes, the Chief Pharmacist is confident that the trainee has been deemed competent and that SWMIT can proceed with certification.

This document should be signed, scanned and uploaded into the e-portfolio prior to the portfolio being submitted for verification.
Summative Assessment

**Foundation**

Electronic portfolios must be submitted to SWMIT for external assessment once complete.

SWMIT will support the facilitation of a local assessment interview which should be conducted at the trainee’s organisation by two or more of the following panel members:

- Clinical Pharmacy Manager
- Lead Medicines Management Pharmacy Technician or Meds Med service lead
- Educational Supervisor

The assessment interview is designed to assess the trainee’s ability to accept responsibility as a pharmacy technician/HCP accredited in medicines optimisation by a panel of local occupational experts. Upon completion and submission of the trainee’s e-portfolio, the trainee should apply online for their summative assessment. SWMIT will then arrange for the relevant documentation to be dispatched to the Educational Supervisor.

**Intermediate**

Electronic portfolios must be submitted to SWMIT for external assessment once complete.

The trainee must attend an external interview with an independent panel facilitated by SWMIT.

The assessment interview is designed to assess the trainee’s ability to accept responsibility as a pharmacy technician/HCP accredited in medicines optimisation by an independent panel.

The assessment panel will consist of the following:

- a member of the South West Medicines Information & Training department
- a Senior Pharmacy Manager
- a Clinical Pharmacy Manager

A panel assessment is included at Intermediate level to provide an independent opinion of the trainee’s suitability to take on the developing responsibility of the medicines optimisation role and to ensure consistency across the region.
Advanced

Electronic portfolios must be submitted to SWMIT for external assessment once complete.

The trainee must present a case study of a clinical area visit/patient round describing their clinical prioritisation referral process to an external panel. They will then be asked questions to assess their decision making processes and ability to effectively prioritise. The panel will be facilitated by SWMIT.

The assessment panel will consist of the following:

- a member of the South West Training department
- a Senior Pharmacy Manager
- a Clinical Pharmacy Manager

A case study presentation is included at Advanced level to provide an independent opinion of the trainee’s suitability to take on the increased responsibility of the medicines optimisation role, to ensure consistency across the region, and to enable the trainee to demonstrate the professional skills which they have developed as they progressed through the programme.

If a trainee is unsuccessful in an assessment interview/presentation, they will be allowed to re-sit the assessment process on two further occasions. If unsuccessful on the third occasion the trainee will be required to re-enter the training and assessment programme.
**Training and Assessment Timescales**

The collection of evidence and e-portfolio building must span a minimum of three months to a maximum of one year from the commencement of training, i.e. attendance on the residential course for each unit.

NB: The 3-month minimum timeframe reflects that necessary for the collection of evidence when more than one unit are being completed at the same time. Individual modules may be completed more quickly; as appropriate to the unit; e.g. trainees only undertaking Unit 1.1.

If a trainee is unable to complete the practice activity within 12 months, normal practice would be for the trainee to re-enter the training and assessment programme. At the discretion of the SWMIT Medicines Management Lead however, extenuating circumstances may be considered as a reasonable request for an extension to this time period. Please contact SWMIT to discuss and consideration will be given to individual circumstances.

**Timescales for re-work and additions following regional assessment of the portfolio**

Occasionally, once the e-portfolio has been assessed by the regional assessor/internal verifier, some re-work or additions may be required in order to ensure that the e-portfolio meets the standards necessary for accreditation. Educational Supervisors will be notified of any additional work or re-work required via an email and an Internal Verifier report on the e-portfolio.

Any re-work or additional evidence requested must be submitted and signed off within a **maximum of 3 months** from the date of the Internal Verification report. Failure to achieve complete sign off in this time period will result in the trainee being asked to re-start the scheme.
Certificate of Accreditation

Upon successful completion of all stages of assessment, the trainee will be sent a letter confirming that they have successfully completed the scheme and providing feedback on their portfolio and final assessment interview (where appropriate). The trainee will then be entered onto the regional register of accredited pharmacy technicians/healthcare professionals, and issued with a certificate of accreditation.

The certificate will list the units that the trainee has successfully completed and a new certificate will be issued when trainees add units to their accreditation.

Trainees should inform SWMIT if they are unable to reaccredit due to no longer being in a medicines optimisation role or applying the medicines optimisation skills in practice and this will be recorded on the regional register. Should the trainee resume the role in the future, SWMIT should be contacted and guidance on returning to the role after a break in practice should be followed (see relevant section of scheme handbook).
Appeals Procedure

We wish to ensure that all trainees are treated fairly, equally and with respect in relation to their assessment.

Should any trainee be dissatisfied with the conduct or adequacy of an assessment they must, within 5 working days of their receipt of the decision, contact the South West Medicines Information & Training Department and give notice of their dissatisfaction and intention to forward an appeal.

The formal appeals procedure must then be followed:

1. All appeals against the conduct, adequacy or outcome of an assessment must be forwarded in writing to the South West Medicines Information & Training Department within 10 working days after the trainee has given verbal notice of their intention

2. On receipt of notification of an appeal the South West Medicines Information & Training Department will:
   - set a date for the appeal to be heard by the appeals panel
   - decide how and by whom the appeal will be heard

3. The appeal panel will meet within 20 working days of receipt of the written notification of the appeal

4. The appeal panel will consist of:
   - A representative of the South West Medicines Information & Training Department
   - A Clinical Pharmacy Manager, not previously involved with the assessment
   - A Senior Pharmacy Manager, not previously involved with the assessment

   The trainee will be offered the opportunity to be accompanied by any person of their choice to help them present their evidence

5. The appeals panel will reach a decision and all involved parties will receive verbal notification on that day and written notification in 3 working days
Reaccreditation

Upon successful completion of the programme, and to meet the standards of the national framework, trainees must ensure that they maintain their standards and that their competency remains current.

The inclusion of the re-accreditation requirement is designed to ensure that accredited individuals on the database remain active in the accredited area of practice and have evidence of continued competency in this role.

For pharmacy technicians/HCPs to remain ‘current’ they must keep an ongoing log of any errors made relating to the role and document these according to their departmental error recording policy. Any error must be reflected upon and recorded using the CPD cycle. These logs must be reviewed and discussed periodically with the Educational Supervisor or line manager.

In order to ensure that all trainees’ accreditations remain current, the national framework stipulates that reaccreditation is necessary at least every 2 years. Reaccreditation can be carried out more frequently than this if desired, to coincide with annual employee appraisals for example.

Trainees are responsible for their own reaccreditation.

When reaccreditation is due, trainees should:

- Download the reaccreditation pack from the SWMIT website at www.swmit.nhs.uk
- Liaise with their Educational Supervisor or line manager to ensure they complete the reaccreditation process
- Complete the reaccreditation application form and reflective statement
  
  NB: The reflective statement must consist of a minimum of 250 words, briefly describing the role that the trainee has been undertaking over the past 2 years, how they feel about this role, and how they maintain their standards, for example, CPD, attending learning@lunch sessions, in-house training, on-the-job learning etc.

- Ensure that the application form and reflective statement is read and signed by the Clinical Pharmacy Manager and Chief Pharmacist/approved designated deputy to confirm that they are maintaining their competency and are currently engaged in patient-facing activities

- Keep all the completed documentation as evidence of reaccreditation

SWMIT will routinely review local reaccreditation records and processes to ensure that the national standard is being met and sustained.
Returning to work after a break in practice

It is inevitable that there will be occasions where pharmacy technicians/healthcare professionals have a break in service due to travelling, maternity leave, sickness etc. Following any significant break in practice it is essential that the individual receive a re-introduction to the role during which time they are supported as they refresh their knowledge and skills before returning to work in the medicines optimisation role unsupervised.

Should the break exceed 6 months however, or cause the individual to exceed their re-accreditation period, some additional portfolio work is required in order to demonstrate competency prior to working unsupervised.

Any individual who meet these criteria should liaise with their Medicines Management lead and their managers to choose from the following options:

1) The chief pharmacist takes full responsibility for the trainee’s competence

   NB: In order to re-accredit with this option, the chief pharmacist is required to sign the completed re-accreditation form and provide a brief statement indicating why the trainee is suitable for re-accreditation, taking into account the break in the role

2) The trainee attends the induction as a refresher or an in-house refresher and completes a percentage number of items and competency based assessments to be agreed with the Chief Pharmacist –

   Recommended (in line with the national medicines management skills framework):

   **Unit 1.1 – Manage patient medication requirements**

   - 50 items/10 patients from each element – supply and assessment of PODs - documented as evidence within a continuous assessment period
     - 2 competency based assessments

   **Unit 2.1 – Medicines Reconciliation**

   - 5 Medicines Reconciliation processes - documented as evidence within a continuous assessment period
     - 2 competency based assessments

   **Unit 2.2 – Discharge Facilitation**

   - 5 discharge facilitation processes - documented as evidence within a continuous assessment period
     - 2 competency based assessments

   **Unit 3.1 – Clinical Prioritisation**

   - 5 clinical area visits/patient rounds - documented as evidence within a continuous assessment period
• 2 competency based assessments

3) The trainee has an in-house refresher course and completes the full 100 items and 25 patients or 10 Medicines Reconciliation processes or 10 clinical area visits/patient rounds and the full 5 competency based assessments

Which option is selected will depend on individual circumstances and the length of the break in practice or period since last reaccreditation.
Evidence of competence when transferring between organisations

When transferring between organisations it is essential that the accredited individual receives a full work place induction to ensure that they are working competently to the Standard Operating Procedures (SOPs). The following assessment criteria must be met following a transfer:

- Familiarisation of local SOPs

**Unit 1.1 – Manage patient medication requirements**

- 20 items from each element – supply and assessment of PODs - documented as evidence within a continuous assessment period
- 1 observed holistic practice based assessment

**Unit 2.1 - Medicines Reconciliation**

- The process of medicines reconciliation correctly carried out and documented as evidence 3 times within a continuous assessment period
- 1 observed holistic practice based assessment

**Unit 2.2 – Discharge Facilitation**

- The process of discharge facilitation correctly carried out and documented as evidence 3 times within a continuous assessment period
- 1 observed holistic practice based assessment

**Unit 3.1 – Clinical Prioritisation**

- 5 clinical area visits/patient rounds - documented as evidence within a continuous assessment period
- 1 observed holistic practice based assessment

As soon as the individual has completed their additional evidence collection, it is recommended that they reflect on their ‘readiness to practice’ and discuss this with their line manager before resuming the role. Should there be any concerns raised by either the individual or the line manager, a further plan to support the individual’s return to the role should be discussed, and any further training or additional evidence requirements documented and undertaken.
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- Members of the South West Medicines Information & Training team
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