

**MediaPharm pharmacy support staff course(s)  
reaccreditation event report, June 2024**



# Contents

<b>Event summary and conclusions .....</b>	<b>1</b>
Introduction .....	3
Role of the GPhC.....	3
Documentation.....	3
Pre-event.....	3
The event.....	3
Declarations of interest .....	3
Schedule .....	4
<b>Key findings - Part 1 - Outcomes for all support staff .....</b>	<b>5</b>
<b>Key findings - Part 2 - Standards for the initial education and training .....</b>	<b>6</b>
Criteria 1: Equality, diversity and inclusion .....	6
Criteria 2: Course curriculum .....	7
Criteria 3: Assessment .....	8
Criteria 4: Management, resources and capacity .....	10
Criteria 5: Quality management.....	12
Criteria 6: Supporting learners and the learning experience.....	13
<b>Key findings - Part 3 - Role-specific learning outcomes .....</b>	<b>15</b>

## Event summary and conclusions

<b>Provider</b>	MediaPharm
<b>Course</b>	Support Staff Courses
<b>Names of courses</b>	<ol style="list-style-type: none"> <li>1. Medicines Counter Assistant</li> <li>2. Dispensing Assistant</li> <li>3. Healthcare Assistant</li> <li>4. Medicines Delivery Driver</li> <li>5. Medicines Stock Assistant</li> <li>6. Customer Service Assistant</li> <li>7. Accuracy Checking Assistant</li> <li>8. Homecare Customer Service Coordinator</li> </ol>
<b>Event type</b>	Reaccreditation
<b>Event date</b>	14 June 2024
<b>Approval period</b>	September 2024 – September 2027
<b>Relevant requirements</b>	<u>Requirements for the education and training of pharmacy support staff, October 2020</u>
<b>Framework used</b>	National Occupational Standards
<b>Outcome</b>	<p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the Support Staff courses listed above should be reaccredited for a further period of three years.</p>
<b>Conditions</b>	There were no conditions
<b>Standing conditions</b>	A link to the standing conditions can be <b>found here</b> .
<b>Recommendations</b>	No recommendations were made.
<b>Minor amendments</b>	None
<b>Registrar decision</b>	The Registrar is satisfied that MediaPharm has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Requirements for the education and training of pharmacy support staff, October 2020.

	The Registrar confirms that MediaPharm is approved to continue to offer the support staff courses, for a period of 3 years.
<b>Key contact (provider)</b>	Fawz Farhan, Programme Manager and Head of Content
<b>Provider representatives</b>	Paul Lowndes, Programme Director, and CEO Fawz Farhan, Programme Manager and Head of Content Mark Sykes, Course Manager ACA and IQA
<b>Accreditation</b>	Rebecca Chamberlain (Team leader), Self-employed Pharmacy Technician, Trainer, and Associate* Sheetal Jogia (team member - pharmacy technician), London Pharmacy Aseptics Workforce Transformation Project Lead, Royal Marsden Hospital NHS Foundation Trust (desktop review only) Shahzad Ahmad (team member - pharmacist), Clinical Lead, NHS England Transformation Directorate Fiona Barber (team member - lay), Independent Member, Standards Committee, Leicester City Council *also attended the pre-event meeting on 13 June 2024
<b>GPhC representative</b>	Rakesh Bhundia, Quality Assurance Officer (Education), General Pharmaceutical Council
<b>Rapporteur</b>	Juliette Morgan (Rapporteur) Senior Consultant and Dean for Teaching and Learning, Student Success with Advance HE
<b>Observers</b>	Katie Brankin (pharmacy technician – observer in training) Charlotte Patterson (pharmacy technician – observer in training) Jerry Herring (recently registered pharmacy technician – observer in training)

## Introduction

### Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The approval process is based on the Requirements for the education and training of pharmacy support staff, October 2020.

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit the [website](#).

### Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team, and it was deemed to be satisfactory to provide a basis for discussion.

### Pre-event

In advance of the main event, a pre-event meeting took place online on 13 June 2024. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event.

### The event

The event began with a private meeting of the accreditation team and GPhC representatives on 13 June 2024 online. The remainder of the event took place online on 14 June 2024 and comprised a series of meetings with the provider staff involved in the design of the course(s).

### Declarations of interest

There were no declarations of interest.

## Schedule

### Day 0

<b>13:30 – 13:50</b>	<b>Accreditation team leader meets with GPhC representative</b>
<b>13:50 – 14:00</b>	<b>Break</b>
<b>14:00 – 16:00</b>	<b>Private meeting of the accreditation team and GPhC representative Discuss provision and agree final questions and allocation</b>

### Day 1

<b>09:00 – 09:10</b>	<b>Private meeting of the accreditation team</b>
<b>09:10 – 12:00</b>	<b>Meeting with course provider</b>
<b>12:00 – 12:15</b>	<b>Break</b>
<b>12:15 – 13:15</b>	<b>Learning outcomes testing session</b>
<b>13:15 – 14:15</b>	<b>Lunch</b>
<b>14:15 – 15:15</b>	<b>Meeting with internal and external quality assurance of the course</b>
<b>15:15 – 16:45</b>	<b>Private meeting of the accreditation team</b>
<b>16:45 – 17:00</b>	<b>Deliver outcome to course provider</b>

## Key findings - Part 1 - Outcomes for all support staff

During the event the accreditation team reviewed the provision against all 19 outcomes required for all pharmacy support staff roles. To gain additional assurance, the accreditation team also explored a sample of 6 learning outcomes during a separate meeting with the provider and was satisfied that **all 19 learning outcomes continue to be met** to the level required by the GPhC requirements.

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

### Criteria 1: Equality, diversity, and inclusion

Criteria met/will be met? Yes  No

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

It was noted that the provider has established systems and policies to promote equality, diversity, and inclusion (EDI), aligning with legal requirements and professional standards, including those of the GPhC and the Inclusive Pharmacy Practice initiative. These efforts aim to create a fair and inclusive workplace and reduce health inequalities through comprehensive training for pharmacy employers. Commitment to EDI is detailed in its Equality and Diversity Policy, applicable to staff, trainees, and customers, and is integrated into its Learning Contracts and company values. A Learning Needs Support policy provides reasonable adjustments for trainees. All staff undergo mandatory equality and diversity training as per UK Core Skills Training Framework (UK CSTF) standards. The provider also accommodates the needs of its diverse and neurodivergent workforce.

EDI data is collected through enrolment forms, helpdesk interactions, and feedback to inform policies and ensure fair treatment for all trainees. This data is used for case-by-case support and broader programme reviews. Policies and commitment to equality and human rights are prominently displayed on the learning platform.

Course design and delivery emphasises inclusion and fairness by following best practices, incorporating feedback, and considering trainee profiles. Modular courses, videos, infographics, and microlearning support various learning needs. Online courses adhere to User Interface (UI) and User Experience (UX) best practices to ensure accessibility. Features include clear layouts, appropriate colour schemes, and text enlargement. Technology partners provide accessibility templates, and alternative paper-based materials are available upon request. The team enquired on how the provider considers equality, diversity, and fairness in course design and delivery. The provider told the team that they ensure inclusivity from the outset. Details regarding protected characteristics is gathered during enrolment, fostering early discussions on necessary support. Elements of the course are designed to promote understanding of EDI responsibilities, emphasising person-centred care through foundational modules. Exercises within e-learning workbooks encourage reflection on diverse customer needs, cultural differences, and language barriers. Efforts extend to visual representation, with inclusive imagery across diverse community settings prioritised post-accreditation. Modules specifically address cultural awareness and customer care for diverse needs, integrating tools and awareness exercises.

EDI principles are embedded in all training programmes, covering core learning outcomes and National Occupational Standards (NOS) with a focus on person-centred care. The provider offers Level 1 EDI training from Health Education England (HEE) and Advisory Conciliation and Arbitration Service (ACAS), with some pharmacy groups requiring annual certification. New courses on supporting individuals with additional needs, intercultural awareness, and an introduction to EDI are being developed. The training ethos incorporates EDI through diverse images, case studies, and societal considerations, preparing trainees to serve their communities with empathy and professionalism. The team asked the provider about mandatory modules and the provider advised that whilst HEE and/or



ACAS EDI modules are not mandatory, they are recommended as supplementary to accredited learning. Foundation and role-specific training include substantial EDI content, illustrated by modules on person-centred care, diverse customer scenarios, and specific needs like dementia awareness. New modules on cultural awareness and EDI will augment these offerings, enhancing the breadth of EDI coverage across the providers training programs from July 2024 onwards.

The team asked the provider about adjustments / extra time; the Provider adjust by giving 50% extra time, a decision which was initially informed by external consultation to balance support with maintaining assessment integrity. Adjustments are individualised through collaborative discussions involving learners and tutors, ensuring equitable access without compromising standards. Recent reasonable adjustments, such as providing a reader for a learner with processing challenges, exemplify this approach. The provider reviews case studies, progress, and flags potential issues comprehensively, with a structured approach that includes policies for fast-tracking and addressing slow progress.

## Criteria 2: Course curriculum

Criteria met/will be met? Yes  No

**The team was satisfied that all six criteria relating to course curriculum continue to be met.**

The courses submitted for accreditation are designed to meet core and role-specific learning outcomes, mapped to the National Occupational Standards (NOS). Each course ensures trainees achieve these outcomes by clearly stating their relevance at the beginning and throughout each module, revisiting them at the end as a checklist and in self-test questions.

Knowledge is delivered through a blended learning approach, including online content, case studies, videos, and offline workbooks with 'Time Out' activities that extend learning to the workplace. Tutors verify the application of this knowledge and practical skills through signed-off workbooks and observation checklists based on NOS standards.

The assessment strategy checks knowledge and understanding while tutors verify skills and behaviours, ensuring trainees meet learning outcomes and pass the course. Each course's curriculum is mapped to the NOS framework, ensuring that training is relevant and comprehensive.

For example, the Homecare Customer Service Coordinator course was developed through site visits, role analysis, and consultation with training managers, ensuring all aspects of the role and any special training needs are covered. The provider also seeks stakeholder feedback to keep course content relevant and up to date with community pharmacy practices.

Course structure is clear and navigable, with programmes and modules set out to show chronological completion and progress. The provider utilises a Moodle-based Totara learning management system, adapted for pharmacy-specific education and flexible training completion. The authoring tool aligns learning outcomes with content, ensuring trainees can apply their knowledge and demonstrate competence in the workplace.

Changes in practice and law are swiftly implemented in the online format, with updates flagged to trainees. The provider uses best practices from workplace learning and development organisations, ensuring course design meets knowledge, competence, and work experience standards. The courses,

structured to reduce confusion and promote engagement, provide a nationally recognised pharmacy services qualification at a minimum RQF L2/SCQF L5 in Scotland.

The team asked the provider for further information about tutor support for the observational checklist. The provider told the team that they support tutors in understanding and applying the observational checklist through various resources. Exemplars and a comprehensive Tutor Handbook outline their role as expert witnesses, emphasising professional responsibility and adherence to guidelines. Helpdesk insights indicate a need for enhanced training programs, prompting plans to develop a structured tutor training curriculum. The online platform facilitates communication between tutors, learners, and the provider, ensuring ongoing support and addressing concerns effectively.

The team asked the provider about skills assurance and the provider confirmed that tutors possess the necessary skills to assess and certify trainee competence and assurance of this involves robust support mechanisms. Tutors can request assistance, and comprehensive onboarding includes access to policies, exemplars, and additional professional development opportunities. This framework supports tutors in fulfilling their role confidently and professionally.

The team asked the provider how they maintain relevance and currency in education and pharmacy training, the provider updates course content systematically. Content authors maintain professional registration and adhere to Continuing Professional Development (CPD) requirements, staying informed about developments and legislative changes. Courses are designed following Work-Based Learning (WBL) principles, structured for chronological progression through a directive learning management interface. Modular course structures accommodate learner-paced engagement, with updates implemented promptly in response to regulatory changes or practice insights.

The provider detailed a number of examples as to how they have implemented recent changes; updates to the winter health module or adjustments for EDI considerations like autism and ADHD, illustrate a agile approach. These updates are tracked via version control within the system, ensuring all course materials remain current and accessible online. Updates are facilitated by the electronic nature of the materials, allowing quick adaptation to reflect evolving practice standards or emerging issues encountered in pharmacy settings.

### Criteria 3: Assessment

Criteria met/will be met? Yes  No

**The team was satisfied that all four criteria relating to assessment continue to be met.**

It was noted that the assessment strategy outlines various methods to evaluate trainees' knowledge, practical ability, and safe practice, ensuring alignment with required learning outcomes. Assessments include online multiple-choice questions (MCQs) per module and programme, case studies assessed by tutors, and observations of practical ability guided by a checklist. These methods confirm that trainees meet the standards set by the National Occupational Standards (NOS). For example, the MCA course includes a 10-question MCQ per module from a bank of 30, timed at 20 minutes, a 30-question MCQ for the program from a bank of 120, timed at 40 minutes, and invigilated, two case studies assessed by the tutor, and observations of practical ability by the tutor over at least a week, using a checklist to verify competence.

Assessments are quality assured according to the providers policy, with guidance and training provided to tutors. Course and Exam Regulations outline processes for handling malpractice, appeals, and complaints. MCQs test knowledge, while workbooks, case studies, and observation checklists confirm competent practice, all mapped to learning outcomes using a test specification matrix. This matrix ensures questions align with the relevant NOS's knowledge and understanding criteria.

Assessments and expert witness confirmations of safe practice are integral to course delivery, promoting consistency and standard expectations across all accredited courses. This strategy allows trainees to identify gaps in knowledge and skills, providing support and signposting as needed. Assessment regulations ensure only those meeting the required criteria progress and pass the course. Underperforming trainees are identified early, with mechanisms in place for support and improvement.

The Trainee Handbook emphasizes patient safety, professional conduct, and understanding one's competence limits. It explains that learning outcomes are achieved through assessments and expert witness signoffs, aiming to protect patient safety. Reflection, feedback, and learning from mistakes are integral parts of the process, facilitated through various feedback mechanisms, mentor support, and tutor feedback.

For the Accuracy Checking Assistant (ACA) course at Level 3, the assessment process includes a professional discussion to confirm the trainee's insights into safe practice before certificate release. Online courses are structured chronologically with clear timelines and reminders. Workbooks accompany each module, requiring completion before assessment. If a trainee fails an assessment, the tutor or MediaPharm mentor reviews it with the trainee to identify knowledge gaps and provide guidance.

Case studies and observation checklists must be submitted to the provider before certificate release, ensuring tutors verify safe and effective practice. The comprehensive assessment strategy ensures trainees achieve the necessary knowledge and skills for their roles, prioritizing patient safety.

The team asked the provider about the introduction of remote tutors, the provider told the team that this was initiated in response to client queries about the absence of a pharmacy professional in branches for extended periods. Clients suggested that pharmacy technicians from nearby branches or head offices could act as tutors. The team asked the provider about the regularity of team meetings and the provider told the team that they do meet regularly and ensure they are aware of client operations and can maintain quality assurance. The team asked about the development of policy which led to registered pharmacy professionals acting as tutors and the provider told the team that this was the product of consultation with pharmacy companies which led to the development of a policy that allows registered pharmacy professionals to act as tutors, provided they fulfil their professional obligations to the GPhC. The policy also includes provisions for regular contact and face-to-face visits to observe trainees in practice, although it was noted that this aspect might need explicit inclusion in the policy. The team asked the provider about aspects of the remote tutor agreement and the provider told the team that the agreement stipulates that the final sign-off must occur in-branch through direct observation, in consultation with a senior staff member present regularly. The provider also told the team that senior pharmacy assistants or dispensers are responsible for overseeing the remote tutor. The team asked the provider how many individuals are being supported by remote tutors at present and the provider confirmed this was currently around five individuals across seven support staff programs.

The team asked the provider about consistency in the assessment process by tutors, the provider told that team that they review case studies to verify adherence to exemplars. If a case study is not completed correctly, it is flagged and returned to the tutor for clarification.

The provider detailed the primary updates which have involved the introduction of the remote tutor policy and the implementation of a fast-track process for monitoring completion times. Tutors must now provide evidence and justification for any fast-tracked learners, adhering to a minimum duration.

The team asked the provider about the 70% pass mark for MCQs and the provider told the team that this was set before the 2018 accreditation, aligned with industry standards and based on benchmarks from RPS and City and Guilds pharmacy courses. Exemplars were introduced to help trainees understand the required standards and reduce the impersonal nature of e-learning. Trainees have access to practice tests with unlimited attempts, which include explanations for correct answers to support their preparation.

The team enquired about the fourth resit for MCQs, and the provider advised there is a limit on the number of attempts. Before a fourth attempt is permitted, a tutor must provide a detailed justification. Recent investigations revealed that some learners were unaware of the attempt limit, prompting the provider to enforce a 24-hour cooling-off period between attempts. The provider told the team that decisions on fourth attempts are made collaboratively by team members, including senior staff, based on a comprehensive review of the learner's situation.

Tutors receive support and training to provide constructive feedback through the tutor guidance, personal development, and leadership courses available on the platform. These include modules on reflective learning and train-the-trainer programs. The team asked about recording feedback and the provider told the team that feedback is recorded and monitored mainly through workbooks, although the provider only intervenes when there are red flags. The turnaround times for MCQs and case study assessments are prompt, with MCQs marked instantly online and case study results provided immediately by tutors. The review process before certificate release typically takes up to two weeks but is often completed within a week, with all actions logged for monitoring purposes. While MCQ feedback on incorrect answers is not provided to prevent sharing, learners failing an assessment are advised to seek guidance from their tutors.

#### Criteria 4: Management, resources and capacity

Criteria met/will be met? Yes  No

**The team was satisfied that all eight criteria relating to management, resources and capacity continue to be met.**

Since the last accreditation, the requirements for statutory and mandatory training in pharmacy have increased, making it challenging for pharmacy owners to manage and track training for their teams. The provider has addressed this by professionally training teams, tracking compliance activities, and monitoring performance, allowing employers to focus on developing their pharmacy and services.

The providers system automates the training process with role-based auto-enrolments, alerts, and reporting to ensure timely completion and support for staff. The system also upskills the existing team with unlimited access to a comprehensive digital pharmacy training library, fostering a safe, effective, and continually developing team. Customised training paths for every role and skill level improve

retention by building loyalty and confidence within the pharmacy team. Courses are managed through an internal team and external partners.

Work-based tutors play a crucial role in supporting trainees at their workplace. Each trainee receives an online learning account with access to the Trainee Handbook, Exam Regulations, Course Regulations, Learning Contract, Observational Checklist, workbooks, various policies, and additional resources. Tutors also receive unique login details to access relevant documents and track trainee progress.

Onboarding and helpdesk support include a user guide with step-by-step instructions. Trainees can contact the helpdesk via email or phone, with response times governed by a service level agreement. A Learning Contract outlines the roles and responsibilities of the trainee, tutor, and provider. This must be signed before the trainee starts the programme. Certificates are system-generated upon satisfactory completion of the final assessment, with historical pass lists maintained for verification purposes.

To mitigate plagiarism and malpractice, assessments are timed, and some are conducted under tutor supervision. The provider has established a raising concerns document in line with GPhC guidance, allowing trainees to report concerns about their training support and workplace practices. This document, alongside the complaint's procedure, is outlined in the Trainee and Tutor Handbook, with logs maintained for quarterly QA reports. This comprehensive approach ensures high standards of training, compliance, and support, fostering a safe and effective pharmacy workforce.

The team asked how many portfolios are currently being reviewed. The number of certificates issued per month is approximately 75, doubling from April 2023, indicating that current staff levels are sufficient for the current output. The provider detailed the risk log which mentions using a virtual assistant if there is insufficient staff. This virtual assistant office, a trusted partner for the provider for ten-years, handles calls and passes them to the in-house helpdesk via a ticketing system. This ensures that if helpdesk queries exceed in-house capacity, the virtual office can log and escalate them.

The team asked the provider about online platform failures and the management of this should this occur. In the event of an online platform failure, they have robust contingency arrangements. All records are backed up regularly throughout the day, allowing for a rollback to a database copy within hours. Service level agreements with the support company ensure that system downtime is resolved within an hour. In past instances where the platform was offline for an hour or less, customers were promptly informed via email, explaining the issue and providing updates.

The team asked the provider about changes in staffing since last accreditation and the provider confirmed that staffing has adapted since the last accreditation to address a surge in subscriptions. Freelancers have been hired, roles adjusted, and technologies such as the helpdesk optimised. The programme administrator now focuses more on managing trainees, while course creation has been outsourced to external providers. The provider advised that they have implemented systems to identify trigger points for hiring additional staff, such as when turnaround times for course reviews or responses to queries fall below service level agreements.

The single programme administrator role remains, but there is contingency planning for the Internal Quality Assurer (IQA) role. An additional IQA has been brought into independently quality assure the ACA course. Additionally, there are established relationships with freelancers who can step in if needed.

The Team asked about the providers commercial relationship with an external apprenticeship company and the provider confirmed that this involves the latter purchasing courses for their clients who seek a GPhC certificate. The provider confirmed that trainees from go through the same process as any other Mediapharm trainee, with Mediapharm responsible for course delivery and assessment.

The team asked the provider to detail an example of a concern handled since the last accreditation and the provider described a case involving a tutor delaying the sign-off of a trainee due to competence concerns. The provider intervened, assessed the situation, and granted additional time while communicating the need for timely completion to the tutor. This situation led to an update in the learning contract to emphasise the requirement for timely sign-off.

### Criteria 5: Quality management

Criteria met/will be met? Yes  No

**The team was satisfied that all four criteria relating to quality management continue to be met.**

The quality management processes for courses are detailed in QA documents that ensure safe and effective trainee practices through rigorous qualification and program delivery assurance. Since the last accreditation, a new external QA consultant reviewed and refined these processes, enhancing the QA Strategy to ensure robust, equitable, and consistent assessments. This strategy includes auto-generated MCQ assessments and case study verifications by GPhC registered expert witness tutors, who receive training and guidance to maintain fairness and integrity.

Post-accreditation, the provider initially sampled 10 trainees monthly to rate tutors but paused this due to small cohort sizes. The current quality measures for expert witnesses are deemed more effective, with a review planned once trainee numbers increase.

Tutor support is elevated through required training and a 'tutor academy' with leadership modules. The QA Strategy, combining evidence-based practices with technology, enhances trainee experiences. Feedback from trainees, helpdesk enquiries, and pharmacy group superintendents inform quarterly internal reviews for continuous improvement, such as implementing remote tutor signoffs and developing mobile learning plans.

Content is reviewed and updated regularly to maintain relevance and quality. Scheduled annual reviews and monthly updates by practising pharmacists, along with ad hoc changes, ensure content accuracy. Standalone modules, like Safeguarding and an upcoming Equality Diversity and Inclusion module, address additional training needs.

As a Learning Management System provider, the provider conducts annual internal reviews of programme architecture and functionality, gathering insights from L&D experts and feedback from helpdesk enquiries and pharmacy managers. This continuous feedback loop enhances program and system functionality.

Data collection on equality and diversity, learning needs, progress, and course completion informs trainee support and program improvements. Trainee demographic includes 70% females, 71.1% White British, and 12.3% with English as a second language. The data also highlights the need for support measures for women carers and neurodivergent trainees.



Comprehensive quality management, feedback mechanisms, and continuous improvement commitment ensure effective, equitable, and industry-aligned training programs, supporting trainees and tutors while maintaining high-quality standards in pharmacy education.

The team asked the provider about their quality assurance process and the provider told the team that quality assurance processes have recently undergone adjustments. The previous sampling process by the IQA has been temporarily replaced. Currently, the programme administrator initially checks case studies before certificates are released, following a reorganisation of this role. This initial light check ensures that case studies meet exemplar requirements and identifies any red flags. The cases are then handed over to the programme manager for a thorough review and final verification. This ensures that every portfolio is examined before certificate issuance, with the programme manager conducting a detailed check only if issues are flagged.

The Team asked the Provider about the process for anything requiring additional scrutiny and the provider told the team that instances requiring additional scrutiny are minimal and not extensively monitored, though the team remains alert to potential issues. Fast tracking involves tutors providing reasons for accelerated signoffs, with a minimum duration requirement in place to confirm competence. This process accommodates situations such as overseas qualified pharmacists or prior completion of equivalent courses, ensuring consistent decision-making through clear policies and guidance.

The provider told the team that feedback collection is comprehensive, involving trainees, helpdesk queries, clients, stakeholders, tutors, internal employees, and an expert panel. Patient groups, such as Dementia Friends and the Zero Suicide Alliance, are also consulted to ensure training aligns with priority areas in the pharmacy profession. All collected feedback is documented and incorporated into the implementation plan, informing quality assurance and training improvements.

The team asked the provider about progression trends and data. The provider advised that trends in progression are identified through system alerts that notify when course completion is approaching or overdue. This data is monitored and used to adjust reporting for tutors and head office, ensuring branch and staff performance is effectively tracked. While EDI characteristics are analysed at enrolment and for learning support, there is no current analysis directly linked to progression. However, EDI data is collected and reviewed regularly, though no significant trends have been identified to warrant further action.

The team asked the provider about their quality assurance processes and the provider told the team that they are designed to maintain high standards in learning and assessment verification. The roles of the programme administrator and manager are clearly defined to ensure consistency. Stakeholder and patient feedback mechanisms are robust, ensuring training remains relevant and responsive to the needs of the pharmacy profession and patient care priorities. Monitoring systems for fast tracking and progression are in place, allowing for timely interventions and adjustments to training programs as needed. This approach ensures that the provider maintains high standards in its training programs, addressing any issues promptly and incorporating feedback from various stakeholders to continuously improve the quality of education and support provided.

#### Criteria 6: Supporting learners and the learning experience

Criteria met/will be met? Yes  No

**The team was satisfied that all five criteria relating to supporting learners and the learning experience continue to be met.**

It was noted that trainees receive comprehensive support detailed in the Trainee Handbook and Learning Contract. This guidance ensures they are well-supported by tutors, employers, and mentors throughout their training journey. Tutors are equipped with training accounts and packs, while mentors are trained to support and coach both trainees and tutors effectively.

The provider emphasises employer roles aligned with GPhC requirements, fostering safe and effective practices. A dedicated mentor supports trainees with pastoral care and mental health support, directing them to resources like the Team Wellbeing hub. If tutor support is disrupted, the provider steps in to ensure continuity until resolved.

The Employer Learning Contract outlines commitments to trainee and tutor support, crucial for meeting GPhC standards. Tutor support includes training, personalised onboarding via Zoom, leadership development, and ongoing CPD opportunities. Webinars are planned for tutor interaction and knowledge sharing.

Individual learning accounts provide access to accredited training and an extensive library of modules for continuous learning beyond qualification completion. The learning platform supports flexible, user-friendly access across devices and locations, fostering a positive learning experience.

Feedback from trainees and tutors consistently reflects high satisfaction, highlighting clear communication, supportive resources, and effective preparation for assessments.

During the event, the team asked the provider about the role of the MediaPharm mentor, and the provider told the team that the role is akin to that of a university tutor, focused on looking after the interests of learners by providing pastoral care, coaching, and representation. While mentors can act as interim tutors if needed, this has not yet been necessary. Mentors are in regular communication with the provider but only interact with trainees on an as-needed basis, with no recent requests for such communication.

The team asked the provider about liaison with employers regarding trainee progress and the provider told the team that this is managed by a designated individual, who reviews reports and conducts scheduled strategic meetings. These meetings are designed to address issues or patterns proactively rather than reactively. Communication about individual learners occurs only in cases of red flags.

The team enquired about training and development for mentors and the provider told the team that in order to equip mentors for their roles in providing academic and pastoral support, the provider offers access to a learning platform featuring personal development and leadership training. Mentors also have access to all guidance materials and specific training modules such as train the trainer, reflective learning, and resilience. These mentors come from diverse sectors, including community and hospital pharmacy.

The team asked about the remote tutor agreement for trainees supervised by remote tutors and the provider told the team that for trainees supervised by remote tutors, the remote tutor agreement process mandates regular contact at set intervals to discuss progress. Remote tutors must also be available by phone for queries at mutually convenient times, ensuring both proactive and reactive support.



The team asked the provider to detail, since the last reaccreditation, how they have enhanced tutor support and the provider told the team that they have developed a portfolio of leadership and personal development training. This includes courses on becoming well-rounded learning and development professionals, with specific training modules such as train the trainer and development plans. In response to external feedback, the provider is developing additional program-specific training, expected to be ready by September 2024. Tutors are also supported through blogs and emails that provide updates on the platform and highlight useful learning resources.

Tutors can provide feedback and request support via the helpdesk, using it as a primary channel for resolving issues and seeking assistance. This system ensures that tutors have a reliable means of communication and support, helping them address any concerns that arise during their interactions with trainees.

### **Key findings - Part 3 - Role-specific learning outcomes**

Please see the individual course(s) part 3 report for commentary.

