

**Buttercups Training Ltd pharmacy support staff  
course accreditation event report, Accuracy  
Checking Dispensing Assistant (ACDA), part 3,  
August 2022**



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## Event summary and conclusions

<b>Provider</b>	Buttercups Training Ltd
<b>Course name</b>	Accuracy Checking Dispensing Assistant (ACDA) Course
<b>Event type</b>	Accreditation
<b>Event date</b>	August 2022 (desktop)
<b>Approval period</b>	August 2022 – November 2024
<b>Relevant requirements</b>	<a href="#">Requirements for the education and training of pharmacy support staff, October 2020</a>
<b>Framework used</b>	National Occupational Standards
<b>Outcome</b>	Please refer to parts 1 and 2.
<b>Standing conditions</b>	A link to the standing conditions can be <a href="#">found here</a> .
<b>Recommendations</b>	Please refer to parts 1 and 2.
<b>Minor amendments</b>	Please refer to parts 1 and 2.
<b>Registrar decision</b>	Please refer to parts 1 and 2.

## Technical knowledge and skills

The technical knowledge and skills content of the course/qualification must be derived from, and mapped to, an appropriate national framework for pharmacy knowledge and skills recognised in the UK.

**PLEASE NOTE:** The examination of this course was conducted by desktop review by the accreditation team: Rebecca Chamberlain (team leader - pharmacy technician) Education Officer, Health Education and Improvement Wales and Education and Training Pharmacy Technician Independent Consultant and Laura McEwen-Smith (team member - pharmacy technician) National Programme Lead; Primary and Community Integrated Care. Commentary by the team and subsequent responses from the provider have been copied and pasted into the accreditation team commentary below.

## Part 3: Role-specific learning outcomes (National Occupational Standards)

### PHARM28

Undertake the final accuracy check of dispensed medicines and products

*How the course/qualification supports the trainee to achieve this outcome and where the learning outcome is taught*

#### Provider's commentary

To meet the requirements of NOS PHARM28, learners complete the following modules on the b-Hive platform:

- **Core Module 1: Working in a Pharmacy Environment**
- **Core Module 2: Teamwork and Person-Centred Care**
- **Technical Module 1: Your Role as an ACDA**
- **Technical Module 2: Creating a Patient Safety Culture**
- **Technical Module 3: Calculations.**

The following Knowledge criteria of NOS PHARM28 have been **omitted** from this ACDA course because they are beyond the scope of a Level 2 course:

- K24: The use of medicines and the effect they have on basic human physiology
- K26: The actions of medicines and products including drug interactions and contraindications
- K29: Discharge policies relevant to your practice

Please refer to the mapping document in **ACDA Curriculum Mapping**.

*How the course/qualification assesses whether the trainee achieves this outcome*

#### Provider's commentary

Learners complete the **formative assessment** activities throughout the course materials including the activity books in the modules listed above which require research into the relevant workplace policies and procedures, and reflection on their own practices. Learners complete interactive activities built into the b-Hive platform to provide instant feedback.

The **activity books** are reviewed by their workplace facilitators and contain both formative and summative assessment activities. The **formative** activities include referring to workplace SOPs to list items that can only be final accuracy checked by a pharmacist, and finding out how clinically-checked prescriptions are identified in their workplace. The **summative** activities include describing their responsibilities in the event of a complaint and describing how to report health and safety matters in their workplace.

The assessment of GPhC learning outcomes 1 to 17 and 19 are covered by Core Modules 1 and 2, which are the **same as the other iterations of our Level 2 support staff courses** reaccredited in Summer 2021. The **summative** assessments of these learning outcomes are covered by the Core Witness Testimony and Core Final Test.

**Summative** assessment of PHARM28 which are assessed by **witness testimonies** by their facilitator following observations in the workplace. The **Facilitator Testimony** incorporates the relevant GPhC

learning outcomes at Does level covered in the Core Witness Testimony in the Level 2 Support Staff Courses, which overlaps with the Part 1 learning outcomes, including compliance to SOPs and workplace health and safety, person-centred care, patient confidentiality and information governance. The Facilitator Testimony also covers the Performance criteria of NOS PHARM28, which includes demonstration of responsibility and professionalism in an accuracy checking role, practices to ensure safe dispensing and final accuracy checking, record-keeping and error reporting, ability to provide feedback on errors and support others to learn, and the ability to check calculations have been performed correctly.

The **main part of summative assessment** of PHARM28 requires the learner to compile a portfolio for competence of final accuracy checking (referred to as the **accuracy checking portfolio**). The portfolio aligns with industry standards for final accuracy checking such as the Association of Pharmacy Technicians UK (APTUK) National Education Framework: Final Accuracy Checking of Dispensed Medicines and Products (2019). The portfolio consists of:

- a **checking protocol** designed by the learner, which is based on their workplace SOPs and intended as a guide to help structure their final accuracy checking steps, to embed good habits and best practice. We emphasise that their checking protocol does not replace any SOPs they are working with
- a **log of 1000 items** checked by the learner (the “**checking log**”) – the learner will need to check additional items if they have made checking errors in the process
- a log of all the **near misses identified by the learner**
- a log of all **checking errors made by the learner**, along with a reflective account for each error. If the learner has not made any checking errors, their facilitator will complete a declaration for this
- learner’s **appraisals with their facilitator** at 250-item, 750-item and 1000-item stages of their checking log

Their accuracy checking portfolio will be submitted to Buttercups Training for validation, initially screened via a SOP and referred to qualified ACPT Tutors where required. Once the portfolio has been assessed as satisfactory, Buttercups Training will notify the facilitator that their learner is ready to begin the **probationary period** in their workplace as an ACDA, which will last a minimum of two weeks (or equivalent of ten working days).

At the end of a successful probationary period, the facilitator will complete a declaration form to notify Buttercups Training. An ACDA certificate will be issued, which is valid for two years, for the specific setting they have completed their ACDA training, in accordance to the specific set of SOPs for final accuracy checking as an ACDA. Please refer to ACDA Course Overview document.

If the learner moves from one workplace to another within the same setting specified on their certificate, whilst their certificate will still be valid, the learner will be expected to complete a 200-item checking log in line with revalidation requirements to ensure they are safe to work in their new workplace with a different set of SOPs.

#### Accreditation/recognition team’s commentary.

Learning outcome met? Yes  No

It was noted that K24, K26 and K29 from NOSPHARM28 have been omitted from this course as those knowledge elements go beyond the scope of this role at support staff level. The course has been benchmarked at RQF level 2 in both learning and assessment to reflect the content of the course.

Completion of a support staff dispensing assistant course is a prerequisite before commencement of this ACDA course. On completion of the ACDA course, learners will be issued with a certificate which specifies the pharmacy setting they have completed the training in. Learners must complete their training under the supervision of a Responsible Pharmacist. Learners will need to revalidate their ACDA certificate every two years.

Further to the review of the submission and associated appendices, the accreditation team wished to clarify the following with the provider:

The team questioned the use of assessment retake periods. The provider confirmed that in terms of 'further period of study' following 2 failed attempts at summative MCQ, a Buttercups tutor would have a discussion around learning needs of the learner and their facilitator to then agree an individual action plan. This action plan would usually last between 3-6 months before allowing the 3<sup>rd</sup> and final attempt.

In terms of assessment of the 1000 error free items, only 2 less serious errors are allowed in the 1000 item log. If a serious error or a third less serious error is made, the learner must undertake a period of reflection before they can continue with their accuracy checking portfolio. On resuming their checking activity, they must complete the remainder of the 1000 items and an additional 250 items without any further errors, either serious or less serious. The facilitator will also need to complete an additional appraisal with their learner at the 1250-item stage.

The accreditation team noted that there is a risk assessment activity which doesn't map to NOSPHAM28. The providers rationale for this is based on use of the APTUK framework which includes risk assessment. Whilst not needed for the NOS, the provider felt it would add value to the course and would strengthen patient safety if the learner were to cover risk assessment. The learner looks at the risks that exist in pharmacy practice as a whole, why risk management is particularly important in pharmacy practice and how risks can be mitigated and controlled by carrying out risk assessments whilst ensuring that appropriate procedures are followed. This is followed up with a formative assessment with their facilitator to consolidate their learning and awareness as to how risks affect patient safety.

The team questioned how many times the revalidation log could be restarted after a serious error. The provider confirmed that they will use the same process as for the additional checking log where the learner can restart after one serious error following reflection and unplanned CPD. The learner would need to contact the provider for advice after a second serious error where the provider would complete a root cause analysis to enable an individual action plan to be created. This may include actions such as completing more items and/or completing more training.

The accreditation team noted that the revalidation guidance suggests the monthly logs of hours and errors which need to be signed off by the facilitator. This also captures any additional numbers where a setting or SOP change has taken place. This assumes the same facilitator is available to do so. Therefore, the accreditation team questioned:

a) what happens if the original facilitator leaves or otherwise is not available to sign the logs? The provider clarified that they recommend that if a facilitator is not going to be available, they are to sign off the log up to the point of leaving, and the new facilitator continues the logs from that point.

b) does the signatory need to complete Buttercups facilitator course to be able to sign revalidation logs? The provider clarified that they have termed the signatory as a facilitator, but this is not the same person as the facilitator in the original course, nor do they need to complete the facilitator course. They will be completing the various declarations in their professional capacity. The provider suggested that

the term facilitator that is used in the revalidation process could be changed to practice supervisor to reduce any confusion.

c) is there an alternative way of getting the same assurance at revalidation that does not require monthly logs? The provider clarified that they have monthly logs to ensure that the ACDA gets into a routine for their revalidation process. The providers experience shows that the longer the gap the less likely they are to maintain revalidation requirements consistently. Monthly logs also support the declaration for changing workplace setting being completed in a timely manner.

