NI Centre for
**Pharmacy Learning
& Development**

Medicines Management
Accredited Programme
(MMAP)

N. Ireland

Medicines Management Accredited Programme (MMAP)

Welcome to the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) Medicines Management Accredited Programme (MMAP) for pharmacy technicians practising in the secondary care sector in N. Ireland. The MMAP is designed to develop the skills and competences of pharmacy technicians delivering medicines management roles within a clinical/ward based setting, thereby optimising the skill mix within the clinical setting.

Accredited programmes for pharmacy technicians relating to aspects of medicines management have been delivered in N. Ireland since 2005. However, this programme represents a more streamlined and flexible approach to the development of the relevant skills and competences. The MMAP consists of three modules that can be completed at one time or over a period of time. The three modules are as follows:

• Module 1 - The supply of medication to individual patients
• Module 2 - The assessment of patients' own drugs (PODs)
• Module 3 - Medicines reconciliation 1 (Drug history).

This handbook is designed to support pharmacy technicians and their Educational supervisors as they seek accreditation in relation to the three key medicines management roles listed above.

This programme conforms to the Nationally Recognised Competency Framework for Pharmacy Technicians: The Assessment of Medicines Management Skills (Version 1.1, October 2011) and as such is a nationally transferable qualification.

Acknowledgements

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Medicines Management Accredited Programme (MMAP)

Glossary of terms

Accredited medicines management pharmacy technician	A pharmacy technician whose current training and qualifications are assessed and accredited by the training provider as meeting the defined competences for their role in medicines management.
Candidate	The person undertaking the training and assessment.
Competence	The ability to consistently perform a task or activity to an agreed standard.
Drug history	An accurate record and comprehensive list of a patient's prescribed and non-prescribed medication, including a list of known allergies.
Educational supervisor	A suitably experienced pharmacist or pharmacy technician responsible for the support of the candidate and facilitation of their training.
In-practice	Learning based in actual situations related to professional practice.
Learning contract	An agreement between the learning provider, candidate and employer demonstrating the commitment by all parties to the completion of a programme. This includes the assessment methods, standards, time frame for completion and available support.
Medicines reconciliation	The process of obtaining an up-to-date and accurate medication list that has been compared to the most recently available information and has documented any discrepancies, changes, deletions and additions.
Mentoring	Mentoring is a developmental relationship in which the mentor and mentee work together towards the mentee's agreed goal.
Minimum evidence required	The least amount or quantity of evidence required, defined prior to, or during the course of, the programme.
Patients' own drugs (PODs)	Medicines brought into the care setting by patients. These medicines remain the property of patients and their consent is required for use, removal or destruction.
Pharmacy technician	A person who holds the appropriate and recognised pharmacy technician qualifications in the UK.
Reflective practice	The process of reviewing a specific task of day-to-day practice, identifying successes and weaknesses and planning and taking action to address areas for development.
Standard operating procedures (SOPs)	Approved written step-by-step instructions on how a task or process should be carried out.
Supply	Assessing requirements for ordering and issuing medicines to individual patients.
Training provider	The organisation responsible for the programme (i.e. NICPLD).

1. Introduction

Medicines management in hospitals has been defined as a process that *'encompasses the entire way that medicines are selected, procured, delivered, prescribed, administered and reviewed to optimise the contribution that medicines make to producing informed and desired outcomes of patient care'* (A Spoonful of Sugar, Audit Commission, 2001).

There are many advantages to the delivery of a medicines management service. Key advantages for patients include:
• a service that quickly and effectively ensures that medication is correct on admission
• reduced errors and safer treatment
• faster treatment and better outcomes
• access to medication review and information about their medicines resulting in a greater understanding of their medicines
• an improved patient journey.

Organisations also benefit from the delivery of a medicines management service, with the following key advantages being observed:
• more efficient management of patients' medicines leading to smoother discharge
• reduced errors leading to improved patient safety, better outcomes and reduced readmissions
• improved adherence with prescribed medicines leading to better outcomes and reduced waste
• patients who are better informed about their medicines
• improved skill mix and more motivated staff.

2. Aim of MMAP

The aim of the MMAP is to support the delivery of a medicines management service within Trusts by:
• providing a regional framework for accreditation in relation to key medicines management roles that conform to the National Framework
• equipping pharmacy technicians with the necessary skills required to undertake these roles
• aiding the development of professional relationships and interactions between pharmacy technicians and colleagues within the ward environment
• supporting an appropriate skill mix within the pharmacy team.

The MMAP is designed to facilitate the development of the key skills and competences of pharmacy technicians delivering medicines management roles in a clinical- or ward-based setting.

Throughout the course of the programme, candidates will therefore be required to demonstrate improving competence in relation to:
• communication and interpersonal skills
• time management skills
• problem-solving skills
• the ability to provide medicines-related information
• the ability to accurately transcribe legible information
• an awareness of the issues relevant to working within a clinical- or ward-based setting
• the ability to apply key clinical skills
• the ability to comply with relevant and current legislation, policy, good practice, organisational and professional codes of practice and ethical standards relating to their medicines management roles
• the ability to operate within the scope of their job role
• the ability to reflect on practice and to use such reflections to further self-development.

3. Entrance criteria

Pharmacy technicians may apply to enrol on one or more modules of this programme by completing the MMAP Application form. To be eligible for the programme, candidates must:
- be a qualified pharmacy technician
- be registered with NICPLD
- have at least three months experience working in a clinical- or ward-based setting
- have completed the Core Skills in Medicines Management Programme
- be recommended by, and have the support of, the Trust Pharmacy Manager
- have been assigned an Educational supervisor who supports their application and is familiar with the requirements of the programme
- demonstrate a good working knowledge of local SOPs to the Trust Pharmacy Manager or Educational supervisor.

As stated above, each candidate must have a nominated Educational supervisor who must:
- be identified by the Trust Pharmacy Manager
- be a qualified and registered pharmacist familiar with the requirements of the programme **OR** be an accredited pharmacy technician with two years' post-accreditation experience in the module(s) they will be facilitating
- have experience of mentoring staff according to the specific requirements of the Trust
- have the opportunity to meet regularly with the candidate to discuss progress and give feedback.

4. Stakeholder responsibilities

During the course of the programme, NICPLD, the Trust, the Educational supervisor and the candidate all have defined responsibilities to ensure that a supportive learning environment is provided for the candidate and to facilitate the completion of the accredited programme.

4.1 Responsibility of NICPLD

NICPLD is the training provider responsible for managing the MMAP for pharmacy technicians in N. Ireland. The role of NICPLD is to support the candidates, Educational supervisors and all individuals involved in the delivery and completion of the programme. NICPLD is therefore responsible for:
- regularly reviewing and updating the programme to ensure that the standards of the National Framework for the assessment of medicines management skills are met
- advertising and promoting the MMAP to pharmacy technicians and Trusts
- accepting applications and facilitating places on the programme
- developing induction and expert training relating to the development of the key medicines management skills
- providing guidance to Educational supervisors and candidates regarding queries throughout the modules of the programme
- facilitating the final appraisal process, including the review of portfolios and final interviews
- supporting individuals who fail to meet the criteria and offering guidance
- issuing certificates of accreditation to candidates who successfully complete the programme
- providing a tool for reaccreditation
- maintaining a database of all accredited individuals.

4.2 Responsibility of the Trust Pharmacy Manager (Employer)

The Trust Pharmacy Manager has overall responsibility for the quality of the clinical pharmacy service provided within the Trust. It is their role to ensure that anyone involved in the delivery or implementation of this programme has the required resources and support to successfully complete the accreditation. To facilitate this, the Trust Pharmacy Manager, or another nominated and suitably experienced individual, must:

- specify the task of managing patients' medicines by accredited pharmacy staff as an appropriate duty for clinical indemnity purposes
- ensure that the learning agreement is read, agreed and signed as appropriate
- make available and implement SOPs outlining the roles and responsibilities of the pharmacy technician in delivering a medicines management service
- inform those staff whose work may be affected by the implementation of this programme
- identify an appropriate clinical- or ward-based setting in which to base the candidate
- ensure allocation of appropriate time to complete the programme
- specify the module(s) appropriate for the candidate to undertake
- appoint an appropriate Educational supervisor to support the candidate.

4.3 Responsibility of the Educational supervisor

The Educational supervisor is an individual who is nominated and appropriately trained to be responsible for the overall supervision and management of a candidate's progress throughout this programme. The Educational supervisor should facilitate the local implementation of the programme by providing support, guidance and feedback to the candidate and is also responsible for assessing the candidate's performance.

Each Educational supervisor must:
- complete a learning agreement prior to the start of the programme
- provide the support and guidance required to complete the pre-course and in-practice activities
- meet regularly with the candidate to provide support, ensure development of underpinning competence and skills and offer guidance
- observe the candidate in practical situations and assess the candidate's performance objectively against the programme standards
- complete all documents or records required for the programme and ensure that the candidate's portfolio is completed prior to submission
- prepare candidates for the final appraisal
- liaise with NICPLD to ensure the candidate completes the module(s) within the agreed timescales.

4.4 Responsibility of the candidate

Pharmacy technicians are responsible for their own professional actions and must practice in accordance with their Trust's Standard Operating Procedures (SOPs) and the N. Ireland Clinical Pharmacy Standards. They should consult the current versions of the Medicines Ethics and Practice Guide and the PSNI Code of Ethics for guidance relating to professional conduct.

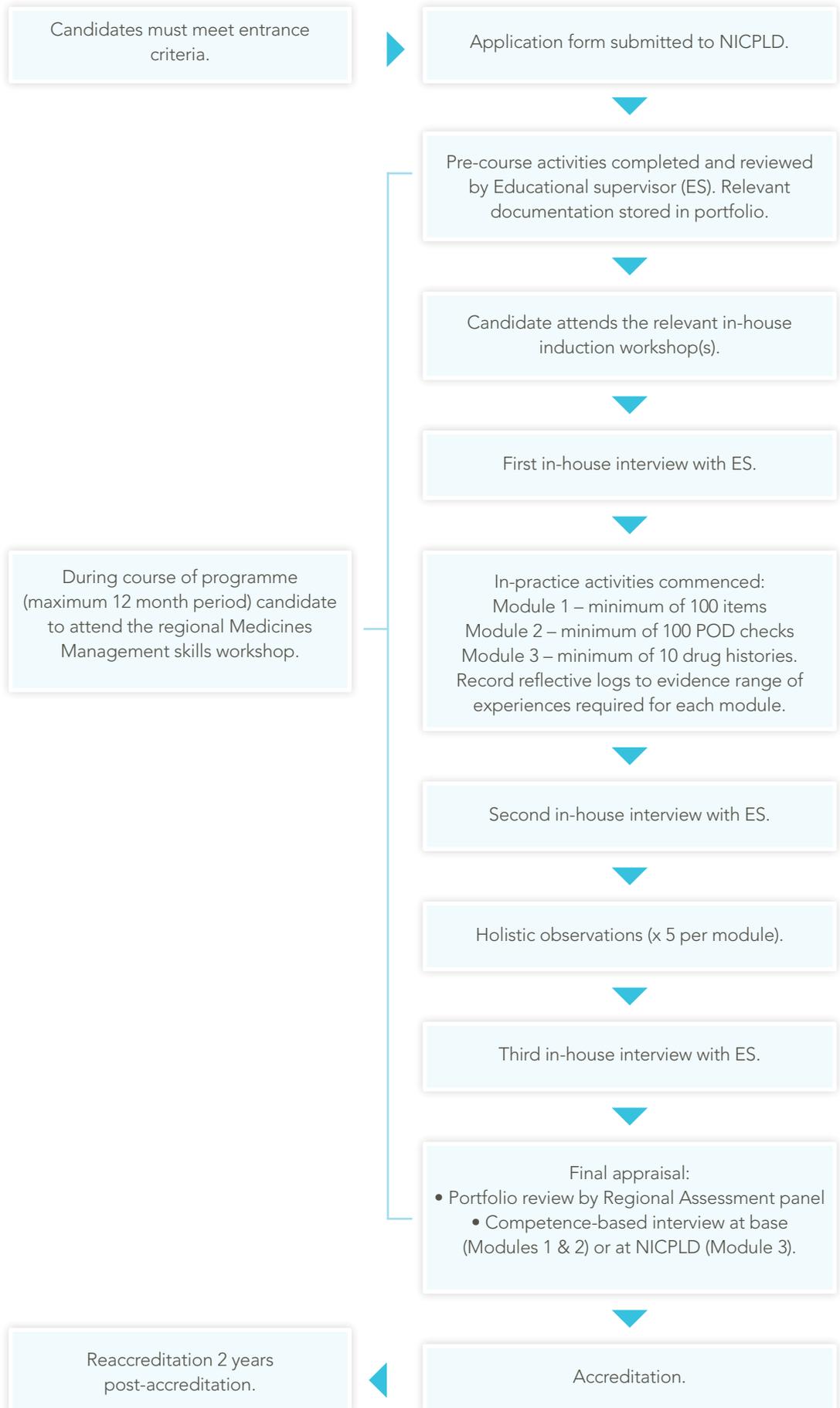It is the responsibility of the candidate to:
- complete a learning agreement for each module to be undertaken
- complete all pre-course activities and agree the scope of their role with their Educational supervisor
- work within the Trust policies and procedures relating to the role they will be undertaking
- attend and engage in the relevant in-house induction workshop and regional Medicines Management skills workshop
- meet regularly with their allocated Educational supervisor
- take responsibility for their own learning and development
- use constructive feedback from colleagues to further their self-development
- complete all documentation accurately and store within their programme portfolio
- complete the module(s) within the agreed timescales.

5. Timescales for completion of programme

The in-practice activities and portfolio development must span a minimum of three months to a maximum of 12 months per module from the commencement of training, i.e. the induction workshop. If a candidate is unable to complete the in-practice activities within the 12 month period, normal practice would be for the candidate to re-enter the programme.

Occasionally, following portfolio review, some re-work or additions may be required to ensure that the portfolio meets the accreditation standards. Any re-work or additional evidence requested must be submitted within a maximum of 3 months from the date of notification. Failure to achieve complete sign off within this time period will result in the candidate being asked to re-enter the programme.

6. Programme structure

Candidates must meet entrance criteria.

Application form submitted to NICPLD.

Pre-course activities completed and reviewed by Educational supervisor (ES). Relevant documentation stored in portfolio.

Candidate attends the relevant in-house induction workshop(s).

First in-house interview with ES.

During course of programme (maximum 12 month period) candidate to attend the regional Medicines Management skills workshop.

In-practice activities commenced:
Module 1 – minimum of 100 items
Module 2 – minimum of 100 POD checks
Module 3 – minimum of 10 drug histories.
Record reflective logs to evidence range of experiences required for each module.

Second in-house interview with ES.

Holistic observations (x 5 per module).

Third in-house interview with ES.

Final appraisal:
• Portfolio review by Regional Assessment panel
• Competence-based interview at base
(Modules 1 & 2) or at NICPLD (Module 3).

Reaccreditation 2 years post-accreditation.

Accreditation.

7. Programme modules

The role of the Medicines management technician is to assist in managing patients' medication. The candidate's responsibilities do not include clinical decision making or interpretation regarding clinical choices and local policies and procedures should reflect this.

The programme consists of three modules:

Module 1 - The supply of medication to individual patients

Aim: To develop the skills required to accurately supply medicines to individual patients.

Learning outcomes:
Having completed this module, candidates will be able to:
• order medicines for individual patients accurately
• deal with a variety of initial and/or repeat supply issues
• process orders in a timely manner
• identify and resolve risks/problems associated with the incorrect storage or stock control of individuals' medicines
• complete all relevant documentation accurately.

Module 2 - The assessment of patients' own drugs (PODs)

Aim: To develop the skills required to determine the suitability of a patient's own drugs for use.

Learning outcomes:
Having completed this module, candidates will be able to:
• confirm the process for using patients' own drugs in practice
• assess patients' own drugs to ensure they are fit for the purpose required
• review patients' own drugs for relabelling
• manage patients' own drugs if unsuitable for use.

Module 3 - Medicines reconciliation 1 (Drug history)

Aim: To develop the skills required to undertake an accurate drug history.

Learning outcomes:
Having completed this module, candidates will be able to:
• complete, verify and record drug histories accurately
• communicate the outcomes of the medicines reconciliation process
• complete all documentation accurately and legibly.

The MMAP has been designed to facilitate the development of the relevant competences and skills in a flexible manner. This allows Trusts to select modules as they apply to the work situation. For example, if a pharmacy department is providing a 're-use of PODS' service, a pharmacy technician may initially need to complete Module 2. If services develop to include opportunities to manage supply, Module 1 can be added at a later date. Alternatively, a pharmacy technician may be required to complete two or even three modules at the one time if this is considered to meet the needs of the service. Whilst some of the activities to be undertaken during the programme are module specific, others are more generic and apply across multiple modules, thus facilitating the completion of multiple modules at any one time period.

For ease of completion, all three modules have a similar structure and consist of the following elements:

- Pre-course activities
- Workshops
- In-house interviews
- In-practice activities
- Holistic observations
- Final appraisal
- Accreditation
- Reaccreditation

Once the modules to be undertaken have been agreed within the Trust, an Application form should be completed and submitted to NICPLD. A copy of this Application form should be stored in the candidate's portfolio. Once accepted onto the programme by NICPLD, the candidate may commence the first stage of the programme, i.e. the pre-course activities.

7.1 Pre-course activities

Candidates must complete a range of pre-course activities to ensure that they understand the medicines management roles delivered within the clinical- or ward-based setting and appreciate the range of skills required to deliver these roles effectively.

The pre-course activities include:

- defining the scope of the role
- completion of the Learning contract
- knowledge of policies and procedures
- pre-course practice activities.

7.1.1 Defining the scope of the role

It is important that candidates undertake modules that are relevant to the scope of their role within the workplace. Each candidate must therefore provide an agreed job description and personnel specification that defines their scope of practice. A copy of both the job description and personnel specification should be stored in the candidate's portfolio.

7.1.2 Completion of the Learning contract

It is an entry requirement of this programme that each candidate, along with their Educational supervisor and employer, agree to the conditions outlined in the Learning contract. Completion of the Learning contract ensures that each stakeholder understands their role and responsibilities in relation to the programme. The Learning contract also provides a declaration regarding each stakeholder's commitment to the candidate's progression and completion of the selected module(s). The signed Learning contract should be stored within the candidate's portfolio.

7.1.3 Knowledge of policies and procedures

Prior to delivering a medicines management service to patients in a ward environment, it is essential that candidates understand the role and all relevant policies and procedures. It is recommended therefore that candidates read all relevant documentation and demonstrate their understanding of such. In order to do this, the candidate must:
1. Collect and read all relevant publications, policies and procedures
2. Reflect on their learning from these documents.

A list of recommended reading is provided below. Candidates should read the two publications listed relevant to the medicines management role. Along with their Educational supervisor, they should identify the Trust policies and procedures appropriate to the modules(s)/role they are undertaking and review these. For each document read, the candidate should complete a Pre-course reflective log. Prior to attending the induction workshop, the candidate and their Educational supervisor should meet to review the learning from the publications, policies and procedures.

Publications relevant to medicines management role:

N. Ireland Clinical Pharmacy Standards (download from www.hscboard.hscni.net)

PSNI Code of Ethics (download current version from www.psni.org.uk)

Trust policies and procedures relating to:

All modules - generic

Emergency and health and safety procedures when working in a ward environment

Safe and secure handling of medicines

Chart endorsement

Labelling of medicines

Intervention and error reporting

Discharge process

Access to information and support whilst on the ward

Patient confidentiality

Infection prevention and control procedures

Data handling

Module 1 - The supply of medication to individual patients

Supply of medicines to wards

Module 2 – The assessment of patients' own drugs (PODs)

Gaining consent to use patients' own drugs

Assessment of patients' own drugs

Dealing with patients' own drugs unsuitable for re-use

Module 3 – Medicines reconciliation 1 (Drug history)

Taking a patient medication history

Referral of information from a medication history

Medicines reconciliation and documentation

7.1.4 Pre-course practice activities

It is an entry requirement of the programme that each candidate already has experience of working in a clinical- or ward-based setting. It is therefore expected that candidates will have a good understanding of the environment and of how to communicate effectively with patients. However, prior to undertaking this programme, candidates must accompany a pharmacist or accredited medicines management pharmacy technician on at least one routine ward round and reflect upon the role(s) undertaken and the generic skills required to competently perform the role(s). These reflections should be documented using the Pre-course reflective log form and stored in the candidate's portfolio.

In addition, before commencing Module 3 (Medicines reconciliation 1 [Drug history]), candidates should work-shadow a minimum of three individuals (pharmacists or accredited medicines management pharmacy technicians) and observe them taking a total of five drug histories. Observed drug histories should be undertaken for patients taking a minimum of five drugs and should reflect a range of different medical conditions. A summary of each reflection should be recorded using the Pre-course reflective log and stored in the candidate's portfolio.

7.2 Workshops

There are two workshops associated with the MMAP:
- In-house induction workshop (specific to each module)
- Regional Medicines Management skills workshop (generic workshop to be completed once during MMAP).

After completing all of the pre-course activities, candidates must attend the in-house induction workshop relevant to the module(s) that they have applied to undertake. This induction workshop has been developed regionally by NICPLD but will be delivered at the candidate's work-base by the Clinical Pharmacy Manager or another nominated and suitably experienced individual.

The induction workshop relevant to each module has been designed to:

- highlight the benefits of the delivery of a medicines management service
- provide an overview of all elements of the module
- direct candidates to access supporting documentation
- guide candidates regarding the completion of module documentation
- provide advice and guidance relating to portfolio development.

Educational supervisors who are not familiar with the programme should also attend the relevant induction workshop(s).

The regional Medicines Management skills workshop is a one-day workshop delivered by NICPLD. The aim of the workshop is to consider the range of skills required to competently deliver medicines management services within a clinical- or ward-based setting. This workshop will be offered on two separate occasions in any given calendar year and candidates must complete the workshop when working towards accreditation in a particular module(s). Candidates need only complete the workshop on one occasion.

7.3 In-house interviews

During the course of each module, candidates are required to complete three in-house interviews with their Educational supervisor. The purpose of these interviews is to ensure that there is regular communication between the candidate and the Educational supervisor, to create an opportunity for reflection and to identify any developmental needs.

The first in-house interview should take place prior to commencing the in-practice activities whilst the second interview should be undertaken having completed the in-practice activities and prior to undertaking the holistic observations. The purpose of these interviews is to ensure that the candidate progresses with the development of the necessary skills required to become accredited. These interviews should be documented using the In-house interview form and stored in the candidate's portfolio.

A third in-house interview should be undertaken following the holistic observations and prior to the final appraisal. The purpose of this interview is to review the candidate's portfolio and to ensure that the individual is adequately prepared for the final appraisal process. Again, this interview should be recorded using the In-house interview form, which should be stored in the candidate's portfolio.

7.4 In-practice activities

This stage of the programme focuses on the candidate's ability to accurately perform the medicines management task. Any medicines-related error that could potentially reach a patient represents a risk to patient safety and therefore this programme requires demonstration of consistent accuracy; there is no scope for error. It is therefore of utmost importance that Educational supervisors ensure that candidates have completed all aspects of training and are sufficiently competent prior to commencing the in-practice activities.

During the in-practice activities, the candidate's performance should be actively monitored and all items double-checked by either the Educational supervisor or an appropriate witness [a qualified pharmacist familiar with the module(s) or an accredited Medicines Management pharmacy technician with two years post-accreditation experience in the relevant module(s)]. Details relating to all witnesses should be recorded on the Witness list form and stored in the candidate's portfolio. During the in-practice activities, the candidate should receive constructive feedback regarding their performance, particularly in relation to aspects of their developing competence. This will further support the candidate's self-development.

Module 1 - The supply of medication to individual patients

- candidates are required to evidence a minimum of 100 items accurately supplied to individual patients
- evidence should be logged using the Log for Module 1 (Supply) form
- all completed log forms must be signed and dated by the Educational supervisor and stored in the candidate's portfolio.

Module 2 - The assessment of patients' own drugs (PODs)

- candidates are required to evidence a minimum of 100 POD checks (note that each bottle/box of medication is considered as one POD check)
- evidence should be logged using the Log for Module 2 (PODs) form
- all completed log forms must be signed and dated by the Educational supervisor and stored in the candidate's portfolio.

Module 3 – Medicines reconciliation 1 (Drug history)

- candidates are required to evidence a minimum of 10 drug histories
- documentation used routinely within the Trust may be used, providing the following information is recorded:
  - accurate medication details of the drugs currently being taken by the patient (name, form, dose, frequency, and other relevant details, e.g. type of device)
  - details and description of all allergies and/or adverse drug reactions
  - details of discrepancies between information sources, e.g. GP = Tegretol Tablets 200mg twice daily, Patient = Tegretol Tablets 300mg twice daily
  - information of any herbal or complementary products that are being taken
  - information on any over-the-counter medicines that are being taken
  - information of any borrowed medicines that are being taken
  - details of specific issues of non-adherence, e.g. 'only uses inhalers during winter months'.
- an anonymised copy of each completed medication history should be signed and dated by the Educational supervisor and stored in the candidate's portfolio
- when choosing patients for whom to record their medication history, candidates are required to:
  - select patients taking five or more medicines
  - select patients from at least three different areas of clinical practice as outlined in Range of experiences - Module 3 (Med rec 1 [Drug history]) form.

7.4.1 Errors

If, during the course of the in-practice activities, an error does occur, the candidate must take time to reflect on the error by completing the Error reflective log. This completed form should be stored in the candidate's portfolio and reviewed at the next interview with their Educational supervisor. Following this interview, the candidate must recommence the in-practice activities log, starting at zero.

Please note that only one re-start at the in-practice activity will be permitted during any one attempt at undertaking a MMAP module.

7.4.2 Range of experiences

Within each of the three modules, a range of experiences must be evidenced as detailed in the documentation templates:
- Range of experiences - Module 1 (Supply)
- Range of experiences - Module 2 (PODs)
- Range of experiences - Module 3 (Med rec 1 [Drug history])

Candidates must record evidence of dealing with each of the experiences documented in the relevant template(s) using the In-practice reflective log. Each experience must be evidenced on at least one occasion. Within the reflective log, candidates are required to:
- describe the scenario and how they approached it
- describe what they have learnt from the scenario
- state the experiences that have been addressed by the scenario.

This stage of the process gives candidates the opportunity to reflect on their practice and to learn from a range of scenarios. Reflective practice is a learned skill and some candidates may require additional support in recording their reflective logs. Examples of completed In-practice reflective logs are included in Appendix 1 to give guidance regarding the detail required to meet the standard.

A minimum of 12 In-practice reflective logs per module must be included in the candidate's portfolio. These logs may be cross-referenced across multiple modules if the scenario reflects this, e.g. if the candidate has assessed PODs and made a supply for the same patient.

The Educational supervisor is responsible for assessing that the In-practice reflective logs sufficiently demonstrate the experiences stated and should offer feedback on these logs during the in-house interviews. If, during the final appraisal process, experiences are considered to be not sufficiently evidenced, additional evidence will be requested.

It is recognised that there may be some experiences described in the templates that a candidate may have difficulty evidencing. Where this is the case, it is acceptable for the candidate to submit a hypothetical scenario to cover the experience, e.g. how you would interact with a patient with hearing difficulties. Hypothetical scenarios are restricted to a maximum of two experiences per module and must sufficiently demonstrate that the candidate has considered the scenario and the actions they would take.

7.5 Holistic observations

This stage of the programme assesses the candidate's ability to perform competently and consistently in a clinical-or ward-based setting. This process should only be undertaken once the candidate has completed both the in-practice activities and the second in-house interview, and hence has developed sufficient competence and confidence.

Competences that must be demonstrated are documented in the Holistic observations form. Generic competences must be demonstrated for all modules of the MMAP in addition to module specific competences for the module(s) being undertaken.

These observed patient interactions should be carried out on five separate occasions during the module. The purpose of the observations is to assess the candidate's holistic performance against the module competences. Four of the holistic observations should be completed by the Educational supervisor and the fifth completed by the Clinical Pharmacy Manager or another nominated and suitably experienced individual. Candidates should familiarise themselves with the competences prior to the observed assessment.

Candidates must demonstrate consistent competence during these observations by the nominated individual. After each observation, constructive feedback must be provided. Records relating to each holistic observation should be stored in the candidate's portfolio.

There is no scope for error during the holistic observation process. Candidates who make an error should reflect upon the error made using the Error reflective log and discuss this with their Educational supervisor. To assure their Educational supervisor of their competence, candidates may be required to undertake additional holistic observations and/or in-practice activities.

7.6 Final appraisal

Following completion of all aspects of the programme, the candidate should complete the relevant Completion record form and submit this to NICPLD. The candidate will then be informed as to when they can undertake their final appraisal.

The final appraisal aims to assess the candidate's competence and their readiness to accept the responsibility to deliver a medicines management role. Final appraisal is a two-stage process and includes:
- a review of the candidate's portfolio of evidence
- a competence-based interview.

The candidate's portfolio of evidence will be assessed by a Regional Assessment panel. This provides an independent opinion of the candidate's suitability to take on the responsibility of the medicines management role and ensures consistency across the region.

For Modules 1 (The supply of medication to individual patients) and 2 (The assessment of patients' own drugs), the competence-based interview will be held at the candidate's work-base. The Assessment panel will consist of:
- the candidate's Educational supervisor
- the Clinical Pharmacy Manager or another nominated and suitably experienced individual
- a Medicines management pharmacy technician accredited in the relevant module(s).

For Module 3 (Medicines reconciliation 1 [Drug history]), the competence-based interview will be held at NICPLD. The Assessment panel will consist of:
- a representative from NICPLD
- a Clinical Pharmacy Manager
- a Medicines management pharmacy technician accredited in this module.

Where an Assessment panel concludes that the candidate's performance is not sufficient to complete the accreditation process, the candidate will be allowed a second attempt at the final appraisal process. If unsuccessful on the second attempt, they will be required to re-enter the programme.

7.6.1 Appeals procedure

NICPLD will treat all candidates fairly, equally and with respect in relation to any assessment. If a candidate is dissatisfied with the outcome of their final appraisal, they must contact NICPLD within five working days of their final appraisal giving notice of their dissatisfaction and of their intent to forward an appeal.

The formal appeal procedure must then be followed:

1. All appeals against the conduct, adequacy or outcome of an assessment must be forwarded, in writing, to NICPLD within 10 working days after the candidate has given notice of their intent.
2. On receipt of notification of an appeal, NICPLD will set a date for the appeal to be heard by an Appeals panel. The Appeals panel will consist of:
   - a representative from NICPLD
   - a Medicines Management Lead or Clinical Pharmacy Manager not otherwise involved in the appeal
   - an accredited Medicines management pharmacy technician not involved in the appeal.

   The candidate will be offered the opportunity to be accompanied by another person not involved in their accreditation to help them present their case.
3. The Appeals panel will meet within 30 working days of receipt of the written notification of the appeal.
4. The Appeals panel will reach a decision and all involved parties will receive verbal notification of the outcome on the day of the appeal and written notification within five working days. This decision will be final.

7.7 Accreditation

Following successful completion of all aspects of the programme, the candidate will be sent confirmation of their accreditation. The accreditation is valid for two years from the date of accreditation.

7.8 Reaccreditation

Reaccreditation is included in the programme to ensure that pharmacy technicians remain active as Medicines management technicians and produce evidence of continued competence in this role. It is the responsibility of all pharmacy technicians to reaccredit before the expiry of their accreditation certificate.

All pharmacy technicians seeking reaccreditation must:
- maintain an on-going log of any errors made relating to the modules in which they have gained accreditation and document these errors according to their department error recording policy
- reflect on any errors made and record these using the Error reflective log. These reflections should be reviewed periodically by the Educational supervisor
- reflect on their performance in their medicines management role over the past two years, highlighting how they maintain and continue to develop their competence (Reaccreditation interview)
- provide evidence of an interview that has reviewed their role over the last two years and includes a summary of their performance by the Clinical Pharmacy Manager or another nominated and suitably experienced individual (Reaccreditation interview).

NICPLD will routinely review local reaccreditation records and processes to ensure that Trusts are continually meeting this national standard.

8. Periods of absence/lapsed accreditation

To maintain competence, it is recommended that an accredited Medicines management pharmacy technician works delivering a medicines management role for a minimum of eight hours per month. However, there will undoubtedly be occasions when technicians will have a break in practice or a period of absence. Following any such break, it is recommended that the accredited Medicines management pharmacy technician reviews the relevant SOPs and refreshes their competence and skills before returning to work unsupervised.

If there is any lapse in accreditation or there is a break in practice of 6-23 months, then the following additional portfolio work must be undertaken to demonstrate competence prior to working unsupervised once again. If the break in practice or lapse in accreditation is $\geq$ 24 months, the technician must re-enter the programme.

Module 1 – The supply of medication to individual patients

- a minimum of 50 items accurately supplied to individual patients and documented as evidence within a continuous assessment period using Log for Module 1 (Supply) form
- two holistic observations carried out by an assigned Educational supervisor (documented using the Holistic observations form).

Module 2 – The assessment of patients' own drugs (PODs)

- a minimum of 50 POD items accurately checked and documented as evidence within a continuous assessment period using Log for Module 2 (PODs) form
- two holistic observations carried out by an assigned Educational supervisor (documented using the Holistic observations form).

Module 3 – Medicines reconciliation 1 (Drug history)

- the process of drug history correctly carried out and documented as evidence a minimum of five times within a continuous assessment period using Trust documentation
- two holistic observations carried out by an assigned Educational supervisor (documented using the Holistic observations form).

Having completed this additional portfolio work, the candidate should also complete the reaccreditation process as previously described.

9. Change of work-base

Prior to a pharmacy technician moving from one Trust to another, it is the responsibility of the accredited Medicines management technician to have their accreditation documentation validated by their Clinical Pharmacy Manager.

On arrival at a new Trust, the accredited Medicines management pharmacy technician and the Clinical Pharmacy Manager should agree on the amount of time to re-train in the new environment. A three month period of orientation would always be recommended.

10. NICPLD contact details

If you have any queries regarding the MMAP, or any of the training programmes offered for pharmacy technicians through NICPLD, please contact:

Lead for Pharmacy Technician Training
NICPLD
Riddel Hall
185 Stranmillis Road
Belfast
BT9 5EE
Tel: 028 9097 4477
Email: nicpldtechs@qub.ac.uk

NI Centre for
**Pharmacy Learning
& Development**

Medicines Management Accredited
Programme (MMAP)

In-practice reflective log

Candidate name: Jennifer Smyth   **Date:** XX/YY/ZZ   **Log no:** 1

Module 1 – The supply of medication to individual patients
Module 2 – The assessment of patients' own drugs (PODs)   ✓
Module 3 – Medicines reconciliation 1 (Drug history)

Briefly describe the scenario:

Today I assessed a lady's PODs and discovered that her Atenolol 50mg tablets had been labelled as Atenolol 100mg. Atenolol 100mg had been prescribed on the drug chart. I confirmed the strength should have been Atenolol 50mg tablets and referred to the pharmacist.

I relabelled the tablets and informed the community pharmacy that dispensed them.

> Description of situation is too vague and lacks sufficient detail to evidence the experiences claimed.

What did you learn from this scenario?

Dispensing errors can occur.

> This reflection is too vague. Candidate should consider questions such as…What are the risks when errors occur? How can we minimise risk? What went well? What went not so well? What would you do differently next time?

Please list the experiences evidenced by this reflective log:

1, 4, 8, 16, 20, 22, 27, 28, 29

> Only experiences 16 and 20 can be claimed based on the detail provided. All other experiences rely on assumptions being made based on the description and would not be awarded.

Comments/suggestions from Educational supervisor:

Well detected.

> Whilst this feedback is positive, it is not constructive. Educational supervisors should provide helpful comments and prompt candidates to reflect fully on the scenario.

Candidate signature: *Jennifer Smyth*   **Date:** XX/YY/ZZ

Educational supervisor signature: *Jane Black*   **Date:** XX/YY/ZZ

Example of an In-practice reflective log that <u>does</u> meet required standard

NI Centre for
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& Development**

Medicines Management Accredited
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In-practice reflective log

Candidate name: Jennifer Smyth   **Date:** XX/YY/ZZ   **Log no:** 1

Module 1 – The supply of medication to individual patients   ☐
Module 2 – The assessment of patients' own drugs (PODs)   ✓
Module 3 – Medicines reconciliation 1 (Drug history)   ☐

Briefly describe the scenario:

During my ward visit today, I explained the POD scheme to an elderly lady who had been admitted and had brought in all of her medicines. The patient understood the scheme and gave verbal consent to the POD assessment. She was willing to use her own medicines whilst in hospital.
All of the PODs were suitable for re-use except for the Atenolol. Atenolol 100mg had been prescribed on the drug chart, but the patient had a box of Atenolol 50mg tablets, which had been labelled as Atenolol 100mg. I confirmed with the patient and their GP practice that the correct strength was 50mg and the drug had been labelled incorrectly when dispensed. I referred this to the ward pharmacist, who verified the information and liaised with the doctor to correct the drug chart to 50mg tablets. I explained the mix-up to the patient and explained why it was important for her to have the correct dose.

I relabelled the tablets to Atenolol 50mg. I completed a near miss form and contacted the community pharmacy that dispensed the medication to inform them of the error.

What did you learn from this scenario?

I have learned that sometimes dispensing errors can be made that subsequently cause prescribers to prescribe incorrect doses – this can result in the wrong dose being administered to the patient. When discrepancies are discovered, it is extremely important to verify the medication history using a number of sources to provide clarity and prevent patient harm.

It is also important that dispensing errors are reported to the community pharmacy so that systems can be reviewed in order to minimise the risk of the error happening again.

Please list the experiences evidenced by this reflective log:

1, 4, 8, 16, 20, 22, 27, 28, 29

Comments/suggestions from Educational supervisor:

You dealt with the situation very well, Jennifer. You were right to verify the correct strength as soon as possible to avoid the patient receiving the wrong dose. This situation reinforces the importance of having a robust procedure when assessing PODs as this could easily have gone unnoticed and caused the patient harm. Well done!

Candidate signature: *Jennifer Smyth*   **Date:** XX/YY/ZZ

Educational supervisor signature: *Jane Black*   **Date:** XX/YY/ZZ