

# Qualification Unit

This unit forms part of a regulated qualification.

**Unit Title:** Undertake Medicines Reconciliation and Supply

**Unit Reference Number:** H/617/8948

**Level:** Four (4)

**Credit Value:** 12

**Minimum Guided Learning Hours:** 60

Learning Outcome (The Learner will):	Assessment Criterion (The Learner can):
1. Understand governance requirements for retrieving and reconciling information about an individual's medicines	1.1 Describe <b>legislation and standards</b> relating to retrieving and reconciling information about an individual's medicines
	1.2 Describe <b>national guidelines</b> relating to retrieving and reconciling information about an individual's medicines
	1.3 Describe how <b>other governance requirements</b> relate to retrieving and reconciling information about an individual's medicines
2. Be able to take a medication history from individuals	2.1 <b>Communicate</b> with <b>individuals</b> in a manner appropriate to their needs
	2.2 Discuss the <b>purpose</b> of the consultation with the individual
	2.3 Use appropriate <b>questioning techniques</b> to determine the individual's <b>medication history</b>
	2.4 Establish the details of any <b>adverse drug reactions or interactions</b>
	2.5 Determine whether the medication remains <b>suitable</b> for the individual
	2.6 Refer queries outside of own scope of competence to the <b>appropriate person</b>
3. Be able to verify the accuracy of the individual's medication history	3.1 Obtain information from a <b>range of available sources</b> to validate the accuracy of the medication history

	3.2	Explain the <b>benefits</b> of the available sources used to validate the accuracy of the medication history
	3.3	Explain the <b>limitations</b> of the available sources used to validate the accuracy of the medication history
	3.4	<b>Verify</b> the accuracy of the medication history
4. Be able to reconcile the verified medication history with the list of medicines currently prescribed	4.1	Compare the verified medication history with <b>the list of medicines that are currently prescribed</b> for the individual
	4.2	Refer discrepancies to the <b>appropriate person</b> in line with organisational requirements
	4.3	Explain the <b>action to take</b> if the individual's medicines could not be reconciled
	4.4	Explain the importance of <b>recording</b> the outcomes of the medicine reconciliation in line with governance requirements
5. Be able to assess individuals' own medicines or products for use	5.1	Explain the <b>purpose</b> of checking the individual's own medicines or products for use
	5.2	Identify any <b>issues</b> with the individual's medication or products
	5.3	Assess any issues with the individual's medication or products
	5.4	Discuss with the individual how to <b>optimise</b> their medication to achieve the best outcomes in line with Standard Operating Procedures
	5.5	Make decisions regarding the <b>appropriate handling</b> of unsuitable items in line with organisational procedures
	5.6	Take action in line with organisational requirements if there are any issues beyond scope of competence
6. Be able to order medicines and products for individuals to ensure sufficient supply	6.1	Review the medicines that have been prescribed for the individual to identify the correct medicine/product to be ordered
	6.2	Order the medicine/product in accordance with organisational procedures
	6.3	Identify any <b>issues</b> relating to initial or repeat supply and take the necessary action
	6.4	Refer any issues outside of own scope of competence to the <b>appropriate person</b>

Indicative Content	
LO1	<p><b>Current legislation and standards:</b> Health and safety; Valid consent; Information governance; Data protection; General Pharmaceutical Council Standards for Pharmacy Professionals</p> <p><b>National guidelines:</b> Current NICE guidance; Royal Pharmaceutical Society</p> <p><b>Other governance requirements:</b> Risk management, incident management and error reporting systems, Patient Medication Records</p>
LO2	<p><b>Communicate:</b> Using verbal and non-verbal communication techniques; confirming valid consent; capacity; disability, behaviours, recognising diversity, values and beliefs; identifying barriers to effective communication and how to overcome/address these; clarifying information that is not clear</p> <p><b>Individuals</b> may include: patients; third parties; carers</p> <p><b>Purpose:</b> safety of the individual; help individual with any medicines related issues; identify any discrepancies; provide individual with opportunity to ask questions</p> <p><b>Questioning techniques</b> including: open and closed questions; funnel questions; probing questions</p> <p>A <b>medication history</b> should include: determining the following: patient identity; allergy status; medicines that have been started recently; medicines that have stopped; medicines that have changed; medicines that are used regularly; medicines that are used occasionally; medicines that are swapped or shared between individuals or their family and friends; medicines that are bought from other sources; medicines prescribed by the hospital</p> <p>Depending on your work setting you may also include: if the individual drinks alcohol, smokes or uses other substances; issues that may impact on the individual using their medicines; clinical trials medication; any omissions; psychological, occupational and social aspects and implications for individuals living with conditions</p> <p>Consideration should also be given to the use of unlicensed medicines, imported medicines and other licensed high-risk medicines included in local policies and in safety alerts.</p> <p><b>Adverse drug reactions or interactions:</b> an unwanted or harmful reaction experienced following the administration of a drug or combination of drugs under normal conditions of use and is suspected to be related to the drug. An ADR will usually require the drug to be discontinued or the dose reduced.</p> <p><b>Suitable:</b> any medication related side effects or contra-indications experienced; concordance with medication</p> <p><b>Appropriate person may include:</b> line manager; pharmacist; supervisor</p>
LO3	<p><b>Range of available sources</b> may include: individual's own medication; individual, carer or key persons; patient medication record; medical notes; medication chart; repeat prescription; compliance aids; electronic medication records; other healthcare professionals; community chemist; Medicine Administration Record charts; hospital records; clinical trials; medicine use review sheet (MUR)</p> <p><b>Benefits and limitations:</b> reliability; validity; currency; consistency; origin of the</p>

	<p>source</p> <p><b>Verify:</b> in line with Standard Operating Procedures</p>
LO4	<p><b>List of medicines that are currently prescribed:</b> in-patient drug chart; Medication Administration Record (MAR); discharge letter</p> <p><b>Action to take:</b> communicating outcome to relevant people;</p> <p><b>Appropriate person:</b> Line manager; Pharmacist; Supervisor; doctor; individual; multi-disciplinary team; nurse</p> <p><b>Recording:</b> Details that should be recorded and the reasons why these are important and the format to be used; records must be accurate and legible for use and audit purposes.</p>
LO5	<p><b>Purpose</b> of checking individual's medicines may include: Whether they are fit for purpose; whether they are suitable for use (e.g. have they been stored correctly, have the medicines expired etc); whether they have an adequate initial and repeat supply; if route of administration and medication form is appropriate</p> <p><b>Issues:</b> Possible medication issues may include: Excessive use; Under use; Not using for intended purpose; Discrepancies; implications; expiry dates; route of administration and medication form; suitability of medicines</p> <p><b>Optimise:</b> supporting concordance; understanding; decision making; problem solving (eg. manual dexterity issues); communicating changes to medication</p> <p><b>Appropriate handling:</b> removal; destruction; quarantine; appropriate storage</p>
LO6	<p><b>Issues:</b> Where stock is not available; dispensing errors and near misses</p> <p><b>Appropriate person:</b> Line manager; Pharmacist; Pharmacy technician; Supervisor</p>
Other	<p>Individual's medicines could include:</p> <ul style="list-style-type: none"> <li>• Prescribed medicines</li> <li>• Controlled drugs</li> <li>• Compliance aids</li> <li>• Over the counter medicines</li> <li>• Herbal medicines, vitamins and food supplements</li> <li>• Homeopathic medicines</li> </ul> <p>Helpful resource: Consultation Skills for Pharmacy  <a href="http://www.consultationskillsforpharmacy.com/">http://www.consultationskillsforpharmacy.com/</a></p>

## Assessment Requirements

This unit must be assessed in line with Skills for Health Assessment Principles and the Awarding Organisation qualification assessment strategy.

Learning outcomes 2, 3, 4, 5 and 6 must be assessed in a real work environment by the assessor. There should be a minimum of three holistic observations over a period of time which should include correctly collecting accurate information from a range of sources for a range of different individuals.

*For AC2.3, medication history must include:* determining the following: patient identity; allergy status; medicines that have been started recently; medicines that have stopped; medicines that have changed; medicines that are used regularly; medicines that are used occasionally;

medicines that are swapped or shared between individuals or their family and friends; medicines that are bought from other sources; medicines prescribed by the hospital.

*For AC3.1, Range of sources used must include:* individual's own medication; individual, carer or key people; patient medication record (which may be electronic).

For LO5, A formative competence assessment log must be completed which can be used in the overall portfolio for the qualification and should cover the checking of 100 items of an individual's own drugs (patient's own drugs) and appropriate decisions about the suitability of these items.

The following units must be achieved before undertaking this unit:

- Principles of Person-Centred Approaches for Pharmacy Technicians
- Actions and uses of medicines