

Qualification Unit

This unit forms part of a regulated qualification.

Unit Title: Assembly and Check Dispensed Medicines and Products

Unit Reference Number: Y/617/8901

Level: Four (4)

Credit Value: Eight (8)

Minimum Guided Learning Hours: 30

Learning Outcome (The Learner will):	Assessment Criterion (The Learner can):
1. Understand governance requirements for assembling and checking dispensed medicines and products	1.1 Summarise legislation that applies to assembling and checking dispensed medicines and products
	1.2 Summarise Standard Operating Procedures relating to assembling and checking dispensed medicines and products
	1.3 Explain the importance of following Standard Operating Procedures when assembling and checking dispensed medicines and products
	1.4 Describe when and why Patient Medication Records (PMRs) are used
	1.5 Explain the current guidelines that apply when assembling and checking dispensed medicines and products
2. Understand processes for assembling dispensed items	2.1 Describe the stages of the dispensing procedure
	2.2 Describe the principles of a clinical screen
	2.3 Explain how to confirm a clinical screen has been completed
	2.4 Explain the precautions for assembling dispensed items
	2.5 Describe factors that can cause deterioration of stock
	2.6 Explain who can legally prescribe and the different formats for prescriptions

	2.7	Explain the different types of prescription forms and the range of medicines and products which may be dispensed on each
	2.8	Explain the importance of selecting the correct equipment for safe handling and use
	2.9	Describe the processes for reconstitution
	2.10	Explain importance of storage conditions and expiry dates
	2.11	Explain the importance of supplying relevant items
	2.12	Explain the importance of recording, storing and retrieving information in accordance with organisational procedures
3. Understand processes for packing and labelling prescribed items	3.1	Explain the use of different container types and closures
	3.2	Explain the legal requirements for labelling medicines and products and prescribing conventions
	3.3	Explain the reasons for annotating or endorsing prescriptions
	3.4	Explain records and documentation which need to be completed as part of the dispensing process
4. Understand processes for preventing and dealing with dispensing errors and near misses	4.1	Describe the causes and consequences of near misses and dispensing errors
	4.2	Explain how dispensing errors can be rectified
	4.3	Explain the importance of error reporting and how this impacts on practice
	4.4	Describe procedures for communicating and documenting dispensing errors and near misses
	4.5	Explain methods for preventing dispensing errors
	4.6	Explain how to use dispensing errors or near misses as an opportunity to reflect on future practice
5. Be able to label and dispense prescribed items	5.1	Prepare self and area for dispensing

	5.2	Generate a label accurately including all additional and cautionary labels and warnings as necessary
	5.3	Prepare the medicine or product using the correct equipment, processes and calculations
	5.4	Confirm the appropriateness of the medicine or product in line with Standard Operating Procedures
	5.5	Confirm the label on the item matches the assembled product and the prescription or request requirements in line with Standard Operating Procedures
	5.6	Confirm the correct quantity has been assembled in line with the prescription requirements
	5.7	Assemble prescribed items according to the correct instructions and reconstitute as required
	5.8	Pack the medicine or product in the correct packaging
	5.9	Take appropriate action where there are inconsistencies with the medicine or product
	5.10	Select relevant medicine device or sundry items as necessary to accompany the medicine or product
	5.11	Complete all necessary records and documentation
	5.12	Perform an in-process accuracy check on dispensed medicines and products
	5.13	Forward the prescription or request and assembled items for accuracy checking as identified in the Standard Operating Procedures
6. Be able to check the accuracy of others dispensing of medicines and products against valid prescriptions	6.1	Perform accuracy checks of others dispensed medicines or products in line with Standard Operating Procedures
	6.2	Record any dispensing errors and near misses in the correct documentation format
	6.3	Check the packaging and labelling requirements for medicines and products in line with Standard Operating Procedures

	6.4	Annotate prescriptions and other dispensary records in line with Standard Operating Procedures
	6.5	Apply knowledge of pharmaceutical calculations and calculating quantities of medicines
	7.1	Identify any dispensing errors and near misses
7. Be able to resolve dispensing errors and near misses	7.2	Ensure dispensing errors and near misses are rectified and communicate to the appropriate person in accordance with Standard Operating Procedures
	7.3	Record dispensing errors and near misses in accordance with Standard Operating Procedures

Indicative Content	
LO1	Legislation to include as a minimum: Legal requirements relevant to assembling and checking dispensed medicines and products; the role of others in the organisation; Health & Safety and how it applies to the working environment Standard Operating Procedures: The importance of working within the limits of own competence and authority; when to seek agreement or permission from others and when to refer on to an appropriate person; understand how vicarious liability, negligence and Duty of Care relate to work of a pharmacy technician Patient Medication Records (PMRs): May also be 'Electronic patient record (EPR)' in line with specific employer terminology and standard operating procedures. Guidelines: The relevant national and local guidelines, policies and procedures that are available and how and when they should be accessed for example, information governance
LO2	Clinical screen: legal requirements; clinical appropriateness; compliant with formulary Precautions to include: Personal hygiene; Maintaining a clean environment; Use of protective clothing; Procedures to minimise risk Formats for prescriptions to include: Paper based; electronic Relevant items could include: Prescribed items; Patient Information Leaflets (PILs); Suitable devices and sundries
LO3	Different container types and closures may include: glass bottles; plastic bottles; cartons; syringes; infusion bags; syringe drivers; dropper bottles; ampoules Legal requirements: Humans Medicines Regulations 2012 (Medicines Act 1968) Annotating or endorsing: legal requirements; payment; audit trail
LO4	Methods to include: risk assessment and how it is used to grade dispensing errors
LO5	Prepare self and area should include the following: Confirming the prescription is legal, valid, appropriate to the individual and correctly written; Use of protective clothing in line with dispensed medicine or product; Maintaining a clean working environment and equipment during dispensing process; Identifying sources of contamination and taking appropriate action Appropriateness to include: Matching the medicine or product to the prescription or

	requisition including strength and form; Checking that the medicine or product will remain in date for the course of the treatment; Checking the medicine or product is fit for purpose Label to include: Form; Strength; Dosage Packaging: Correct packaging e.g. child resistant containers, Monitored Dosage Systems (MDS), syringes, fluted bottles. Inconsistencies could include: expiry date; insufficient stock; insufficient stock of specific strengths; to-follows; specific brand required Accuracy check to include: Confirm the prescription has been clinically screened and endorsed by an appropriate person; check that the correct item has been dispensed in the correct form and correct strength; check that the correct quantity has been dispensed or arrangements made for further supply as indicated on the prescription; check that the label on each item matches the dispensed product and the prescription requirements including: ○ individual's name ○ drug name, form and strength ○ quantity ○ directions for use ○ advisory and cautionary warnings ○ expiry and storage instructions if applicable check that the assembled items are fit for purpose; check appropriate packaging has been used; check appropriate selection of medicine devices or sundry items to accompany the medicine or product; rectify any identified dispensing errors
LO6	Accuracy checks of others to include: Confirm the prescription has been clinically screened and endorsed by an appropriate person; check that the correct item has been dispensed in the correct form and correct strength; check that the correct quantity has been dispensed or arrangements made for further supply as indicated on the prescription; check that the label on each item matches the dispensed product and the prescription requirements including: ○ individual's name ○ drug name, form and strength ○ quantity ○ directions for use ○ advisory and cautionary warnings ○ expiry and storage instructions if applicable check that the assembled items are fit for purpose; check appropriate packaging has been used; check appropriate selection of medicine devices or sundry items to accompany the medicine or product; rectify any identified dispensing errors Packaging and labelling requirements to include: prescribing conventions, abbreviations and medical terminology; the proprietary and generic names of medicines; the different form, strengths and doses of medicines
LO7	Communicate to the appropriate person may include: Informing dispensers of the dispensing error or near misses as necessary Record using the appropriate documentation and recording requirements in line with local policies and procedures Standard Operating Procedures including documentation, referrals etc

Assessment Guidance

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

Learning outcomes 5, 6 and 7 must be assessed in a real work environment by the assessor. Learning outcomes 1, 2, 3 and 4 must be achieved prior to learning outcomes 5, 6 and 7. There should be a minimum of three holistic observations over a period of time. One observation must include the dispensed and self-check and two observations should include the check of others.

Learning outcomes 6 and 7:

Evidence must be provided to show that learners can correctly assemble prescribed items and that they are able to check prescribed items which have been assembled by others. It is not acceptable for learners to provide evidence of checking prescribed items which they have assembled themselves.

For learning outcomes 5, 6, 7:

A minimum number of 500 items must be accurately dispensed with no errors being made and self-checked consistently over a period of time in a range of circumstances, with additional minimum number of 500 accurately checked items for checks of others

Checking of others can only be completed after the successful completion of dispensed and self-check.

A formative competence assessment log must be completed which can be used in the overall portfolio for the qualification.

The following units must be achieved before undertaking this unit:

- Actions and Uses of Medicines
- Principles of Person-Centred Approaches for Pharmacy Technicians

Additional Guidance – Learning Outcomes 5, 6, 7

This guidance is for the purpose of the qualifications; however, employers may still wish to apply their own SOPs for dispensing and accuracy checking or apply their own disciplinary processes in addition to this guidance, where applicable.

The checking sessions should cover a breadth of prescription and speciality types to reflect the trainee's local scope of practice.

A minimum number of **500** items must be accurately dispensed and minimum of **500** items accurately checked items dispensed by others. Items must cover a range of items and circumstances, over a period.

The trainee's checking sessions should cover a breadth of prescription and speciality types to reflect the trainee's local scope of practice.

The trainee must check items under normal working conditions; this should reflect both busy and quiet periods.

The trainee must not have been involved in the dispensing or labelling of any items they check.

All awarding organisations offering this qualification have agreed the following to ensure a standardised approach to assessing this unit:

- Any errors made once the formative competence assessment has been started must be logged.
- We are not differentiating between major and minor errors – all errors must be logged.
- If employers have their own standard operating procedures in relation to accuracy checking and dispensing and reporting errors, these may continue to be used, as long

as the qualification requirements are met as minimum.

The aim is to develop a culture of reflective practice and learning from mistakes.

Reflective Practice

If the trainee makes a checking error during the training period, the trainee must follow the trust/organisation SOPs and the trust/organisation error report forms must be completed and discussed with the educational supervisor.

When an error is made it is a requirement that the trainee reflects on the error made and changes to be made in their practice accordingly. The following points should be considered, documented and reviewed by the educational/practice supervisor:

- Description of error
- Corrective actions taken
- Likely root cause of the dispensing error
- Likely root cause of the trainee missing the error
- Potential outcome and impact of the error on the trainee, patient and organisation
- The action that needs to be taken to avoid the error happening/being missed again

Reflection logs should be included with the checking logs as part of the evidence collection for review.

Where errors are made, the trainee does not need to start their 500 items again. Instead we require evidence of a total of 500 accurately dispensed items and 500 accurately checked items.

A learner will be permitted **maximum** of **3** errors. If a single error is made an additional item must be completed to ensure a total of **500** error free times. The learner must complete a self-reflection after each error.

There is no formal summative assessment requirement for these learning outcomes. However, the final 20 items on each log must be error free. If an error is made in the last 20 items, the trainee will be required to complete an additional 20 items and for those to be completed without error.

If there are more than **3** errors in the whole log (within the **500** or additional repeats of **20** items), the learner must complete an additional **125** items. If at any point between that fourth error and the **625** items an additional error takes place the learner must restart from the beginning.

If a learner is required to restart the log from the beginning they will be given a maximum of **2** further opportunities to demonstrate competence. If a learner fails to demonstrate error free logs by the third opportunity, then please contact your Awarding Organisation representative for guidance.

Workplaces must have in place standard operating procedures covering dispensing and accuracy checking defining errors.

For clarity, these learning outcomes are nested within a much larger qualification, designed to be delivered over a 2-year training programme, and cannot be completed as a standalone training course. Completion of these learning outcomes in isolation will not provide all the knowledge, skills, and behaviours required of a GPhC registrant to undertake these roles. There is an expectation that learners on this qualification are trainee pharmacy technicians and must work under supervision throughout their course. Any decision to allow a trainee pharmacy technician to complete any area of their role without supervision is down to each employer based on their own risk assessments.