Qualification Unit

This unit forms part of a regulated qualification.

Unit Title: Quality Systems Improvement in Pharmacy Technical Services

Unit Reference Number: A/652/4163

Level: Five (5)

Credit Value: 8

Minimum Guided Learning Hours: 48

Learning Outcome (The Learner will):	Assessment Criterion (The Learner can):
1. Be able to define an improvement need	1.1 Analyse quality performance data and stakeholder perspectives to define a complex service quality problem
	1.2 Justify an improvement aim and measurable indicators suited to the problem
2. Be able to design a feasible improvement approach	2.1 Select and adapt improvement methods for the service context
	2.2 Develop an implementation approach that addresses stakeholders, resources and controls
3. Be able to coordinate implementation	3.1 Coordinate an agreed quality process change within delegated authority
	3.2 Assess and respond to barriers encountered during implementation
	3.3 Document decisions and changes to the improvement approach
	3.4 Communicate progress and issues to relevant stakeholders
4. Be able to evaluate and sustain improvement	4.1 Evaluate improvement data against baseline and intended outcomes
	4.2 Recommend whether to sustain, adapt or discontinue the change, with reasons
	4.3 Share learning from the improvement activity with relevant teams

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Indicative Content	
LO1	AC 1.1 must include analysis of quality data and stakeholder perspectives to define a bounded, complex service problem, including variation and limitations in the evidence. It could draw on trends, user experience or process data. | AC 1.2 must include a justified improvement aim and indicators capable of showing progress and unintended effects. It could include an outcome measure, a process measure and a balancing measure.
LO2	AC 2.1 must include selection and adaptation of improvement methods to the problem, setting and risk, with a reason for the choices. Methods could include process mapping, PDSA or Lean tools. AC 2.2 must include an implementation approach covering stakeholders, responsibilities, resources, permissions, communication and controls. It could include training or management of dependencies between teams.
LO3	AC 3.1 must include coordination of an agreed quality process change within delegated authority and evidence of what was implemented. It could include an activity plan, change-control record and assigned contributions; it does not authorise clinical or technical practice. AC 3.2 must include assessment of barriers actually encountered and a proportionate response within the approved scope or referral for a decision. Barriers could include workflow, resources, engagement or unintended effects. | AC 3.3 must include a traceable record of decisions and changes to the approach, including reasons and relevant approval or stakeholder input. It could compare the original plan with the implemented version. AC 3.4 must include communication of progress, emerging issues and decisions needed to relevant stakeholders, with a record of response or feedback. It could include a project update or quality meeting report.
LO4	AC 4.1 must include comparison of results with the baseline and intended outcomes, considering variation, data quality and unintended effects. It could include interpretation of outcome and balancing measures. AC 4.2 must include an evidence-based recommendation to sustain, adapt or discontinue the change, with reasons and follow-up needs. It could include further cycles, controlled adoption or continuing monitoring. AC 4.3 must include sharing of relevant results, limitations and transferable learning with appropriate teams through an approved route. It could include a briefing, project record or quality-system update.

Assessment Requirements
Evidence should show a baseline, implementation and review of a bounded change to a quality process or control within delegated authority. This does not assess clinical service redesign or authorise changes to technical practice. Proposals alone are insufficient for implementation and evaluation criteria; a real or appropriately controlled service project is needed. Progress communication, stakeholder engagement and response to barriers should be evidenced through the same bounded improvement project where possible.

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