Changing lives through learning

Qualification Unit

This unit forms part of a regulated qualification.

Unit Title: Professional Standards, Patient Safety and Governance in Pharmacy Technical Services

Unit Reference Number: J/652/4201

Level: Five (5)

Credit Value: 7

Minimum Guided Learning Hours: 45

Learning Outcome (The Learner will):	Assessment Criterion (The Learner can):
1. Understand professional standards, accountability and ethical practice within pharmacy technical services	1.1 Evaluate the professional responsibilities and accountabilities associated with pharmacy technical services practice
	1.2 Assess the influence of professional standards on decision-making, service delivery and patient outcomes
	1.3 Analyse ethical dilemmas arising within pharmacy technical services and regulated healthcare environments
	1.4 Justify professional decisions using ethical principles, relevant standards and organisational requirements
2. Understand patient safety systems used to identify, manage and reduce harm within healthcare services	2.1 Evaluate patient safety principles and their application within pharmacy technical services
	2.2 Assess the effectiveness of patient safety systems used to identify and manage risks
	2.3 Analyse the contribution of human factors to patient safety incidents and system failures
	2.4 Develop justified recommendations to strengthen patient safety and reduce the likelihood of avoidable harm
3. Understand governance frameworks used to assure quality, safety and organisational accountability	3.1 Evaluate governance structures and their application within healthcare and pharmacy technical services

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		3.2	Assess the relationship between governance, quality improvement and organisational performance
		3.3	Analyse governance information used to monitor quality, risk and compliance
		3.4	Evaluate governance mechanisms that support transparency, accountability and continuous improvement
4.	Be able to investigate incidents, complaints and safety concerns using appropriate governance and learning approaches	4.1	Assess systems and processes used to report and manage incidents, complaints and safety concerns
		4.2	Analyse incident or complaint information to identify contributory factors and system weaknesses
		4.3	Evaluate investigation findings and the effectiveness of organisational learning arrangements
		4.4	Develop justified actions to support organisational learning and reduce the recurrence of incidents or safety concerns
5.	Be able to promote professionalism, patient safety and continuous improvement within pharmacy technical services	5.1	Evaluate the characteristics of organisational cultures that promote professionalism, accountability and patient safety
		5.2	Assess leadership responsibilities for promoting safe, ethical and accountable practice
		5.3	Develop approaches to encourage colleague engagement with governance and patient safety systems
		5.4	Develop and justify an initiative to strengthen professional practice, organisational learning or patient safety

Indicative Content	
LO1	1.1 must include professional accountability; individual scope of practice and limits of competence; delegation and supervision; professional boundaries; duty of care; responsibilities arising from professional, organisational and regulatory requirements. 1.2 must include relevant professional standards and codes of conduct; ethical and professional behaviours; application of professional judgement; relationships between professional standards, quality of service, accountability and patient safety.

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	1.3 must include identification of competing ethical and professional obligations; consideration of patient interests, professional responsibilities and organisational requirements; ethical reasoning; recognition of conflicts and appropriate escalation. Other examples include confidentiality, resource constraints, unsafe practice, conflicts of interest and working beyond competence. 1.4 must include application of ethical principles and professional standards to realistic practice scenarios; evaluation of available options and their consequences; consideration of professional accountability, patient safety and organisational policies; justification and documentation of decisions.
LO2	2.1 must include principles of patient safety; prevention of avoidable harm; systems-based approaches to safety; patient-centred care; relevance of the NHS Patient Safety Strategy and applicable safety expectations to pharmacy technical services. 2.2 must include patient safety reporting and monitoring arrangements; identification and assessment of safety risks; incident and near-miss reporting; safety controls and assurance mechanisms; evaluation of the strengths and limitations of safety systems. Other examples include safety indicators, risk registers, learning systems and high-reliability approaches. 2.3 must include human factors principles; relationships between individuals, tasks, equipment, working environments and organisational systems; potential effects of workload, fatigue, communication, interruptions and system design; distinction between individual actions and underlying system weaknesses. 2.4 must include identification of safety improvement priorities; evidence-based recommendations; consideration of error prevention, system controls, safety culture and organisational learning; expected effects on patient safety and measures for evaluating improvement.
LO3	3.1 must include clinical, corporate and quality governance; governance responsibilities and reporting structures; accountability and oversight arrangements; relationships between operational teams, governance committees and organisational leadership. 3.2 must include the contribution of governance to organisational objectives, quality and patient safety; relationships between assurance, risk management and quality improvement; use of governance arrangements to monitor performance and support improvement. 3.3 must include interpretation of relevant governance and assurance information; quality and safety indicators; risk reports; incident and compliance data; identification of significant findings, trends and emerging risks; implications for organisational decision-making. Other examples include risk registers, governance dashboards, audit outcomes and performance reports. 3.4 must include assurance frameworks; governance reporting and scrutiny; escalation and accountability arrangements; mechanisms for monitoring actions and outcomes; evaluation of governance effectiveness and organisational maturity. Other examples include governance committees, board assurance arrangements and structured review of quality improvement performance.
LO4	4.1 must include incident and complaint reporting arrangements; reporting of patient safety events and near misses; relevant escalation and documentation requirements; organisational responsibilities; applicable duty of candour

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	requirements; identification of strengths and limitations of reporting systems. 4.2 must include review of available incident or complaint evidence; identification of events, contributing conditions and system factors; application of suitable analytical approaches; consideration of human factors and organisational influences. Other examples include structured systems investigation, contributory-factor analysis and proportionate root-cause analysis techniques. 4.3 must include interpretation of investigation findings; evaluation of identified causes and contributory factors; assessment of how learning is communicated, acted upon and monitored; consideration of whether existing arrangements effectively support improvement and prevent recurrence. 4.4 must include development of proportionate safety recommendations; consideration of system improvements, procedural controls, communication and training; links between investigation evidence and proposed actions; accountability, implementation considerations and measures for monitoring effectiveness.
LO5	5.1 must include professional and safety culture; organisational values; just culture principles; psychological safety; openness and learning; identification of positive and negative cultural characteristics and their implications for safe practice. 5.2 must include leadership accountability; role-modelling professional behaviours; promotion of ethical practice and appropriate challenge; reinforcement of safety responsibilities; relationships between leadership, organisational culture and professional accountability. 5.3 must include methods for engaging colleagues in reporting, risk identification, governance discussions and organisational learning; effective communication and consultation; consideration of barriers to engagement; approaches to promoting participation and shared responsibility. 5.4 must include identification of a relevant professional, governance or safety improvement need; development of a proportionate initiative; consideration of stakeholder involvement, organisational requirements and implementation arrangements; justification using relevant evidence; appropriate measures for evaluating effectiveness.

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Assessment Requirements

Assessment must demonstrate the application of professional standards, ethical reasoning, patient safety and governance knowledge and skills within pharmacy technical services or relevant regulated healthcare environments.

Learners must demonstrate Level 5 analytical and evaluative capability, including the ability to interpret professional responsibilities, analyse ethical dilemmas, evaluate patient safety systems, interpret governance evidence and develop justified improvement recommendations.

LO4 and LO5 require evidence of applied skills. Learners must analyse incident or complaint information, evaluate organisational learning arrangements and develop appropriate improvement actions.

LO1, LO2 and LO3 require the evaluation of realistic professional, patient safety and governance situations, rather than descriptive knowledge alone.

Assessment may use authentic workplace evidence or realistic scenarios supported by relevant governance records, incident information, professional guidance and quality documentation.

Learners must demonstrate appropriate recognition of their professional responsibilities and the limits of their scope of practice.

Assessment does not require learners to hold professional registration, chair governance committees, lead formal patient safety investigations or authorise changes to organisational systems.

The qualification does not confer occupational competence, registration or professional authorisation in its own right.

Evidence may include:

- Evaluations of professional standards and accountability
- Ethical decision-making case studies
- Patient safety system evaluations
- Human factors analyses
- Patient safety improvement recommendations
- Evaluations of clinical and quality governance arrangements
- Governance reports or dashboard analyses
- Risk and assurance information reviews
- Incident or complaint analyses
- Evaluations of organisational learning following safety events
- Safety improvement action plans
- Assessments of professional and safety culture
- Colleague engagement proposals
- Governance or patient safety improvement initiatives
- Professional discussions supported by relevant evidence

LO1 – Professional standards and ethical practice

Learners should evaluate professional responsibilities within realistic pharmacy technical services contexts.

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Assessment should include ethical dilemmas requiring them to balance patient safety, professional accountability, organisational procedures and the limits of individual competence.

Learners should justify decisions using relevant ethical principles and standards, recognising that different professional roles may have different responsibilities.

The assessment should not assume that all learners are GPhC-registered pharmacy professionals.

LO2 – Patient safety systems

Learners should evaluate relevant patient safety principles and organisational systems.

Assessment should require consideration of how harm is identified and prevented, including the contribution of human factors and organisational systems.

For AC 2.4, learners should develop recommendations to address an identified patient safety concern, considering the likely effectiveness and practicality of proposed actions.

The focus should remain on patient safety and systems-based improvement rather than simply assessing generic risk management methods.

LO3 – Governance frameworks

Learners should evaluate governance arrangements within a healthcare or pharmacy technical services organisation.

Assessment should require the interpretation of relevant governance information, such as quality indicators, risk reports, audit outcomes or incident data.

Learners should consider how governance supports accountability, organisational oversight and continuous improvement.

For AC 3.4, the assessment should involve evaluation of the effectiveness of governance mechanisms rather than requiring learners to design or operate an entire governance framework.

LO4 – Incidents, complaints and safety concerns

Learners must analyse a realistic incident, complaint or safety concern using an appropriate investigation or organisational learning approach.

The assessment should provide sufficient evidence to enable learners to identify contributory factors and evaluate organisational responses.

Learners must develop justified recommendations to address identified weaknesses and reduce the likelihood of recurrence.

A simulated investigation using a sufficiently detailed case study is acceptable where authentic workplace involvement is unavailable.

The investigation should reflect a systems-based approach and avoid automatically attributing problems to individual error.

Formal responsibility for conducting patient safety investigations is not required.

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LO5 – Professionalism, safety culture and improvement

Learners should evaluate organisational culture and leadership behaviours relating to professionalism and patient safety.

Assessment should require the development of approaches for engaging colleagues with governance and safety systems.

For AC 5.4, learners must develop a justified improvement initiative relevant to professional practice, organisational learning or patient safety.

The proposal should be informed by an identified issue and supported by appropriate evidence.

Actual implementation is not mandatory, although authenticated workplace activity may provide valuable assessment evidence.

An integrated governance and patient safety improvement case study could generate evidence across multiple learning outcomes, provided each criterion is clearly demonstrated.

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