

Draft Guidance on Pharmacy Staffing Levels

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About the Pharmaceutical Society of Northern Ireland

The Pharmaceutical Society NI is the regulatory body for pharmacists and pharmacies in Northern Ireland.

Our primary purpose is to ensure that practising pharmacists in Northern Ireland are fit to practise, keep their skills and knowledge up to date and deliver high quality, safe care to patients.

It is our responsibility to protect and maintain public safety in pharmacy by:

- setting and promoting standards for pharmacists' admission to the Register and for remaining on the Register and the standards for pharmacy premises;
- maintaining a publicly accessible Register of pharmacists and pharmacy premises;
- handling concerns about the Fitness to Practise of pharmacists, acting as a Concerns portal, acting to protect the public and maintaining public confidence in the pharmacy profession; and
- ensuring high standards of education and training for pharmacists in Northern Ireland.

Section 1 About this Guidance

- 1.1 There is a growing body of evidence¹ that guidance on appropriate staffing levels within healthcare is necessary to ensure that patients' needs are met, public safety is maintained and that staff have the appropriate skills, qualifications and competence to carry out their role and, where relevant, supervise the work of another.
- 1.2 This principle-based Guidance explains what Pharmacy Owners² and Superintendents³ must do to ensure that each pharmacy has enough skilled and qualified staff, with an appropriate skills mix, to provide safe and effective pharmacy services which comply with the standards set out in the Premises Standards (2018) when commenced (the Premises Standards)⁴.
- 1.3 The Premises Standards outline the physical and organisational requirements for the safe and effective practice of pharmacy including the working environment and condition of equipment and facilities at associated premises and apply to all pharmacies registered with the Pharmaceutical Society NI.
- 1.4 The accountability for adhering to the Premises Standards rests with the Pharmacy Owners. If the registered pharmacy is owned by a pharmacist or partnership of pharmacists, they carry joint accountability for compliance. Where a 'body corporate' (for example, a company) owns a pharmacy, then the 'body' is accountable for meeting the Premises Standards and does not avoid its accountability by employing a Superintendent Pharmacist: both parties are accountable to the regulator for ensuring that these Standards are met. The body corporate is required to appoint a Superintendent Pharmacist and to manage their performance. All staff⁵, and those in positions of responsibility and/or authority, must take the Premises Standards into account when operating their pharmacy services and have a duty to raise concerns if they consider the Standards are not being met.

1 The Pharmacy Workforce Review 2020 for example concluded that 'pharmacy workforce pressure can 'increase work-related stress, decrease staff morale, and cause pharmacist burnout which, in turn, can compromise patient safety' and that, 'in-line with the increasing concerns for safe staffing across the health professions, safe staffing standards for pharmacy staff must be developed to ensure patient safety,' which is applicable to all sectors of pharmacy practice. Further information can be accessed at <https://www.health-ni.gov.uk/publications/pharmacy-workforce-review-2020> (accessed 1 June 2022)

2 Pharmacy Owner: is accountable for ensuring their pharmacy meets the Premises Standards. Where the Pharmacy Owner is a corporate body; the 'body' is accountable for the corporate governance of the business, including the appointment and management of a Superintendent Pharmacist.

3 Superintendent pharmacist: a pharmacist who is a Superintendent of a retail pharmacy business, owned by a body corporate, as detailed in the Medicines Act 1968.

4 The Pharmaceutical Society NI Premises Standards (2018) at <https://www.psn.org.uk/wp-content/uploads/2018/06/Council-Premises-Standards-04-June-2018-Formatted.pdf> (accessed 1 June 2022)

5 Pharmacy staff: includes agency and contract workers, as well as employees and other people who are involved in the provision of pharmacy services to registered pharmacy.

- 1.5 To comply with Principle 5 of the Premises Standards, Owners and Superintendents must ensure that that arrangements are in place to enable staff to act with professionalism; exercise their professional judgement in the best interest of patients; comply with the laws and regulations that affect their professional practice; and be accountable for any acts and/or omissions.
- 1.6 The Professional Standards of Conduct, Ethics and Performance for Pharmacists in Northern Ireland (2016) (the Code)⁶ outlines the standards of conduct, ethics, and professional performance to be upheld and to be expected of every pharmacist regardless of their scope of practice.
- 1.7 The Code guides and supports registrants in their scope of practice, professional development and decision-making. It puts patients' interests first and reinforces the concept of patient-centred professionalism and care. The Code supports the Pharmaceutical Society NI's regulatory policies and procedures and it underpins all other professional standards and guidance documents issued by the regulator. Pharmacy Owners and Superintendents must reflect on all aspects of the Code when considering their duties under the Premises Standards.
- 1.8 Whilst we recognise that other health regulators have primary responsibility for systems regulation within some healthcare settings, we consider that the principles outlined in this Guidance, while primarily focussed on Community Pharmacy, are helpful for managers working with pharmacy teams in these settings.⁷
- 1.9 Pharmacy inspections in Northern Ireland are conducted by an arms-length pharmacy inspectorate in the Medicines Regulatory Group (MRG), Department of Health (DoH), Northern Ireland as defined in the Pharmacy (Northern Ireland) Order 1976, and in keeping with a service level agreement with the DoH, Northern Ireland.

The DOH Northern Ireland has enforcement powers and duties under the Medicines Act 1968, The Misuse of Drugs Act 1971, the Poisons (Northern Ireland) Order 1976 and Regulations made under the Health Act 2006 and the Veterinary Medicines Regulations. These enforcement duties/powers relate to the sale and supply of medicinal products from registered pharmacy premises and associated premises.

This guidance will complement the framework for inspections and support the understanding of the Premises Standards 2018, ensuring that inspection visits are appropriate and fair and that decision-making is consistent.

6 Professional Standards of Conduct, Ethics for Pharmacists in Northern Ireland (2016) which can be accessed at <https://www.psn.org.uk/wp-content/uploads/2012/09/22504-PSNI-Code-of-Practice-Book-final.pdf> (accessed 1 June 2022)

7 These settings may include hospitals, clinics, or GP practices, or other premises which are not registered with the Pharmaceutical Society NI.

Alleged breaches of the Premises Standards may be reported to the Pharmaceutical Society NI by the MRG or directly to us by the public, pharmacists and others for investigation through our Fitness to Practise processes.⁸

- 1.10 This guidance is addressed to Pharmacy Owners and Superintendents in Northern Ireland. It may also be of assistance to patients, carers, the public and other healthcare workers in understanding the duties of Pharmacy Owners and Superintendents to ensure that each pharmacy has enough skilled and qualified staff, with an appropriate skill mix, to provide safe and effective pharmacy services.
- 1.11 Pharmacy Owners and Superintendents should reflect on all aspects of the Premises Standards and the Code when considering this guidance. The following Principles and Standards are considered of particular importance in setting pharmacy staffing levels.

Premises Standards

We consider the following principles and standards of the Premises Standards to be particularly relevant when considering this Guidance.

Principle 1 Governance arrangements	The Pharmacy Owner and Superintendent must have robust governance arrangements in place including clear definitions of the roles and accountabilities of pharmacy staff and monitoring and managing any risks which might affect the safe and effective provision of pharmacy services.
Premises Standard 1.1	The risks associated with pharmacy services must be identified and managed through appropriate risk assessment.
Premises Standard 1.2	The safety and quality of pharmacy services must be reviewed and monitored.
Premises Standard 1.5	All necessary records for the safe provision of pharmacy services must be kept and maintained accurately and be attributable.
Premises Standard 3.2	Ensure the management and delivery of safe and effective pharmacy services.

⁸ Raising Concerns about a Pharmacist, Pharmacy or Pharmacy Owner in Northern Ireland can be accessed at <https://www.psn.org.uk/psni/about/complaints-2/> (Accessed 1 June 2022)

Premises Standards Principle 5 Staff	The Pharmacy Owner and Superintendent must ensure that arrangements are in place so that staff members have the appropriate authority and requisite skills and knowledge to competently provide pharmacy services; and are properly held to account for the health and wellbeing of patients and the public to whom pharmacy services are provided.
Premises Standard 5.2	Staff must act with professionalism and exercise their professional judgement in the best interest of patients.
Premises Standard 5.3	Staff must comply with the laws and regulations that affect their professional practice and be accountable for any acts and/or omissions.
Premises Standard 5.4	Staff must feel empowered to raise concerns in a way that is consistent with a culture of openness, honesty and learning.
Premises Standards 5.5	Staff must ensure that incentives or targets do not compromise their professional judgement or the health, safety or wellbeing of patients and the public.

THE CODE

Pharmacy owners and Superintendents have a responsibility to ensure that pharmacists work in an environment where they are able to meet their professional obligations and responsibilities under the Code (2016). We consider the following principles and standards of the Code to be particularly relevant when considering this Guidance.

Code Standard 1.2	Uphold the duty of candour and raise concerns appropriately.
Code Standard 1.2.1	Contribute to and foster a culture of openness, honesty and learning.
Code Principle 2	Provide a safe and quality service.

Code Standard 2.1.4	Ensure that workload or working conditions do not compromise patient care or public safety.
Code Standard 2.1.5	Make sure that your actions do not prevent or inhibit others from complying with their legal or professional obligations.
Code Standard 2.1.6	Ensure that you do not, whether by your actions or omissions, create a risk to patient care or public safety.
Code Standard 2.2.1	Undertake a regular risk assessment in relation to your professional practice and the procedures that you follow.
Code Standard 2.2.3	Where any risk, issue or problem is identified, arises or occurs in your practice, take prompt action to prevent, minimise, follow up and resolve any such risk, issue or problem and this includes risks, issues or problems relating to medicines and appliances.
Code Standard 4.4.2	Ensure that individuals to whom you delegate tasks are fit to practise, competent to carry out such tasks and have undertaken, or are in the process of undertaking, the training required for their duties.
Code Standard 4.4.4	Contribute to the development, education and training of colleagues and students, sharing relevant knowledge, skills and expertise.
Code Standard 4.4.5	Take all reasonable steps to ensure that those persons you employ or supervise comply with all legal and professional requirements and best practice guidance.

Section 2: Accountability

Premises Standards Principle 1: Governance arrangements	The Pharmacy Owner and Superintendent must have robust governance arrangements in place including clear definitions of the roles and accountabilities of pharmacy staff and monitoring and managing any risks which might affect the safe and effective provision of pharmacy services.
Premises Standards Principle 5: Staff	The Pharmacy Owner and Superintendent must ensure that arrangements are in place so that staff members have the appropriate authority and requisite skills and knowledge to competently provide pharmacy services; and are properly held to account for the health and wellbeing of patients and the public to whom pharmacy services are provided.

2.1 Leadership and management roles

We realise that for anyone operating a registered pharmacy there will always be competing demands. These may be professional, managerial, legal or commercial. However, medicines are not ordinary items of commerce. Along with pharmacy services, the supply of medicines is a fundamental healthcare service.

Premises Standards 5.5	Staff must ensure that incentives or targets do not compromise their professional judgement or the health, safety or wellbeing of patients and the public.
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2.2 The accountability for adhering to the Premises Standards, and this Guidance on setting pharmacy team levels, rests with the Pharmacy Owners. If the registered pharmacy is owned by a pharmacist or partnership of pharmacists, they carry joint accountability for compliance. Where a 'body corporate' (for example, a company) owns a pharmacy, then the 'body' is accountable for meeting the Premises Standards and this Guidance and does not avoid its accountability by employing a Superintendent Pharmacist. Both parties are accountable to the regulator for

ensuring that the Premises Standards are met. The body corporate is required to appoint a Superintendent Pharmacist and to manage their performance.

All staff⁹, and those in positions of responsibility and/or authority, must take the Premises Standards and this Guidance into account when operating their pharmacy services and have a duty to raise concerns if they consider the Premises Standards or this Guidance are not being met.

2.4 The Pharmacy Owner's and Superintendent's first responsibility is to ensure patient safety through the safe and effective provision of pharmacy services. In practice, this includes making sure that:

- each pharmacy has enough skilled and qualified staff to allow all legislative obligations, pharmacy contractual services and regulatory obligations to be met; to meet the workload involved in following standard operating procedures; and to carry out other work to ensure that workload or working conditions do not compromise patient care or public safety;
- staff can meet their professional obligations and can raise concerns in an environment which encourages openness, honesty and continuing development; and
- an environment in which pharmacy professionals can demonstrate their professionalism and put the patient first is created and supported.

2.5 Pharmacy Owners and Superintendents, under the Premises Standards, are responsible for ensuring the delivery of accessible, professional and quality patient-centred pharmacy services to patients and the public from a registered pharmacy. They are required to consider this Guidance in relation to their responsibility of ensuring that the Premises Standards are being met. They must ensure that the governance structures within which pharmacists carry out their professional responsibilities are effective.

Premises Standard 3.2	Ensure the management and delivery of safe and effective pharmacy services.
Premises Standard 5.3	Staff must comply with the laws and regulations that affect their professional practice and be accountable for any acts and/or omissions.

We expect Pharmacy Owners and Superintendents to consider the staffing levels in the context of each pharmacy they operate.

⁹ Pharmacy staff: includes agency and contract workers, as well as employees and other people who are involved in the provision of pharmacy services to registered pharmacy.

This includes:

- the range of services provided in that pharmacy;
- the skill mix and number of staff in the pharmacy team; and
- most importantly, the needs of patients and people who use the pharmacy's services. Pharmacy Owners and Superintendents should use the resources they have (which includes staff and their skill mix) to ensure safe and effective outcomes for patients. They must also ensure that their staff have the necessary training appropriate to their roles.

2.6 Pharmacy Owners and Superintendents must ensure that the culture of the organisation contributes to and fosters a culture of openness, honesty and learning under the Premises Standards and facilitates pharmacists being able to meet their obligations under the Code.¹⁰

**Premises Standards
5.4**

Staff must feel empowered to raise concerns in a way that is consistent with a culture of openness, honesty and learning.

2.7 Pharmacy professionals

Regulated pharmacy professionals must adhere to the standards contained in the Code. This includes demonstrating leadership when providing safe and effective care. Pharmacy professionals should contribute to the education, training and development of the team, pharmacy trainees and others, and must delegate tasks only to people who are competent and appropriately trained or in training. They must also exercise proper oversight.

Pharmacy professionals should have ongoing open conversations with the Pharmacy Owner and/or Superintendent about anything which could affect their ability to provide the full range of services that the pharmacy provides.

2.8 Unregistered staff

Unregistered pharmacy staff do not have the same responsibilities as they are not regulated by the Pharmaceutical Society NI. However, we expect Pharmacy Owners and Superintendents to ensure that unregistered pharmacy staff have received appropriate training (Schedule 1 of this Guidance) according to their role and that they provide safe and effective care.

¹⁰ Code Standard 1.2: Uphold the duty of candour and raise concerns appropriately.

Unregistered pharmacy staff work in a variety of roles including as dispensing assistants, medicines counter assistants, delivery drivers and pharmacy managers. They may work full-time, part-time or occasionally and their responsibilities may include:

- providing information and advice on symptoms and non-prescribed products;
- selling and supplying non-prescribed medicines;
- receiving and collecting prescriptions, including assembling, and assisting in dispensing prescribed items;
- delivering medicines;
- ordering, receiving, and storing medicines and pharmacy stock; and
- leading and managing teams.

Unregistered pharmacy staff are accountable firstly to their employer who will generally be the Pharmacy Owner. Unregistered staff should, within the resources provided, keep their knowledge and skills up-to date. They should only carry out roles for which they have the necessary skills and competency or, if they are in training for that role, with appropriate oversight from a suitability qualified member of the pharmacy team.

Section 3: Staffing Levels and the Provision of Safe and Effective Pharmacy Services

Premises Standards Principle 1 Governance arrangements	The Pharmacy Owner and Superintendent must have robust governance arrangements in place including, clear definitions of the roles and accountabilities of pharmacy staff, and monitoring and managing any risks which might affect the safe and effective provision of pharmacy services.
Premises Standard 1.1	The risks associated with pharmacy services must be identified and managed through appropriate risk assessment.
Premises Standard 1.2	The safety and quality of pharmacy services must be reviewed and monitored.

3.1 The Pharmacy team and the people they work with are key to the safe and effective practice of pharmacy. Staff members, and anyone involved in providing pharmacy services, must be competent and empowered to safeguard the health, safety and wellbeing of patients and the public in all that they do.

3.2 Setting staffing levels and responding to concerns about patient safety

The number of staff and the skill mix needed to provide safe and effective pharmacy services will vary significantly between pharmacies, depending on the context in which each pharmacy is operating. The Pharmacy Owner or Superintendent should consider and take account of the individual context of each pharmacy, including:

- the volumes of dispensing;
- the sale or supply of medicines over the counter;
- how and where medicines are supplied to patients (for example 'hub and spoke' or internet pharmacies);
- the changing demands throughout the day;
- the population served by the pharmacy, including vulnerable patients;
- changes in the number of patients and their individual needs;
- the use of technology, including robotics;
- the range of services provided;
- the different sets of skills, knowledge and experience within the team;
- the ongoing learning and development of the pharmacy team;
- previous incidents and errors and the reasons for them;
- feedback from patients and members of the public;
- any impact on the pharmacy team of any non-pharmacy service that the pharmacy offers; and

- Foundation Year Trainees are considered supplementary to the workforce.¹¹

This means the Pharmacy Owner and Superintendent must take a tailored approach to staffing levels, one that is flexible and ensures that people receive safe and effective care from every registered pharmacy.

3.3 To meet these standards under the Premises Standards, Principle 1, we expect the Pharmacy Owner and Superintendent, to ensure that:

- a. they carry out and maintain records of risk assessments that are specific to the pharmacy and the team working there;
- b. the way risks are managed includes procedures to make judgements about the appropriate number of staff and the skill mix;
- c. they develop, working with the Responsible Pharmacist and with input from pharmacy staff, a staffing plan which takes account of how they manage risks and the individual context of the pharmacy;
- d. the Responsible Pharmacist and all members of the pharmacy team are aware of the staffing plan for their individual pharmacy;
- e. each registered pharmacy has a contingency plan for short- and long-term staff absence, whether planned or unplanned;
- f. they actively review the number of staff in the pharmacy who are competent and trained to deliver the pharmacy services provided, against the staffing plan and in line with changing services, workload, feedback and concerns;
- g. all members of the pharmacy team know who they should contact within their individual pharmacy or wider organisation to raise concerns, without fear. This includes when staffing plans are not effective and staffing levels and the skill mix may no longer be appropriate;
- h. everyone in the pharmacy team has the knowledge and confidence to raise concerns about the quality of pharmacy services and, in particular, concerns about patient safety;¹²
- i. there are systems, evidence and records to show the steps taken to deal with any concerns raised to ensure that patient safety is not compromised. This includes recording occasions when the pharmacy is closed during normal hours of operation;

11 Foundation Year Trainees are considered supplementary to the workforce. Pharmaceutical Society NI Standards for Foundation Training Year (updated 2022) available at <https://www.psn.org.uk/wp-content/uploads/2021/12/Standards-FTY-Jan-2022-FINAL.pdf> (accessed August 2022).

12 Guidance on Raising Concerns (Whistleblowing) can be accessed at <https://www.psn.org.uk/wp-content/uploads/2012/09/Guidance-on-Raising-Concerns-2019-Final.pdf> (accessed Aug 2022).

- j. feedback is provided to the pharmacy team about concerns raised and how the concerns have been dealt with;
- k. the reasons for any dispensing errors are assessed and appropriate remedial action taken to learn from these. This includes action to change the number or skill mix of the pharmacy team, when necessary; and
- l. the pharmacy team record, review and learn from near misses, mistakes or incidents.¹³

3.4 Leadership and management roles

Pharmacy Owners and Superintendents must ensure that pharmacy professionals who work for them can meet their own professional and legal obligations and are able to exercise their professional judgement in the interests of patients and the public.

Managers who have responsibility for leading and managing teams, and for co-ordinating many aspects of the day-to-day pharmacy operations, have a vital role to play. Members of the Board, people in leadership roles and managers have significant responsibilities and influence over the culture, practices and environment of the pharmacy and how the safe and effective delivery of pharmacy services is maintained.

To meet the standards under the Premises Standards, Principle 1, we expect the Pharmacy Owner and Superintendent to ensure that those in leadership and management roles:

- a. understand the legal and regulatory framework in which they are working and the responsibilities of the Pharmacy Owner;
- b. are familiar with the Premises Standards for registered pharmacies and with this Guidance;
- c. are familiar with the Code, the Standards for pharmacy professionals and the supporting guidance that the regulator publishes;
- d. understand that regulated pharmacy professionals have professional responsibilities. These include making patient safety a priority and taking action to protect the wellbeing of patients and the public;
- e. understand that pharmacy professionals are accountable to the Pharmaceutical Society NI for meeting the standards for pharmacy professionals;

¹³ Community Pharmacy Incidents/Near Misses should be reported to the Pharmacy and Medicines Management Team. Website: <https://medicinesgovernance.hscni.net/primary-care/community-pharmacy/community-pharmacy-incidentnear-misses/> (accessed August 2022).

- f. ensure that everyone in the pharmacy team knows and understands the procedures in place in the pharmacy, as well as their own duties and responsibilities and those of other members of the team;
- g. ensure that pharmacy professionals and unregistered members of staff are supported and empowered to handle challenging situations confidently and professionally, whether that means having the right conversations with managers or knowing when and how to raise a concern with the Pharmacy Owner;
- h. understand how to manage appropriately any personal or organisational goals, incentives or targets without compromising the professional judgement of staff to deliver safe and effective care; and
- i. ensure that the people who use the pharmacy services can easily understand who staff are and the role they are carrying out.

Section 4: Knowledge, Skills, and Competence

Premises Standards Principle 5 - Staff	The Pharmacy Owner and Superintendent must ensure that arrangements are in place so that staff members have the appropriate authority and requisite skills and knowledge to competently provide pharmacy services and are properly held to account for the health and wellbeing of patients and the public to whom pharmacy services are provided.
Premises Standard 5.2	Staff must act with professionalism and exercise their professional judgement in the best interest of patients.
Premises Standard 5.3	Staff must comply with the laws and regulations that affect their professional practice and be accountable for any acts and/or omissions.

- 4.1 While the Pharmaceutical Society NI sets training requirements for pharmacists in Northern Ireland, we know that, as pharmacy develops and enhanced services are provided to the public, education and training must evolve to reflect these developments.

Pharmacy Owners and Superintendents must ensure that staff have the appropriate knowledge, skills and competence for their role and the tasks they carry out, or that they are working under the supervision of an appropriately trained person while they are in training. Education and training requirements for such a diverse workforce should be flexible and proportionate to allow the pharmacy team to respond to changes in pharmacy practice.

- 4.2 Knowledge, Skills, and Competence for non-registered staff

Each pharmacy team usually consists of pharmacists (who must meet or are responsible for meeting our professional standards) and pharmacy support staff (who are not registered with us but are accountable to their employer for their performance in their role).

While support staff are a major part of the pharmacy workforce, they do not have the same responsibilities or accountability of registered pharmacy professionals. They do, however, play a key role in supporting the work of pharmacists in providing safe and effective pharmacy services and are a key consideration in setting appropriate staffing levels and ensuring an adequate skills mix. Their accountability to their employer, whose premises must meet our standards, also means they must perform their role in a way that supports a pharmacy to meet our Standards for registered premises.

Pharmacy support staff do many different activities in many different contexts. They often assist pharmacy professionals with dispensing and supplying medicines and devices as well as providing information and advice about medicines and pharmacy services. If these roles are not performed well, they can risk the safety of people using pharmacy services and the ability of the whole pharmacy team to meet the standards we set.

New roles are appearing in different sectors of pharmacy and the boundaries between different support staff roles are becoming more fluid. While support staff working in different settings will require different skills, they all contribute to the safe and effective supply of medicines to the public and are required to be competent and knowledgeable. This is why it is important that all pharmacy support staff have the appropriate education and training for their particular role.

4.3 General Principles for initial education and training requirements

To meet the standards under Premises Principle 5 and the Code, we expect the Pharmacy Owner and Superintendent to ensure that:

- a. they understand the options for relevant training provision so that they can make decisions on what courses are appropriate for their staff. This may include speaking directly to course providers, pharmacy professionals and trainees about training needs;
- b. a role-specific induction is carried out as soon as possible for all new members of the pharmacy team;
- c. they recognise and address differences in competency requirements for specific practice settings and for the types of services being delivered in that setting;
- d. they assess the competence of staff when they start in their role and work in partnership with a pharmacy professional to make an informed decision about what further knowledge or training staff may need. This should include considering the staff member's previous education and training, their qualifications and their work experience;
- e. initial training covers a common set of skills and abilities including professionalism, effective communication skills and effective working in multi-professional teams;
- f. unregistered pharmacy staff who need education and training to meet the required competency level for their role are enrolled on an appropriate training programme within three months of starting in their role;
- g. unregistered pharmacy staff who are involved in dispensing and supplying medicines are competent to a level equivalent to the elements of the relevant knowledge and skills of a recognised award as detailed in Schedule 1 of this Guidance or are training towards this and working under the

supervision of a qualified member of staff; and

- h. they keep complete and accurate records of training for all staff which are accessible to those who need them.

4.4 Activities that fall outside of the education and training requirements for pharmacy support staff may include but are not limited to:

- a. non-registrant pharmacy managers and those with managerial or directorial roles within the pharmacy.
- b. staff who provide services that support the running of pharmacy services but do not provide or assist in providing this service to patients and the public (such as staff who provide or maintain pharmacy IT systems);
- c. roles within a pharmacy premises working exclusively in the sale of items other than medicines or medical devices but sold alongside the pharmacy business (such as cosmetics or food);
- d. students who are carrying out educational placements, work experience, traineeships or other tasks for educational purposes under appropriate supervision; and
- e. staff responsible for stocking shelves of general sales list (GSL) medicines.

4.5 To maintain a competent and empowered pharmacy team, it is vital that learning and development continues beyond initial education and training. Pharmacy Owners and Superintendents, working with pharmacy professionals, should:

- a. encourage and enable all staff, particularly those still in training, to reflect on their performance, knowledge and skills, and to identify learning and development needs; and
- b. support them in meeting those needs to enable them to carry out their role.

Staff should be empowered to use their judgement, make decisions where appropriate and be proactive in the interests of patients and the public.

4.6 To meet the standards under Premises Standards, Principle 5, we expect the Pharmacy Owner or Superintendent to ensure that:

- a. they understand the learning and development needs of their team and take appropriate steps to meet those needs, having decided whether they can make protected time available for learning and development;
- b. pharmacy staff work within the limits of their competence and refer to other, more appropriate, staff when they need to;
- c. everyone in the pharmacy team, with the help of other members of the team,

within the resources provided, keeps their knowledge and skills up to date;

- d. managers have the competence, skills and experience needed to carry out their role;
- e. essential elements of training are identified for each role within the team and these are actively reviewed and reassessed in response to changing needs and circumstances, and any changes are made in a timely manner;
- f. they can demonstrate that learning and development is taking or has taken place;
- g. individual and team development plans are in place to ensure that pharmacy staff are not carrying out roles for which they have not been trained; and
- h. they take a tailored approach to learning and development which is continued throughout individuals' employment to ensure that the knowledge and skills of pharmacy staff remain up to date.

Schedule 1: Example Training Courses for Unregistered Members of the Pharmacy Team

This section of the document does not form part of the formal consultation.

Careful consideration is being given to further guidance in respect of courses which Council may recommend or signpost as appropriate for non-registered support staff.

Baseline information has been gathered by a separate survey to Superintendents registered with the Pharmaceutical Society NI and work to provide appropriate assurance around any recommended list is continuing.

An example list of courses has been provided for **illustrative purposes only**.

EXAMPLE SCHEDULE

Unregistered support staff are a major and essential part of the pharmacy workforce in Northern Ireland. They do not have the responsibilities or accountability of registered pharmacy professionals but play a key role in supporting the work of pharmacy professionals in providing safe and effective pharmacy services. Each pharmacy team usually consists of registered pharmacy professionals (who must meet or are responsible for meeting our professional standards) and pharmacy support staff (who are not registered with us but are accountable to their employer for their performance in their role).

Unregistered pharmacy support staff work in a variety of roles in many different contexts including as dispensing assistants, medicines counter assistants, delivery drivers and pharmacy managers. They may work full-time, part-time or occasionally.

New roles are appearing in different sectors of pharmacy and the boundaries between different support staff roles are becoming more fluid. While support staff working in different settings which require different skills, they all contribute to the safe and effective supply of medicines to the public and are required to be competent and knowledgeable. This is why it is important that all pharmacy support staff have the appropriate education and training for their particular role.

Under Article 4B (2) The Pharmacy (1976 Order) (Amendment) Order (Northern Ireland) 2012, the Council of the Pharmaceutical Society NI may provide guidance to registered persons, employers and such other persons it considers appropriate in respect of the standards for the education, training, supervision and performance of persons who are not registered persons but who provide services in connection with those provided by registered persons.

EXAMPLE LIST

Title	Role	Course Type
Pharmacy Technician	<p>Working in the dispensary, handling and dispensing prescriptions (receiving, labelling, gathering, assembling including FMD and handing out dispensed prescriptions - note can only hand out those prescriptions deemed appropriate by the pharmacist), Stock management of dispensary stock, provides advice on GSL and P meds under supervision of the pharmacist. Other tasks within their level of competence (as delegated by the pharmacist e.g., coding of prescriptions).</p> <p>ACT Accuracy Checker, involved in all dispensing procedures bar clinical check</p>	<p>Technician (BIFHE) ACT</p> <p>BTEC Pharmacy technician</p> <p>ACPT assessment and accreditation</p> <p>Pharmacy Technician: BTEC level 3 diploma in pharmaceutical science & level 3 NVQ in Pharmacy Skills.</p>
Dispensary Assistant	Dispensary Assistant, Dispensing, Stock control.	<p>Dispensary Assistant: NVQL2 Pharmacy Services</p> <p>Bespoke internal training for Dispensing Assistant Course and SOPs</p> <p>Dispensary Assistants course (ADAC) and Combined medicines counter and dispensary assistant</p> <p>Healthcare Advisor - Healthcare Level 2 equivalent programme and Dispensing Programme – Dispensing Level 2 equivalent programme</p> <p>Pharmacy Assistant: BTEC level 2 in Principles and Practice for Pharmacy Support staff</p> <p>Pharmacy Stock Control course.</p>

Medicines Counter Assistant -	Receives prescriptions. Provides advice on non-prescribed medicines/products within their level of competence and under the supervision of the pharmacist. Receives and can hand out prescriptions (can only hand out those scripts not requiring intervention by the pharmacist). Stock management of non-prescribed medicines and/or devices. Engaging with GP practices and help sorting prescriptions at month end	Medicines Counter Assistants Course Customer assistant - Dispensing Support Pharmacy programme Bespoke internal training and SOPs
Collection and delivery driver	Collection and delivery driver - collects prescriptions from surgeries and delivers prescriptions to patients' homes (only those scripts the pharmacist has deemed appropriate to be delivered).	Collection and delivery driver - Delivering Medicines safely and effectively training Delivery Driver Course Bespoke internal training and SOPs