



**Frimley Health Sussex**  
NHS Foundation Trust



Hampshire and Isle of Wight

**This document is to be used for guidance only and will need to be amended to meet your organisations specific needs.**

# PCN PHARMACY TECHNICIAN

Competency Pack

<b>Approved by</b>	Sussex ICS Workforce Steering group
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<b>Version 1</b>	

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## Introduction

Pharmacy Technicians are professional, skilled, and essential members of the multidisciplinary team, who as registered professionals, are responsible and accountable for their own accurate and safe practice.

This competency pack aims to support pharmacy professionals working within GP practice roles to develop the skills required to deliver a high-quality service focussing on patient safety, clinical effectiveness, and patient experience. This pack provides core activities that demonstrate skills, behaviours and attitudes required for pharmacy technicians to meet the [national competencies for primary care pharmacy technicians](#). **All activities assume correct indemnity insurance is in place within the organisation.**

## Purpose and use of the competency pack

This pack is designed to support the safe practice and professionalism required to meet the variety of roles pharmacy technicians provide across primary care and is not limited to one area of practice. **This document is to be used for guidance only and will need to be amended to meet your organisations specific needs.**

This pack is to support development of primary care pharmacy technicians and demonstrate that competency requirements are being met.

This pack can be used by employers and mentors to guide and set expectations for individual's developments, it is not to be used to determine pay progression or to grade the pharmacy professional of their performance for the organisation.

When gathering evidence to prove competency, it is important that pharmacy technicians:

- Understand what each of the competencies is asking of them.
- Review any existing work that could demonstrate their competency.
- Identify whether the existing evidence is appropriate (e.g. if a pharmacy technician attends a study day to prepare to perform an intervention but has not practised the skill in a clinical setting, the certificate of attendance is not evidence of competency, and the pharmacy technician should consider making arrangements for supervised practice. If, however, the pharmacy technician has undergone training, has evidence of supervised practice and frequently provides such care, the evidence should be sufficient to demonstrate competency).
- Consider what may be needed in developing evidence of competency (e.g., soliciting feedback on practice).
- Think about using evidence that covers several competencies (e.g., one case study may demonstrate the knowledge and skills commensurate with more than one competency).

### Supports individual pharmacy technician by: (from RPS 2013)

- Facilitating continuing professional development.
- Helping individuals identify gaps in knowledge and skills and identify training and development needs.

- Demonstrating requirements for service delivery.

**Supports employers by:**

- Providing opportunities for individual employers in a geographical area to work collaboratively to deliver training for their staff.
- Providing support for the recruitment and induction process.

**Supporting education and training providers in:**

- Providing training linked to service provision.
- Providing the link between training and practice.

DRAFT

**Competency sign-off** This form should be signed and dated by both the pharmacy technician and the clinical supervisor once the pharmacy technician has successfully demonstrated through activities that they are competent in each domain. By signing, both parties are confirming that the pharmacy technician is capable and competent to work autonomously within these areas of work.

<b>National Competency Framework domains for Primary Care Pharmacy Technicians</b>		<b>Date competency met</b>	<b>Pharmacy Technician signature</b>	<b>Clinical Supervisor signature</b>
<b>Domain 1: Multidisciplinary Team Working</b>	A. Communicating effectively			
	B. Digital Literacy			
<b>Domain 2: Managing Medicines</b>	A. Patient records			
	B. Medication Supply processes			
	C. Safe and secure handling of medications			
	D. Medicines safety			
<b>Domain 3: Optimising medicines and personalised care</b>	A. Supporting Structured medication reviews			
	B. Polypharmacy and deprescribing			
	C. Clinical knowledge and its application			
	D. Effective consultations			
<b>Domain 4: Professional accountability and leadership</b>	A. Professional practice			
	B. Leadership			
	C. Effective problem solving and decision making.			

## Competency activities

Listed below are suggested activities and the competency domain(s) each one relates too. At the bottom of each column is a suggested number of times the activity should be undertaken before the pharmacy technician is deemed competent in that activity. The activities and suggested numbers are for guidance only and should be adjusted according to the individual's capabilities. Not all activities have to be undertaken if they are not pertinent to the pharmacy technician's role.

National Competency Framework domains for Primary Care Pharmacy Technicians		Activities					
		Actively participate in huddles and team meetings	Take part in multidisciplinary case reviews	Prepare and deliver educational session(s) for the practice team	Dealing with medication queries according to local policies and procedures	Support training and development of new team members and pharmacy trainees on placement	Understand how patient alerts (e.g. visually impaired, hard of hearing) and allergy status are generated and ensure accurate documentation.
<b>Domain 1: Multidisciplinary Team Working</b>	A. Communicating effectively						
	B. Digital Literacy						
<b>Domain 2: Managing Medicines</b>	A. Patient records						
	B. Medication Supply processes						
	C. Safe and secure handling of medications						
	D. Medicines safety						
<b>Domain 3: Optimising medicines and personalised care</b>	A. Supporting Structured medication reviews						
	B. Polypharmacy and deprescribing						
	C. Clinical knowledge and its application						
	D. Effective consultations						
<b>Domain 4: Professional accountability and leadership</b>	A. Professional practice						
	B. Leadership						
	C. Effective problem solving and decision making						
<b>Suggested assessment/evidence</b>		<a href="#">MSF</a>	<a href="#">CBD</a> , <a href="#">Reflective account</a> , <a href="#">Contribution to care log</a> , <a href="#">DOPS</a>	<a href="#">DOPS</a> , Peer review, <a href="#">MSF</a>	<a href="#">Reflective account</a> , <a href="#">Contribution to care log</a> , <a href="#">DOPS</a>	Documented feedback from trainee/new starter	Be able to understand SOP – Q&A
<b>Suggested numbers of times activity should be undertaken.</b>		5-10	5-10	2-5	20-25	2-5	2-5

		Activities					
		Update and maintain accurate patient records on the clinical system including advice given and action taken.	Access and obtain key information from clinical systems (e.g. clinic letters, discharge letters & laboratory results)	Identify missing information, discrepancies, and errors on repeat prescription requests, and resolve them according to local policies and procedures.	Align repeat medicines and synchronise quantities to ensure medicines wastage is reduced. Liaise with patients and local community pharmacies to understand, advise upon, and resolve medication supply issues.	Convert acute medicine requests into repeat medicines, where appropriate according to local policies and procedures.	Assist in the re-issuing of eRD prescriptions, including checking for monitoring requirements and reviews
<b>Domain 1: Multidisciplinary Team Working</b>	A. Communicating effectively						
	B. Digital Literacy						
<b>Domain 2: Managing Medicines</b>	A. Patient records						
	B. Medication Supply processes						
	C. Safe and secure handling of medications						
	D. Medicines safety						
<b>Domain 3: Optimising medicines and personalised care</b>	A. Supporting Structured medication reviews						
	B. Polypharmacy and deprescribing						
	C. Clinical knowledge and its application						
	D. Effective consultations						
<b>Domain 4: Professional accountability and leadership</b>	A. Professional practice						
	B. Leadership						
	C. Effective problem solving and decision making						
<b>Suggested assessment/evidence</b>		Review of documented notes, <a href="#">DOPS</a>	<a href="#">DOPS</a>	Log of issued requested medication according to local policy. <a href="#">DOPS</a>	<a href="#">DOPS</a>	<a href="#">DOPS</a>	Log of how many prescriptions are issued accurately
<b>Suggested numbers of times activity should be undertaken.</b>		20-25	10-15	10-15	15-20	10-15	15-20

		Activities					
		Undertake medicines reconciliation after point of discharge from hospital, liaising with hospital, community, and primary care colleagues to ensure correct medicines are continued. Completing effective medicines reconciliation at transfer of care and identifying any changes required.	Support medication reviews and medicines reconciliation for care home patients and synchronise medicines for patient transfers between care settings, linking in with local community pharmacies.	Identify and refer eligible patients for Structured Medication Reviews (SMRs) and complete any required SMR pre work.	Identify patients that are overdue required monitoring and request routine blood tests according to local clinical protocols	Resolve medication adherence issues (e.g., changing administration times, suggesting alternative delivery systems)	Counsel patients on how to use newly started medications safely and effectively
<b>Domain 1: Multidisciplinary Team Working</b>	A. Communicating effectively						
	B. Digital Literacy						
<b>Domain 2: Managing Medicines</b>	A. Patient records						
	B. Medication Supply processes						
	C. Safe and secure handling of medications						
	D. Medicines safety						
<b>Domain 3: Optimising medicines and personalised care</b>	A. Supporting Structured medication reviews						
	B. Polypharmacy and deprescribing						
	C. Clinical knowledge and its application						
	D. Effective consultations						
<b>Domain 4: Professional accountability and leadership</b>	A. Professional practice						
	B. Leadership						
	C. Effective problem solving and decision making						
<b>Suggested assessment/evidence</b>		<a href="#">CBD, DOPS, Reflective account, Contribution of care log</a>	<a href="#">CBD, DOPS, Accuracy log of patients reviewed, Contribution of care log</a>	<a href="#">CBD, DOPS, Completed SMR pre-work documentation</a>	Log of how many patients are correctly identified and actions taken, <a href="#">DOPS</a>	<a href="#">MRCF, E-learning assessment, Patient questionnaire</a>	<a href="#">E-learning assessment, MRCF, Patient questionnaire</a>
<b>Suggested numbers of times activity should be undertaken.</b>		25-30	20-25	20-25	20-25	15-20	15-20

		Activities					
		Support practice(s) with Public health campaigns (e.g. weight management & smoking cessation)	Undertake clinical assessments (e.g. blood pressure, blood glucose, respiratory & heart rate monitoring)	Report and record medication safety incidents and contribute to investigation and root cause analysis	Respond to Medicines and Healthcare Regulatory Agency (MHRA) alerts, set up searches to identify affected patients on the practice system and participate in actioning alerts	Support and ensure compliance with CQC standards for managing medicines in care homes and practice.	Participate in the development and updating of SOPs
<b>Domain 1: Multidisciplinary Team Working</b>	A. Communicating effectively						
	B. Digital Literacy						
<b>Domain 2: Managing Medicines</b>	A. Patient records						
	B. Medication Supply processes						
	C. Safe and secure handling of medications						
	D. Medicines safety						
<b>Domain 3: Optimising medicines and personalised care</b>	A. Supporting Structured medication reviews						
	B. Polypharmacy and deprescribing						
	C. Clinical knowledge and its application						
	D. Effective consultations						
<b>Domain 4: Professional accountability and leadership</b>	A. Professional practice						
	B. Leadership						
	C. Effective problem solving and decision making						
<b>Suggested assessment/evidence</b>		<a href="#">E-learning assessment, Quality improvement project, DOPS, Patient questionnaire</a>	<a href="#">E-learning, DOPS, Patient questionnaire</a>	Log of medicines safety incidents & outcomes, <a href="#">Reflective account, Contribution to care log</a>	Log of MHRA alert actioned & outcomes, <a href="#">DOPS</a>	Reflective account of instance(s) where medicines stored incorrectly/exp and how it was handled.	Write/review an SOP
<b>Suggested numbers of times activity should be undertaken.</b>		2-5	5-10	5-10	2-5	3-7	2-5

		Activities					
		Audit Shared care protocols to ensure they are in place and take appropriate action if they are not	Complete cost-effective / greener alternatives audit work	Create audits to monitor and manage patients on high-risk drugs.	Create audits to ensure effective antimicrobial stewardship	Monitor prescribing against formulary Take part in national and local incentive scheme projects	
<b>Domain 1: Multidisciplinary Team Working</b>	A. Communicating effectively						
	B. Digital Literacy						
<b>Domain 2: Managing Medicines</b>	A. Patient records						
	B. Medication Supply processes						
	C. Safe and secure handling of medications						
	D. Medicines safety						
<b>Domain 3: Optimising medicines and personalised care</b>	A. Supporting Structured medication reviews						
	B. Polypharmacy and deprescribing						
	C. Clinical knowledge and its application						
	D. Effective consultations						
<b>Domain 4: Professional accountability and leadership</b>	A. Professional practice						
	B. Leadership						
	C. Effective problem solving and decision making						
<b>Suggested assessment/evidence</b>		Log of patients with/without SCA in place including any actions taken	Presentation to peers on outcome, <a href="#">Quality improvement project</a>	<a href="#">Quality improvement project</a>	<a href="#">Quality improvement project</a>	Q&A on the formulary	
<b>Suggested numbers of times activity should be undertaken.</b>		10-15	2-5 audits	1-3	1-3	15-20	

## Assessment tools:

**Contribution to care log** - can be used to record a range of assessment activities - Watch this [short video](#) to find out more. (Please see appendix 1 for template.)

**Case based discussions (CBD)** - to record case-based discussions - Watch this [short video](#) to find out more. (Please see appendix 2 for template.)

**Reflective account** - for completing a reflective account on how learning outcomes are being met across one or more activities undertaken - Watch this [short video](#) to find out more. (Please see appendix 3 for template.)

**Medication related consultation framework (MRCF)** - to assess whether the trainee is an effective communicator - Watch this [short video](#) to find out more. (Please see appendix 4 for template.)

**Direct observation of practical skills (DOPS)** - to record direct observations of practice - Watch this [short video](#) to find out more. (Please see appendix 5 for template.)

**Quality improvement project** – written project report to demonstrate the ability to identify areas that impact patient safety, implement changes, measure changes, and evaluate impact.

**Accuracy logs** – to log multiple activities e.g. repeat requests, medication reviews and review of shared care protocols. (See appendix 6 for example log.)

**E-learning** – can be used to evidence knowledge. (Trainees can undertake assessments on knowledge by accessing training at, [CPPE - Centre for Pharmacy Postgraduate Education](#), and [elearning for healthcare](#).)

**Multi-source feedback** - multi-source feedback is used to gain feedback on a person's performance in their role and to assess their skills, including behaviours, team working and communication. Feedback is collected from colleagues and assessed to determine their progress.

**Patient satisfaction questionnaire** – used to gain feedback from patients' on the trainee's skills around empathy and relationship building.

## Assessment training for supervisors:

eLearning for healthcare (elfh):

Educator Training resources (ETR) NEW > 03 – Assessment and Progression > Pharmacy

- Pharmacy – Case Based Discussion (CBD)
- Pharmacy – Direct Observation of Practical Skills (DOPS)
- Pharmacy – MRCF (medicines Related Consultation Framework)

## Acknowledgements:

### Project members:

**Sarah Chapman:** Pharmacy Technician Lead, Berkshire Primary Care Ltd

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The following resources have been used to develop this competency pack:

APTUK. National Competency Framework for Primary Care Pharmacy Technicians. [National Competency Framework for Primary Care Pharmacy Technicians](#)

Health Education England. The Trainee Pharmacist Foundation Year – resources [E-portfolio and downloadable resources | Health Education England \(hee.nhs.uk\)](#)

## Appendix 1

### Contribution to care log

<b>Trainee:</b>	<b>Supervisor:</b>	<b>Date:</b>
<b>Intervention:</b>	<b>Outcome:</b>	
<b>Trainee's reflection on this intervention:</b>		
<b>Supervisor comments / review:</b>		
<b>Action plan / next steps if applicable:</b>		

## Appendix 2

### Case Based Discussion (CBD)

Title of CBD					Date	
Trainee					Supervisor	
					<b>Criterion prompts</b>	
<b>Please grade the following areas:</b>	<b>Below expectations</b>	<b>Meets expectations</b>	<b>Exceeds expectations</b>	<b>Not Applicable</b>	Meeting an expectation is based on professional experience and judgement and so will be subjective to each supervisor. The supervisor should explain their rationale for their decisions to the trainee. Not applicable should be used if there was no opportunity for the trainee to demonstrate the criteria in the presenting scenario.	
1. Pharmaceutical care					Can correctly identify the patients pharmaceutical care issues and prioritise them appropriately and was timely, and succinct. Considers interface issues and holistic care in relation to self-care and health promotion	
2. Treatment recommendations					Can discuss the treatment of the main medical problem – evidence-based treatment guidelines, drug therapy (mechanism of action of drugs, dosage range, key pharmacokinetic data, cautions, contra-indications, common side effects, major drug interactions, patient counselling points)	
3. Follow-up / monitoring					Can discuss the rationale for the monitoring of the patient’s pharmaceutical care. Can demonstrate practical on-going and appropriate monitoring of therapy (including observations, biochemistry, haematology) Can discuss and demonstrate how the care of this patient was managed in conjunction with the wider healthcare team	
4. Professionalism					Shows respect, compassion, empathy; establishes trust; respects confidentiality; behaves in an ethical manner; awareness of legal frameworks; awareness of limitations, time management.	
5. Overall clinical judgement					Can discuss own judgement, synthesise information, demonstrate care and effective action for this patient, and describe the impact they have made to the patient.	

Summary of case: (to include, date of patient intervention, clinical setting, patient type, focus of encounter and complexity of case)	
What went well?	Suggestions for development:
Agreed action (SMART: Specific, Measurable, Achievable, Realistic and Timely):	
Trainee reflection:	

Signature of supervisor:		Date	
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**Appendix 3**  
**Reflective account**

<b>Trainee:</b>	
<b>Supervisor:</b>	
<b>Date:</b>	
<b>Activity:</b>	
<i>Describe the situation / activity that you undertook.</i>	
<i>What have you learnt and what would you do differently?</i>	
<i>Supervisor comments:</i>	

## Appendix 4

### Medication Related Consultation Framework (MRCF)

<b>Activity</b>		<b>Date</b>	
<b>Trainee</b>		<b>Supervisor</b>	

How well did the trainee undertake the following activities when consulting with the patient?

<b>(A) Introduction</b>	P	Not applicable	Comments for introduction section
A.1 Introduces self			
A.2 Confirms patient's identity			
A.3 Discusses purpose and structure of the consultation			
A.4 Invites patient to discuss medication or health related issue			
A.5 Agrees a shared agenda			
Did the trainee build a therapeutic relationship with the patient?			Yes / Partially / No

<b>(B) Data collection and problem identification</b>	P	Not applicable	Comments for data collection and problem identification section
B.1 Obtains a full medication history/medication review, or other suitable task if applicable			
B.2 Assesses patient's understanding of the rationale for prescribed treatment			
B.3 Elicits patient's (lay) understanding of his/her illness			
B.4 Elicits concerns about treatment			
B.5 Explores social history			
B.6 Enquires if the patient misses dose(s) of treatment and how often (if applicable)			
B.7 Reasons for missed dose(s) (unintentional or intentional if applicable)			
B.8 Identifies and prioritises patient's pharmaceutical problems/needs			
Did the trainee identify the patient's pharmaceutical needs?			Yes / Partially / No

<b>(C) Actions and solutions</b>	P	Not applicable	Comments for actions and solutions section
C.1 Relates information to patient's illness and treatment beliefs (risk – benefit discussion)			
C.2 Works with the patient in reviewing/amending a management plan			
C.3 Checks the patient's understanding on how and when to take medication, length of treatment, and negotiates follow-up			
C.4 Checks patient's ability to follow plan (are any problems anticipated?)			
C.5 Refers appropriately to other healthcare professional(s) (if applicable)			
Did the trainee establish an acceptable management plan with the patient?			Yes / Partially / No

<b>(D) Closing</b>	P	Not applicable	Comments for closing section
D.1 Explains what to do if patient has difficulties to follow plan and whom to contact			
D.2 Provides further appointment or contact point			
D.3 Offers opportunity to ask further questions			
Did the trainee negotiate a 'safety netting' strategy with the patient?			Yes / Partially / No

<b>(E) Consultation behaviours</b>	P	Not applicable	Comments for consultation behaviours
E.1 Listens actively and allows patient to complete statements			
E.2 Uses open and closed questions appropriately			
E.3 Demonstrates empathy and supports patient			
E.4 Avoids or explains jargon			
E.5 Accepts patient (i.e. respects patient, is not judgemental or patronising)			
E.6 Adopts a structured and logical approach to the consultation			
E.7 Summarises information at appropriate time points			
E.8 Keeps consultation “on track” or regains “control” when necessary			
Did the trainee demonstrate any of these consultation behaviours?			Yes / Partially / No

<b>Overall Impression</b> Overall the trainee's ability to consult was... <i>(please circle)</i>	Below expectations	Meets expectations	Exceeds expectations
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Summary of case: (to include clinical setting, patient type, focus of encounter, new or follow-up, complexity of case)

What went well?	Suggestions for development:
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Agreed action (SMART: Specific, Measurable, Achievable, Realistic and Timely):

Trainee reflection:

Signature of supervisor:		Date	
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## Appendix 5

### DOPS (direct observation of practical skills)

<b>Activity</b>		<b>Date</b>	
<b>Trainee</b>		<b>Supervisor</b>	

<b>Please grade the following criteria:</b>	<b>Below expectations</b>	<b>Meets expectations</b>	<b>Exceeds expectations</b>	<b>Not Applicable</b>
1. Demonstrates understanding of potential risk(s) associated with activity				
2. Demonstrates appropriate preparation pre-activity				
3. Completes activity in a timely manner				
4. Demonstrates use of appropriate process				
5. Seeks help where appropriate				
6. Completes all aspects of task				
7. Communicates effectively with colleagues				
8. Documentation completed accurately and appropriately				
9. Consideration of patient/professionalism				
10. Adopts a logical and structured approach to work				
11. Overall ability to perform specified activity				

Summary of case: (to include, date of patient intervention, clinical setting, patient type, focus of encounter and complexity of case)	
What went well?	Suggestions for development:
Agreed action (SMART: Specific, Measurable, Achievable, Realistic and Timely):	
Trainee reflection:	

Signature of supervisor:		Date	
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## Appendix 6

	Medication Reviewed	Actions taken	Supervisor sign off
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			