

# How to keep assistants in their jobs

From next year, minimum training requirements for pharmacy assistants come into force. The transitional arrangements for existing pharmacy assistants are published this week. **Clare Bellingham** describes the action pharmacists need to take

**R**egulation of pharmacy assistants is a hot topic this week, with the publication by the Royal Pharmaceutical Society of new arrangements for existing assistants. Known as the "grandparent clause", they allow existing pharmacy assistants to continue working without taking new qualifications, providing a supervising pharmacist signs a declaration to say that the assistant is competent. The arrangements are published in full in a pull-out centre document in this *Journal*.

From 1 January 2005, a minimum competence training requirement comes into force so that pharmacy assistants (described in the Panel below) have to hold a Pharmacy Services Scottish/National Vocational Qualification (S/NVQ) level 2 qualification or an equivalent, or be undertaking training towards this. This brings the requirements for pharmacy assistants in line with those for medicines counter assistants, who have had to undertake an accredited training programme since 1996.

## Exempting clause: what it means

What the grandparent clause does is allow existing pharmacy assistants to be exempt from the need to carry out the S/NVQ level 2 training. Exemptions are on one of two grounds: either the assistant has previously completed an equivalent course or he or she has relevant work experience. In both cases, a supervising pharmacist has to declare that the assistant is competent.

Sue Kilby, the Society's head of practice, explains: "The Society is introducing the grandparent clause because it recognises that existing staff may already be competent in the duties they perform through previous training or relevant work experience. The grandparent clause thus allows for the recognition of existing staff's competence in their current roles and enables them to continue working

from January 2005 onwards without the need to obtain a new qualification."

Competency is assessed in 11 different areas or "units", although not all of these units will apply to every assistant. Assistants will only be assessed on the basis of the roles that their job involves. For example, one of the competency units involves preparation of aseptic products: this is unlikely to be a role that any community pharmacy-based assistants carry out but will be much more common among their hospital-based colleagues.

"Relevant work experience is a term that applies to staff who are deemed to be competent by the supervising pharmacist through work experience in those activities," explains Ms Kilby. She adds that the support guide should help supervising pharmacists make a decision as to whether or not an assistant can satisfactorily be declared competent.

The arrangements were welcomed by the National Pharmaceutical Association. "The NPA applauds the standardisation of training for such an important category of staff," says Lesley Johnson, head of education and training at the NPA. "This will help to bring all pharmacy assistants up to a good standard."

Assistants, too, are happy. Jean White, pharmacy assistant, Vintage Pharmacy in Higham, Norfolk, says that the arrangements are a good idea. "Most of us have already got a certificate on sales of medicines, and much knowledge and experience," she says. Pharmacy assistants can work competently, so long as there is a pharmacist available in the background, she comments. "However, we are always willing to learn more." Jane Iago, pharmacy assistant at Teville Gate Pharmacy, Worthing, is also in favour of the arrangement: "It is a good idea, but assistants do need to continue to keep up to date with developments in the pharmaceutical world."

## What happens next

Ms Johnson warns: "It will be a huge task for pharmacists. They will have to fill in a form for every assistant."

The first step for pharmacists is to assess the qualifications and work experience of their staff, and to identify which of their assistants are affected by the new regulations. Next, they will have to decide whether or not to complete the declaration of competence (included in the pull-out document) for these assistants. One copy of the form should be retained by the pharmacist, one by the assistant and one sent to the Society.

Is this the first step towards the Society registering assistants? Ms Kilby comments: "Registration is only necessary at this time for pharmacy technicians. This is because dispensing/pharmacy assistants and medicines



Assistants face new regulation

counter assistants either work under the direct supervision of a pharmacist or, in the future, under a registered pharmacy technician. Dispensing/pharmacy assistants and medicines counter assistants can be regulated adequately by minimum training standards allied to written standard operating procedures."

The forms have to be filled in and returned to the Society by 31 December 2004. But Ms Johnson stresses that it is important not to leave the work until just before the December deadline. It is worth waiting until next week, however, when *The Journal* will publish further guidance and some answers to frequently asked questions about the arrangements from the Society.

## Potential problems

What happens to assistants who have been declared competent but want to move jobs? According to Ms Kilby, they would be exempt from having to undertake further training only in the units in which they had been declared competent. For new roles, top-up training would be needed: the declaration of competence cannot be updated.

A problem might arise if an assistant, having been declared competent by one pharmacist, makes an error while working for another pharmacist. Who is responsible? Ms Kilby explains that responsibility lies with the new employer. "If the new employer thought that the assistant was not fully competent in an area where the assistant had previously been declared as being competent, then the onus would be on the new employer to use his or her professional judgement and take suitable steps in consultation with the employee to decide what further training might be required."

It might take some time to solve the teething problems but the regulation of pharmacy assistants can only be a good thing for pharmacy and the public.

## Whom does it apply to?

The grandparent clause applies to pharmacy assistants, and not to medicines counter assistants or pharmacy technicians. The term "pharmacy assistant", written in the Society's document as "dispensing/pharmacy assistants", includes dispensing assistants in community pharmacy and assistant technical officers in the hospital setting. Roles that pharmacy assistants might carry out include selling over-the-counter medicines, taking in and giving out prescriptions, assembling prescribed items, ordering and sorting pharmaceutical stock and manufacturing medicinal products.