Principles for Accreditation of Pharmacy Courses leading to registration and annotation in Great Britain

RPS response to the consultation

The RPS has a number of comments on the Principles for Accreditation of Pharmacy Courses leading to registration and annotation in Great Britain, which we request the GPhC to take into consideration.

Question 1: Do you agree that a practice/placement visit will strengthen our ability to report on the quality of provision?

The placement visit will enhance the ability of the GPhC to more accurately report on the quality of provision by individual schools. However, it is unclear how these visits will change or impact on the actual ‘outcomes’ of provision i.e. what is the expected advantage of a practice visit, in addition to the pre-visit, main visit and revisit after 6 years? In addition it is not clear what the GPhC would do if they found a problem during a practice/placement visit? For example would the GPhC have the authority to rescind accreditation of the School as a result?

Previous systems of ‘quality checking’ have included a visit to the School by the MPharm external examiner who has responsibility for the professional aspects of the course and who has to be a registered pharmacist. The RPS would recommend further clarification around the purpose of the visit and the role of the examiner. As part of their role this examiner has to attend a pharmacy practice class each year to check quality as part of the RPSGB accreditation process. Consequently instead of the GPhC conducting a mid-term practice visit, they could use the same system to monitor the teaching of practice in the various Schools by requiring a formal yearly report by the external examiner.

We are also concerned that with the increasing number of pharmacy degree courses, would a 6 year and an intermediate 3 year visit be viable for the GPhC to undertake, without impacting on the quality of assessors, and the cost of accreditation.

In addition there also needs to be some clarity around the terms ‘practice’ (is this pharmacy practice, clinical practice, etc) and ‘placement’ (are on-campus placements considered?) The role of the practice/placement visit(s) needs to be clarified in terms of its purpose and whether this is a visit to undergraduate (MPharm) placements or placements associated with year 5 of a combined MPharm programme or the pre-registration year. The RPS recommends this be developed in light of the
Modernising Pharmacy Careers Programme. We also recommend further clarification around the purpose of the visit so that it is clear whether the visit is to be part of the accreditation process for the 4 year degree we are unclear why placements have been singled out as the area that requires special attention as opposed to science teaching. In the current climate and with the current 4 year degree this seems an unnecessary expense. However, if the visit is for the pre-registration training it appears to be duplication of the visits that are already made to approve premises for pre-registration training in Scotland.

We therefore recommend that the GPhC:
- Clarify how the outcomes of the visits are expected to impact on the outcomes of quality provision.
- Give reassurance that the increased visits will not impact on the quality of assessors and costs.
- Clarify the terminology implications for practice and placements.
- Clarify whether this is a visit to undergraduate placements or placements associated with year 5 of a combined MPharm and pre-registration year.
- Make reference to the work of the Modernising Pharmacy Careers programme to ensure such developments are future proofed.

Question 2: Do you agree that the accreditation cycle can be extended from five years to six because of the additional practice/placement visit?

The RPS welcomes a review on the quality of pharmacy education that encompasses a review of the outcomes of teaching and assessment of science as well as pharmacy practice.

The RPS believes that the systems in place in the university system are robust and would support a six year accreditation cycle with the annual report to the GPhC of changes to the course and a yearly formal report from the external examiner responsible for the professional aspects of the course. We do not believe a move to extend the cycle is justified by the addition of the practice visit alone. There is also some concern that the new methodology actually describes a three-year cycle of accreditation, as reaccreditation after the practice/placement visit, will be subject to the outcomes of the visit. The GPhC needs to provide greater clarity around what the practice/placement visit will entail and how the outcomes will be utilised. Furthermore, there needs to be some reassurance that the accreditation status of an institution will only be in question should there be a serious departure from the situation or medium-term plans at the time of the main exercise. The practice/placement visit does need to be ‘light touch’, and not transmogrify into a de-facto second full accreditation visit with time.

We therefore recommend that the GPhC:
- Provide assurance that the increase of 1 year is not due to the additional practice/placement visit.
- Provide greater clarity around what the practice visit will entail and how the outcomes will be utilised.
• Provide reassurance that the accreditation status of an institution will only be in question, should there be a serious departure from the situation or medium-term plans at the time of the main exercise.
• Recommend that the professional external examiner makes a yearly formal report instead
• Provide assurance that the practice visit will not, over time, become a secondary accreditation visit.

**Question 3: Do you agree that we should include a requirement for a written student evaluation to the documents required for an accreditation submission?**

We support the principle of written student evaluation as supporting an accreditation submission. However that are a number of issues, which we request the GPhC to take into consideration.

Importantly it appears that the student body who are to conduct the review. If so, a written student evaluation for the GPhC may require a large amount of effort from the pharmacy students, both in terms of their training and in opinion- and evidence-gathering, and authoring and editing documentation. Especially as these students will be in full time study.

Further we do not feel that an undergraduate student is always best placed to comment on a ‘whole’ course, having only completed part of it, at the time of evaluation. It would be beneficial to request recent graduates to give feed back on the degree course, as they would be ideally placed to review and evaluate the course in its entirety, which is what accreditation is based on.

There is a potential for the evaluation to reflect the views of a few individuals or a certain type of student.

We note that the GPhC ‘will train students fully in writing such documents’ but would recommend further clarity around what this constitutes and how this will be actioned in practice, without proving burdensome to the students, perhaps referring to the established systems in place such as staff committees.

We therefore recommend that the GPhC:

• Change the evaluation criteria, such that evaluation is carried out by, or includes, post-graduate students, how have completed the course in it’s entirety, so as to give a balanced, overview of the course.
• Clarify the training that students will undertake.
• Provide assurance that the actual workload the evaluation will constitute does not prove burdensome or too time consuming for full time pharmacy or post-graduate students.

**Question 4: Do you agree that the new methodology should have assurance and enhancement elements?**

We believe that it is the role of the RPS, the QAA and individual schools of pharmacy to take the lead with respect to ‘enhancement’ so as to allow for further development of the pharmacy profession. It
is expected that the role of the regulator is predominantly to assure that appropriate and current standards are met and practiced.

**Question 5: Does the proposed methodology address the requirement to report on the ‘nature, content and quality’ of provision?**

We believe that there is potential for the methodology to address the above requirements. However, as nearly review of the methodology and relevant standards would be recommended after the first full cycle has been completed.

**Question 6: Given the GPhC’s legal reporting requirements (about the ‘nature, content and quality’ of a [sic] courses), do you think the accreditation methodology is proportionate?**

It is difficult to assess proportionality without any preliminary data as how this will work in practice. As discussed in answer (1) above, there are some concerns around the practice visit and how this will benefit the accreditation cycle overall. There is also some concern that increased visits from the GPhC and more demanding data returns each year may increase the resources that schools will need to input into the accreditation process, and subsequently impact on their provision of the best quality pharmacy education.

We recommend therefore that an early review of the methodology takes place as soon as feasible, so as to assess proportionality and the impact this system will have on schools.