ROYAL PHARMACEUTICAL SOCIETY

Response to the General Pharmaceutical Consultation on the initial education and training standards for pharmacists

Section 1: Learning Outcomes

1. Considering the full set of learning outcomes in Part 1 of these draft initial education and training standards, to what extent do you agree or disagree that these are appropriate learning outcomes for a pharmacist? (Please click on one box to respond).

Strongly agree	☐
Tend to agree	☒
Neither agree nor disagree	☐
Tend to disagree	☐
Strongly disagree	☐
Don't know	☐

Comments:

We agree that the majority of student pharmacists will end up in person-centred practice and that maintaining science learning outcomes is important as they underpin clinical decision making. Similarly, person-centred and clinical skills orientated outcomes are important for those embarking on careers (particularly scientific ones) outside of the health service. We hope to continue to see newly registered pharmacists equipped to enter clinical and non-clinical careers in e.g. academia and industry

2. Is there anything in the learning outcomes that is missing or should be changed? (Please click on one box to respond).

Yes	☒
No	☐
Don't know	☐

Comments:

The learning outcomes are generally at an appropriate overarching level – to ensure consistency and quality the proposed evidence framework will need to provide further guidance on what knowledge, skills, behaviours and professional attributes are required to achieve the learning outcomes. Also consider using similar language and terminology of other professions (such as nursing and medicine) because of inter-professional learning and participation in the multidisciplinary team. To aid interpretation and understanding learning outcomes should generally cover one point and the verb used match the level of competence.

We recommend providing information within the Evidence Framework about the supervision required for each level of 'Miller's Triangle' that would support supervisors' decision making to allow student pharmacists practice to their level of competence. This

needs to be based on a robust assessment of competence and support students in knowing when they have moved from 'show's how' to does for example.

The word understanding in the context of a learning outcome is not always useful or clear. The decision making process for assigning level of learning outcome needs explaining – perhaps this could be inserted in the Evidence Framework e.g. under professional knowledge and skills learning outcomes 3.3 – 3.5 that are science related are set at 'shows how' whereas more clinically orientated learning outcomes later in the domain are set at 'does'.

It would also be helpful to weight which learning outcomes should mainly be addressed in practice – this is important from a safety perspective. Furthermore, we agree that safety underpins all the learning outcomes and standards. There needs to be an explanation of how this is achieved within the proposed Evidence Framework – both for delivering safe practitioners and ensuring the public use medicines safely. Safety needs to be more overt as it is in the General Medical Council and Nursing and Midwifery Council Standards for Education.

There also needs to be a connection between the domains and post-registration frameworks. Students, pharmacists, education providers, employers and commissioners would then be able to see and plan a continuum of learning and professional development. This is best achieved by all stages of learning and professional development (initial education through to advanced level practice) having the same domains so capability can be mapped across a career pathway.

3. Which of the following areas require additions and/or amendments? (Please click on the boxes of all those that apply)

Person-centred care	☒
Professionalism	☐
Professional knowledge and skills	☒
Collaboration	☒
Other	☐

4. Please give a brief description of the additions and/or amendments you have identified (if possible, please give the reference number of the learning outcomes).

Under person-centred care supporting information should address equal parity between mental and physical health. Learning outcome 1.5 'Adapt their approach and communication style to meet the needs of each person' – the Evidence Framework should provide more detail taking into account health literacy, including written and verbal communication. It may not be possible for a student pharmacist to achieve 'does' with safeguarding (learning outcome 1.7) but they should be able to 'shows how'.

Under professional knowledge and skills, more about information within the Evidence Framework about how science underpins the role of the pharmacist and good clinical decision making would be useful.

Learning outcome on infection control (2.13) should be set at 'does'. Emergencies are not an everyday occurrence (which is stated in the definition of does) so learning outcome 3.23 could be set at 'shows how'.

Under collaboration, a learning outcome about being able to define the roles and responsibilities of other members of the multidisciplinary team would be helpful. There is evidence from the Kings Fund that integration into MDTs is more effective once other team members' roles and responsibilities are known.

Learning outcomes 3.18 and 3.19 would benefit from more supporting information in the Evidence Framework particularly about digital capabilities and literacy. Technology also underpins many other learning outcomes:

- Domain 1 - *Person-Centred Care* (for example, care records, adherence and monitoring apps and tools, electronic prescribing (EP) with advanced decision support).
- Domain 2 - *Professionalism* - in particular, evaluating guidance (for example, decision support and guidance links in EP and Electronic Health Records (EHR))
- Domain 3 - *Professional Knowledge & Skills* - and not just 3.18, but also, for example, 3.17 - legality, appropriateness and accuracy of records (e.g. with decision support and design of EP and EHR, also electronic discharge and web-based community pharmacy referral systems)
- Domain 4 - *Collaboration* -for e.g. referral systems and shared care records)

Learning outcome 3.3 should include how medicines, devices, Apps and diagnostics are regulated and funded. Linked to this learning outcome the context of introduction of new products, demonstrate underpinning knowledge of regulatory affairs, including product licensing, NICE and the control of advertising.

Learning outcome 3.5 should cover quality standards that relate to the supply of medicines as well as related roles and responsibilities e.g. Qualified Person or Responsible Person.

A learning outcome about the healthcare system and how the different systems link would be useful. This is important as part of integrated care and the transfer of care.

A basic knowledge of health economics including clinical and cost-effectiveness measures is needed (this may relate to learning outcome 3.9).

There is no explicit mention of polypharmacy or the ability to review a person's medicines (though this could be provided as supporting information for learning outcome 3.9).

A learning outcome that ensures collaboration from within the pharmacy team as well as others would be useful. Collaboration is also required with patients with respect to shared decision making and co-producing services though this could be cross referenced with the person-centred care domain.

Under learning outcome 4.4, leadership skills should be demonstrated beyond the multi-disciplinary team (they are needed in other situations too).

Achieving the right learning culture in pharmacy will require an ethos of all pharmacists being a trainer/teacher. A learning outcome reflecting this would be useful – perhaps as part of learning outcome 4.5.

The Evidence Framework should make reference to how the initial education and training learning outcomes can be developed further in foundation level practice and beyond.

Section 2: Standards for course providers

5. Considering the full set of standards and criteria in Part 2, to what extent do you agree or disagree that these are appropriate for the initial education and training of pharmacists? (Please click on one box to respond).

Strongly agree	☐
Tend to agree	☒
Neither agree nor disagree	☐
Tend to disagree	☐
Strongly disagree	☐
Don't know	☐

Comments:

There is some overlap with the Office for Students Teaching Excellence Framework and as this is being implemented some thought should be given to reducing the burden of bureaucracy on education providers.

It is not clear how accreditation processes will address current issues of high percentage of students not achieving the required A-level grades and the 20% failure rate in the registration assessment. On the one hand we have grade inflation in degrees but assessment deflation at the end of the programme. This sends out a conflicting message for students interested in studying pharmacy and may mean they look at other professions instead. There is an increased number of medical school places being offered and this makes it competitive for pharmacy as a profession to attract high calibre students – especially as the content of initial education and training is increasingly similar. This may mean prospective students choose medicine instead and they may also be influenced by the loss of a pre-reg salary.

6. Is there anything in the standards or criteria that is missing or should be changed?

Yes	☐
No	☒
Don't know	☐

Comments:

Under curriculum design and delivery, we agree with limiting the use of condonation etc. We would also suggest that pass marks should reflect a high standard and be above some other courses. It should be made clear to student pharmacists from the outset that registration as a pharmacist is dependent on a visible set of milestones.

7. Which of the following areas require additions and/or amendments?

(Please click on the boxes of all those that apply)

Domain 1 – Selection and admission	☐
Domain 2 – Equality, diversity and fairness	☐
Domain 3 – Resources and capacity	☐
Domain 4 – Managing, developing and evaluating initial education and training	☐
Domain 5 – Curriculum design and delivery	☐
Domain 6 – Assessment	☒
Domain 7 – Support and development for student pharmacists and people delivering initial education and training	☒
Domain 8 – Learning in practice	☒
Domain 9 – Learning in practice supervision	☐

8. Please give a brief description of the additions and/or amendments you have identified.

Assessments relevance to the level of competence to be achieved and the range of assessment approaches adopted could be further explained in the Evidence Framework. This ensures that education providers and student pharmacists are clear about what will happen when.

The right learning culture needs to be in place. If this is poor it makes it very difficult to provide adequate support for students and people delivering education or supervising in practice. There are current areas of good practice in delivering quality assurance, quality management and quality control and these need to be recognised, maintained and shared to improve consistency.

Supporting information should provide information and opportunities for learning in practice beyond the traditional settings and how this is supervised. For instance, gene therapies and other biologicals may fall partly or totally under the remit of blood transfusion units in the hospital sector.

Section 3: Integrating the five years of initial education and training

9. Do you agree or disagree that GPhC should set standards for the five years of education and training? (Please click on one box to respond).

Agree	☒
Disagree	☐
Don't know	☐

10. Please explain your response:

Closer integration of academic study and learning in practice is important and should ultimately deliver pharmacists who are high quality, safe, accessible, acceptable to the public and in the right place. Integration needs to be applied in all senses of the word. However we are concerned that calling on stakeholders to work together constructively on one set of standards and learning outcomes may have limited impact due to current funding pressures in the healthcare and education systems. Roles and responsibilities of stakeholders needs tighter definition and greater links made to other GPhC standards such as those for pharmacy professionals and premises.

New models of education such as degree level apprenticeships for pharmacy need consideration within these proposals – especially as they may not be designed over a 5-year period as they involve

part-time study. Adjustment of the timing of the learning outcomes and learning in practice may be required.

There are risks to the future supply of the pharmacy workforce if these proposals are implemented prior to funding being identified and secured. In addition the funding model will affect how courses are designed, delivered and quality assured. Therefore the importance of funding cannot be overstated. Similarly, the infrastructure required to manage learning in practice in a truly integrated way whilst ensuring high quality placements is considerable and requires substantial investment otherwise the aspirations of these proposals will not be achieved. There is also a risk that graduates are not fit for practice compared to those who have currently undertaken pre-registration training in quality assured training placements. As previously stated, there needs to be a continuum of academic learning and professional development and the interface described with foundation learning. The proposals state that MPharm graduates will not enter the register as independent prescribers but there are also other areas that are more effectively dealt with post-registration.

Section 4: Admission requirements

11. Do you agree or disagree with the proposal to require schools of pharmacy to assess the values of prospective students as part of their admission procedures? (Please click on one box to respond).

Agree	☒
Disagree	☐
Don't know	☐

12. Please explain your response:

It is right to want the right people, with the right values entering the profession from the outset. The lessons learned from recent failings in care within the health and care system also support this. As well as the correct values, individuals should be able to attain the required knowledge and skills. An increasingly important attribute is assertiveness. This relates to the ability to raise concerns. Values based selection should ideally be evidence based with the requisite attributes clearly prioritised based on published literature. In addition there should be clarity about which attributes are necessary at the point of admission versus those which will be developed over the course of initial education and training, There is a risk that all attributes required of a registered pharmacist are assessed at admission which is not appropriate, logistically feasible or affordable.

As students arrange places very quickly the practicalities of interviewing during clearing are challenging though digital technology may support this (see response to question 13/14).

13. Do you agree or disagree with the proposal to make a face-to-face element mandatory in schools of pharmacy admission procedures? (Please click on one box to respond).

Agree	☒
Disagree	☐
Don't know	☐

14. Please explain your response:

With the rapid development and appropriate utilisation of digital technology, in future, virtual methods may be an effective approach for selecting prospective pharmacists. There is emerging research in this field.

Employers, public and early careers pharmacists must be involved.

15. In order to achieve this, should GPhC be more prescriptive about academic admission requirements? (Please click on one box to respond).

Agree	☐
Disagree	☐
Don't know	☒

16. Please explain your response:

We do not support unconditional offers or think that setting rigid A-Level grades (or equivalent) is the right way to approach selection. This is at odds with widening participation and it is better to select for academic ability and professional values (though it should be recognised that for those students who are 18, these may still be forming). The Evidence Framework should describe a continuous quality improvement approach to addressing these issues. Plans should be put in place to support those who may not have achieved the advertised A-Level grades (but who possess the right professional values). Performance against these plans needs to be monitored and close collaboration between universities, work places and commissioners with agreed actions for each (as part of an improvement plan) to address areas of improvement year-on-year is a better approach than prescriptive A-Level targets.

The GPhC should publish data about the correlations between A-Level grades (or equivalent) and registration assessment pass rates so that students are able to make informed choices. Data about what a university's advertised academic entry requirements, what the actual grades were for each cohort and what were the subsequent attrition and registration assessment pass rates. This will allow students to understand how they measure up and what they need to prepare for. Transparency is fundamental given the investment students are making.

17. To what extent do you agree or disagree that the admission requirements can be measured effectively? (Please click on one box to respond).

Strongly agree	☐
Tend to agree	☒
Neither agree nor disagree	☐
Tend to disagree	☐
Strongly disagree	☐
Don't know	☐

18. Please explain your response:

Further work is needed to understand the required professional attributes at the point of entry to MPharm programmes.

Section 5: Experiential learning and inter-professional learning

19. Do you agree or disagree with the proposals in regard to:

Experiential learning (practical learning)? (Please click on one box to respond).

Agree	☒
Disagree	☐
Don't know	☐

Inter-professional learning? (Please click on one box to respond).

Agree	☒
Disagree	☐
Don't know	☐

20. Please explain your response:

These both require collaborative working and funding – the latter of which is currently in short supply. There is currently no explicit increase in experiential learning that is defined in the proposals (compared to current arrangements). There is a risk that some education providers could deliver a 4-year MPharm + 52 weeks of learning in practice and very limited placements in years 1 to 4. Providing 1 or 2 days of placements in years 1-4 of the MPharm would meet the proposed standards but are unlikely to achieve a meaningful experience of practice or achieve the step change in pharmacy education that this consultation aspires to achieve.

Section 6: Learning in practice supervision

21. Do you agree or disagree with the proposal to replace the current four tutor signoffs with a minimum of six regular progress meetings between tutors and student pharmacists? (Please click on one box to respond).

Agree	☒
Disagree	☐
Don't know	☐

22. Please explain your response:

This seems a sensible approach. However, it is the quality of meetings that is also important and this is dependent on the skills of the Tutor/Learning in Practice Supervisor. Stronger standards and guidance are needed in this area. The GPhC should consider a robust credentialing process and curriculum for Learning in Practice Supervisors.

23. Do you agree or disagree with the proposal to replace the current pre-registration performance standards with the learning outcomes stated in Part 1 of the revised standards? (Please click on one box to respond).

Agree	☒
Disagree	☐
Don't know	☐

24. Please explain your response:

The pre-reg performance standards are out of date. It is vital to provide further guidance about the learning outcomes – there is a risk that they will not be adequately assessed or over-assessed. We do not agree with the term 'Learning in Practice Supervisor'. This undervalues the role and does not clearly or adequately articulate the required checks and balances between training and assessment. Titles used by other professions should be considered as this supports inter-professional learning and supervision e.g. Education Supervisor. Any title used needs to avoid confusion with other supervisors who while important are not undertaking an oversight or signing-off role. We support supervisors from other professions being involved with the initial education and training of student pharmacists – this supports inter-professional learning as well. However they need to provide supervision of the required standard and it would be helpful to define this. Supervisors other than health or social professionals will be appropriate in some circumstances in day-to-day supervision (rather than sign-off) e.g. some Qualified Persons who are not registered pharmacists would be, assuming appropriate training and competence, effective supervisors.

Section 7: Impact of the standards

25. Do you think our proposals will have a negative impact on certain individuals or groups who share any of the protected characteristics?

This is difficult to assess but we believe that the impact will be neutral.

26. Do you think our proposals will have a positive impact on certain individuals or groups who share any of the protected characteristics?

See above.

27. Do you think any of the proposed changes will impact – positively or negatively – on any other individuals or groups? For example, student pharmacists, patients and the public, schools of pharmacy, learning in practice providers, pharmacy staff, employers?

Agree	☒
Disagree	☐
Don't know	☐

These proposals are going to be extremely challenging to implement without additional funding and resource. Currently progress towards an integrated degree is at different stages across Great Britain. Scotland is planning implementation (NHS Education for Scotland and the two Scottish Schools of Pharmacy) and Wales has been discussing this as part of its Modernising Pharmacy Careers Programme. The recommendations made in 2011 of the Modernising Pharmacy Careers Programme: 'Review of pharmacist undergraduate education and pre-registration training and proposals for reform' have not been fully implemented in England. Without investment there is a danger that the status quo continues. Greater detail is required about possible models of delivery, how the right level of clinical exposure will be achieved, how student finances will work and other logistical challenges as well as work place/employer pressures of supervising students. The delivery of effective quality management/quality control (outside of the GPHC accreditation of MPharm programmes process) requires further guidance as does funding, infrastructure, learning from other models, delivering initial education and training in new sectors.

It is also important to consider how initial education and training links to Foundation (early careers) training. This needs careful consideration to address continuation, progression and seamless

workforce development or the potential impact is that the goal of a safe, capable, flexible and adaptable workforce is not achieved.

True partnership and collaboration between universities, employers and commissioners may be hard to achieve as the proposals state that the university is ultimately responsible for the whole 5 years of initial education and training. This could lead to 'tick box' collaboration (due to lack of funding and resources) rather than true partnerships. Defining responsibilities of organisations involved in IET upfront is a better starting point for collaboration. The associated cultural changes such as creating a truly integrated positive learning culture will take many years to achieve. Service demands have always trumped learning time in the past and this is unlikely to change. In many instances the reality for pre-reg trainee pharmacists currently is that they operate in a service role akin to pharmacy technicians rather than being a student pharmacist.

A national approach to co-ordinating learning in practice placements would be sensible. Employers have expressed a preference to have students on placement from across the UK. If this is left to negotiations at a local level the situation could be difficult to manage. Employers offering learning in practice placements should be able to attract student pharmacists from universities beyond their locality so they have a wider pool to choose from. This encourages healthy competition and hopefully drives up quality whilst maintaining workforce supply. This needs to operate in a fair and consistent manner with nationally recognised requirements (which RPS can help develop).