PhSC
Pharmacy Schools Council

GPhC IET Standards consultation 2019- PhSC response

Submitted on behalf of the Pharmacy Schools Council, this document has included consultation with all 31 UK Schools of Pharmacy. We recognise that individual schools also have submitted their own responses, and value the diversity of opinion within the group. All schools have a shared aim to deliver high quality education and training for pharmacists.

Section 1: Learning outcomes

As part of this revision of the initial education and training standards for pharmacists, we have developed a set of learning outcomes which should describe the right knowledge, skills and attributes of a pharmacist.

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

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- **Tend to disagree**
- Strongly disagree
- Don't know

2. Is there anything in the learning outcomes that is missing or should be changed?

- **Yes**
- No
- Don't know

3. Which of the following areas need additions and/or amendments? (Please tick all that apply)

- **Person-centred care**
- **Professionalism**
- **Professional knowledge and skills**
- **Collaboration**
- Other (please say below which other area or areas you mean)

4. Please give a brief description of the additions and/or amendments you think are needed (if possible, please give the reference numbers of the learning outcomes).

A key question to answer when approaching the proposed learning outcomes is 'what are we seeking to improve against?'. The lack of a benchmark makes it difficult to assess the success or otherwise of the current standards, and thus predict the success of future iterations. This situation is further complicated by the fact that we currently only have only a few cohorts of students in the profession educated under the current standards.

An additional question is why all quality assurance measures are being seemingly transferred onto individual Schools of Pharmacy and not harmonised with changes already made by the GPhC in this area. In the interests of patient safety and to reduce costs and unnecessary duplication it would be more efficient for there to be a single, overarching authority which would set and monitor standards, quality assure as well as manage and facilitate the experiential placement training.

Furthermore, a better understanding is needed of the role played by pharmacists in the multidisciplinary team. This will help inform the new standards of the unique skills required by pharmacists. Finally, we feel that it is important to highlight a broader point around communication. This is where the science underpinning the MPharm is so significant, as we believe communication skills are fundamentally supported by a strong knowledge set. It is our view that you cannot be considered a good communicator without the necessary scientific expertise. Concern has also been raised by schools that the entire science component fits into one outcome. As it is such a diverse and multifaceted element of the pharmacy course, PhSC would urge reconsideration here to ensure adequate detail is achieved.

Section 2: Standards for providers

As part of this revision of the initial education and training standards for pharmacists, we have produced a set of standards for providers, which are explained in Part 2. The standards describe the requirements for programmes delivering the learning outcomes in Part 1.

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?

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- **Tend to disagree**
- Strongly disagree
- Don't know

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

- **Yes**
- No
- Don't know

7. Which of the following areas need additions and/or amendments? (Please tick all 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 (preregistration)
- Domain 9 – Learning in practice (preregistration) supervision

Please give a brief description of the additions and/or amendments you think are needed.

Domain 1 – Selection and admission
Our reasoning behind including this is explained further in section 4.

Domain 3 – Resources and capacity
Uncertainty exists over the source of funding and resource. This uncertainty does not only cover the adequate financing of placement and assessment provision for students, but also the allocation of funding between students, their placement providers and higher education institutions themselves. It is PhSC's understanding that the individual Schools of Pharmacy, along with other stakeholders would have to request the money from the relevant funding agencies. Besides the work this would require, there is a significant risk that if the new standards were approved but the money was not available then it might not be possible for Schools of Pharmacy to run pharmacy courses that comply to the standards.

Another danger for Pharmacy Schools it that prospective students may react negatively to having to (partially) fund their own placements on 5-year courses, even if a bursary were available. Whether students would be expected to pay a fifth year of fees, would need to be fully costed. However, if this were to happen, there is a real risk to enrolment on pharmacy courses, and this would hit workforce and thus patient experience later down the line. It is considered vital that pharmacy continues to be an attractive course for students to study and a viable course for universities to deliver.

In addition, there are issues concerning coterminous registration. A conflict can be perceived between a push to ensure registration of students upon graduation and the setting of a minimum standard. It is the view of the Council that such a minimum requirement should be reached by an independent procedure.

Domain 5: Curriculum design and delivery
We acknowledge that interprofessional education (IPE) is important and that student pharmacists must fully engage with it. It is not helpful, however, for the GPhC to stipulate an IPE learning plan as requested. Indeed, other healthcare regulators do not require IPE

learning plans and compared to the requirements of the GMC and the NMC, the GPhC's outcomes for IPE seem very unrealistic.

Comments on admission requirements, experiential learning, inter-professional learning and learning in practice (pre-registration) supervision are provided later in the consultation.

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

These standards have a greater focus on clinical skills, on communicating with patients and on working effectively with other health and care professionals. We think student pharmacists need exposure to an appropriate breadth of patients and people in a range of environments (real and simulated) to develop the skills and the level of competence needed for their future roles as pharmacists. This means there needs to be a much stronger link between the currently separate elements of academic study in the MPharm degree and the workplace experience contained in the pre-registration year. We therefore propose a closer integration of study
and practical learning and to set the learning outcomes to be achieved over five years to adequately prepare student pharmacists for their future roles.

8. Do you agree or disagree that we should set integrated standards for the five years of education and training?

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- **Tend to disagree**
- Strongly disagree
- Don't know

9. Please explain your response.

There are already UK examples of MPharm programmes which support co-terminus graduation and registration over 5 years, but currently all graduates can only enter the register through passing the registration exam set by the GPhC. PhSC is concerned about the lack of detail and suggestions about how such a major change could be achieved. Currently the pre-registration year in England is funded, via the pharmacist employers, by NHSE and Health Education England, with NHS Education for Scotland performing a similar role in Scotland. The quality of the training environment and the registration examination is managed by the GPhC. In the consultation there is no proposal about how the long periods of placement, currently within the pre-registration training year, now predominantly allocated centrally through ORIEL or NES, will be funded, managed and quality assured. While PhSC welcomes exploring a greater partnership in registration and training, it is concerned that without appropriate funding for the extra levels of clinical experience and without enhanced central quality assurance of placement providers, there is a risk that the proposals will be undeliverable. There is also a need to look carefully at the practicalities and viability for the students and for the stakeholders engaged with any placement program. We therefore very strongly urge that before any national change in pharmacy education infrastructure takes place, the relevant government funding must be explicitly confirmed. In order to achieve this,

it will be important to have agreement from all stakeholders. Indeed, until a workable model has at least been piloted, evaluated and costed, it would not be prudent to move forward with the proposed learning outcomes.

'Employers' or placement training providers will, in most cases, be part of large regional and national organisations such as the NHS and large multiples. As a consequence, it will be highly unlikely that anyone employer will be working with only one university, rather they would most likely to be working with several. It would be unreasonable for 'employers' to have to establish different relationships and structures with different universities. Due to differences within the devolved countries with respect to health, a programme infrastructure needs to be developed nationally within devolved countries to set and monitor standards, quality assure, and manage and facilitate the experiential placement training.

A consequence of the GPHC's proposal is that there might be a cap on the number of students each School of Pharmacy could take due to the availability (or lack of) the placement training. Any restriction on numbers will have a big impact on the viability of the degree with the universities. Any arrangement with regard to the provision of placements must ensure that students have the freedom to travel for training opportunities. Any measures that limit students to a specific geographical area will negatively impact upon the appeal of the pharmacy degree.

Overseas students very often prefer to return home after 4 years on graduation. Such a route needs to be maintained if the UK is to remain attractive to international students.

<u>Section 4: Selection and admission requirements</u>

We propose to strengthen the admission requirements in the standards by requiring providers to assess the skills and attributes of prospective students (that is, their interest in person-centred care, ability to work with other people, professionalism, problem solving abilities and numeracy) as well as their academic qualifications in order to assess professional suitability. With the increased focus on person-centred care in our proposed learning outcomes, this extra requirement will make sure providers are thinking more widely about the all-round abilities of prospective students and their suitability to become pharmacists.

10. Do you agree or disagree with our proposal to require schools of pharmacy to assess the skills and attributes of prospective students as part of their admission procedures?

- Strongly agree
- **Tend to agree**
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

11. Please explain your response.

PhSC agrees with the assertion that schools must assess the skills and attributes of prospective students and recognises the significance of this responsibility in assuring the quality of the future workforce and subsequently guaranteeing patient safety. However, a useful addition to this would be to acknowledge the external pressures placed on Schools of Pharmacy. Schools, like many other disciplines, are set a target number of admissions by senior leadership at their institutions. In addition, as moves are made to recruit more students into medicine, medical schools may move to recruitment (rather than selection) as more places are made available. This will add additional pressure to each Pharmacy School's ability to recruit and will make quality assurance of students an ever more difficult task. It is the correct course of action to state that students should require a certain level of skills and attributes, but the environment within which schools of pharmacy exist at an institutional level makes this difficult to achieve. Pharmacy does not exist in a vacuum, and decisions made on the quality of students must factor in the external environment.

It might be worth considering a single national assessment for pharmacy which if passed would allow a student to apply to study pharmacy at any university. There are some significant advantages in this approach, for example the standard of a student passing the test would be understood. Furthermore, the existence of a single national university entrance examination may serve to raise the profile of the profession, although care needs to be taken to assure that the assessment did not discourage potential students from applying. The Office for Students is working hard to ensure that universities widen access to their courses and that they take into account the context in which academic achievements are acquired. Schools agree that a values-based recruitment model has a role but would welcome more information from the GPhC on how this might be achieved. Particular difficulties faced by international students must be noted and factored in, such as a lack of familiarity with UK health structures and potential issues with language skills. If any new admissions system is to be fair and reasonable, it must factor in the difficulties faced by international students.

To help Schools of Pharmacy to assess the skills and attributes of prospective students, we will also introduce a mandatory requirement for an interactive component in the admission process. As well as contributing to the assessment of skills and attributes, it also allows providers to assess the overall communication
skills of prospective students in line with the greater focus on this element within the learning outcomes. This requirement would apply to all integrated initial education and training admissions, including students applying for admission to a university through clearing.

12. Do you agree or disagree with our proposal to make an interactive component mandatory in integrated initial education and training admission procedures?

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- **Tend to disagree**
- Strongly disagree

• Don’t know

13. Please explain your response.

It is essential that people of the right quality and with the right values enter the profession. However, over recent years there has been a significant decline in the number of students applying to Schools of Pharmacy, with a reduction in the size of the pool from which Schools of Pharmacy may recruit. There are thought to be a number of reasons for this decline. However, regardless of the reasons, the consequence is that most, if not all, Schools of Pharmacy are recruiting rather than selecting students and this accounts for the decline in the average grades of pharmacy students. There is also a push from Government to widen access which leads to a further fall in average grades on entry. Unfortunately, this decline in applicant numbers is unlikely to be reversed in the foreseeable future, especially in light of the increased number of places available at medical schools. This may also be the reason why there has been a substantial drop on the number of applicants with AAA or above in recent years. In order for students to cope with the high demands placed on them by a pharmacy course it is essential that students have both the appropriate A levels (or equivalent) and the correct values.

We have noted the wider trend of students entering university having not achieved the advertised grades. This raises the question of whether our standards should require providers to admit only those students who have demonstrated their academic ability by achieving the A level/Highers grades advertised for a course. While there are some arguments in favour of this, we are conscious that the aim is to give more people the opportunity to enter university and the healthcare professions. We are also aware that students who may not have achieved the advertised grades may still – with the right support, application and values – succeed over the course of their education and training. We therefore need to balance a high standard of admissions with ensuring widened opportunities.

Adding an interactive component to schools’ admissions procedures necessitates additional cost and resource. In some instances it is increasingly difficult to achieve, for example during clearing when admissions tutors are working on much tighter timelines.

14. To achieve this balance, should we be more prescriptive about admissions requirements?

• Yes
• No
• **Don’t know**

15. Please explain your response.

Primarily, we believe it is important to stress that recruitment of students is an area that is the responsibility of each individual institution. The GPhC’s role is to deploy mechanisms by which approved undergraduate pharmacy education meets the agreed high minimum standards. It is also worth noting the importance of choosing the right language when setting

out these new proposals. A prospective student's A level grades are not always a reflection of what they will achieve at university, improvements can be and often are made.

Unconditional offers in England and Wales guarantee an applicant a place at university whether they achieve their projected A level/Highers grades or not. We are seeking views on whether we should continue to allow unconditional offers, which can act as a disincentive for students to achieve high standards at all times.

16. Should we continue to allow unconditional offers?
• Yes
• No
• **Don't know**

17. Please explain your response.

Admissions procedures should be the responsibility of each individual university. However, it is important to stress that decisions such as these must consider the external factors previously mentioned. In addition, factors wider than academic attainment must be studied closely. These would include ethnicity, residence and other socio-economic factors that impact upon a student's academic achievements.

<u>Section 5: Experiential learning and inter-professional learning</u>
We are concerned that there may be too much variability in the amount of experiential learning, and of inter-professional learning with other healthcare profession students, in initial education and training. To ensure greater consistency, we propose that student pharmacists must have exposure to an appropriate breadth of patients and people in a range of environments (real and simulated) to enable them to develop the skills and the level of competency to achieve the relevant learning outcomes in Part 1 of these standards. Our revised standards also state that student pharmacists must participate in interprofessional learning. Engagement with students from other health and care professions must begin at an early stage, progressing to more complex interactions to enable them to develop the skills and level of competency to achieve the relevant learning outcomes in Part 1 of these standards.

18. Do you agree or disagree with our proposals in regard to: Experiential learning (practical learning)?

• Strongly agree
• Tend to agree
• Neither agree nor disagree
• **Tend to disagree**
• Strongly disagree
• Don't know

Inter-professional learning?

• Strongly agree

• Tend to agree
• Neither agree nor disagree
• **Tend to disagree**
• Strongly disagree
• Don't know

19. Please explain your response.

The enhanced emphasis on the pharmacy students obtaining the necessary skills to become integrated within the multi-professional team is welcomed. However, in order to ensure that the students gain these skills, the GPhC must work with the other regulators to ensure that the emphasis on interprofessional training in the proposed standards is achievable. If the various regulators have different emphases, the proposed standards will not be deliverable.

As mentioned under 7 above, we acknowledge that interprofessional education (IPE) is essential and that student pharmacists must fully engage with it. However, the wording is very prescriptive and therefore unhelpful. Indeed, other healthcare regulators do not require IPE learning plans and compared to the requirements of the GMC and the NMC, the GPhC's outcomes for IPE seem very unrealistic.

<u>Section 6: Learning in practice (preregistration) supervision</u>
We are proposing to make several changes to what is currently known as pre-registration training, which we are planning to rename 'learning in practice'. The first is to supplement the current four tutor sign-offs with more regular progress meetings, which must be documented.

20. Do you agree or disagree with our proposal to replace the current four tutor sign-offs with more regular progress meetings between learning in practice supervisors and student pharmacists?

• Strongly agree
• **Tend to agree**
• Neither agree nor disagree
• Tend to disagree
• Strongly disagree
• Don't know

21. Please explain your response.

The second change to learning in practice (preregistration) is that we plan to withdraw the current pre-registration performance standards and replace them with the learning outcomes in these revised standards. The pre-registration performance standards date from 1993 and are no longer fit for purpose.

22. Do you agree or disagree with our proposal to replace the current preregistration performance standards with the learning outcomes stated in Part 1 of the revised standards?

• Strongly agree
• Tend to agree
• Neither agree nor disagree
• **Tend to disagree**
• Strongly disagree
• Don't know

23. Please explain your response.
If education and training of student pharmacists is to be truly integrated then we agree that it is essential to have a single, coherent set of learning outcomes covering both elements. However, there are some important technical aspects to a proposal that the completion of a degree and entry to the register are done at the same time. Currently these are separated: university exams and a national GPhC exam/competency sign off. At the moment students may obtain a degree, i.e. have fulfilled all the academic requirements of a programme, but choose not to enter the profession, or may not be able to secure a pre-registration placement or may not complete their training or pass their registration exam. Thus, the proposals will require some serious consideration of exit awards so that students on graduation are able to demonstrate the value of their studies if they do not wish to, or are unable to, progress as registered pharmacists.

<u>Section 7: Impact of the standards</u>
24. We want to understand whether our proposals may discriminate against or unintentionally disadvantage any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. Do you think our proposals will have a negative impact on certain individuals or groups who share any of the protected characteristics listed below? (Please tick all that apply)

• Age
• **Disability**
• Gender reassignment
• Marriage and civil partnership
• **Pregnancy and maternity**
• Race
• Religion or belief
• Sex
• Sexual orientation
• None of the above

25. We also want to understand whether our proposals may benefit any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. Do you think our proposals will have a positive impact on certain individuals or groups who share any of the protected characteristics listed below? (Please tick all that apply)

• Age
• Disability
• Gender reassignment
• Marriage and civil partnership

• Pregnancy and maternity
• Race
• Religion or belief
• Sex
• Sexual orientation
• **None of the above**

26. Please describe the impact and the individuals or groups that you have ticked in questions 25 and 26.

It is worth noting that in the current format students may request to undertake their pre-reg differently, i.e. not over 12 months. In the past students have elected to undertake a part-time pre-reg over 18-24 months. This could be very difficult in a 5-year programme. In addition, although the MPharm is a full-time course there is a significant difference in the physical demands of full-time education and full-time work. The Council also notes that widening participation is not mentioned as part of the equality and diversity elements. While PhSC appreciates that this does not come under protected characteristics, strong links between social and health inequality are acknowledged.

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.

• **Yes**
• No
• Don't know

28. Please describe the impact and the individuals or groups concerned.

From a general standpoint, PhSC believes that potentially adding costs to the student through removing the placement salary is a risk to pharmacy education. Asking students to fund their own learning activities in this way may dissuade them from enrolling on pharmacy courses. In turn, if numbers were to be adversely affected, higher education institutions would question whether the MPharm is a financially viable option. PhSC believes that it is important for the GPhC to consider the impact of the proposed changes on Schools of Pharmacy, to understand universities' and funders' finances and not to take the provision of undergraduate education for granted, especially in light of the potentially huge amount of additional resource to deliver the proposed standards. Developing standards before the money to deliver them has been defined and ring-fenced is definitely a huge risk.