Pharmacy Schools Council (PhSC)

Best Practice in the Selection of Pharmacy Students

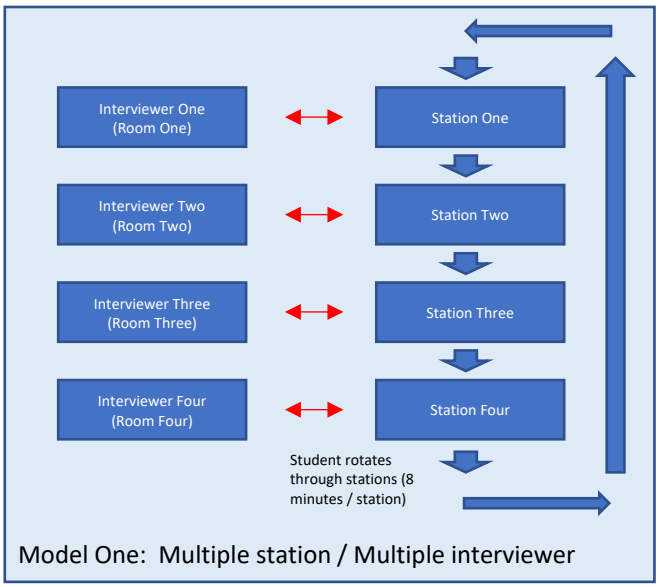
With the introduction of the new (2021) General Pharmaceutical Council (GPhC) *Standards for the initial education and training of pharmacists* and consequent increased clinical placement activity there is now an increased need to incorporate National Health Service (NHS) values evaluation into the process for recruitment and selection of all healthcare professionals. This selection process should include a one-to-one interview(s) during which an assessment is made not just of the academic merit a student processes but also an evaluation of their suitability to work within healthcare and NHS.

The UK medical schools have been subject to NHS values-based recruitment (VBR) for over ten years and during this time have established selection processes *(incorporating external assessment MCAT and PCAT)* to evaluate applicants within the normal UCAS process and within the UCAS Late and UCAS Clearing application periods. Most have adopted for interview selection based on the multi-station/multiple assessor model *[Model one]*.

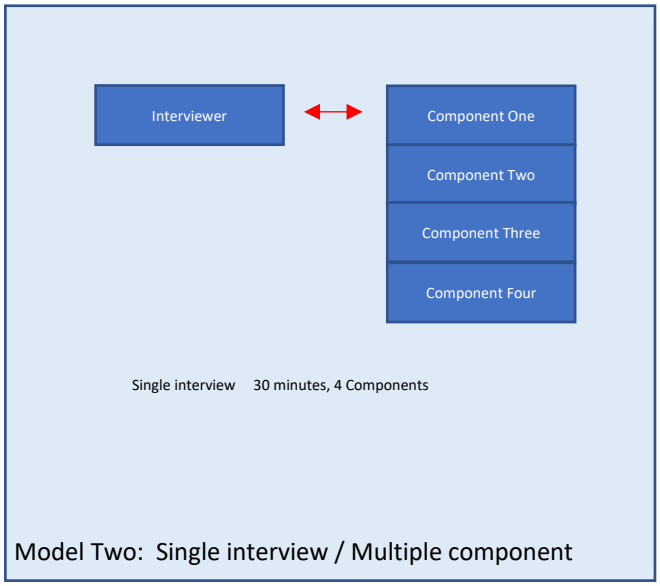
The use of multiple stations *(each addressing separate applicant abilities or characteristics)* and multiple assessors *(reducing the risk of bias)* is very much seen as the "Gold standard" in the selection of applicants for healthcare professions. This model however does not easily translate to the pharmacy environment with most schools interviewing four to five applicants for each available place *(in some schools this would be over six hundred applicants each year).* To interview this many applicants would involve a team of thirty staff members/assessors devoting 2-3 weeks each year to the selection and interview process. Even with careful use of external assessors and possibly existing students this is beyond current resources in many schools of pharmacy. There can be recruitment that occurs within the UCAS clearing window and this multiple station/multiple assessor model will not work within this environment creating significant issues for both institutions and applicants.

During the COVID-19 pandemic many universities which were using this multiple station/multiple assessor model modified it to a single interview/multi-component model *[Model two]* with the applicant often able to attend in person or online *via* MS Teams or Zoom. This model has proven very successful in many schools and has given flexibility in timing and staff commitment. The interviews can be linked to visits to the universities/schools (applicant visit days/open days), which can either be in person or online *(reducing travel commitments and increasing sustainability).* The single interview/multi-component model also adapts well to the clearing environment where teams of staff can conduct interviews the structure of which can be modified to match the applicant's application.

The choice of station/component within the interviews can be modified to match the applicants. Many schools will include a station/component addressing why the student has selected pharmacy as a career and the factors and experiences that led them to their application. This station is often very useful in assessing NHS values as well as making sure they are aware of the vocational nature of the degree. Care needs to be taken within this station/component to move away from pre-prepared answers. A good option is to draw students on work experience/observation visits and reflect on the NHS values expressed by the pharmacist *(or healthcare professional)* observed and how this matches their current personal abilities and attributes. This type of station combined with a situational judgment test station provides good insight into the NHS values expressed by the applicant. It is however important to remember that many students at this age have had limited contact with the NHS *(particularly those from overseas who will be completely unfamiliar with the UK NHS and healthcare system)*.



Model One: Multiple station / Multiple interviewer



Model Two: Single interview / Multiple component

NHS values can be often assessed by a situational judgement test in which a scenario is described to the applicant and the students are then asked how they would approach the situation and what actions they would take. Getting the students to reflect on their decisions will help prevent prepared responses. A selection of scenarios is important as questions and scenarios will rapidly get "leaked" *via* social media and student forums. Where non-pharmacist interviewers *(or healthcare professionals)* are used it is important that good briefing documents are available to describe the possible responses and assist in the identification of NHS values. It is also important that we recognise we do not expect perfect answers/values at this point; it will be several months until these students are one-to-one with patients and these values can be supported and developed as part of an undergraduate program.

Additional stations/components can be designed to assess applicants' ability in pharmaceutical calculations, organic chemistry, human biology and communication skills. These may be appropriate to specific students or students from specific backgrounds. They can be used as part of the selection process or to identify students that will need additional assistance and support in the early years of the course. All applicants should receive the same overall interview throughout the UCAS cycle, with adjustment if deemed appropriate.

It is also important that equivalent selection processes are used at all stages of the UCAS cycle including UCAS Extra and UCAS Clearing events. It is recognised that the multiple station/multiple assessor models are not viable within UCAS Extra and UCAS Clearing events. However, the use of single interview/multiple component interviews is possible and should be encouraged. Online equivalent interviews whenever possible should be offered to those who require them. Interviews should be developed with consideration to local EDI requirements.

The selection of students varies from institution to institution *(and UK region to region).* Schools of pharmacy can be considered as "selecting" or as "recruiting". Even in these "recruiting" Schools of Pharmacy it is important that the interviewers are able and encouraged to reject students that do not have the required NHS values and those who are deemed unsuitable for a career in healthcare. Equally it is important we recognise that students from widening participation (WP) backgrounds may not have had the exposure to the profession or the work experience opportunities that other applicants/applicants may have. It is important that stations/components are designed to distinguish and recognise abilities, personal attributes, and attitudes from students from all backgrounds and cultures.

The involvement of stakeholders within the interview and selection process is important and where possible stakeholders should be involved within the design of stations and, if possible, within the interview teams. This is particularly the case with the design of situational judgement test scenarios used to access applicants NHS values. As mentioned earlier these scenarios are frequently leaked onto social media and student forums. Multiple

equivalent examples should be developed and randomly used throughout the recruitment cycle. The same is true for calculation and science/chemistry stations/components and all should have multiple examples that can be selected randomly. It is also useful to have a second related question to ask if the student struggles at a particular station to confirm weakness.

With interviews using a single interviewer there is always a danger of bias *(conscious or unconscious).* When using multiple interviewers, the risk of this is reduced and all station interviewers should be involved in the final selection decisions. With remote interviews it may be possible to record interviews, and these can be reviewed by an experienced admissions lead in the event of rejection or appeal.

Within a school of pharmacy, it is important that an individual is identified as the Admissions lead/Admissions tutor taking overall responsibility for the interview/selection process. If this individual is not a pharmacist *(or healthcare professional)* it is vital that support is available within the Admissions team from a qualified pharmacist *(or healthcare professional)* with experience of NHS values-based selection. The Admissions lead/Admissions tutor should also be responsible in leading the team in the design of stations/components and ensuring equivalence of all interview methods used throughout the UCAS cycle.

With increased application numbers in recent years, it has become necessary to pre-select students based on predicted grades, personal statements and references for interview. This is normally done centrally within the institution to a mutually agreed template *(this template should be established between the MPharm admissions lead and the Admissions Centre)*.

When creating these templates care should be taken to establish standards that will provide sufficient applicants for interview and allow students to develop/improve in the final year of their pre-university study. Predicted grades alone are not always the best indicator and many schools will enhance a student's expected performance to secure offers. To accommodate for improvement, students should be interviewed with predicted grades above and just below the normal offer and the interview then used to select the best applicants. Institutions should avoid interviewing students whose predicted grades are significantly below the standard offer reducing interview workload and avoiding wasting applicants' time.

For GPhC accredited Foundation courses, most Schools of Pharmacy/HE providers conduct NHS Values Based Recruitment interviews prior to acceptance onto the Foundation course; alternatively an interview should be conducted at the point of transfer to the MPharm. Students should be aware that only those satisfactorily completing a VBR interview will be allowed to progress to the MPharm degree.

For students undertaking non-GPhC accredited foundation and university access courses, the students should be advised that they will need to pass a VBR based interview prior to being accepted/transferred onto the MPharm course and that academic performance alone will not be sufficient to transfer.

This document should be reviewed on an annual basis to ensure alignment with GPhC standards and best practice.

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