

Academic Pharmacy Group Consultation Seminar on New Education Standards

Aberdeen, Wednesday 21st October 2009

Comments raised by those attending

Discussion of

- Professional standards and guidance documents – what will happen to these?
- Is Miller's triangle still appropriate – Medical Education publication saying no longer appropriate?
 - Is there a replacement that is better?
 - Accept flaws and learn from ongoing research
- How to deal with retrospective FtP issues?
 - Use of self-declaration
- Pre-reg exam – risk of using patient safety argument. Not all questions assessing patient safety therefore can student argue against safety argument in time period restriction?
- Do mitigating circumstances extend the 8 years?
- Time restrictions for other routes e.g. foundation years and OSPAP?
- Is Education Committee going? Currently democracy but does new structure give Education Directorate a lot of power?
- Will there be any standards for the consultation process within new structure i.e. what will be consulted on and what will not?
- Time frame following this consultation?
 - January close but adoption will depend on funding model
 - Schools to express a preference for adoption
- Implications for accreditation – guidance to follow?
 - Education options paper once GPhC exists e.g. funding for accreditation
 - Dialogue with each School. Variation fine but need to be fair.
- Focus on 'practice' in suggested mini-visit??
 - Students in practice rather than 'pharmacy practice' teaching
- Possible timing
 - MPC – April 10 to HEFC
 - ?Dec 10 – response
 - Possible funding start 2012/13
- Implementation – possible to rewrite and implement with major changes in later years if know funding is coming.
- Usefulness of teaching and learning strategy
- Transitional arrangements in teaching – incremental from year 1 or alteration of existing?
- Managing student expectations – new students and existing students
- Standards written with flexibility to allow interpretation in terms of clinical contact
- Guidance 1.4 – how does this relate to non pharmacist staff (re. patient safety) e.g. service teaching
- Training needs of non-pharmacist staff
- Does GPhC need to make the science explicit when EU Directive exists?
 - ?EU courses often not outcome focussed
- Comment – LO not 'scaled'
 - Attempt to avoid quantification in standards
- What is the view of Schools marketing specific expertise?
 - Nothing to prevent. Register will remain generalist.
- Experience of JPB – specialist practitioners need to come out of their practice to meet generalist criteria
- Need to be more explicit about the science in the standards

- Outcomes need to be better articulated to demonstrate science underpinning
- Expectations of pharmacy applicants – do they understand what they are signing up for?
- No mention of hours in new standards e.g. balance of practical
 - No more counting of hours 3000 = 4 years
- Risk to more expensive science areas – pressure to cut back on expensive teaching
- Can you work with new standards?
 - Yes
 - some standards already doing. Challenge will be addressing ones which don't currently do
 - Implications – staff development in observation/assessment etc.
 - Some standards go down between year 4 & 5. May be doing at UG but not pre-reg e.g. research. Footnote perhaps needed.
- Demonstrating different levels (stage 4) (page 12) – add Assessments may include portfolio/observation of practice etc.
- Context (page 11) – no mention of patient
- Page 7 – Reword 'balance between valid and reliable'. To ensure validity and reliability with balanced assessment methods?
- LO 2.2. Communicate with patients about their prescribed treatment – no sense of quality – add effectively?
- Prescribing removed for moment for funding purposes