Royal Pharmaceutical Society of Great Britain

Principles of Pharmacy Education & Training: consultation analysis

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Summary

The consultation comprised two elements: written responses to the *Consultation Document* and bilateral meetings with academic and other groups. Detailed written records were made of these meetings. These records and the written responses formed the material on which this report is based. There were substantial responses from the NHS and other employers, higher education institutions and the profession itself as well as a number of individuals expressing their personal views.

The Analysis

The analysis was carried out independently by Anthony Harrison, a senior associate at the King's Fund. It was guided by two main principles, drawn from recent official advice on how consultation responses should be analysed. The first, *balance*, is intended to ensure that minority views are not overlooked but at the same time the views of the main interest groups - in this case employers, HEIs and the profession itself - can be identified. The second, *transparency*, is intended to provide an 'audit trail' from the material arising from the consultation to the conclusions drawn from it. This report contains only a summary of the views expressed on each question plus a small number of excerpts from individual responses selected to illustrate a range of viewpoints. A separate report has been prepared which records comprehensively all the views expressed.

Findings

General

The responses revealed general support for principles of the kind proposed in the *Consultation Document.* Two general qualifications emerged from the material.

First: the principles as currently expressed were hard to apply to the full range of learning environments particularly the workplace.

Second: application of the principles, in all learning environments, depended critically on the availability of resources, defined broadly to include finance, trained staff, protected training time, access to other professionals and appropriate physical facilities.

These points were made in relation to all the topics covered in the consultation (with the exception of devolution) and are therefore not noted in the sections which follow.

Responses to the Questions

Selection

There was nearly universal support for a principle bearing on flexibility, inclusiveness and equal opportunities, although a number of suggestions were made for its clarification particularly of the term 'flexibility'. Some expressed concern lest application of the principle should be at the expense of the academic quality of entrants. A number of suggestions were made for further principles, most of which bore on the attributes relevant to suitability for practising the pharmacy profession.

Curriculum

There was some, but not universal support for a principle bearing on flexibility, inclusiveness and equal opportunities, particularly from those stressing the value of creating flexible career paths. A number of further principles were proposed, most bearing on selecting candidates on the basis of the personal characteristics associated with professionalism and promoting learning in practice settings and a multi-professional environment.

Assessment

There was near universal support for a principle relating to the involvement of patients and the public in assessment development and process - although some reservations were expressed about the extent of its application and its potential cost. A number of other assessment principles were proposed bearing on both the content and process of assessment.

Fitness to Practice

A number of suggestions were put forward for additional principles. Some respondents proposed that fitness to practice considerations should be brought to bear from the start of education or training. Other principles put forward were concerned with support for poor performance and the definition of unacceptable forms of behaviour and with how and when it should be reported to the RPSGB.

Teaching and Training

A number of respondents expressed support for the principle that practising pharmacists should contribute to training students and others. Some pointed out that knowledge did not equate with ability to teach and so other principles were proposed bearing on ensuring the competence of pharmacists in the teaching/training role.

Nearly all respondents considered that there should be a principle on encouraging the involvement of the public and patients in teaching and training, although some noted the merits of doing this had not yet been fully evaluated against other teaching options.

Resources

The main concern of respondents - apart from their potential inadequacy - was that the definition of resources should be expanded to include physical facilities, a suitable teaching environment, suitably trained staff and funded learning time.

Quality Assurance

A number of suggestions were made for extension of the principles including the involvement of pharmacists and a general strengthening of existing arrangements.

Devolution

Respondents were unanimous in supporting application of the principles throughout Great Britain, even if detailed application might need to take account of differences between the three countries.

Other Themes

The Role of the RPSGB

The Society was urged to play a greater role in a number of areas, particularly in providing guidance on selection of students for the MPharm, standard setting for different levels of qualification, quality assurance and finance.

The Nature of the MPharm

A number of respondents raised the question of the purpose of the MPharm and its structure. There was considerable support for an

integrated degree which, while maintaining its science base, should give greater emphasis to application in practice.

Funding Structure

In line with the views expressed on the MPharm, a number of respondents argued that the way pharmacy education and training was funded ought to be changed so as to support a greater emphasis within the degree on clinical practice.

Introduction

I was asked to prepare a report on the responses to the consultation document *Draft Principles of Pharmacy Education & Training.* In considering how to do this I examined recent advice on how the analysis of consultation responses should be carried out: see Annex 1.

This advice is expressed in very broad terms, for good reasons.

First, consultations vary in their format, structure and purpose.

Second, because responses are not expressed (usually) in numerical form, precise rules cannot be formulated for determining what the consultation 'says'. Judgement must be applied by the analyst. But at the same time those commissioning the analysis and others interested in the results need to be confident that the 'output' reflects accurately what has been contributed by respondents.

On the basis of earlier work, two broad principles seem particularly relevant to this consultation:

Balance:

- Do not simply 'count heads – consider whether some responses should be given more weight than others: and allow minority views to emerge and where appropriate influence the report particularly where these put forward new arguments and suggestions. The two elements of this advice are not formally inconsistent but they do pull in opposite directions: the first suggesting that particular attention should be paid to the views of a minority of (corporate) correspondents; the second that the responses of individuals should be taken into account where they make a useful point.

Transparency:

- Be transparent i.e. make it clear how the conclusions drawn from the analysis reflect the responses obtained by exposing the basis for them. Although compression of a large amount of data into a smaller and more manageable volume is inevitable, the aim of the analysis must be to ensure that nothing significant is lost in the process.

If properly implemented the transparency principle allows judgements to be made on the strength or significance of the evidence by those

responsible for taking decisions (or those coming later who want to know how conclusions were reached). In line with this principle I prepared a detailed analysis of all responses to each question. These are annexed to this report. In the main text however I have been selective. Within the report for each question I have listed a small number of responses, usually in abbreviated form, chosen to select the range of views presented.

As the analysis below indicates, I have taken the 'counting heads' to mean: a) the main 'interest groups' – employers, educators and professionals – should be identified particularly where they have a perspective or contribution which stems from the nature of their 'interest': and b) individual respondents are cited, particularly where they make a point not made by others.

Although respondents to the questionnaire were asked questions which allowed a yes or no answer, many did not give an answer in that form. And where they did, the yes answers sometimes were qualified more than the 'no' answers. It therefore made no sense to 'count votes'. Instead I have given only a general impression of where the balance of opinion among those consulted seems to lie.

Analysis of Responses

I have described the answers to each question in the same way. Each section consists of:

Summary statement for each question reporting where majority opinion lies/whether there is strong disagreement/even balance/wide range of views.

Breakdown of views: e.g. comment on the views of the main interest groups: academe, NHS, professional, individuals where appropriate.

Examples chosen to illustrate the main views expressed, sometimes in abbreviated form [a full record of responses to each question is contained in a separate paper].

At the end of this part of the report I have listed a small number of general issues which run through the responses to a number of questions.

Selection

Draft Principles

The organisations responsible for providing education and training should put in place valid, open structured and fair procedures for selecting applicants which take account of best practice in equal opportunities as well as ensuring that, as far as possible, students/trainees have the potential to become safe and competent members of the Society registers.

The bodies responsible for providing education and training should publish information about their admission procedures, including guidance about the basis on which places will be offered and details of the selection criteria and process.

The staff responsible for selection should include individuals with a range of expertise and knowledge. All those involved in selecting applicants should be trained to apply guidelines about entry requirements consistently and fairly and to follow best practice (whether in an academic or employment context).

Question 1. Should there be a principle relating to the need to promote flexibility, inclusiveness and equal opportunities in selection to pharmacy education and training?

Summary

Support for such a principle, particularly flexibility in relation to career development including entry from other professions, accreditation of prior learning and from non-standard career paths, was nearly universal. Some however asked for greater clarity or specificity as to what precisely was meant by flexibility.

A number of respondents expressed concern that implementation of the principle should not be at the expense of the academic quality of those selected – nor their English language proficiency. Some also pointed out that in some cases disability would preclude a career in pharmacy and there needed to be guidance as when it would be appropriate to exclude entrants on those grounds.

Academic respondents pointed out that most HEIs already worked within guidelines which promoted inclusiveness and equal opportunities. Others pointed out that in many cases it was

employers or other payers who determined who should be on a course and it was not clear how if at all RPSGB guidelines would apply to them; and for some programmes no selection process operated. Similarly it was pointed out that it would be hard to apply to post-graduate distance learning.

Examples

Welsh Chief Pharmacists Education and Training Sub-Group: The profession … benefits from students applying from overseas. The profession benefits from students with a wider life experience … Pharmacy technicians … are recruited from many backgrounds including some people who have little formal school education and many are mature students but, with valuable work and life experience, make good pharmacy technicians.

Guild of Healthcare Pharmacists: Selection and recruitment to pharmacy training within its widest sense should enable people with the right skills and aptitudes to embark on a career in pharmacy. The widest manageable variety of backgrounds (social, ethnic, educational) should be included in the process to ensure maximum take-up into the profession.

King's College London: …universities have to demonstrate that they are compliant with the five principles in the Schwartz report - Fair Admissions to Higher Education. Institutions providing accredited courses must make their admissions policies public. HEIs and other providers should be able to determine levels of prior academic attainment necessary for admission on to their courses. Applicants need to demonstrate that they are proficient in the language to which the course they want to undertake will be taught.

UKCPA: The principles should include a definition of the roles and duties of a pharmacist (a competent model to aspire to) as a professional which would provide a normative benchmark for selection procedures. …This would be a good principle but it sounds abstract and needs further specification. There is also the danger of lowering standards for selection if there is too much flexibility.

Company Chemists Assocation: … [the] principles fail to address the issues presented by non-traditional entrants, prior learning or those excluded by time barriers.

College of Pharmacy Practice: We have some concerns about how this principle should relate to organisations which provide education and training for their members and could not meet the criteria.

Trower: The current system of undergraduate education does not facilitate entry for non-A level students. The full time nature of the course means it is difficult for mature students with families who may already be trained technicians to take their qualifications to the next level. There is need for a part-time course.

Question 2. Are there any other principles that should be applied to the area of selection?

Summary

Responses referred to both candidates and education and training providers. In relation to candidates, respondents, particularly those from the NHS, emphasised personal qualities - commitment to training, professionalism, motivations, attitudes and values, good character, interpersonal and communication skills, commercial skills - and that there should be minimum standards set by RPSGB particularly for English. There was disagreement as to when these characteristics should be assessed i.e. at initial selection or later (and indeed continuously) with some arguing strongly for early selection on these grounds, and others suggesting it was impractical or costly at the initial selection stage.

In relation to providers, respondents mentioned that staff making selection should be knowledgeable and trained (including in the views of some, practising pharmacists or industry representatives) and that their organisations should provide an appeal system. Other points raised include: there was a need for CRB check, interviews should be used in selection, and stronger emphasis on academic improvement. One respondent argued however that there was a risk that too tight a definition of the ideal candidate for entrance to pharmacy risked ruling out 'the mavericks who move the profession forward'.

Some broader issues emerged: whether RPSGB should aim for equity in selection as between accredited courses: whether control should be exercised over numbers selected. Some respondents suggested that RPSGB should have a principle that it should provide guidance on circumstances/conditions/disabilities which might preclude students from registration – though not necessarily from being selected for a undergraduate course.

Examples

NHS West Midlands: Learning and assessing professionalism throughout the undergraduate life is fundamental … Good character including attitudes and values should be viewed to determine whether an individual can behave in a professional manner … It is therefore important to assess such qualities as for example self-awareness, respect for people and social responsibilities at point of selection.

North West Pharmacy Development Group: Little information is available to inform the selection process and enable value judgement to be made about the character of applicants. Resources implications are a potential barrier to developing this further.

University of Bradford: It is worth bearing in mind that selection is very limited in its power and that the really powerful strategies for effecting change are education and training.

University of Portsmouth: The Society should have a principle that it should provide guidance to all organisations and bodies as to any specific circumstances or conditions that, while not precluding people from commencing undergraduate training may be potential barriers to their registration (e.g. serious criminal conviction or medical conditions which might preclude sole responsibility).

University of Reading: The selection statement makes no mention of improvement, encouraging excellence, rigour. It appears to require the 'bare minimum' which we do not feel was intended.

University of Strathclyde: Interviewing prospective students could have benefits but could be variable across schools. If interviews used they should be structured in order to assess desirable characteristics. Psychometric tests should be approached with caution and only considered for use on the basis of appropriate validation and awareness of potential shortcoming. If ability to become a pharmacist is an important criterion then a pharmacist must be part of the selection process to determine this.

University of Wolverhampton: … we need to move away from considering A level grades achieved as the sole criterion for entry. It is acknowledged the process may be time-consuming.

RPSGB Scottish Executive: … the process should not be limited to consideration of previous educational attainment but consider personal skills. Logically this would lead to the requirement for an interview for all entrants to undergraduate courses, emphasising the importance of communications abilities and people skills, though recognising the need to retain scientific qualifications as entry requirements.

Question 3. Can these principles relating to selection be applied to all areas of pharmacy education and training and to all providers? If not, what are the barriers?

Summary

Opinion was divided on the first part of this question. While some thought they should be (with the proviso that academic standards should be maintained) despite obstacles to their implementation, others considered that they were not appropriate for some forms of education and training e.g. CPD or training controlled by employers, in-service training, or opportunistic training later in careers or where the training organisation is not involved in recruitment. A broader point, similar to that made in relation to Question 1, was made by some respondents: that it was up to employers and individuals themselves to determine who should be on a particular course.

A large number of barriers were identified: incentives facing training providers, no centralised system for admissions, various funding issues including lack of personal finance, lack of suitable expertise for interview panels, lack of other resources.

Examples

University of Portsmouth: Yes. Transparency and fairness [are] essential regardless of the environment.

NHS Lothian Pharmacy: No. Principles may [be] hard to apply where training is compulsory and where training organisations are not involved in recruitment. Contractors may find QA processes onerous and discontinue.

North West Pharmacy Development Group: Different levels and types of training require different principles.

RPSGB Hospital Pharmacists Group: Yes. However flexibility may be easier to apply in some instances than others. For example post graduate education may be more flexible than undergraduate education if distance learning is used… It is important that academic standards are maintained… It may not be possible to apply these principles to employer post basic training programmes.

RPSGB Scottish Executive: Some principles would be hard to apply to locally delivered courses e.g. a training evening for community pharmacists … Also it is necessary to retain the ability to select a target audience.

RPSGB Welsh Executive: We think the Society could develop a role in post graduate course accreditation. The Society should issue guidance on competencies needed to undertake new roles but individuals and individual employers should be responsible for selection of candidates to attend courses.

Pharmaceutical Society of Northern Ireland: Selection – for pre-reg training - is by employer pharmacists, many of whom are independent practitioners. It is difficult to see how it would be possible to ensure training in selection and validate selection procedures.

Curriculum

Draft Principles

Explicit learning outcomes should be set for all education and training programmes so that it is clear what is required of students/trainees in terms of knowledge, skills, attitudes and values, on completion of each programme.

Curricula should allow students/trainees to achieve the learning outcomes set and should include a clear reason for their mix of delivery modes e.g. clinical teaching, supervised service delivery and formal education sessions.

Where applicable these outcomes should be appropriate for changes to registration status e.g. initial registration or annotation of specialist, or advanced practice status e.g. registration of supplementary prescriber status.

Learning outcomes must be subject to regular updating in line with current research and evidence and should also reflect developments in pharmacy practice (taking account of public expectations) and advances in pharmaceutical science.

The methods used to set outcomes should be transparent, in the public domain and developed with appropriate input from practitioners, patients and the public.

Pharmacy education and training should prepare students and trainees to meet the expectations of society, with growing emphasis in the following areas:

- Patient centred care, shared decision making, patient independence and autonomy and respect.

- The permanence of change – recognising and accepting that pharmacy, healthcare, science, technology and society will continue to change throughout careers.

Pharmacy education and training should incorporate opportunities for students, pharmacists and pharmacy staff to learn about, with and from other professionals and healthcare staff. Pharmacy education and training should ensure that students, pharmacists and pharmacy staff are aware of the *Common Values of Health Care Professionals*.

Question 4. Should there be a principle relating to the need to promote flexibility, inclusiveness and equal opportunities in pharmacy education and training?

Summary

This question received a wide range of responses, from puzzlement as to the meaning of the question in relation to training and education (as opposed to selection), to the view that such a principle was not needed here – because it should apply generally - to simple endorsement on the ground that it was fair and appropriate in today's society. Again however some felt that the terms used - flexibility, inclusiveness and equal opportunities – needed closer definition.

Positive endorsement also came from those who linked flexibility with keeping options open i.e. avoiding early specialisation, with the need to adapt to changes in the external environment in which the pharmacists of the future will work; also from those who stressed the desirability of allowing APL in respect of technicians and of providing for rapid and less rapid routes to qualification.

Examples

National Pharmacy Association: Yes, to allow students from different backgrounds and personal circumstances to succeed and bring broader diversity to the profession.

Institute of Pharmacy Management: No, just a requirement for fair and open processes … Unsure what is intended – is the principle for staff or students and if so how could the former operate?

Pharmacy Technician Development Group Scotland: Flexibility: yes as long as standards are maintained. Not clear how inclusiveness and equal opportunities relate to curriculum.

NHS West Midlands Chief Pharmacists Network Group: No need for another principle – needs to be fundamentally included within every area.

University of Bradford: Yes …every effort should be made within the restrictions imposed by EU directives to allow for example accelerated and decelerated routes.

University of Strathclyde: Flexibility in terms of keeping options open at the point of graduation may be more desirable than introducing specialisations in the MPharm programme.

Question 5. Are there any other principles that should be applied to the area of curriculum?

Summary

This open-ended question received a large positive response and hence a wide range of suggestions for further principles.

All the NHS respondents except one, answered 'yes' with most of this group seeking to have a principle related to professionalism, patient focus, learning in practice settings and in a multi-disciplinary environment.

Most of the HEIs also answered 'yes' and put forward a number of suggestions focusing on excellence in teaching, retaining a strong science element, the development of mindful/reflective practitioners and the need for a core syllabus.

Most pharmacy organisations also answered 'yes' and again a range of additions were proposed relating to professionalism, promotion of transferability and progression (to avoid locking people into silos); multi-disciplinary teaching and learning, communication skills and a 'proper integration of theory and practice'.

A large number of specific suggestions were made, some listed below, on the contents of the curriculum ranging from the history of pharmacy practice through to the latest scientific developments and also on the need for it to adapt to changing circumstances and the growth of knowledge.

Examples

Pharmacy Technician Development Group Scotland: Review - employers and training providers working together to review. Regular review date should be in place. Strive for no overlap of learning outcomes for courses - or ensure accreditation for prior learning is enabled.

NHS Lothian Pharmacy: Consider basic principles of management.

NHS West Midlands Workforce Deanery: The concept of professionalism should be introduced at earliest opportunity. Multi-disciplinary teaching and learning …should be strongly encouraged … Practice based teaching should be an essential part of all pharmacy curricula.

London Eastern and South Special Pharmacy Services: We endorse the principle of a patient focused medicines centred curriculum … We

also advocate more learning in practice settings and the move to integrate pre-reg training with the undergraduate curriculum.

University of Bradford: Recognition that curriculum is much broader than syllabus/content. It is important … that the exit/terminal outcomes of taught programmes … are patient centred/focused … as knowledge of pharmaceutical and biotechnology sciences continues to increase …the core will need to be defined.

Council of University Heads of Pharmacy: CUHOP would hope that there could be principle/s related to pursuit of excellence in teaching learning assessment and student achievement. There should also be a principle that … a significant proportion of teaching is research led. There should also be a principle relating to the development of the mindful [reflectful] practitioner/professional ...

King's College London: Yes. The pre-eminence of scientific knowledge method and thought in practice of pharmacy.

University of Central Lancs: RPSGB basic curriculum should be updated regularly to reflect changes in the profession and should reflect requirements of profession e.g. … management skills.

Pharmacy Sector Committee: There should be a principle about transferability and progression … to avoid locking people into silos at an early stage. Those with potential to develop beyond their initial qualification should be enabled and encouraged to do so. The principles should enable education providers to develop programmes with a broader range of exit points than at present for those with different capabilities and expectations.

Institute of Pharmacy Management: The undergraduate course must continue with a science base to maintain our unique body of knowledge and ability to apply that to patient care.

University of London School of Pharmacy: … curriculum should have explicit reference to community and society and should have outcomes based learning and teaching principles embedded within.

Welsh Assembly Government: I wholeheartedly support the principle of training pharmacy staff to enable them to appreciate others' roles and to function as part of multi-disciplinary teams … One element that I feel should be included with the *Principles* is public health. Pharmacy has a vital role to play in this area and a third bullet point should be included to reflect this.

Question 6. Can these principles relating to curriculum be applied to all areas of pharmacy education and training and to all providers? If not, what are the barriers?

Summary

This question received a roughly equal number of positive and negative responses but among the positive responses were a number which identified, as did negative responses, barriers to the application of the principles in practice. A number of respondents considered application to formal training and education was straightforward but not to other settings such as CPD or locally delivered courses or workplace activities; hence there was a need to decide whether the principles should apply to all forms of learning. The main general obstacles identified were the diversity of funding streams and shortage of resources including staff and in some cases lack of easy access to other disciplines.

Examples

Freeman Hospital: Some of the principles are not appropriate for locally developed courses … Barrier to practice-based learning would be staffing and resources. Multi-disciplinary learning may be difficult to achieve if universities/colleges are not linked to other healthcare professional schools. Achieving this through practice based placements could also be difficult due to pressures in other health.

NHS Pharmacy Eastern Network: They should be - main barriers are diversity of funding streams and subsequent differences in programme resources. The principles will be challenging for some organisations such as Hospital and Primary Care Trusts.

Institute of Pharmacy Management: The different organisations involved in the different training programmes are potential barriers … We do not see a role for patients in curriculum design but in delivery. Principles less applicable to CPD and employer provided training.

RPSGB Welsh Executive: The principles of the undergraduate education should apply throughout the career of a professional with registered pharmacists acting as mentors to new newly registered pharmacists to enable the sharing of practical skills and continual learning through experience.

Pharmacy Sector Committee: Yes but there will be differences between pharmacy and pharmacy technician education and training in how these are applied.

Assessment

Draft Principles

Assessments should/can include a wide range of testing methods not just examinations. Assessments can be designed to measure knowledge and skills (competence) and/or performance. Where performance is being assessed the method used should accurately reflect the combination of knowledge, skills and attitudes appropriate to the level of practice being examined.

The purpose of the assessment procedure should be clear, well understood and well communicated.

The assessment method should be appropriately matched to the outcomes being measured and supported by the methods of teaching used to prepare students and trainees for the assessment.

The detailed assessment methods should be appropriate in content and approach, be valid, reliable, evidence-based and must benchmark well against best practice in other settings and other countries.

People carrying out assessments should be fully trained, competent and fit for purpose, and should receive regular feedback on their performance.

There should be processes in place to allow students and trainees to give feedback and to appeal.

Question 7. Should there be a principle on encouraging the involvement of the public and patients in assessment development and process?

Summary

Support for such a principle was nearly universal - the exceptions considered it was impractical. However a number of respondents supporting the principle added significant caveats about its meaning and its application bearing mainly on the need to be precise about what the role of the public should be and the cost and training implications of involving them. Also some expressed reservations about whether it should apply to the development phase.

Examples

NHS West Midlands Chief Pharmacists Network Group: Yes. [Patients and public] may identify attributes we had not thought of. Patients are an important part of undergraduate teaching and greater use should be made of patients in undergraduate teaching. A lay member of an exam board would also be useful when determining whether to pass or fail a student.

Welsh Pharmacy Group: Yes. Need to be clear on role but patients/public may identify attributes not considered by professionals and more use should be made of patients when teaching, e.g. re communication skills. Lay member of exam boards may also be useful though should be properly educated in role of pharmacy.

University of Brighton: In future patients 'worked on' by pharmacy students may have a direct role in marking. These lay assessors would clearly have to demonstrate competence in this role. What is problematic is involvement of public/patients in assessment development.

University of London: Many pharmacy curricula including our own have input from lay people … we believe this is appropriate and right, within the context of validated educational development programmes.

University of Reading: Although the principle of encouraging the involvement of the public has some merit, it will require great care, control and management which will necessarily involve a considerable cost.

Northern Sector Clinical Pharmacy Network: The question requires clarification. Public involvement is not unreasonable providing that it is appropriate. Does the question refer to patient/public involvement in the assessment itself? Or in determining what the assessment process is and how it takes place?

Question 8. Are there any other principles that should be applied to the area of assessment?

Summary

Most respondents wanted to see further principles expressed in this area. Most of their suggestions bear on what the assessment process should be applied to e.g. more practice-based work, specific competences, the involvement of other professions, how assessment should be conducted - some argued for the use of range of assessment methods - who should conduct it and how they should be trained, and how assessors' performance should be monitored. The need to respond to the changing content and context of professional practice and the need to 'assess' the assessment methods themselves were also mentioned.

Some HEIs suggested there was no need for further principles since the relevant principles were already being applied through their QA framework but others made a range of suggestions.

Examples

Lancashire Teaching Hospital NHS Trust: All mentors'/teachers'/ assessors' work should be audited to ensure standardisation.

NHS Education for Scotland: Assessment methods should reflect practice as much as possible and should be flexible to suit all capabilities in assessment. There needs to be more expertise in assessment of work-based practice. Modern assessment methods need to be developed to match learning styles e.g. e-learning assessment methods, OSCEs. [There should be] as much feedback to students as possible.

NHS Pharmacy Eastern Network: Assessment … should be linked to specific competences that …the practitioner needs to demonstrate on completion of training programme and/or delivery a service/role. People carrying out assessments should be fully trained, competent and fit for purpose and should receive regular feedback on their performance.

NHS West Midlands Workforce Deanery: Yes: a principle encouraging the involvement of other professionals in the assessment process should be included.

Welsh Pharmacy Group: Use diverse methods and update in line with new research and evidence. Apply to environment which students likely to be working in and include live elements.

Council of University Heads of Pharmacy Schools: [Additional principle]- assessments which impact on professional qualifications should only be carried out with 'candidate confirmation'. Cost benefit analysis should be [carried out] when considering e.g. OSCEs against MCQs.

University of Central Lancs: It should be stated that assessment procedures are fully transparent and open to outside scrutiny.

Leicester School of Pharmacy: The principles of assessment are already embedded within QA framework for higher education and audited by QAA.

Welsh Centre for Postgraduate Pharmacy Education: The role of self-assessment and peer review and peer assessment should be included. National Standards and benchmarking should be developed for all levels of assessment. The assessment of professional competence needs to assess professional judgment, personal traits and attitudes across a range of professional contexts as well as clinical knowledge and technical skills. The valuable role of formative assessment in education, training, fitness to practice and poor performance should be included.

University of Wolverhampton: Patients should be used in assessment sessions, especially formative sessions. Patients should be used to provide feedback, particularly on commercial skills. It is advocated that elements of competency-based assessment (including role play, simulations and use of OSCE's) should be included and more use of reflection within assessment promoted. The DoP at Wolverhampton would like to see development of a measurable approach for the continuing Professional Development of the Pharmacy Profession based on an e-portfolio system. More generally, the DoP believes that the summative assessment burden is excessive. As assessment can also be a key instrument of learning, more formative and less summative assessment could be offered whilst still maintaining academic rigour.

Association of Pharmacy Technicians UK: The principle relating to 'people carrying assessment should be fully trained etc' should be included to ensure validity, reliability and fairness in assessment [are] practised. Assessment could be by a 360 degree approach i.e. peer reviews, patient feedback. Assessment should be formative and summative plus providing learner with sufficient and constructive feedback.

[Fifth para] needs to be supported by robust mechanisms for feedback and a process for removing people. The principles for assessment should recognise the difference between formative and summative assessment and the need to use them appropriately.

RPSGB Hospital Pharmacists Group: We would like to reinforce the need for diverse assessment methodology to ensure we are not rewarding students for their ability at a particular type of assessment.

UK Clinical Pharmacy Association: A principle to specify clearly the circumstances in which students and trainees should not be allowed to graduate, which will include an inability to share information and decisions and otherwise involve patients in their treatment and care should figure as one such circumstance, i.e. students and trainees must show good communication and inter-personal skills.

Company Chemists Association: A mechanism for accrediting prior learning needs to be included, particularly if the RPSGB is serious about increasing flexibility and inclusiveness.

Welsh Assembly Government Chief Medical Officer: It is essential that the assessment process is a dynamic one able to develop to meet changing requirements within professional practice and capable of responding to genuine initiatives such as Skills for Health, Knowledge and Skills Framework etc.

Question 9. Can these principles relating to assessment be applied to all areas of pharmacy education and training and to all providers? If not, what are the barriers?

Summary

A majority of respondents answered positively, but they, as well as those who did not, identified a number of obstacles to their application in practice particularly in courses offered outside of HEIs, such as CPD. These include the 'usual suspects - lack of resources, training and dedicated time, and the unwillingness of potential assessors to take on the role due to other pressures on their time.

Examples

London Pharmacy Education and Training: Yes. Barriers may be the competence of those who carry out the assessments. Other barriers include lack of dedicated time for education for training and assessment and resources. The assessor/pre-reg pharmacist tutor role is an additional role of the current job, additional training and assessments may not be welcomed by already busy people.

British Pharmaceutical Students Association: The answers relate specifically to MPharm and pre-reg students. The principles of patient involvement in assessment are applicable across these areas and should be across pharmacy education as a whole. It is understood that this would be difficult to implement and standardise, but it is felt that it is nonetheless a valid and important goal.

Council of University Heads of Pharmacy: Yes, any assessment must be appropriate, robust and fair whatever environment it is being carried out in. However, while the principles may apply equally there will be significant process and practical differences between assessment of education and that of training.

University of Reading: Barriers to applying principles relating to assessments are the usual suspects: money, time, willingness of teachers who may be already highly pressured.

Guild of Healthcare Pharmacists: The capacity, or rather lack of capacity, of workplace assessors is [a] current issue within the qualified professions. This will be exacerbated by an increased use of workplace training.

Pharmacy Sector Committee: A signification proportion of the assessments within pharmacy training take place in the workplace and business constraints have to be taken into account.

Pharmaceutical Services Negotiating Committee: Assessment methods must be practical and performance/competency based to provide a suitable pharmacy workforce for the future.

Company Chemists Association: A robust system of assessment methods is necessary. These should consist of a number of straightforward, fair, transparent and pragmatic assessment methods which are applicable across all the establishments where technicians and pharmacists are trained. These should be based on assessment of competence.

Fitness to Practice

Draft Principles

Organisations responsible for educating and training students/trainees in pharmacy should have procedures to:

- Identify as early as possible students/trainees whose performance, conduct or health may put patients, colleagues or themselves at risk.

- Provide those being trained with advice, extra training and support as and when appropriate.

- Take steps to prevent unsuitable students/trainees from progressing to the next stage towards becoming a registrant, or, if already registrants, to notify the Society of any fitness to practise concerns.

Question 10. Are there any other principles that should be applied to the area of fitness to practise?

Summary

Most respondents answered 'yes' to this question and offered a number of suggestions for additional principles bearing on support for poor performers, the relationship between employers and educators and the scope of application of 'fitness to practise', in particular the point at which it should commence. A number of respondents supported the idea of bringing fitness to practice considerations in as early as possible. It was also suggested that criteria were required for determining what forms of behaviour should be considered unacceptable and how such behaviour should be recorded and reported.

Examples

Lancashire Teaching Hospitals NHS Trust: Organisations should have procedures for dealing with students/trainees whose performance conduct or health may put others or themselves at risk.

NHS Education for Scotland: It should involve the principle that guidance and training is needed on how to report poor performance. RPSGB should learn from other professions such as medicine to look

at what mechanisms and support are in place for poorly performing professionals.

NHS Pharmacy Eastern Network: A principle around more stringent selection criteria? A principle around developing a culture of professionalism within each learning environment?

Welsh Chief Pharmacists Committee: Fitness to practise issues should begin as soon as professional training begins. The RPSGB should not wait until a person registers or begins pre-registration training before being able to act to prevent someone progressing. Criteria set by RPSGB need to be open and transparent to ensure those involved know what they are working with.

University of Strathclyde: Identifying unfitness to practise due to inappropriate attitudes is within our current grasp and is different from confirming fitness to practise. The requirement is also for academic staff to share similar notions about what attitudes are consistent/inconsistent with fitness to practise. Potential students would need to be made aware of this when they commence the degree … there should be a reasonable remedial path [provided] for students whose conduct may make them liable to fail good conduct criteria. Except for serious transgressions (how could these be defined?) a 'one strike and out' approach would be undesirable.

University of London: It is noted that the pharmacy HEI sector should 'take steps to prevent unsuitable students/trainees from progressing …'. This is problematic in the current undergraduate infrastructure, but can be overcome by addressing the issues of outcomes coupled with competence, competency and performance, as outlined above. Our preferred educational route to tackle the issue of performance of graduates, and seamlessness in graduate practitioner development is to have a fully integrated MPharm programme, operating with future employer partners. This will necessitate a change in funding structure, but one that is feasible.

UK Clinical Pharmacy Association: The Society working closely with education, training and development organisations should provide failing students/trainees and registrants with additional advice and support as early as possible. There needs to be guidance and benchmarks for students/ trainees/registrants to self-assess their performance; provide them with facilitation wherever possible.

Question 11. Can these principles relating to fitness to practise be applied to all areas of pharmacy education and training and to all providers? If not, what are the barriers?

Summary

A major number of respondents answered 'yes' but like those responding 'no' they identified a number of barriers to their general application. These include lack of the relevant resources, the incentives bearing on providers and lack of clarity as to their role in this area and the scope of fitness to practice i.e. how it would apply to those not seeking registration.

Examples

West Midlands Workforce Deanery: Accepting that there will be some difficulties, these principles must be applied to all areas of pharmacy education. The public has a right to expect a good standard of professional practitioners entering the profession.

NHS Pharmacy Eastern Network: Yes: an obvious barrrier is diversity of approach in different settings. Also a clash with aim of sustaining student numbers. Providers will have internal mechanisms for identifying and for dealing with poor performance … The principle should not expect a separate process for concerns raised by pharmacy E&T providers but be integrated into existing mechanisms.

Council of University Heads of Pharmacy: Among the barriers here are lack of clarity and no resources to pay for expensive medical and legal advice and legal defence costs.

University of Bath: I endorse the notion of inclusiveness and equal opportunities but sometimes have concern with students who are, for example, severely dyslexic … Inclusiveness needs to be balanced against future patient safety issues when the student becomes a pharmacist.

Leicester School of Pharmacy: A lack of clarity concerning fitness to practise did concern the academic staff at Leicester. Questions were raised concerning whether the same principles could be applied to those pursuing an industrial career or who wanted the academic qualification but did not intend to seek registration. Monitoring FTP is actually quite difficult given the restricted amount of patient contact in the current curriculum. A further question was whether

cheating/plagiarism is considered a FTP issue and if so how this could be judged in terms of honesty when in practice.

RPSGB Scottish Executive: The principles should apply to all and there is a responsibility to train and support, recognising this requires resources. The principles should also encompass multi-professional education and training.

UK Clinical Pharmacy Association: An obvious barrier is diversity of approach in different settings. Also a clash with sustaining number of students/trainees.

For registrants there must be a clearly defined communicative channel between the organisation, the Society and the education, training and development organisation. Investment in CE and CPD of the pharmacy workforce needs to consider the provision of quality assured education and training and protected time for CPD.

Teaching and Training

Draft Principles

All registered pharmacists and technicians should be willing to contribute to training students and colleagues.

Pharmacists and technicians with responsibilities for teaching, training and providing supervision and mentoring should gain and develop appropriate knowledge, skills, attitudes and values associated with teaching and assessment.

Question 12. Are there any other principles that should be applied to the area of teaching and training?

Summary

A few respondents answered 'no' to this question: a majority answered 'yes'. The additional principles they proposed covered the role of pharmacists and technicians in training, peer review and relationships with employers.

Although a number of respondents voiced support for the principle that practising pharmacists should contribute to training students and others, some pointed out that knowledge did not equate with ability to teach and that there were risks in making the requirement mandatory. A number of suggestions were made for ensuring that pharmacists were competent to do so.

Examples

Freeman Hospital: All registered pharmacists and technicians should be willing **and able** to contribute to training students and colleagues.

NHS Pharmacy Eastern Network: The first principle around willingness to contribute needs also to specify that employers must be able to make training others an integral part of job description. The second principle needs to specify what the minimum standards/competences would be for any pharmacist/pharmacy technician with responsibilities for teaching. Guidance would be needed about how these can be achieved and assessed. These competences should be reappraised as part of revalidation [and] form part of an overall competency framework for core/general pharmacy practice.

London Eastern and South Special Pharmacy Services: There should be a system for the development and accreditation of clinical or practice teachers and tutors. In partnership with HEIs, there should be a career pathway for those engaged in academic pharmacy at the interface with practice in any sector. For tutors in any established postgraduate training infrastructure, we would anticipate lines of accountability through local heads of education to postgraduate deans or their equivalent.

NHS Education for Scotland: There should be competencies for all aspects of education and training within people's jobs – those whose sole remit is E&T as well as all other practitioners who provide E&T as part of their jobs. Should also apply to tutoring role. External peer review from other professions and patients should be included.

North West Pharmacy Development Group: The principles indicate a very narrow view on teaching and training and are poorly defined. There is nothing on developing innovative methods of teaching and training (e.g. learning in the workplace) or concerning non-pharmacist educators who also need to develop appropriate knowledge and skills.

Welsh Chief Pharmacists Committee Education and Training Sub-Group: Ensure a system of peer review and review by other professional groups and patients. Competencies for education and training activity both in educational establishments and the workplace should be outlined and met.

University of Strathclyde: Schools of Pharmacy must be prepared to work closely with employers to invest in teaching and training skills development across a wide range of staff such that these skills are part of everyone's CPD. Generally there has been much progress in this area: good pharmacists/technicians are often good teachers and most pharmacists/technicians are comfortable in being trained to be better teachers/supervisors. The main barriers are resources that are often poorly defined or limited and hence developments too often rely on goodwill and the efforts of champions.

Council of University Heads of Pharmacy: The tenet that all registered pharmacists and technicians should be willing to contribute appears sensible until one realises that there should be schemes to check their

suitability for this contribution. It would seem a dangerous step to make this contribution mandatory.

Welsh Centre for Postgraduate Pharmacy Education: All pharmacists and technicians should be willing to act as mentors to colleagues.

Question 13. Should there be a principle on encouraging the involvement of the public and patients in teaching and training?

Summary

This question was answered affirmatively by nearly all respondents, some pointing out that the viewpoint of patients and the public would be different from that of the professional. However a number of qualifications as to its scope and practicality and its cost implications were identified.

It was also pointed out that the merits of involving patients in some settings needed to be evaluated against other teaching options such as role play and the costs and benefits properly appraised before it became general practice. One respondent suggested that the principle should be expressed in terms of patient-centred learning rather than involvement of the public as such.

Examples

London Pharmacy Education and Training: Public and patient involvement could make a positive contribution for clinical teaching, OSCEs, clinical placements etc. Students can learn to empathise, gain problem solving skills and increase their confidence in the workplace.

NHS West Midlands Chief Pharmacists Network Group: Exposure to public and patients particularly is essential in a healthcare course.

University of Reading: We are divided as to the advisability of involving the public and patients in teaching and training … We recognise that it is an important policy area with implications that need careful management; however it has cost implications too and would need centralised guidance. It may not be practical at all levels and may need to be reserved for higher levels of training.

University of Stratclyde: If involvement means they are interviewed to allow the students to gain experience in interviewing patients then this is workable but if they undertake the training then there is a need to assure quality.

There is a need to identify benefits of using real patients and increased attention to the best ways of blending learning from exposure to real patients versus learning from coaching using clinical examples in class room practical role play.

RPSGB Hospital Pharmacists Group: Yes. ... We support increasing practice based teaching in the UG curriculum since applying skills in the real life setting with real patients encourages empathy, problem solving, increased confidence and familiarity with the workplace. This will produce better practitioners.

Question 14. Can these principles relating to teaching and training be applied to all areas of pharmacy education and training and to all providers? If not, what are the barriers?

Summary

Most respondents answered 'yes' to this question but identified a number of barriers. These include the 'usual suspects', lack of financial and human resources and [protected] time, and the lack of a support structure for community pharmacists.

Examples

Pharmacy Technician Development Group Scotland: Yes. Barriers [are] time, resources: there should be a recommendation for protected time.

London Pharmacy Education and Training: Yes. A potential barrier is that many pharmacy staff consider they have ability to teach if they have a good knowledge of the subject but not the skills required for teaching.

Leicester School of Pharmacy: The education and training role of community pharmacists may be problematic …they do not have the educational and training infrastructure to support this role. However if …HEIs were responsible for a five year degree incorporating the pre-reg placement, then it is possible to construct a package of support and training that could be properly quality controlled.

RPSGB Scottish Executive: It should be recognised that training is often informal. It would be impossible to insist that all trainers should be trained but this should be progressed as rapidly as resources allow.

Company Chemists Association: The principles should apply to all areas of education and training. However in addressing the detail of how such principles will be applied the RPSGB must take into account the scale of training requirements, support need for providing sufficient skilled tutors and the funding of additional/top-up training. The requirements need to be aligned with employment law.

Welsh Assembly Government Chief Medical Officer: The use of the word 'all' in the first principle is not appropriate as not all practitioners will become good trainers. What is required is a willingness to support and contribute where appropriate.

Welsh Centre for Postgraduate Pharmacy Education: However this has heavy resource implications for all sectors of the profession

Resources

Draft Principles

Education and training programmes must be appropriately resourced to achieve their learning outcomes.

Students/trainees should have access to adequate resources to support their personal learning needs.

Those providing pharmacy education, training and CPD should have appropriate time set aside for students and trainees. Adequate resources should be available to allow supervisors and mentors to focus on providing appraisal and assessment.

Question 15. Are there any other principles that should be applied to the area of resources?

Summary

Some respondents answered this question positively and suggested additional principles or considerations including funded time for those in employment to undertake training and to support clinical practice while practitioners undertake mandatory training and the availability of mentors

A number of respondents suggested that the definition of resources should be clarified and extended to include the work environment and its associated facilities, a teaching environment which exposes students to research, suitably trained staff and other relevant factors such as funded learning time including backfill. Such views lead to the suggestion that the funding and course structure needs to be addressed. [These issues are taken up below.]

Examples

London Eastern and South Special Pharmacy Services: Resources should be defined to reflect teacher and tutor capabilities, access to appropriate learning environment and the required range of experience at undergraduate, foundation (or general) and higher level practice. In our view resources for pharmacist development include infrastructure, training programmes and experiences that lead to the acquisition of knowledge, skills and abilities, and their integration into competences that can be demonstrated by the application of recognised competency frameworks.

North West Pharmacy Development Group: There is nothing about funded time for those in full time employment undertaking education and training. Funding is needed to support clinical practice while practitioners undertake mandatory training.

College of Pharmacy Practice: Not sure what the principle means in relation to whose responsibility it is for students/trainees to have access to adequate resources to support their personal learning needs. The provider of the education cannot be expected to ensure this on all occasions.

Institute of Pharmacy Management: Settings should be as realistic as possible and meet a specific range of outcomes. There should be a resource for quality systems and for course review and development and for adequate levels of professionally qualified staff. There should be available a professional mentor in each institution to help guide students on professional dilemmas.

UK Clinical Pharmacy Association: Yes: protected time needs to be made available by the employing organisations for education training and development purposes.

NHS West Midlands Chief Pharmacists Network Group: Resources need to be defined in terms of finance, time, human resources and expertise, educational resources. Also availability of multi-professional library facilities; community trainees need to have access to resources within hospitals and universities.

Question 16. Can these principles relating to resources be applied to all areas of pharmacy education and training and to all providers? If not, what are the barriers?

Summary

Although a number of respondents answered this question positively, without any qualification, most respondents, whether answering positively or negatively, noted barriers including the familiar ones of resources and the funding system. It was also pointed out that a mechanism was needed for supporting professionals working in isolation.

Examples

NHS West Midlands Workforce Deanery: The resources may be not readily available in the facilities but good two-way links with local service providers … are essential in developing these. Planned/unplanned staff shortages a major barrier. Succession planning a big issue as is lack of resources for QA of E&T.

Welsh Centre for Postgraduate Pharmacy Education: Colleagues working in professional isolation e.g. locum pharmacists/technicians/single handed practitioners most likely to need regular education and training opportunities, especially in a network with peers. The PCOs must provide a mechanism to support this principle for this group of practitioners … There is a need to develop a partnership model between RPSGB, funding bodies, academia, other education providers, employers and the NHS.

Trower: Individual commercial organisations must retain the right to determine how they spend their budgeted resources.

Quality Assurance

Draft Principles

There must be rigorous, evidence based quality assurance, both internal and external, to ensure that standards are being maintained, curricula are continually reviewed and good practice is being shared.

QA processes must be valid (they should measure what they intend to measure) and reliable (i.e. they should produce consistent and accurate results).

There must be a clear statement of QA responsibility and accountability for the different aspects of each programme. Those responsible for quality assurance must demonstrate an appropriate range of expertise and knowledge. There must be separation of functions between providers and their external quality assurers.

QA must incorporate processes for ensuring that students/trainees can provide information and opinion on their education, training, supervision and clinical experience.

External quality assurance should confirm the validity of processes and outcomes of internal quality assurance and build upon them. QA should support the creation of common data sets and a resource for innovative practice and sharing of information.

QA should be transparent. QA processes and outcomes should be published where appropriate and shared with key stakeholders regularly.

QA processes should be efficient, effective, and proportional taking account of the costs and the effectiveness of the programmes as well as the QA process itself.

Where appropriate, approved QA systems operated by other bodies should be recognised.

Question 17. Are there any other principles that should be applied to the area of quality assurance?

Summary

A number of respondents answered ‘no’ to this question, pointing out that HEIs already worked to the principles - hence RPSGB should determine how its role related to that of others. Those answering yes made a number of suggestions including the involvement of pharmacists in the process of quality assurance, distillation of principles from other existing approaches, a strengthening of existing arrangements which bear on the application of principles and an overarching body to promote QA in all settings. It was also suggested that the public and students themselves should be involved.

Examples

Lancashire Teaching Hospitals NHS Trust; Best practice should be shared nationally.

London Eastern and South Special Pharmacy Services: Additional principles may be distilled from the approaches used by QAA, Partnership Quality Assurance Framework [interim standards] and the function of regulation of education discharged by the Society.

North West Pharmacy Development Group: Most of this section relates to formal courses and is generally too vague, imprecise. Many of the terms used need clarification and definition.

University of University of Brighton: Not only are these principles accepted they are fully complied with already … in university sector. RPSGB will need to recognise there are key players in this area namely the University itself and the QAA.

British Pharmaceutical Students Assocation: ... public knowledge or involvement in the accreditation process would be an appropriate development.

Association of Pharmacy Technicians UK: Quality assurance should ensure equal opportunities and equality etc are implemented and are practised. QA would also assure effective induction for learners is planned and delivered.

RPSGB Scottish Executive: Accreditation of learning placements both tutor and environment is important e.g. practices that train medical students. Site visits are necessary to ensure fitness for purpose

working towards the gold standard for professionalism enthusiasm and professional leadership. There is also a need for student assessment in the workplace.

Mottram: QA must incorporate processes for ensuring that students/trainees can provide *evidence based* information and opinion on their education.

Sewell [Kingston University and Plymouth Hospitals NHS Trust]: Yes. Currently QA process is weak and is not thorough. Too little attention to detail, no considerations of where resources directed. Principle: direction of resources within HEIs.

Question 18. Can these principles relating to quality assurance be applied to all areas of pharmacy education and training and to all providers? If not, what are the barriers?

Summary

A majority of respondents answered 'yes' to this question, but most of these, like other respondents, identified a number of barriers, including lack of appropriate structure or framework for their applications as well as resources and trained staff.

Among those answering no, the point was made, as with earlier questions, that it would be hard to extend formal QA to all learning events e.g. workshop organised by an RPSGB branch or to small and profitmaking providers.

A number of suggestions were made to overcome some of the barriers identified including the establishment of a national accreditation body to ensure coverage of all providers and an 'umbrella' role for HEIs.

In addition a number of respondents raised queries about the proper extent of the principles, given the cost of QA particularly in the workplace, and the risk that it would inhibit innovation.

Examples

Association of Pharmacy Technicians UK: Yes: all training and learning programmes need to be quality assured to allow the public and patients to have confidence in the outcomes and qualifications gained. QA needs to span across all pharmacy education and training providers to ensure there is consistency in delivery and assessment.

Pharmacy Sector Committee: These principles can be applied to all areas of pharmacy education and training but costs should not be disproportionate to the overall cost of the programme.

Freeman Hospital: If too onerous or too prescriptive sites may decide to stop training.

NHS Pharmacy Eastern Network: These principles are possible to achieve in large providers e.g. HEIs or FE Colleges. They are currently impossible for small individual providers to achieve … Any moves to require practitioners to implement these principles will need to be financially and operationally resourced.

NHS West Midlands Workforce Deanery: Easily applied to academic institutions as they are already doing it but where education not linked to educational body no way of doing formal QA except through commissioners which is variable i.e. QA through SHAs. But QA needs to be proportional to size of the course. Impact of cost of QA on small courses could be a barrier.

King's College London: Those providing non-accredited courses i.e. inhouse CPPE do not have the services of a national accrediting body. In order to harmonise standards and increase the perceived value of CE/CPD courses a national accreditation body could be established or pharmacy could adopt the system that has evolved in the nursing profession where most CE/CDP courses are delivered by HEI and are therefore subject to the QA standards of all HEI courses.

RPSGB Scottish Executive: It should be recognised that workplace assessment is very time consuming and therefore costly. The importance of trainee appraisal of the tutor should be emphasised.

Devolution

Draft Principles

The principles set out in this document are intended to be universal, and as such should be capable of application in all conceivable circumstances, and for the foreseeable future. It is important, therefore, that they should be relevant in all the different circumstances which devolution has created, and which may arise in the future.

The principles should be equally relevant in the contexts of, for example:

- the different educational structures of the different parts of Great Britain;
- the different qualification arrangements;
- the different fee and student support structures; and
- the various health, education and other policy differences - the contrasting legislative and policy frameworks which stem from the creation of the Scottish Parliament and Welsh Assembly.

Question 19. Do any of the above principles require modification to suit the different circumstances of England, Scotland and Wales? Please indicate why.

Summary

The vast majority of respondents answered ‘no’ to this question a number adding ‘despite some differences’ including policies on student fees and registration of pharmacy technicians.

In general it was felt that the differences did not require modification of the principles themselves but there may be a need to acknowledge them in the formulation of the principles document. One respondent suggested that the objective of ensuring ‘portability’ of qualifications between the GB countries should be made explicit.

Examples

Pharmacy Technician Development Group Scotland: No. We should all be working to agreed standards.

NHS Education for Scotland: … there should be as much transferability as possible in order to avoid duplication and allow reciprocity of the workforce.

Institute of Pharmacy Management: Probably not but … will course specifications demand that local legislation and practice is taught or most all legislation and practice variation be taught?

University of Strathclyde: Devolution and the different fee structure will have an effect with Scotland being different from the rest of GB.

Scottish Antimicrobial Group: There was some concern raised regarding the possibility that independent prescribing would be implemented differently in Scotland and England and if this was the case, would it mean that an independent prescriber with an English qualification would not be able to work in Scotland and vice versa?

University of Wolverhampton: Could there be problems with learning in England and practising in Wales? Everyone should follow EU directives.

Other Themes Arising from the Consultation

A number of respondents taking part in the written consultation and the bilateral meetings raised a number of points which do not bear directly on the questions in the *Consultation Document.* Within this material a small number of common themes were identified: the results are presented below. The 'Other comments' come from respondents who have not given explicit permission for their views to be quoted.

The Role of the RPSGB

Respondents made a large number of suggestions bearing on the role of the Society. The overall implication of these suggestions is that the role of the Society should be expanded particularly in respect of undergraduate training including, accreditation of training providers course content and selection/rejection criteria – although a number of academic responses affirmed that implementation of broad principles should be left to them. Also, it was pointed out by some respondents that the Society would have to take into account the roles of other relevant actors, such as employers, with their own criteria for access to learning, universities with their own rules re diversity and quality assurance, and other training providers working in a commercial environment.

Examples

Welsh Chief Pharmacists Committee: The RPSGB should not wait until a person registers or begins pre-registration training before being able to act to prevent someone progressing. The criteria set by RPSGB need to be open and transparent to ensure those involved know what they are working with.

Council of University Heads of Pharmacy: … the HEIs and other course providers need to have a dialogue with the professional body to determine criteria that would allow these institutions to refuse entry to students or remove students from their course.

University of London: The RPSGB will need to recognise that there are other agencies to whom Schools of Pharmacy are accountable [e.g. the institution itself, the QAA (and equivalents in Scotland and Wales) the tax payer].

The Funding of Teaching and Training

A number of respondents argued that the present funding system for pharmacy training and education is not fit for the purpose, all the more so if the balance of the MPharm is to be shifted towards clinical practice. In this context a funding structure closer to that for medical and dental studies was considered to be more appropriate. Some respondents urged the RPSGB to stimulate a dialogue with the funding bodies and other interested parties.

Examples

RPSGB Hospital Pharmacists Group: There needs to be centrally funded resources ring-fenced to support practice based teaching as happens in other health professions (e.g. SIFT money for medical education).

University of Brighton: A dialogue between the heads of schools, the higher education funding councils and RPSGB needs to be opened up on these matters [funding structure].

University of Central Lancashire: If clinical outcomes are going to be met by the pharmacy undergraduate programme then funding should be on a level with other healthcare courses such as medicine and dentistry. The HEFCE banding requires review. With respect to workplace learning in the MPharm a reappraisal of funding structure is required to allow this to be a sustainable and effective mode of learning.

University of Wolverhampton: RPSGB should lobby for a funding structure which is NHS rather than HEFCE based in order to fund a fully integrated course that includes incorporating the pre-registration year into the curriculum.

University of Strathclyde: ... we suggest RPSGB approach the Department of Health for a mechanism similar to the Medical Additional Cost of Teaching to be developed.

Council of University Heads of Pharmacy: Pharmacy should be very careful in approaching the higher education funding councils in relation to possible funding band changes for the subject. Clearly we want to get some recognition and acceptance of the importance of patient contact ... but we would not want to this to be with the loss of 'science funding for classroom aspects of the undergraduate programme.

Welsh Centre of Pharmacy Education: There is a need to develop a partnership model between RPSGB funding bodies academia and other education providers, employers and the NHS.

North West Pharmacy Workforce Development Group: There is a lack of coherence between funding organisations to ensure training and education is adequately resourced.

The Nature of the MPharm

Comments and suggestions were made on the structure and content of the MPharm in several parts of the consultation. Most of the comments on structure argued for an integrated degree. A large number of suggestions were made bearing on the content of the degree (see Question 5), most of them bearing on professionalism, patient focus and preparation for practice. Equally a number of respondents emphasised the need to maintain the science element in the degree.

Examples

Freeman Hospital: There is a need for a radical review of undergraduate training. Although it is important to maintain the science base a formal practice based training element linked to pre-reg pharmacist training is essential … Any review of the undergraduate course should be done in conjunction with a review of the pre-reg year and involve a number of stakeholders e.g. employers.

London Eastern and South East Specialist Services: We endorse the principle of a patient focused medicines centred curriculum. We suggest professional competence and judgement are important areas although this may relate more to content than principle. We also advocate a principle of greater learning in practice settings and the move to integrate pre-registration training with the undergraduate curriculum.

North West Midlands Workforce Deanery: The formal structure of undergraduate pharmacy training is traditional and science-based, compared to other health professionals which are more practice based. There is a need for a radical review of undergraduate training although we would want to maintain the good science base, a more formal practice based element linked to pre-reg pharmacist training is essential.

The curriculum needs to be fit for purpose to include: essential knowledge, skills and competence, attitudes and behaviour appropriate for a pharmacist. Skills for self-directed learning and integration of basic science and clinical science.

North West Workforce Development Group: A pharmacist's sound scientific knowledge underpins their expertise in medicines. The requirements of patients and public should define learning outcomes for pharmacy training. The profession should be responsible for

deciding how these can be achieved which would then inform curriculum design and content.

Guild of Healthcare Pharmacists: There should be a proper integration of theory and practice; this is not currently universal. A five year integrated programme including the undergraduate course and the pre-registration year is one option to support this.

University of London: Our preferred educational route to tackle the issue of the performance of undergraduates and seamlessness in graduate practitioner development is to have a fully integrated MPharm programme, operating with future employer partners.

Annex – Advice on the analysis of consultations: selected paragraphs

The following extracts reflect current official and other current thinking on how the responses to consultations should be analysed.

Cabinet Office: Code of Practice on written consultation

Criterion 6

1. Responses should be acknowledged where possible.

2. They should be carefully analysed, in particular for:

   a) possible new approaches to the question consulted on;

   b) further evidence on the impact of the proposals;

   c) levels of support among particular groups.

3. Analysing responses is never simply a matter of counting votes. The House of Lords Science and Technology Select Committee has drawn attention to the risks of single-issue groups monopolising debate. Particular attention may however need to be given to the views of representative bodies, such as business associations, trade unions, voluntary and consumer groups, and other organisations representing groups especially affected. Eventually it is for ministers to assess the argument and evidence and reach decisions in the public interest.

4. It is desirable to keep as full an account as possible of both formal and informal responses to consultations; both to ensure that everyone's view is fairly considered, but also, in line with the reasoning of the Neill Committee, to help address any allegation of privileged access. (p 10)

Cabinet Office: collating and analysing responses

Collate and compare the responses you have received and identify the most prevalent views for each question asked. When analysing responses, remember that consultation is not a public vote: you should afford most weight to the most cogent ideas and arguments, and not necessarily to the views of your most influential stakeholders. This is particularly important if you receive a petition or a large

number of responses as part of a campaign. If this happens, you should not disregard these responses, but should clearly state in your summary of responses report the number of responses received in this way, how you have analysed them and what weight you have given them. (p 1)

Cabinet Office: Better Regulation Executive

Criterion 4

4. Give feedback regarding the responses received and how the consultation process influenced the policy.

4.1 Responses should be carefully and open-mindedly analysed. Do not simply count votes when analysing responses. Particular attention may need to be given to representative bodies, such as business associations, trade unions, voluntary and consumer groups and other organisations representing groups especially affected. In order to ensure that responses are analysed correctly, it is important to understand whom different bodies represent, and the methodology used to gain members' input into the response.

4.2 Particular attention should be paid to:

- possible new approaches to the question consulted on;
- further evidence of the impact of the proposals; and
- strength of feeling among particular groups. (p 9)

Consultation Institute: The Consultation Charter

Principle 6 The FAIR INTERPRETATION of Consultation

Information and viewpoints gathered through Consultation exercises have to be collated and assessed, and this task must be undertaken objectively.

Only in exceptional circumstances should the decision-makers themselves be involved with primary assessment of the data, and the use of external assessors has many advantages.

Where *consultors* use weighting methods to assist in the assessment process, this must be disclosed to participants and to decision-makers relying on the consultation output. (p 5)