



**Royal  
Pharmaceutical  
Society**  
of Great Britain

## **The Principles of Pharmacy Education & Training**

### **Background**

The aim of all stages of pharmacy education, including initial and post-registration education, is to ensure that pharmacists and pharmacy technicians are capable and practise ethically throughout their careers in whatever context. Education and CPD should result in a pharmacy team with the knowledge, skills, attitudes and values that enable them to discharge their responsibilities to patients, other users of pharmacy services, colleagues and society in general.

These principles are based on the understanding that pharmacy education is capability-based and people-centred and must reflect the professionalism required by all members of the pharmacy team at all stages of their career.

It is important to note that while the principles are generic, they relate to all stages of pharmacy education, the whole range of education providers and both public and private sector employers of pharmacy teams. How they will be applied will be proportional and appropriate to specific sectors and circumstances.

The Society consulted widely on these principles in 2006 and into early 2007, and received overwhelming support for them from all stakeholders. These principles reflect, therefore, the consensus views of the profession and of the bodies with which it works.

The Society is establishing a set of principles that will guide the review and development of pharmacy education. As part of that process, Society is reviewing its own education policy and standards.

In drawing up these principles the Society recognises that they are ambitious but achievable - providing that appropriate resources and investment are available. They reflect how the Society envisages pharmacy education developing over the next 10 years. They also recognise the situation where there is support for a particular aim but constraints (particularly of resources) against immediate attainment. This latter point serves to highlight the magnitude of some of the tasks in question.

### **Definitions**

*Capability:* The term capability is used throughout this document. The Society views education as the means of acquiring the basis of capability, an all round human quality, an integration of knowledge, skills, attitudes and values used appropriately and effectively – not just in familiar contexts but in response to

new and changing circumstances. It is more holistic than competence and that change has been made in response to views on the use of competence gathered in the consultation.

*Education:* Education refers to formal and informal periods of directed and self-directed learning at a level appropriate to the needs of an individual at a given time. By adopting this broad definition of education, the need for the use of the word training is avoided.

*Professionalism:* The Society views professionalism as the autonomous application of capability in a professional context and in a manner which meets the expectations of peers, patients, the public and society.

*Education providers:* When referring to pharmacy education providers we are including higher education institutions (HEIs), further education colleges (FEIs), the NHS and other education providers and employers, including NHS hospital trusts, primary care organisations and community pharmacy contractors.

*Funders:* When referring to those responsible for funding pharmacy education we are including the higher education funding councils, the Department of Health, strategic health authorities, the Welsh Assembly and Scottish Executive Health Department, NHS education bodies, and employers including NHS hospital trusts, primary care organisations and community pharmacy contractors.

*Students:* When referring to students we are including those studying undergraduate pharmacy, preregistration graduates, pharmacists undertaking post-registration education, student pharmacy technicians and pharmacy technicians undertaking post-qualification education.

## **Use**

These principles support standards and guidance about pharmacy education issued by the Society and other relevant bodies, such as those for preregistration, the MPharm, post-graduate qualifications leading to register annotation, conversion courses for overseas-qualified pharmacists and qualifications for pharmacy technicians.

## **Themes**

During the consultation it became clear that a number of themes were emerging which were applicable to more than one broad principle. They are:

*Proportionality:* Principles should be applied flexibly in such a way that they are fit for purpose, that is context would determine their precise nature and use. Respondents felt that principles should not become dogma and should support the complex profession of pharmacy. This means that the way in which a principle might be applied to undergraduate education or preregistration or CPD might vary as appropriate. Similarly it might vary

between sectors and so on.

*Professionalism:* The majority of respondents felt that pharmacy education had a purpose and it was to equip students and registrants for a career in pharmacy and that CPD should support their career aspirations and needs. The profession of pharmacy was felt to be broad but, whatever the sector in which one worked, one was a professional who subscribed to a core set of attitudes and values (as well as knowledge and skills bases) which defines one as a professional.

*People-centred, medicines-focused:* Respondents felt that pharmacy education should support the core values of pharmacy: that it is, as a profession, people-centred – because no matter what environment one works in, the purpose of practising one's profession is to benefit people (not just patients) and medicines-focused - because pharmacy is the healthcare profession in which a detailed knowledge of medicines resides.

*Integration:* Respondents felt that the stages of education (including CPD) could be brought together, integrated, for greater coherence. A number of ways in which integration could occur were suggested: the intellectual integration of education and CPD into a continuous development of capability but also structural integration, such as the merging of undergraduate education and preregistration. To assume integration means just the latter would be to miss the breadth of points made by respondents.

## **The Principles**

### **1. Selection**

- 1.1 Selection should be for the profession of pharmacy, in all its aspects.
- 1.2 Selection criteria should be fit for purpose, proportional, inclusive and facilitate equal opportunities
- 1.3 Education providers should publish information about their admission procedures, including guidance about the basis on which places will be offered and details of selection criteria and processes
- 1.4 Those responsible for selection should have an appropriate 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.

### **2. Curriculum**

- 2.1 The purpose of pharmacy education is to produce capable professional practitioners and, to this end, should be capability based
- 2.2 Curricula should allow students to achieve the learning objectives set
- 2.3 Pharmacy education must accept the permanence of change, therefore

curricula and delivery should be flexible and fit for purpose

- 2.4 Learning objectives must be subject to regular updating and should reflect advances and developments in pharmacy practice, pharmaceutical science and the needs of patients, the public and society
- 2.5 The culture of continuing professional development should be embedded in all pharmacy education
- 2.6 Explicit learning objectives should be set for education so that it is clear what is required of those undertaking education in terms of knowledge, skills, attitudes and values
- 2.7 Where applicable these objectives should be appropriate for changes to registration status, such as initial registration or annotation of specialist or advanced practice status
- 2.8 The methods used to set goals should be transparent, in the public domain and developed with appropriate input from practitioners, patients and the public

### **3. Assessment**

- 3.1 Assessments should evaluate capability and should use an appropriate diet of methods
- 3.2 The diet should be designed to assess the knowledge, skills, attitudes and values that contribute to capability
- 3.3 Assessments should take the needs of patients and the public into account
- 3.4 Assessments 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
- 3.5 Those carrying out assessments should be fully trained, capable and fit for purpose, and should receive regular feedback on their capability
- 3.6 There should be processes in place to allow those being assessed to give feedback and to appeal.

### **4. Fitness to practise**

- 4.1 Those engaged in pharmacy education should be fit to practise
- 4.2 Fitness to practise should be assured by providers of education and to that end they should have procedures to:
  - identify as early as possible those 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 people from progressing to the next stage towards becoming a registrant, or, if already registrants, to notify the Society of any fitness to practise concerns

4.3 The Society has a role to play in supporting providers of education as they exercise their role as assurers of fitness to practise

## **5. Teaching**

5.1 All registered pharmacists and pharmacy technicians are required under the Society's Code of Ethics to support colleagues and students in developing their professional capability in a manner appropriate to their circumstances

5.2 Pharmacists and pharmacy technicians with responsibilities for teaching (in its broadest sense), providing supervision and mentoring should gain and develop appropriate knowledge, skills, attitudes and values which underpin those roles

5.3 Teaching should take the needs of patients and the public into account

## **6. Resources**

6.1 Education programmes must be appropriately resourced to enable those undertaking them to achieve their learning objectives

6.2 People are just as important as financial and physical resources

6.3 Those providing pharmacy education and CPD should set aside time for students and registrants to enable them to meet their learning objectives

6.4 Adequate resources should be available to allow supervisors and mentors to focus on providing appraisal and assessment

## **7. Quality**

The quality referred to in this section refers to the quality enhancement and assurance of education and CPD.

### *Assurance*

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

7.2 Processes must be valid - they should measure what they intend to

measure - and reliable - they should produce consistent and accurate results

7.3 There must be a clear statement of quality assurance responsibility and accountability for the different aspects of provision. 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

7.4 External quality assurance should confirm the validity of processes and outcomes of internal quality assurance and build upon them

7.5 Quality assurance should be transparent

7.6 Quality assurance processes should be efficient, effective and proportional, taking account of the costs and the effectiveness of the programmes as well as the process itself

7.7 Where appropriate, approved quality assurance systems operated by other bodies should be recognised

#### *Enhancement*

7.8 Quality assurance systems should be reflexive and responsive to feedback

7.9 Those undergoing education must be able to provide feedback on their education for it to be improved

7.10 The outcomes of quality assurance should be made available to allow the sharing of good practice

### **8. Devolution**

8.1 The principles set out in this document are intended to be universal, and as such should be capable of application in all the countries of Great Britain and in the various contexts that devolution has brought about.

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

- the different educational structures of the countries of Great Britain
- different qualification frameworks
- different fee and student support structures and
- various health, education and other policy differences stemming from the contrasting legislative and policy frameworks of the Scottish Parliament and Welsh Assembly