



## **SUBMISSIONS TO THE GPhC EDUCATION AND CPD CONSULTATIONS**

**7 February 2011**

The Pharmaceutical Society of Northern Ireland has considered the consultation documents published by the GPhC in November 2010 in relation to both:

- a) Education standards and accreditation frameworks; and,
- b) CPD Framework and Rules.

The comments made in our submissions reflect in particular, the fact that such matters interface with the conduct of our regulatory responsibilities for pharmacy in Northern Ireland in a number respects.

Principally these include:

- Our longstanding relationship with the Royal Pharmaceutical Society of Great Britain in accreditation of Schools of Pharmacy in Northern Ireland
- Our recommendation to non-EEA applicants of the OSPAP certification
- Previous understanding with the Royal Pharmaceutical Society of Great Britain enabling reciprocal recognition of each organisation's CPD systems for those registrants holding dual registration

Further discussion with GPhC on all of the matters raised in this submission would be welcomed, both in the future development of the projects, and also in the context of any Memorandum of Understanding between our organisations which may be formed in future.

### **PSNI response to the GPhC's consultation on Standards for the Initial Education and Training of Pharmacists**

**February 2011**

**Overall**, the Pharmaceutical Society of Northern Ireland considers that the 10 Standards for initial education and training are fit for purpose and each of the individual standards to be fit for purpose.

Further comment in relation to each of the Standards 1-10 are made below, including some suggestions for addition.

- **Patient and public safety (Standard 1)**

The placing of “Patient and Public Safety” as the first of the component Standards is appropriate and supported by the Pharmaceutical Society of Northern Ireland, alongside the requirement for Universities to have in place Fitness to Practise procedures to deal with student causes for concern, and the integration of the Student Code of Conduct within the Standards.

Equally, the inclusion within this first standard of the following statements is welcomed:

- *“students and trainees must not be awarded an accredited degree or pass pre-registration training if they might pose a risk to patients or the public.”*
- *“Students and trainees must not be allowed to continue education and training if they pose a risk to patients or the public”*
- *“By awarding an accredited degree a university is confirming that a pharmacy graduate is fit to enter pre-registration training”*

All of these statements help to add clarity to the role of educational institutions in protecting patient safety.

In section 1.1, under the bullet point “understand what fitness to practise mechanisms...”, it is suggested a further line be added at the end “and make regular reports of student fitness to practise outcomes to the regulator in line with GPhC guidance on student fitness to practise procedures”.

- **Monitoring, review and evaluation of initial education and training (Standard 2)**

It is recognised that, for many Universities, involving patients and the public in MPharm Degree development could be a new area of activity. Further guidance to Universities may therefore be required in order to assist institutions in meeting the Standard.

Under guidance point 2.3, within the phrase “entry requirements and evidence of how they support the aims and philosophy of the programme”, the use of the term “philosophy of the programme” may need reconsideration in view of the potential for ambiguous interpretation.

- **Equality, Diversity and Fairness (Standard 3)**

As with Standard 1 (Patient Safety), Standard 3 is concisely and well expressed.

- **Curriculum delivery and the student experience (Standard 5)**

Standard 5 is well expressed, and section 5.10 and 5.21 are particularly supported:

- *“Patient safety must be paramount in assessments: any evidence of assessment demonstrating unsafe practice must result in a fail.”*
- *“Where appropriate, reasonable adjustments must be made to curriculum delivery to help disabled students and trainees meet learning outcomes. Teaching, learning and assessment can be modified for this purpose but learning outcomes cannot.”*

A further explanatory sentence might be required after the term *“education and training must be linked in a coherent way.”*

- **Support and Development for Students and Trainees (Standard 6)**

Again, the principal terms of this Standard are well made.

However, it is suggested that a further requirement be added in relation to making available mechanisms for students to raise concerns about a person/s with responsibility for their education. This applies to both undergraduate and pre-registration education.

- **Support and Development for Academic Staff and Pre-Registration Tutors (Standard 7)**

It is suggested that consideration be given to including within this Standard the need for education providers to make use of student and trainee feedback in staff appraisal, support and development mechanisms.

- **Management of Initial Education and Training (Standard 8)**

In respect of the guidance to education providers that systems and structures should take account of “placement capacity and sustainability” we are conscious of increasing concerns around this issue. The matter of placement capacity and sustainability across the regions of the United Kingdom may need to be kept under review in respect of these Standards in case of a future need to add further guidance to Universities.

- **Resources and Capacity (Standard 9)**

This Standard’s inclusion is supported, understanding that the meaning of pharmacist, if applied to Northern Ireland, may be different e.g. registrant of the Pharmaceutical Society of Northern Ireland).

- **Learning Outcomes (Standard 10)**

The majority of learning outcomes are set at the correct level.

However further consideration should be given to placing:

- *“Respond appropriately to medical emergencies, including provision of first aid”* from **SHOWS HOW** to **DOES** in the Pre-Registration year.

In the context of a year in pharmacy practice, it can be expected that a trainee will be provided with opportunities to provide first aid.

- *“Participate in audit and in implementing recommendations”* from **SHOWS HOW** to **DOES** in the Pre-Registration year.

Again, it is realistic to expect, in a year in practice, a pre-registration trainee will have opportunities to conduct such activity.

It is also recommend that an additional Learning Outcome be added in relation to devolution. As evidenced in the current Health and Social Care Bill before Parliament, and changes to health administration in Northern Ireland via the 2009 Review of Public Administration, the systems and contexts within which pharmacists in Scotland, England, Wales and Northern Ireland operate, continue to diverge. This should be reflected in pharmacy education as a qualified pharmacist may find themselves working in any of the

jurisdictional areas and may therefore require orientation and a basic level of familiarity with the differences in practice (e.g. E-Pharmacy in Scotland, Cross-border prescriptions in Northern Ireland, Multi-disciplinary pathways in Wales, pharmacist interface with GP consortia in England). Qualified pharmacists should be able to “**KNOW HOW**” devolution impacts upon pharmacy practice across the UK.

Other areas of learning worthy of further consideration for inclusion in the learning outcomes section of the Standards include:

- Patient Confidentiality;
- Record Keeping; and,
- Future Developments in Pharmacy and Medicine (e.g. robotic pharmacy, genetic medicines)

A final comment in relation to the document relates to the diagram on p4. It is our consideration that the process block “Health, character and identity checks” should also be included at the beginning of the diagram. This would give added clarity that this process must also be conducted by the University before admission to a Pharmacy Education Programme.

**PSNI response to the GPhC’s consultation on Standards for the Education and Training for Non-EEA pharmacists wanting to register in Great Britain  
February 2011**

It should be noted that it is the policy of the Pharmaceutical Society of Northern Ireland to recommend to applicants from outside the EEA who seek registration as a pharmacist in Northern Ireland that they complete the current OSPAP certification offered in Great Britain. A similar certification is not offered in Northern Ireland at this time.

Noting this interest, the principal comments of the Pharmaceutical Society of Northern Ireland in relation the Draft Standards for the Education and Training for Non-EEA pharmacists wanting to register in Great Britain are:

- Under 1.1 – the sixth bullet point should also reference the requirement for students to be familiar with professional regulatory body’s Standards of Conduct, as per the section’s counterpart in the GPhC draft standards for the initial education and training of pharmacists;

- Under 4.2 “ *Health/good character/identity checks and English language requirements will have been addressed as part of the GPhC’s adjudication process. Universities may make additional checks*” it may be useful for clarity to add expression that the professional regulatory bodies for pharmacy only accept IELTS and requires a level of a minimum of 7 in every category of the same sitting of the academic IELTS;
- Consideration should also be given to including within the guidance to Standard 1 (Patient Safety) advice to Universities that fitness to practise pharmacy in the United Kingdom includes the ability to competently speak English.

Elsewhere, it is noted that the Standards for the Education and Training for Non-EEA pharmacists wanting to register in Great Britain are to a large degree based on those for the Initial Education and Training for Pharmacists. Reference should therefore be made to our comments made on those Standards, for example, the suggestions made for addition to, and amendments to, the Learning Outcomes (e.g. relevance of devolution to the practice of pharmacy in the UK).

**PSNI response to the GPhC’s consultation on the methodology for the accreditation of pharmacy courses  
February 2011**

The Pharmaceutical Society of Northern Ireland supports the proposed accreditation methodology.

In relation to moving to a 6 year accreditation cycle, it is important that as these proposals are progressed:

- The 3 year practice visit does not have the unintended consequence of increasing regulatory burden upon Universities (e.g. becoming a “mini-accreditation visit”)
- Mechanisms are in place to ensure matters identified by the regulator/s at the 6 year visit are not left unaddressed until the next full visit

The proposals for improving student involvement in accreditation and including assurance and enhancement elements within the methodology are supported.

In addition to the proposals made, consideration should be given to how the accreditation process can both facilitate, and take account of, ongoing student feedback mechanisms outside of practice visits (e.g. online portals).

## **PSNI response to the GPhC's Draft CPD Framework and Rules**

**February 2011**

In composing its responses to the GPhC's consultations on proposed:

- Standards for Initial Education and Training of Pharmacists;
- Standards for Education and Training for Non-EEA pharmacists wanting to register in Great Britain; and,
- Accreditation Methodology

it has been considered by the PSNI that these Standards and processes are likely to have impacts upon pharmacy education provision in Northern Ireland, and the registration of Non-EEA pharmacists in Northern Ireland. This is due to the historical working relationships between the Pharmaceutical Society of Northern Ireland and the GPhC's predecessor body on these matters. It is hoped that such relationships can be maintained with the GPhC in future.

However, in relation to Continuing Professional Development, the Pharmaceutical Society of Northern Ireland operates an independent programme of CPD assessment. Detailed comment on the GPhC's CPD proposals are therefore not submitted, other than to place on record the PSNI's desire to continue a relationship of mutual recognition of CPD systems in respect of those pharmacists possessing registration with both the GPhC and PSNI. It is in the interests of proportionate regulation not to require such registrants to complete two separate regimes of CPD, both of which are annually reviewed by CHRE.

We look forward to further discussions with GPhC on these points in the context of the development of a Memorandum of Understanding between our two organisations.