



Report on Consultation on Proposals for a Joint GPhC/Pharmaceutical Society NI 4-Country Registration Assessment

*This document was considered by the Council of the Pharmaceutical Society NI on
26 November 2019.*

Contents

1. About the Pharmaceutical Society of Northern Ireland.....	2
2. About the Consultation.....	2
3. Consultation Engagement.....	3
4. Purpose of Report – approach and analysis.....	3
5. Consultation Document.....	4
6. Respondents.....	5
7. Overview of Main Findings.....	6
8. Responses to Question 1.....	8
9. Responses to Question 2.....	12
10. Responses to Question 3.....	16
11. Responses to Question 4.....	20
12. Responses to Question 5.....	23
13. Analysis of Emerging Themes.....	25
14. Recommendations.....	36
Appendix 1.....	37

1. About the Pharmaceutical Society of Northern Ireland

- 1.1 The Pharmaceutical Society NI is the regulatory body for pharmacists and pharmacies in Northern Ireland.
- 1.2 Our primary purpose is to ensure that practising pharmacists in Northern Ireland are fit to practise, keep their skills and knowledge up to date and deliver high quality, safe care to patients.
- 1.3 It is our responsibility to protect and maintain public safety in pharmacy by:
 - setting and promoting standards for pharmacists' admission to the Register and for remaining on the Register and the standards for pharmacy premises;
 - maintaining a publicly accessible Register of pharmacists and pharmacy premises;
 - handling concerns about the Fitness to Practise of pharmacists, acting as a complaint's portal, acting to protect the public and maintaining public confidence in the pharmacy profession; and
 - ensuring high standards of education and training for pharmacists in Northern Ireland.

2. About the Consultation

- 2.1 The Council of the Pharmaceutical Society NI ("Council") launched its Corporate Strategy 2017-2022 in July 2017. Objective 4 of the Corporate Strategy 2017-2022 is 'to ensure that pharmacy education and professional development is fit for purpose'. Goal 4.a of the Corporate Strategy 2017-2022 is, "to review the pre-registration framework and to make necessary improvements".
- 2.2 The consultation outlined the findings of Council's review of the registration examination and explained the three options Council considered on how to proceed based on those findings. It further illustrated how Council reached its decision on a preferred option of collaborating with the General Pharmaceutical Council (GPhC), which regulates pharmacy in Great Britain, to develop and implement a joint GPhC/Pharmaceutical Society NI (four-country) examination as the final assessment that pre-registration trainees must pass in order to join the Register of Pharmaceutical Chemists in Northern Ireland.

- 2.3 The consultation sought the public's, pharmacists' and stakeholders' views on whether Council's preferred option is the right approach to meet its objectives of protecting the public, maintaining public confidence in the pharmacy profession and maintaining professional standards in Northern Ireland.
- 2.4 The Consultation ran for 12 weeks from 02 August 2019 – 11 October 2019

3. Consultation Engagement

- 3.2 **Correspondence with key stakeholders:** All registrants and key stakeholders were emailed details of the consultation and instructions on how to respond.
- 3.3 **Website:** The consultation document and the draft Indicative Standards Guidance were available to download from the website along with a response form between 02 August 2019 – 11 October 2019.
- 3.4 **Facebook and other media:** the consultation document was advertised on our Facebook page over the consultation period.

4. Purpose of Report – approach and analysis

- 4.1 This report provides a summary of the responses to the consultation on Proposals for a Joint GPhC/Pharmaceutical Society NI 4-Country Registration Assessment - 02 August 2019 – 11 October 2019, and is designed to aid Council in its decision making.
- 4.2 No differential weighting was given to responses, and all responses were read and considered. Comments and points from individuals were considered alongside the views of organisations. Where the views of a particular organisation were considered to be particularly relevant to a question or issue this has been highlighted in the report.
- 4.3 In the report, comments and direct quotes are attributed to the consultee category to which they fit i.e. individual pharmacist. With regards to organisations, we have in most instances directly attributed comments/quotes.
- 4.4 The report considers the direct responses to the consultation questions alongside the comments provided by respondents. It identifies themes emerging from the comments and provides analysis on those themes, making recommendations to Council.

5. Consultation Document

- 5.1 The Consultation document outlined how to respond to the consultation; provided the 5 consultation questions; and provided a supporting rationale for the proposals.
- 5.2 Consultees were asked the following questions and were provided with space to make further comments on each question and in general.

1. *Do you agree with the preferred option of the Council of the Pharmaceutical Society NI, namely that a joint GPhC/Pharmaceutical Society NI final assessment be introduced to reform the pre-registration examination?*

Yes No Unsure

Comment – Please add any comments in support of your view

2. *Are the Quality Assurance and Governance aspects of the draft agreement with the GPhC adequate to ensure the Council of the Pharmaceutical Society NI can continue to deliver upon its regulatory obligations?*

Yes No Unsure

Comment – Please add any comments in support of your view

3. *The outline proposals for operations in relation to a joint examination are appropriate?*

Yes No Unsure

Comment – Please add any comments in support of your view

4. *Is there anything missing from the proposals for operations in relation to the joint examination?*

Yes No Unsure

Comment (If you answered 'Yes' please provide, further details)

5. *Having carried out an equality screening exercise, the Pharmaceutical Society NI considers that the proposals as outlined do not have any equality and diversity implications. However, we would like to test this exercise.*

Do you consider that any aspects of our proposals could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics?

- *Religious belief;*
- *Political opinion;*
- *Racial group;*
- *Age;*
- *Marital status;*
- *Sexual orientation;*
- *Men and women generally;*
- *Disability;*
- *Dependants.*

Yes

No

Unsure

Comment (If you answered 'Yes', please specify, which groups you think may be affected and how we may be able to address the issues raised).

6. Respondents

6.1 The Pharmaceutical Society NI received 26 responses. An overview of the responses can be found in Figure 1. A list of respondents can be found at Appendix 1. It should be noted that only 25 responses have been analysed as 1 response was sent in an inaccessible format. The individual respondent was contacted on two occasions in relation to this, however, no accessible version was provided.

Figure 1 - Respondents			
Individuals		Organisations	
Pharmacists	10	Pharmacy Representative Body	7
Undergraduate Students	4	Patients/Public Representative Body	-
Pre-registration Students	1	Government Department	-
Community Pharmacy Owner	-	University	1
Member of Public	-	Regulatory Body	-
Other Healthcare Professional	-	Health and Social Care Organisation	-
Other	-	Other	2
Total	15	Total	10
Overall Total	25		

7. Overview of how respondents' answered questions¹

Question 1: Do you agree with the preferred option of the Council of the Pharmaceutical Society NI, namely that a joint GPhC/Pharmaceutical Society NI final assessment be introduced to reform the registration examination?			
Yes	No	Unsure	Did not answer
17 (68%)	4 (16%)	4 (16%)	0
Question 2: Are the Quality Assurance and Governance aspects of the draft agreement with the GPhC adequate to ensure the Council of the Pharmaceutical Society NI can continue to deliver upon its regulatory obligations?			
Yes	No	Unsure	Did not answer
12 (48%)	1 (4%)	11 (44%)	1

¹ This table represents the basic statistical analysis of the responses to the 5 consultation questions and should be considered in conjunction with the comments and themes identified in the remaining sections.

Question 3: The outline proposals for operations in relation to a joint examination are appropriate?

Yes	No	Unsure	Did not answer
14 (60.9%)	4 (17.4%)	5 (21.7%)	2

Question 4: Is there anything missing from the proposals for operations in relation to the joint examination?

Yes	No	Unsure	Did not answer
13 (56.5%)	6 (26.1%)	4 (17.4%)	2

Question 5: Having carried out an equality screening exercise, the Pharmaceutical Society NI considers that the proposals as outlined do not impose any inappropriate barriers or otherwise disadvantage any group in relation to equality and diversity characteristics. However, we would like to test this exercise. Do you consider that any aspects of our proposals as outlined impose any inappropriate barriers or may otherwise disadvantage any group in relation to the following equality and diversity characteristics?

- Religious belief;
- Political opinion;
- Racial group;
- Age;
- Marital status;
- Sexual orientation;
- Men and women generally;
- Disability;
- Dependants

Yes	No	Unsure	Did not answer
2 (9.1%)	17 (77.3%)	3 (13.6%)	3

8. Responses to Question 1

Question 1: Do you agree with the preferred option of the Council of the Pharmaceutical Society NI, namely that a joint GPhC/Pharmaceutical Society NI final assessment be introduced to reform the registration examination?

Yes	No	Unsure	Did not answer
17 (68%)	4 (16%)	4 (16)	0

8.1 Summary of comments of those respondents that answered 'Yes' to Q1.

8.1.1 Of the 17 respondents that answered 'Yes' to Question 1, 14 provided additional comments.

8.1.2 Of those respondents that answered 'Yes' to Question 1, a number referenced that the proposed joint final assessment would:

- Provide greater assurance in relation to public safety;
- Provide greater quality assurance and robustness to the exam;
- Bring the Pharmaceutical Society NI's exam in line with best practice;
- Be the most appropriate option in terms of economies of scale; and
- Ensure greater consistency across the UK

8.1.3 Respondents that answered 'Yes' to Question 1 also raised several issues/concerns with the proposals, including:

- The joint final assessment will mean the loss of being able to test on Northern Ireland specific issues, such as legislation, Standards and Guidance, Drug Tariff etc;
- The Commencement date will not provide enough lead-in time for students, tutors and Universities to change and adapt to the training and assessment requirements;
- The recent consultation carried out by the GPhC on revising the Initial Education and Training Standards for Pharmacists (IET), has introduced a period of further flux and could potentially change the framework within which a joint-final assessment is set. This position was, however, counterbalanced by other respondents that stated potential changes to the IET and the possibility of a 5-year integrated degree, are reasons to pursue a joint final assessment now; and
- Proposal could lead to reduced pass rates, which would have a negative knock on effect in terms of the work force.

8.2 Selection of Specific Comments

8.2.1 An individual pharmacist stated:

“It is essential that all pharmacists registering in the United Kingdom are assessed and examined in the same manner as their peers. Given the evolving nature of Pharmacy as a profession and the expanding roles available post-qualification, unity at registration will assure patients, the public, regulators and colleagues that registrants have met the required standard for practice as a Pharmacist within the United Kingdom”.

8.2.2 A current pre-registration student stated:

“It is good bring the examinations standards up to best practice. It is also good to see the collaboration of the PSNI with the GPhC. I was also able to see it as the best cost-effective option.”

8.2.3 Going on to say:

“I agree that this type of exam examines higher cognitive function and I think that is better that [sic] recalling of knowledge. SBA and EMQs are a good way of testing knowledge as well as application. I also think from experience of undergraduate exams in universities a lot of students liked SBAs and EMQs much better than standard T/F MCQs (well perhaps because it was not negatively marked but even then), hence I think prospective students will perceive this change as positive.”

8.2.4 The Pharmacy Forum NI stated:

“The Forum broadly agrees with the preferred option of the Council of the Pharmaceutical Society. Specifically, that a joint GPhC/Pharmaceutical Society NI final assessment be introduced to reform the registration examination. In particular, we support the argument that the pre-registration examination should be about the application of knowledge, rather than knowledge memory. This type of approach would seem entirely appropriate for an examination which represents the final opportunity to assess whether an individual is safe to practice.

We are also of the opinion that a combination four country examination, follows best practice and represents a sensible approach with respect to economies of scale and quality assurance”.

8.2.5 Queen’s University of Belfast (QUB) stated:

“This represents the most pragmatic option, and will ensure greater uniformity/standardisation of assessment for pre-registration candidates across the UK. All will have graduated from a UK School of Pharmacy and all Schools are accredited by the GPhC. PSNI pharmacist registrants perform to the same standards of practice as their GB counterparts. Therefore, it is logical that all graduates are assessed by the same pre-registration examination. The GPhC examination

represents best practice in terms of its compilation and assessment. We appreciate that such a high-stakes examination must be robust recognising the potential implications for patient safety and future careers. We are also aware that the GPhC assessment is rigorously reviewed on an annual basis taking into account internal review processes and feedback from stakeholders e.g. BPSA”.

8.2.6 The Guild of Healthcare Pharmacists stated:

“GHP-NI members support the proposal to move from the traditional T/F format currently employed to the contemporary approach to assessment via SBA and EMQ which provides the opportunity to evaluate non-academic competencies in line with the NHS approach of “values based recruitment”¹. This style of questioning, as described in the consultation document, will support the need during pre-registration training in all sectors, to move away from knowledge acquisition towards ethical and patient-focused decision making, as well as “working in the grey” where the future pharmacist may have to act outside of an SOP and make the most appropriate decision to secure the best outcome for an individual patient.

We are also of the opinion that a proposal for a collaborative approach across all four countries in the UK is not only cost-effective to both the pre-registration candidate and the profession overall, it also offers a robust and validated Quality assurance process.”

8.2.7 The National Pharmacy Association Stated:

The National Pharmacy Association (NPA) supports the view of the Council of the Pharmaceutical Society NI (PSNI) that a joint GPhC/ PSNI final assessment could be introduced.

Proposals to share a final assessment across GPhC and PSNI support academic best practice across the four countries of the UK in respect to application of knowledge and will ensure consistency as the profession develops. We are supportive of the ongoing collaboration between GPhC and PSNI through their joint accreditation of university programmes. We view the proposal for a four country examination as a sensible extension to this with respect to economies of scale and quality assurance.

8.3 Some of the respondents that answered ‘Yes’ to Question 1, also provided comments that raised concerns and or issues of clarification:

8.3.1 Northern Ireland Specificity

8.3.2 QUB stated:

“Currently, the GPhC assessment is ‘country-neutral’ in that the assessment only contains questions that are relevant for all three countries. Therefore, legislation, pharmacy services, committees, governance structures and clinical guidelines/formularies that are applicable in Scotland but not in England, for example, are omitted. If the same model is used for the new NI assessment (no country specific

questions) it will affect the content and mean that certain aspects of NI pharmacy practice will not be able to be assessed in the final registration assessment. Will any other aspects of the pre-registration year or training be modified to assess NI specific learning outcomes?"

8.4 Changes to the Pre-registration Syllabus

8.4.1 QUB stated:

"On page 12 the proposal refers to moderate adjustments being needed for pre-registration training with the joint examination. Further detail around these adjustments is required. Can these adjustments be delivered in the proposed timeframe? We would also require assurance that this change would be alongside a thorough review of PSNI pre-registration training requirements so that all standards for pre-registration training are in line with GPhC IET standards."

8.5 Impact upon Students

8.5.1 The Guild of Healthcare Pharmacists stated:

"Although a time-frame is not specified for the introduction of this examination in NI, it is understood that this is intended for the 2020-21 pre-registration cohort, or the existing 4th year MPharm undergraduates. As these candidates will have already secured their pre-registration places early in their third year, we believe that there is a risk that they may have chosen an alternative provider of pre-registration training if they had known that this examination change was imminent – and this must be considered in the implementation phase of this proposed change – are they being disadvantaged?"

8.6 Impact on Universities

8.6.1 The Guild of Healthcare Pharmacists stated:

"Whilst we fully support the ambition to further align our assessment and registration with the rest of the UK, we believe that this change in assessment will require a significant change to the training provided during pre-registration placements across NI, in all sectors. We cannot underestimate the need for review of the style of GPhC questioning and the types of support that are offered throughout England and Wales (by pre-reg providers as well as Universities) to support pre-registration candidates during their training period. We believe that the Schools of Pharmacy and pre-registration tutors will need time to absorb the new requirements and to make any required adjustments to ensure the best possible outcome for our local pre-registration candidates."

9. Responses to Question 2

Question 2: Are the Quality Assurance and Governance aspects of the draft agreement with the GPhC adequate to ensure the Council of the Pharmaceutical Society NI can continue to deliver upon its regulatory obligations?

Yes	No	Unsure	Did not answer
12 (48%)	1 (4%)	11 (44%)	1

9.1 Summary of comments of those respondents that answered 'Yes' to Q2.

9.1.2 Of the 12 respondents that answered 'Yes' to Q2, 3 provided additional comments, which reflected general support for the Quality Assurance and Governance aspects of the draft agreement, whilst 1 respondent reiterated concerns relating to the implementation time.

9.1.3 An individual Pharmacist stated:

"It is important to have NI representation within the governance arrangements and it is evident from the draft agreement that this has been considered."

9.1.4 A Pharmacy Student stated:

The quality assurance and governance aspects of the draft agreement are adequate however I don't feel the time of implementation is sufficient to prepare pre-registration pharmacists and tutors in Northern Ireland.

9.2 Summary of comments of those respondents that answered 'Unsure' to Q2.

9.2.1 Of the 11 respondents that answered 'Unsure' to Q2, 9 provided additional comments, which largely reiterated and reemphasised comments made in response to Question 1. The comments covered the following areas:

- The Quality Assurance and Governance aspects of the draft agreement do not address the potential loss of the ability to test candidates on Northern Ireland specific issues, such as legislation, the Code and related Guidance.
- Linked to issues raised concerning Northern Ireland specificity, questions were asked as to how the GPhC 'syllabus' will differ to the Pharmaceutical Society NI's pre-registration Syllabus. How any changes will be made to the Northern Ireland Syllabus and what provision will be made in relation to bringing trainees, tutors and training providers up to speed in relation to any changes.
- The Quality Assurance and Governance aspects of the draft agreement do not address the potential difference in pass marks between the current examination and the joint final assessment, based on the current differentials between the GPhC and Pharmaceutical Society NI pass rates. One respondent recommended Council investigate the current differential pass rates and for the Pharmaceutical Society NI to publish the pass rates to its current examination.
- Respondents suggested that Council should consider wider governance issues related to the current GPhC final assessment, including Registration Assessment Feedback Reports written by the British Pharmaceutical Students' Association (<http://www.bpsa.co.uk/static/pdf/ee26ddc7227f79d24af6e7c761f1524a.pdf>)
- Questions were raised in relation to some of the details of the proposals, concerning recruitment to the Board of Assessors, accountability and costs.

Selection of Specific Comments

9.3 Northern Ireland Specificity and changes to the Syllabus.

9.3.1 An individual pharmacist stated:

“Following on from my comments above, if the pre-registration examination will only assess knowledge of pharmacy practice in GB and not NI, then how can the PSNI “... ensure that practising pharmacists in Northern Ireland are fit to practise, keep their skills and knowledge up to date and deliver high quality, safe care to patients”. This is a concern.”

9.3.2 QUB stated:

“How will the content of the syllabus compare to the current NI syllabus, and what contingencies will be put in place to ensure that all trainees, but particularly tutors will be made aware of any changes? What training will be put in place for tutors? When will this syllabus be made available for review as it needs to be in place no later than July 2020? If the existing GPhC model is used for the new NI assessment (i.e. the same assessment is used for all countries and no country specific questions are included), it will mean that certain aspects of NI pharmacy practice will not be able to be examined in the final registration assessment. There will not be any reference to the NI professional code of practice, NI-specific pharmacy services, NI pharmacy structures and organisations, for example. This would be a significant change which subsequently affects the syllabus (since there needs to be alignment of it and the final assessment) and impacts on all those who train and support pre-registration trainees.”

9.3.1 The Guild of Healthcare Pharmacists stated:

“There is no detail provided on how the GPhC syllabus for pre-registration pharmacists will differ from the PSNI training manual? This would be a significant change which subsequently affects the syllabus and will impact all those who train and support pre-registration trainees, and the lack of information with regard to how this will be introduced, and if / what and how training for pre-reg tutors will be undertaken to support them during this change to ensure that pre-reg candidates receive optimum experiential learning during their placements is concerning. For example, we assume that the GPhC syllabus will also be used instead of the PSNI training manual. All tutors who will take a pre-reg to start in July 2020 will need to be updated on its contents, and also the implications of the new examination in relation to the different questioning format and the need for a broader clinical exposure to ensure candidates are well prepared.”

9.4 Pass Rates

9.4.1 The Pharmacy Defence Association stated:

“The pass rates for the GPhC pre-registration exam have fluctuated considerably in the past. For example, in 2016 the June pass rate was 95% and in 2019 it was 72%. Considering the past five June exams (2015-2019), the average pass rate was 79.6%. The PSNI shared information on its pass rates to help inform our response to this consultation; by comparison, its average pass rate for the past five June exams was 97.3%. The difference between the GPhC and PSNI pass rates could be attributed to various factors alone or in combination – such as natural fluctuations in the student cohort, the undergraduate course, course entry standards and the enforcement thereof or the difficulty of the assessment. Whatever the cause of the difference, the magnitude of it raises questions.”

9.4.2 The PDA recommended that Council publishes the pass rates to its current examination and carries out an investigation to understand the differentials between the current examination and the GPhC’s final assessment, before going on to recommend the following:

“The PSNI must ensure that, whatever method it adopts for pre-registration assessments, it takes care to limit the scope for any conflicts of interest or vested interests among judges to influence the pass rate. By way of example, conflicts of interest may include representatives of large employers acting as judges, where the employer is seeking either directly or indirectly to increase the number of pharmacists on the register.”

9.4.3 Medicare highlighted the differential in pass rates across training sectors under the GPhC final assessment stating that GPhC’s analysis shows:

*“a large difference in % pass rate by sector with those categorised as “hospital sector” resulting in a pass rate of **93.18%** and those categorised as “community sector” resulting in pass rate of **68.17%**.”*

9.4.4 Going on to say:

“As outlined above there has been quite a variation in the pass rate since 2016’s introduction in the new format of the registration assessment especially for the “June first sitting”. PSNI should take into consideration the effect this may be having in relation to registration as there has been a stalling in the growth of registrants to the GPhC register (2017 ↑ 4.1%; 2018 ↑ 2.2% and 2019 ↑ 1.9%)”.

10. Responses to Question 3

Question 3: The outline proposals for operations in relation to a joint examination are appropriate?

Yes	No	Unsure	Did not answer
14 (60.9%)	4 (17.4%)	5 (21.7%)	2

10.1 Summary of comments of those respondents that answered 'Yes' to Q3.

10.1.1 Of the 14 respondents that answered 'Yes' to Q2, 3 provided additional comments, which in general agreed that the proposals in relation to operations were appropriate. Two respondents also raised issues in relation to the implementation period, which is further covered below.

10.1.2 The third respondent raised further issues in relation to the importance of having the same examination dates and that the proposed helpline should be co-ordinated and led by staff in the Pharmaceutical Society NI, with support from the GPhC.

10.2 Summary of comments of those respondents that answered 'No' to Q3.

10.2.1 Of the 4 respondents that answered 'No' to Q3, 4 provided additional comments, the comments covered the following areas:

- Much more detail required for the timing and implementation of the new examination process.
- Inadequate and inappropriate implementation period, which may have a knock-on negative effect on:
 - Student choices – students have already made placement decisions and would have chosen differently;
 - Tutors may be reluctant to continue as tutors as they will not feel confident in their ability to support trainees due to changes; and
 - Logistics and marking – if examination date shifts, there will be a subsequent impact on pre-registration year start times.
- Questions were raised as to how legitimate it will be to call the resit of those who fail in October 2020 a resit, as it will be an assessment based on different learning outcomes.
- Finances – Questions were raised as to whether costs can be maintained in the long-term?

10.3 Selection of Specific Comments

10.3.1 QUB stated:

“Much more detail is required for the timing and implementation of the new examination process. The 2-year lead-in time may initially seem generous but, in reality, this exam will be taken by students who are in the final year of their MPharm degree (2019-20), the majority of whom have now secured pre-registration places. It seems unfair that they were not aware of the pending change as it could have affected their pre-registration placement decision. For example, they may have opted to work for a multinational company knowing that they have experience preparing trainees for the GPhC exam, or they may have decided to go to hospital rather than community considering the differences in pass rates between main training site for June 2019 paper (93.18% in hospital and 68.17% in community). In addition, if the content of the examination (and the syllabus) need to change significantly from before, this does not allow much time for universities, other pharmacy professional and educational organisations, employers and tutors to develop new material and implement changes. Will universities be expected to contribute to the preparation of fourth year students?”

The two main Schools of Pharmacy affected by this change have to be proactive in making changes to MPharm programmes. It has to be recognised that the QA standard in HEIs and the timeframe required to bring about changes to undergraduate programmes runs from 18 months to 2 years. The outcome of this proposal will be released with less than 6 months to make changes to the current final year of the degree programme. It would seem more appropriate to delay for at least 1 calendar year to make the transition smoother although we cannot ignore the concerns that have now been raised about the current assessment process.”

10.4 Summary of comments of those respondents that answered ‘Unsure’ to Q3.

10.4.1 Of the 5 respondents that answered ‘Unsure’ to Q3, 5 provided additional comments, the comments covered the following areas:

- Potential loss of ability to test Northern Ireland specific issues;
- Lack of information on additional training information that will be provided to training providers and tutors;
- If the date of current examination shifts to GPhC date, this will have created a gap of a number of weeks (4-6) between completing training and being able to join the register, creating issues for trainees and employers, who have likely already agreed start dates;
- Need to develop a communications and implementation plan; and
- Council needs to assure itself that appeals process has no unintended consequences for Northern Ireland applicants; and

Selection of Specific Comments

10.5 Pre-registration start dates

10.5.1 The NPA Stated:

“Whilst the NPA is broadly supportive of proposals we believe consideration should be given to how the changes to the nature and timing of the examination will impact on students, pre-registration tutors, employers and universities in Northern Ireland. Many students have already agreed to a start date for their placement in 2020 and a change to the assessment process in 2021 will have consequences for when they can subsequently join the register. This will also have an impact on the wider workforce with new registrants not available for employment until August 2021, 4-6 weeks later than the current process allows for.

10.5.2 Medicare stated:

“Common assessment dates. Impact of a change to the usual assessment dates operated by PSNI will need to be taken into consideration especially in light of current workforce challenges, as there is a potential that not enough pharmacists will be available to provide pharmacy services in 2021 if the current level of availability of pharmacist resource continues in a declining path”.

10.6 Additional Training/Implementation and Communications

10.6.1 The Guild of Healthcare Pharmacists stated:

“Whilst we are supportive of the need to implement this new assessment method – we feel that there is not enough emphasis on the requirement need to redesign existing training provided across all sectors in Northern Ireland, to support tutors and pre-registration candidates who will sit this new style of examination. We believe that a full training session for all pre-reg tutors who have agreed to take candidates from July 2020 is required, and we would expect that the PSNI will prioritise this as soon as possible in order to fully support both tutors and candidates”.

10.6.2 Going on to say:

“This redesign is welcomed, and timely, as we strive to meet the increasing demands of the patient in an ever-evolving health service particularly with the desire to move patient-focussed services from acute settings to GP practice and also community pharmacy settings to improve patient access to care – pharmacists are well placed to do this, and must be able to demonstrate their skills in patient care throughout their professional care – starting with pre-registration.”

10.6.3 Medicare stated:

“Implementation and communications plan for students, pre-reg trainees, prereg training providers/employers, TUTORS, and universities: We would suggest the regulator needs to carefully consider the support it needs to put in place for its recognised tutors regarding such a significant change in assessment style, especially if there is an increased chance that the student may not pass the new joint registration assessment, thereby impacting on their registration and start of their pharmacy career, and the psychological impact this could have on the graduate and the responsibility a tutor may feel should this occur.”

11. Responses to Question 4

Question 4: Is there anything missing from the proposals for operations in relation to the joint examination?			
Yes	No	Unsure	Did not answer
13 (56.5%)	6 (26.1%)	4 (17.4%)	2

11.1 Summary of comments of those respondents that answered 'Yes' to Q4.

11.1.1 Of the 13 respondents that answered 'Yes' to Q4, 13 provided additional comments, the comments covered the following areas:

- A number of respondents reiterated their concerns in relation to the adequacy of the implementation period;
- Linked to this is the issue of students having already agreed placements was again raised;
- Linked to this again was the issue of a differential between current and proposed joint examination and results dates, which is linked to different minimum week requirements, before a trainee can sit each examination (39 and 45), which could have individual and workforce issues;
- It was considered that the consultation lacked information on the Pharmaceutical Society NI's plans to communicate and engage with the profession, employers and stakeholders on the changes;
- Greater detail and clarification were sought in relation to the costs, with regards the long-term sustainability of static fees and how future fee increases will be negotiated and managed, especially if a situation of no Northern Ireland Executive persists;
- More information was sought in relation to how the proposals fit in with ongoing changes proposed for the Initial Education and Training Standards;
- And greater clarification was sought with regards the workings of the Adjustments Panel and the Helpline.
- One respondent said trainees sitting joint examination should be able to join either register and the end result should be merger of regulators.

11.2 Implementation Period

11.2.1 An individual Pharmacist stated:

“You have not asked if the timeline is appropriate. It is most definitely NOT. The consultation has recognised that it is the students entering into final year this September 2019 who will be affected; it is now August 2019. The consultation does not finish until October 2019; so it is after this that the final decision will be taken. Schools of Pharmacy MUST have more time to be able to change assessments in final year to adequately prepare students for this type of examination, or we risk massive failures in the first cohort. Assessment changes within the university system are required to go through an approval process, with proposed changes being submitted 6 months before they are to be implemented. This timeframe has not been factored into the process. If it is to be implemented, 2022 must be the date for the first cohort.”

11.2.2 The Pharmacy Forum NI stated:

“Given that this consultation will not close until mid-October, with implementation some time after that, this gives insufficient time to change assessments and to prepare students. The Forum shares the concern that there is a very significant risk of a high failure rate among the first cohort if this issue is not recognised. We would urge the PSNI to address these issues with the Schools of Pharmacy in Northern Ireland as a matter of urgency and reassess the proposed timetable for implementation.”

11.3 Differential start dates and minimum weeks required

11.3.1 QUB Stated:

“There is also a disparity in pre-registration training start dates. The 2020/2021 pre-registration employment commencement dates may already be agreed and it must be noted that recruitment in NI among the community employers has already commenced for the 21/22 training year. Making a change to this now could breach employment contracts and have an impact on the operation of pharmacies. For the 2020 summer assessment a trainee must commence pre-registration training between 1st July 2019 and no later than 1st August 2019. For GPhC the equivalent dates are 15th July 2019 and 9th August 2019.

It must be made clear if there is going to be a change in the minimum number of weeks of training that needs to be completed before being eligible to sit the pre-registration examination. The GPhC currently states a minimum of 39 weeks, while 45 weeks applies for PSNI. If this difference were to be kept, pre-registration training in NI could continue to start earlier but we may then be in a situation where trainees who have completed the 52 weeks of pre-registration training would have to wait for release of examination results (typically last week of July) before they could register as a pharmacist. This would have implications on the workforce in NI and salary earning potential for these trainees and potentially this cohort could have made prior commitments to holidays etc.”

11.4 Summary of comments of those respondents that answered ‘No’ and ‘Unsure’ to Q4.

11.4.1 Of the 6 respondents that answered ‘No’ to Q4, 0 provided additional comments.

11.4.2 Of the 4 respondents that answered ‘Unsure’ to Q4, 1 provided an additional comment and this related to how the Pharmaceutical Society NI will communicate with the profession.

11.5 Communications/Engagement Plan

11.5.1 The Guild of Healthcare Pharmacists Stated:

“For the whole profession to be adequately prepared to develop our future workforce, particularly in light of our current falling applications to pharmacy, as well as our recruitment challenges across all sectors (we are short approximately 70 pharmacists per annum as per NI pharmacy workforce review, in press, Oct 2019), we believe that a clear vision must be developed and communicated so that there is no room for confusion or erroneous messages – particularly amongst students and trainees. This should include;

- *what syllabus or training framework they will be using during their pre-reg year*
- *when the examination will be changing*
- *what this will mean in relation to training requirements*
- *what the examination will look like*
- *how best to prepare for the examination*
- *an opportunity to engage with the PSNI/GPhC in advance of the introduction of this assessment – similar to that undertaken prior to the change in examination in the rest of the UK where a range of engagement exercises were undertaken to prepare and support both undergraduates and pre-reg tutors”.*

12. Responses to Question 5

Question 5: Having carried out an equality screening exercise, the Pharmaceutical Society NI considers that the proposals as outlined do not impose any inappropriate barriers or otherwise disadvantage any group in relation to equality and diversity characteristics. However, we would like to test this exercise. Do you consider that any aspects of our proposals as outlined impose any inappropriate barriers or may otherwise disadvantage any group in relation to the following equality and diversity characteristics?

- Religious belief;
- Political opinion;
- Racial group;
- Age;
- Marital status;
- Sexual orientation;
- Men and women generally;
- Disability;
- Dependants

Yes	No	Unsure	Did not answer
2 (9.1%)	17 (77.3%)	3 (13.6%)	3

12.1 Summary of comments of those respondents that answered 'No' to Q5.

12.1.1 Of the 17 respondents that answered 'No' to Q5, 0 provided an additional comment.

12.1 Summary of comments of those respondents that answered ‘Yes’ to Q5.

12.1.1 Of the 2 respondents that answered ‘Yes’ to Q5, 2 provided an additional comment.

12.2.2 A comment related to ‘political opinion’, see below, and the additional comment related to who would determine the ‘Reasonable Adjustments’ requirements, which, as stated in the draft partnership agreement, would be determined by the Reasonable Adjustments Panel, which under the draft partnership agreement, will have an appointee from Northern Ireland and be accountable to both Councils.

12.2 Political Opinion

12.2.1 The Pharmacy Defence Association stated:

“Yes – Political Opinion. As alluded to in this consultation, the proposals may lead to closer affiliation and control from a London-based regulator. This may lead to barriers from the political opinions of some in Northern Ireland”.

12.3 Summary of comments of those respondents that answered ‘Unsure’ to Q5.

12.1.1 Of the 3 respondents that answered ‘Unsure’ to Q5, 3 provided an additional comment.

12.1.2 The comments covered two main issues:

- differentials in pass rates for black and minority ethnic groups under the current GPhC final assessment; and
- Diminished student choice in relation to pre-registration placements;

12.2 Black and Minority Ethnic Groups

12.2.1 Queen’s University Belfast Stated:

“The disparity in pass rate for some minority groups e.g. Black African candidates, has been reported by the GPhC and should be considered. In addition, GPhC are currently analysing the examination paper according to Equality Act 2010 but we need to recognise that this legislation does not apply in NI. Therefore, equality and anti-discrimination analysis in line with NI regulations will now also have to be considered.”

12.2.2 The Guild of Healthcare Pharmacists stated:

“We know that there have been a number of published reports e.g. the Qualitative research into GPhC performance among Black-African candidates (2016)⁴ and this should be taken into account.”

12.3 Undergraduate choices

12.3.1 The Guild of Healthcare Pharmacists stated:

“As stated earlier, the consultation and discussions with PSNI would suggest that the examination is intended to be undertaken by students who are currently in their final year of the MPharm, who have already secured their pre-reg places. We believe that this may have led some of them to pursue an alternative pre-reg placement if they had known in advance of this proposal.”

13. Analysis of Emerging Themes

13.1 Pass Rate

13.1.1 A number of respondents raised concerns at the differential between the pass rate of the PSNI examination and that of the GPhC and of the drop in the pass rate when the GPhC moved from its old examination to its current examination. This issue was linked to current work force issues, especially in community pharmacy sector where the potential impact was considered significant.

Analysis

13.1.2 It is acknowledged that the pass rates of the Pharmaceutical Society NI examination have been historically higher than the new GPhC final assessment, introduced in 2016. This trend, however, should be considered in the context of the number of students sitting the Northern Ireland exam being considerably lower than those sitting the Great Britain assessment (annually approximately 135 sit the June examination compared to approximately 3,500 in Great Britain. In Northern Ireland approximately 20 sit the October Examination compared to approximately 1,000 sitting the Great Britain October examination); The majority of pre-registration trainees attend the two Northern Ireland universities, which have high entrance requirements. The Pharmaceutical Society NI plays a different role in the delivery and quality assurance of the pre-registration training year than our counterparts in Great Britain. In this regard there is no certainty as to how and whether the pass rate in Northern Ireland would significantly vary under the joint final assessment proposal.

13.1.3 Council is also reminded that the GPhC and the Pharmaceutical Society NI both jointly accredit the Ulster University and Queen’s University of Belfast in

accordance with the current Initial Education and Training Standards, which will form the basis for the new joint final assessment. This has the effect of ensuring that the standard of education is the same for both Great Britain and Northern Ireland universities. Under the draft partnership arrangements and new governance and quality assurances arrangements outlined therein, the proposal is not to join the current GPhC final assessment, but to create a new Joint 4-country GPhC/Pharmaceutical Society NI final assessment, with the joint input and accountability to the Councils of both regulators.

13.1.4 Council's regulatory objectives, in relation to public protection, maintaining public confidence in the pharmacy profession and maintaining professional standards, should be considered. Within this framework the proposal to shift to a joint assessment was based on the recognition that it would allow the final assessment before a trainee can join the professional register to be based on current best practice, enhanced robustness and quality assurance mechanisms, which will provide greater reassurance in relation to fairness, validity and legal defensibility. It is acknowledged that 68% of respondents agreed with the proposal to move to a joint final assessment with a number of respondents citing issues such as public safety; a shift to best practice; quality assurance; and the robustness of the final assessment, as reasons. Many of the concerns related to implementation matters, discussed later.

13.2 Loss of focus on NI specific Context, Legislation and PSNI Guidance

13.2.1 *The fact that the GPhC current examination does not deal with specific jurisdictional differences between England, Scotland and Wales was raised by a number of respondents. Respondents suggested that if this approach is extended to the joint examination, we would lose the ability of trainees being tested on NI specific legislation, PSNI Guidance and Formulary etc.*

Analysis

13.2.2 There are multiple commonalities between Great Britain and Northern Ireland in terms of practice and the law. There are some areas of variance between the jurisdiction and it is the case that the current pre-registration examination has questions specifically related to the Northern Ireland context, including legislation, Standards and Guidance and practice topics such as the Northern Ireland Formulary. Regulation 9 (b) of the Pharmaceutical Society of Northern Ireland (General) Regulations (Northern Ireland) 1994/202 states that a person may qualify for registration in Northern Ireland if "*he has produced evidence to the satisfaction of the Council that he has adequate knowledge of the laws governing the practice of pharmacy and the sale of medicines and non-medicinal poisons in Northern Ireland*". It is also acknowledged that understanding the context, legal and regulatory framework for pharmacists, or

any healthcare professional, is important to their ability to practice safely. Should Council proceed with the 4-country assessment it is therefore proposed that testing of local issues is incorporated into the portfolio-based assessment

13.2.3 It is envisaged that to incorporate the 4 jurisdictions of the proposed joint final assessment, the new final assessment, will not test on jurisdictional specificities, rather it will seek to test candidates' ability to apply their clinical knowledge gained during their undergraduate and pre-registration year, preparing them and equipping them to work in any part of the UK, including GB and NI. Whilst these local issues are tested under the current format, they are not tested in a deep or highly involved manner. In that the questions are of a True/False nature and limited in their ability to test complex concepts and issues.

13.2.4 The current pre-registration training requires the following:

- a reflective online e-portfolio,
- 16 mandatory eLearning modules linked to professional practice; and
- attendance at 5 compulsory practice training days and demonstration of appropriate professionalism by achieving an acceptable appraisal score at regular intervals.

13.2.5 The pre-registration training year syllabus currently covers issues specific to the Northern Ireland context. The consultation stated that the following would be completed if Council decided to proceed: *a review and introduction of any necessary changes to ensure the preregistration training programme fully reflects the learning outcomes in the Initial Standards for Education and Training of pharmacists and the proposed joint Registration Assessment Framework*; reflecting on the comments in response to the consultation, it is suggested that this review also ensures that necessary specific areas of NI related practice are assessed in the programme. The compulsory training courses may also be reviewed to ensure they reflect local practice.

13.7 Potential Merger

13.7.1 *One respondent suggested that creating a joint final assessment, could be the beginning of a potential merger process, which they would not support due to the potential loss of professional representation in Northern Ireland and the provision of localised regulation. Another respondent supported the position that the joint final assessment should be the beginning of a merger with the GPhC.*

Analysis

13.7.2 The proposal and consultation explicitly relate to a new joint Pharmaceutical Society NI and GPhC final assessment, with a defined partnership agreement and joint accountability mechanisms to both the Council of the Pharmaceutical Society NI and the GPhC.

13.7.3 The Pharmaceutical Society NI and the GPhC already work extensively together in relation to the accrediting of undergraduate universities in Northern Ireland and Great Britain under a Memorandum of Understanding and on many other matters of mutual interest. Government policy in relation to all the health and care regulators is that they should co-operate, to the extent that the recent consultation on the reform of healthcare regulation introduced the notion of a “duty to co-operate”.

13.7.4 Council’s published position acknowledges the value of a locally engaged regulator and supports the continuation of the Pharmaceutical Society NI as the regulator of pharmacy in Northern Ireland.

13.8 Initial Education and Training Standards for Pharmacists

13.8.1 *A number of respondents noted the recent consultation carried out by the GPhC on revising the Initial Education and Training Standards for Pharmacists and that the proposed changes, if adopted, would introduce a period of further ‘flux’ and could potentially change the framework within which a joint-final assessment is set.*

Analysis

13.8.2 At present we adopt the General Pharmaceutical Council’s Initial Education and Training Standards as well as maintaining a bespoke pre-registration training syllabus for Northern Ireland. The GPhC consulted upon draft revised Initial Education and Training Standards for Pharmacists between January-April 2019, the contents of which were supported in principle by Council.

13.8.3 The main proposals were:

- *having one set of standards and learning outcomes that cover the full period of education and training before initial registration as a pharmacist, with closer integration between academic study and practical experience*
- *strengthening experiential learning and inter-professional learning*
- *revising the learning outcomes so that they are more focused on developing clinical skills and communication skills, while still retaining the critical importance of science*

- *setting an expectation that schools of pharmacy, employers and commissioners will work together to develop proposals for integrating the 52 weeks of learning in practice within accredited programmes*

- *requiring a more rigorous and structured approach to learning in practice (currently known as pre-registration training) with more regular and documented progress meetings*

- *strengthening requirements in relation to selection and admission and to equality, diversity and inclusion*

13.8.4 The Pharmaceutical Society NI is involved in the process of developing these proposals post the public consultation and have regular engagement with the GPhC on this issue. Developing a joint final assessment with the GPhC, it is considered, would allow us to work closely with the GPhC to ensure the final assessment and the proposed changes to the Initial Education and Training Standards meet the needs of the pharmacy profession and public protection interests in Northern Ireland and better allows us to evolve our regulatory practices in line with the developments in pharmacy practice. In this regard creating a joint assessment may be considered an opportunity in relation to IET proposals and will significantly increase ability to successfully manage change in the future should it be approved

13.8.5 On the issue of 'flux', Council already adopts the current IET standards. Any changes arising from the current consultation would not be possible until at least the current cadre of students complete their academic year, circa 4 years, but change if adopted is much more likely to be significantly later than this following further development and consultation.

13.9 Operations – Implementation issues

13.9.1 Implementation Period

13.9.2 *Several respondents raised concerns at the proposed timescale of introducing the new examination in June 2021. This concern was raised by individual pharmacists, undergraduate students, a University, pharmacy representative groups and employers/training providers in relation to tutors.*

13.9.3 Changes to the pre-registration training syllabus and related preparation required for Tutors/Training providers

13.9.4 *It was considered that tutors would have to receive training and guidance on the new examination and any changes to the NI pre-registration training Syllabus required. This would also be required for employers and training providers. More detail was considered necessary on how and when this will be done within timeframe proposed.*

13.9.5 Universities

13.9.6 *It was noted that the Universities would have to make changes to their MPharm degrees in light of change in examination and processes for doing this take time, and the amount of time available is inadequate.*

13.9.7 Implementation Plan

13.9.8 *It was considered a clear Vision, Communication and Engagement Plan is promptly required.*

Analysis

13.9.10 The public consultation was primarily based on the principle of whether to formally adopt a preferred option of a joint GPhC/Pharmaceutical Society NI 4-Country assessment. The consultation document states: *Council will not take a final view until all responses to this consultation have been carefully considered.* It was considered potentially prejudicial to the openness of the consultation to develop and include a full implementation plan within the public consultation; however, Council will be aware of a range of measures both within and without the GPhC partnership agreement in terms of introduction. Headlines of the partnership agreement were provided to consultees. It is however acknowledged that there are legitimate concerns around timing, planning and communication which must be addressed.

13.9.11 Reflecting on this and the nature of the feedback received, and without prejudice to Council's decision, the Executive has considered the issue of implementation and makes the following observations on the consultation themes identified above.

Universities

13.9.12 The undergraduate syllabus (IET) is not changing and both schools of pharmacy within the Northern Ireland Universities are accredited by the GPhC and Pharmaceutical Society NI against the current Initial Education and Training Standards, which will form the framework of the proposed joint final assessment. Currently undergraduate students in Northern Ireland, upon graduation, can choose to join the Pharmaceutical Society NI pre-registration training year, or the GPhC's pre-registration programme in Great Britain, meaning that NI Students would need to be prepared for the current GPhC assessment should they relocate to Great Britain.

13.9.13 We have agreed with the GPhC, that should Council decide to proceed with the proposal for a joint GPhC/Pharmaceutical Society NI final assessment, a full implementation plan will need to be developed, largely arising from the agreed in principle partnership agreement. – initially engagement days will be arranged with the Universities and undergraduate students to inform them of the nature of the changes and assist in their preparation for the revised assessment. The GPhC has agreed to provide the resources they have available in relation to the examination methodology – such as FAQs, explanatory videos and mock questions, which will be shared with undergraduate students and future pre-registration students.

13.9.14 Changes to the Syllabus and Training for Tutors and Training providers

13.9.15 We have begun exploratory engagement with the GPhC and other stakeholders in relation to the minimal changes required to the current syllabus. We provide significant support to students and pre-registration trainees in their pre-registration year and this support will be updated to ensure trainees and tutors have opportunities to be prepared to meet any new requirements and prepare for the revised final assessment. As part of this strategy the GPhC have agreed to deliver joint training day/s for tutors and training providers in Northern Ireland in relation to the new examination format which will be supported by our staff in relation to minor revisions to the syllabus.

13.9.16 Implementation Period and Implementation Plan

Should Council decide to proceed we will meet with the GPhC in early December 2019 to conclude our ongoing discussions and incorporate them into a full implementation and communications plan, which we would then roll out from January 2020, after the GPhC's Council meeting in December 2019. This plan would be presented to Council in January 2020.

13.10 Students' Placement Choices

13.10.1 *It was noted that students who will potentially be sitting this examination have already made placement choices for their pre-registration year. Had they been aware of the proposals to change the examination, it has been suggested they may have made different choices, for example, chosen a UK wide firm that has experience of training to the GPhC final assessment, or chosen hospital over community, as there is a pass rate differential under current GPhC examination.*

Analysis

13.10.2 Students make choices in relation to pre-registration training providers for a range of reasons, and employers also select students to join their pre-registration regime based on a variety of factors. The total number of available places is relatively fixed, meaning that not every student would be able to select a specific type of placement without another being denied it. Earlier in this analysis a range of measures are set out to provide additional support to trainees, from sessions run by experts from GPhC with parallel sessions being available to tutors. As tutors rather than employers are the primary conduit for pre-registration trainees learning it is accepted that their preparation is indeed critical, it is however, suggested that the measures proposed will address the concerns raised. Finally, it is again stressed that the changes relate only to the manner in which questions are posed, the knowledge required remains the same – on that basis the amount of preparation required is quite limited and provision of access to sample questions will supplement the training and other on-line support

13.11.1 Merging Examination Dates and training week requirements

13.11.2 *Concerns were raised about the implications of moving to the GPhC examination date as this would lead to a 4-6 week gap between pre-registration students finishing their placement and being able to register and begin work (GPhC examination held later and greater time taken post examination to produce and quality assure marks), on the assumption that trainees in June 2020 commence training around the same dates as those in June 2019. This issue is related to the GPhC's current requirement for a minimum of 39 weeks of pre-registration training to be completed prior to sitting the examination, while a 45-week minimum applies for the Pharmaceutical Society NI. Due to our differing legal frameworks, this difference will be maintained meaning the pre-registration training in Northern Ireland will likely continue to start earlier for the majority of pre-registration trainees, but depending on agreed start dates, this may result in a situation where in the first year of the new examination, trainees who have completed the 52 weeks of pre-registration training would have to wait for release of examination results (typically last week of July) before they could register as a pharmacist.*

Analysis

13.11.3 It is acknowledged that if Council decides to move to a joint final assessment model, there will be a differential in the release dates of exam results of 2-3 weeks compared to the current system in NI. This is due to the larger number of final assessments that need to be marked and enhanced quality assurance mechanisms. The October final

assessment results, involving fewer students, will not be affected by this potential change.

13.11.4 We would propose to introduce a flexible model in relation to this issue, which, within a set of boundary dates, will not dictate specifically when a pre-registration trainee should start their pre-registration programme. The start date should be an issue for the pre-registration trainee and their employer, as long as the trainee meets the requirements of having successfully completed 45 weeks of training prior to sitting the final assessment.

13.11.5 Having some flexibility in start dates and some capacity to complete the requisite training to allow access to the examination, in the event of unforeseen absence, may actually be an advantage for some, providing a safety net which would not exist if they start on the latest possible date to provide continuity of employment.

13.11.6 It is acknowledged that in the first year, this may cause some difficulties in relation to trainees completing the 52 weeks ahead of the release of the examination dates, however, we consider that both parties can manage this increased flexibility accordingly given that start dates are some 7 months away.

13.12 Helpline

13.12.1 *Question was raised as to whether Helpline should be staffed by PSNI and not GPhC staff to ensure appropriate advice.*

Analysis

13.12.2 The helpline will be available for queries directly relating to the final assessment and will be based in GPhC – briefings will be provided to call handlers which will enable them to deal with technical and substance issues, but links will also exist to allow transfer to local staff in PSNI for issues that are specific to NI based trainees.

13.13 Appeals

13.13.1 *It was suggested that Council should assure itself that there are no unintended consequences for NI appellants in utilising existing GPhC appeals process.*

Analysis

13.13.2 The appeals process will be a 4-country process it is therefore suggested that Council will have suitable accountability mechanisms and quality

involvement to assess and review the workings of the appeals process in relation to Northern Ireland students. A potential advantage is that all appellants, no matter where they sit the examination, will have access to the same redress should they raise an appeal, with decisions consistently made by expert panellists.

13.14 Costs

13.14.1 *Several respondents sought more information on the cost aspects of the proposal, with particular reference to the sustainability of no increase in examination fee, and the implications of the GPhC seeking a fee increase and the ability of the Pharmaceutical Society to facilitate a change in the absence of the Northern Ireland Executive and subsequent ability to change Regulations.*

Analysis

13.14.2 It is true to say that should a change in examination fee be required, there is no guarantee that this could be facilitated in the current circumstances. Council has already determined that this proposed change should not result in any alteration of the examination fee and this principle is agreed within the GPhC partnership agreement.

13.14.3 Work has been done to ensure costs fit within the current costs envelope. Any additional minor costs incurred in relation to the governance arrangements outlined in the partnership agreement will be met within the current budget. It is recognised that the fee mechanisms for each regulator are different and the partnership agreement can accommodate differing fee structures whilst maintaining an agreed cost basis.

13.15 Equality Issues

13.15.1 *The disparity in pass rates between ethnic minorities in the current GPhC examination was identified, especially amongst BME candidates.*

Analysis

13.15.2 This proposal was subject to an Equality Screening Exercise which made the following observations:

- 13.15.3 It is noted that the policy proposal is for a new joint - GPhC/Pharmaceutical Society NI final assessment, which will mean joint input into the content, governance and procedures. However, the format and content will depart from the current Pharmaceutical Society NI examination and follow the current GPhC approach, so it is considered legitimate to compare data, whilst acknowledging the 'new' nature of the policy proposal.
- 13.15.4 Whilst we hold no data in relation to Northern Ireland, there is evidence that those in certain ethnicity groups and in particular those of Black African ethnicity are more likely to fail the new joint examination than their White British counterparts.
- 13.15.5 Research carried out by the GPhC in 2016 concluded that a significant proportion of Black African students were mature, with additional family commitments and financial responsibilities which added additional pressure. A significant number had undertaken all or part of their secondary education overseas which brought issues of different teaching styles, more differential approach to academic staff; less confidence to ask questions and seek feedback and fewer supportive peer networks. Some had feelings of isolation, whilst others experienced explicit prejudice.
- 13.15.6 Acknowledging these issues identified by the GPhC the following mitigating factors should be considered.
- 13.15.7 The Pharmaceutical Society NI operates an effective quality management and appraisal system in relation to the pre-registration programme, with robust quality control and quality management measures for trainees and tutors. The e-portfolio allows the Pharmaceutical Society NI to have a level of real time assessment of progress, with a view to early intervention and addressing issues before they become major. The NICPLD e-learning modules also allow for feedback on individual progression of trainees and is closely monitored together with feedback and opportunities to engage with trainees on their progress.
- 13.15.8 At the undergraduate level we accredit universities in partnership with the GPhC, adopting their initial education and training standards for pharmacists.
- 13.15.9 We recently worked with the GPhC on its consultation on new draft IET standards, which based on the consultation responses, the Council of the Pharmaceutical Society NI may adopt.

13.15.10	The proposed new standards focus on equality, diversity and fairness, with a view to strengthening the current requirements. For example, education and training systems and policies would have to promote the principles and legal requirements of equality, diversity and fairness. Providers will also have to carry out a review of student performance and admissions using equality legislation and will have to provide evidence of supporting students through initial education and training.
13.15.11	These standards will also cover training providers.
13.15.12	For these reasons we consider that adequate mitigating factors are in place, however, it is recommended that Council continues to monitor the equality and diversity aspects of a joint final assessment, should it decide to proceed.

14. Recommendations

- 14.1 Based on the consultation report and analysis, Council is asked to consider and adopt the following recommendations:
- A. Council is asked to adopt a joint GPhC/Pharmaceutical Society NI 4-Country Registration Assessment introducing the revised joint-assessment in 2021.
 - B. Council is asked to empower the Chief Executive to sign the partnership agreement between the GPhC and the Pharmaceutical Society NI.
 - C. Council is asked to instruct the Chief Executive to produce an implementation and communications plan for Council's approval in January 2020.

Appendix 1

Respondents*	
Name	Organisation/Job Type
1. Pharmacy Defence Association	Representative Body
2. Pharmacy Forum NI	Representative Body
3. Queen's University Belfast	University
4. Community Pharmacy NI	Representative Body
5. Guild of Healthcare Pharmacists	Representative Body
6. Boots UK	Other
7. Company Chemists Association & Association of Independent Multiple Pharmacies	Other
8. Medicare Pharmacy Group	Other
9. National Pharmacy Association	Representative Group
10. Emma Yazbeck	Pharmacy Student
11. Ruth McClements	Pharmacy Student
12. Hilary Dickson	Pharmacist
13. Rhona Fair	Pharmacist
14. Christine Walker	Pharmacist
15. Dr Aaron J Brady	Pharmacist
16. James Blackburn-smith	Pharmacist
17. Professor Kathy Burnett	Pharmacist
18. Julia Tolan	Pharmacist
19. Joshny Rose	Pre-registration Student
20. Greg Miller	Pharmacist

*Note - 4 individual respondents and 1 organisation did not consent to their name being listed as part of the consultation report and their names have subsequently been omitted from this list.