

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

02 August 2019 – 11 October 2019

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Foreword

Healthcare is changing rapidly and there are growing expectations on all healthcare professionals to deliver better health outcomes for patients - moving beyond simply managing illness towards supporting people to stay well, physically, mentally and emotionally (Health and wellbeing 2026 – Delivering together¹).

Within this context, professional pharmacy practice is rapidly evolving. It is critically important that future pharmacists have the necessary attitudes, behaviours, knowledge and skills that can be applied in their core role as ‘medicine experts’ but also when working alongside other healthcare professionals in multidisciplinary teams to deliver acute and preventative care.

As one of the 9 UK healthcare regulators, we are tasked with maintaining patient safety, upholding the reputation of the pharmacy profession and maintaining professional standards. A key part of this work is setting the standards for and delivering the year-long pre-registration programme, the purpose of which is to ensure that we initially register competent and safe pharmacists in Northern Ireland.

As the education and training of pharmacists continues to evolve to meet changes in professional practice, it follows that the methods of assessment that are applied during pre-registration training, and that are used to provide assurances to the regulator and the public that pharmacists are fit for purpose and can practise safely, evolve appropriately.

It is for these reasons that the Council of the Pharmaceutical Society NI (“Council”), in its Corporate Strategy 2017-2022, set the objective of ensuring that pharmacy education and professional development is fit for purpose and to make necessary improvements.

In this consultation, we are specifically seeking views on our proposals to modernise one aspect of the pre-registration programme and that is the final registration examination.

Our current final registration examination is based on a multiple true/false question format (MTF). A review of our current approach concluded that, whilst the final examination is currently fit for purpose, improvements can and should be made.

Contemporary best academic practice indicates that healthcare and clinical knowledge is most appropriately assessed by testing how an individual ‘applies their knowledge’ (i.e. testing higher cognitive functions) as opposed to testing ‘recall of knowledge’ (i.e. testing of lower cognitive function). Over recent years, other institutions across the UK involved in education and training in Medicine, Dentistry,

¹ Further details about Department of Health NI approach to transforming health and social care in Northern Ireland is available using this link the <https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf>

Nursing and Pharmacy have moved away from using the MTF questions and are using alternative genres of multiple choice questions in line with contemporary practice, namely single best answers (SBAs) and extended matching questions (EMQs). Many Schools of Pharmacy across the UK have also adopted this approach². In 2016, the GPhC (which regulates pharmacy in GB), successfully introduced a new format to their final registration assessment based on SBAs and EMQs.

Assessing application of knowledge is also considered to provide greater confidence in terms of evidence of competency and ultimately greater evidence of fitness to join the Register rather than testing recall of knowledge.

Whilst it is true that many of the competencies (knowledge, skills, attitudes and behaviours) required for registering as a pharmacist in Northern Ireland are tested throughout the year-long pre-registration training programme, it is logical that the final examination, following established best practice, should also measure these application skills.

Based on the findings of our review, Council considered three options: retain the current examination; develop a bespoke Northern Ireland examination based on current best practice; or explore the potential for a joint GPhC/Pharmaceutical Society NI 4-country examination.

After carefully considering the options and engaging constructively with the GPhC, Council's preferred option is to develop a joint GPhC/Pharmaceutical Society NI four-country examination. Council considers this to be the most appropriate, cost-effective and timely way to make the improvements considered necessary to ensure the quality of pre-registration training and assessment in the medium to long term. It will also build upon the already significant collaboration we have with the GPhC in setting standards and accrediting pharmacy education at the undergraduate level.

As part of the process of arriving at our preferred option, there was constructive engagement with the GPhC and development of a draft partnership agreement which Council considers adequate to ensure that the Pharmaceutical Society NI gains the necessary level of input on the content, governance and quality assurance of a joint examination to meet their obligations under legislation. We are grateful to our colleagues in the GPhC for their input and co-operation.

Whilst this is Council's preferred option, we want to test our approach to establish whether the public, pharmacists and our stakeholders in Northern Ireland agree with the proposal and the measures included to ensure appropriate governance and quality involvement. Whilst we have carried out considerable work to reach this point, Council will not take a final view until all responses to this consultation have been carefully considered.

As stated above, as the practice of pharmacy evolves, regulation must evolve to ensure public safety, public confidence in the profession and professional standards are maintained and, with this at the forefront of our minds, we encourage all interested

² Further information about SBAs and EMQs is provided later in this document

stakeholders to respond to this important consultation on the future of the registration examination in Northern Ireland.



Dr Jim Livingstone
President



Trevor Patterson
Chief Executive

1. About the Pharmaceutical Society NI

We are the regulatory body for pharmacists and registered pharmacies in Northern Ireland.

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

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 Registered pharmacy premises;
- maintaining a publicly accessible Register of pharmacists and pharmacy premises;
- handling concerns about the Fitness to Practise of pharmacists, acting as a complaints' 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. What is this consultation about?

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"*.

This consultation outlines the findings of Council's review of the registration examination and explains the three options Council considered on how to proceed based on those findings. It further illustrates how Council reached its decision on a preferred option of collaborating with the General Pharmaceutical Council (GPhC), which regulates pharmacists in GB, 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.

The consultation is, therefore, seeking 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.

3. Current Pre-registration Framework

Undergraduate education

The Pharmaceutical Society NI has an obligation to set the standards for entry to the Register of pharmacists, a component of which is recognition of a qualification from an accredited University.

Under a Memorandum of Understanding (“MoU”), the Pharmaceutical Society NI and GPhC collaborate substantively in terms of educational functions. In particular, to ensure that there is a consistent approach to undergraduate pharmacy education throughout the UK, the Pharmaceutical Society NI currently adopts the GPhC’s Standards for Initial Education and Training for Pharmacists (2011)³, ensuring that pharmacy graduates throughout the UK are required to have met the same standard and are able to complete their pre-registration training anywhere in the UK.

The practical outworking of the MoU is as follows:

- The Pharmaceutical Society NI adopts the GPhC’s Education and Training Standards for undergraduate and post graduate pharmacists; and
- The Pharmaceutical Society NI and the GPhC jointly accredit courses leading to registration and annotation in Northern Ireland.

Pre-registration Training

After successful completion of an MPharm degree at university, pharmacy graduates who wish to register as a pharmacist with the Pharmaceutical Society NI must successfully complete a year of pre-registration training which takes place mainly in the community pharmacy and/or hospital pharmacy sectors under the supervision of an accredited tutor pharmacist.

For more information on how the pre-registration training provides assurances that trainees are fit to join the Register of Pharmaceutical Chemists in Northern Ireland, see [Appendix A](#).

In this consultation, we are specifically proposing to modernise one aspect of the quality assessments applied during the pre-registration programme and that is the registration examination.

³ GPhC’s Standards for Initial Education and training (2011) can be accessed using this link https://www.pharmacyregulation.org/sites/default/files/document/gphc_future_pharmacists_may_2011.pdf

Current Northern Ireland Registration Examination

The registration examination⁴ is set by the Pharmaceutical Society NI, working in conjunction with a Registration Examination Committee and External Examiner, with expertise from across the pharmacy sectors. The purpose of the examination is to provide part of the evidence about a trainee's clinical and professional knowledge and preparedness to join the Register and become a pharmacist in Northern Ireland.

Trainees must achieve a pass in the final registration examination which occurs towards the end of their pre-registration training year. This registration examination is operated by Pharmaceutical Society NI.

More information about the format of the current Northern Ireland pre-registration examination can be found at [Appendix B](#).

Pre-registration trainees across England, Scotland and Wales are required to undertake a final registration assessment set by the GPhC at the end of pre-registration training.

4. Pharmaceutical Society NI's review of the registration examination

As part of the Council's review in of the Pre-registration Framework, an initial review of the registration examination started in 2017 with Council considering its findings and recommendations in January 2019.

Findings of initial review

The review consisted of a comparative analysis of the current registration examination against what is considered current best practice, with a focus on assessments used in the registration of healthcare professionals. The review was cognisant of the fact that the GPhC developed and introduced a new final assessment/examination in 2016⁵ with the stated aim of meeting best practice in terms of modern assessment methods and requirements for quality assuring professional examinations, thereby ensuring reliability, validity, fairness and legal defensibility around examination outcomes.

⁴ Format of PSNI Registration examination <https://www.psn.org.uk/wp-content/uploads/2012/10/Examination-Format-2018-19.pdf>

⁵ Further details of the GPhC's registration assessment can be accessed using this link <https://www.pharmacyregulation.org/the-registration-assessment>

The review found that there was no evidence of unsafe practitioners joining the Register after passing our current registration examination, as there is no disproportionate appearance in Fitness to Practise proceedings by recently qualified pharmacists. There is also no evidence that recently qualified pharmacists are disproportionately not meeting the Standard for Continuing Professional Development (CPD). Alongside the quality assessments applied to the progression to registration, including evidence-based achievement against performance standards, a tutor appraisal and verification of suitability to join the Register, there is evidence to suggest that the current examination fulfils its basic function, but may not fully meet the contemporary standard for best practice in this area.

Having reached this conclusion, the review identified several areas where improvements could be made to the current examination to better align it with best practice.

Summary of findings

Testing knowledge through application of knowledge versus recall of knowledge

The format of the Pharmaceutical Society NI's registration examination is based on TRUE/FALSE multiple-choice questions. A fundamental principle of current academic best practice indicates that clinical knowledge is better assessed through testing of 'application of knowledge' using single best answer questions (SBAs) and extended matching questions (EMQs)⁶ as opposed to testing 'recall of knowledge' using traditional TRUE/FALSE multiple-choice questions (MCQs).

Current best practice concludes that testing application of knowledge means that 'higher cognitive functions' of potential registrants be assessed. TRUE/FALSE MCQs test recall of knowledge i.e. lower cognitive functions.

More information on Single Best Answer and Extended Match Questions can be found at [Appendix C](#).

Advantages of single best answer and extended matching questions

TRUE/FALSE multiple-choice questions have a role when it is important to assess actual recall of essential clinical knowledge. However, this style of question does not allow facts to be placed in context around a clinical or

⁶ Examples of single best answer and extended matching questions can be accessed via the GPhC website <https://www.pharmacyregulation.org/the-registration-assessment>

pharmacy practice scenario nor does it allow assessment of a trainee's problem-solving skills which are expected in pharmacy practice.

In applying their knowledge to answer an SBA or EMQ type question correctly, a trainee is required to consider multiple options before answering with the best option. In comparison, when answering a multiple TRUE/FALSE question, a trainee only needs to consider if the answer is true or false. Assessing knowledge with the use of SBA or EMQ type questions means that the risk of a candidate correctly guessing the answer is significantly reduced⁷.

This is where SBAs and EMQs are particularly beneficial as they allow a trainee to demonstrate that they can apply their knowledge to make appropriate professional and ethical decisions and deliver good health outcomes for patients.

Contemporary requirements for assessments

The registration examination in Northern Ireland is currently quality assured by an expert External Examiner and an Examination Committee comprising registered pharmacists with expertise across the pharmacy sector in Northern Ireland including academia.

Current standards associated with the preparation, construction and operation of professional examinations requires multiple phases of key work around examination test construction, test administration, results analysis and review and, importantly, feedback to stakeholders. Within each of these distinct phases of work, quality control mechanisms operate as an essential feature⁸ to deliver reliability, validity, fairness and legal defensibility.

Contemporary practice requires that robust procedures are in place for blueprinting and mapping examination papers against defined learning outcomes thereby ensuring that evidence is available to show that assessments are valid and are appropriately testing the right areas.

In relation to registering newly qualified pharmacists and assessing professional competence, the standards of performance which separate the competent from the non-competent needs to be set using a recognised standard setting process⁹. Traditionally, the approach was to use a static pass mark as the standard that trainees would need to achieve in order to pass an assessment. Current best practice requires that, based on the combined difficulty of the questions in each

⁷ There are numerous studies relating to different assessment tools and medical knowledge, the following sources may provide an initial overview: Lambert W T Schuwirth, Cees P M Van Der Vleuten Different Assessment Methods: What can be said about their strengths and Weaknesses? *Med Educ* 2004;38 974-9; Chandratilake M, Davis M, Ponnampereuma G. Assessment of medical knowledge: The pros and cons of using true/false multiple choice questions. *Med Educ* 2011;4, 225-228

⁸ AMEE guide 71: a systematic framework for the progress test: strengths, constraints and issues, Wrigley, W, Cees P M Van Der Vleuten, Freeman, A and Muijtjens, A

⁹ AMEE guide No:18: standard setting in student assessment, medical teacher, vol 22, NO 2, 2000

individual assessment paper¹⁰, robust standard setting procedures¹¹ are used to determine what the pass mark should be. This means that the pass mark is set for each assessment and may vary across assessments. This is considered to improve fairness, validity and reliability.

Whilst the quality assurance regime for the current registration examination is robust, it is considered that it does not match best practice and improvements should be made. The Pharmaceutical Society NI has a set pass mark for the current registration examination which has had limited variation over the lifespan of the examination process.

Output based framework for education

As noted above, the GPhC and the Pharmaceutical Society NI recognise accreditation of MPharm degrees in the United Kingdom through an MoU. The GPhC provides a framework for mapping education outputs¹² which runs through their pre-registration training and final examination. Currently, we map our registration examination to our bespoke pre-registration syllabus. This creates a slight disparity between the outcomes framework, which dictates the accreditation of MPharm degrees, and the registration examination in Northern Ireland as they are working from two slightly different frameworks.

5. Options considered by Council

Based on the findings of the review, Council considered the following three options:

1. retain the current examination;
2. develop a new bespoke examination and Quality Assurance process; or
3. explore the potential to deliver a joint GPhC/ Pharmaceutical Society NI 4-country examination/final assessment.

Analysis of Options

¹⁰ For example, the GPhC has a panel of standard setters who review questions for the Registration Assessment and set the raw pass mark for each assessment paper using a modified Angoff process.

¹¹ AMEE guide No37: setting and maintaining standards and multiple choice examinations

¹² AMEE guide N0 14: Outcome based education, Harden RM, Crosby, JR, Davis, MH, Smith, S, Dollase, R, Friedman , M, Ross, N and Davies, D

A. Retain the current examination

The benefits of this approach were considered to be that the current examination and related processes are tried and tested and considered robust. The potential drawbacks were considered to be that, whilst additional Quality Assurance could be introduced, without changing the nature of the exam and moving towards best practice related to an applied knowledge approach, the rigour of the examination would continue to fall behind what is considered best practice. Over the medium to longer term, maintaining the fairness, reliability and validity of the examination would become increasingly difficult in such a scenario.

B. Develop a new bespoke examination and Quality Assurance process for Northern Ireland.

The benefits of such an approach were considered to be maintaining full autonomy of the Pharmaceutical Society NI's examination processes and entry onto the Register. The examination would remain bespoke to the Northern Ireland regime for pharmacy practice and would be developed and consulted upon with local stakeholders.

Developing a new examination for Northern Ireland that would meet best practice standards, backed up by established and reliable Quality Assurance mechanisms, would provide greater assurance about those who pass being fit to join the Register and giving greater assurance on fairness, reliability and validity when compared to the existing examination.

The potential drawbacks of this approach were considered to be the cost of commissioning external research to develop a bespoke exam alongside set up and annual running costs. Based on an evaluation of the process followed by the GPhC to develop a new examination for Great Britain, these costs may be prohibitive particularly with regard to limited student numbers.

Linked to this would be the costs of a new Quality Assurance regime to ensure the reliability, validity and fairness of a bespoke Northern Ireland examination. It was also considered that this approach would take several years to develop and bring to completion which must be balanced against the assessed sustainability of the current examination in the medium term. Council was concerned that the cost of such a project would need to be passed on to future students through fees which may present a disincentive to enter the profession.

C. Explore the potential to deliver a joint GPhC/ Pharmaceutical Society NI 4-country examination/final assessment.

The benefits of such an approach were considered to be that the GPhC has recently (2016) introduced a new registration examination/final assessment that meets best practice and which would address the issues identified in the review of the Pharmaceutical Society NI's examination.

The GPhC final assessment is backed up by established and reliable Quality Assurance mechanisms, providing greater assurance about those who pass being fit to join the Register and giving greater assurance on fairness, reliability and validity.

The assessment syllabus for the GPhC examination is mapped to the current initial education and training learning outcomes which the Pharmaceutical Society NI currently adopts as part of the joint accreditation of undergraduate courses resulting in MPharm degrees. This means that only moderate adjustments to our current pre-registration training would be required and all candidates would be familiar with the learning outcomes as they formed part of their MPharm degree.

The Pharmaceutical Society NI currently co-operates extensively with the GPhC in accrediting MPharm courses and adopts their Initial Education and Training Standards.

The potential drawbacks of such an approach were considered to be a potential loss of influence over the final assessment and entry onto the Register in Northern Ireland and the subsequent ability of Council to meet its statutory and regulatory obligations.

6. Council's Approach

Based on the findings of the initial review and its consideration of the options, in November 2017, Council instructed the Executive to explore with the GPhC the potential for a joint Pharmaceutical Society NI/GPhC examination/final assessment, taking into consideration the need to meet its statutory duties around quality control, governance and finance to permit entry into an agreement with GPhC, thereby addressing the drawbacks identified in C above.

Based on engagement with the GPhC, a proposal was placed before Council in January 2019 as to how a joint examination/final assessment would work.

With a view to fully understanding the proposal outlined below, a general knowledge of the current GPhC final assessment, how it is developed and its

quality assurance mechanisms is considered important - a summary of this process can be found at [Appendix D](#).

7. Pharmaceutical Society NI/GPhC draft proposal

Subject to the outcome of this consultation, the Pharmaceutical Society NI and the GPhC will enter into a partnership agreement which will ensure that:

Governance and Quality Assurance

- the examination/final assessment will be joint and co-badged as GPhC/Pharmaceutical Society NI;
- the Syllabus will be a GPhC/ Pharmaceutical Society NI agreed Registration Assessment Framework based on the Initial Education and Training learning outcomes;
- responsibility for the 4-country wide Registration Assessment will be delegated to a unified Board of Assessors administered by the GPhC but with accountability to both organisations;
- the Board of Assessors' role and remit will be revised to reflect 4-country wide representation;
- recruitment of a Northern Ireland member(s) to the Board of Assessors to provide expertise on Northern Ireland pharmacy practice;
- the Chair of the Board of Assessors will be either a GPhC or Pharmaceutical Society NI registered pharmacist. Recruitment of the Chair will be open and both GPhC and Pharmaceutical Society NI Council members will sit on the recruitment panel;
- any future development of the examination, assessment or procedures will be overseen by the Board of Assessors;
- the Council of the Pharmaceutical Society NI will receive an annual report from the Chair of the Board of Assessors for quality assurance purposes;
- the GPhC already has Northern Ireland based question writers and standards setters. If needed, further recruitment from Northern Ireland will occur; and
- a Northern Ireland member will join a unified Adjustments Panel to ensure consistency.

Operations

- The GPhC will manage the operation of the Registration Assessment on behalf of both organisations;
- common examination dates will be set;
- candidates from Northern Ireland will sit the assessment and any re-sits at a Northern Ireland venue;
- the Pharmaceutical Society NI will be responsible for the Northern Ireland examination venue, invigilation and handling and communication of results;
- results will be issued simultaneously by the GPhC in Great Britain and the Pharmaceutical Society NI in Northern Ireland;
- there will be one helpline for candidates based in the GPhC's call centre with GPhC staff being trained to handle Northern Ireland enquiries; and
- transitional arrangements, communications and resits will be addressed in partnership by both organisations.

Marking and Appeals

- All candidates will be marked in the same way; and
- appeals will be handled by the GPhC under an agreed appeals process with the Pharmaceutical Society NI being notified of all appeals outcomes for registration purposes and in the interest of transparency.

Finances

- This change will not result in an increase in the current examination fee for Northern Ireland candidates. The examination fee will be kept under regular review.

Suggested timing and implementation of outline proposal

Based on the outcome of this consultation exercise, the following outline proposal for timing and implementation is proposed:

- a 2-year lead-in period aiming for the first cohort of pre-registration trainees to sit the new format of the examination in 2021. This lead-in period is proposed to allow students and stakeholders to prepare for the new format examination and for both organisations to make the necessary changes;
- Northern Ireland MPharm students entering Year 4 in October 2019, would be the first cohort to sit the 4 country-wide exam. This cohort of students will be formally informed in the final year of their degree;
- in 2019 and 2020, pre-registration trainee pharmacists in Northern Ireland will sit the PSNI's Registration Examination and pre-registration trainee pharmacists in Great Britain will sit the GPhC's Registration Assessment;
- from 2021 onwards, pre-registration trainee pharmacists in Great Britain and Northern Ireland will sit the joint Registration Assessment. This includes resit candidates; and
- a Joint GPhC/Pharmaceutical Society NI engagement and communications plan for students, pre-registration trainees, pre-registration training providers, tutors and universities across the 4-countries will be developed and implemented ahead of the proposed changes.

Transitional Arrangements

As outlined in the draft headline agreement above and subject to the outcome of this consultation, should Council proceed with a joint examination, the following transitional arrangements will be pursued:

- a review and introduction of any necessary changes to ensure the pre-registration training programme fully reflects the learning outcomes in the Initial Standards for Education and Training of pharmacists and the proposed joint Registration Assessment Framework; and
- a joint engagement plan to ensure that all stakeholders, including prospective students, tutors, employers and pre-registration training organisations, are adequately informed to ensure the resources and support necessary to manage the changes are in place.

8. Conclusion

Based on the draft partnership agreement above, in January 2019, the Council of the Pharmaceutical Society NI gave formal approval for a joint GPhC/Pharmaceutical Society NI final assessment to be its preferred option to modernise the registration examination, subject to a public consultation on the matter and final agreement with the GPhC.

Council is subsequently seeking the views of the public, pharmacists and stakeholders in Northern Ireland on the proposals as outlined.

9. The Consultation Process

The consultation will run for 10 weeks and will close on **Friday 11 October 2019**. During this time, we welcome feedback from individuals and organisations. We will send this document to a range of stakeholders including pharmacists, educationalists, pharmacy owners, patients' representative bodies and others with an interest in this matter.

After the consultation, we will publish a report analysing the feedback we receive. The Consultation responses and report will be considered by the Council of the Pharmaceutical Society NI before making its final decision.

In our consultation report, we often include quotes from respondents. If we publish a quote from an individual in the consultation summary report, we will not publish and link the quote to the name of the individual. We do provide a list of respondents' names at the end of the report.

If you do not wish all or part of your response, including your identity, to be made public, then please make that clear when completing the response form.

If you wish your response to remain confidential, the Pharmaceutical Society NI will generally respect that request. However, the information you provide may be subject to disclosure under the Freedom of Information Act 2000.

How to respond to the consultation.

You can find all documents relating to the Consultation on the Pharmaceutical Society NI website: <http://www.psni.org.uk/publications/consultations/>

You will be asked to complete a response form based on the questions outlined below and return it to the Pharmaceutical Society NI.

This **10-week** public consultation starts on **02 August 2019 and ends at 12 noon on Friday, 11 October 2019.**

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 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

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).

Appendix A

Pre-registration Training – Assurances

To provide assurances that pre-registration trainees are fit to join the Register of Pharmaceutical Chemists in Northern Ireland, multiple quality assessments are applied during pre-registration training to provide evidence of competency to practise safely and to demonstrate that they have the right knowledge, attitude and behaviours.

During this time, trainees are expected to apply their knowledge and skills gained at university and demonstrate that they are competent by achieving performance standards through successful completion of:

- a reflective online e-portfolio,
- 16 mandatory eLearning modules linked to professional practice;
- attendance at 5 compulsory practice training days and demonstration of appropriate professionalism by achieving an acceptable appraisal score at regular intervals; and
- a final sign-off from their supervising tutor that they are fit to practise and possess the necessary professional skills to operate as a registered pharmacist.

Trainees must also achieve a pass in the final registration examination which occurs towards the end of their pre-registration training year. This registration examination is operated by Pharmaceutical Society NI.

Appendix B

Registration examination – Current Format

Format

The registration examination consists of two papers (open book and closed book examination). The format of the multiple-choice questions is the same throughout, with each question consisting of a statement followed by four stems which may be True (T) or False (F) (total of 380 multiple choice questions in total across the two papers).

The Open Book Examination

The open book examination contains two parts and time allowed is 3 hours. Part A consists of 20 calculation questions, the purpose of which is to assess the ability to interpret numerical data and numeracy. Part B consists of 120 questions, the purpose of which is to test the ability of a trainee to use their knowledge and skills, in conjunction with the main references sources that are readily accessible, to interpret data and answer questions that are within the broad remit of the professional responsibilities of a pharmacist.

Closed Book Examination

The purpose of the closed book examination (240 questions) is to assess the day-to-day knowledge that would be normally expected of a newly qualified pharmacist. In other words, the knowledge that should be possessed by a pharmacist without the need to consult additional reference sources. The time allowed is 2 hours.

Some of the professional practice areas that may be examined include:

- practice issues including responding to symptoms;
- knowledge of disease pathology and management;
- knowledge of drugs including therapeutic issues, side-effects, drug interactions and contraindications;
- professional and ethical issues;
- legislation for pharmacists.

Appendix C

What is a single best answer question (SBA)?

An SBA consists of stem¹⁴, a lead-in question and five options where a trainee is required to select the single best answer from four or five alternatives. The stem is set around a clinical vignette, pharmacy practice scenario or problem. The lead-in poses a precise single question and the five options are all possible answers to the question arising from the stem. However, only one of those options will be the best answer, the remaining options being inferior or the least good answer.

Example SBA Question

The diagram shows a table representing an SBA question. The first row contains the scenario: '1 Mr A, who is 82 years old, has been in hospital for 3 weeks for the treatment of high-severity community-acquired pneumonia. He has developed a *Clostridium difficile* infection. Mr A has no known drug allergies.' A box labeled 'scenario' points to this text. The second row contains the question: 'Which of the following is the most appropriate antibiotic to treat the *Clostridium difficile* infection?' A box labeled 'question' points to this text. The third row contains five answer options: A co-amoxiclav, B co-trimoxazole, C doxycycline, D erythromycin, and E metronidazole. A box labeled 'answer options' points to all five options.

1	Mr A, who is 82 years old, has been in hospital for 3 weeks for the treatment of high-severity community-acquired pneumonia. He has developed a <i>Clostridium difficile</i> infection. Mr A has no known drug allergies.
Which of the following is the most appropriate antibiotic to treat the <i>Clostridium difficile</i> infection?	
A	co-amoxiclav
B	co-trimoxazole
C	doxycycline
D	erythromycin
E	metronidazole

What is an extended matching question (EMQ)?

An EMQ is different from an SBA. Usually an EMQ has four parts; a theme or title, a list of usually six – twelve answer options and instruction and then a number of practice or clinical scenarios are presented. Trainees choose the best option from the list provided. Each option may be used once, more than once or not at all. Typically, between two and five questions will be grouped together.

¹⁴ Essential skills for a medical teacher: an introduction to teaching and learning and medicine 2nd edition: Harden, RM, Laidlaw, J; p231-236

Example EMQ Question

Adverse drug reactions (ADRs)	
A	hyperglycaemia
B	hyperkalaemia
C	hypermagnesaemia
D	hyponatraemia
E	hypoglycaemia
F	hypokalaemia
G	hypomagnesaemia
H	hyponatraemia

For the patients described, select the single most likely ADR from the list above. Each option may be used once, more than once or not at all.

2	A 78-year-old woman started on escitalopram 10 mg daily for generalised anxiety disorder three months ago. She also has osteoporosis and takes risedronate sodium 35 mg once a week. She has become increasingly confused and drowsy over the past three weeks.
3	A 12-year-old boy has type 1 diabetes. He uses insulin lispro 8 units SC three times a day before each main meal and insulin detemir 12 units SC in the evening. In school today he interrupted his lunch to play football. At 3 o'clock in the afternoon he complained of having a headache and feeling dizzy.

Further examples of SBAs and EMQs can be found here: https://www.pharmacyregulation.org/sites/default/files/document/gphc_registration_assessment_part_2_example_questions_2019.pdf

Appendix D

GPhC Final Assessment

The registration assessment is in two parts. Each part is a separate paper. The topics covered by the assessment are set out in the registration assessment framework¹⁵.

Paper one is a calculations paper¹⁶. It is currently made up of 40 calculation questions and the time allowed for the paper is 120 minutes. Calculators are allowed in this paper.

Part two is made up of selected response questions. This means for each question a candidate will need to choose one answer from a list of options. There are also questions to test a candidate's number sense, but calculators are not allowed in this paper.

In a part two paper there will be 90 SBA and 30 EMQ questions.

Development and Quality Assurance of Final Assessment

Step 1: Writing Questions

- Questions are written by question writers, all of whom are pharmacists. There are around 40 question writers.
 - Some question writers work in community pharmacy, some work in hospital pharmacy and some work in academia.
 - Questions are based on the registration assessment framework to make sure they are all relevant to pharmacy practice.
 - All questions are based on the framework. There are no exceptions.
 - After they have written the questions, question writers meet at workshops where they review the questions as a group.

Step 2: Creating the papers

- The questions are combined into draft papers by the assessment writing manager, who is a pharmacist.
- A template is used to make sure the questions cover topics in the framework and that the right proportion of questions of each type is used.
- The board of assessors¹⁷ reviews the draft papers, checking that the framework is covered adequately and that the right proportion of questions of each type has been used. No question is used unless it is based on the framework. There are no exceptions.

¹⁵ <https://www.pharmacyregulation.org/53-registration-assessment-framework>

¹⁶ Examples of GPhC calculations questions can be found here:

https://www.pharmacyregulation.org/sites/default/files/document/gphc_registration_assessment_part_1_example_questions_2019_sittings.pdf

¹⁷ More information on the GPhC's current board of assessors can be found here:

<https://www.pharmacyregulation.org/education/pharmacist-pre-registration-training-scheme/key-dates-scheme/registration-assessment>

- At this stage the board of assessors may ask for questions to be rewritten or replaced if they don't agree they are suitable.

Step 3: Setting the Standards

- A separate standard-setting panel of pharmacists assesses the standard of each question. Panel members all have first-hand experience of working with recently qualified and preregistration trainee pharmacists. Members work in hospital or community pharmacy and are based in England, Scotland, Wales and Northern Ireland.
- The panel has to decide whether or not a candidate capable of barely passing the assessment would answer the questions correctly. The panel is not judging whether an experienced pharmacist would answer the questions correctly.
- By doing this they can set a provisional pass mark. The pass mark may vary from sitting to sitting depending on how difficult the questions are.
- The panel can agree that some questions are not appropriate for the papers and can ask the board of assessors to have them rewritten or removed.

Step 4: Agreeing the papers

- After the panel has set the provisional pass mark, the board of assessors considers the panel's comments about the questions in each paper. It then decides which ones should be used. If a question is not used it can be removed and replaced with another one, which will have been reviewed by the standards-setting panel.
- Once the questions have been agreed, the board of assessors approves the papers.

Step 5: Final Check

- Just before the papers are printed, the board of assessors checks that there have been no changes in practice or the law that would have made any of the questions out of date.

Adjustments Panel

- This is an independent panel made up of an educational disability specialist and two members of the GPhC board of assessors (which sets and moderates the registration assessment). The panel considers requests for 'reasonable adjustment to the assessment conditions based on a specific need a candidate feels could cause a disadvantage when sitting the final assessment.

Marking

- Information on how the GPhC currently marks its final assessment papers can be found here:
https://www.pharmacyregulation.org/sites/default/files/markings_assessment_papers_and_issuing_results_0.pdf