A new accreditation methodology for courses leading to registration or annotation as a pharmacist in Great Britain

Purpose
To align the current accreditation methodology with the reporting requirements of the Pharmacy Order.

Recommendations
The Council is asked to agree:

i. The accreditation of pharmacy courses leading to registration and annotation in Great Britain (Appendix A), an operational description of a new accreditation methodology.

1.0 Introduction

1.1 At its October 2010 meeting, Council agreed to consult on a new accreditation methodology for courses leading to registration and annotation as a pharmacist in Great Britain. A public consultation was held from the 1 November 2010 to 4 February 2011. Respondees were asked to use Survey Monkey to provide data online; those who sent in responses by other means had their responses entered into Survey Monkey manually.

1.2 To supplement the online facility, five seminars were held:

1. 17 November 2010: Cardiff University, Wales
2. 22 November: General Pharmaceutical Society, London
3. 24 November: The Queen’s University, Belfast, Northern Ireland
4. 26 November: Strathclyde University, Scotland
5. 29 November: University of Manchester
All schools of pharmacy were represented and there were 168 attendees in total.

1.3 Once the consultation had closed, the responses were analysed independently. The analysis is included in these papers (Appendix B).

1.4 The draft methodology has been modified in light of comments and is being presented for approval. Modifications have been highlighted for convenience.

2.0 **Comments on responses**

2.1 In general, there was either substantial or clear support for all the proposed changes to the methodology. The general caveat from schools of pharmacy was that they wanted to see how the new methodology would work in practice. This is understandable. The largest number of responses was from schools of pharmacy followed by NHS training organisations. There were 12 other responses from organisations/groups and 12 from individuals.

2.2 Comments on responses to individual questions:

Question (Q) 1. Do you agree that a practice/placement visit will strengthen our ability to report on the quality of provision?

Comment (C) 1: _Clarity process for practice visits [NB Consultation comments are italicised]._ Action: An operational document for practice visits will be circulated to schools to explain precisely how a visit will work. We intend to trial the document and practice visits themselves in 2011-2012.

C 2: _What is the role of external examiners?_ Action: Clarify that external examiners will not be used during practice visits.

C 3: _Will there be equivalent practice visits for pre-reg placements?_ Comment: If we move to a 5-year integrated degree, pre-registration will be quality assured through local arrangements. Action: Clarify this in the accreditation methodology.

C 4: _Will the practice visit be a mini-accreditation (meaning, in effect, the cycle is 3 years not 6)?_ Comment: No. The visit has a particular focus and should not alter a primary accreditation judgement. Action: Make this clear in the accreditation methodology.

C 5: _Should other classroom/laboratory work be looked at too?_ This is included in the methodology.

Q 2: Do you agree that the accreditation cycle can be extended from five years to six because of the additional practice/placement visit?

No comments.
Q3: Do you agree that we should include a requirement for a written student evaluation to the evidence base for an accreditation submission?
C 1: *Means and validity of data collection.* Comment: The issue is how we can be sure that data gathered by students is accurate and representative.
C 2: *Take account of views of pre-reg trainees and recent graduates.* Action: On reflection, rather than asking students for their views (as they evaluate modules and degrees already), we propose a modification to this requirement, which is that schools gather the views of their pre-reg trainees and recent graduates and submit that as part of the evidence base. This will bring a fresh perspective to accreditation and will give the GPhC access to the views of people who have fully experienced an accredited course. We will still be able to access student views through studying module/course evaluations. Action: Clarify this in the accreditation methodology. Trial the use of pre-registration trainee/recent registrant evaluation reports in 2011-2012.

Q 4: Do you agree that the new methodology should have assurance and enhancement elements?
C 1: *Need to be clear about what is published and what isn’t.* Action: Make it clear in the accreditation methodology that we will publish reports which state whether or not a school has met threshold criteria (the assurance function) but feedback other comments to schools confidentially for enhancement purposes. Currently, this is the case.

Q5: Does the proposed methodology address the requirement to report on the ‘nature, content and quality’ of provision?
No comments.

Q6: Given the GPhC’s legal reporting requirements (about the ‘nature, content and quality’ of courses), do you think the accreditation methodology is proportionate?
Comment: it is reassuring that respondents agree that the methodology is proportionate. Action: Monitor the burden on schools when the methodology is introduced.

Other comments:
C 1: *Likelihood of FOI requests for accreditation information.* Action: As a general principle, the GPhC does not disclose information about accreditation supplied in confidence. However, there is a duty on all public bodies to consider information requests, which will be considered through our agreed FOI procedures.
3.0 Equality and diversity implications

3.1 The new initial education & training standards have reporting requirements relating to equality & diversity. Training workshops for accreditors will address the need for equality and diversity reporting requirements.

3.2 The accreditors are a comparatively homogenous group and do not fully reflect the diversity of the profession or the student body. Through subsequent rounds of recruitment for accreditors we will seek to address this.

4.0 Communications implications

4.1 We discuss accreditation with schools through the Council of University Heads of Pharmacy on a regular basis. If the revised methodology is agreed, it will be sent to schools.

4.2 Because the revised methodology coincides with the production of new initial education & training standards, every school will be provided with and additional pre-visit to discuss the new methodology and initial education & training standards. Schools will be told this formally once the methodology is released.

4.3 The formal GPhC response to the consultation will be prepared after this meeting and in light of Council’s comments.

5.0 Resource implications

5.1 The budget for 2011 and 2012 is sufficient to carry out all necessary accreditation work. Note: This may change once the outcome of MPC’s reform proposals is known – for example if the accreditation cycle has to be accelerated to bring new style MPharm degrees online as quickly as possible.

6.0 Risk implications

6.1 Not revising the methodology may mean we are unable to fully discharge our legal reporting requirements.

7.0 Associated documents

7.1 The other documents associated with this item are:

1. A new accreditation methodology for courses leading to registration or annotation as a pharmacist in Great Britain: consultation analysis. This is the independent analysis of the consultation responses.
2. The accreditation of pharmacy courses leading to annotation and annotation in Great Britain. This is the final draft of the new accreditation methodology. Note that changes to the text have been underlined and are linked to comments explaining the change.

Recommendations

The Council is asked to agree:

i. The accreditation of pharmacy courses leading to registration and annotation in Great Britain, an operational description of a new accreditation methodology.

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20 April 2011
The accreditation of pharmacy courses leading to registration and annotation in Great Britain

Operational description: April 2011
The accreditation of pharmacy courses leading to registration and annotation in Great Britain

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in Great Britain. Part of its education function is to check the standards of courses leading to registration and annotation as a pharmacist. It assumed responsibility for this work on September 27th 2010. Prior to that, it was the responsibility of the Royal Pharmaceutical Society of Great Britain (RPSGB).
About us

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and pharmacy premises.

It is our job to protect, promote and maintain the health, safety and wellbeing of members of the public, and in particular those members of the public who use or need the services of pharmacy professionals or the services provided at a registered pharmacy.

Our principal functions include:

- setting standards for conduct, ethics, proficiency, education and training, and continuing professional development (CPD);
- establishing and promoting standards for the safe and effective practice of pharmacy at registered pharmacies;
- establishing fitness to practise requirements, monitoring pharmacy professionals' fitness to practise and dealing firmly and fairly with complaints;
- approving qualifications for pharmacists and pharmacy technicians; and
- maintaining a register of pharmacists, pharmacy technicians and pharmacy premises.

We will aim to ensure that regulation is fair and proportionate – that is, in line with the level of risk posed to public health, safety and wellbeing – and not over-burdensome. We want it to be flexible enough to respond to the changing demands made of the profession and to allow for innovation at the same time as maintaining high quality practice.
Background

Pharmacy is a regulated profession. This includes the regulation of education and training leading to registration and annotation as a pharmacist and registration as a pharmacy technician. The GPhC has two related education quality processes: accreditation and recognition. Accreditation involves the approval of a course designed and delivered by a provider (for example, an MPharm degree designed and delivered by a university) whereas recognition involves the approval of a national qualification (for example, an NVQ) which is quality assured by a national qualifications body (for example, Ofqual).

The GPhC accredits the following courses:

- MPharm degrees (including those delivered in part overseas);
- Overseas Pharmacists’ Assessment Programmes (OSPAPs; courses for non-EEA pharmacists wanting to register in Great Britain, OSPAPs are postgraduate diplomas);
- Foundation degrees in pharmacy leading to entry to an MPharm;
- Non-medical prescribing courses for pharmacists;
- Pharmacy technicians courses offered by independent providers; and
- Pharmacy support staff courses offered by independent providers.

The GPhC recognizes the following courses:

- Knowledge qualifications for pharmacy technicians; and
- Competence qualifications for pharmacy technicians.

The GPhC has the right to accredit outside Great Britain, which includes Northern Ireland. The RPSGB has accredited courses in Northern Ireland jointly with the Pharmaceutical Society of Northern Ireland and the GPhC will do the same.

New initial education and training standards for pharmacists

We have issued two sets of education and training standards to complement this new methodology. The standards are:

- Future pharmacists: standards for the initial education and training of pharmacists in Great Britain (MPharm degree and pre-registration standards); and
- Education and training standards for non-EEA pharmacists wanting to register in Great Britain (OSPAP standards).

The new accreditation methodology has been designed to test these standards. Each document has 10 standards and each standard includes criteria, required evidence and advice on meeting the standard.
In the new standards, we have moved away from a reliance on inputs to an emphasis on outcomes - what students can actually do. The standards are:

Standard 1: Patient and public safety;
Standard 2: Monitoring, review and evaluation of initial education and training;
Standard 3: Equality, diversity and opportunity;
Standard 4: Selection of students and trainees;
Standard 5: Curriculum delivery and the student experience;
Standard 6: Support and development for students and trainees;
Standard 7: Support and development for tutors and academic staff;
Standard 8: Management of initial education & training;
Standard 9: Resources and capacity; and
Standard 10: Learning outcomes.

The initial education and training for pharmacists in Great Britain comprises a four-year MPharm degree, 52 weeks of pre-registration training and a national Registration Assessment. There is one five-year MPharm degree with intercalated periods of pre-registration training. The new standards refer to pre-registration training but are written, primarily, for the MPharm degree. A five year MPharm with integrated – rather than intercalated - pre-registration training is an aspiration and were such degrees to be introduced, we would revisit this methodology. In particular, we would include a quality assurance process for pre-registration placements.

The principles of accreditation

This document does not describe every single permutation of the accreditation methodology. Instead it states the principles of accreditation and applies them to one course: the MPharm degree. The methodology as described in this document will be applied to other courses but with variations as appropriate.

The principles are that accreditation is:

1. proportionate;
2. transparent;
3. public;
4. evidence based;
5. cyclical; and
6. based on peer review.
Although professional accreditation is separate from other quality assurance processes in universities, it will take account of them where possible. This includes taking account of the views of external examiners, while not using the examiners themselves as part of the accreditation process.

The legal basis of accreditation

GPhC’s right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the Pharmacy Order 2010. It requires the GPhC to ‘approve’ courses (approval being the generic term for accreditation and recognition) by appointing ‘visitors’ (accreditors and recognisers) to report to the GPhC’s Council on the ‘nature, content and quality’ of education as well as ‘any other matters’ the Council may require.

It is a requirement that the GPhC maintains a list of qualifications which are accredited and a list of those qualifications which were previously accredited.

It is a requirement that reports of accreditation and recognition events are public. Public reports will contain judgements about whether an MPharm degree provider has met the requirements of accreditation.

Education providers must supply information to the GPhC to assist it in discharging its accreditation and recognition function. If providers do not assist the GPhC, accreditation may be refused or withdrawn.

Making decisions

Accreditation decisions will be the responsibility of the GPhC’s Registrar on advice from accreditors. The exception is the refusal or withdrawal of accreditation, which is reserved to the GPhC’s Council.

Reports will be written after accreditation events which will be made public. Providers will be required to provide written responses to reports, which will also be made public.

Appeals

The Order describes the appeal mechanism for accreditation and recognition decisions, at the heart of which is the right of a provider to challenge a decision by, first, providing additional evidence and, second, by making an appeal to the GPhC’s independent Appeals Committee.

The form and manner of an appeal is described in the Order.
Summary of the methodology

Diagrammatically, the methodology can be summarised as:
New developments

Using data more effectively
As well as receiving periodic visits, schools of pharmacy will submit an annual return about student numbers, staffing, funding and student fitness to practise. Currently, this is done but little is done with these data. We intend to integrate the annual return into the accreditation methodology to provide accreditors with a more dynamic profile of a school. This should enable us to identify schools which are at higher risk and those at lower risk. Our principal concern is the standard of courses but we accept that resources have a bearing on standards. In time we may consider varying the periodic cycle of visits for particular schools on the basis of heightened or lower risk derived from our data set.

Through the annual return we intend to monitor student fitness to practise so we build up a national picture of key themes and issues.

A practice visit
As has been explained, the reporting requirements for education standards in the Order are more explicit than in previous legislation. Because ‘nature, content and quality’ must be covered, teaching/learning and placement activities need to be observed. The practice visit will take three years after a main visit and the results of the visit will form an appendix to the main report. Because we will be observing activities that are already timetabled, there will be minimal intrusion and the visits will not be a significant burden on institutions. Practice visits will take place at the university and placement sites.

The practice visit is not a mini-accreditation and the GPhC’s accreditation judgement from the main visit will stand unless evidence comes to light requiring it to be reconsidered. This evidence could come from a practice visit or from any other source or activity.

Separately, we will issue an operational document for practice visits. This will clarify the mechanics of a visit and what is required of schools.

The cycle of accreditation
The main accreditation cycle has been extended from five years to six. This means there is an engagement with a provider every three years.

Stakeholder involvement
The new methodology places greater emphasis on stakeholder views.

First it will be a requirement for schools to submit an analysis of views about their MPharm degree from current pre-registration trainees and recent registrants who studied on the MPharm degree being
reaccredited. Recent registrant means someone who has been registered as a pharmacist with the GPhC for up to three years.

Second, the new initial education & training standards requires accreditors to gather and analyse data about equality & diversity and also the views of patients and the public about the degree being reaccredited.

Enhancement and assurance
Given that our reporting requirements relate to nature, content and quality, an assurance only process is not adequate and enhancement elements are included. This is the approach taken by other healthcare regulators and, most recently, by the Quality Assurance Agency in its Institutional review of higher education institutions in England and Northern Ireland (www.qaa.ac.uk).

Assurance judgements will be made public, as described above. Enhancement comments will be fed back to schools confidentially for quality enhancement purposes.

Other quality measures in higher education
The GPhC’s proposed new methodology will complement and not duplicate the Quality Assurance Agency’s new quality check on higher education: institutional review, which does not include subject/disciplinary review. We note that the QAA has reached a similar conclusion about enhancement: that it is appropriate and that pure assurance is insufficient.

Universities have their own well established quality assurance processes and our data set will draw on the outputs of those processes. Our new education & training standards make it clear that we will drawn on existing university documentation as a large part of our evidence base.
Data set

Under each standard in Future Pharmacists there are data requirements, which form the core data set. In summary they are:

- **Staffing**: Evidence of how the staffing mix will deliver an MPharm degree of the right standard;
- **Resources**: Evidence of how they are sufficient to support the design and delivery of a master’s degree;
- **Strategies for teaching, learning and assessment**: We have emphasised the importance of feedback in assessment. We would observe that modular courses tend to over assess, sometimes at the expense of more useful timely feedback;
- **Pre-registration trainee/recent registrant evaluation report**;
- **External examiners’ reports**;
- **Internal quality reports and evaluations**;
- **PPI input**: We recognise that schools are unused to involving patients and the public in course design and evaluation but we have included it because the new standards for the initial education & training of pharmacists now require patient and public involvement;
- **Academic regulations**: Principally, our scrutiny of academic regulations will be to ensure that threshold standards are being maintained and that pass criteria are true pass criteria;
- **Practice/placement report** from interim visit;
- **Annual data return from schools**.

Note: Most of these data requirements can be found in existing university documents.
The steps of the new methodology

1. 6 months before the start of an academic year: accreditation timetable for the following academic year is agreed.
2. Pre-visit minus 6 weeks: one-volume self evaluation document is submitted electronically and in hard copy (x10). All other documents must be submitted electronically only.
3. Pre-visit minus 6 weeks: pre-registration trainee/recent registrant evaluation document submitted electronically.
4. Pre-visit (one month before the main visit): the meetings schedule, attendance list and additional data requirements are agreed. After the meeting, the self evaluation document is sent to accreditors.
5. Main visit.
6. Main visit + 4 weeks: report is sent to course provider and accreditors to comment on factual accuracy.
7. Main visit + 8 weeks: agreed report is sent to Registrar for consideration.
8. Main visit + 11 weeks: final version of report sent to course provider. Course provider asked to produce written response.
9. Main visit + 19 weeks: final version of report and course provider’s response posted on GPhC’s website.
10. 4th year of accreditation: pre-visit to agree teaching and placement observation schedule.
11. 4th year of accreditation: 3-year practice visit. Observations take place
12. Practice visit + 4 weeks: teaching and placement observation reports sent to course provider. Reports become an appendix to the main report.
New schools of pharmacy

We intend to retain the current 7-year step-based approach to accrediting new schools of pharmacy. The reason for this is that new schools are more likely to be at risk than existing ones while they are still recruiting staff, developing facilities and recruiting initial cohorts of students. The steps are:

1. initial presentation by course provider [students minus 3 years];
2. the business case [students minus 2 years];
3. the curriculum [students minus 1 year];
4. first year of delivery;
5. second year of delivery;
6. third year of delivery;
7. fourth year of delivery.

NB If a new five-year MPharm degree with integrated pre-registration training blocks is proposed, then the process will be extended to 8 steps, where the final two are:

7. fourth year of delivery, including the first block of pre-registration training;
8. fifth year of delivery, including the second block of pre-registration training.

Comment [DD14]: Added because we have received two applications to establish new, five-year MPharm degrees
Outcomes of accreditation

New MPharm degrees
The initial process for accrediting a new MPharm degree is probationary throughout. This must be made clear to all students and applicants until the first cohort of students has graduated successfully.

The step 1 event is advisory.

Outcomes of step 2 events:

1. granting probationary accreditation. Probationary accreditation will be granted if it can be demonstrated that standards are likely to be met; or
2. refusal to accredit. Accreditation of a new MPharm degree may be refused, if it can be demonstrated that the standards are not likely to be met.

Outcomes of step events 3-6 are:

1. continuance of probationary accreditation. Continuing probationary accreditation will be given if it can be demonstrated that standards are likely to be met; or
2. withdrawal of accreditation. Accreditation of a new MPharm degree may be withdrawn, if it can be demonstrated that the standards are not being met or are not likely to be met.

Outcomes of step 7 events are:

1. full accreditation. Full accreditation of a new MPharm degree may be given if it can be demonstrated that standards are being met and are likely to be met for an accreditation period. The normal period of full accreditation is six years;
2. withdrawal of accreditation. Accreditation of a new MPharm degree may be withdrawn, if it can be demonstrated that the standards are not being met or are not likely to be met.

A step event can be repeated once. A repeat event must be in another academic year.
Existing MPharm degrees

Outcomes of reaccreditation events are:

1. continuance of full accreditation. Continuing full accreditation will be granted if it can be demonstrated that standards are likely to be met. Normally continuing reaccreditation will be granted for a period of six years. This period can be varied; or

2. imposition of probationary accreditation. If a serious concern arises through accreditation or by other means, an existing MPharm may be placed on probation. Like all accreditation decisions, this will made public. Probationary accreditation will be imposed for a specified period, after which only outcomes 1. and 3. can be considered. Any provider placed on probation must produce an action plan documenting how concerns will be addressed in the specified time period; or

3. withdrawal of accreditation. Accreditation of a new MPharm degree may be withdrawn, if it can be demonstrated that the standards are not being met or are not likely to be met.

New & existing MPharm degrees

In accordance with the Order, accreditation of an MPharm degree may be refused if a course provider fails to provide information and assistance to the GPhC. Course providers must provide information proactively as well as on request.

The accreditation process is developmental. As part of the process, conditions may be imposed and/or recommendations may be made. Conditions must be met within a specified timescale; recommendations must be considered.

The GPhC reserves the right to investigate any matter brought to its attention which may have a bearing on the accreditation of a course.
Time limit for completion of initial education and training

Students taking an MPharm degree followed by pre-registration training and the Registration Assessment [Examination] must complete the three components in eight years from the date they commenced an MPharm degree. This assumes continuous, full-time study. The eight year limit may be extended to accommodate:

- part-time study;
- adjustments to study to accommodate a disability;
- maternity/paternity leave;
- absence on compassionate grounds;
- illness;
- serving in the Territorial Army.

This list is not exhaustive. Extensions will be granted on the basis of written evidence only.
Related documents

*Code of conduct for pharmacy students [GPhC, 2010]*

*Future pharmacists, standards for the initial education and training of pharmacists [GPhC, 2011]*

*Guidance on student fitness to practise in schools of pharmacy [GPhC, 2010]*

*Institutional review of higher education institutions in England and Northern Ireland [QAA, 2011]*

Comment [DD15]: Subject to Council agreement

Comment [DD16]: Subject to approval by ministers
A new accreditation methodology for courses leading to registration or annotation as a pharmacist in Great Britain: consultation analysis

1.0 Analysis of consultation responses

To analyse the data, narrative responses were tabulated by question then common themes were identified. To get a better sense of whether views were individual or more widely representative, responses were categorised as either organization, group or individual. Organization means a national representative body; group means a local or regional organisation (such as a school of pharmacy, NHS training organisation or private training provider); and individual means a pharmacist or someone replying in their own behalf (and not from the organisation with which they are associated) or member of the public.

Responding Organisations

i. General
APPLET: Advancing the Provision of Pharmacy Law and Ethics
CUHOP: Council of University Heads of Pharmacy
Health Departments in England, Scotland and Wales
IPMI: Institute of Pharmacy Management
PSNI: Pharmaceutical Society of Northern Ireland
RPS: Royal Pharmaceutical Society

ii. Community Pharmacists/ies and Trade Associations
Boots
CCA: Company Chemists Association
Co-Op
Lloyds Pharmacy
NPA: National Pharmacy Association
Welldricks

iii. Groups
NHS Training Organisations (15)
Schools of Pharmacy (24)
iv. **Individuals**

- Academic pharmacist (1)
- GPhC agents (e.g. accreditors) responding with private views (1)

v. **Number of narrative responses**

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<th>Type</th>
<th>Number</th>
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<td>Organisations</td>
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<tr>
<td>Groups</td>
<td>7</td>
</tr>
<tr>
<td>Individuals</td>
<td>12</td>
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*Note: All responses are available in hard copy, should Council members wish to study the raw data.*

**Methodology**

For each of the principal questions, a statistical summary is presented along with a brief commentary, summarising the narrative responses. Comments from organizations, groups and individuals have been presented separately, for Council members to gain a better sense of the significance of a view.

Responses were received in two very different formats. The majority of those who engaged with the consultation did so via seminars (157) while a much smaller number contributed via an on-line survey (24), and there was one separately submitted narrative response. To analyse the responses these 182 contributions have been amalgamated. Each comment recorded from the seminars has been notionally attributed to one respondent in order to allow numerical manipulation and analysis of the data. This approach is justified because of the consistency of the responses and because it balances out across the whole exercise. The seminar attendees, however, were not asked to provide the same level of personal data as were the on-line respondents, so the analyses here have to be more global than has been possible for previous surveys/consultations – but while still giving an accurate overall picture of the balance of the respondents.

Many of the on-line respondents answered "no" to some of the questions, but this was more an artefact of the survey methodology to allow them to continue and submit either reservations about the proposals or constructive comments for improving or extending them. In the analysis most "nos" are categorised as expressing reservations (and, therefore, "unsure") about the proposals rather than rejecting them in principle, which would give a false picture of the way the proposals were received. Most of the reservations were concerns about their implementation rather than feeling that the idea was fundamentally misguided. These reservations are captured in the commentary. The result was an overwhelming endorsement of the proposals with a body of valuable comment, and this was very much borne out by the experience of the discussions at the seminars.

Percentages have been expressed as whole numbers for clarity.
The responses

1.1 Personal details

Some 182 responses can be identified from all three GB countries and from Northern Ireland. They are mostly from pharmacists in the academic, community pharmacy and NHS sectors. Not all provided full personal details or capacities, but sectors and countries can be identified and these are set out in the analyses below.

1.2 Countries from which the responses originated

![Countries from which the responses originated]

1.3 Are you responding on behalf of an organisation or group?

Comment

Some 50 organisations or groups engaged with the consultation, but it is not possible from within the data to identify how many respondents considered they were speaking just for themselves or representing one of these 50 bodies. Given the constructive and consistent nature of the responses, though, this does not create a problem for analysing and drawing conclusions from the data.
1.4 Area of Work

Area of work

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
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<tr>
<td>Community pharmacy</td>
<td>5.0%</td>
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<td>Hospital pharmacy and GB Health Departments</td>
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<td>Professional or regulatory body</td>
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<tr>
<td>Pharmacy education and training (pharmacists)</td>
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<td>Pharmaceutical industry</td>
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<tr>
<td>Non-pharmacist individual</td>
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</table>

Comment

The consultation focused on the academic sector, which responded fully and comprehensively. The NHS and Department of Health responses were mostly in the context of training placement provision. There was no marked difference between contributions made by different sectors, except for the one critique of the proposals submitted by a lay visitor, who represented that much more use should be made of the GPhC’s Inspectors to achieve some of the aims set out in the proposals.
1.5 Question 1. Do you agree that a practice/placement visit will strengthen our ability to report on the quality of provision?

![Pie chart showing responses]

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<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
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<td>Agree</td>
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<td>Disagree</td>
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<td>1</td>
</tr>
<tr>
<td>Unsure</td>
<td>7</td>
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Comments

Substantial majority in favour.

The largest area of comments was the request for more clarification and information on the ethos, assessment criteria and procedures for such visits and how the visits would work out in practice. There was advice on what to avoid (e.g. duplication, increase in the burden on an SoP and GPhC, inappropriate timing) and what must be included (e.g. practitioners on the visit, integrated approach).
A perceived benefit was that providers would be visited more often and it would give accreditors a different perspective. There would be an advantage in watching teaching and learning taking place to see the transformation of learning into practice.

At present the value would be very different one school to another because of the very different levels of clinical experience between them.

What role would the external examiners play? Would there be equivalent visits to the preregistration placements?

Should other classroom/laboratory work be looked at too?

There was insufficient information on whether the universities' own internal QA procedures already covered clinical placements on the MPharm. Several respondents suggested exploring this avenue as achieving the same end more economically (but with the answer to the original question being "yes" in this scenario).

The greatest perceived danger (by reference to Question 2 as well) was a drift into a three year accreditation cycle, because all the relevant information about a course would be needed at any accreditation activity.

The one critique rejecting the proposal stated that observation of (non-placement) teaching would be far more useful and that visiting clinical placements was an activity better carried out by the GPhC's Inspectors and handled via that route and not as part of accreditation.
Question 2. Do you agree that the accreditation cycle can be extended from five years to six because of the additional practice/placement visit?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
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answered question 175
skipped question 7 (4%)
Comments

Substantial majority in favour.

The potential lighter touch and reduction of burdens on all concerned was welcomed by many respondents provided that:

- feedback can still be secured during the 6 year interim (including through the 3-year interim practice visit),
- the process does not become decoupled from other QA procedures and other academic cycles,
- it is not driven solely by the need to visit clinical placements, but is part of a wider picture,
- the role of the external examiners is clarified, and
- there is no drift towards a higher volume of accreditation activity.

The points about using universities' own internal QA systems were made again here.
1.6 Question 3. Do you agree that we should include a requirement for a written student evaluation to the evidence base for an accreditation submission?

<table>
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Comments

Substantial majority in favour.

This proposal received almost universal support provided all its parameters and procedures were clarified and thought through. More input from students was seen as real added value to the accreditation process and brought it into line with other procedures elsewhere. Most of the "unsures" were querying the detailed approach GPhC was proposing to collect the data.
Other comments included:

- seeking the views of preregistration trainees and recent graduates as well as or instead of students,
- not placing undue stresses, distractions or burdens on students ("evaluation fatigue"),
- training and preparation for the students involved,
- careful interpretation of student data,
- taking account of the existing student in-put into QAA and other QA procedures, and
- would this replace or supplement existing arrangements to meet students?

Question 4. Do you agree that the new methodology should have assurance and enhancement elements?

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Question 4: Do you agree that the new methodology should have assurance and enhancement elements?
Substantial majority in favour.

The majority of respondents welcomed this proposal - with few or no comments or reservations - seeing assurance without enhancement as only half the picture and failing to promote excellence. Enhancement could facilitate diversity of good practice.

There was, however, a minority view that enhancement was the work of higher education (QAA and universities' internal processes) and of the professional body and should be kept separate from the regulator's assurance role.

A theme that was raised in the written submissions - and followed through in the seminars - was the approaches that would need to be taken to the two activities. Assurance was a public matter where GPhC published its findings, while enhancement was a dialogue between the Schools and GPhC which would not lead to published data.
1.7 Question 5. Does the proposed methodology address the requirement to report on the 'nature, content and quality' of provision?

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Question 5: Does the proposed methodology address the requirement to report on the 'nature, content and quality' of provision?

Comments

Clear majority in favour.

About half the extended comments submitted agreed fully with this proposal. About half of them said it was not possible to answer on the basis of the information so far available, but saying that as a holding reply without rejecting the proposal. Other comments were supportive while making suggestions for improvement.
1.8 Question 6. Given the GPhC’s legal reporting requirements (about the ‘nature, content and quality’ of courses), do you think the accreditation methodology is proportionate?

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Substantial majority in favour.

While responses were broadly supportive, there were some reservations expressed — often in the light of perceived inadequate information. These reservations were that there must not be:

- an increased burden on SoPs,
- a greater intrusion into SoPs, or
• a lack of integration (and therefore duplication) with other HE and QAA procedures.

1.9 Other comments

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</tr>
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</table>

Comments

More explicit methodology, fuller information and more definitions were called for throughout all the questions by some respondents and again in this last section.

The benefits of moving from an in-put based assurance system to an out-put based enhancement system were repeated by many respondents in many contexts.

The importance of using lay accreditors was raised in several contexts and this tied in with the desire for greater diversity in the (recruitment of the) accreditation & recognition panel.

GPhC needed to understand – and let other stakeholders know it understood - the status of information gathered in the accreditation process under the Freedom of Information Act especially if the nature of this information was by the move from assurance to enhancement.

Placement visits should be unannounced.

A number of wider questions were begged by the proposals including:

• visits to preregistration training sites,
• the possibility of an integrated 5 year MPharm, and
• how will they interact with the increase in tuition fees (and the wider financial position)?

Prepared by

Dr Peter Burley, Independent Consultant
21 April 2011