Education priorities and strategy for 2013-2016

Purpose
To set out the overall approach to delivering our statutory responsibilities for education and training, identifying and agreeing early priorities and a process for ensuring we plan for future changes of the structure and funding of pharmacist and pharmacy technician education and training.

Recommendations

The Council is asked to discuss and provide feedback on the analysis in the paper and agree:

i. That an expert task and finish group should be established to carry out a review of our standards for the initial education and training of pharmacists.

ii. That the executive be tasked with developing specific proposals to respond to issues of risk identified with the pre-registration training year for pharmacists in England and Wales.

iii. That further planning work be undertaken to consider necessary longer term challenges and issues within pharmacist and pharmacy technician education and training with, a report to be presented to Council in Autumn 2013.

1.0 Introduction
1.1 The Corporate Plan 2013-16 agreed by Council in January set out a number of education related commitments.

1.2 Although Council agreed the specific education related objectives within the Corporate Plan it fed back three specific requirements which this paper seeks to meet. These were:

i. That those objectives should be drawn together into a single and clear section or document;

ii. That a clear direction of travel should be set out including the importance Council places on this statutory function, on the need for early reviews of the educational standards for pharmacists and pharmacy technicians, and on pre and post registration education and training;

iii. That we should make explicit the need to have an early review of our standards for the initial education and training of pharmacists and that decisions in relation to the equivalent standards for pharmacy technicians would need to be made well in advance of the next review of funding by Skills for Health.

1.3 This paper is not intended to re-consider those commitments, but to widen the discussion to include overarching analysis of the challenges and issues faced and to set out proposed priority actions and approach to planning.

1.4 The priority actions recommended in this paper by the executive have been informed by Council’s own feedback as well as the views received at an education planning group. This group held its first meeting on 18 March, the membership of which includes GPhC staff, Council Members and external stakeholders from pharmacy.

2.0 Background and analysis

2.1 There has been significant change within pharmacy education and training in recent years. This has been driven by a number of factors too numerous to set out in this paper but which include:

i. Enhanced clinical roles for pharmacists within all sectors including community, hospital and primary care.

ii. Growth in specific requirements within both essential and enhanced services within the NHS pharmacy contract including minor ailments schemes, medicines optimisation, health lifestyle and public health promotion as well as a very high growth in the supply of medicines.
iii. Development of access to new qualifications and rights to prescribe

iv. Changing demands on the NHS driven by economic, political, social and technological factors.

v. The establishment of the GPhC and pharmacy technicians as a new regulated profession.

2.2 The numbers of pharmacy students entering the MPharm is now 3,000 to 3,500 and continuing to rise with growth being driven both through existing pharmacy schools as well as the three new schools currently going through the GPhC’s accreditation process. The Department of Health (England) has indicated it is intending to cap the number of MPharm students and trainees. It has not yet finalised its recommended position or the mechanism for implementing the cap.

2.3 In addition to the Modernising Pharmacy Careers Programme Board (England), the government in Wales has also established a Modernising Pharmacy Careers group, while in Scotland is also considering what, if any changes in structure or funding should be made.

3.0 Current structure and recent enhancements

3.1 Statutory responsibility for setting standards for initial education and training, and quality assuring the provision, is a common feature to most of the health professional regulators. However, for a variety of historical reasons, the GPhC not only quality assures education and training of pharmacists, but also carries out a range of quality management and quality control activities within the pre-registration year. These activities are described in more detail below:

- Quality Assurance: Setting standards; accreditation of courses; national assessment; data analysis; engagement and review through the Pharmacy Schools Council.

- Quality Management: Approving pre-registration trainees and tutors; approving pre-registration training plans; liaising and support pre-registration training leads.

- Quality Control: Resolving performance issues at national and local level.

3.2 The quality management and quality control activities apply only to England and Wales as NHS Education Scotland carries out the equivalent ‘deanery’ type role in Scotland.
3.3 Since our establishment in 2012 we have made a number of enhancements to each of the functions described above. In particular this includes changes to the content, management and review processes within the Registration Assessment.

3.4 The current structure and process for the education and training of pharmacy technicians is still new. The first cohort of registrants who were required to complete NVQ level 3 knowledge and competency based qualification were admitted to the register in 2012.

3.5 We will need to consider how best to analyse feedback and learning from the new qualifications as well as the quality assurance mechanisms we use.

4.0 Commitments within the Corporate Plan

4.1 The recently approved Corporate Plan 2013-16 referenced the changing role of pharmacy across Great Britain and the need for pre and post-registration education and training of pharmacists and pharmacy technicians to take proper account of these changes.

4.2 The Corporate Plan set out a range of education and training related activities. These covered improvements to our quality assurance mechanisms for pharmacist and pharmacy technician education and training and quality management of the pre-registration year for pharmacists. In particular the Corporate Plan commits the GPhC to carry out the following activities:

- Further work to improve and enhance our role in the quality assurance of pharmacy education, including preparing for any changes to the structure and funding of initial education and training

- Additional work to ensure that both the quality and experience of pre-registration education is appropriate and takes into account possible changes to structures and funding within the education of pharmacists.

- Develop a comprehensive workstream to build on current planning work for potential changes to the funding and structure of pharmacist education and training in Great Britain.

- Building on work already in place to engage and develop formal relationships with Health Education England and the Local Education and Training Boards in England as part of necessary preparatory work for the development of an integrated five year pharmacy degree in England.
• Monitor and undertake necessary work to consider the impact of the new pharmacy technician qualification and the establishment of this new registrant group. This work will link to both the ‘rebalancing’ initiative, changes to pharmacy education and training as well as wider public policy developments in relation to the role of pharmacy and the pharmacy team.

4.3 As set out in paragraph 1.2 above Council requested further consideration be given as to whether our education commitments were given suitable prominence and how they reflect a coordinated and strategic plan.

4.4 To ensure we are best placed to respond effectively and provide suitable advice and assurance to Council we have reviewed these commitments and have established a small education planning group which includes stakeholders including pharmacists, pharmacy technicians, hospital, community and the education sectors from across Great Britain.

4.5 This group has already met once and has provided clear and helpful advice and input into what it felt were the key priorities for the GPhC. This feedback is reflected in the section below.

5.0 Key considerations

5.1 Both short term priorities and longer term planning requirements for the GPhC need to reflect recent changes to pharmacy practice as well as ensure our work, including our standards, takes into account future demands.

5.2 Council has previously discussed some of the both current and emerging requirements of newly qualified pharmacists. These were felt to include:

• Acting as a professional role model and leader of the pharmacy team
• Proving pharmacy services in the context of multidisciplinary healthcare delivery
• Working confidently with patients and carers to encourage the safe and more effective use of medicines
• Supporting public health through a range of promotion and preventative treatments including healthier lifestyles
• Prescribing: respond to a diagnosis, usually developed by a medical practitioner, formulate a plan for initial and ongoing treatment in partnership with the patient, carers and other health professionals as appropriate, applying prescribing skills where appropriate
• Continuing to supervise the supply of medicines safely and accurately
5.3 These requirements are also the key drivers for policy makers, specifically the Modernising Pharmacy Careers Programme Board, which has recommended changes to the current structure and funding of initial pharmacist education and training in England. This analysis and the proposals are also being take forward in Wales, while in Scotland although the analysis of the issues appear to be shared, the government have yet to confirm whether they feel a structural change is required.

5.4 Given that there is a growing consensus about the future demands and greater clinical role for pharmacists, it raises questions about what changes, if any, are required to the GPhC education standards and quality assurance process. This was the question considered by the education planning group and feedback from the group underpins the advice and recommendations which follow.

6.0 Immediate priorities

6.1 Standards for the initial education and training of pharmacists
The recently introduced standards for initial education and training of pharmacists and associated enhancements to the accreditation process are perceived to have been well received by key interest groups, including pharmacy schools. This is reflected in formal feedback received. These standards have introduced requirements which reflect both the need for pharmacists to work in multi-professional teams, as well as the need for integrated science, academic and clinical learning.

6.2 The standards have also been structured in a way which could accommodate, without significant modification, a fully integrated five year degree as proposed by MPC (as well as a four + one year degree if Scotland chose to keep the current structure).

6.3 Given these factors, the analysis suggests that the current standards do not require a major ‘root and branch’ review, but that the requirements being placed on pharmacists now and likely to be required in the very near future would suggest some parts of the standards should be looked at again. This would, in particular, apply to standard 10 which covers the detailed outcomes required (including clinical skills) and possibly standard 5 which covers the curriculum.

6.4 This view, that a narrow but urgent review be carried out, was shared by the members of the education planning group.

6.5 If Council agrees, then the recommendation would be that an expert task and finish group be convened to consider whether and what changes need to be
made to the standards before a formal consultation to be held later in the year.

6.6 **Pre-registration training year**
Anecdotal concerns have been raised over the first three years of the GPhC’s existence. However there has been little statistical evidence to enable us to understand better the nature of the problems and identify what might be the most suitable remediation.

6.7 This has been further complicated by the current proposal that the MPharm would, if MPCs proposals were implemented, move to become an integrated five year degree leaving the GPhC to fulfil a quality assurance of all five years and no longer being responsible for the quality management functions.

6.8 Given the likely timeframe with the required structures to deliver an integrated degree unlikely to be in place before 2017 (at the very earliest), additional interim arrangements will need to be considered as well as suitable transition mechanisms. In particular the feedback from the survey of pre-registration trainees planned for summer 2013 will help us understand better where problems lie.

6.9 However, when considering how best to address concerns two specific issues were discussed in the planning group and have informed our recommendation. The first issue is the need to consider the role of the tutor and manage the inherent risks with it providing both a supervisory and assessment function which is not good practice. Short term mitigation will include the development of guidance, taking into account feedback from the pre-registration survey planned for later this year. We will also consider additional measures required to mitigate these risks in advance of transition of the quality management functions to the new structures in England and Wales as proposed by MPC (England).

6.10 It is our intention to come back to Council with further advice and recommendations on any additional proposed interim arrangements to support the pre-registration year, with estimates on resource requirements.

6.11 It is therefore recommended that further proposals are brought back to Council on these two issues, including any cost and resource implications and ensuring full account is taken of the variation in structures across Great Britain. We will also ensure we continue to work and share any learning with the Pharmaceutical Society of Northern Ireland.

7.0 **Pharmacy technician education and training**

7.1 The GPhC is committed to reviewing the standards for the initial education and
training of pharmacy technicians. This would have to be completed in advance of the deadline for submissions to Skills for Health who make funding decisions.

7.2 Now that the first cohort of trainees who have undertaken the new style qualification have been registered, there will be an opportunity to carry out analysis of the impact. Additional consideration about the needs of the workforce will need to take into account progress and recommendations of the ‘Rebalancing’ initiative as well as feedback from our survey of all pharmacy technicians on the register schedule for April/May 2013.

7.3 We have also received feedback which suggests that we should review the robustness of our quality assurance of pharmacy technician education and training. This feedback has included recent anecdotal feedback about the variation in levels of teaching and supervision for some students which was discussed in the education planning group. We therefore plan to discuss with this group and other interest groups further and feed back to Council on any conclusions and recommendations.

7.4 In the past, education and training standards for pharmacists and pharmacy technicians have been developed and reviewed separately. Given the Council’s steer in favour of a more integrated multi-disciplinary approach to pharmacy professional education and training in the wider context, and to team-working in practice, we have looked at the option of looking at pharmacist and pharmacy technician education and training standards jointly, or at least in an integrated way. Given, amongst other issues, the current interdependence with the National Occupational Standards and the known timetable for revising them, we do not feel it feasible to do so now.

8.0 Longer term planning

8.1 Council has fed back that we need to keep both a focus on the immediate requirements and priorities, as well as longer term planning. In particular this includes planning work to ensure we are prepared for the transition to a new degree structure and the consequential impact on much of our work including our Registration Assessment, the need for us to build up quality assurance mechanisms for the new delivery structures.

8.2 We therefore propose to set up a workstream looking at these requirements, which would draw in expertise as required and would evolve further once final decisions have been made by ministers.

9.0 Communications implications
9.1 Any decisions made by Council will need to be communicated to all those with an interest in the development, quality assurance, quality management and delivery of pre and post registration pharmacist and pharmacy technician education and training. In particular we will need to engage effectively with the education sector, the pharmacy professions in relation to their education and training as well as patients and the public to explain the process for review an ensuring we receive a wide range of input.

9.2 It will be important that any changes proposed are properly evidenced and that evidence is made public and can be challenged.

9.3 Finally, we will need to ensure we involve others in future planning and horizon scanning work both in relation to the transition to the new structure and funding of pharmacist education, but also longer term strategic planning.

10.0 Resource implications

10.1 Commitments such as the pre-registration survey have already been budgeted for in 2013/14. We would expect there to be some additional costs and resource requirements if Council were to approve the recommendation to establish a task and finish group and a likely consultation later in 2013. If any changes were made to the standards for the initial education and training of pharmacists in the next budget year there would also be some additional printing and publishing costs.

11.0 Risk implications

11.1 The education of trainee pharmacists and pharmacy technicians is fundamental to successful professional regulation and the integrity of the register. The prioritisation of this work reflects Council’s desire to mitigate any risk in relation to the current structures of quality assurance as well as the transition to new quality management structures and funding mechanisms in England and Wales as well as developments in Scotland. Ensuring we are taking into account these GB-wide differences is a risk we have mitigated by engaging at a local level through our directors for Scotland and Wales.

The Council is asked to discuss and provide feedback on the analysis in the paper and agree:

i. That an expert task and finish group should be established to carry out a review of our standards for the initial education and training of pharmacists.

ii. That the executive be tasked with developing specific proposals to
respond to issues of risk identified with the pre-registration training year for pharmacists in England and Wales.

iii. That further planning work be undertaken to consider necessary longer term challenges and issues within pharmacist and pharmacy technician education and training, with a report to be presented to Council in Autumn 2013.

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