Public business

Developing a regulatory strategy for pharmacy education and training

Purpose
To agree the need for a regulatory strategy for pharmacy education and training to underpin our future policy making and standards development programme, and the future design of our quality assurance and accreditation work.

Recommendations

The Council is asked to agree:

i. That we develop a regulatory strategy for education and training
ii. The draft principles for our work in education and training
iii. That we publish for consultation draft guidance for pre-registration tutors and students.

1.0 Introduction

1.1 As the regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain, 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.

1.2 One of our core regulatory functions is the requirement to set standards for the outcome of pharmacy education and training and continuing professional development. These functions are fundamental to our work as the professional
regulatory body for pharmacists and pharmacy technicians; assuring the public that pharmacy professionals are fit to join the register and fit to remain on it.

1.3 In addition to setting standards for the initial education and training for pharmacists, and the accreditation process for the MPharm, the GPhC is also responsible for quality assuring the pre-registration year, including the 52-week training programme and the registration examination.

1.4 Council has considered, during its meetings in November and February, the need to address concerns about the variability in the quality of tuition and assessment carried out by pre-registration tutors, by setting standards for tutors. The November Council Paper (11.10/C/05) also referenced the registration exam as having been established to deal, in part, with concerns about the variability in the quality of assessment in the pre-registration year. A draft process for agreeing and implementing pre-registration tutor standards was agreed by Council in February and it was agreed that the consultation document should be brought to Council in June for agreement.

2.0 Key considerations

2.1 Council supported, as part of the consideration of the strategy paper discussed in December 2010, the need to look beyond the immediate planning horizon, and to develop our future plans in a strategic way, with the regulatory cycle and our proactive approach in mind. The paper noted that we would need to develop strategies and mechanisms across a number of policy areas including education and training.

2.2 This strategic approach was reflected in the recent discussions at Council on the approach to assessing the need for and developing proficiency standards. One of the key arguments was that any new regulatory requirements being contemplated must have clear and measurable objectives, and that any new burdens imposed would demonstrably achieve those objectives, cost-effectively. Set against Council’s own test, and having reviewed the proposals for tutor standards and listing, we believe a new approach is needed.

2.3 Council has had the opportunity to consider in detail the proposed standards for the initial education and training for pharmacists but it has not had an opportunity to consider the wider education framework. This would include reviewing how each of the component parts of the initial education and training of pharmacists – and pharmacy technicians – underpins our assurance that a registrant is fit to practise.

2.4 It is also critical that our work to develop standards and policies across our functions, including all stages of education and training, fully reflects both the
divergence of health delivery structures in Great Britain and the education funding and delivery arrangements. It was clear from our discussions with external stakeholders, including NHS Education Scotland, that setting regulatory standards for tutors could be problematic given the divergence of role, assessment framework, appraisal of tutors and funding mechanism that exists as between Scotland and the rest of GB, for example.

2.5 The Council’s policy in this area must be driven by the GPhC’s statutory responsibilities and strategic objectives, whilst at the same time being informed by external developments in pharmacy generally and in pharmacy education and training particularly, including the development of health service education and training policies and structures, and the outcomes of relevant non-GPhC led policy reviews such as the Modernising Pharmacy Careers Programme.

3.0 Developing a regulatory strategy for education and training

3.1 We believe that pharmacy education and training in the UK is, rightly, held in high regard and that each stage of initial education and training for pharmacists and technicians adds value to the cycle of learning for future registrants. However, the structure of pharmacy education has changed considerably in the last 100 years. The changes, in the case of pharmacists, have included movement to a degree course, changes in the way the pre-registration year is delivered and assessed, including the introduction of a registration exam. The reasons for these changes do not need to be restated here, although these factors have been internal to the pharmacy profession and pharmacy regulation as well as external factors such as European legislative requirements.

3.2 What is less clear is how each of the stages of initial education and training contribute to safe pharmacy practice on day one of a pharmacist’s career and, more importantly, how each of these component parts: the MPharm, the 52 week pre registration year; and, the registration exam will continue to complement each other.

3.3 The approaches to the funding and delivery of education and training for pharmacy may diverge further. It is critical that Council’s regulatory strategy for education and training can accommodate any divergence, so long as it can be assured of the education and training outcomes for each of the delivery models.

3.4 What is also clear is that there are a number of major challenges which the regulator needs to consider and address. These challenges include:

- A lack of research and robust evidence about where problems are arising in the pre-registration training year. This lack of robust evidence has been a
critical factor in our recommendation to take a different approach to tutor standards.

- The need to test and challenge the current assessment requirements for the pre-registration year, specifically considering whether they remain proportionate and contribute to patient safety

- The contribution of the registration exam to the pre-registration assessment profile.

- Whether current education provision, both in the MPharm and pre-registration years sufficiently takes account of future health challenges and the role of the pharmacist and support staff not least in the public health arena.

- The need to ensure we currently operate accepted best practice in education quality assurance for the accreditation of the MPharm including the recommendation from the Council for Healthcare Regulatory Excellence to have feedback of patients and the public as well as students as part of QA visits.

- Consideration of how best to develop CPD as a contributor to continuing learning and fitness to practise and whether the current process could be further developed to aid this.

- Whether the current model for initial education and training meets equality and diversity requirements including recent legislative developments.

- Our role in accrediting standards for unregulated professions, such as medicine counter assistants and the implications in the context both of our role as a regulatory body, and also the development of government policy in relation to supervision

- The need to ensure our education work continues to reflect the needs of a divergent health delivery and funding mechanism across the United Kingdom, taking into account our joint work with the Pharmaceutical Society of Northern Ireland.

4.0 Draft principles

4.1 In order for our regulatory approach to education to be strategic and focussed on contributing to Council’s vision to be a proportionate, risk-based and modern regulator, it is critical that our work in education is based on agreed principles and objectives. The following draft principles are based on Council’s wider regulatory principles, but mapped to our responsibilities in education. These draft principles would be subject to further discussion with external stakeholders, form part of any future consultation and would need to be approved, in their final form, by Council.
The aims of pharmacy education and training regulation are to protect the public and to promote high standards of practice and professionalism in pharmacy, in all its aspects and at all stages.

Within the overall framework of maintaining Great Britain-wide consistency of outcomes, the regulation of pharmacy education and training should enable diversity and innovation in teaching and learning, between and within the countries of Great Britain.

Regulation must respect and value the expertise and perspectives of all those involved in pharmacy education and training.

The views and expectations of patients and members of the public must be central to both the design and the delivery of pharmacy education and training regulation.

The regulation of pharmacy education should not impose any more burdens and requirements on pharmacy education and training providers, on students and trainees, and on employers and commissioners of care and services, than are reasonably necessary in order to achieve these objectives.

5.0 Next steps

5.1 We recognise that there remains important work (in the context of the current pre-registration arrangements) to help ensure the best experience for those in pre-registration training. Although we are proposing to review this phase as part of a broader regulatory strategy for education and training, we are urgently developing guidance for tutors and trainees to help them understand their responsibilities both as registrants under the standards for conduct, ethics and performance, and also, in the case of trainees, their responsibilities as aspiring registrants.

5.2 Work carried out previously on the development of tutor standards benefited from considerable internal and external expert input and we would certainly want not to lose the benefit of that thinking, where relevant in terms of a guidance-based approach. From a “right touch” proportionate regulation perspective, a guidance-based approach, adding to the information which tutors and trainees already receive but without imposing any new processes and burdens, would go some way towards addressing, in the very short term, some of the quality and consistency concerns which lead to the earlier standards development work. We aim to circulate a first draft of pre-registration guidance to Council members shortly.

5.3 In parallel with interim work on pre-registration guidance, by acknowledging the wider context education of which pre-registration is a part, Council has the opportunity to ensure we are clear about the need for education and training
standards and regulatory processes to be joined up and be able to identify better the evidence, through our assurance processes, that each component part is working effectively.

5.4 We also have an opportunity to link better standards for initial education and training into a broader vision for continuing education and training across all stages of a registrant’s career including CPD and post graduate education and training.

5.5 What we propose is to bring these elements together in a regulatory strategy for pharmacy education.

5.6 We believe that in order to take forward this work we would need to:

- Commission research: we need a better evidence base around the strengths and weaknesses of each stage in initial education and training. We propose to consider existing research and to commission new research where necessary, considering amongst other things how we receive feedback from providers and receivers of education through such tools as surveys or qualitative research groups. This work would also need to consider how best to involve patient feedback.

- Conduct thorough and effective engagement: we propose to hold a UK-wide education conference or symposium, possibly in autumn 2011 to consider results of our research work and to debate key issues as part of our strategy development process.

- Establish a task and finish group to provide leadership for the work: the timetable and strategy development would be overseen by a group, the make-up of which would be determined by Council, who would input into the design of the research as well as education conference and could include a range of members from both the GPhC as well as external membership.

6.0 Communications

6.1 There will be significant communications challenges. It will be important to emphasise that the need to develop a regulatory strategy for education and training does not indicate serious or short term concerns with the current education framework. However, it recognises Council’s desire to ensure it is fulfilling its role and duties in the most effective way possible, and looking ahead rather than backwards.
7.0 **Resource implications**

7.1 There is a significant resource implication involved in carrying out qualitative and quantitative research as well as hosting engagement activities including a major conference. However we believe that these activities could be funded from within current budgets.

8.0 **Risk implications**

8.1 Although there are some risks in undertaking a fundamental review of our work, particularly when pharmacy education is held in high esteem currently, however the greatest risk is not recognising that improvements do need to be considered and that any future changes should be made in a strategic way, with the best available information and evidence to inform decision making.

8.2 Without a strategy, there is a risk of wasted or mis-directed effort being expended on individual policy and tactical operational “improvements” which may or may not make sense when viewed more widely.

**Recommendations**

The Council is asked to agree:

i. That we develop a regulatory strategy for education and training

ii. The draft principles for our work in education and training

iii. That we publish for consultation draft guidance for pre-registration tutors and students.

Hugh Simpson, Director of Policy and Communications
General Pharmaceutical Council
hugh.simpson@pharmacyregulation.org, tel 020 3365 3516

26 May 2011