Public business

**Consultation on education standards for pharmacists and a complementary accreditation methodology**

**Purpose**

To introduce new education standards for pharmacists in the 2011-2012 academic year with an accompanying, revised accreditation methodology.

**Recommendations**

The Council is asked to agree:

1. documents for a consultation on new education standards for pharmacists.
2. documents for a consultation on a revision to the accreditation methodology

**1.0 Introduction**

**Education standards**

1.1 In 2007 a drafting group was convened to begin to develop new education standards for pharmacists. In 2008-2009 standards were developed and shared on several occasions with the academic community.

1.2 In 2009 the CHRE consulted on a revised version of the standards, which Council considered at an earlier meeting. After that consultation, the standards were shared with the academic community for a second time. Their comments and final comments from the original drafting group were incorporated into the consultation drafts.

1.3 There are two standards documents and an accompanying consultation response document:
Future pharmacists, standards for the initial education and training of pharmacists and
Education and training requirements for non-EEA pharmacists wanting to study in Great Britain.

The first document relates to education and training undertaken in Great Britain (the MPharm – pre-registration route). The second document refers to the route for non-EEA pharmacists wanting to register in Great Britain (the OSPAP – Pre-registration route). Council will note that the second document is related closely to the first.

Accreditation methodology

1.4 The accreditation methodology has been revised to reflect the reporting requirements of the Pharmacy Order. Council expressed a wish to discuss the proportionality of the new methodology. To assist that discussion, two risk matrices have been appended. The first is a risk matrix produced early in 2010; the second is a recent revision anticipating a drop in higher education funding after this Autumn’s Comprehensive Spending Review. Council will note that risks have been upgraded.

There are two consultation documents: a summary of the new methodology and a consultation response document.

2.0 Key considerations

2.1 The current education standards are showing their age and need to be replaced (see the risk section below). Similarly, the accreditation process needs to be refreshed to take account of the reporting requirements of the Pharmacy Order.

2.2 The planned consultation period is 4 November 2010-4 February 2011. Results of an independent analysis and a final draft of standards documents will be brought to Council in March 2011. This will give providers time to prepare to implement the standards from October 2011, the start of the 2011 academic year.

3.0 Equality and diversity implications

3.1 Equality and diversity are at the heart of the new standards. Pharmacy
students are a diverse group, with a variety of perspectives and opinions on many topics. There is a separate standard on equality and diversity, but, as a concept, it is woven into others, such as admissions.

3.2 To raise awareness of the changing legal landscape we have made direct reference to the Equality Act 2010 and we will feature it in our consultation workshops.

4.0 Communications implications

4.1 The academic community and pre-registration training community are well aware that a consultation is imminent. In particular we have alerted senior training managers, heads of school and vice chancellors that an Autumn consultation should be expected.

4.2 We will consult with the wide range of stakeholders we have used before, including, academia, pre-registration providers, government, other regulators, patient/public groups, registrants and other groups outlined in the GPhC’s new Consultation procedure.

4.3 The consultations will include the opportunity to submit a response in a variety of ways and to attend regional seminars hosted in schools of pharmacy. A new procedure will be to run PPI events. We intend to monitor their success.

4.4 We will encourage respondents to use an electronic response form but electronic and hard copies will be available.

5.0 Resource implications

5.1 The cost of the consultation is in the Education and Quality Assurance budget.

6.0 Risk implications

6.1 Current education standards are fit for purpose, but they were written some time ago and need updating in a number of respects.

6.2 The education standards reporting requirements in the Pharmacy Order are different to those in previous legislation. The accreditation methodology has been adjusted to take account of them.
Recommendations

The Council is asked to agree:

i. documents for a consultation on new education standards for pharmacists...

ii. documents for a consultation on a revision to the accreditation methodology

Damian Day, Head of Education & Quality Assurance
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Appendices

1. Future pharmacists: standards for the initial education & training of pharmacists (standards document)
2. Education and training requirements for non-EEA pharmacists wanting to register in Great Britain (standards document)
3. The accreditation of pharmacy courses leading to registration and annotation in Great Britain (summary of the new methodology)
4. Education standards consultation response document
5. Accreditation methodology consultation response document
6. Risk matrices for accreditation
Future pharmacists

Standards for the initial education and training of pharmacists

October 2010
Standards for the initial education and training of pharmacists

About us

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in England, Scotland and Wales.

The GPhC sets standards for initial pharmacy education & training and accredits academic courses in England, Scotland, Wales and also in Northern Ireland.

Requirements for the initial education and training of pharmacists

This document provides standards and guidance on the standards for the initial education and training of pharmacists.

For students studying in Great Britain, there are three routes to registration\(^1\)\(^2\) as a pharmacist, either

- a four-year MPharm (part of which may be studied overseas) then
- a year of pre-registration training and
- our Registration Assessment

Normally, this route to registration must be completed in eight years.

or

- a two-year part-time foundation degree in pharmacy\(^3\) (comprising Year 1 of an MPharm plus work experience and study skills) then
- years 2-4 of an MPharm
- a year of pre-registration training and
- our Registration Assessment

Normally, this route to registration must be completed in nine years.

or

- a five year MPharm, including blocks of pre-registration training and
- our Registration Assessment

Normally, this route to registration must be completed in eight years.

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1 The maximum period for completing a route to registration may be adjusted pro rata for periods of part-time education or training and for other legitimate, documented reasons.

2 The registration process includes health, good character and identity checks.

3 This refers to accredited foundation degrees not unaccredited foundation degrees for pharmacy technicians.
Status of this guidance

This document provides guidance to university and pre-registration training providers about the standards and approval criteria for the initial education and training of pharmacists.

The requirements for submitting a degree for accreditation are in our accreditation and recognition manual which is published separately.

Why are we providing this guidance?

We are providing this guidance to advise schools of pharmacy, universities and training providers on what they need to do to deliver courses of education and training.

This guidance may also be of interest to prospective and current pharmacy students and pre-registration pharmacist trainees, those involved in the initial education and training of pharmacists, pharmacy professionals and members of the public.

It is important to note that because the standards and guidance refer to both a four year and a five year MPharm degree (including pre-registration), some parts of the criteria refer to pre-registration requirements and evidence which do not need to be provided if an MPharm does not include pre-registration. This should be borne in mind throughout.

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4 The term ‘school of pharmacy’ is used throughout this document. It is used generically to describe the academic unit in a university with primary responsibility for delivering an accredited course. Depending on institutional structures a ‘school’ may be a school, department, division, faculty or other grouping. Whatever its name, for accreditation purposes a university must define the unit with primary responsibility for delivering an accredited course.
Standard 1 – Patient and public safety

Standard

1. There must be clear procedures to address concerns about patient safety arising from initial pharmacy education and training. Concerns must be addressed immediately.

Criteria to meet this standard

1.1 There must be effective systems in place to ensure that students and trainees
• do not jeopardise patient safety
• only do tasks for which they are competent, sometimes under supervision
• are monitored and assessed to ensure they always practice safely. Causes for concern should be addressed immediately
• have access to support for health, conduct and academic issues
• must not be awarded an accredited degree or pass pre-registration training if they might pose a risk to patients or the public
• understand what is and what is not professional behaviour and are familiar with the GPhC’s Code of Conduct for Pharmacy Students (2010)/Standards of conduct, ethics and performance for pre-registration trainees (2011; out for consultation in Autumn 2010)
• understand what fitness to practice mechanisms apply to them. All schools of pharmacy must have fitness to practice procedures to deal with student causes for concern
• undergo required health and good character checks
• understand that it is an offence to pretend they are a pharmacist. Pharmacists are registered with the GPhC

Evidence required for meeting this standard

1.2 Evidence sources used to demonstrate meeting this standard include
• fitness to practise policies
• premises inspection reports
• pre-registration tutor assessments of trainees

1.3 The required evidence should include:
• evidence that the Code of Conduct for Pharmacy Students/Standards of conduct, ethics and performance for pre-registration trainees are used to promote professional conduct
• summary outcomes of student fitness to practise hearings
• summary outcomes of premises inspection reports
• analyses of pre-registration tutor assessments of trainees and follow up actions

Guidance on meeting this standard

1.4 Anyone who teaches, supervises, counsels, employs or works with students and trainees has a responsibility to protect patients and the public. Where serious concerns are raised about a student or a trainee they must be investigated as soon as possible.

1.5 Students and trainees should not be put in a situation where they are asked to work beyond their competence and they must be supervised where necessary.

1.6 Anyone responsible for the initial education and training of pharmacists has a responsibility to share information relating to health, conduct or performance of students and trainees with appropriate people. In particular, information should be shared with anyone providing clinical teaching or supervision. A student or trainee should be asked to agree to this. If they do not or cannot agree, consideration must be given to whether disclosure should take place on patient safety grounds. Patient safety is paramount at all times.

1.7 Students and trainees must not be allowed to continue education and training if they pose a risk to patients or the public.

1.8 By awarding an accredited degree a university is confirming that a pharmacy graduate is fit to enter pre-registration training. If pre-registration training is included in a degree, students must not be allowed to enter a training period unless they are fit to do so.

1.9 To be eligible to apply to register as a pharmacist, a trainee must have been evaluated successfully by their tutor at several points in the 52 weeks of pre-registration training. The training may be continuous or in blocks.

1.10 Towards the end of the 52 weeks of pre-registration training, a tutor signs off a trainee to confirm they have met the pre-registration performance standards.

1.11 School fitness to practice policies and procedures must be introduced to students as developmental tools as well as instruments of public protection.
Standard 2 – Monitoring, review and evaluation of initial education and training

Standard

2. The quality of pharmacy education and training must be monitored, reviewed and evaluated in a systematic and developmental way.

Criteria to meet this standard

2.1 There must be systems and policies in place covering the following

- information about roles & responsibilities and lines of accountability
- university information on:
  - entry requirements
  - the quality of teaching, learning and assessment
  - the quality of placements and other practice learning opportunities
  - appraisal and feedback systems for students and trainees
  - supervision requirements
  - educational resources and capacity.

These must be monitored, reviewed and evaluated systematically. When an issue is identified it must be documented and dealt with promptly.

- pre-registration tutors evaluating trainees. To do this, tutors must have access to reliable evidence about a trainee’s performance. Tutors must be competent to assess the performance of trainees
- the quality and development of pre-registration tutors.

Evidence required for meeting this standard

2.2 Evidence sources for meeting this standard include

- evidence that the quality of initial education and training is evaluated holistically
- evidence that MPharms are developed with input from external stakeholders, including patients and the public
- quality monitoring data from universities
- quality monitoring data from pre-registration providers
- quality monitoring data from placement providers and other practice learning sources
- our accreditation reports and annual school surveys
- achievement in the Registration Assessment
- pre-registration tutor evaluations of trainees
- trainee evaluations of pre-registration tutors
- premises inspection reports
2.3 The required evidence includes:

- entry requirements and evidence of how they support the aims and philosophy of the programme
- outcomes of holistic evaluations of initial education and training
- views of external stakeholders, including patients and the public, and evidence demonstrating how their views have informed course design and delivery
- outcomes of evaluations of the quality of teaching, learning and assessment
- outcomes of evaluations of resources and capacity
- outcomes of the evaluations of the quality of placements and other practice learning opportunities
- outcomes of appraisal and feedback systems for students and trainees
- outcomes of pre-registration tutor evaluations of trainees
- outcomes of trainee evaluations of tutors
- outcomes of achievement in the Registration Assessment

Note that the evidence above is likely to be included in evaluation processes already in place (and existing processes may well deal with more than one category of evidence).

Guidance on meeting this standard

2.4 Evaluation strategies must evidence 2.3 above.

2.5 Evaluation should include action which is agreed and monitored.

Pre-requisites for meeting this standard

2.6 University quality assurance processes are robust, rigorous and transparent.

2.7 Universities are open with the GPhC about matters affecting an accredited MPharm degree.

2.8 Universities raise relevant issues proactively with the GPhC.
**Standard 3 – Equality, diversity and opportunity**

**Standard**

3. Initial pharmacy education and training must be based on principles of equality, diversity and fairness. It must meet the requirements of all relevant legislation.

**Information to meet this standard**

3.1 Systems and policies for capturing equality and diversity data. Concerns should be documented, addressed and disseminated.

3.2 Strategies for staff training in equality and diversity.

**Evidence required for meeting this standard**

3.3 Evidence that initial education and training deals with equality, diversity and fairness issues in an informed way.

3.4 Evidence that concerns have been addressed.

3.5 Evidence that staff, students and trainees have been trained in equality and diversity issues.

**Guidance on meeting this standard**

3.5 This standard is intended to ensure that that applicants, both students and trainees, are not treated unfairly on grounds of
- gender
- race
- social background
- disability
- religion
- sexual orientation
- other forms of discrimination

The requirements of the Equality Act (2010) should be taken into account in this regard.

3.6 Equality, diversity and opportunity awareness should be an integral part of initial education and training.
Standard 4 - Selection of students and trainees

Standard

4. Selection processes must be open, fair and comply with relevant legislation. Processes must ensure students and trainees are fit to practise as students or trainees at the point of selection. Selection includes recruitment and admissions.

Criteria to meet this standard

4.1 Selection processes must give applicants the guidance they need to make an informed application.

4.2 Selection criteria must be explicit. They should include
   - meeting academic and professional entry requirements
   - meeting English language requirements appropriate to MPharm degree study. Guidelines issued by English language testing bodies should be followed to ensure that admissions language requirements are appropriate
   - meeting numeracy requirements
   - taking account of good character checks, such as Criminal Records Bureau (CRB)/Disclosure Scotland checks
   - taking account of health checks
   - recognising prior learning, where that is appropriate.

4.3 Selectors should apply selection criteria fairly. They should be trained to do this. Training should include equality and diversity awareness.

Evidence required for meeting this standard

4.4 Evidence that selection processes and procedures comply with relevant legislation.

4.5 Evidence that the criteria in 4.2 are being applied.

4.6 Evidence that staff involved in selection have been trained appropriately and are aware of relevant legislative requirements.
Guidance on meeting this standard

4.7 All selection requirements should be set out clearly in guidance made available to applicants. Applicants must know what will happen to them during selection, including what health and good character checks will be made.

4.8 Guidance should include information about additional costs, such as travel, accommodation and health & good character checks.

4.9 It must be made clear to students and trainees that the GPhC will carry out its own health and good character checks before registering an applicant. It must be made clear to students that these checks relate to registration and are additional to checks made by universities and employers. It must be made clear to students and trainees that the GPhC may not register a student if a check is failed, even if they have passed previous checks.

4.10 It must be made clear to students and trainees that the GPhC will not offer prospective registration advice.

4.11 It must be made clear to students and trainees that an applicant can appeal against a registration refusal and that appeals must be made to the GPhC’s Appeals Committee.
Standard 5 – Curriculum delivery and the student experience

Standard

5. The curriculum for MPharm degrees and the pre-registration scheme must deliver the outcomes in standard 10. Most importantly, curricula must ensure students and trainees practice safely and effectively.

Criteria to meet this standard

5.1 Curricula must be integrated. By this the GPhC does not mean that initial education and training must be delivered as a 5-year MPharm degree including pre-registration but that the component parts of education and training must be linked in a coherent way.

5.2 Curricula must be progressive, dealing with issues an progressively more complex way until the right level of understanding is reached:

5.3 An MPharm must be delivered in an environment which places study in a professional and academic context and requires students to conduct themselves professionally. Pre-registration must be delivered in a professional environment which requires trainees to conduct themselves professionally.
5.4 An MPharm must be delivered in an environment at least informed by research.

5.5 An MPharm degree teaching and learning strategy must set out how students will achieve the learning outcomes in standard 10. Learning opportunities must be structured to provide
- an integrated experience of relevant science and pharmacy practice
- a balance of theory and practice
- independent learning skills

5.6 The MPharm degree curriculum will include practical experience of working with patients, carers and other healthcare professionals. Practical experience should increase year on year.

5.7 There should be a clear assessment strategy for the MPharm degree. Assessment methods must measure the learning outcomes in standard 10.

5.8 The MPharm degree assessment strategy should include
- diagnostic assessments
- formative assessments
- summative assessments
- timely feedback

5.9 Academic regulations must be appropriate for a degree that is both academic and professional and may lead to further professional training. As a general principle, all assessments, including all components, must be passed. This means that condonation, compensation, trailing, extended resit opportunities and other remedial measures should be extremely limited, if they are permitted at all. MPharm degree academic regulations may be more stringent than university norms. This may include higher than usual pass marks for assessments demonstrating knowledge and skills essential to safe and effective pharmacy practice.

5.10 Marking criteria must be used for all assessments and all pass criteria must describe safe and effective practice.

5.11 Patient safety must be paramount in assessments: any evidence of an assessment demonstrating unsafe practice must result in failure.

5.12 A pre-registration training plan must describe how the learning outcomes for pre-registration will be delivered.

5.13 A pre-registration training plan must describe all assessments, including tutor evaluations and tutor sign-offs.
Evidence required for meeting this standard

5.14 Evidence sources will include
- MPharm teaching and learning strategies
- MPharm assessment strategies
- pharmacy research strategies
- assessment criteria
- academic regulations
- MPharm external examiners’ reports
- reports of MPharm accreditation visits
- pre-registration training plans
- pre-registration progression information
- internal university quality management reports
- reports of pre-registration training site visits
- evaluation and feedback from students, trainees and tutors
- Registration Examination progression data
- national peer reviewed research assessment exercises

5.15 Required evidence will include:
- evidence of the impact of teaching and learning strategies on course delivery and the student experience
- evidence of the impact of assessment strategies on course delivery and the student experience
- evidence of the impact of research on course design
- evidence that assessment pass criteria describe and promote safe and effective practice
- evidence that issues raised during accreditation visits have been addressed
- evidence that evaluation and feedback from all sources has been acted on
- evidence that reasonable adjustments have been made to course/training delivery for students/trainees
- evidence that attrition rates are understood
- evidence that Registration Examination progression data has been used to inform course design
- evidence that pre-registration progression data has been used to inform course design

Note that the evidence above is likely to be included in evaluation processes already in place (and existing processes may well deal with more than one category of evidence).
Guidance on meeting this standard

5.16 Assessment and feedback systems should be embedded in all five years of initial education and training.

5.17 There should be a range of teaching and learning methods to deliver the outcomes in Standard 10.

5.18 There should be a range of assessment methods to test all the outcomes in Standard 10.

5.19 Links between diagnostic, formative and summative assessments must be made clear to students and trainees.

5.20 Links between assessments and feedback must be made clear. Feedback must be given in time for it to be used effectively.

5.21 There should be deadlines for assessments to be marked and for feedback to be given. Action should be taken if deadlines are not met.

5.22 Where appropriate, reasonable adjustments must be made to curriculum delivery to help disabled students and trainees meet learning outcomes. Teaching, learning and assessment can be modified for this purpose but learning outcomes cannot.
Standards 6 and 7 – Support and development for students, trainees, tutors and academic staff

Standards

6. Students and trainees must be supported to develop as learners and professionals during their initial education and training.

7. Anyone delivering initial education and training should be supported to develop in their roles.

Criteria to meet these standards

6.1 Students and trainees must be supported to develop as learners and professionals during their initial education and training.

7.1 Anyone delivering initial education and training should be supported to develop in their roles.

7.2 Induction programmes are provided for tutors and university staff as appropriate. This should include induction programmes for non-pharmacists working on MPharms.

7.3 Tutors have an identified source of peer support.

6.5 Everyone involved in delivering the curriculum should have
• effective supervision
• an appropriate and realistic workload
• effective personal support
• mentoring
• time to learn and
• continuing professional development opportunities.

Evidence required for meeting these standards

6.3 Evidence of appropriate personal and professional development, such as
• student CPD portfolios
• trainee CPD portfolios
• tutor evaluations of trainees
• trainee evaluations of tutors

7.4 Evidence that
• staff appraisal systems address performance issues (anonymised)
• staff development systems affect course delivery
Guidance on meeting these standards

6.4 Students and trainees must work with a range of academic and professional role models. The range must include
   - academic staff in pharmacy, including practice staff, scientists, researchers and support staff
   - tutors
   - other healthcare professionals.

6.5 Students must have access to support for their academic and general welfare needs. Support must be readily available to students. If students are working off-site or trainees are working away from their normal pre-registration training premises, appropriate support mechanisms must be in place.

6.6 Students and trainees should have access to career advice.

6.7 If it is no longer possible for students to continue on an MPharm, they should be told what other options are available to them by their school of pharmacy.

6.8 If it is no longer possible for a trainee to continue in the pre-registration scheme, they should be told what options are available to them.

7.5 Staff appraisal schemes should take account of the needs of all categories of staff, including practice staff and part-time staff.

7.6 Staff development should be in place for non-pharmacist staff to help them understand how their expertise contributes to initial education and training and how it can best be delivered in a pharmaceutical context.

Note: paras 6.x link to Standard 6 and paras 7.x link to Standard 7
Standard 8 – Management of initial education and training

Standard

8. Initial pharmacist education and training must be planned and maintained through transparent processes which must show who is responsible for what at each stage.

Criteria to meet this standard

8.1 All education and training will be supported by a defined management plan with
   • a schedule of responsibilities
   • defined structures and processes to manage the delivery of education and training.

Evidence required for meeting this standard

8.2 Evidence sources should include
   • management plans. For students this will be course documents. For trainees it will be at least a Pre-registration Training Plan.
   • evidence of working arrangements between stakeholders, such as clear plans and service level agreements for certain activities.
   • university quality monitoring processes and the outcomes of these processes.
   • pre-registration tutor evaluations of trainees and trainee evaluations of tutors.

8.3 Required evidence includes:
   • outcomes of university quality management process affecting pharmacy
   • service level agreements or other agreements between stakeholders
   • evaluations of the relationship between stakeholders and actions taken to address issues
   • evaluations of pre-registration

Guidance on meeting this standard

8.4 Systems and structures should be in place to manage the learning of students in the academic environment. They must take account of
   • access to and availability of suitable learning facilities
   • the balance between taught components, directed learning and student / trainee self-study
   • student attendance, particularly minimum requirements and what is compulsory
• mechanisms to ensure structured, off-site learning is quality assured and linked to specified areas of the curriculum and learning outcomes. This must include the quality assurance of placements and placement staff.

8.5 Systems and structures should be in place to manage the learning of students and trainees in practice. They must take account of

• placement capacity and sustainability
• allocation of students to placements
• management of student progress through placements
• mechanisms for data collection to support audit of placements
• access to and availability of suitable learning facilities
• managing and monitoring attendance
• ways in which students and trainees can communicate with tutors and staff when they are off-site.
Standard 9 – Resources and capacity

Standard

9. Resources and capacity are sufficient to deliver learning outcomes.

Criteria to meet this standard

9.1 There must be:

- robust and transparent mechanisms for securing an appropriate level of resource for delivering an MPharm degree
- sufficient staff from relevant disciplines to deliver the curriculum to students and trainees. Staff must be appropriately qualified and experienced. The staffing profile must include
  - sufficient numbers of pharmacists with experience of teaching in higher education to ensure that an MPharm degree can produce students equipped to enter pharmacist pre-registration training in Great Britain. For this purpose, pharmacists are people registered with the General Pharmaceutical Council.
  - sufficient numbers of pharmacists to act as tutors and professional mentors at university and in pre-registration. Not all personal tutors must be pharmacists.
  - pharmacists who are leaders in the profession, the school and in their university, who can influence school and university policy relevant to pharmacy
  - non-pharmacist academics who can influence school and university policy relevant to pharmacy
  - staff who are sufficiently experienced to supervise research. It would be unusual for anyone to supervise research at a particular level unless they had previously researched to that level or beyond. New research supervisors must be mentored and signed of as being fit to supervise after a period of mentoring
  - science academics who understand the relevance of their discipline to pharmacy and deliver their area of expertise in a pharmaceutical context.
  - academic pharmacists and other experienced MPharm degree staff who are able to act as mentors to non-pharmacist colleagues
- pre-registration tutors who meet the GPHC’s standards for pre-registration tutors
- career pathways in universities for all staff teaching on MPharm degrees, including pathways for practice staff
- clear lines of authority and responsibility for the strategic organisation and day-to-day management of placements

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4 New standards will be introduced in 2012.
• recognised training and ongoing support for all non-pharmacists involved in the delivery of MPharm degrees which must
  o help them understand the relevant of their work to pharmacy and
  o how to deliver their area of expertise in a pharmaceutical context.
• appropriate learning resources
• accommodation and facilities that are fit for purpose
• pre-registration premises which meet the GPhC’s standards for pre-registration premises

Evidence required for meeting this standard

9.2 Required evidence will include:
• evidence that there are mechanisms for securing appropriate levels of resource sufficient to deliver an MPharm degree to the required standard
• evidence that the staffing profile can support the delivery of the course and the student experience (and where there are gaps in the staffing profile, agreed plans are in place to fill them)
• evidence that the staffing profile includes pharmacists who are leaders in the profession, the school and in their university, who can influence school and university policy relevant to pharmacy
• evidence that the staffing profile includes non-pharmacists who can influence schools and university policy relevant to pharmacy
• career structures for all categories of staff, including practice staff
• evidence that the staffing profile includes a critical mass of pharmacists sufficient to ensure the course is focused on the profession of pharmacy
• evidence that all staff supervising student research are appropriately qualified to do so. This must include criteria for eligibility to supervise research at the required level
• evidence that there is recognised training and ongoing support for all non-pharmacist staff to ensure their contribution to an accredited course is orientated to pharmacy
• evidence that learning resources are fit for purpose (and where they are not, evidence that agreed plans are in place to address deficiencies)
• evidence that accommodation and facilities are fit for purpose (and where they are not, evidence that agreed plans are in place to address deficiencies)
• evidence that pre-registration tutors and premises meet the GPhC’s standards

New standards will be introduced in 2012.
9.3 Initial education and training providers exercise an appropriate level of autonomy over pharmacy resources to deliver an MPharm to the required standard and in an appropriate learning environment. The precise nature of the autonomy of pharmacy and its senior managers will be determined by the institutional context in which pharmacy finds itself. However, whatever the context, there must be robust and transparent ways of securing resources for pharmacy.

9.4 Initial education and training environments must support students and trainees achieving the outcomes in Standard 10.

9.5 These standards describe the types of staff required to deliver an MPharm degree and pre-registration. All pre-registration tutors must be pharmacists and some MPharm degree staff must be pharmacists. It is important to remember what the legal definition of a pharmacist is:

'A person practices as a pharmacist or pharmacy technician if, whilst acting in the capacity of or purporting to be a pharmacist or pharmacy technician, that person undertakes any work or gives any advice in relation to the preparation, assembly, dispensing, sale, supply or use of medicines, the science of medicines, the practice of pharmacy or the provision of healthcare.' (Pharmacy Order 2010)

In a university context, this definition is not restricted to staff who teach pharmacy practice but includes staff involved in ‘the provision of healthcare’ and ‘the science of medicines’ among other things. This definition means that staff other than teacher-practitioners or pharmacy practice staff may be registered as pharmacists.

Note: The GPhC will not have a non-practising registration category.
Standard 10 – Learning outcomes

Context

To be safe and effective, the practice of pharmacy must be underpinned by relevant and up-to-date science. Sound science is the basis of effective pharmacy. Students and trainees must be able to

- study and train safely and effectively
- study and train ethically and lawfully
- understand and apply biomedical and pharmaceutical science principles, method and knowledge
- understand and apply psychological and social principles, method and knowledge
- understand and apply population and improvement science principles, method and knowledge.

The outcomes defined in this section are practical and describe safe and effective pharmacy practice. The practice of pharmacy requires pharmacists to make decisions in complex and unpredictable situations, sometimes in the absence of complete data. Pharmacists need to communicate with patients and the public clearly; often they will need to explain complicated ideas in a way that is understandable to patients and carers. As professionals, pharmacists must act on their own initiative and take personal responsibility for what they do. Pharmacists need to have the independent learning ability required for continuing professional development in order to maintain a critical awareness of current practice. To prepare students for this, the initial education and training of pharmacists is at master’s level (as defined by the UK’s Quality Assurance Agency).

The initial education and training of pharmacists is extensive and rigorous but even in five years it is not realistic to expect a person to become more than a novice professional: someone who is competent but not yet proficient or expert.

Competent

Proficient

Expert

Novice professionals develop their core competencies both during and then beyond their initial educational experience. The first few years after graduation are crucial in developing the personal patterns of professional practice central to being a safe, independent and proficient practitioner.
The profession of pharmacy has moved forward significantly since the last set of undergraduate standards were written in 2003. Not only that, professional expectations and fitness to practice expectations of students and trainees have assumed far greater significance in the last few years. For these reasons, and also because standards should be reviewed and revised regularly, after seven years it is appropriate to set new standards now.

**Describing and assessing outcomes**

The outcome levels in standard 10 have been derived from a competence and assessment hierarchy, known as Miller’s triangle (Miller GE. The assessment of clinical skills / competence / performance. Acad Med 1990; 65:563-7)

As what is being assessed at each of the four levels is different, the assessment types needed are different too, although there will be some overlap.

**Level 1 – Knows.** Knowledge that may be applied in the future to demonstrate competence. Assessments may include essays, oral examinations and MCQs.

**Level 2 - Knows how.** Context-based tests - knows how to use knowledge and skills. Assessments may include essays, oral examinations, MCQs, and laboratory books.

**Level 3 - Shows how.** A student or trainee is able to demonstrate that they can perform in a simulated environment or in real life. Assessments may include Objective Structured Clinical Examinations (OSCEs), simulated patient assessments, designing, conducting and reporting an experiment, dispensing tests and taking a patient history.
Level 4 – Does. Acting independently and consistently in the complex situation of an everyday or familiar context. Evidence for this level is showing in this context that one is able to demonstrate the learning outcomes in a complex everyday situation repeatedly and reliably. Assessments may include OSCEs / OSPEs, taking a patient history and a trainee demonstrating things in the Pre-registration Performance Standards repeatedly, accurately and safely. The trainee needs to be observed doing these things by their tutor and others.

Note that these levels do not equate to years of study.

Teaching and learning

A curriculum should not be formulaic and should include a variety of teaching and learning methods. Typically, teaching and learning methods should result in

- learning based on experience that provides clinical education in a range of practices and procedures
- learning based on experience that provides scientific education in a range of practices and procedures
- learning based on experience that provides education in interprofessional practices and procedures with other healthcare professionals
- learning that enables the demonstration of behaviours, attitudes and values set out in the GPhC’s code of conduct for pharmacy students and standards of conduct, ethics and performance for pre-registration trainee pharmacists
- learning including research and research methods
- learning that integrates theory and practice opportunities for developing the skills students/trainees need to become self-directed learners
- opportunities to reflect on learning and practice and to discuss issues with staff and peers. This should include activities like pharmacist continuing professional development (CPD) and
- opportunities for students to develop specialist knowledge, for example veterinary/industrial pharmacy or recent advances in science relevant to pharmacy.

MPharm degree students may study abroad for specified periods if the period abroad is mapped onto relevant learning outcomes and the school knows what a student will be doing in advance. The maximum period of study overseas permissible is two years.

Pre-registration trainee pharmacists may spend up to 13 weeks of their 52 weeks of training in another EU member state.
The link between teaching, learning and assessment

The link between teaching and learning and assessment must be explicit. Assessment must complement teaching and learning. Assessment must test competence and the achievement of learning outcomes. Ensuring this will be a central feature of our quality assurance processes.
Learning outcomes for the initial education and training of pharmacists

10.1 Expectations of a pharmacy professional

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
<th>Pre-reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise ethical dilemmas &amp; respond in accordance with relevant codes of conduct and behaviour</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Recognise the duty to take action if a colleague’s health, performance or conduct is putting patients or public at risk</td>
<td>Knows how</td>
<td>Knows how</td>
</tr>
<tr>
<td>Recognise personal health needs, consult and follow the advice of a suitably qualified professional, and protect patients or public from any risk posed by personal health</td>
<td>Does</td>
<td>Does</td>
</tr>
<tr>
<td>Apply the principles of clinical governance in practice</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>Demonstrate how the science of pharmacy is applied in the design and development of medicines and devices</td>
<td>Shows how</td>
<td>Knows how</td>
</tr>
<tr>
<td>Contribute to the education and training of other members of the team, including peer review and assessment</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Contribute to the development of other members of the team through coaching and feedback</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>Engage in multidisciplinary team working</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>Respond appropriately to medical emergencies, including provision of first aid</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
</tbody>
</table>
### 10.2 The skills required in practice

#### Implementing health policy

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
<th>Pre-reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote healthy lifestyles by facilitating access to and understanding of health promotion information</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Access &amp; critically evaluate evidence to support safe, rational &amp; cost effective use of medicines</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Use the evidence base to review current practice</td>
<td>Shows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>Apply knowledge of current pharmacy-related policy to improve health outcomes</td>
<td>Shows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>Collaborate with patients, the public and other healthcare professionals to improve patient outcomes</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>Play an active role with public and professional groups to promote improved health outcomes</td>
<td>Knows how</td>
<td>Knows how</td>
</tr>
<tr>
<td>Contribute to research &amp; development activities to improve health outcomes</td>
<td>Knows how</td>
<td>Knows how</td>
</tr>
<tr>
<td>Provide evidence-based medicines information</td>
<td>Shows how</td>
<td>Does</td>
</tr>
</tbody>
</table>
Validates therapeutic approaches and supplies prescribed and over the counter medicines

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
<th>Pre-reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and employ the appropriate diagnostic or physiological testing techniques in order to promote health</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>Identify inappropriate health behaviours and recommend suitable approaches to interventions</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Instruct patients in the safe and effective use of their medicines and devices</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Analyse prescriptions for validity and clarity</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Clinically evaluate the appropriateness of prescribed medicines</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Provide, monitor and modify prescribed treatment to maximise health outcomes</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Communicate with patients about their prescribed treatment</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Optimise treatment for individual patient needs in collaboration with the prescriber</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Record, maintain and store patient data</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Supply medicines safely and efficiently, consistently within legal requirements and best professional practice. NB This should be demonstrated in relation to both human and veterinary medicines.</td>
<td>Shows how</td>
<td>Does</td>
</tr>
</tbody>
</table>
Ensure safe and effective systems are in place to manage risk inherent in the practice of pharmacy and the delivery of pharmaceutical services

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure quality of ingredients to produce medicines and products</td>
<td>Knows how</td>
</tr>
<tr>
<td>Apply pharmaceutical principles to the formulation, preparation and packaging of products</td>
<td>Shows how</td>
</tr>
<tr>
<td>Verify safety and accuracy utilising pharmaceutical calculations</td>
<td>Does</td>
</tr>
<tr>
<td>Develop quality management systems including maintaining appropriate records</td>
<td>Shows how</td>
</tr>
<tr>
<td>Manage and maintain quality management systems including maintaining appropriate records</td>
<td>Does</td>
</tr>
<tr>
<td>Procure and store medicines and other pharmaceutical products working within a quality assurance framework</td>
<td>Knows how</td>
</tr>
<tr>
<td>Distribute medicines safely, legally and effectively</td>
<td>Knows how</td>
</tr>
<tr>
<td>Dispose of medicines safely, legally and effectively</td>
<td>Knows how</td>
</tr>
<tr>
<td>Manage resources in order to ensure work flow and minimise risk in the workplace</td>
<td>Knows how</td>
</tr>
<tr>
<td>Take personal responsibility for health and safety</td>
<td>Does</td>
</tr>
<tr>
<td>Work effectively within teams to ensure safe and effective systems are being followed</td>
<td>Knows how</td>
</tr>
<tr>
<td>Ensure the application of appropriate infection control measures</td>
<td>Shows how</td>
</tr>
<tr>
<td>Supervise others involved in service delivery</td>
<td>Knows how</td>
</tr>
<tr>
<td>Identify, report and prevent errors and unsafe practice</td>
<td>Shows how</td>
</tr>
</tbody>
</table>
Procure, store and dispense and supply veterinary medicines safely and legally

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
<th>Pre-reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish and maintain patient relationships while identifying patients’ desired health outcomes and priorities</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Obtain and record relevant patient medical, social and family history</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Identify and employ the appropriate diagnostic or physiological testing techniques to inform clinical decision making</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>Communicate information about available options in a way which promotes understanding</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Support the patient in choosing an option by listening and responding to their concerns and respecting their decisions</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Conclude consultation to ensure a satisfactory outcome</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Maintain accurate and comprehensive consultation records</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Provide accurate written or oral information appropriate to the needs of patients, the public or other healthcare professionals</td>
<td>Shows how</td>
<td>Does</td>
</tr>
</tbody>
</table>
## Maintain and improve professional performance

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
<th>Pre-reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate the characteristics of a prospective professional pharmacist as set out in relevant codes of conduct and behaviour</td>
<td>Does</td>
<td>Does</td>
</tr>
<tr>
<td>Reflect on personal and professional approaches to practice</td>
<td>Does</td>
<td>Does</td>
</tr>
<tr>
<td>Create and implement a personal development plan</td>
<td>Does</td>
<td>Does</td>
</tr>
<tr>
<td>Review and reflect on evidence to monitor performance and revise professional development plan</td>
<td>Does</td>
<td>Does</td>
</tr>
<tr>
<td>Participate in audit and in implementing recommendations</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>Contribute to identifying learning and development needs of team members</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>Contribute to the development and support of individuals and teams</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>Anticipate and lead change</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
</tbody>
</table>
Annex 1 – Indicative syllabus

A1.1 How medicines work

**Therapeutics**
- Routes of administration
- New therapeutic advances
- Infection control
- Complementary therapies
- Clinical therapeutic uses of drugs

**Applied Physical, Chemical and Biological sciences**
- Sources and purification of medicinal substances
- Physicochemical characteristics of drugs and biological systems
- Thermodynamics and chemical kinetics
- (Bio)Analytical principles and methods
- Drug design and discovery
- Cell and molecular biology
- Biochemistry
- Genetics
- Microbiology
- Immunology
- Pharmaceutical chemistry
- Drug identification
- Drug synthesis

**Pharmacology, pharmacokinetics & pharmacodynamics**
- Contraindications, adverse reactions and drug interactions
- ADME
- Prediction of drug properties
- Pharmacogenetics and pharmacogenomics
- Drug and substance misuse
- Clinical toxicology and drug-over-exposure
- Molecular basis of drug action
- Metabolism

**Pharmaceutical technology including manufacturing & engineering science**
- Biotechnology
- Manufacturing methods
- Quality assurance processes
- Sterilisation and asepsis
- Environmental control in manufacturing

Formulation and material science
- Materials used in formulations and devices
- Biopharmaceutics, developmental pharmaceutics, pre-formulation and formulation studies
- Design and standardization of medicines
- Microbiological contamination
- Contamination control
- Product stability
- Medical devices

**A1.2 How people work**

**Normal & abnormal structure & function**
- Nutrition
- Physiology
- Pathology
- Infective processes

**Sociology**
- Social and behavioural science

**Health psychology**
- Health promotion
- Disease prevention
- Behavioural medicine

**Objective diagnosis**
- Differential diagnosis
- Symptom recognition
- Diagnostic tests

**Epidemiology**
- Aetiology and epidemiology of (major) diseases

**A1.3 How systems work**

**Healthcare management**
- Public health
- Organisations: National Health Service (NHS), Department of Health (DH), governmental priorities
- Other professionals
- Health care systems
Evidence-based practice
- Health information systems/ resources
- Health policy and (pharmaco)economics

Professional regulation
- Legislation
- Professional ethics and fitness to practise
- Sale and supply of medicines
- CPD
- Political and legal framework

Medicines regulation
- Evaluation and regulation of new drugs and medicines
- Pharmacopoeial specifications and biological standards
- Medicines licensing
- Product quality, safety and efficacy
- The supply chain
- Packaging, labelling and patient information

Clinical governance
- Standard Operating Procedures (SOPs)
- Research methodology / research ethics
- Risk & quality management
- Good manufacturing/dispensing practice
- Good clinical practice
- Health policy, clinical and science research methods

Clinical management
- Disease management
- Chronic medicines management
- Medicines use review
- Care planning

Workplace Regulation
- Health & Safety
- Sexual boundaries
- Independent Safeguarding Authority
- Data protection
- Freedom of Information Act (FOIA)
- Consumer protection, including complaints procedures
A1.4 Core and transferable skills

Professionalism
Research and research methods
Critical appraisal
  • Audit and learning from errors
Problem solving
  • Study skills
  • Team-working skills
Clinical decision making
  • Leadership skills
Accurate record keeping
Reflective practice [including continuing professional development]
Effective communication
  • Interpersonal skills
  • Medical terminology
Interpret & interrogate clinical data
Analyse & use numerical data
Pharmaceutical numeracy
Technological literacy

A1.5 Attitudes and values

See the Code of conduct for pharmacy students (2010) and Standards of conduct, ethics and performance for pre-registration trainees (2011)
Annex 2 - European requirements for the initial education and training of pharmacists

The European Community’s Directive 2005/36/EC on the European Parliament and of the Council on the recognition of professional qualifications includes requirements for the initial education and training of pharmacists. The requirements constitute the Minimum Training Requirement (MTR). They include

Section 7 Pharmacist

Article 44 Training as a pharmacist

...  

2. Evidence of formal qualifications as a pharmacist shall attest to training of at least five years' duration, including at least:

(a) four years of full-time theoretical and practical training at a university or at a higher institute of a level recognised as equivalent, or under the supervision of a university;

(b) six-month traineeship in a pharmacy which is open to the public or in a hospital, under the supervision of that hospital's pharmaceutical department.

3. Training for pharmacists shall provide an assurance that the person concerned has acquired the following knowledge and skills:

(a) adequate knowledge of medicines and the substances used in the manufacture of medicines;

(b) adequate knowledge of pharmaceutical technology and the physical, chemical, biological and microbiological testing of medicinal products;

(c) adequate knowledge of the metabolism and the effects of medicinal products and of the action of toxic substances, and of the use of medicinal products;

(d) adequate knowledge to evaluate scientific data concerning medicines in order to be able to supply appropriate information on the basis of this knowledge;

(e) adequate knowledge of the legal and other requirements associated with the pursuit of pharmacy.

...
Article 45 Pursuit of the professional activities of a pharmacist

... 

2. The Member States shall ensure that the holders of evidence of formal qualifications in pharmacy at university level or a level deemed to be equivalent, which satisfies the provisions of Article 44, are able to gain access to and pursue at least the following activities, subject to the requirement, where appropriate, of supplementary professional experience:

(a) preparation of the pharmaceutical form of medicinal products;
(b) manufacture and testing of medicinal products;
(c) testing of medicinal products in a laboratory for the testing of medicinal products;
(d) storage, preservation and distribution of medicinal products at the wholesale stage;
(e) preparation, testing, storage and supply of medicinal products in pharmacies open to the public;
(f) preparation, testing, storage and dispensing of medicinal products in hospitals;
   (g) provision of information and advice on medicinal products.’

... 

The syllabus is at V.6. Pharmacist 5.6.1. Course of training for pharmacists.
Annex 3 - MPharm degrees and national and European requirements for master’s degrees

The United Kingdom is a signatory to the Bologna Declaration. The Declaration produced a number of common Actions which have been designed to harmonize higher education qualifications across Europe. Because it is a signatory, the United Kingdom has agreed to operate a degree system including bachelor, masters and doctoral qualifications. Maximum and minimum credit limits and durations have been set for each type of qualification. For example

- a bachelor degree must be between three and four years’ long full-time (or part-time equivalent) and have 360-480 UK credits; and
- a master’s degree must be between one year and two years’ long full-time (or part-time equivalent) and have 120/180-240 UK credits.

All accredited MPharm degrees must have at least 360 UK credits at bachelor level and at least 120 UK credits at master’s level. All accredited MPharm degrees must be at least four years’ long full-time (or part-time equivalent). MPharm degrees with these characteristics are compliant with the requirements of
- the Framework for Qualifications in the European Higher Education Area
- the UK Quality Assurance Agency’s Framework for Higher Education Qualifications (covering England, Wales and Northern Ireland) and
- the Scottish Credit and Qualifications Framework Partnership’s Scottish Credit and Qualifications Framework.

QAA Framework for Higher Education Qualifications - Descriptor for a higher education qualification at level 7(Master's degree)

The descriptor provided for this level of the framework is for any master’s degree which should meet the descriptor in full. This qualification descriptor can also be used as a reference point for other level 7 qualifications, including postgraduate certificates and postgraduate diplomas.

Master's degrees are awarded to students who have demonstrated

- a systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study or area of professional practice
- a comprehensive understanding of techniques applicable to their own research or advanced scholarship
- originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline
- conceptual understanding that enables the student
  - to evaluate critically current research and advanced scholarship in the discipline
to evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses.

Typically, holders of the qualification will be able to

- deal with complex issues both systematically and creatively, make sound judgements in the absence of complete data, and communicate their conclusions clearly to specialist and non-specialist audiences
- demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks at a professional or equivalent level
- continue to advance their knowledge and understanding, and to develop new skills to a high level.

And holders will have

- the qualities and transferable skills necessary for employment requiring
  - the exercise of initiative and personal responsibility
  - decision-making in complex and unpredictable situations
  - the independent learning ability required for continuing professional development.

Some master's degrees, for example in science, engineering and mathematics (and pharmacy), comprise an integrated programme of study spanning several levels where the outcomes are normally achieved through study equivalent to four full-time academic years. While the final outcomes of the qualifications themselves meet the expectations of the descriptor for a higher education qualification at level 7 in full, such qualifications are often termed 'integrated master's' as an acknowledgement of the additional period of study at lower levels (which typically meets the expectations of the descriptor for a higher education qualification at level 6).
Annex 4 - Sites for pre-registration training

Pre-registration training may take place on any site approved by the GPhC. This includes

- Community pharmacies
- NHS hospital pharmacies
- Primary Care Trusts
- Schools of pharmacy with an accredited MPharm degree
- The pharmaceutical industry
- Prison pharmacies
- Mental health trusts
- Private hospitals
- A registered pharmacy engaged solely in the supply of animal and agricultural products.

26 weeks of the 52 weeks of pre-registration training must be patient-facing.
Further information

This document has been written for professional educators and trainers. There are other documents explaining these standards and requirements which have been written for different audiences.

If you are a pre-registration trainee or have applied to enter the pre-registration scheme, the most useful document for you is the Pre-registration Training Manual for Trainees. The manual contains the standards you have to meet and also information on the Registration Assessment.

If you are a pre-registration tutor, or are thinking of applying to become a tutor, the most useful document for you is the Pre-registration Training Manual for Tutors. It tells you what you have to do as a tutor and how to support a trainee.

You can find these documents at www.pharmacyregulation.org

If you would like to speak to someone about the pre-registration scheme or the Registration Examination contact

Phone XXXX XXXX XXXX
email pre-registration@pharmacyregulation.org

Other standards and guidance

There is a separate guidance for the initial education and training for pharmacy technicians called Future pharmacy technicians: guidance on standards for the initial education and training of pharmacy technicians.

We have published a document for non-EEA pharmacists wanting to register in Great Britain called Education and training standards for non-EEA pharmacists wanting to register in Great Britain.

We also have guidance for EEA pharmacists wanting to register in Great Britain called Guidance for EEA pharmacists wanting to register in Great Britain.

Once registered, pharmacy professionals must meet our Standards of conduct, ethics and performance and standards for continuing professional development

You can find these documents at www.pharmacyregulation.org
Reference documents

Accreditation and Recognition Manual (GPhC, 2011; in preparation)
Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals (Council for Healthcare Regulatory Excellence (CHRE))
Clear sexual boundaries between healthcare professionals and patients: guidance for fitness to practice panels (CHRE)
Code of Conduct for Pharmacy Students (General Pharmaceutical Council (GPhC), 2010)
Code of Practice for the assurance of academic quality and standards in higher education (Quality Assurance Agency (QAA))
Dimensions of quality (Gibbs, G., the Higher Education Academy, 2010, www.head.ac.uk)
Fitness to Practise in Schools of Pharmacy: a Literature Review (Schafheutle et al on behalf of the RPSGB, 2009)
Framework for higher education qualifications in England, Wales and Northern Ireland (QAA, 2008)
From pharmacy education into pre-registration training (Willis, S. et al., Centre for Workforce Studies @ The Workforce Academy, School of Pharmacy, University of Manchester, PPRT, 2007)
Good character assessment framework template (contact GPhC)
Guidance on Student Fitness to Practise Procedures in Schools of Pharmacy (GPhC, 2010)
Health assessment framework template (contact GPhC)
Healthcare Professional Education & Training: How does Pharmacy in Great Britain compare? (Wright, D. et al, University of East Anglia for the RPSGB, 2006)
Higher education credit framework for England: guidance on academic credit arrangements in higher education in England (QAA, 2008)
IELTS Guide for Stakeholders (International English Language Testing System (IELTS), 2009)
Institutional audit of higher education institutions in England and Northern Ireland, operational description (draft; QAA, 2010)
Learning about sexual boundaries between healthcare professionals and patients: a report on education and training (CHRE)
Learning from innovation in pharmacy education (PPRT, 2007)


MPharm Programmes: Where are we now? (Wilson, K et al, Aston University Pharmacy Practice Research Group, Pharmacy Practice Research Trust (PPRT), 2005)

MPharm Student Code of Conduct: a Literature Review (Schafheutele et al on behalf of the RPSGB, 2009)


The Pharmacy Order (Department of Health, 2010)

Pharmacy Undergraduate Students: Career Choices and Expectations across a Four-Year Programme (Wilson, K. et al, the Aston University Pharmacy Practice Research Group, PPRT, 2006)

Pre-registration Performance Standards (in GPhC Pre-registration Trainee Workbook)

Pre-registration Trainee Workbook (GPhC, annual)

Pre-registration Tutor Workbook (GPhC, annual)

Registration Examination Syllabus (in Pre-registration Trainee Workbook)

Revised Performance Review Process and Standards (CHRE, 2010)

Scottish Credit and Qualifications Framework (Scottish Credit and Qualifications Framework Partnership, http://www.scqf.org.uk/home/home.aspx)

Sexual boundary violations by health professionals – an overview of the published empirical literature (CHRE)

Standards of conduct, ethics and performance (GPhC, 2010)

Standards of conduct, ethics and performance for pre-registration trainee pharmacists (GPhC, 2011)

Studying Pharmacy: who, when, how why? What next? (Willis, S. et al., Centre for Workforce Studies @ The Workforce Academy, School of Pharmacy, University of Manchester, PPRT, 2006)

Work, employment and the early careers of cohort pharmacists (Willis, S. et al., Centre for Workforce Studies @ The Workforce Academy, School of Pharmacy, University of Manchester, PPRT, 2009)

Working lives of pre-registration trainees (Willis, S. et al., Centre for Workforce Studies @ The Workforce Academy, School of Pharmacy, University of Manchester, PPRT, 2008)
Websites

General Pharmaceutical Council (GPhC)
http://www.pharmacyregulation.org/

British Pharmaceutical Students’ Association (BPSA)
http://www.bpsa.co.uk/

Council for Healthcare Regulatory Excellence (CHRE)
http://www.chre.org.uk/

Council of University Heads of Pharmacy (CUHOP)
http://www.cuhop.ac.uk/

European Commission/European Union (EC/EU)

International English Language Testing Service (IELTS)
http://www.ielts.org

Modernising Pharmacy Careers (MPC)

Office of the Independent Adjudicator (OIA)
http://www.oiahe.org.uk/

Pharmaceutical Society of Northern Ireland (PSNI)
http://www.psni.org.uk/

Pharmacy Practice Research Trust (PPRT)
http://www.pprt.org.uk/home/Home.aspx

Royal Pharmaceutical Society (RPS)
http://www.rpharms.org/

Quality Assurance Agency (QAA)
http://www.qaa.ac.uk/
Appendix 2

Standards for the education and training of non-EEA pharmacists wanting to register in Great Britain

October 2010
Standards for the education and training of non-EEA pharmacists wanting to register in Great Britain

About us

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in England, Scotland and Wales.

The GPhC sets standards for initial pharmacy education & training and accredits conversion courses for non-EEA pharmacists wanting to register in Great Britain.

Requirements for the education and training of non-EEA pharmacists wanting to register in Great Britain

This document provides education and training standards for non-EEA pharmacists wanting to register in Great Britain.

Education and training requirements for non-EEA pharmacists wanting to register in Great Britain are:

- a one year Overseas Pharmacists’ Assessment Programme (OSPAP) then
- 52 weeks of pre-registration training and
- our Registration Assessment and
- successful health, good character and identity checks immediately prior to registration.

Normally, this route to registration must be completed in four years.

Status of this guidance

This document provides guidance to universities about delivering the standards for the education and training of non-EEA pharmacists wanting to register in Great Britain.

The requirements for submitting an OSPAP for accreditation are in our accreditation and recognition manual which is published separately.
Why we are providing this guidance

We are providing this guidance to advise schools of pharmacy\(^5\) and universities on what they need to do to deliver an OSPAP.

This guidance may also be of interest to prospective and current OSPAP students and those involved in the initial education and training of pharmacists, pharmacy professionals and members of the public.

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\(^5\) The term ‘school of pharmacy’ is used throughout this document. It is used generically to describe the academic unit in a university with primary responsibility for delivering an accredited course. Depending on institutional structures a ‘school’ may be a school, department, division, faculty or other grouping. Whatever its name, for accreditation purposes a university must define the unit with primary responsibility for delivering an accredited course.
Pre-requisites for studying on an OSPAP

The right to work and study in Great Britain

To study as an overseas student in Great Britain and to work as a pre-registration trainee pharmacist, a visa is required. Visa requirements are subject to change. The definitive source of information on current requirements is the UK Border Agency website.

The GPhC’s adjudication process

Before applying to an OSPAP provider, non-EEA pharmacists must be adjudicated (evaluated) by the GPhC. The adjudication process includes:

- the submission and scrutiny of required documents and
- health and good character assessments, such as CRB/Disclosure Scotland checks and equivalent checks in the applicant’s home country and

All applicants must have passed the Academic IELTS test with a score of 7.0 in all components in one sitting to be eligible for adjudication.

In certain circumstances, applicants will be interviewed. The circumstances are specified in Criteria for initial registration as a pharmacist (GPhC, 2010). They include:

- applicants whose primary qualification is not recognised as being at least Bachelor degree level by UK NARIC or
- applicants who submit their own evidence of qualifications, such as refugees

If an applicant passes the adjudication process they have two years to begin an OSPAP. After two years an applicant must reapply for adjudication if they have not begun an OSPAP but wish to do so.

The GPhC will set fees for adjudication.

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6 The health and good character check requirement will come into force on the 1st March 2011.
Standard 1 - Patient and public safety

Standard

1. There must be clear procedures to address concerns about patient safety arising from pharmacy education and training. Concerns must be addressed immediately.

Criteria to meet this standard

1.1 There must be effective systems in place to ensure that students
- do not jeopardise patient safety
- only do tasks for which they are competent, sometimes under supervision
- are monitored and assessed to ensure they always practice safely. Causes for concern should be addressed immediately
- have access to support for health, conduct and academic issues
- must not be awarded an accredited OSPAP if they might pose a risk to patients or the public
- understand what is and what is not professional behaviour and are familiar with the GPhC’s Code of Conduct for Pharmacy Students (2010)
- understand what fitness to practice mechanisms apply to them. All schools of pharmacy must have fitness to practice procedures to deal with student causes for concern
- undergo required health and good character checks
- understand that it is an offence to pretend they are a pharmacist. Pharmacists must be registered with the GPhC

Evidence required for meeting this standard

1.2 Evidence sources used to demonstrate meeting this standard include student fitness to practise policies

1.3 The required evidence should include:
- evidence that the Code of Conduct for Pharmacy Students is used to promote professional conduct
- summary outcomes of student fitness to practise hearings

Guidance on meeting this standard

1.4 Anyone who teaches, supervises, counsels, employs or works with students has a responsibility to protect patients and the public. Where serious concerns are raised about a student they must be investigated as soon as possible.

1.5 Students should not be put in a situation where they are asked to work
beyond their competence and they must be supervised where necessary.

1.6 Anyone responsible for the education and training of pharmacists has a responsibility to share information relating to health, conduct or performance of students with appropriate people. In particular, information should be shared with anyone providing clinical teaching or supervision. A student should be asked to agree to this. If they do not or cannot agree, consideration must be given to whether disclosure should take place on patient safety grounds. Patient safety is paramount at all times.

1.7 Students must not be allowed to continue studying if they pose a risk to patients or the public.

1.8 By awarding an accredited OSPAP a university is confirming that a student is fit to enter pre-registration training.

1.9 School fitness to practice policies and procedures must be introduced to students as developmental tools as well as instruments of public protection.
Standard 2 – Monitoring, review and evaluation of an OSPAP

Standard
2. The quality of an OSPAP must be monitored, reviewed and evaluated in a systematic and developmental way.

Criteria to meet this standard
2.1 There must be systems and policies in place covering the following
   • information about roles & responsibilities and lines of accountability
   • university information on:
     • entry requirements
     • the quality of teaching, learning and assessment
     • the quality of placements and other practice learning opportunities
     • appraisal and feedback systems for students
     • educational resources and capacity.
   These must be monitored, reviewed and evaluated systematically. When an issue is identified it must be documented and dealt with promptly.

Evidence required for meeting this standard
2.2 Evidence sources for meeting this standard include
   • holistic evaluations of an OSPAP
   • patient and public views on an OSPAP
   • quality monitoring data from universities relevant to an OSPAP
   • quality monitoring data from placement providers and other practice learning sources
   • our accreditation reports and annual school surveys
   • achievement in the Registration Assessment

2.3 The required evidence includes:
   • entry requirements and evidence of how they support the aims and philosophy of the programme
   • outcomes of holistic evaluations of an OSPAP
   • views of external stakeholders, including patients and the public, and evidence demonstrating how their views have informed course design and delivery
   • outcomes of evaluations of the quality of teaching, learning and assessment
   • outcomes of evaluations of resources and capacity
   • outcomes of the evaluations of the quality of placements and other practice learning opportunities
   • outcomes of appraisal and feedback systems for students
• outcomes of achievement in the Registration Assessment

Note that the evidence above is likely to be included in evaluation processes already in place (and existing processes may well deal with more than one category of evidence).

Guidance on meeting this standard

2.4 Evaluation strategies must evidence 2.3 above.

2.5 Evaluation should include action which is agreed and monitored.

Pre-requisites for meeting this standard

2.6 University quality assurance processes are robust, rigorous and transparent.

2.7 Universities are open with the GPhC about matters affecting an accredited OSPAP.

2.8 Universities raise relevant issues proactively with the GPhC.
Standard 3 – Equality, diversity and opportunity

Standard

3. OSPAPs must be based on principles of equality, diversity and fairness. They must meet the requirements of all relevant legislation.

Information to meet this standard

3.1 Systems and policies for capturing equality and diversity data. Concerns should be documented, addressed and disseminated.

3.2 Strategies for staff training in equality and diversity.

Evidence required for meeting this standard

3.3 Evidence that the OSPAP deals with equality, diversity and fairness issues in an informed way.

3.4 Evidence that concerns have been addressed.

3.5 Evidence that staff and students have been trained in equality and diversity issues.

Guidance on meeting this standard

3.6 This standard is intended to ensure that applicants are not treated unfairly on grounds of
   - gender
   - race
   - social background
   - disability
   - religion
   - sexual orientation
   - other forms of discrimination

   The requirements of the Equality Act (2010) should be taken into account in this regard.

3.7 Equality, diversity and opportunity awareness should be an integral part of an OSPAP.
Standard 4 - Selection of students

Standard

4. Selection processes must be open, fair and comply with relevant legislation. Processes must ensure students are fit to practise as students at the point of selection. Selection includes admissions.

Criteria to meet this standard

4.1 Selection processes must give applicants the guidance they need to make an informed application.

4.2 Selection criteria must be explicit. They should include

- meeting the GPhC’s adjudication requirements
- meeting academic and professional entry requirements
- meeting numeracy requirements
- recognising prior learning, where that is appropriate.

Health/good character/identity checks and English language requirements will have been addressed as part of the GPhC’s adjudication process. Universities may make additional checks.

4.3 Selectors should apply selection criteria fairly. They should be trained to do this. Training should include equality and diversity awareness.

Evidence required for meeting this standard

4.4 Evidence that selection processes and procedures comply with relevant legislation.

4.5 Evidence that the criteria in 4.2 are being applied.

4.6 Evidence that staff involved in selection have been trained appropriately and are aware of relevant legislative requirements.

Guidance on meeting this standard

4.7 All selection requirements should be set out clearly in guidance made available to applicants. Applicants must know what will happen to them during selection, including the GPhC’s role in adjudication.

4.8 Guidance should include information about additional costs, such as travel, accommodation and health, good character and identity checks.

4.9 It must be made clear to students and trainees that the GPhC will carry out its own health, good character and identity checks before registering an applicant. It must be made clear to students that these checks relate to
registration and are additional to checks made by universities and employers. It must be made clear to students and trainees that the GPhC may not register a student if a check is failed, even if they have passed previous checks.

4.10 It must be made clear to students that the GPhC will not offer prospective registration advice.

4.11 It must be made clear to students that an applicant can appeal against a registration refusal and that appeals must be made to the GPhC’s Appeals Committee.
Standard 5 – Curriculum delivery and the student experience

Standard

5. The curriculum for OSPAPs must deliver the learning outcomes in standard 10. Most importantly, curricula must ensure students practice safely and effectively.

Criteria to meet this standard

5.1 Curricula must be integrated. By this the GPhC does not mean that an OSPAP and pre-registration training must be delivered as a single two-year course but that the component parts of an OSPAP must be linked in a coherent way.

5.2 Curricula must be progressive, dealing with issues in increasingly complex ways until the right level of understanding is reached.

5.3 An OSPAP must be delivered in an environment which places study in a professional and academic context and requires students to conduct themselves professionally.

5.4 An OSPAP teaching and learning strategy must set out how students will achieve the learning outcomes in standard 10. Learning opportunities must be structured to provide

- an integrated experience of relevant science and pharmacy practice
- a balance of theory and practice
- independent learning skills

5.5 The OSPAP curriculum will include practical experience of working with patients, carers and other healthcare professionals.

5.6 There must be a clear assessment strategy for the OSPAP. Assessment methods must measure the learning outcomes in standard 10.

5.7 The OSPAP assessment strategy should include

- diagnostic assessments
- formative assessments
- summative assessments
- timely feedback
5.8 Academic regulations must be appropriate for a postgraduate qualification that is both academic and professional and may lead to further professional training. As a general principle, all assessments, including all components, must be passed. This means that condonement, compensation, trailing, extended resit opportunities and other remedial measures should be extremely limited, if they are permitted at all. Course academic regulations may be more stringent than university norms. This may include higher than usual pass marks for assessments demonstrating knowledge and skills essential to safe and effective pharmacy practice.

5.9 Marking criteria must be used for all assessments and all pass criteria must describe safe and effective practice.

5.10 Patient safety must be paramount in assessments: any evidence of an assessment demonstrating unsafe practice must result in failure.

5.11 OSPAPs must include an induction programme orientating students to study in the UK. The programme should include diagnostic testing.

**Evidence required for meeting this standard**

5.12 Evidence sources will include

- an OSPAP teaching and learning strategy
- an OSPAP assessment strategy
- assessment criteria
- academic regulations
- OSPAP external examiners’ reports
- reports of OSPAP accreditation visits
- internal university quality management reports
- Registration Examination progression data

5.13 Required evidence will include:

- evidence of the impact of teaching and learning strategies on course delivery and the student experience
- evidence of the impact of assessment strategies on course delivery and the student experience
- evidence of the impact of research on course design
- evidence that assessment pass criteria describe and promote safe and effective practice
- evidence that issues raised during accreditation visits have been addressed
- evidence that evaluation and feedback from all sources has been acted on
- evidence that where appropriate reasonable adjustments have been
made to course delivery for students
  • Evidence that attrition rates are understood
  • Evidence that Registration Examination progression data has been used to inform course design

Note that the evidence above is likely to be included in evaluation processes already in place (and existing processes may well deal with more than one category of evidence).

**Guidance on meeting this standard**

5.14 There should be a range of teaching and learning methods to deliver the outcomes in Standard 10.

5.15 There should be a range of assessment methods to test all the outcomes in Standard 10.

5.16 Links between diagnostic, formative and summative assessments must be made clear to students.

5.17 Links between assessments and feedback must be made clear. Feedback must be given in time for it to be used effectively.

5.18 There should be deadlines for assessments to be marked and for feedback to be given. Action should be taken if deadlines are not met.

5.19 Where appropriate, reasonable adjustments should be made to curriculum delivery to help disabled students meet learning outcomes. Teaching, learning and assessment can be modified for this purpose but learning outcomes cannot.
Standards 6 and 7 – Support and development for students, and academic staff

Standards

6. Students must be supported to develop as learners and professionals during their OSPAP.

7. Anyone delivering an OSPAP should be supported to develop in their professional roles.

Criteria to meet these standards

6.1 Students must be supported to develop as learners and professionals during their OSPAP.

7.1 Anyone delivering an OSPAP should be supported to develop in their professional roles.

7.2 Induction programmes are provided for tutors and university staff as appropriate. This should include induction programmes for non-pharmacists working on an OSPAP.

7.3 Everyone involved in delivering the curriculum should have

- effective supervision
- an appropriate and realistic workload
- effective personal support
- mentoring
- time to learn and
- continuing professional development opportunities.

Evidence required for meeting these standards

6.2 Evidence of appropriate personal and professional development, such as student CPD portfolios

7.4 Evidence that

- staff appraisal systems address performance issues (anonymised)
- staff development systems affect course delivery
Guidance on meeting these standards

6.3 Students must work with a range of academic and professional role models. The range must include
- academic staff in pharmacy, including practice staff, scientists, researchers and support staff
- other healthcare professionals

6.4 Students must have access to support for their academic and general welfare needs. Support must be readily available to students. If students are working off-site appropriate support mechanisms must be in place.

6.5 Students should have access to career advice.

6.6 If it is no longer possible for a student to continue on an OSPAP, they should be told what other options are available to them by their school of pharmacy.

7.5 Staff appraisal schemes should take account of the needs of all categories of staff, including practice staff and part-time staff.

7.6 Staff development should be in place for non-pharmacist staff to help them understand how their expertise contributes to an OSPAP and how it can best be delivered in a pharmaceutical context.

Note: paras 6.x link to Standard 6 and paras 7.x link to Standard 7
Standard 8 – Management of an OSPAP

Standard

8. An OSPAP must be planned and maintained through transparent processes which must show who is responsible for what

Criteria to meet this standard

8.1 All OSPAPs will be supported by a defined management plan with
   • a schedule of responsibilities
   • defined structures and processes to manage the delivery of an OSPAP

Evidence required for meeting this standard

8.2 Evidence sources should include
   • management plans. For students this will be course documents
   • evidence of working arrangements between stakeholders, such as clear plans and service level agreements for certain activities
   • university quality monitoring processes and the outcomes of these processes

8.3 Required evidence includes:
   • outcomes of university quality management process affecting OSPAPs
   • service level agreements or other agreements between stakeholders
   • evaluations of the relationship between stakeholders and actions taken to address issues

Guidance on meeting this standard

8.4 Systems and structures should be in place to manage the learning of students in the academic environment. They must take account of
   • access to and availability of suitable learning facilities
   • the balance between taught components, directed learning and student / trainee self-study
   • student attendance, particularly minimum requirements and what is compulsory
   • mechanisms to ensure structured, off-site learning is quality assured and linked to specified areas of the curriculum and learning outcomes. This must include the quality assurance of placements and placement staff.

8.5 Systems and structures should be in place to manage the learning of students in practice. They must take account of
   • access to and availability of suitable learning facilities
   • managing and monitoring attendance
• ways in which students can communicate with tutors and staff when they are off-site.
Standard 9 – Resources and capacity

Standard

9. Resources and capacity are sufficient to deliver learning outcomes.

Criteria to meet this standard

9.1 There must be:

- robust and transparent mechanisms for securing an appropriate level of resource for delivering an OSPAP
- sufficient staff from relevant disciplines to deliver the curriculum to students. Staff must be appropriately qualified and experienced. The staffing profile must include
  - sufficient numbers of pharmacists with experience of teaching in higher education to ensure that an OSPAP can produce students equipped to enter pharmacist pre-registration training in Great Britain. For this purpose, pharmacists are people registered with the General Pharmaceutical Council.
  - sufficient numbers of pharmacists to act as tutors and professional mentors at university. Not all personal tutors must be pharmacists.
  - pharmacists who are leaders in the profession, the school and in their university, who can influence school and university policy relevant to pharmacy
  - non-pharmacist academics who can influence school and university policy relevant to pharmacy
  - staff who are sufficiently experienced to supervise research. It would be unusual for anyone to supervise research at a particular level unless they had previously researched to that level or beyond. New research supervisors must be mentored and signed of as being fit to supervise after a period of mentoring
  - science academics who understand the relevance of their discipline to pharmacy and deliver their area of expertise in a pharmaceutical context.
  - academic pharmacists and other experienced pharmacy staff who are able to act as mentors to non-pharmacist colleagues
- career pathways in universities for all staff teaching on OSPAPs, including pathways for practice staff
- clear lines of authority and responsibility for the strategic organisation and day-to-day management of placements
- recognised training and ongoing support for all non-pharmacists involved in the delivery of OSPAPs which must
  - help them understand the relevant of their work to pharmacy and
how to deliver their area of expertise in a pharmaceutical context.

- appropriate learning resources
- accommodation and facilities that are fit for purpose

**Evidence required for meeting this standard**

9.2 Required evidence will include:

- evidence that there are mechanisms for securing appropriate levels of resource sufficient to deliver an OSPAP to the required standard
- evidence that the staffing profile can support the delivery of the course and the student experience (and where there are gaps in the staffing profile, agreed plans are in place to fill them)
- evidence that the staffing profile includes pharmacists who are leaders in the profession, the school and in their university, who can influence school and university policy relevant to pharmacy
- evidence that the staffing profile includes non-pharmacists who can influence schools and university policy relevant to pharmacy
- career structures for all categories of staff, including practice staff
- evidence that the staffing profile includes a critical mass of pharmacists sufficient to ensure the course is focused on the profession of pharmacy
- evidence that there is recognised training and ongoing support for all non-pharmacist staff to ensure their contribution to an accredited course is orientated to pharmacy
- evidence that learning resources are fit for purpose (and where they are not, evidence that agreed plans are in place to address deficiencies)
- evidence that accommodation and facilities are fit for purpose (and where they are not, evidence that agreed plans are in place to address deficiencies)

**Guidance on meeting this standard**

9.3 OSPAP providers exercise an appropriate level of autonomy over pharmacy resources to deliver an OSPAP to the required standard and in an appropriate learning environment. The precise nature of the autonomy of pharmacy and its senior managers will be determined by the institutional context in which pharmacy finds itself. However, whatever the context, there must be robust and transparent ways of securing resources for pharmacy.

9.4 OSPAP environments must support students achieve the outcomes in Standard 10.

9.5 These standards describe the types of staff required to deliver an OSPAP. Some OSPAP staff must be pharmacists. It is important to remember what the legal definition of a pharmacist is:
‘A person practices as a pharmacist or pharmacy technician if, whilst acting in the capacity of or purporting to be a pharmacist or pharmacy technician, that person undertakes any work or gives any advice in relation to the preparation, assembly, dispensing, sale, supply or use of medicines, the science of medicines, the practice of pharmacy or the provision of healthcare.’ (Pharmacy Order 2010)

In a university context, this definition is not restricted to staff who teach pharmacy practice but includes staff involved in ‘the provision of healthcare’ and ‘the science of medicines’ among other things. This definition means that staff other than teacher-practitioners or pharmacy practice staff may be registered as pharmacists.

Note: The GPhC will not have a non-practising registration category.
Standard 10 – Learning outcomes

Context

To be safe and effective, the practice of pharmacy must be underpinned by relevant and up-to-date science. Sound science is the basis of effective pharmacy. Students must be able to

- study safely and effectively
- study ethically and lawfully
- understand and apply biomedical and pharmaceutical science principles, method and knowledge
- understand and apply psychological and social principles, method and knowledge and
- understand and apply population and improvement science principles, method and knowledge.

The outcomes defined in this section are practical and describe safe and effective pharmacy practice. The practice of pharmacy requires pharmacists to make decisions in complex and unpredictable situations, sometimes in the absence of complete data. Pharmacists need to communicate with patients and the public clearly; often they will need to explain complicated ideas in a way that is understandable to patients and carers. As professionals, pharmacists must act on their own initiative and take personal responsibility for what they do. Pharmacists need to have the independent learning ability required for continuing professional development in order to maintain a critical awareness of current practice. To prepare students for this, an OSPAP is at master’s level (as defined by the UK’s Quality Assurance Agency).

OSPAP students will have trained and worked as pharmacists outside the EEA. This means that they should be at least competent as a professional in their country of establishment. The purpose of an OSPAP and pre-registration training in Great Britain is to ensure that non-EEA pharmacists are at least competent practitioners in Great Britain too.

The profession of pharmacy has moved forward significantly since the last set of OSPAP standards were written in 2005. Not only that, professional expectations and fitness to practice expectations of students have assumed far greater significance in the last few years. For these reasons, and also because standards should be reviewed and revised regularly, after five years it is appropriate to set new standards now.
Describing and assessing learning outcomes

The outcome levels in standard 10 have been derived from a competence and assessment hierarchy, known as Miller’s triangle (Miller GE. The assessment of clinical skills / competence / performance. Acad Med 1990; 65:563-7)

As what is being assessed at each of the four levels is different, the assessment types needed are different too, although there will be some overlap.

Level 1 – Knows. Knowledge that may be applied in the future to demonstrate competence. Assessments may include essays, oral examinations and MCQs.

Level 2 - Knows how. Context-based tests - knows how to use knowledge and skills. Assessments may include essays, oral examinations, MCQs, and laboratory books.

Level 3 - Shows how. A student or trainee is able to demonstrate that they can perform in a simulated environment or in real life. Assessments may include Objective Structured Clinical Examinations (OSCEs), simulated patient assessments, designing, conducting and reporting an experiment, dispensing tests and taking a patient history.

Level 4 – Does. Acting independently and consistently in the complex situation of an everyday or familiar context. Evidence for this level is showing in this context that one is able to demonstrate the learning outcomes in a complex everyday situation repeatedly and reliably. Assessments may include OSCEs and taking a patient history.

Note that these levels do not equate directly to years of study.
Teaching and learning

A curriculum should not be formulaic and should include a variety of teaching and learning methods. Typically, teaching and learning methods should result in

- learning based on experience that provides clinical education in a range of practices and procedures
- learning based on experience that provides scientific education in a range of practices and procedures
- learning based on experience that provides education in interprofessional practices and procedures with other healthcare professionals
- learning that enables the demonstration of behaviours, attitudes and values set out in the GPhC’s code of conduct for pharmacy students
- learning that integrates theory and practice opportunities for developing the skills students/trainees need to become self-directed learners
- opportunities to reflect on learning and practice and to discuss issues with staff and peers. This should include activities like pharmacist continuing professional development (CPD) and
- opportunities for students to develop specialist knowledge, for example veterinary/industrial pharmacy or recent advances in science relevant to pharmacy.

As an OSPAP is a master’s level course, all the assessments must be at either QAA Level 6 or 7, with at least 75% (the equivalent of 90 credits) at level 7.

The link between teaching, learning and assessment

The link between teaching and learning and assessment must be explicit. Assessment must complement teaching and learning. Assessment must test competence and the achievement of learning outcomes. Ensuring this will be a central feature of our quality assurance processes.
## Learning outcomes for non-EEA pharmacists wanting to register in Great Britain

### 10.1 Expectations of a pharmacy professional

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>OSPAP</th>
<th>Pre-reg (for reference)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise ethical dilemmas &amp; respond in accordance with relevant codes of conduct and behaviour</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Recognise the duty to take action if a colleague’s health, performance or conduct is putting patients or public at risk</td>
<td>Knows how</td>
<td>Knows how</td>
</tr>
<tr>
<td>Recognise personal health needs, consult and follow the advice of a suitably qualified professional, and protect patients or public from any risk posed by personal health</td>
<td>Does</td>
<td>Does</td>
</tr>
<tr>
<td>Apply the principles of clinical governance in practice</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>Demonstrate how the science of pharmacy is applied in the design and development of medicines and devices</td>
<td>Shows how</td>
<td>Knows how</td>
</tr>
<tr>
<td>Contribute to the education and training of other members of the team, including peer review and assessment</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Contribute to the development of other members of the team through coaching and feedback</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>Engage in multidisciplinary team working</td>
<td>Knows how</td>
<td>Does</td>
</tr>
</tbody>
</table>
## 10.2 The skills required in practice

### Implementing health policy

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>OSPAP</th>
<th>Pre-reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote healthy lifestyles by facilitating access to and understanding of health promotion information</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Access &amp; critically evaluate evidence to support safe, rational &amp; cost effective use of medicines</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Use the evidence base to review current practice</td>
<td>Shows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>Apply knowledge of current pharmacy-related policy to improve health outcomes</td>
<td>Shows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>Collaborate with patients, the public and other healthcare professionals to improve patient outcomes</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>Play an active role with public and professional groups to promote improved health outcomes</td>
<td>Knows how</td>
<td>Knows how</td>
</tr>
<tr>
<td>Contribute to research &amp; development activities to improve health outcomes</td>
<td>-</td>
<td>Knows how</td>
</tr>
<tr>
<td>Provide evidence- based medicines information</td>
<td>Shows how</td>
<td>Does</td>
</tr>
</tbody>
</table>
Validates therapeutic approaches and supplies prescribed and over the counter medicines

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>OSPAP</th>
<th>Pre-reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and employ the appropriate diagnostic or physiological testing techniques in order to promote health</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>Identify inappropriate health behaviours and recommend suitable approaches to interventions</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Instruct patients in the safe and effective use of their medicines and devices</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Analyse prescriptions for validity and clarity</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Clinically evaluate the appropriateness of prescribed medicines</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Provide, monitor and modify prescribed treatment to maximise health outcomes</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Communicate with patients about their prescribed treatment</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Optimise treatment for individual patient needs in collaboration with the prescriber</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Record, maintain and store patient data</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Supply medicines safely and efficiently, consistently within legal requirements and best professional practice. NB This should be demonstrated in relation to both human and veterinary medicines.</td>
<td>Shows how</td>
<td>Does</td>
</tr>
</tbody>
</table>
Ensure safe and effective systems are in place to manage risk inherent in the practice of pharmacy and the delivery of pharmaceutical services

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>OSPAP</th>
<th>Pre-reg</th>
</tr>
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<tbody>
<tr>
<td>Ensure quality of ingredients to produce medicines and products</td>
<td>-</td>
<td>Shows how</td>
</tr>
<tr>
<td>Apply pharmaceutical principles to the formulation, preparation and packaging of products</td>
<td>Shows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>Verify safety and accuracy utilising pharmaceutical calculations</td>
<td>Does</td>
<td>Does</td>
</tr>
<tr>
<td>Develop quality management systems including maintaining appropriate records</td>
<td>Shows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>Manage and maintain quality management systems including maintaining appropriate records</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Procure and store medicines and other pharmaceutical products working within a quality assurance framework</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>Distribute medicines safely, legally and effectively</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>Dispose of medicines safely, legally and effectively</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>Manage resources in order to ensure work flow and minimise risk in the workplace</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>Take personal responsibility for health and safety</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>Work effectively within teams to ensure safe and effective systems are being followed</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>Ensure the application of appropriate infection control measures</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Supervise others involved in service delivery</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>Identify, report and prevent errors and unsafe practice</td>
<td>Shows how</td>
<td>Does</td>
</tr>
</tbody>
</table>
Procure, store and dispense and supply veterinary medicines safely and legally

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>OSPAP</th>
<th>Pre-reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish and maintain patient relationships while identifying patients’ desired health outcomes and priorities</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Obtain and record relevant patient medical, social and family history</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Identify and employ the appropriate diagnostic or physiological testing techniques to inform clinical decision making</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>Communicate information about available options in a way which promotes understanding</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Support the patient in choosing an option by listening and responding to their concerns and respecting their decisions</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Conclude consultation to ensure a satisfactory outcome</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Maintain accurate and comprehensive consultation records</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>Provide accurate written or oral information appropriate to the needs of patients, the public or other healthcare professionals</td>
<td>Shows how</td>
<td>Does</td>
</tr>
</tbody>
</table>
### Maintain and improve professional performance

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
<th>Pre-reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate the characteristics of a prospective professional pharmacist as set out in relevant codes of conduct and behaviour</td>
<td>Does</td>
<td>Does</td>
</tr>
<tr>
<td>Reflect on personal and professional approaches to practice</td>
<td>Does</td>
<td>Does</td>
</tr>
<tr>
<td>Create and implement a personal development plan</td>
<td>Does</td>
<td>Does</td>
</tr>
<tr>
<td>Review and reflect on evidence to monitor performance and revise professional development plan</td>
<td>Does</td>
<td>Does</td>
</tr>
<tr>
<td>Participate in audit and in implementing recommendations</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>Contribute to identifying learning and development needs of team members</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>Contribute to the development and support of individuals and teams</td>
<td>Knows how</td>
<td>Does</td>
</tr>
<tr>
<td>Anticipate and lead change</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
</tbody>
</table>
Annex 1 – Indicative syllabus

A1.1 How medicines work

Therapeutics
- Routes of administration
- New therapeutic advances
- Infection control
- Complementary therapies
- Clinical therapeutic uses of drugs

Applied Physical, Chemical and Biological sciences
- Sources and purification of medicinal substances
- Physicochemical characteristics of drugs and biological systems
- Thermodynamics and chemical kinetics
- (Bio)Analytical principles and methods
- Drug design and discovery
- Cell and molecular biology
- Biochemistry
- Genetics
- Microbiology
- Immunology
- Pharmaceutical chemistry
- Drug identification
- Drug synthesis

Pharmacology, pharmacokinetics & pharmacodynamics
- Contraindications, adverse reactions and drug interactions
- ADME
- Prediction of drug properties
- Pharmacogenetics and pharmacogenomics
- Drug and substance misuse
- Clinical toxicology and drug-over-exposure
- Molecular basis of drug action
- Metabolism

Pharmaceutical technology including manufacturing & engineering science
- Biotechnology
- Manufacturing methods
- Quality assurance processes
- Sterilisation and asepsis
- Environmental control in manufacturing

Formulation and material science
- Materials used in formulations and devices
- Biopharmaceutics, developmental pharmaceutics, pre-formulation and formulation studies
- Design and standardization of medicines
- Microbiological contamination
- Contamination control
- Product stability
- Medical devices

A1.2 How people work

Normal & abnormal structure & function
- Nutrition
- Physiology
- Pathology
- Infective processes

Sociology
- Social and behavioural science

Health psychology
- Health promotion
- Disease prevention
- Behavioural medicine

Objective diagnosis
- Differential diagnosis
- Symptom recognition
- Diagnostic tests

Epidemiology
- Aetiology and epidemiology of (major) diseases

A1.3 How systems work

Healthcare management
- Public health
- Organisations: National Health Service (NHS), Department of Health (DH), governmental priorities
- Other professionals
- Health care systems
Evidence-based practice
- Health information systems/ resources
- Health policy and (pharmaco)economics

Professional regulation
- Legislation
- Professional ethics and fitness to practise
- Sale and supply of medicines
- CPD
- Political and legal framework

Medicines regulation
- Evaluation and regulation of new drugs and medicines
- Pharmacopoeial specifications and biological standards
- Medicines licensing
- Product quality, safety and efficacy
- The supply chain
- Packaging, labelling and patient information

Clinical governance
- Standard Operating Procedures (SOPs)
- Research methodology / research ethics
- Risk & quality management
- Good manufacturing/dispensing practice
- Good clinical practice
- Health policy, clinical and science research methods

Clinical management
- Disease management
- Chronic medicines management
- Medicines use review
- Care planning

Workplace Regulation
- Health & Safety
- Sexual boundaries
- Independent Safeguarding Authority
- Data protection
- Freedom of Information Act (FOIA)
- Consumer protection, including complaints procedures
A1.4 Core and transferable skills

Professionalism
Research
Critical appraisal
- Audit and learning from errors
Problem solving
- Study skills
- Team-working skills
Clinical decision making
- Leadership skills
Accurate record keeping
Reflective practice [including continuing professional development]
Effective communication
- Interpersonal skills
- Medical terminology
Interpret & interrogate clinical data
Analyse & use numerical data
Pharmaceutical numeracy
Technological literacy

A1.5 Attitudes and values

See the Code of conduct for pharmacy students (2010)
Annex 2 - European requirements for the initial education and training of pharmacists

The European Community’s Directive 2005/36/EC on the European Parliament and of the Council on the recognition of professional qualifications includes requirements for the initial education and training of pharmacists. The requirements constitute the Minimum Training Requirement (MTR). They include

Section 7 Pharmacist

Article 44 Training as a pharmacist

... 

2. Evidence of formal qualifications as a pharmacist shall attest to training of at least five years' duration, including at least:

(a) four years of full-time theoretical and practical training at a university or at a higher institute of a level recognised as equivalent, or under the supervision of a university;

(b) six-month traineeship in a pharmacy which is open to the public or in a hospital, under the supervision of that hospital's pharmaceutical department.

3. Training for pharmacists shall provide an assurance that the person concerned has acquired the following knowledge and skills:

(a) adequate knowledge of medicines and the substances used in the manufacture of medicines;

(b) adequate knowledge of pharmaceutical technology and the physical, chemical, biological and microbiological testing of medicinal products;

(c) adequate knowledge of the metabolism and the effects of medicinal products and of the action of toxic substances, and of the use of medicinal products;

(d) adequate knowledge to evaluate scientific data concerning medicines in order to be able to supply appropriate information on the basis of this knowledge;

(e) adequate knowledge of the legal and other requirements associated with the pursuit of pharmacy.

...
Article 45 Pursuit of the professional activities of a pharmacist

2. The Member States shall ensure that the holders of evidence of formal qualifications in pharmacy at university level or a level deemed to be equivalent, which satisfies the provisions of Article 44, are able to gain access to and pursue at least the following activities, subject to the requirement, where appropriate, of supplementary professional experience:

(a) preparation of the pharmaceutical form of medicinal products;
(b) manufacture and testing of medicinal products;
(c) testing of medicinal products in a laboratory for the testing of medicinal products;
(d) storage, preservation and distribution of medicinal products at the wholesale stage;
(e) preparation, testing, storage and supply of medicinal products in pharmacies open to the public;
(f) preparation, testing, storage and dispensing of medicinal products in hospitals;
   (g) provision of information and advice on medicinal products.’

...
Annex 3 - OSPAPs and national & European requirements for master’s level qualifications

The United Kingdom is a signatory to the Bologna Declaration. The Declaration produced a number of common Actions which have been designed to harmonize higher education qualifications across Europe. Because it is a signatory, the United Kingdom has agreed to operate a degree system including bachelor, masters and doctoral qualifications. Maximum and minimum credit limits and durations have been set for each type of qualification. OSPAPs are postgraduate diplomas.

All accredited OSPAPs must have a minimum of 120 UK credits, of which at least 90 credits must be at master’s level. OSPAPs must be one academic year long full time or part time equivalent. OSPAPs with these characteristics are compliant with the requirements of
• the Framework for Qualifications in the European Higher Education Area
• the UK Quality Assurance Agency’s Framework for Higher Education Qualifications (covering England, Wales and Northern Ireland) and
• the Scottish Credit and Qualifications Framework Partnership’s Scottish Credit and Qualifications Framework.

QAA Framework for Higher Education Qualifications - Descriptor for a higher education qualification at level 7

The descriptor provided for this level of the framework is for any master’s degree which should meet the descriptor in full. This qualification descriptor can also be used as a reference point for other level 7 qualifications, including postgraduate certificates and postgraduate diplomas.

Master’s degrees are awarded to students who have demonstrated
• a systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study or area of professional practice
• a comprehensive understanding of techniques applicable to their own research or advanced scholarship
• originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline
• conceptual understanding that enables the student
  • to evaluate critically current research and advanced scholarship in the discipline
  • to evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses.
 Typically, holders of the qualification will be able to

- deal with complex issues both systematically and creatively, make sound judgements in the absence of complete data, and communicate their conclusions clearly to specialist and non-specialist audiences
- demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks at a professional or equivalent level
- continue to advance their knowledge and understanding, and to develop new skills to a high level.

And holders will have

- the qualities and transferable skills necessary for employment requiring
  - the exercise of initiative and personal responsibility
  - decision-making in complex and unpredictable situations
  - the independent learning ability required for continuing professional development.
Annex 4 - Sites for pharmacist pre-registration training

Pre-registration training may take place on any site approved by the GPhC. This includes

- Community pharmacies
- NHS hospital pharmacies
- Primary Care Trusts
- Schools of pharmacy with an accredited MPharm degree
- The pharmaceutical industry
- Prison pharmacies
- Mental health trusts
- Private hospitals
- A registered pharmacy engaged solely in the supply of animal and agricultural products.

26 weeks of the 52 weeks of pre-registration training must be patient-facing.
Other standards and guidance

There are separate standards for the initial education of pharmacists studying in Great Britain: Future pharmacists: standards for the initial education and training of pharmacists.

There are separate standards for the initial education and training for pharmacy technicians called Future pharmacy technicians: standards for the initial education and training of pharmacy technicians.

Once registered, pharmacy professionals must meet our Standards of conduct, ethics and performance and Standards of continuing professional development.

You can find these documents at www.pharmacyregulation.org.

Reference documents

Accreditation and Recognition Manual (GPhC, 2011; in preparation)

Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals (Council for Healthcare Regulatory Excellence (CHRE))

Clear sexual boundaries between healthcare professionals and patients: guidance for fitness to practice panels (CHRE)

Code of Conduct for Pharmacy Students (General Pharmaceutical Council (GPhC), 2010)

Code of Practice for the assurance of academic quality and standards in higher education (Quality Assurance Agency (QAA))

Dimensions of quality (Gibbs, G., Higher Education Academy, 2010, www.hea.ac.uk)


Fitness to Practise in Schools of Pharmacy: a Literature Review (Schafheutle et al on behalf of the RPSGB, 2009)

Framework for higher education qualifications in England, Wales and Northern Ireland (QAA, 2008)


From pharmacy education into pre-registration training (Willis, S. et al., Centre for Workforce Studies @ The Workforce Academy, School of Pharmacy, University of Manchester, PPRT, 2007)

Good character assessment framework template (contact GPhC)

Guidance on Student Fitness to Practise Procedures in Schools of Pharmacy (GPhC,
Education Standards for Pharmacists

2010)

Health assessment framework template (contact GPhC)

Healthcare Professional Education & Training: How does Pharmacy in Great Britain compare? (Wright, D. et al, University of East Anglia for the RPSGB, 2006)

Higher education credit framework for England: guidance on academic credit arrangements in higher education in England (QAA, 2008)

IELTS Guide for Stakeholders (International English Language Testing System (IELTS), 2009)

Institutional audit of higher education institutions in England and Northern Ireland, operational description (draft; QAA, 2010)

Learning about sexual boundaries between healthcare professionals and patients: a report on education and training (CHRE)

Learning from innovation in pharmacy education (PPRT, 2007)


MPharm Programmes: Where are we now? (Wilson, K et al, Aston University Pharmacy Practice Research Group, Pharmacy Practice Research Trust (PPRT), 2005)

MPharm Student Code of Conduct: a Literature Review (Schafheutle et al on behalf of the RPSGB, 2009)


The Pharmacy Order (Department of Health, 2010)

Pharmacy Undergraduate Students: Career Choices and Expectations across a Four-Year Programme (Wilson, K. et al, the Aston University Pharmacy Practice Research Group, PPRT, 2006)

Pre-registration Performance Standards (in GPhC Pre-registration Trainee Workbook)

Pre-registration Trainee Workbook (GPhC, annual)

Pre-registration Tutor Workbook (GPhC, annual)

Registration Examination Syllabus (in Pre-registration Trainee Workbook)

Revised Performance Review Process and Standards (CHRE, 2010)

Scottish Credit and Qualifications Framework (Scottish Credit and Qualifications Framework Partnership, http://www.scqf.org.uk/home/home.aspx)

Sexual boundary violations by health professionals – an overview of the published empirical literature (CHRE)

Standards of conduct, ethics and performance (GPhC, 2010)

Standards of conduct, ethics and performance for pre-registration trainee pharmacists (GPhC, 2011)
**Studying Pharmacy: who, when, how why? What next?** (Willis, S. et al., Centre for Workforce Studies @ The Workforce Academy, School of Pharmacy, University of Manchester, PPRT, 2006)

**Work, employment and the early careers of cohort pharmacists** (Willis, S. et al., Centre for Workforce Studies @ The Workforce Academy, School of Pharmacy, University of Manchester, PPRT, 2009)

**Working lives of pre-registration trainees** (Willis, S. et al., Centre for Workforce Studies @ The Workforce Academy, School of Pharmacy, University of Manchester, PPRT, 2008)

**Websites**

- General Pharmaceutical Council (GPhC)

- British Pharmaceutical Students’ Association (BPSA)
  [http://www.bpsa.co.uk/](http://www.bpsa.co.uk/)

- Council for Healthcare Regulatory Excellence (CHRE)

- Council of University Heads of Pharmacy (CUHOP)
  [http://www.cuhop.ac.uk/](http://www.cuhop.ac.uk/)

- European Commission/European Union (EC/EU)

- International English Language Testing Service (IELTS)
  [http://www.ielts.org](http://www.ielts.org)

- Modernising Pharmacy Careers (MPC)

- National Recognition Information Centre for the United Kingdom (NARIC)

- Office of the Independent Adjudicator (OIA)
  [http://www.oiahe.org.uk](http://www.oiahe.org.uk)

- Pharmaceutical Society of Northern Ireland (PSNI)

- Pharmacy Practice Research Trust (PPRT)
  [http://www.pprt.org.uk/home/Home.aspx](http://www.pprt.org.uk/home/Home.aspx)

- Royal Pharmaceutical Society (RPS)

- Quality Assurance Agency (QAA)
  [http://www.qaa.ac.uk](http://www.qaa.ac.uk)

- UK Border Agency (UKBA)
  [http://www.ukba.homeoffice.gov.uk](http://www.ukba.homeoffice.gov.uk)
Appendix 3

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

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

Background
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. It assumed responsibility for this work in September 2010; prior to that, it was the responsibility of the Royal Pharmaceutical Society of Great Britain (RPSGB).

Courses leading to registration and annotation include MPharm degrees, Overseas Pharmacists’ Assessment Programmes (OSPAPs; conversion courses for non-EEA pharmacists wanting to register in Great Britain), independent and supplementary prescribing courses for pharmacists and pharmacy support staff qualifications. These courses are accredited.

In addition to the courses listed above, the GPhC recognises national qualifications for pharmacy technicians.

The difference between accreditation and recognition is that accreditation is concerned with checking the standards of an individual provider whereas recognition checks the standards of a qualification which is then delivered by a number of providers (mainly further education colleges), which are quality assured by a qualifications authority rather than by the GPhC.

Accreditation 2003-2010
The number and type of accredited courses has expanded significantly since the current methodology was designed in 2003. Then there were 16 schools of pharmacy running accredited degrees and nothing else. That has developed into 25+ accredited MPharm degrees, two foundation degrees in pharmacy leading to MPharm entry, 40+ pharmacist prescribing courses and pharmacy support staff courses.

There are many positive features of the current methodology we wish to maintain as well as making changes where that is appropriate.

The principles of accreditation
This document does not describe every single accreditation or recognition 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 alterations as appropriate.

The principles are that accreditation is:
1. Proportionate
2. Transparent
3. Public
4. Evidence based
5. Cyclical
6. Based on peer review
The legal basis
GPhC’s right to check the standards of pharmacy qualifications 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 reviewers) 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. Another requirement is that reports of accreditation and recognition events are public. Education providers must supply information to the GPhC to assist it in discharging its accreditation and recognition function.

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 new, independent Appeals Committee

The current methodology
The current methodology for accrediting MPharm degrees is quinquennial and based on the analysis of a critical self evaluation document. The document is the basis of a visit by a group of experts which produce a report recommending a course of action. We do not intend to remove the primary visit or the report from the proposed new methodology.

As well as periodic visits, schools of pharmacy are asked for an annual return about student numbers, staffing and funding. Currently, little is done with these data. We intend to integrate the annual return into the accreditation methodology to provide accreditors with an incremental profile of a school. The responsibility for confirming accreditation decisions was a responsibility of the RPSGB’s Education Committee. The GPhC will not have an Education Committee (but it will engage with academia and training providers on a regular basis), instead accreditation decisions will be the responsibility of the Registrar on advice from accreditors. The exception will be the refusal or withdrawal of accreditation, which is reserved to the GPhC’s Council.

Assurance or enhancement?
There is an inevitable tension in any standards checking process between assurance and enhancement. Assurance checks minimum standards; enhancement encourages improvement. Given that the Order requires the GPhC to judge ‘nature, content and quality’, more than assurance is required. The new methodology will, therefore, check minimum standards to ensure public safety but also comment on strengths and weaknesses to promote enhancement.

The new methodology in summary
Diagrammatically, the two methodologies can be summarised as:

Current methodology
The principal differences are the addition of a 3-year practice visit, the use of the annual data returns from schools of pharmacy as part of the evidence base for a visit and extending the accreditation cycle to six years from five. The practice visit has been added to address the requirement of the order to report to the GPhC’s Council on ‘nature, content and quality’. The current methodology is strong on reporting on content but less strong on nature and quality. The new methodology will address this by adding peer review of teaching and observation of placement visits to the analysis of documents, discussions with staff and students and the inspection of facilities. By observing activities that form part of the normal teaching schedule, there will be no significant additional burden on a school by the addition of the practice visit. The 3-year visit will also be an opportunity for the GPhC to review progress towards meeting conditions or considering recommendations made at a full visit.
Other quality measures in higher education

The GPhC’s proposed new methodology with complement but not duplicate the Quality Assurance Agency’s new quality check on higher education: institutional review. The outline of the new methodology was published for consultation on the 1st October 2010 and we note it 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. Another aspect of the new methodology we welcome is a greater reliance on a defined data set.

The standards

The standards against which providers will be measured are in the document *Future pharmacists: standards for the initial education and training of pharmacists*. There are 10 standards and an indicative syllabus. While there are input measures, because staffing and resources are important, we have moved away from an over reliance on inputs to an emphasis on outcomes: what students can actually do.

- 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
- Standards 6 & 7: Support and development for students, trainees, tutors and academic staff
- Standard 8: Management of initial education & training
- Standard 9: Resources and capacity
- Standard 10: Learning outcomes

Each standard includes criteria for meeting the standard, evidence required to meet the standard and guidance on meeting the standard.

The standards have been written in such a way that they can be used to develop a 4-year MPharm or a 5-year MPharm including pre-registration. The former is likely to predominate in the short and medium term.

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. We have emphasised the central role of pharmacists in the delivery of a degree and their role in mentoring non-pharmacist staff to help them orientate their contribution to pharmacy. This is to address a concern expressed frequently that some non-pharmacy staff teach without reference to the core discipline.
- *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.
• **Feedback from students:** We are considering whether a student submission should be added to the core data set and will be consulting on this.

• **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 it is becoming a mainstream activity, which is why we have included it.

• **Academic regulations:** Principally, our scrutiny of academic regulations will be to ensure that threshold standards are being maintained.

• **Practice/placement report**

• **Annual data return from schools**

We are confident that the internal data set will be readily available in most institutions. However, we have written the standards in such a way that evidence of change is required rather than evidence that a process exists.

**The steps of the new methodology**

• 6 months before the start of an academic year: The accreditation timetable for the following academic year is agreed

• Pre-visit minus 6 weeks: Self evaluation document is submitted electronically and in hard copy (x10). We are working towards electronic only submissions by 2013

• 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

• Main visit

• Main visit + 4 weeks: Report is sent to course provider and accreditors to comment on factual accuracy

• Main visit + 8 weeks: Agreed report is sent to Registrar for consideration

• Main visit + 10 weeks: Final version of report sent to course provider. Course provider asked to produce written response

• Main visit + 18 weeks: Final version of report and course provider’s response posted on GPhC’s website

• 4th year of accreditation: Pre-visit to agree teaching and placement observation schedule

• 4th year of accreditation: 3-year practice visit. 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 step-based approach to accrediting new schools of pharmacy. 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
This approach is in line with other equivalent healthcare regulators.

**Outcome 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 is graduated successfully.

Accreditation of a new MPharm degree may be refused, if it can be demonstrated that the standards are not being met or are unlikely to be met.

Accreditation of a new MPharm degree may be refused if a course provider fails to provide information and assistance to the GPhC.

Refusing accreditation is a decision made by the GPhC's Council.

*Existing MPharm degrees*

Normally, an established MPharm degree will be reaccredited for a period of six years, but where there is good reason to do so, accreditation may be for a lesser period.

If a serious concern arises through accreditation or by other means, an existing MPharm may be placed on probation. This will made public.

Accreditation of an established MPharm degree may be withdrawn, if it can be demonstrated that the standards are not being met or are unlikely to be met.

Accreditation of a new MPharm degree may be refused if a course provider fails to provide information and assistance to the GPhC.

Withdrawing accreditation is a decision made by the GPhC's Council.

*New & existing MPharm degrees*

The accreditation report is a developmental tool. As part of the accreditation process, conditions 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, in particular relating to the maintenance of academic standards.

**Appeals**

Appeals against accreditation decisions must be made to the GPhC's Appeals Committee, in the form and manner specified in the Pharmacy Order 2010.

**Other requirements**

Students taking a 4-year MPharm degree followed by pre-registration training and the Registration Assessment [Examination] or a 5-year MPharm degree including pre-registration training and the Registration Assessment. They 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.
Related documents

*Code of conduct for pharmacy students* [GPhC, 2010]
*Future pharmacists, standards for the initial education and training of pharmacists* [consultation draft; GPhC, 2010]
*Guidance on student fitness to practise in schools of pharmacy* [GPhC, 2010]
*Institutional review of higher education institutions in England and Northern Ireland* [consultation draft; QAA, 2010]
Consultation on standards for the education and training of pharmacists

4 November-4 February 2011
Foreword

As the new independent regulator for pharmacy, our objective is to ensure the health, safety and wellbeing of patients and members of the public who use pharmacies and the services of pharmacy professionals. Setting and promoting standards for the safe and effective practice of pharmacy is an important part of this work.

This consultation is about standards for the education and training of pharmacists. There are two standards:

*Future pharmacists: standards for the initial education and training of pharmacists* [for students/trainees studying in Great Britain]

and

*Education and training requirements for non-EEA pharmacists wanting to register in Great Britain.*
Consultation on standards for the education and training of pharmacists

About us

In 2010, the General Pharmaceutical Council (GPhC) replaced the Royal Pharmaceutical Society of Great Britain (RPSGB) as the regulator for pharmacists, pharmacy technicians and registered pharmacy premises. The protection of patients and the public is the GPhC’s first priority. We

- set standards for conduct, ethics, proficiency, education and training, and continuing professional development (CPD)
- maintain a register of pharmacists, pharmacy technicians and pharmacy premises
- monitor pharmacy professionals’ fitness to practise and deal firmly and fairly with complaints
- approve qualifications for pharmacists and pharmacy technicians
- set standards for pharmacy owners and superintendent pharmacists and inspect pharmacy premises.

Our standards development programme

The table below sets out the structure of our standards development programme

<table>
<thead>
<tr>
<th>Standards</th>
<th>Where we are now</th>
<th>Next steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct, Ethics and Performance</td>
<td>We have agreed these standards</td>
<td>Ongoing review of standards</td>
</tr>
<tr>
<td>Continuing Professional Development</td>
<td>We are consulting on interim standards</td>
<td>Development of long term standards</td>
</tr>
<tr>
<td>Owners, superintendent pharmacists and pharmacy professionals in positions of authority</td>
<td>We have agreed interim standards</td>
<td>Development of long term standards</td>
</tr>
<tr>
<td>Initial education and training of pharmacy technicians</td>
<td>We have agreed these standards</td>
<td>Ongoing review of standards</td>
</tr>
<tr>
<td>Initial education and training of pharmacists</td>
<td>This consultation</td>
<td></td>
</tr>
<tr>
<td>Proficiency</td>
<td>We will be consulting on these standards in 2011</td>
<td></td>
</tr>
</tbody>
</table>

Background to these standards

These standards relate to two routes to registration as a pharmacist. First, study and training in Great Britain:
Second, study and training for non-EEA pharmacists wanting to register in Great Britain:

**Standards for the initial education and training of pharmacists (MPharm degree and pre-registration)**

These standards are the result of a comprehensive development programme, started in 2007/8. RPSGB convened a group of independent, nominated experts to prepare an initial draft of standards for pharmacy education and training in Great Britain. For the first time standards for the MPharm degree and pre-registration training were considered together. The initial drafting group comprised:

- Professor David Mottram, Professor of Pharmacy Practice, Liverpool John Moores University
- Dr David Wright, Senior Lecturer in Pharmacy Practice, University of East Anglia
- Julie Sowter, representative of NHS Pharmacy Education & Development Pre-registration Specialist Group (national) and a regional pre-registration tutor in the hospital sector
- Carol Trower, - representative from Company Chemists Association (National Co-operative Chemists - national)
- Mair Davies, representative from Wales - expert in education/tutor/community
Education Standards for Pharmacists

- Professor Stephen Denyer, Head, Welsh School of Pharmacy, Deputy Pro-Vice Chancellor, Cardiff University
- Mahesh Sodha, representative from Board of Examiners and an independent community pharmacist
- Professor Terry Healey, Head, School of Pharmacy, Robert Gordon University
- Dr Paul Collier, - representative from Company Chemists Association (National Co-operative Chemists – national)
- Dr John Marriot, Head of Aston Pharmacy School,
- Steve Howard, Director of Training and Development Lloyds Pharmacy
- Stephen Peddie, representative from NHS Education for Scotland (Pharmacy)
- Professor Ijeoma Uchegbu, Professor of Pharmaceutical Nanoscience, School of Pharmacy, University of London

Drafting meetings were held late 2007- early 2009 and a document was produced. This was then shared with schools of pharmacy to gain pre-consultation feedback. In 2008 and 2009 the Department of Health and the Council for Healthcare Regulatory Excellence were responsible for drafting and consulting on education standards. Changes were made to the standards as a result of the CHRE consultation. By this time, the GPhC had been established in shadow form and its Council wished to reconsult on the standards in its own right. As a prelude to this consultation, schools of pharmacy were consulted again, as was the original drafting group. Future pharmacists: standards for the initial education and training of pharmacists is the result of that process.

Education and training requirements for non-EEA pharmacists wanting to register in Great Britain (Overseas Pharmacists’ Assessment Programme (OSPAP))

These standards are based on Future pharmacists and describe the requirements for an Overseas Pharmacists Assessment Programme (OSPAP). Because they are based clearly on another set of standards, the drafting process has been less extensive. In 2009 and 2010 a group of academics from universities offering OSPAPs was convened to modify Future Pharmacists for OSPAP use. The group was:

- Mr Mike Ellis-Martin, University of Brighton
- Dr Kay Wood, Aston University
- Dr Susanne Boyle, Robert Gordon University
- Ms Leila Neshat, University of Sunderland

Features of the new standards

Outputs not inputs

The current standards place a considerable emphasis on input measures, such as hours of study. Our experience is that this is not an indication of the quality of the student experience so we have moved away from inputs to outputs, principally what students and trainees have to
know and do. In doing this we are in line with most other equivalent regulators and are reflecting more current educational thinking.

**Question 1 [Future Pharmacists]**
*Are the 10 standards fit for purpose?*

**Question 2 [OSPAP standards]**
*Are the 10 standards fit for purpose?*

**Fitness to practice**

Since the current standards were written, there have been several important developments in relation to student and trainee fitness to practise. In 2009 a student code of conduct was introduced and in 2010 it became a requirement for all schools of pharmacy to have student fitness to practise procedures. In 2011 and after consultation we intend to introduce a code of conduct for pre-registration trainee pharmacists. These developments reflect a growing need for students and trainees to be fit to practise as students and trainees.

The most immediate impact of this increased emphasis on fitness to practise will be at admissions, to both the MPharm degree and pre-registration, where it is now a requirement that health and good character checks must be made.

**An integrated course**

There has been some confusion about the use of the term ‘integration’ in the new standards. We are using it to emphasise the important of linking elements of a course together so that the whole is greater than the sum of the parts. We do not mean that once the standards are introduced the MPharm degree must be integrated with pre-registration to form a five year course (although that may occur in time).

**Assessment and feedback**

We have placed a greater emphasis on assessment and feedback, specifically timely feedback. We have done this because there is clear evidence that it enhances the student experience (see Gibbs, G., *Dimensions of quality*, [www.hea.ac.uk](http://www.hea.ac.uk)).

**Question 3 [both documents]**
*Are we right to emphasise the importance of assessment and feedback?*

**Research**

We have removed an explicit requirement for a research project. This is not to downgrade the importance of research but to allow for greater flexibility. Our concern is that the student experience of research projects is variable, from single person research projects with multiple opportunities for supervision to group projects with little supervision (which some external examiners have claimed to be more akin to audit than research). The requirement for MPharm
teaching to be in a research environment and for students to engage with research methods remains. The logic in removing a project requirement is to allow schools to consider other ways in which students can engage meaningfully with research. However, schools may wish to retain projects and/or be more selective about who does a project (perhaps using student achievement as a basis for progress to particular sizes or types of project).

**Question 4 [Future pharmacists]**
**Do you agree with our position on research in the MPharm?**

**Learning outcomes**

As part of our move away from input measures to outputs, we have replaced some of the current content criteria with learning outcomes. To describe the level of achievement we have used Miller’s triangle:

```
Does
Show how
Knows how
Knows
```

Each learning outcome is assigned a level: knows, knows how, shows how or does. The meaning of the four levels is included in both standards documents.

**Question 5 [Future pharmacists]**
**Are the learning outcomes in Standard 10 set at the right level?**

**Question 6 [OSPAP standards]**
**Are the learning outcomes in Standard 10 set at the right level?**

**Evidence**

Under each standard is criteria for meeting the standard, evidence required for meeting the standards and guidance. We have been specific about evidence sources to help schools. It is important to note we have placed an emphasis on the outcomes of evaluation processes rather than the existence of processes. We hope this will make accreditation a synthetic, reflective process rather than a description of practice.
Education Standards for Pharmacists

Pharmacists

We have emphasised the central role of pharmacists (especially academic pharmacists) in the design and delivery of courses.

Indicative syllabus

After receiving feedback from academic colleagues we have included an indicative syllabus as a supporting, companion document to the standards.

Question 7 [Future pharmacists]
Is the indicative syllabus fit for purpose?

Question 8 [OSPAP standards]
Is the indicative syllabus fit for purpose?
Further information

For further information on the role and work of the General Pharmaceutical Council please visit

www.pharmacyregulation.org

How to respond to the consultation

We welcome your views and comments on all aspects of the proposals set out in this consultation. It could be that you agree or disagree with the proposals or it may be that you think there are better ways of achieving the stated aims and objectives. Finally, you may wish to identify new or different areas of concern.

To complete the consultation response form online, go to our website

www.pharmacyregulation.org/getinvolved/consultations/currentconsultation/index.aspx

Or you can use the response form at the end of this document. Please send your completed form to

e-mail standards@pharmacyregulation.org

address Education Standards Consultation, Consultation Response, General Pharmaceutical Council, 129 Lambeth Road, London, SE1 7BT

Responses must be received by 4 February 2011.

We will be holding consultation seminars too and if you would like to attend please contact Agostino Nieddu at the GPhC (tino.nieddu@pharmacyregulation.org). The seminars are:

- November 15th Public and patient involvement (PPI) event Edinburgh (venue to be confirmed)
- November 16th PPI event Cardiff (venue to be confirmed)
- November 17th Seminar Cardiff (Cardiff University)
- November 22nd Seminar London (GPhC headquarters)
- November 23rd PPI event London (GPhC headquarters)
- November 24th Seminar Belfast (Queens University)
- November 26th Seminar Glasgow (University of Strathclyde)
- November 29th Seminar Manchester (University of Manchester)
- November 30th PPI event Manchester (venue to be confirmed)

PPI events are 10-12.30, seminars will be 10-2.30.

Confidentiality of information

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).
We will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

**Comments on the consultation process itself**

If you have concerns or comments which you would like to make relating specifically to the consultation process itself please contact

**e-mail** info@pharmacyregulation.org

**address** Consultation process, General Pharmaceutical Council, 129 Lambeth Road, London, SE1 7BT

Please do not send consultation responses to this address.

**Report of this consultation**

A summary of the responses to this consultation will be made available within three months of the end of the live consultation and will be placed on our website.

After the close of the consultation, we will review the outcome and ensure that any necessary amendments are made to the standards prior to their coming into force.
Response to the consultation on the education standards for the General Pharmaceutical Council

To complete the consultation response form online, go to our website

www.pharmacyregulation.org/getinvolved/consultations/currentconsultation/index.aspx

Or you can use the response form at the end of this document. Please send your completed form to

e-mail standards@pharmacyregulation.org

address Draft Standards, Consultation Response, General Pharmaceutical Council. 129 Lambeth Road, London, SE1 7BT

Responses must be received by 4 February 2011.

Name

Contact address

Postcode

Contact telephone

Email

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The General Pharmaceutical Council will process your personal data in accordance with the DPA and, in the majority of circumstances, this will mean that your personal data will not be disclosed to third parties.

Please indicate all the countries to which your comments relate

☐ United Kingdom, Great Britain and/or England
☐ Scotland
☐ Wales
☐ Other (please give details)

Are you responding

As an individual

☐ as a pharmacy professional (please complete section A)
☐ as a member of the public
☐ as an allied health professional (please give details)

On behalf of an organisation
☐ on behalf of a pharmacy organisation (please complete section B)
☐ on behalf of a non-pharmacy organisation (please complete section C)

A. Pharmacy professionals

If you are responding as a pharmacy professional, please supply the following details

☐ Pharmacist
☐ Pharmacy technician

Area of work
☐ Academic
☐ Pre-registration education & training
☐ Community pharmacy
☐ Hospital pharmacy
☐ Primary care
☐ Pharmacy education and training
☐ Pharmaceutical industry
☐ More than one area / Other (please give details)

B. Pharmacy organisations

If you are responding on behalf of a pharmacy organisation, please supply the following details

Type of organisation
☐ Professional body
☐ Regulatory body
☐ Education and training provider
☐ Employer
☐ Union
☐ Trade body
☐ Other (please give details)

Area of work
☐ Academia
☐ Community pharmacy
☐ Hospital pharmacy
☐ Primary care
☐ Pharmacy education and training
☐ Pharmaceutical industry
☐ More than one area / Other (please give details)

C. Non-pharmacy organisations

If you are responding on behalf of a non-pharmacy organisation, please supply the following details
**Type of organisation**
- [ ] Professional body
- [ ] Representative body
- [ ] Regulatory body
- [ ] University
- [ ] Education and training provider
- [ ] Employer
- [ ] Union
- [ ] Trade body
- [ ] Other (please give details)
Questions

We are particularly interested in your views on the following points, although we welcome comments on any issues that you wish to raise in the relation to the draft standards

Question 1 [Future Pharmacists]

Are the 10 standards fit for purpose?

☐ Yes
☐ No
☐ Unsure

Comments

Question 2 [OSPAP standards]

Are the 10 standards fit for purpose?

☐ Yes
☐ No
☐ Unsure

Comments

Question 3 [both documents]

Are we right to emphasise the importance of assessment and feedback?

☐ Yes
☐ No
☐ Unsure

Comments

Question 4 [Future pharmacists]

Do you agree with our position on research in the MPharm?

☐ Yes
☐ No
☐ Unsure

Comments

Question 5 [Future pharmacists]

Are the learning outcomes in Standard 10 set at the right level?
Question 6 [OSPAP standards]
Are the learning outcomes in Standard 10 set at the right level?

☐ Yes  ☐ No  ☐ Unsure

Comments

Question 7 [Future pharmacists]
Is the indicative syllabus fit for purpose?

☐ Yes  ☐ No  ☐ Unsure

Comments

Question 8 [OSPAP standards]
Is the indicative syllabus for purpose?

☐ Yes  ☐ No  ☐ Unsure

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

4 November 2010-4 February 2011
Foreword

As the new independent regulator for pharmacy, our objective is to ensure the health, safety and wellbeing of patients and members of the public who use pharmacies and the services of pharmacy professionals. Setting and promoting standards for the safe and effective practice of pharmacy is an important part of this work.

This consultation is about a new accreditation methodology for courses leading to registration and annotation as a pharmacist in Great Britain.

About us

In September 2010, the General Pharmaceutical Council replaced the Royal Pharmaceutical Society of Great Britain as the regulator for pharmacists, pharmacy technicians and registered pharmacy premises. The protection of patients and the public is our first priority.

We

- set standards for conduct, ethics, proficiency, education and training, and continuing professional development (CPD)
- maintain a register of pharmacists, pharmacy technicians and pharmacy premises
- monitor pharmacy professionals’ fitness to practise and deal firmly and fairly with complaints
- approve qualifications for pharmacists and pharmacy technicians
- set standards for pharmacy owners and superintendent pharmacists and inspect pharmacy premises
- accredit courses leading to registration and annotation
Background to the consultation

Accreditation & recognition

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.

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)
- Foundation degrees in pharmacy leading to entry to an MPharm
- Pharmacy support staff courses

The GPhC recognizes the following courses:

- Knowledge qualifications for pharmacy technicians
- Competence qualifications for pharmacy technicians

This document focuses on the core accreditation methodology - for MPharm degrees delivered in Great Britain. Other methodologies are derivatives of this one.

New education standards for pharmacists

We are consulting on two sets of education standards at the same time as the new accreditation methodology. The standards are:

Future pharmacists: standards for the initial education and training of pharmacists in Great Britain (MPharm degree and pre-registration standards)

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 for meeting the standards, required evidence and advice on meeting the standard. These documents can be downloaded from our website.

Legal requirements

The legal basis on which the GPhC accredits and recognizes courses is the Pharmacy Act 2010. In particular ‘visitors’ (accreditors and recognisers) must report to the GPhC’s Council on the ‘nature, content and quality’ of provision as well as ‘such other matter...as the Council may require’.
Nature, content and quality

Definitions *(Oxford English Dictionary)*

- **Nature:** ‘the basic or inherent features, qualities of a person or thing’
- **Content:** ‘the things that are contained in things’
- **Quality:** ‘the standard of something as measured against other things of a similar kind’, ‘a distinctive attribute or characteristic’

We have reflected on the current methodology used for accrediting courses and we have concluded that while it tests content well, there is less of an emphasis on nature and quality. In the context of a course we take that to mean its philosophy and coherence as well as its delivery. Our revisions to the methodology have been to shift the balance of the process away from an emphasis on content towards a balance between nature, content and quality. The methodology is spelt out in detail in *The accreditation of pharmacy courses leading to registration and annotation in Great Britain*, the document on which we are consulting.

Comparing the current and proposed methodologies

*Current methodology*

![Current methodology diagram]

1. **Pre-visit**
2. **Report**
3. **Main visit**
4. **Submit document**
5. **Education Committee**
6. **Revisit in five years**
New methodology

The principal differences are the addition of a 3-year practice visit and extending the accreditation cycle to six years from five. Our reason for adding a practise/placement visit is to gather direct data on course delivery to support our conclusions about quality. The additional visit will be light touch, will not be a significant additional burden on course providers and should not be intrusive. Little additional documentation will be needed.

Question 1: Does the proposed methodology address the requirement to report on the ‘nature, content and quality’ of provision?

Question 2: Do you agree that a practice/placement visit will strengthen our ability to report on the quality of provision?

Question 3: Do you agree that the accreditation cycle can be extended from five years to six because of the additional practice/placement visit?

Other data sources

As well as data gathered through accreditation, we require schools of pharmacy to provide us with an annual return containing information on student numbers, pass rates, resources and, from 2010/2011 student fitness to practice data. Historically that data has not been used to particularly good effect. We intend to integrate it into the accreditation process as a means of building up a more dynamic picture of providers. We feel that monitoring resources closely in a financially strained climate will be important.

Assurance versus enhancement

We have reflected on the purpose of accreditation, specifically whether it should be an assurance-led process, an enhancement-led process or a mixture of the two. Given that our reporting requirements relate to nature, content and quality, an assurance only process is not adequate and enhancement elements should be included. We note that this is the approach taken by other healthcare regulators and, most recently, by the Quality Assurance Agency in its recent consultation document *Institutional

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

**Student involvement in accreditation**

As part of the current accreditation process, student feedback on course is reviewed and we meet with students during an accreditation visit. We are considering adding a written student evaluation to the documents required for a full accreditation event. A student self evaluation would be submitted in advance at the same time as the institution’s self evaluation.

To achieve this we would write clear guidelines for students to follow and would also train them. The most obvious way of generating a student document would be to work with the BPSA committee in each school.

**Question 5: Do you agree that we should include a requirement for a written student evaluation to the documents required for an accreditation submission?**
Further information

For further information on the role and work of the General Pharmaceutical Council please visit

www.pharmacyregulation.org

How to respond to this consultation

We welcome your views and comments on all aspects of the proposals set out in this consultation. It could be that you agree or disagree with the proposals or it may be that you think there are better ways of achieving the stated aims and objectives. Finally, you may wish to identify new or different areas of concern.

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e-mail standards@pharmacyregulation.org

address Accreditation Methodology Consultation, Consultation Response, General Pharmaceutical Council, 129 Lambeth Road, London, SE1 7BT

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address Accreditation consultation process, General Pharmaceutical Council, 129 Lambeth Road, London, SE1 7BT

Please do not send consultation responses to this address.
Report of this consultation

A summary of the responses to this consultation will be made available within three months of the end of the live consultation and will be placed on our website.

After the close of the consultation, we will review the outcome and ensure that any necessary amendments are made to the standards prior to their coming into force.
Consultation response

Are you responding

As an individual?
☐ as a pharmacy professional (please complete section A)
☐ as a member of the public
☐ as an allied health professional (please give details)

On behalf of an organization?
☐ on behalf of a pharmacy organisation (please complete section B)
☐ on behalf of a non-pharmacy organisation (please complete section C)

D. Pharmacy professionals

If you are responding as a pharmacy professional, please supply the following details

☐ Pharmacist
☐ Pharmacy technician

Area of work
☐ Academia
☐ Community pharmacy
☐ Hospital pharmacy
☐ Primary care
☐ Pharmacy education and training
☐ Pharmaceutical industry
☐ More than one area / Other (please give details)

E. Pharmacy organisations

If you are responding on behalf of a pharmacy organisation, please supply the following details

Type of organisation
☐ Professional body
☐ Regulatory body
☐ Education & training body
☐ Employer
☐ Union
☐ Trade body
☐ Other (please give details)

Area of work
☐ Academia
☐ Community pharmacy
☐ Hospital pharmacy
F. Non-pharmacy organisations

If you are responding on behalf of a non-pharmacy organisation, please supply the following details

Type of organisation
☐ Professional body
☐ Representative body
☐ Regulatory body
☐ University
☐ Education and training provider
☐ Employer
☐ Union
☐ Trade body
☐ Other (please give details)
Question 1: Does the proposed methodology address the requirement to report on the ‘nature, content and quality’ of provision?

☐ Yes  ☐ No  ☐ Unsure

Please explain your answer

Question 2: Do you agree that a practice/placement visit will strengthen our ability to report on the quality of provision?

☐ Yes  ☐ No  ☐ Unsure

Please explain your answer

Question 3: Do you agree that the accreditation cycle can be extended from five years to six because of the additional practice/placement visit?

☐ Yes  ☐ No  ☐ Unsure

Please explain your answer

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

☐ Yes  ☐ No  ☐ Unsure

Please explain your answer

Question 5: Do you agree that we should include a requirement for a written student evaluation to the documents required for an accreditation submission?

☐ Yes  ☐ No
☐ Unsure

Please explain your answer

Any other comments
## Accreditation & recognition risk matrix – January 2010

<table>
<thead>
<tr>
<th>Action</th>
<th>Risks</th>
<th>Mitigation</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal of accreditation or recognition</td>
<td>Will be appealed by provider</td>
<td>Only withdraw when absolutely necessary and on the basis of sound evidence</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Provider placed on probation</td>
<td>May be appealed by provider</td>
<td>Only place on probation when absolutely necessary and on the basis of sound evidence</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Appeal against withdrawal of accreditation or recognition</td>
<td>Certain to occur. Reputational risk if appeal is upheld.</td>
<td>Only withdraw when absolutely necessary and on the basis of sound evidence</td>
<td>5</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Appeal against imposition of probation</td>
<td>May occur. Reputational risk if appeal is upheld</td>
<td>Only place on probation when absolutely necessary and on the basis of sound evidence</td>
<td>3</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Other challenges: procedural irregularity</td>
<td>Unlikely to occur.</td>
<td>Ensure procedures are always followed</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other challenges: conflict of interest</td>
<td>Unlikely to occur but providers have raised queries about conflicts in the past</td>
<td>Ensure potential conflicts are identified and dealt with</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Introduction of new education standards</td>
<td>Standards are rejected by providers or delayed</td>
<td>Consultation has been extensive and the standards should not be a surprise to providers</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
## Accreditation & recognition risk matrix – October 2010

<table>
<thead>
<tr>
<th>Action</th>
<th>Risks</th>
<th>Mitigation</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal of accreditation or recognition</td>
<td>Will be appealed by provider. More likely than before due to public spending cuts</td>
<td>Only withdraw when absolutely necessary and on the basis of sound evidence – accreditation must address the reporting requirements of the Order</td>
<td>3</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Provider placed on probation</td>
<td>May be appealed by provider. More likely than before due to public spending cuts</td>
<td>Only place on probation when absolutely necessary and on the basis of sound evidence</td>
<td>4</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Appeal against withdrawal of accreditation or recognition</td>
<td>Certain to occur. Reputational risk if appeal is upheld.</td>
<td>Only withdraw when absolutely necessary and on the basis of sound evidence</td>
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<tr>
<td>Appeal against imposition of probation</td>
<td>May occur. Reputational risk if appeal is upheld</td>
<td>Only place on probation when absolutely necessary and on the basis of sound evidence</td>
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<tr>
<td>Other challenges: procedural irregularity</td>
<td>Unlikely to occur</td>
<td>Ensure procedures are always followed</td>
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<td>Other challenges: conflict of interest</td>
<td>Unlikely to occur but providers have raised queries about conflicts in the past</td>
<td>Ensure potential conflicts are identified and dealt with</td>
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<tr>
<td>Withdrawal of accreditation or recognition</td>
<td>Students claim GPhC has not used its ‘best endeavours’ to give them the ‘opportunity to attend an approved course at an approved institution...’ after</td>
<td>Ensure that ‘best endeavours’ are made</td>
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<tr>
<td>Accreditation methodology has no practice/placement visits</td>
<td>Accreditation methodology has no visits at all</td>
<td>Introduction of new education standards</td>
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<tr>
<td>Reporting requirements of Order are not met. Inadequate evidence base</td>
<td>Reporting requirements of Order are not met. Inadequate evidence base</td>
<td>Standards are rejected by providers or delayed</td>
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<tr>
<td>Add practice/placement visits</td>
<td>Continue with visits</td>
<td>Consultation has been extensive and the standards should not be a surprise to providers</td>
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### Key

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<th>Moderate</th>
<th>Unlikely</th>
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