General Pharmaceutical Council

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

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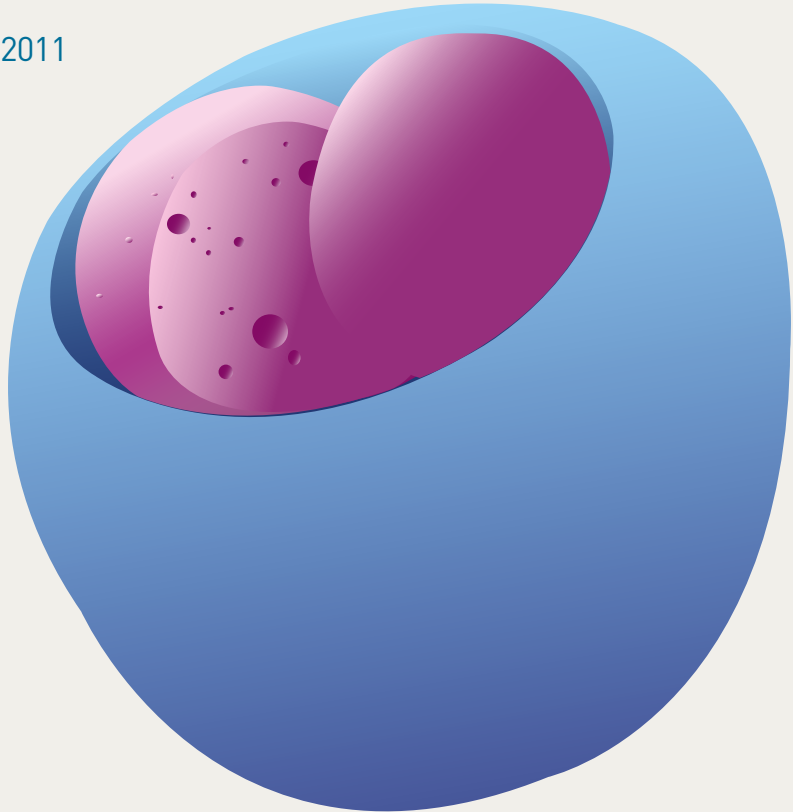


Contents

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

This document provides schools of pharmacy[1] with the standards for the education and training of non-European Economic Area (EEA) pharmacists wanting to register in Great Britain.

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

This document may also be of interest to prospective and current non-EEA pharmacists studying in Great Britain and those involved in the initial education and training of pharmacists, pharmacy professionals and members of the public.

1 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.

About us

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

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

Our principal functions include:

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

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

Introduction

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 (an examination); and
- successful health, good character and identity checks immediately prior to registration.

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

OSPAPs forming part of master's degrees

OSPAPs are postgraduate diplomas at master's level and can form part of full master's degrees. In the case of pharmacy this would normally be an MSc. Where this is the case, only the OSPAP component of the degree will be accredited. Formal degree documents must make it clear that the degree includes an OSPAP, even if the postgraduate diploma is not awarded separately. Such degrees will be accepted as part of the education and training requirements for non-EEA pharmacists wanting to register in Great Britain.

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.

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 (the National Recognition Information Centre for the United Kingdom);
- 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 still wish to do so.

The GPhC will set fees for adjudication.

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 that they always practise 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 practise mechanisms apply to them. All schools of pharmacy must have fitness to practise procedures to deal with student causes for concern;
- undergo required health and good character checks;
- understand that it is an offence to impersonate a pharmacist. Pharmacists are registrants of 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 also 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 the health, conduct or performance of students with appropriate people. 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 practise policies and procedures must be introduced to students as developmental tools as well as instruments of public protection.

Note

1.10 This standard should be read in conjunction with the GPhC's *Guidance on student fitness to practise procedures in schools of pharmacy* (2010), which has further guidance on what constitutes student fitness to practise.

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 and 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:

- integrated evaluations of an OSPAP (by integrated we mean evaluations which look at all aspect of provision);
- 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;
- GPhC accreditation reports and annual data return;
- 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 integrated 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 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. It is a requirement of The Pharmacy Order 2010 that course providers assist the GPhC in its work by providing information on request.

2.8 Universities raise relevant issues proactively with the GPhC.

Standard 3 – Equality, diversity and fairness

Standard

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

Criteria 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 and are updated as necessary.

Guidance on meeting this standard

3.6 This standard is intended to ensure that applicants are not treated unfairly on grounds of:

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;

- sex;
- sexual orientation;
- other forms of discrimination.

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

3.7 Equality and diversity awareness should be an integral part of an OSPAP.

Standard 4 – Selection of students

Standard

4 Selection processes must be open and fair and comply with relevant legislation. Processes must ensure that 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 above 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 the additional costs associated with making an application.

4.9 It must be made clear to students 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 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 outcomes in Standard 10. Most importantly, curricula must ensure that students practise safely and effectively. To ensure this, pass criteria must describe safe and effective practice.

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 which requires students to conduct themselves professionally.

5.4 An OSPAP must be delivered in an environment informed by research. This means that whether or not all staff are engaged in research, their teaching must be informed by current research.

5.5 An OSPAP teaching and learning strategy must set out how students will achieve the 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 OSPAP curriculum must include practical experience of working with patients, carers and other healthcare professionals. We are not suggesting that off-site placement visits are the only way to achieve this. Schools should articulate their strategy for meeting this criterion, which may include off-site placement visits, using patients, carers and other healthcare professionals in-class, and simulations.

5.7 There must be a clear assessment strategy for the OSPAP. Assessment methods must measure the outcomes in Standard 10.

5.8 The OSPAP assessment strategy should include:

- diagnostic assessments;
- formative assessments;
- summative assessments;
- timely feedback.

5.9 Academic regulations must be appropriate for a postgraduate qualification that is both academic and professional and which 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 re-sit 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.

5.10 Marking criteria must be used for all assessments and all pass criteria must reflect 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 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

5.13 Evidence sources include:

- an OSPAP teaching and learning strategy;
- OSPAP assessment strategy;
- academic regulations;
- OSPAP external examiners' reports;
- reports of OSPAP accreditation visits;

- internal university quality management reports;
- Registration Examination progression data.

5.14 The required evidence includes:

- 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 current research on course design;
- evidence that assessment pass criteria reflect 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 Assessment progression data has been used to inform course design.

Note that the evidence listed 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

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

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

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

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

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

5.20 Where appropriate, reasonable adjustments should be made to curriculum delivery to help students with special and specific needs meet outcomes. Teaching, learning and assessment can be modified for this purpose but outcomes cannot.

Standard 6 – Support and development for students

Standard

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

Criteria to meet this standard

6.1 A range of mechanisms must be in place to support students as learners and professionals.

Evidence required for meeting this standard

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

Guidance on meeting this standard

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. There may be a possibility that an interim award such as a postgraduate certificate could be made.

Standard 7 – Support and development for academic staff

Standard

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

Criteria to meet this standard

7.1 There must be a range of mechanisms in place to support anyone delivering an OSPAP to develop in their professional role.

7.2 Induction programmes are provided for tutors and university staff as appropriate. There should also be 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;
- continuing professional development opportunities.

Evidence required for meeting this standard

7.4 Evidence that staff appraisal systems address performance issues (anonymised).

7.5 Evidence that staff development systems affect course delivery.

Guidance on meeting this standard

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

7.7 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.

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 self-study;

- student attendance, particularly minimum requirements and what is compulsory;
- mechanisms to ensure that 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 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 – registrants of the GPhC – 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;
  - 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 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;
  - 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 relevance of their work to pharmacy;
  - 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 includes:

- evidence that there are mechanisms for securing sufficient levels of resource to deliver an OSPAP to the required standard;
- evidence that the staffing profile can support the delivery of the course and the student experience;
- evidence that the staffing profile includes pharmacists who are leaders in the profession, the school and their university, who can influence school and university policy relevant to pharmacy;
- evidence that the staffing profile includes non-pharmacists who can influence school and university policy relevant to pharmacy;
- evidence that there are career structures for all categories of staff, including practice staff;
- evidence that the staffing profile includes a critical mass of pharmacists sufficient to ensure that the course is focused on the profession of pharmacy in Great Britain;
- 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 that their contribution to an accredited course is orientated to pharmacy in Great Britain;

- evidence that learning resources are fit for purpose;
- evidence that accommodation and facilities are fit for purpose.

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 learning environments must support students to 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 practises as a pharmacist or a pharmacy technician if, whilst acting in the capacity of or purporting to be a pharmacist or a 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.' (The 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 does not have a non-practising registration category. Membership of other organisations is not equivalent to registration as a pharmacist.

Standard 10 – Outcomes

Outcomes for non-EEA pharmacists wanting to register in Great Britain

10.1 Expectations of a pharmacy professional

Outcomes		OSPAP	Pre-reg*
Note: Not all outcomes will be met on an OSPAP. In designing a course, providers make a judgement about which outcomes will have been met previously by their students, who will have trained to be pharmacists outside the EEA.			
a.	Recognise ethical dilemmas and respond in accordance with relevant codes of conduct	**Shows how**	**Does**
b.	Recognise the duty to take action if a colleague's health, performance or conduct is putting patients or the public at risk	**Knows how**	**Knows how**
c.	Recognise personal health needs, consult and follow the advice of a suitability qualified professional, and protect patients or the public from any risk posed by personal health	**Does**	**Does**
d.	Apply the principles of clinical governance in practice	**Knows how**	**Does**
e.	Demonstrate how the science of pharmacy is applied in the design and development of medicines and devices	**Shows how**	**Knows how**
f.	Contribute to the education and training of other members of the team, including peer review and assessment	**Shows how**	**Does**

*Pre-registration training (for reference only).

Outcomes	OSPAP	Pre-reg*
g. Contribute to the development of other members of the team through coaching and feedback	**Knows how**	**Shows how**
h. Engage in multidisciplinary team working	**Knows how**	**Does**

10.2 The skills required in practice

10.2.1 Implementing health policy

Outcomes	OSPAP	Pre-reg*
a. Promote healthy lifestyles by facilitating access to and understanding of health promotion information	**Shows how**	**Does**
b. Access and critically evaluate evidence to support safe, rational and cost-effective use of medicines	**Shows how**	**Does**
c. Use the evidence base to review current practice	**Shows how**	**Shoes how**
d. Apply knowledge of current pharmacy-related policy to improve health outcomes	**Shows how**	**Shoes how**
e. Collaborate with patients, the public and other healthcare professionals to improve patient outcomes	**Knows how**	**Does**
f. Play an active role with public and professional groups to promote improved health outcomes	**Knows how**	**Knows how**

*Pre-registration training (for reference only).

Outcomes		OSPAP	Pre-reg*
g.	Contribute to research and development activities to improve health outcomes	**Knows how**	**Knows how**
h.	Provide evidence-based medicines information	**Shows how**	**Does**
i.	Respond appropriately to medical emergencies, including provision of first aid	**Knows how**	**Shows how**

10.2.2 Validating therapeutic approaches and supplying prescribed and over-the-counter medicines

Outcomes		OSPAP	Pre-reg*
a.	Identify and employ the appropriate diagnostic or physiological testing techniques in order to promote health	**Knows how**	**Shows how**
b.	Identify inappropriate health behaviours and recommend suitable approaches to interventions	**Shows how**	**Does**
c.	Instruct patients in the safe and effective use of their medicines and devices	**Shows how**	**Does**
d.	Analyse prescriptions for validity and clarity	**Shows how**	**Does**
e.	Clinically evaluate the appropriateness of prescribed medicines	**Shows how**	**Does**
f.	Provide, monitor and modify prescribed treatment to maximise health outcomes	**Shows how**	**Does**

*Pre-registration training (for reference only).

Outcomes		OSPAP	Pre-reg*
g.	Communicate with patients about their prescribed treatment	**Shows how**	**Does**
h.	Optimise treatment for individual patient needs in collaboration with the prescriber	**Shows how**	**Does**
i.	Record, maintain and store patient data	**Shows how**	**Does**
j.	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.	**Shows how**	**Does**

10.2.3 Ensuring that safe and effective systems are in place to manage the risk inherent in the practice of pharmacy and the delivery of pharmaceutical services

Outcomes		OSPAP	Pre-reg*
a.	Ensure quality of ingredients to produce medicines and products	–	**Shows how**
b.	Apply pharmaceutical principles to the formulation, preparation and packaging of products	**Shows how**	**Shows how**
c.	Use pharmaceutical calculations to verify the safety of doses and administration rates	**Does**	**Does**
d.	Develop quality management systems including maintaining appropriate records	**Shows how**	**Shows how**

*Pre-registration training (for reference only).

Outcomes		OSPAP	Pre-reg*
e.	Manage and maintain quality management systems including maintaining appropriate records	**Shows how**	**Does**
f.	Procure and store medicines and other pharmaceutical products working within a quality assurance framework	**Knows how**	**Does**
g.	Distribute medicines safely, legally and effectively	**Knows how**	**Does**
h.	Dispose of medicines safely, legally and effectively	**Knows how**	**Does**
i.	Manage resources in order to ensure work flow and minimise risk in the workplace	**Knows how**	**Shows how**
j.	Take personal responsibility for health and safety	**Knows how**	**Does**
k.	Work effectively within teams to ensure that safe and effective systems are being followed	**Knows how**	**Does**
l.	Ensure the application of appropriate infection control measures	**Shows how**	**Does**
m.	Supervise others involved in service delivery	**Knows how**	**Does**

*Pre-registration training (for reference only).

Outcomes		OSPAP	Pre-reg*
n.	Identify, report and prevent errors and unsafe practice	**Shows how**	**Does**
o.	Procure, store and dispense and supply veterinary medicines safely and legally	**Knows how**	**Knows how**

10.2.4 Working with patients and the public

Outcomes		OSPAP	Pre-reg*
a.	Establish and maintain patient relationships while identifying patients' desired health outcomes and priorities	**Shows how**	**Does**
b.	Obtain and record relevant patient medical, social and family history	**Shows how**	**Does**
c.	Identify and employ the appropriate diagnostic or physiological testing techniques to inform clinical decision-making	**Knows how**	**Shows how**
d.	Communicate information about available options in a way which promotes understanding	**Shows how**	**Does**
e.	Support the patient in choosing an option by listening and responding to their concerns and respecting their decisions	**Shows how**	**Does**
f.	Conclude consultation to ensure a satisfactory outcome	**Shows how**	**Does**

*Pre-registration training (for reference only).

Outcomes		OSPAP	Pre-reg*
g.	Maintain accurate and comprehensive consultation records	**Shows how**	**Does**
h.	Provide accurate written or oral information appropriate to the needs of patients, the public or other healthcare professionals	**Shows how**	**Does**

10.2.5 Maintaining and improving professional performance

Outcomes		OSPAP	Pre-reg*
a.	Demonstrate the characteristics of a prospective professional pharmacist as set out in relevant codes of conduct and behaviour	**Does**	**Does**
b.	Reflect on personal and professional approaches to practice	**Does**	**Does**
c.	Create and implement a personal development plan	**Does**	**Does**
d.	Review and reflect on evidence to monitor performance and revise professional development plan	**Does**	**Does**
e.	Participate in audit and in implementing recommendations	**Knows how**	**Shows how**
f.	Contribute to identifying the learning and development needs of team members	**Knows how**	**Does**

*Pre-registration training (for reference only).

Outcomes		OSPAP	Pre-reg*
g.	Contribute to the development and support of individuals and teams	**Knows how**	**Does**
h.	Anticipate and lead change	**Knows how**	**Shows how**

*Pre-registration training (for reference only).

Context

10.3 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 science principles, method and knowledge;
- understand and apply population and improvement science principles, method and knowledge.

10.4 The outcomes defined in this section are practical and describe safe and effective pharmacy practice. 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.

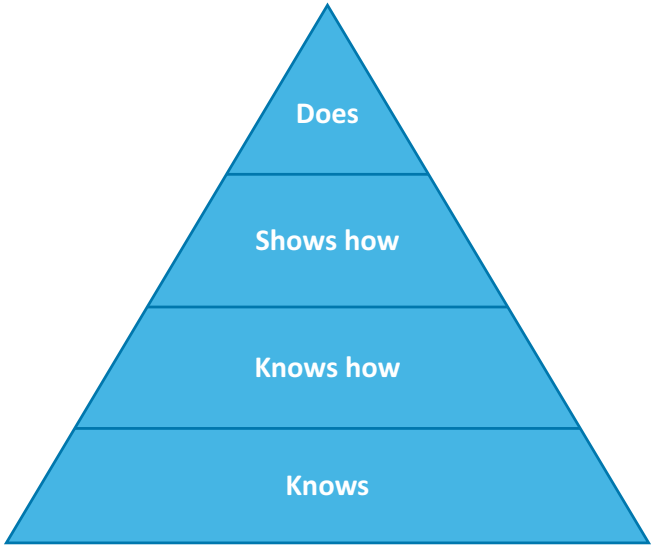
10.5 The practice of pharmacy requires pharmacists to make decisions in complex and unpredictable situations, sometimes in the absence of complete data. Pharmacists need to communicate with patients and the public clearly; often they will need to explain complicated ideas in a way that is understandable to patients and carers. Equally, pharmacists need to understand the complexities of patients' circumstances insofar as they are relevant to their use of medicines or other behaviours relevant to personal health and wellbeing.

10.6 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 (QAA)).

10.7 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.

Describing and assessing learning outcomes

10.8 The outcome levels in Standard 10 have been derived from a competence and assessment hierarchy, known as Miller's triangle. Although Miller developed the triangle for clinical work, it can be applied to science too.



Source: Miller, G.E. (1990) The assessment of clinical skills/competence/performance. *Acad Med* 65: 563–7.

10.9 As what is being assessed at each of the four levels is different, the assessment types associated with the levels 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 multiple choice questions.
- **Level 2 – Knows how.** Context-based tests – knows how to use knowledge and skills. Assessments may include essays, oral examinations, multiple choice questions and laboratory books.
- **Level 3 – Shows how.** A student 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 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

10.10 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 inter-professional 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 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 such as pharmacist continuing professional development;
- opportunities for students to develop specialist knowledge, for example veterinary/industrial pharmacy or recent advances in science relevant to pharmacy.

10.11 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 and learning and assessment

10.12 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 outcomes in this standard. Ensuring this will be a central feature of our quality assurance processes.

Devolution

10.13 The GPhC's register covers Great Britain. By country of residence the split is 80%+ in England, 10% in Scotland, 5% in Wales, with the remainder overseas. As students may work in any country, they must be made aware of the similarities and differences in the provision of healthcare in the countries of Great Britain.

Appendix 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

- (Bio)Analytical principles and methods
  - pharmaceutical analytical instrumentation
  - scope and limitations of analytical techniques
  - advanced instrumental methods
  - drug identification
- Drug design and discovery
  - drug targets
  - structure: activity relationships
  - molecular modelling
- Cell and molecular biology
  - prokaryotic and eukaryotic cell structure and function
  - major cell components
  - cell signalling
  - membrane transport

  - cell biochemistry: biosynthetics and metabolism
  - cellular genetics
- Microbiology
  - classification and identification
  - bacteria, fungi, viruses, protozoa, helminths
  - replication
  - pathogenicity and virulence
  - zoonoses
- Immunology
  - transplantation
  - vaccination
  - diagnostics
- Pharmaceutical chemistry
  - chemical structure, bonding and nomenclature
  - chemical functional groups and reactivity
  - drug synthesis
  - thermodynamics and chemical kinetics
  - physicochemical properties of drug molecules
  - sources and purification of medicinal substances, including natural products

Pharmacology, pharmacokinetics and pharmacodynamics

- Contraindications, adverse reactions and drug interactions
- Absorption, distribution, metabolism and excretion (ADME)

- Pharmacokinetic modelling
- Bioavailability and bioequivalence
- 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 and engineering science

- Biotechnology
  - biotechnological use of microorganisms
  - recombinant DNA technology
  - transgenic animals
  - tissue engineering
- Manufacturing methods
- Quality assurance processes, including raw materials and products
- Sterilisation and asepsis
- Environmental control in manufacturing

Formulation and material science

- Materials used in formulations and devices
- Dosage forms
- Formulation principles

- Biopharmaceutics, developmental pharmaceutics, pre-formulation and formulation studies
- Design and standardisation of medicines
- Microbiological contamination
- Contamination control
- Product stability
- Medical devices

A1.2 How people work

Normal and abnormal structure and function

- Nutrition
- Anatomy and physiology
  - physiological regulation and homeostasis
  - neural communication and control
  - clinical immunology: autoimmune disease; hypersensitivity reactions
- Pathology
- Infectious diseases and infective processes
- Wound repair

Sociology

- Social and behavioural science
- Drug misuse
- Drugs in sport

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: the National Health Service in all of Great Britain, including the NHS, NHS Scotland and NHS Wales; the Department of Health, Scottish Government Health Department and Welsh Assembly Government Department for Health and Social Services; government priorities
- Other professionals
- Healthcare systems
- Veterinary pharmacy

Evidence-based practice

- Health information systems/resources
- Health policy and (pharmaco)economics
- Health-related quality of life
- Pharmacovigilance

Professional regulation

- Legislation
- Professional ethics and fitness to practise
- Sale and supply of medicines
- Continuing professional development
- 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 and 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
- Therapeutic drug monitoring

Workplace regulation

- Health and 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 (including research methods)

Critical appraisal

- Audit and learning from errors
- Analysis of evidence
- Evaluation of the literature

Problem solving

- Study skills
- Team-working skills
- Integrating knowledge from multiple sources

Clinical decision-making

- Leadership skills

Accurate record keeping

Reflective practice (including continuing professional development)

Effective communication

- Interpersonal skills
- Medical terminology

Interpret and interrogate clinical/scientific data

Analyse and use numerical data

Pharmaceutical numeracy

Literature searching

A1.5 Attitudes and values

See the *Code of conduct for pharmacy students* (2010) and *Standards of conduct, ethics and performance* (2010).

Appendix 2 – European requirements for the initial education and training of pharmacists

Directive 2005/36/EC of 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 Annex V.6. – Pharmacist, 5.6.1 Course of training for pharmacists.

Appendix 3 – OSPAPs and national and European requirements for master's level qualifications

The UK is a signatory to the Bologna Declaration. The Declaration produced a number of common actions which have been designed to harmonise higher education qualifications across Europe. Because it is a signatory, the UK has agreed to operate a degree system including bachelor's, master's 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 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 of Qualifications for the European Higher Education Area*;
- the Quality Assurance Agency's *Framework for higher education qualifications in England, Wales and Northern Ireland*;
- the Scottish Credit and Qualifications Framework Partnership's *Scottish Credit and Qualifications Framework*.

Framework for Higher Education Qualifications in England, Wales and Northern Ireland

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.

Appendix 4 – Sites for pharmacist pre-registration training

Pre-registration training may take place on any site approved by the GPhC. These include:

- 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;
- registered pharmacies engaged solely in the supply of animal and agricultural products.

At least 26 weeks of the 52 weeks of pre-registration training must be patient-facing.

Further information

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*.

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 of Pharmacy Technician programmes (General Pharmaceutical Council (GPhC), 2011)

Clear sexual boundaries between healthcare professionals and patients: guidance for fitness to practise panels (Council for Healthcare Regulatory Excellence (CHRE), 2008)

Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals (CHRE, 2008)

Code of conduct for pharmacy students (GPhC, 2010)

Code of Practice for the assurance of academic quality and standards in higher education (Quality Assurance Agency (QAA), 2004–10)

Dimensions of quality (Gibbs, G., Higher Education Academy, 2010, www.hea.ac.uk/assets/documents/evidence_informed_practice/Dimensions_of_Quality.pdf)

Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications

Fitness to practise procedures for pharmacy students in UK universities: a literature review (Schafheutle, E.I. et al. on behalf of the Royal Pharmaceutical Society of Great Britain (RPSGB), 2009)

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

Framework of Qualifications for the European Higher Education Area (www.ond.vlaanderen.be/hogeronderwijs/bologna/qf/overarching.asp)

From pharmacy education into pre-registration training (Willis, S. et al., Centre for Pharmacy Workforce Studies (CPWS), The Workforce Academy, School of Pharmacy and Pharmaceutical Sciences, University of Manchester, Pharmacy Practice Research Trust (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 and training: how does pharmacy in Great Britain compare? (Wright, D.J. 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 educational institutions, governments, professional bodies and commercial organisations (International English Language Testing System (IELTS), 2009)

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

Learning about sexual boundaries between healthcare professionals and patients: a report on education and training (CHRE, 2008)

Learning from innovation in pharmacy education (PPRT, 2007)

Making pharmacy education fit for the future, Report of the Pharmacy Education R&D Reference Group (RPSGB, 2004)

MPharm programmes: where are we now? (Wilson, K. et al., Aston University Pharmacy Practice Research Group, PPRT, 2005)

MPharm student code of conduct: a literature review (Schafheutle, E.I. et al. on behalf of the RPSGB, 2009)

Performance Review process and standards (revised) (CHRE, 2010, www.chre.org.uk/satellite/310/)

Pharmacy in England: building on strengths – delivering the future (HM Government/Department of Health, The Stationery Office, 2008)

The Pharmacy Order 2010

Pharmacy undergraduate students: career choices and expectations across a four-year degree programme (Wilson, K. et al., Aston University Pharmacy Practice Research Group, PPRT, 2006)

Pre-registration Trainee Workbook (GPhC, annual) (includes Pre-registration performance standards and Registration Examination Syllabus)

Pre-registration Tutor Workbook (GPhC, annual)

Scottish Credit and Qualifications Framework (Scottish Credit and Qualifications Framework Partnership, www.scqf.org.uk/The%20Framework/)

Sexual boundary violations by health professionals – an overview of the published empirical literature (Halter, M. et al., CHRE, 2007)

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

Studying pharmacy: who, when, how, why? What next? (Willis, S. et al., CPWS, The Workforce Academy, School of Pharmacy and Pharmaceutical Sciences, University of Manchester, PPRT, 2006)

Work, employment and the early careers of cohort pharmacists (Willis, S. et al., CPWS, The Workforce Academy, School of Pharmacy and Pharmaceutical Sciences, University of Manchester, PPRT, 2009)

Working lives of pre-registration trainees (Willis, S. et al., CPWS, The Workforce Academy, School of Pharmacy and Pharmaceutical Sciences, University of Manchester, PPRT, 2008)

Websites

British Pharmaceutical Students' Association (BPSA): www.bpsa.co.uk

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

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

European Commission/European Union (EC/EU): http://ec.europa.eu and document service at http://eur-lex.europa.eu

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

International English Language Testing System (IELTS): www.ielts.org

Modernising Pharmacy Careers (MPC) www.mee.nhs.uk/programme_boards/modernising_pharmacy_careers_p.aspx

National Recognition Information Centre for the United Kingdom (UK NARIC): www.naric.org.uk

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

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

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

Quality Assurance Agency (QAA): www.qaa.ac.uk

Royal Pharmaceutical Society (RPS): www.rpharms.com

UK Border Agency (UKBA): www.ukba.homeoffice.gov.uk

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