Community Pharmacy Scotland

GPhC consultation: Initial education and training standards for pharmacists

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Who are Community Pharmacy Scotland (CPS) & what do they do?

Who we are

We are the organisation which represents community pharmacy contractor owners in almost every aspect of their working lives, and are the voice of these vital healthcare professionals as they deliver pharmaceutical care to the people of Scotland.

We are empowered to represent the owners of Scotland's 1256 community pharmacies and negotiate on their behalf with the Scottish Government. This covers all matters of terms of service and contractors' NHS service activity including remuneration and reimbursement for the provision of NHS pharmaceutical services.

What we do

We work with the Scottish Government on the development of new pharmaceutical care services and ensure that the framework exists to allow the owners of Scotland's community pharmacies to deliver these services.

The Scottish community pharmacy contract puts the care of the individual right at its centre and with its focus on pharmaceutical care and improving clinical outcomes, community pharmacy contractors and their employee pharmacists are playing an increasingly important role in maximising therapeutic outcomes and improving medicine safety. Community pharmacy is at the heart of every community and plays an important part in the drive to ensure that the health professions provide the services and care the people of Scotland require and deserve.

Community Pharmacy Scotland

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Introduction

The GPhC believe that the current education and training journey that leads to registration as a pharmacist is not fit for the future in terms of preparing new registrants to design, deliver and improve the increasingly broad range of pharmaceutical care services across an expanding variety of healthcare environments. Their view is that professional identity, confidence and competence should be built at an earlier stage by clearly setting the standards that students work towards for graduation and ultimately registration from the very first day at university. They are also looking to overhaul the standards that apply to learning providers, importantly re-focussing, re-modelling and potentially increasing the time spent learning in practice. This would bring Pharmacy in line with the initial education and training of other healthcare professions, with whom many core skills are shared.

To address this, they have launched a consultation exercise inviting views on their planned standards for the initial education and training (IET) of pharmacists. These standards come in two parts. The first set describe the competencies and standards that must be met by students throughout their journey to registration. The second set form the common blueprint underpinning the MPharm delivery across the UK and Ireland, and Universities must design their courses in line with the standards to be accredited and therefore able to offer an MPharm degree.

The consultation document can be read in full here. Our draft response is included below.

1. Considering the full set of learning outcomes in Part 1 of the draft initial education and training standards, to what extent do you agree or disagree that these are appropriate learning outcomes for a pharmacist?

Tend to agree.

2. Is there anything in the learning outcomes that is missing or should be changed?

Yes.

3. Which of the following areas need additions and/or amendments?

Person-centred care, Professionalism and Professional knowledge and skills.

4. Please give a brief description of the additions and/or amendments you think are needed.

Overall, we believe that further guidance is required to describe at which points during the IET journey a student would be expected to be able to demonstrate a given level of competence for each standard. For example, it may be the case that a student could graduate at level 3 (Shows how) in standard 1.1, but not qualify for registration until they had demonstrated competence at level 4 (Does) throughout their final 52 weeks in training if their school of pharmacy chooses to offer a 4+1 model of IET. It cannot be the case that a student must demonstrate competence at the described level in order to graduate as there is then no scope for improvement

between graduation and registration unless co-terminus degrees are being mandated by the GPhC – which does not appear to be the case.
Not having this breakdown/timeline of expected levels of performance at this point in time makes it difficult to comment on whether the standards are appropriate – we have provided our opinion on those that we believe require amendment regardless of the model of IET below.

Standard 1.4: We believe this should be assessed as "Shows how" rather than "Does". A student may not have the opportunity to consistently demonstrate that personal beliefs and values do not compromise person-centred care. Beliefs and values are unique to each individual and we would suggest that, for many, their belief system and those of the people they work with would not challenge the delivery of person-centred care.

Standard 1.7: Likewise, this standard should be assessed as "Shows how". Thankfully, most students will not have the opportunity to repeatedly demonstrate their ability to deal with situations requiring a safeguarding interventions. There are two aspects to this topic which must be assessed in some way, but not necessarily together – the knowledge of how and when to raise concerns, and the professional courage to act.

Domain 2: From our experience of working with newly qualified pharmacists, we believe that it would be of benefit to have standards directly referencing the management of risk under complex, uncertain circumstances and the demonstration of professionalism under pressure/resilience.

Standard 2.12: Again, this requires more clarity about at which point in IET a student should be displaying competence, but we would suggest that assessing this as "Shows how" rather than "Does" would be more appropriate.

Standard 2.13: We would question why infection control has been singled out as a topic to be included in the standards. This is absolutely a key concern for healthcare systems, but we see it primarily as a curriculum topic rather than a standard – no other area of pharmaceutical science or care has been afforded the same importance.

Domain 3: The standards are missing a specific reference to the development and improvement of services, as these are two of the reasons given as to why new standards have been drafted.

Standard 3.4: This is missing a reference to the application of pharmaceutical principles as a part of selecting the most appropriate treatment for an individual.

Standards 3.12 and 3.14: The context in which "diagnostic" skills are to be demonstrated needs to be clarified further – is this intended to refer to responding to symptoms in practice and monitoring already identified conditions or being involved in narrowing down complex differential diagnoses?

Standard 3.21: This could be re-written to reflect a move to a more person-centred approach to health promotion e.g. work with people to identify their health improvement goals and use evidence-based interventions and behaviour change techniques to help them achieve those goals.

Standard 3.23: This cannot be assessed as “Does”, as many students will not encounter a medical emergency during their period of initial education and training. This should be assessed as “Shows how”.

5. Considering the full set of standards and criteria in Part 2, to what extent do you agree or disagree that these are appropriate for the initial education and training of pharmacists?

Tend to disagree

6. Is there anything in the standards or criteria that is missing or should be changed?

Yes.

7. Which of the following areas need additions and/or amendments? (Please tick all that apply) Please give a brief description of the additions and/or amendments you think are needed.

We have discussed in detail some of the concerns we have with the draft standards in our answers to questions 8 through 28. Below we summarise the changes we believe need to be made.

Standard 1.3: Following the introduction of the 5-year degree in Scotland, the periods of learning in practice may not be overseen by NES. We would suggest that employers are consulted to help the schools of pharmacy keep the requirements for entry into periods of learning in practice up to date.

Standard 3.1: Should be amended to reflect that the schools of pharmacy ultimately have no control over whether practice partners agree to act as training sites year on year, and so it would be difficult to have a robust system for securing resource in place in this respect. Practice partners are committed to contributing to the education and training of future pharmacists, but if external conditions (e.g. staffing pressures, available funding) change, this can become challenging.

Standard 5.2: We believe that this should specify that initial education and training is not only delivered collaboratively between schools and practice partners, but is also developed collaboratively with respect to EL/LIP and maintaining the relevance of curriculum to current and future practice.

Standard 5.7: Remove “if they are permitted at all” to protect vulnerable students with extenuating circumstances and minimise attrition based on performance in assessments only.

Standard 5.9: Remove “students from” to recognise that securing IPE with undergraduates from other professions will not always be within every school of pharmacy’s gift, however desirable.

Standard 5.13: Amend to “Any fitness to practice judgements made against students should be taken into account when considering whether to award an accredited degree.”

Standard 7.6: Include making available training materials for support teams involved in delivering EL (and LIP where appropriate)

Standard 8.8: Include that the link between EL/LIP and university learning is made clear to practice partners (this was a recent change in our relationship with the University of Strathclyde and tutors have fed back that it was very helpful to have an idea of what stage the students they were hosting were at in their education.

Standard 9.9: There is a potential conflict here with how a learning provider might choose to structure the MPharm degree. For example, if there is a co-terminus 5-year degree with LIP being delivered in blocks throughout the course across various settings, the LIP supervisor may not be the most appropriate person to sign off an application to join the register at all. This should be rewritten to reflect that any supervisor/academic staff member should only sign the application to sit the GPhC exam if they feel the student is ready.

8. Do you agree or disagree that we should set integrated standards for the five years of education and training?

Tend to agree.

9. Please explain your response.

We are of the opinion that this will make it clear from matriculation what the students will be working towards and will help to build a professional identity and professional behaviours from an earlier stage.
We stop short of saying that we strongly agree as we believe that there are many ways to deliver on integration of standards, but the consultation paper does not make clear at what level the standards need to be achieved to allow graduation to occur – only the competencies of a new registrant are described.

The paper appears to be biased towards a 5-year degree model, but there are many ways of successfully delivering on integrated standards.

10. Do you agree or disagree with our proposal to require schools of pharmacy to assess the skills and attributes of prospective students as part of their admission procedures?

Agree

11. Please explain your response.

We agree in that grades alone cannot demonstrate the suitability of an individual for entry into a health profession IET programme. However, rather than the focus being using assessment as a tool to weed out those with the necessary academic achievements but who are lacking in the desired professional attributes, assessment should be seen as a tool to enable schools of pharmacy to identify the potential in and support needs of those who apply without the necessary grades.

12. Do you agree or disagree with our proposal to make an interactive component mandatory in integrated initial education and training admission procedures?

Agree.

13. Please explain your response.

We believe that an interactive element to admissions is the best way to determine whether an applicant possesses the desired attributes of a prospective pharmacy student. We welcome the flexibility that will be afforded to course providers in how this is achieved, as we recognise the additional burden of mandating face to face interviews on both providers and applicants. At a time when projected demand for Pharmacists appears to be outstripping supply, the admissions process must achieve a balance of being accessible so as not to amount to a barrier to those interested in a career in pharmacy and being robust enough so as to prevent admission to those clearly unsuitable to enter the profession.

14. To achieve this balance, should we be more prescriptive about admissions requirements?

No.

15. Please explain your response.

We feel strongly that a person's academic achievements are only one aspect of their overall capability and suitability for entering the profession. We absolutely understand that the degree is and should be challenging, and that individuals who have little chance of keeping up academically should not be admitted to the course, higher education is a completely different environment from school, and the skills and attributes which are most important in a practising pharmacist of the future are not typically assessed or highlighted through performance in early education.

We cannot have the profession miss out on the contribution of talented individuals because of stringent entry requirements that only take into account a snapshot of that person's abilities. They may or may not require different support from their learning providers to flourish, and it is this that needs more focus than the admissions standards.

16. Should we continue to allow unconditional offers?

Yes.

17. Please explain your response.

If the evidence is strong enough to prove that unconditional offers are a disincentive to achievement, that is a wider discussion to be had about selection and admissions in general across higher education, and not a pharmacy-specific issue. If this is changed for the MPharm course, it is inevitable that some prospective students will choose another career path that offers the opportunity to plan ahead that comes with the certainty of an unconditional place – a loss to the profession that we cannot afford. Again, we stress that academic achievement is only a part of the whole person, and to even have high grades projected shows that the individual is likely to be able to cope with the level of the MPharm course. If there are attitudinal issues to achievement and work ethic, these will be picked up with the other suggested developments to the admissions procedure.

18. Do you agree or disagree with our proposals in regard to:

a. **Experiential learning (practical learning)?**
   Yes.
b. **Inter-professional learning?**
   No.

19. Please explain your response

The experiential learning that is offered as part of the current MPharm in both Scottish schools of Pharmacy has progressively increased over the last five years, and the content has been co-designed with experiential learning providers. Speaking to many stakeholders, this has been of great benefit to the students in terms of confidence and competence. We agree with the GPhC that all schools should offer this standard of experiential learning as a minimum, increasing in volume and complexity of learning as students progress through the course.
It is only recently that this significant contribution to education and training has been recognised by funding being secured via Scottish Government, and even with this there are concerns over capacity in the workplace. Community pharmacies host the overwhelming majority of placements for undergraduates and pre-registration trainees alike, and the whilst proud to support students and the schools of pharmacy in their journey, care must be taken not to mandate too great a time spent on experiential learning placements, as the capacity to facilitate this may not exist.

With regard to IPL, we do not disagree that this is something that pharmacy students should be exposed to, ideally in the workplace or a simulated one. However, the reality is that to make this happen, schools of pharmacy would rely on other courses and in some cases other universities seeing the benefit of this IPL and agreeing to designing the IPL to benefit both cohorts of students. We would suggest that the definition of IPL that is used is widened to include learning in practice with already-qualified members of other professions, maximising the opportunity for students to find their professional identity and gain an appreciation of other professions.

20. Do you agree or disagree with our proposal to replace the current four tutor sign-offs with more regular progress meetings between learning in practice supervisors and student pharmacists?

Agree.

21. Please explain your response.

This will be necessary to track progress more closely and to give providers and students more flexibility around how experiential learning and learning in practice are delivered as the breadth of training environments and thus supervising professionals expands – naturally resulting in less face-to-face time with the named supervisor.

22. Do you agree or disagree with our proposal to replace the current preregistration performance standards with the learning outcomes stated in Part 1 of the revised standards?

Agree.

23. Please explain your response.

We agree on the assumption that the learning outcomes have been mapped to the existing performance standards to ensure nothing that is still relevant to future practice is lost, and that further guidance on how students will demonstrate their competence will be published.

24. We want to understand whether our proposals may discriminate against or unintentionally disadvantage any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. Do you think our proposals will have a negative impact on certain individuals or groups who share any of the protected characteristics listed below? (Please tick all that apply)

None.

25. We also want to understand whether our proposals may benefit any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. Do you think our proposals will have a positive impact on certain individuals or groups who share any of the protected characteristics listed below? (Please tick all that apply)

None.

26. Please describe the impact and the individuals or groups that you have ticked in questions 25 and 26.

N/A

27. Do you think any of the proposed changes will impact – positively or negatively – on any other individuals or groups? For example, student pharmacists, patients and the public, schools of pharmacy, learning in practice providers, pharmacy staff, employers.

Yes.

28. Please describe the impact and the individuals or groups concerned.

Learning in practice and experiential learning providers (Practice partners)

- We believe that the use of terminology in the consultation document and any resultant standards needs to be reviewed if those who provide workplace learning and experience are to be able to determine their role in the planning and delivery of the new-style MPharm courses. The terms learning in practice provider, experiential learning provider and practice partner are all used and it is unclear whether or not they are interchangeable. Given that, in our experience, it is generally the same providers who currently offer undergraduate and pre-registration training places, we believe that a single term to describe an organisation that works with the universities to provide students placements would be helpful, particularly as the principles of involvement are the same for all. If a delineation between undergraduate and post-graduate placements is required, then the period of learning should be described differently, not the provider.

- We are in favour of the undergraduate experiential learning/learning in practice becoming more structured and the schools collaborating with practice partners to co-create the content, eliminating duplication. This will ensure that the students are prepared for an employment which very closely resembles their undergraduate experience, and employers will benefit from newly registered pharmacists with the confidence to practice in a familiar environment and at a high level from day one.

- This said, we would caution that these standards assume and are reliant upon sufficient placements being made available by practice partners. Although the GPhC do not have an influence on funding, it cannot be ignored that to increase the exposure of undergraduates to practice and to put in place the infrastructure and support required for practice partners to be able to meet the described standards, significant and ongoing investments will have to be made in each sector. Community pharmacy owners are committed to developing the pharmacists of the future, but goodwill alone is not sufficient to support a robust programme of experiential learning and learning in practice that is truly integrated into the undergraduate course.
    - For example, the standards dictate that everyone involved in the delivery of the curriculum, which will include supervisors in community pharmacy, must have:
        - Effective supervision
        - Mentoring and training
        - Protected time to learn
        - CPD opportunities
        - Peer support
    - We agree that all of these should be provided to those taking up a role in educating and training, but the costs of providing this support cannot fall on the employer alone – many of whom will employ a number of supervisors

Employers

- Ultimately, it is employers who will face the issues of supporting their employees to act as effective supervisor, which will be a challenge if not sufficiently funded to allow for protected training time and backfill.
- We do support the principle of providing students with a broader experience of pharmacy practice – but by increasing in breadth, the depth of experience in each given practice area will be affected. We would ask that the GPhC works with employer representative bodies to produce guidance on how to ensure via an appropriate quantity and quality of EL and LIP that new registrants are able to confidently fulfil the requirements of the roles they intend to fulfil.

Schools of Pharmacy

- We believe that it will be challenging for schools of pharmacy to secure the sustainability of practice partner arrangements, particularly as they are expected to provide their students with exposure to a variety of environments – we already know that Scottish schools struggle to place students in hospitals and primary care, with the vast majority of placements provided by community pharmacies. Until recently this was provided entirely on goodwill, now being supported by Additional Cost of Teaching (ACT) funding – but this is not guaranteed to continue ad infinitum, presenting a concern for schools and practice partners going forward.

- We share a concern with schools that the new standards, if not implemented sensibly, may have a negative impact upon recruitment, which is already experiencing a decline. In all home countries, there is a significant projected shortage of pharmacists in the coming years as new roles develop, meaning that now more than ever the pipeline into the profession must be robust and sustainable as we seek to improve quality through the introduction of new standards. There is admittedly more to be done by the profession as a whole to attract students to the various roles that pharmacists fulfil, but we cannot have the implementation of the new standards actively discouraging people from applying to study MPharm degrees.
- Whilst there is likely some scope to reduce duplication of course content and shift some education into experiential learning/LIP blocks, the suggestion of the standards seems to be to have more time spent out of the classroom – which will pose a concern for schools as to how they retain all the necessary teaching in a reduced timeframe.

Student pharmacists

- We agree with the consultation paper that there should be an enhanced focus on interpersonal and communication skills in the MPharm course. However, we see a risk within the proposals in that by setting expectations for students so high in terms of unwavering professionalism (p.12), we forget that they are people first and that they must experience life as such to be able to truly relate to those that they will ultimately care for. Clearly, we would not support the progression of a student about whom there were serious concerns in terms of professionalism, but a sensible balance must be struck somewhere between recognising that a professional, vocational course such as the MPharm demands more from students than the passing of academic tests and expecting perfection at all times in all areas of their lives.

- Standard 5.7 calls for pass marks which are higher than the norm for higher education to demonstrate that students have the necessary knowledge and understanding to practice safely. We would be in support of this, but are concerned that there is even a suggestion that condonation, compensation, trailing and extended re-sit arrangements should not be permitted at all. Whilst these measures should not be used frequently, they are essential where extenuating circumstances exist and help to balance against the nature of assessments being only a snapshot in time when it comes to academic performance.

- Although we agree with the thinking behind Standard 5.13 (Students must not receive an accredited degree if there are any outstanding student fitness to practise concerns about them) in that those who do not display the required attitudes and behaviours should not be entered into the profession, the principle of "innocent until proven guilty" must be applied for students as it is for registrants. If the fitness to practice concern were to prove unfounded or insignificant, the delay to awarding the degree and thus registering would have had a serious knock-on impact on the individual's career prospects. The regulator has the power to bar entry to the profession and would be able to provide information to other regulators internationally if necessary.

Pharmacy staff

The number of learning sites and throughput of students is likely to increase as these standards are implemented. Although no supervisors, pharmacy teams often provide support and training for students, and we believe that as part of the securing of sustainable EL and LIP sites, training for staff to develop further in this role would be of benefit.