PDA's response to the consultation by the General Pharmaceutical Council: Consultation on the quality assurance of pharmacy education and training

May 2024
Summary

The General Pharmaceutical Council is the regulator for pharmacies, pharmacists and pharmacy technicians in Great Britain. Its role and duties are set out in the Pharmacy Order 2010 and it has a duty to undertake public consultation before setting standards or requirements.

In this consultation it is seeking views on four specific aspects concerning the quality assurance (QA) of education and training providers and their approval process and relates only to the regulation of pharmacists and pharmacy technicians, not pharmacies. The GPhC says that these proposals would enable it to “act quickly if there is underperformance”.

The GPhC proposes to:

• introduce yearly monitoring with a greater use of data they collect before the approval event
• define clear lines of responsibility and criteria for making decisions about whether or not to reapprove
• adopt a more flexible approval and intervention process
• achieve greater scrutiny of education and training, while applying the QA processes across all pharmacy education and training

The GPhC informs us in the consultation document that it has not changed its’ main QA process since it was formed in 2010 despite substantial changes to pharmacy education and training since 2010. However, it states that it has “improved the tone of approval events and the way we work with providers during them”.

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Response to Questions

Section 1: Yearly monitoring

Part of our proposal is to make better use of our data and introduce a yearly monitoring process to improve the quality assurance of education and training. The data we will consider as part of yearly monitoring will include a number of areas on which we will ask the provider to comment. For example, we will ask about:

- the management, oversight and delivery of education and training, and
- the delivery of experiential and interprofessional learning during the academic year

We will also consider data from other sources, such as National Student Surveys (NSS) and student and trainee feedback collected by the GPhC. The yearly monitoring process will build upon our present yearly data collection processes and timings, so that there is a single reporting point each year. This will allow for a more tailored approach to the timing of the approval activities. We will be able to adapt the present three-yearly event cycle, so that timings between events can be changed based on the outcome of yearly monitoring. It will help us, and the providers, maintain oversight of the quality of the education and training provision. It will also help us to spot and deal with concerns early. The overall aim is to assure patients and the public that GPhC standards and requirements for education and training continue to be met.

1. To what extent do you agree or disagree that we should introduce yearly monitoring to help bridge gaps between interim and reapproval events?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don’t know

Preamble

The PDA agrees and supports a yearly monitoring process which builds on the existing data collection and which would help to spot any concerns at an early stage.

At present, this data collection seems to exist only for the quality assurance of MPharm students but the GPhC must introduce yearly monitoring for all education and training providers for both MPharm students and trainee pharmacy technicians. There must be parity in the quality assurance of the education of pharmacists and pharmacy technicians. The GPhC must also publish an annual student data report for MPharm students and one for pharmacy technician trainees. The GPhC has done so in the past for MPharm providers (see attached report from 2016-2017).
The PDA can only support the use of the extended annual monitoring as an addition to the quality assurance process and not as a mechanism “to adapt the present three-yearly event cycle, so that timings between events can be changed based on the outcome of yearly monitoring.”

Events in addition to the three yearly cycle are already possible so the proposal in this GPhC consultation would facilitate a possible lengthening to the three yearly cycle if the yearly monitoring is deemed to be satisfactory. The PDA cannot support this especially as the opportunity to inspect the physical environment in which the courses are taught and the opportunity to talk to students and academics during an accreditation visit would be reduced.

In addition, and equally importantly, the GPhC must demonstrate the quality assurance of its own process for accreditation, for example have the GPhC accreditation processes and interventions reduced the attainment gap, and above all, how does the quality assurance of the pharmacist registration exam address the substantial concerns around attainment gaps.

**Parity in Data collection**

The GPhC already collects extensive yearly data for the accredited MPharm (as confirmed in the consultation document), however, there seems to be no comparable data-collection around the pharmacy technician student cohort.

For example, the GPhC knows how many students start the MPharm each year and also the details about the A’level grades they have achieved. Similarly, the GPhC is already informed of the number of MPharm students that resit a whole year. But we are not aware of any comparable data collection for pharmacy technicians. The attached GPhC student data report from 2016-2017 shows the granularity of the data the GPhC has already been collecting. However, the GPhC seems reluctant to publish and share the information that it possesses.

In contrast, we have not seen any data about how many pharmacy technicians are currently undertaking the 2-year level 3 training course, nor have we seen any information about their baseline qualifications at point of starting the trainee pharmacy technician course or about the setting in which they are undertaking their training.

Similarly we have no information concerning the dropout rate for trainee pharmacy technicians or the numbers who register via the different providers. It is untenable that a regulator charged with protecting the public appears to have no robust data about a specific workforce it is registering in order to deliver healthcare.

There must be an annual and comprehensive collection of data about every trainee pharmacy technician enrolled on the Initial Education and Training of Pharmacy Technician (IETPT) pathway.
Appropriate Terminology

The GPhC on page 16 of the consultation uses the term “trainee pharmacy technician” and this is the correct term which should be used to describe every pharmacy technician that is training to become a pharmacy technician by whichever route.

We reject the misnomer “pre-registration pharmacy technician” as this implies that the pharmacy technician student is undertaking a post-graduation training period prior to registration (akin to a MPharm graduate).

The term pre-registration student has been used for MPharm graduates – i.e. students who had completed a 4-year MPharm and who were (post-graduation) undertaking a year of pre-registration training (and we accept that these MPharm pre-registration students are now termed foundation trainees).

For absolute public and patient clarity the term “pre-registration pharmacy technician” is a misnomer and should not be used. There should be a standard term of trainee pharmacy technician as this is the correct and accurate description.

Using the data to quality assure and improve outcomes for students and trainees

The GPhC states that the yearly data collection will help it to spot and deal with concerns early. The PDA contends that to achieve this goal will need a paradigm shift in the culture and values within the GPhC so that action is taken at the earliest opportunity.

Mere collection of data has achieved little to change actual outcomes for MPharm students to date. The PDA has serious concerns around attainment gaps across multiple parameters.

For example the ethnicity attainment gap at universities, the attainment gap in the registration exam between cohorts from different universities, the attainment gap between mature students and younger students, and the attainment gap between students who undertake their registration year in community pharmacy compared to hospital pharmacy. The GPhC has been aware of some of these gaps for over a decade and yet the gaps still persist and there seems no progress in narrowing these gaps.

This is discussed in the next section.

2. To what extent do you agree or disagree that the proposed areas (listed on page 16) should be considered in the yearly monitoring of providers of all education and training?

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
Don’t know

There are a number of boxes on page 16. Looking at some of these in turn.
Boxed Area - GPhC registration assessment performance.

The GPhC has this data and already shares this with universities. This is from a June 2023 GPhC reaccreditation event report:

“In 2022 GPhC Council evaluated the performance of graduates from schools in relation to the GPhC Registration Assessment. The University of Wolverhampton was identified as a School demonstrating persistently low pass rates in the Registration Assessment. Representatives from the School attended a meeting with GPhC Education Team representatives and as a result, an action plan was produced by the school seeking to address the concerns of the GPhC Council.”¹

The disparity in results is a long-standing issue which the GPhC has been aware of. The GPhC is aware of this gap and in 2019 stated:

“We note that the group of schools with comparatively low cohort pass rates has not changed significantly in the last few years. While there can be several factors affecting individual performance, including the experience in the pre-registration year, we do believe this requires further investigation and will be meeting the five schools in the next few weeks to hear their views on the reason for the lower performance.”²

It is not clear why the GPhC is consulting about a process it is already undertaking with little tangible result. In 2019 (and earlier years) the gap in the registration pass rate between students from the top pharmacy schools of pharmacy and the bottom schools was in excess of 40%. In 2023 this remains the same. It seems that the GPhC is proving incapable of resolving this significant disparity.

¹ University of Wolverhampton, Master of Pharmacy (MPharm) degree reaccreditation part 1 event report, June 2023

² General Pharmaceutical Council meeting - 12 September 2019
<table>
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<tr>
<th>Source GPhC publications</th>
<th>Pre reg Exam Pass rates June (or equivalent) sittings (1st attempt candidates)</th>
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Similarly, the GPhC has been aware for over a decade that the performance of the black African cohort of students who sit the GPhC regulator set exam is consistently below that of other groups. This is from a 2013 GPhC Council meeting:

“The performance of ‘Black – African’ candidates is conspicuously lower than for other candidate categories. It should be noted that these candidates are not necessarily candidates who trained overseas, given that the pass rate for OSPAP students is 82%. This would imply that ‘Black – African’ students studying in GB are performing less well than others as a cohort. This will be fed back to schools and pre-registration providers for further investigation”

The 2023 registration exam results still shows a huge gap. It is unclear what steps the GPhC has taken to independently assess any potential bias in its own registration exam nor what steps it has taken to support black African students during their registration year to help reduce this gap.

We know that the NHSE long term workforce plan envisages a significant expansion in the pharmacist workforce and this will entail a considerable expansion in the number of students who undertake the 4-year MPharm.

It is an incredible waste of talent and commitment when diligent students appear to be failed by a regulator which seems unable to ensure that individual universities provide

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3 Meeting of the General Pharmaceutical Council – Agenda Papers - Thursday 12 September 2013
better support for specific and clearly identifiable cohorts, and which for some years has failed to reduce attainment gaps within its registration exam.

To be clear, the PDA firmly believes that the registration exam is an essential component in the quality assurance for entry to the pharmacist register and supports its continued use. However, the PDA equally and firmly believes that it is incumbent on the regulator to ensure equitable opportunity for all students to pass the exam.

We note that the GPhC discussed the merits of introducing a national regulator set assessment for pharmacy technicians.

... whether, if some form of assessment was retained, one should also be introduced for pharmacy technicians.

2.3 Key stakeholder views were discussed, as was a draft set of principles which should apply to the development of any new assessment. These included trainee wellbeing and equality, diversity and fairness.4

There is a considerable variation in the quality of training provided to pharmacy technicians and therefore a robust exam prior to entry to the register is the only equitable mechanism by which quality can be confidently assured.

Many pharmacy technicians themselves realise the variance in the 2 year level 3 pharmacy technician course. A 2016 report which contained many interviews with pharmacy technicians noted:

“One participant suggested that hospital and community pharmacy technician roles are so different that the training should be separate:

“I did my training in community so when I transferred to hospital I found it quite daunting as it was so different. Maybe separate out the training.”

Similarly another interviewee in the report stated:

The method of assessment was also questioned and seen as a tick box exercise

“The course has obviously changed a lot since I did my training, and it seems that now there is a lot more emphasis on ticking boxes in relation to each module ....”5

Given the disparity in pass rates for pharmacy students it is clear that a reliable national assessment is also urgently required for pharmacy technicians, and that assessment is independent of training providers and employers.

4 General Pharmaceutical Council meeting Thursday, 07 December 2023

5 Identifying the Roles of Pharmacy Technicians in the UK - Final Report, September 2016
https://www.aptuk.org/static/pdf/739ca515c1bcc964c8528cc9e172766a.pdf
Box Area - Student and trainee admissions and performance

A recent accreditation report of one trainee pharmacy technician course provider stated:

“Additionally, learners must have GCSE passes in English, Mathematics and Science and acceptable good character references and health check results. The team was told that, in the interests of widening participation, the science entry qualification has been softened.”

It is concerning that the science requirement has been “softened” and it is unclear what this actually means in practice. It appears that the GPhC, acting as a putative bystander, has simply been “told” by the provider of a course which the regulator is supposed to quality assure.

Given the ever-widening scope of practice being promoted for pharmacy technicians which assumes an underlying knowledge and proficiency in science this “softening” may be creating unknown quanta of risks for patients.

This is why the GPhC must be informed of every student that starts a pharmacy technician course, and why it must collect granular data similar to that which universities need to provide for MPharm students.

For the MPharm (pharmacist) course the GPhC has a substantial database of evidence, encompassing the average entrance tariff achieved by students enrolled on the MPharm, as well as the subsequent pass rates for the MPharm degree and the subsequent registration assessment.

It remains unclear how it has used this huge existing database to deliver tangible improvement in outcomes for students so that they are better supported to achieve their full potential.

Similarly, there is a considerable bank of evidence around the ethnicity awarding gap. We discuss this further at the end of this section.

Boxed Area: Experiential and inter-professional learning

The 2021 IETP standards place much more emphasis on experiential learning. However, we know that there is a huge variation in the quantity and quality of experiential learning that is provided by universities for MPharm students. In addition, there is considerable variation in how the universities support the tutors that provide the setting in which the experiential training takes place.

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6 Pearson Education Limited pharmacy technician qualification interim event report, February 2023

7 The ethnicity awarding gap for the pharmacy degree
“Our results revealed that total placement hours over the 4 years ranged from 54 to 496 h. Different from other countries which have mandated hours for EL such as the USA (300 h), Canada (640 h) and South Africa (400 h); the GPhC has no requirement on hours, or how the hours should be divided between the different practice settings.”

The PDA also has concerns that feedback from its student members indicates that students are being asked to source their own placements with no oversight by the university, especially around the quality assurance of tutoring or supervision at the site. Tutor training is essential for students to have effective experiential learning. The paper referenced above concluded with the following remark:

“Our study highlights the challenges currently faced by universities offering MPharm programmes in the UK such as in obtaining placement sites, and the gaps in the EL programme such as tutor training and placement QA visits.

There is a need for more standardisation to ensure students are sufficiently prepared to enter the workforce.”

Given the paradigm shift in the quantum of experiential learning which is essential as part of the 2021 revised IETP it is essential that the quality and quantum of this experiential learning is made fit for purpose.

**Boxed Area: Management, oversight and delivery of education and training**

We support the GPhC working with statutory education bodies as a solution to the challenge it is clearly experiencing around the quality assurance of training places in community pharmacy settings. This is borne out by registration exam data which shows a clear and consistent disparity in the performance of trainees based in community pharmacies when compared to hospital settings.

We believe that the GPhC is in the process of assigning responsibility for accrediting all trainee placement sites in England to NHSE (formerly HEE) for the foundation year.

“As part of the changes, for the first time, in the 2025/26 training year, all foundation training sites will be required to meet the same quality standards, and NHS England is taking on new responsibilities, delegated by the GPhC, for the quality assurance of all foundation training sites.”

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8 Nationwide survey of experiential learning in MPharm programmes in UK Universities

9 Implementing the Foundation Pharmacist Training Year 2025/26
We sincerely hope that this results in better outcomes for trainees in the registration exam and removes sectorial, ethnicity and other variances which the GPhC has been incapable of eliminating.

3. As well as considering the areas listed on pages 16, we are proposing to collect more data. This will help us develop the evidence base we use as part of our quality assurance and give us a more all round view of the evidence. To what extent do you agree or disagree, in each case, that the following sets of data will strengthen the quality assurance of education and training?

Student and trainee feedback collected by the GPhC

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<thead>
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<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
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<td>National Student Surveys (NSS), Post Graduate Taught (PGT) surveys and equivalent subject-level data</td>
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<td>Disagree</td>
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<td>Strongly agree</td>
<td>Agree</td>
<td>Neither agree nor disagree</td>
<td>Disagree</td>
<td>Strongly disagree</td>
<td>Don't know</td>
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<td>95%</td>
<td>97%</td>
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<td>96%</td>
<td>94%</td>
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<td>Community / GP</td>
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<td>79%</td>
<td>83%</td>
<td>90%</td>
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All data from GPhC publications
We strongly support the collection of all the above data. However, as we have noted in our response to questions one and two, the GPhC already has substantial quanta of data but it has failed to use it effectively to secure better outcomes for students.

The GPhC proposes to add "commentary from provider" and "other data and information sources" to the existing annual data collection. It is unclear how the GPhC would use any collected student and trainee data or whether that data would be limited to those students that actually submitted any feedback.

Given the importance that the GPhC is placing on these new information sources (data) it becomes clear that there must be transparency around the information it receives and it must also publish this information. For example, student feedback would need to be constructed in such a way that it can be used to compare experiences between different institutions / providers and so that it can be tabulated. There must be guaranteed anonymisation for students who do submit feedback to the GPhC.

Data collection is merely the starting point – but what the GPhC does with this, including publishing it, is an important aspect, however, given the examples (provided in response to Q1 and Q2) the PDA is not confident the GPhC will use any additional data to deliver meaningful improvement and change to the experience or outcomes for students.

4. To what extent do you agree or disagree that the proposed yearly monitoring process will provide sufficient quality assurance between interim and reapproval events?

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
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Please see our detailed responses to Q1/2/3
The most important element within interim and reapproval events is piqued curiosity. A critique that aids consideration of what, why, when and how things have happened, in order to bring a deep insight to what is being seen, rather than merely accepting what is stated.

Yearly monitoring, no matter how robust, can never be a substitute for an event process which is driven by curiosity, for example seeing something during an event, or hearing concerns during a random conversation with a student. A culture where questioning and probing is inherent and all focus is on improving the student experience and outcomes must be inculcated by the GPhC.

The proposed enhanced yearly monitoring may help to bridge the gap between the interim and reapproval events but it cannot and should not be a substitute for it.

It is essential that any enhanced yearly monitoring must not be used to elongate the existing event cycles.

So even when the yearly monitoring is satisfactory it must not be used to elongate the cycle to the proposed 4 years between events (see our detailed response in section 3)

5. Please give your comments explaining your answers to the above four questions about our proposals for yearly monitoring.

Free text

For simplicity, we have made some specific comments after each question. However, there is one aspect in the yearly reporting section which need wider reflection and hints at a bigger underlying issue.

This relates to a concerns rating scale – this is detailed within Table one in the consultation.

“Here are some examples of situations and the likely levels of concerns we would apply to them:

• The outcome of a recent internal audit of a school of pharmacy has found evidence of active discrimination against students from ethnic minorities on the MPharm degree. This finding would be likely to be classed as a highlevel concern (significant impact – immediate effect).”

However, we find in a 2023 reaccreditation event report:

“The provider’s written submission had highlighted some significant differences in student progression and achievement data relating to ethnicity and entry qualifications … The [accreditation] team noted that many systems were in place but there were few specific examples of measures taken to address the differences in student progression described above. … Plans were in place for this, but they had yet to be implemented. The team was
therefore confident that criterion 2.4 was likely to be met when the course is reviewed at the part 2 event.

The significant differences in student progression seems not to be of special concern with the accreditation team and there seems little urgency in ensuring that urgent steps are taken immediately. We cannot be sure what impact this is having on current students at this institution, this is unacceptable.

Therein lies the problem. The GPhC knows that there are significant differences – action has to be taken immediately to prevent impact on existing students in the current academic year, but the approach taken can be best described as relaxed.

This raises an issue around culture and mindset and this is a more substantive point.

We see from the example above that even when presented with information which impacts students now the approach taken is that hopefully the standard will likely be met by the time of the next event.

It is a mindset and cultural issue, more so than a data and information issue, and it is one which the GPhC needs to show some reflection and insight into before taking urgent steps to address.

Section 2: Intervention, escalation and decision-making

As part of reviewing the information we gather during our yearly monitoring, we will need good decision-making and appropriate ways of dealing with concerns. Therefore, we propose a set of four intervention activities to be carried out by appropriate teams (the GPhC Quality Assurance team, the Approval team or both). These will help us make sure that any concerns are dealt with in the most effective ways and that their impact on the delivery of education and training is as low as possible.

6. We are proposing four intervention activities to make sure that any concerns are dealt with in the most effective ways to keep their impact on the delivery of education and training as low as possible. To what extent do you agree or disagree that, in each case, the following interventions will strengthen the quality assurance of education and training?

Asking the provider for more evidence and information (for example, action plans).

| Strongly agree |
| Agree |
| **Neither agree nor disagree** |
| Disagree |
| Strongly disagree |
| Don’t know |

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10 University of Brighton Master of Pharmacy (MPharm) degree and MPharm degree with preparatory year reaccreditation part 1 event report, June 2023

Helping the provider with a quality management activity (for example, assessment standard setting)

- Strongly agree
- Agree
- **Neither agree nor disagree**
- Disagree
- Strongly disagree
- Don’t know

Having a focused meeting with the provider (for example, a conversation about the concern)

- Strongly agree
- Agree
- **Neither agree nor disagree**
- Disagree
- Strongly disagree
- Don’t know

Carrying out a focused activity with the provider (for example, a visit or observing teaching)

- Strongly agree
- Agree
- **Neither agree nor disagree**
- Disagree
- Strongly disagree

7. To what extent do you agree or disagree that the teams allocated to each type of intervention activity are appropriate decision makers? (Please see figure 5 on page 20)

- Strongly agree
- Agree
- **Neither agree nor disagree**
- Disagree
- **Strongly disagree**
- Don’t know

8. Please give your comments explaining your answers to the above two questions about our proposals around intervention and decision-making.

Free text

We do not disagree with any of the proposed activities listed in question 6.

However we strongly disagree that the activities listed in Q6 can be undertaken by either the GPhC QA team or the Approval team.

Our overarching observation is that the Approval team must have total and full oversight of the whole accreditation process and it is they who should decide which interventions may be delegated to the GPhC QA team.
Thus, the annual monitoring information must be provided to the Approval team in a report form, perhaps with recommendations by the GPhC QA team. If the Approval team decides that a focused intervention activity is required, we agree that this focused intervention activity must only be carried out by the Approval team. However, the final decision as to who carries out any of the other three QA intervention activities (as listed on page 20 of the consultation) must always be the decision of the Approval team.

**Section 3: Increased flexibility for approval and intervention**

The proposed update to the quality assurance of education and training will give us more flexibility in the way we approve course provision. We will be able to intervene when we spot concerns, and work with providers to help deal with these quickly. Equally, because of the flexibility we will have with the proposed yearly monitoring and intervention processes, we will no longer publish an ‘end date’ for our approval. Instead, we will publish a proposed date for the next planned interim or reapproval event.

9. To what extent do you agree or disagree with taking a flexible approach to the timing of interim and reapproval events, meaning that these will not be limited to taking place once every three or six years? patients and the public

**Strongly agree**

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don’t know

10. To what extent do you agree or disagree with taking a variable approach to the periods of approval, meaning that approval status will **not have a set end date** but will depend on the outcome of the next planned interim and reapproval events?

**Strongly agree**

Agree

Neither agree nor disagree

Disagree

**Strongly disagree**

Don’t know

11. To what extent do you agree or disagree that a QA intervention activity should be carried out as a result of an unsatisfactory yearly monitoring outcome?

**Strongly agree**

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don’t know

12. To what extent do you agree or disagree that a QA event (interim, exceptional interim, or reapproval) should be held as a result of an unsatisfactory QA intervention activity outcome?

**Strongly agree**
| Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don’t know |

13. Please give your comments explaining your answers to the above four questions about our proposals around flexible and continual approval.

Free text

There is already flexibility in having additional accreditation events when deemed necessary.

The 4 questions above do not make clear that what the current proposals could lead to is that the current 6 year cycle (as detailed in figure 7 in the consultation document) could be extended to an 8 year cycle (as proposed in figure 8). The intervention noted in figure 9 is already possible as we will explain later.

We cannot support this as the changes which are occurring in pharmacy education are at such a pace that the elongation in the accreditation event cycle would lead to unwarranted risk in course standards and outcomes.

If we look at a recent accreditation event we can see the approval team already has flexibility for additional interventions, which it is using. This is from a June 2023 reaccreditation event.

“The accreditation team has agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree offered by the University of Central Lancashire should be reaccredited for a maximum of one year (instead of six).

In making this difficult decision, the team agreed that it should balance a meaningful level of regulatory oversight while giving UCLan staff time to address issues in the School and the MPharm degree.

The panel acknowledged that some progress had been made but that progress had been insufficient to have full confidence in the School or the MPharm degree. …On the basis of the team’s decision, there will be another reaccreditation visit in the 2023-2024 academic year.”

So the GPhC approval team will make another accreditation visit within 12 months and this is perfectly possible within the existing GPhC rules.

The above example also needs consideration from a different perspective and one which is not discussed in the consultation document.

Reaccreditation events are high-stake high-pressure events for universities. The PDA would fully support any measure that enhances standards, but the counter side to this is that were course

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11 University of Central Lancashire, Master of Pharmacy (MPharm) degree reaccreditation part 1 event report, June 2023
approval to be removed it is blameless students that would be the most severely affected, accordingly contingency planning must be put in place before such an event might occur.

This is why any QA proposal must include “special measures” planning for all eventualities including when course accreditation does have to be withdrawn due to a dangerous slippage in standards. It is remiss of the GPhC not to include any proposals around how such a situation would be handled – approving a failing course (which trains healthcare professionals treating the public) because there is no other option is an untenable option for a regulator charged with protecting the public.

Section 4: Applying our processes across all pharmacy education and training

Pharmacy technician and pharmacy support staff qualifications are delivered and overseen by national awarding organisations.

At the moment we reapprove them using a six-year cycle, with an interim event every three years. This is also the case for Master of Pharmacy (MPharm) degrees delivered by higher education institutions. However, pharmacy technician and pharmacy support staff courses that are delivered by private providers do not have this quality oversight from other organisations. So we reapprove these using a three-year cycle. This reapproval arrangement also applies to the pharmacist independent prescribing programmes delivered by higher education institutions. By introducing yearly monitoring, we will have greater oversight of all courses of pharmacy education and training. Therefore, we propose to apply to private providers and pharmacist independent prescribing providers the same arrangements that apply to national awarding organisations and MPharm providers. In effect, this will result not only in greater scrutiny but in a consistent quality assurance approach overall.

14. To what extent do you agree or disagree with our proposal to apply our QA processes so that arrangements that apply to national awarding organisations also apply to private providers of pharmacy technician and support staff courses?

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

We strongly support a consistent QA process which applies to all registrants. Support staff are not registrants. Pharmacy technicians are registrants and therefore the courses and the colleges which offer these courses must be subject to the same scrutiny as the MPharm course.

This is especially important as pharmacy technicians are increasingly taking on roles which involve more complex skillsets and require a greater knowledge, understanding and application of science and scientific principles.
15. To what extent do you agree or disagree with our proposal to apply our QA processes so that arrangements that apply to MPharm providers also apply to providers of independent prescribing programmes?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don’t know

We fully support extending the QA processes which apply to the MPharm providers to be extended to providers of independent prescribing programmes.

Prescribing is a high-risk activity and needs full and proper QA. Recently qualified pharmacists will from 2026 be competing with newly qualified pharmacists who will all have independent prescribing rights. The demand for these prescribing courses will increase so it is important that the regulator has a QA process in place for this.

16. Please give your comments explaining your answer to the above two questions about applying our processes across all pharmacy education and training.

Free text

The PDA has serious concerns around the growing number of private companies charging fees for mock examinations or assistance to foundation students in their preparation for the registration exam. Many of these private providers are charging significant sums of money sometimes reaching hundreds or thousands of pounds per trainee who feel compelled to use their services due to the high stakes of this exam. We hear of trainees getting into debt to pay these fees.

Whilst there may be limited action that the GPhC could take against these companies it is perfectly reasonable and possible for the GPhC to offer a kite-mark or other such service for private companies that provide support for students.

The PDA provides extensive support, free of charge, to students during their MPharm and especially during the foundation year. The PDA envisages that the demand for support will multiply as 2025 approaches and foundation trainees will also need additional support and mentoring for the prescribing element. The GPhC needs to enhance its support offer to the organisations that provide free support to students.

The GPhC could also enhance its own offering of past papers, online tuition guides etc so that these valuable students are supported to pass their registration exam.
Section 5: The impact of our proposals

17. We want to understand the impact our proposals may have on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. These are:
- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

Do you think our proposals will have a positive or negative impact on individuals or groups who share each of the protected characteristics?

Yes - positive impact
Yes - negative impact
Yes - positive and negative impact
No impact
Don't know

18. We also want to know if our proposals will have a positive or negative impact on other individuals or groups (not related to protected characteristics) – specifically:
- students and trainees
- patients and the public
- education and training providers and partners
- pharmacy staff
- employers

Do you think our proposals will have a positive or negative impact on each of these groups?

Yes - positive impact
Yes - negative impact
Yes - positive and negative impact
No impact
Don't know

19. Please give your comments explaining your answers to the two questions above. Please describe
It is for the GPhC to undertake a full equality impact assessment of its proposals and to publish it alongside its proposals.

We have noted with significant concern that it is repeatedly failing to equality assess the impact prior to making proposals.

Given the long-standing ethnicity attainment gap in the MPharm and the differential pass rates in the registration exam the GPhC is failing in its statutory duty to undertake such an impact assessment for such important and high impact proposals.
About the Pharmacists’ Defence Association

The Pharmacists’ Defence Association (PDA) is a not-for profit defence association and trade union for pharmacists. It is the only organisation that exclusively looks after the interests of employee and locum pharmacists across all sectors of pharmacy. Currently with a membership of around 38,000, the PDA is the largest representative membership body for pharmacists in the UK and this membership continues to grow.

Delivering more than 5,000 episodes of support provided to members who have found themselves in a critical incident situation in the last year alone, provides the PDA with a rich vein of up-to-date experiences which have informed policies and future strategy. This experience has recently been informed by the very considerable number of Covid-19 related issues being faced by members. The practical experience gained in supporting member issues from the coal face is further enhanced by regular member surveys and focus group interactions. The information in this document is largely built upon the experience of our 38,000 members.

The primary objectives of the PDA are:

• To advance and protect good health by promoting proper standards and best practice in pharmacy.

• To support the safe and effective practice of pharmacists at every stage of their career.

• To provide leadership and representation for employed pharmacists, and those in training.

• To protect, defend, lobby for and support the interests and reputations of pharmacists.

• To work with and support local, national and international organisations with similar objectives.

• To facilitate professional indemnity insurance, arrange benefits and undertake any other activities that can support the wider objectives.