The Pharmacists' Defence Association's Response to the General Pharmaceutical Council's Consultation on Initial Education and Training Standards for Pharmacists

April 2019

| representing **your** interests | | defending **your** reputation |

About the Pharmacists' Defence Association

The Pharmacists' Defence Association (PDA) is a not-for-profit organisation which aims to act upon and support the needs of individual pharmacists, pre-registration pharmacists and pharmacy students and, when necessary, defend their reputation. It currently has more than 28,000 members. The PDA Union was inaugurated in May 2008 and achieved independent certification in 2011.

The PDA is the largest pharmacist membership organisation and the PDA Union is the only independent Trade Union exclusively for Pharmacists, in the UK.

The primary aims of the PDA are to:

- Support pharmacists, pre-registration pharmacists and pharmacy students in their legal, practice and employment needs
- Represent the individual or collective concerns of pharmacists in the most appropriate manner
- Proactively seek to influence the professional, practice and employment agenda to support members
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practices, so improving patient care
- Work with like-minded organisations to further improve the membership benefits to individual pharmacists
- Arrange insurance cover for individual pharmacists, pre-registration pharmacists and pharmacy students to safeguard and defend their reputation.

Summary

The General Pharmaceutical Council is consulting from 9 January 2019 to 3 April 2019 on changes to the initial education and training for pharmacists.

At present, Universities offer a four-year period of University study followed by a one-year pre-registration placement with an employer. Some Universities operate two six-month pre-registration placements in and amongst the academic study. The GPhC is proposing "*integrating academic study and workplace experience*" and that Universities would be "*responsible for signing off the student at the end of the period*" (page 10 of the consultation document). It has drafted a set of proposed new standards for this integrated training.

Foreword

Broadly speaking, the PDA would like to see alignment of the format of pharmacists' training with that of other healthcare professionals. To become a GP, for example, requires a 5-year medical degree, 2 years' foundation training (during which time doctors can prescribe, but remain under clinical supervision and work for the majority of the time in a hospital environment) and then 3 years of training beyond that to become a GP (normally 18 months in an approved training practice and 18 months in approved hospital posts). This route ensures thorough training before a doctor could work as a GP assessing and diagnosing patients with varied conditions, many of which will require specialist referral. Though it may not need to be as lengthy, the PDA would like to see a similar development pathway which properly prepares pharmacists for a role in prescribing. This would start at undergraduate level and continue with appropriate post-graduate training, potentially involving a mandatory period of work in a hospital environment as part of the training.

The PDA would like to see a structured professional career framework for pharmacists in the different sectors of practice, accompanied by a skills and salary escalator with GPhC register annotation to indicate the pharmacists' attained level of practice. The pre-registration training should be structured to facilitate entry in to the framework.

The PDA also takes the view that pre-registration placements should be undertaken at premises which have been accredited by the GPhC for the provision of pre-reg training. This would require more robust premises standards than exist currently and potentially the addition of some pre-reg training-specific standards.

The proposals put forward by the GPhC are severely lacking in detail, to the extent that it makes it difficult for respondents. We therefore make the following overarching recommendation.

Recommendation

The considerable adjustments to education and training proposed within this consultation would have a significant impact on the future of the profession. As such, the GPhC should not make any changes as a result of this consultation because there is insufficient detail within it to allow fully-informed responses. For example, details on the funding arrangements for universities and students are lacking. The GPhC should consider the responses to this consultation and put forward a more detailed consultation at a later date to allow better informed responses.

Questions

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 disagree

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? (Please tick all that apply)**

- Person-centred care ✓
- Professionalism ✓
- Professional knowledge and skills ✓
- Collaboration ✓
- Other (please say below which other area or areas you mean) ✓

4. **Please give a brief description of the additions and/or amendments you think are needed (if possible, please give the reference numbers of the learning outcomes).**

The title of the learning outcomes Domain 1 should be changed from "person-centred care" to "patient-centred care". The learning outcomes are confounding in that they sometimes refer to patients (e.g. *"Work in partnership with patients…"*) and other times to "people" or "persons" (e.g. "*Take actions to safeguard people…*"). The inconsistency is unhelpful. For example, why would the GPhC set a requirement that six months of the pre-registration training is "*patient-facing*" (as it has proposed in the consultation) if the relevant domain of the learning outcomes is "*person-centred*" care? The GPhC cannot sensibly make the requirement that six months of the training is "*person-facing*" because it would be so vague

as to be useless in describing the required nature of the training, just as "*person-centred care*" is vague and ambiguous. This highlights, however, that the GPhC's use of the term "person" instead of "patient" is inappropriate.

Recommendation

All references in the learning outcomes to "people" or "person" should be changed to refer, instead, to patients.

Recommendation

Learning outcome 2.12 "*Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so*" groups and conflates the two separate concepts of the duty of candour and raising concerns. The concepts are entirely different and these should be two separate learning outcomes.

Recommendation

A learning outcome should be added to Domain 2 (Professionalism) to the effect that students must be trained in professional assertiveness and exercising professional judgement, ready for when they qualify as pharmacists.

Learning outcomes 3.1 "*Understand and apply the science of pharmacy*", 3.3 "*Demonstrate how the science of pharmacy is applied in the discovery, design and development of safe and effective medicines and devices*" and 3.4 "*Understand and demonstrate pharmaceutical principles and apply them to the safe and effective formulation, preparation, packaging and*

disposal of medicines and products" do not require sufficient science content to be included in the course. These science-related standards comprise just 3 out of 57 standards.

Recommendation

Learning outcome 3.1 "*Understand and apply the science of pharmacy*" is ambiguous. It should be made more specific and expanded upon. "The science of pharmacy" could be interpreted to be the practice of pharmacy, without involving any of the three major branches of science that underpin it (chemistry, biology and physics). The knowledge and application of pharmaceutical science distinguishes pharmacists from other healthcare professionals and as such, additional, more specific science-related learning outcomes should be included.

Recommendation

Learning outcome 3.4 "*Understand and demonstrate pharmaceutical principles and apply them to the safe and effective formulation, preparation, packaging and disposal of medicines and products*" should be at the level "Does".

Recommendation

Learning outcome 3.5 "*Ensure the quality of ingredients and medicines to produce and supply safe and effective medicines and products*" should be at the level "Does".

Recommendation

Learning outcome 3.14 "*Demonstrate effective diagnostic skills to decide the most appropriate course of action*" should be refined, through discussion with the profession, to clarify the scope of the diagnostic skills pharmacists will need to have upon completion of their initial education and training.

Recommendation

In learning outcome 4.1 "*Work collaboratively with other healthcare professionals and demonstrate clinical leadership*", the term "*clinical leadership*" is ambiguous and should be defined or clarified.

Section 2: Standards for providers

As part of this revision of the initial education and training standards for pharmacists, we have produced a set of standards for providers, which are explained in Part 2. The standards describe the requirements for programmes delivering the learning outcomes in Part 1.

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)**

• Domain 1 – Selection and admission

• Domain 2 – Equality, diversity and fairness

• Domain 3 – Resources and capacity

• Domain 4 – Managing, developing and evaluating initial education and training

• Domain 5 – Curriculum design and delivery ✓

• Domain 6 – Assessment

• Domain 7 – Support and development for student pharmacists and people delivering initial education and training

• Domain 8 – Learning in practice (preregistration) ✓

• Domain 9 – Learning in practice (preregistration) supervision ✓

Please give a brief description of the additions and/or amendments you think are needed. You will be able to provide comments on admission requirements, experiential learning, inter-professional learning and learning in practice (pre-registration) supervision later in the consultation.

We have ticked "*Curriculum design and delivery*", "*Learning in practice (preregistration)*" and "*Learning in practice (preregistration) supervision*" because we want to comment on these areas specifically. We take the view that other areas will also need amendments based on our responses to other questions, the nature of which will be self-evident.

Criteria 5.1 in Domain 5 (Curriculum Design and Delivery) is *"There must be a curriculum and a teaching and learning plan for initial education and training."* The absence of any detail as to what the curriculum should include is cause for concern.

Recommendation

The GPhC's proposed standards for initial education and training lack detail. The GPhC must include an indicative syllabus similar to that in the current initial education and training standards for pharmacists.

There are advantages to pre-registration training being done in periods of time of a minimum duration e.g. six months, such as the opportunity for the pre-reg to experience and demonstrate continuity of care for patients and build teamwork.

Recommendation

The GPhC must specify the minimum duration of a pre-registration ("learning in practice") training period and whether any of the pre-reg training could be undertaken within the first two years of commencing the course; the training at this stage would mean the pre-reg had limited knowledge upon which to base his or her practice.

Recommendation

The GPhC's standards for initial education and training must retain the following existing requirements, which the proposal may be seeking to remove since they are not mentioned in the consultation document. It would certainly be inappropriate to remove these requirements without consulting upon doing so. Some of these key requirements were breached in the Peppermint Water Case in 1998.

- The hours the pre-reg works each week must overlap with those of the tutor for at least 80 per cent of the time they are working.
- The pre-reg tutor must have worked as a registered pharmacist for at least three years in the UK in the sector of practice in which they plan to work as a tutor.
- Unless the pre-reg gets the GPhC's agreement first, he or she may only train outside his or her main training organisation in one of two ways:
    - five days in 'unlisted' training sites (that is, a site that is not approved for pre-registration training)
    - four weeks in a listed training site

  The pre-reg can only do each of these things once in a training year without specifically agreeing it in advance as part of the training plan, or as part of the application to enter training.
- The pre-reg tutor must work with the pre-reg at least 28 hours per week over four days each week, unless the GPhC approves a joint tutoring arrangement in cases where this is not possible.
- A pre-reg tutor must only be allowed to supervise one trainee at a time.
- The pre-reg must complete initial pharmacy education and training successfully and apply to register with the GPhC within:
    - eight years of the date of commencing the MPharm degree, or
    - four years of the date of commencing the OSPAP postgraduate diploma

Recommendation

The GPhC must retain the requirement for a pre-reg tutor (or "designated learning in practice supervisor") to be a pharmacist. It has proposed to do so at Standard 9.1.

Recommendation

At Standard 9.2 the GPhC is proposing that the supervisors of a pre-reg (as distinguished from the "designated learning in practice supervisor") could be any "health and social care professional", which we anticipate in the GPhC's misplaced view would include a pharmacy technician. This could lead to a situation where one pharmacist acts as the designated learning in practice supervisor for thousands of pre-regs whereas in practice the pre-regs are "supervised" by pharmacy technicians.

The GPhC must not diminish the quality of pharmacists' education and training in such a way, irrespective of whether it supports the government's agenda of pharmacists working remotely whilst pharmacy technicians supervise pharmacies (which we are concerned may have prompted some of the changes being proposed by the GPhC).

Recommendation

Whilst a pre-reg may work in a multidisciplinary team and be mentored by others, the GPhC must set a requirement that those acting in a capacity as a tutor or supervisor to a pre-reg must be pharmacists who have been registered with a UK healthcare regulator for at least three years.

Recommendation

At Standard 9.5 the GPhC has said that assessments of learning in practice must be carried out by "*appropriately trained and qualified people who are competent to assess the performance of student pharmacists*". Further, at Standard 9.6 it says that the "designated learning in practice supervisor" may engage "delegates" to meet with the pre-reg during their pre-reg year about their development, with documented outcomes. Our view is that some employers will interpret this very broadly, to include any person such as a non-pharmacist manager who may or may not have done a short training course, for example.

Assessments of learning in practice must be completed by the pre-reg tutor (or to use the GPhC's term, the "designated learning in practice supervisor").

Recommendation

Standard 8.3 in Domain 8 – Learning in practice (preregistration) should be revised. The GPhC's standards for initial education and training should require mandatory cross-sector training experience, including a period of time in a hospital placement, to improve the breadth of pharmacists' clinical training.

Recommendation

For all Domains listed, the GPhC should specify which standards and criteria would apply to the University and which would apply to the employing organisation, if integrated training is to be adopted. The GPhC must enforce the standards accordingly.

Recommendation

There are examples of the GPhC's use of terminology becoming detached from that of the profession, or being used inappropriately such that the term is either meaningless, ambiguous, non-professional or inaccurate. Examples include:

- "Pharmacy professionals" in reference to both pharmacists and pharmacy technicians
- "Person-centred care" instead of patient-centred care
- "Learning in practice" instead of pre-registration training
- "Student pharmacist" instead of pre-reg
- "Designated learning in practice (LIP) supervisor" instead of pre-reg tutor
- "Revalidation" for a framework which is not revalidation

The use of language in pharmacy must be led by the profession and not a regulator, whose role is to regulate. The GPhC risks adopting a markedly different language to the profession it seeks to regulate if it continues to introduce inappropriate terminology, and so it should cease doing so.

Section 3: Integrating the five years of initial education and training

These standards have a greater focus on clinical skills, on communicating with patients and on working effectively with other health and care professionals. We think student pharmacists need exposure to an appropriate breadth of patients and people in a range of

environments (real and simulated) to develop the skills and the level of competence needed for their future roles as pharmacists. This means there needs to be a much stronger link between the currently separate elements of academic study in the MPharm degree and the workplace experience contained in the pre-registration year. We therefore propose a closer integration of study and practical learning and to set the learning outcomes to be achieved over five years to adequately prepare student pharmacists for their future roles.

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

Neither agree nor disagree

9. **Please explain your response.**

We support the Pharmacy Schools Council's position on this point:

- *"While the Council welcomes exploring a greater partnership in registration and training, we are concerned that without appropriate funding for the extra levels of clinical experience and without enhanced central quality assurance of placement providers, there is a risk that the proposals will be undeliverable."*
- *"Whilst the GPhC recognises in the consultation that this aspect of their proposal is 'challenging', the Council's opinion is that GPhC should not absolve itself of its current responsibilities to the public and patient safety with the statement that 'it is not the role of the regulator to say precisely how this achieved'. The GPhC should be clear that it wishes to ensure the viability of pharmacy education in the UK. This requires more specific proposals from the GPhC on how the uplifted clinical and practical training is to be funded and quality assured and the role of the GPhC in these processes. Such information is a vital pre-requisite for constructive discussions before planning can occur to continue to improve the quality of pharmacy education and enhance the roles of pharmacists in our health systems and economy."* [1]

Recommendation

More information is needed on how an integrated degree course and pre-reg year would work in practice, and only then would it be possible to provide a fully-informed comment on whether integrated regulatory standards would be appropriate.

- We are opposed to pharmacy students having to pay course fees for a five-year degree course instead of a four-year one as at present, or losing a year of earning potential as a pre-reg.
- The fact that pre-regs will have employee status when working during their pre-reg must be made clear in the GPhC's proposals, to ensure they are given employment rights.
- Access to pharmacy education for those from less affluent backgrounds must be protected.
- Employers and universities would need to know details of the funding arrangements before they would be able to provide fully-informed comments on this matter. Universities are meant to receive £9,250 from HEFCE each year per student, and the GPhC has made no mention of whether or not this additional funding would be available for the additional year - during which time universities would, under the GPhC's proposals, carry out quality assurance on the pre-registration training.
- The GPhC's "*increased focus on clinical and communication skills and multi-professional learning"* may have staffing implications for the Universities too, as they revise courses to focus on those particular aspects.

Section 4: Selection and admission requirements

We propose to strengthen the admission requirements in the standards by requiring providers to assess the skills and attributes of prospective students (that is, their interest in person-centred care, ability to work with other people, professionalism, problem

solving abilities and numeracy) as well as their academic qualifications in order to assess professional suitability. With the increased focus on person-centred care in our proposed learning outcomes, this extra requirement will make sure providers are thinking more widely about the all-round abilities of prospective students and their suitability to become pharmacists.

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?**

Strongly agree

11. **Please explain your response.**

It would seem non-sensical for Universities to admit students without making some assessment of their skills and attributes. We therefore support in principle the proposal to do that. However, we do have some concerns with the details of the proposal. In the consultation document, the GPhC has stated:

"We propose to strengthen the current selection and admission standard. Providers will have to assess the professional skills and attributes of prospective students as well as their academic qualifications. By that we mean their:

- *interest in person-centred care*
- *ability to work with other people*
- *professionalism*
- *problem-solving abilities, and*
- *numeracy skills".*

Students will largely not, at the time of application to University, have professional skills, since they will mostly not be qualified as professionals (some may, from previous work in other disciplines).

Recommendation

In the selection and admissions process, the GPhC has proposed to require the assessment of the professional skills and attributes of prospective students. It should instead seek to ensure students have the **potential to develop** the professional skills and attributes required of a pharmacist are assessed, since the prospective students will not yet have developed these skills.

Recommendation

In the selection and admissions process, the GPhC has proposed to require the assessment of prospective students' interest in "person-centred" care. It should instead seek to ensure students' interest in ***patient-centred*** care is assessed. Prospective students are seeking to enter a profession which involves caring for patients. Our view is that they are more likely to understand and respect this term than "person-centred care".

To help schools of pharmacy to assess the skills and attributes of prospective students, we will also introduce a mandatory requirement for an interactive component in the admission process. As well as contributing to the assessment of skills and attributes, it also allows providers to assess the overall communication skills of prospective students in line with the greater focus on this element within the learning outcomes. This requirement would apply to all integrated initial education and training admissions, including students applying for admission to a university through Clearing.

12. Do you agree or disagree with our proposal to make an interactive component

mandatory in integrated initial education and training admission procedures?

Strongly agree

13. Please explain your response.

Recommendation

An interactive component in the initial education and training admission procedures will mean universities are required to assess interpersonal and communication skills directly where they do not already, which could improve the overall quality of the admissions process.

We have noted the wider trend of students entering university having not achieved the advertised grades. This raises the question of whether our standards should be more prescriptive and require providers to admit only those students who have demonstrated their academic ability by achieving the A level/Highers grades advertised for a course. While there are some arguments in favour of this, we are conscious that the aim is to give more people the opportunity to enter university and the healthcare professions. We are also aware that students who may not have achieved the advertised grades may still – with the right support, application and values – succeed over the course of their education and training. We therefore need to balance a high standard of admissions with ensuring widened opportunities.

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

Yes

15. Please explain your response.

The GPhC has not been specific enough about the selection and admissions criteria for entry on to the pharmacy course. It is currently proposing not to set any specific criteria, and to allow the universities to decide their own. Further, the GPhC is proposing to permit universities not to enforce their own entry requirements and does not propose to specify the criteria that should be in place for making the decision.

This is evident in learning outcome 1.2: "*Selection criteria… must include… meeting academic entry requirements*" and standard 1.5 "*When providers accept applicants who do not meet the academic entry requirements, they must set out clearly the criteria used for making the decision.*" The language "***when*** providers accept…" implies that the GPhC is certain that providers will accept applicants who don't meet the entry requirements; whilst this may be true for good reasons, it should be by exception and not normalised through regulatory standards which set the bar too low and which, given the wording above, may even be seen by some as *prompting* universities to accept students who don't meet the grades.

At a corporate level, Universities will consider their fee income from the student intake, and it is important that entry standards are maintained to help ensure that the outcome in terms of quality is maintained or improved.

We note that the GPhC stated in the consultation document "*the aim is to give more people the opportunity to enter university and the health and care professions*" (page 11) and "*We therefore need to balance a high standard of admissions with ensuring widened opportunities*" (page 39). It is not the GPhC's role to increase the number of registered pharmacists.

Our view is that a good academic performance up to the age of University admission is a helpful pre-requisite for studying pharmacy at University, though we would like to see an analysis conducted of UCAS tariff vs. final degree and pre-registration exam results in pharmacy. In research in other academic fields such as nutrition, UCAS tariffs have been

found to be positively correlated with academic performances in all undergraduate years combined. [2]

The GPhC's Council meeting papers from November 2018 stated: "*We remain concerned that around 20% of people have not passed the registration assessment at their first sitting in the last two years. While there can be many reasons for this, we have noted the wider trend of students entering university having not achieved the advertised grades – 32% in 2015/16 rising to 39% in 2016/17. That raises the question of whether our standards should require course providers to admit only those students who have demonstrated their academic ability by achieving the A level/Highers grades advertised for a course. While there are some arguments in favour of this, we are very conscious of the aim to widen opportunity of access to university and healthcare professions. We are also aware that students who may not have achieved the advertised grades may nevertheless with the right support, application and values, succeed over the course of their education and training.*
We think this issue is best addressed through our accreditation approach and we will be expecting course provides to have clear criteria for deciding when it is appropriate to admit students who have not achieved the advertised grades." [3] Again, it is not the GPhC's role to have "*the aim to widen opportunity of access to university and healthcare professions*".

The number of first year MPharm students taken on through clearing was 643 in 2016/17 compared to 265 in the 2011/12 intake – 243% of the 2011/12 figure. [4] In that same year, 2016/17, 39% of the new intake (3,392 students) had not attained the required A-level/Highers grades — more than double the number who were accepted on to the pharmacy course via clearing. [5] Whilst we understand that by exception it may be appropriate to accept a student who does not meet the required grades, the proportion of students being accepted onto the MPharm course without the required grades is cause for concern. At the same time, from the response to an FOI request to the GPhC, provided to us by a member, it is clear that the number of pharmacists on the register has increased considerably in recent years. In 2011 the number of GPhC-registered pharmacists was 42,192 and in 2018 it was 55,533 – an increase by 32%.

Recommendation

If the UK healthcare system needs more pharmacists, that should be achieved by making the profession more attractive to work in. The GPhC must not passively accept or actively promote a reduction in standards of entry in to University; this would lead to the diminution of professional standards and reduced patient safety.

The GPhC's Pharmacy Student Data report 2016/17 sets out the minimum UCAS tariff points advertised by Universities, the most common being ABB with some requiring AAB (25 out of 33 Universities required ABB or better). [5]

Recommendation

Under Domain 1 – Selection and Admission, the GPhC should set minimum academic entry requirements to be attained of specific grades at A-Level as a minimum (or equivalents according to the National Qualifications Framework). This should be evidence-based, considering the standards that need to be maintained in the profession, and enforced rigorously.

Unconditional offers in England and Wales guarantee an applicant a place at university whether they achieve their projected A level/Highers grades or not. We are seeking views on whether we should continue to allow unconditional offers, which can act as a disincentive for students to achieve high standards at all times.

16. Should we continue to allow unconditional offers?

No

17. Please explain your response.

We agree with the rationale set out in the question – that unconditional offers may act as a disincentive for students to achieve high standards.

We agree with the University and College Union that "*The proliferation of unconditional offers is detrimental to the interests of students and it is time the UK joined the rest of the world in basing university offers on actual achievements instead of on guesswork*" and the Association of School and College Leaders (ASCL), which said "*This huge increase in unconditional offers is driven by competition between universities and is not in the best interests of students. It can lead to students making less effort in their A-levels because their place is assured. That can then hamper their job prospects later down the line if potential employers take into account their A-level grades.*" [6]

Section 5: Experiential learning and inter-professional learning

We are concerned that there may be too much variability in the amount of experiential learning, and of inter-professional learning with other healthcare profession students, in initial education and training. To ensure greater consistency, we propose that student pharmacists must have exposure to an appropriate breadth of patients and people in a range of environments (real and simulated) to enable them to develop the skills and the level of competency to achieve the relevant learning outcomes in Part 1 of these standards. Our revised standards also state that student pharmacists must participate in interprofessional learning. Engagement with students from other health and care professions must begin at an early stage, progressing to more complex interactions to enable them to develop the skills and level of competency to achieve the relevant learning outcomes in Part 1 of these standards.

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

Experiential learning (practical learning)?

Strongly agree

Inter-professional learning?

Strongly agree

19. Please explain your response.

Our view is that both of these proposed changes will benefit pharmacy students, for the reasons given in the consultation document.

Recommendation

"Inter-professional learning" must be conducted with other healthcare professionals such as doctors, dentists and nurses. Learning undertaken alongside non-professional support staff such as pharmacy technicians would not meet this requirement.

Section 6: Learning in practice (preregistration) supervision

We are proposing to make several changes to what is currently known as pre-registration training, which we are planning to rename 'learning in practice'. The first is to supplement the current four tutor sign-offs with more regular progress meetings, which must be documented.

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?

Strongly disagree

21. Please explain your response.

We find this question misleading. The current four tutor sign-offs are done by the pharmacist tutor. The GPhC has said in the consultation document that the "designated learning in practice supervisor" must be a pharmacist but that "supervisors" may not be pharmacists.

Recommendation

The terms "designated learning in practice supervisor" and "supervisor" have different meanings in these proposals and this could be misleading or confusing.

The GPhC should only have one person acting as a tutor (or "designated learning in practice supervisor") to a pre-reg and that person alone should be considered to be the pre-reg tutor / supervisor.

Whilst we agree with the concept of having more frequent meetings to check on progress, we make the following recommendation.

Recommendation

Progress meetings must still require sign-off by the pre-reg tutor, who must be a pharmacist.

The format and requirements of the meetings proposed by the GPhC is woolly; the current proposals do not make clear when and how often, if at all, the designated pharmacist pre-reg tutor should discuss progress with the pre-reg prior to final sign-off. The proposals would mean that review meetings could be conducted by non-pharmacist non-professional delegates. This could create a situation in which the pharmacist pre-reg tutor is unaware of the pre-reg's progress for long periods of time, such that there would be pressure at the final signoff meeting for the pre-reg tutor, who may not be sufficiently aware of the pre-reg's progress, to declare the pre-reg as having met the learning outcomes – meaning that the pre-reg is either passed inappropriately or reaches the end of their pre-reg and cannot be signed off as ready to practice.

Recommendation

The GPhC must continue to specify that there must be at least three progress meetings held between the pre-reg and the pharmacist pre-reg tutor before the final signoff meeting and that these must occur at the equivalent of the 13, 26 and 39-week stages of the pre-reg training.

Recommendation

The GPhC must specify that the final declaration and signoff is to occur during the 52nd week of the pre-reg training period.

The second change to learning in practice (preregistration) is that we plan to withdraw the current pre-registration performance standards and replace them with the learning outcomes in these revised standards. The pre-registration performance standards date from 1993 and are no longer fit for purpose.

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?

Strongly disagree

23. Please explain your response.

Whilst we agree that the performance standards would need to be reviewed, our view is that despite the fact that they date from 1993, many parts have much to commend them and would be an improvement on the proposed new learning outcomes developed by the GPhC. They provide specific and useful points of development for pharmacists which are easier to understand than some of the vague concepts within the GPhC's proposals.

Section 7: Impact of the standards

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)

- Age ✓
- Disability ✓
- Gender reassignment ✓
- Marriage and civil partnership ✓
- Pregnancy and maternity ✓
- Race ✓
- Religion or belief ✓
- Sex ✓
- Sexual orientation ✓
- None of the above

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)

- Age ✓
- Disability ✓
- Gender reassignment ✓
- Marriage and civil partnership ✓

- Pregnancy and maternity ✓
- Race ✓
- Religion or belief ✓
- Sex ✓
- Sexual orientation ✓
- None of the above

26. Please describe the impact and the individuals or groups that you have ticked in questions 25 and 26 [sic; assume this means 24 and 25].

The GPhC's learning outcomes on equality, diversity and fairness have the potential to have a positive effect on pharmacy students with protected characteristics. Whether or not they will do so in practice may vary at an individual University level; some are already taking positive steps to promote equality, diversity and fairness before this proposed change is introduced.

There is also a risk of disadvantaging individuals or groups. The GPhC has not put any detail forward in the consultation documents about how and for how long the training could be paused when a student needs to balance academic study and employment, for example during maternity leave or a period of long-term ill health.

There is a risk of disadvantaging mature students if they have children or other commitments outside of university, and pregnant women, if they are not able to pause the degree course after either three or four years and graduate with a degree as they can at present (e.g. a BSc in Pharmaceutical Sciences). The GPhC has provided no information as to whether and how that could work.

Recommendation

The GPhC must set out and consult on the effect of its current proposals on the ability of pharmacy students to gain a BSc qualification if they bring their studies to an end after year 3 or 4.

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.

We have already set out our concerns about changes to the funding of the course and pre-reg placement in response to other questions. We are concerned that individuals from less affluent backgrounds may be put off studying pharmacy if they are expected to self-fund the entire five years without payment.

An additional concern is that if employers are required to work closely with Universities to develop an integrated degree course, through the relationships developed, this could increase the influence of large corporate multiple pharmacies over the practice of pharmacy, and the learning undertaken at undergraduate level. We have concerns with the fundamental ethos and attitude of some employers, with the poor behaviours including a lack of transparency, untruthfulness, insufficient regard for individual wellbeing and too great a focus on corporate targets. We would not want to see such mindsets transposed on undergraduate education as this may have an adverse effect on students and the profession.

Recommendation

Universities will understandably want to maintain good relationships with employers that may take their students for placements. This must not be allowed to influence the fair conduct of student fitness-to-practise proceedings, for example where an issue has been identified by an employer, for a student that works part-time for them or during the summer.

Recommendation

If the Universities are to define the content of learning outcomes for the pre-reg placement, but a separate employer is to deliver the pre-reg placement, some responsibility must be placed on the employer for the quality of that. The GPhC has made no mention of this in the consultation document but must set out the employer's responsibilities.

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