

General  
Pharmaceutical  
Council

---

# Consultation on initial education and training standards for pharmacists

January 2019



The text of this document (but not the logo and branding) may be reproduced free of charge in any format or medium, as long as it is reproduced accurately and not in a misleading context. This material must be acknowledged as General Pharmaceutical Council copyright and the document title specified. If we have quoted third party material, you must get permission from the copyright holder.

Contact us at [\*\*communications@pharmacyregulation.org\*\*](mailto:communications@pharmacyregulation.org) if you would like a copy of the document in another format (for example, in larger type or in a different language).

# Contents

<b>About the GPhC .....</b>	<b>4</b>
<b>Foreword.....</b>	<b>4</b>
<b>Developing the standards .....</b>	<b>6</b>
<b>Introduction .....</b>	<b>7</b>
<b>Standards for the initial education and training of pharmacists .....</b>	<b>16</b>
<b>Consultation questions .....</b>	<b>37</b>

## About the GPhC

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain.

We work to assure and improve standards of care for people using pharmacy services.

## What we do

Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services.

We set standards for pharmacy professionals and pharmacies to enter and remain on our register.

We ask pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies.

We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register.

Through our work we help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

# Foreword

There are growing expectations on everyone working in health and care to deliver better experiences and outcomes for patients and the public. It is vital that the pharmacy team is equipped to work flexibly alongside other health and care professionals, and can respond with confidence to the changing demands from health services and patients across Great Britain. **Our strategic plan (2017–20)** sets out our aim to use our regulatory powers to support and improve the delivery of safe, effective care and to uphold trust in pharmacy. One of the ways we do this is by continuing to make sure members of the pharmacy team have the knowledge they need, and that they display the necessary attitudes and behaviours.

Pharmacists play a vital role in delivering care and in helping people to maintain and improve their health and wellbeing. The standards of initial education and training we set for pharmacists are vital in making sure that pharmacists are appropriately prepared to deliver pharmacy services and improve them. The initial education and training of pharmacists must give them the necessary knowledge, attitudes and behaviours to successfully take on their roles and provide safe and effective care for the people using their services.

As it is for other healthcare professionals, the pharmacist's role is a flexible one and varies between settings and sectors. Whatever the circumstances, pharmacists are experts in medicines. The role's flexibility means that pharmacists can work in registered pharmacies; in primary, secondary and tertiary care; in non-healthcare settings; or in combinations of these.



Pharmacists' roles are evolving quickly in response to rapid changes in healthcare and pharmacy practice. Initial education and training also needs to evolve to reflect these changes so that pharmacists are equipped with the skills they need to develop new services.

In this consultation, we are proposing to modernise the initial education and training of pharmacists. This is to take account of recent developments in the delivery of initial education and training, and to give pharmacists the knowledge, attitudes and behaviours they will need to be prepared for future practice.

One important change we are proposing is to set integrated standards for the full period of initial education and training. At the moment, the most common form of initial education and training for pharmacists in Great Britain is a four-year MPharm degree accredited by the GPhC, followed by 52 weeks of pre-registration training in one or more sectors of practice. We currently set standards and learning outcomes for the MPharm degree and then separate performance standards and learning outcomes for the pre-registration year.

We think that now is the time to bring pharmacist initial education and training into line with other clinical healthcare professions by integrating academic study and workplace experience. We propose to have one set of standards and learning outcomes that cover the full period of initial education and training. We call on stakeholders to work together constructively to bring this about.

We carried out extensive engagement with a wide range of health and education stakeholders before drafting the revised standards. During that work we were told that certain areas should be strengthened in the revised standards to prepare student pharmacists for their future roles:

- working in partnership with patients
- working in multi-disciplinary teams
- leadership skills, and
- using technologies to improve patient care

Also, we were told that the changes we made to the initial education and training of pharmacists must be supported by relevant science.

In this consultation, we hope to hear from as many people and organisations as possible about our proposals and we will use what we hear to shape our standards over the coming months.



**Duncan Rudkin**  
Chief Executive and Registrar



**Nigel Clarke**  
Chair

# Developing the standards

We have considered a wide range of information in developing these draft standards. We commissioned independent research to give us more intelligence on pharmacists' preparedness for practice. We worked with all schools of pharmacy and with many stakeholders involved in the education and training of pharmacists. We also brought together several expert groups to test specific aspects of the initial education and training of pharmacists, namely: prescribing, pre-registration training, and learning outcomes.

We now want to test our thinking to make sure our new standards reflect the essential features of this profession. Please let us know what you think about any or all of the proposals described in this document.

This consultation document is in three parts:

**Section 1:** Introduction to the standards

**Section 2:** Standards for the initial education and training of pharmacists

**Section 3:** Responding to the consultation

The consultation will run for 12 weeks and will close on **Wednesday 3 April 2019**. During this time, we welcome feedback from individuals and organisations. We will send this document to a range of stakeholder organisations, including pharmacy professionals, professional representative bodies, student pharmacists, organisations representing pharmacy students, education and training providers, employers, and patients' representative bodies.

We hope you will read this paper and consider responding.

## How to respond

You can respond to this consultation by going to [www.pharmacyregulation.org/IETP-standards](http://www.pharmacyregulation.org/IETP-standards) and filling in an online survey there.

Please contact us at [communications@pharmacyregulation.org](mailto:communications@pharmacyregulation.org) if you would like a copy of the discussion paper survey in another format (for example, in larger type or in a different language).

## Comments on the consultation process itself

If you have concerns or comments about the consultation process itself, please send them to:

[feedback@pharmacyregulation.org](mailto:feedback@pharmacyregulation.org)

or post them to us at:

**Governance Team**  
**General Pharmaceutical Council**  
**25 Canada Square**  
**London E14 5LQ**

Please do not send consultation responses to this address.



# Introduction

## 1.1 Background

Education and training is the foundation on which practice is built, and setting standards for the initial education and training of pharmacists is an important part of our work as a regulator. The present standards came into effect in 2011 and we have seen considerable developments since then. University degrees are more clinical, and there is a greater use of placements and inter-professional learning in them. There has also been positive feedback about the first group of students who have been educated and trained under the present standards.

So why propose new standards at this stage? The pace of change in pharmacy has increased in recent years with greater use of technology, and an increase in the range of services offered to people. There is also an increased expectation that pharmacists can help relieve some of the pressures in the wider NHS. The pharmacist's role as a front-line healthcare professional has continued to develop. It takes them more and more often into GP practices, care homes and people's homes, as well as into the more familiar settings of community pharmacy, hospitals, industry and academia. Pharmacists need to be equipped to play a central role in providing clinical services to people in these diverse working environments. They also need to operate in multi-professional teams across health and care settings, contributing to the improvement of the health and wellbeing of people.

We believe that the standards need to be revised to respond to these changes and to anticipate future developments. We have spoken to a wide range of people over the last 12 months to help develop these draft standards. These include all schools of pharmacy, students, employers, and our own Education Advisory Group, which represents the main pharmacy constituencies and patients.

We regulate pharmacy education in the three countries of Great Britain. However, we have adopted a four-country, UK-wide approach to setting initial education and training standards for pharmacists and accrediting MPharm degrees by collaborating with our partner regulator in Northern Ireland, the Pharmaceutical Society of Northern Ireland (PSNI). During this consultation we will be working with the PSNI to gather views on our proposals from stakeholders there.

## 1.2 The changes we are proposing to the standards

### 1.2.1 Learning outcomes

The learning outcomes are focused on four themes:

- person-centred care
- professionalism
- professional knowledge and skills, and
- collaboration

The learning outcomes still recognise the critical importance of science to the initial education and training of pharmacists. It is their extensive knowledge of medicines that enables pharmacists to play a specific and leading role in healthcare in direct, patient-facing roles and in research and industry. Given the developments in pharmacy set out in the previous section, we believe the standards need to have a greater focus on applying that scientific knowledge in practice.

The standards are therefore more heavily focused on clinical skills and on the importance of communicating effectively with people. This includes involving people in decisions about their care as well as advising them clearly and confidently about their use of medicines. It also includes making sure that students learn skills relating to prescribing such as consultation and physical examination. Pharmacists are also increasingly forming part of multi-professional healthcare teams. As services and service models develop, this is likely to increase further. We believe it is essential that pharmacy students have a greater involvement with, and exposure to, other health and care

professionals, starting from the early stages of their education and training.

We see this increased focus on clinical and communication skills and multi-professional learning as essential to equipping pharmacists with the flexibility they will need in the future. We also believe it will develop the confidence of pharmacists to play a leading role in person-centred care – something which has been raised with us consistently while we have been developing these new standards.

### 1.2.2 Integrating initial education and training

The most common form of initial education and training (IET) for pharmacists in Great Britain is a four-year MPharm degree accredited by the GPhC, followed by 52 weeks of pre-registration training in one or more sectors of practice. This reflects the UK's current membership of the European Union, and Directive 2005/36/EC under which pharmacists must undergo at least five years' full-time (or part-time equivalent) initial education and training. This must be made up of at least four years' academic study and at least six months of patient-facing training in a community or hospital pharmacy towards the end of the five years. These requirements may change depending on the outcome of Brexit negotiations.

There has been a lot of discussion over many years about the value of integrating academic study and practical workplace learning. In 2011, the Modernising Pharmacy Careers Programme Board in England recommended collaborative working by schools of pharmacy and practice





training providers to make the most of everyone's contribution and for course design to remove existing duplication. And in recent years we have seen some developments in integrated pharmacy education.

In England there are now four, five-year degrees designed for international students, who can undertake pre-registration training on a student visa as part of their degree. Feedback from the schools of pharmacy running these degrees is positive. They have told us that students have become more confident communicators and are able to interact with people more effectively.

In Scotland government policy is to introduce five-year integrated IET programmes for pharmacists, so that students would be eligible to register as soon as they had graduated. Work is under way to consider the admissions, funding, programme development and quality management arrangements needed to support this. Also, the number of funded pre-registration places in Scotland has increased from 170 to 200. This was partly to increase the training opportunities in remote and rural areas. Additional funding has been made available to support the development of additional learning by way of clinical experience in the present MPharm degrees provided by Scottish universities.

In Wales, health boards have been piloting multi-sector training with a view to rolling this out across the country. Rather than training in one sector, trainees experience a number of placements in community settings, hospitals, GP practices, mental health trusts and care homes as part of a commitment to increase the capability of people to work flexibly in the interests of patients. Similar trials have begun in England and Scotland.

Alongside developments in IET, a new board has been established to oversee the development of the governance of postgraduate education and training in pharmacy.

We believe that it is now essential to have an increasing focus on the closer integration of study and practical experience and to have closer collaboration between everyone involved. To achieve the learning outcomes we are presenting here, we believe there needs to be a more coherent and coordinated approach to IET. If we are to have a greater focus on clinical skills, on communicating with patients and on working effectively with other health and care professionals, there must be a much stronger link between the currently separate elements of academic study in the MPharm degree and the practical experience in the pre-registration year. Student pharmacists<sup>1</sup> need exposure to an appropriate breadth of patients and people in a range of environments (real and simulated) if

---

<sup>1</sup> Throughout this document we refer to 'student pharmacists', rather than 'MPharm students' and 'pre-registration trainee pharmacists'. This is because if initial education and training is

integrated, one term can apply. The term 'pre-reg tutor' has been replaced with 'learning in practice supervisor' and 'pre-reg training' with 'learning in practice'.

they are to develop the skills and the level of competence they need for their future roles.

Restructuring IET in the way we propose will also have the benefit of modernising pharmacist education in line with the equivalents for other front-line healthcare professionals such as doctors, dentists and nurses. Mainly this is to acknowledge that while the professions are distinct, with their own identity and focus, they share a common core of knowledge and skills based around person-centred care<sup>2</sup>.

As a result, we are setting learning outcomes that are to be achieved over the full period of initial education and training. By necessity, this integration will mean that universities, employers, health education and training organisations and bodies responsible for funding must work together to achieve this.

It is not the role of the regulator to say precisely how this can be achieved. We believe there are likely to be different ways and models, both within and across the countries of Great Britain, and we will make sure that our accreditation methodology allows for diversity and innovation in delivery. We do not believe people should feel constrained by earlier discussions about the way greater integration will be achieved and funded. We do believe that universities need to be involved throughout the period of initial education and training and be responsible for signing off the student at the end of the period.

---

<sup>2</sup> A recent study of inter-professional learning, illustrating similarities and differences in medical, pharmacy and nursing IET curricula is at

<https://www.tandfonline.com/doi/full/10.108>

We recognise that this is challenging and will involve some difficult decisions. But we also believe it is the right time to encourage more innovative thinking, given the importance of making sure the pharmacists of the future are fully equipped for the roles they will need to play. There would need to be a managed transition from the old standards to the new ones. We will take account of this in deciding when the new standards, once finalised, will come into effect.

### 1.2.3 Learning in practice (pre-registration training)

Because we are setting learning outcomes for the full period of initial education and training, it follows that there will be no separate set of pre-registration performance standards. The 'learning in practice' parts of the curriculum will count towards our registration requirement for 52 weeks of practical training. It will be for providers and employers to decide when the 52 weeks are carried out. We would expect there to be different models depending on the overall design of each provider's education and training curriculum. We will expect a more rigorous and structured approach to learning in practice with more regular and documented progress meetings.

Learning in practice is separate from but linked to other practical experience built into initial education and training.

**0/0142159X.2017.1309372** (by the School of Pharmacy and Life Sciences, the Robert Gordon University and the School of Medicine, University of Dundee).



### 1.2.4 Independent prescribing

Even with greater opportunities for clinical, person-centred experiences in integrated IET we do not, at this stage, think that newly qualified pharmacists will be ready to practise immediately as independent prescribers. However, we do think it is realistic for IET to deliver the knowledge and skills needed for independent prescribing, and we will look for this in curriculum design.

### 1.2.5 Selection and admission

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

Given the learning outcomes we believe are necessary, and the lessons learned more generally from reports and inquiries into healthcare failings, we think this is an important development. 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.

To help achieve this, we will also require providers to build interactive activities into their admissions processes, for example multiple mini interviews and group work. As well as contributing to an assessment of professional skills and attributes, this will also allow providers to assess the overall communication skills of prospective students. There is a greater focus on this element within the learning outcomes. This requirement would apply to all admissions activities, including those students applying for admission to a university through Clearing<sup>3</sup>.

We have also considered carefully whether the selection and admissions standard should be strengthened in other ways. We are 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 who are 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 say that providers may 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 that the aim is to give more people the opportunity to enter university and the health and care professions. We are also aware that students who may not have achieved the advertised grades may still – with the right

---

<sup>3</sup> Clearing is made up of two processes: Clearing – matching students who have not achieved their expected grades to a course; and

Adjustment – matching students who have exceeded their expected grades to a course.

support – succeed over the course of their initial education and training<sup>4</sup>.

We have also considered whether it is appropriate for universities to guarantee students a place at university based on an unconditional offer – that is, whether students achieve their projected A level/Highers grades or not. There is some evidence that unconditional offers are:

- acting as a disincentive to achievement at school, and
- at odds with encouraging students to achieve high standards at all times, especially during the critical years leading up to their starting their initial education and training

On balance, we think these issues are best dealt with through our accreditation approach. We will be expecting providers to have clear criteria for deciding when it is appropriate to admit students who have not achieved the advertised grades, in line with agreed institutional policies. We will also expect evidence showing the level of monitoring and support provided to those students.

Schools of pharmacy will have to have effective measures in place to make sure that only people who have demonstrated over the full period of initial education and training that they

can achieve the standard required for registration then go on to graduate. This will apply whatever students' academic performance was when entering the programme. Designated learning in practice supervisors will also not be able to sign off student pharmacists if they have not met the learning outcomes of learning in practice.

We realise there are strong views on both sides of this argument and we welcome further discussions as part of this consultation.

### **1.2.6 Equality, diversity and fairness**

Initial pharmacy education and training must be based on principles of equality, diversity and fairness and we are proposing to strengthen our current requirements in this regard. Course design and delivery will have to ensure that student pharmacists understand and meet their legal responsibilities under equality and human rights legislation; respect diversity and cultural differences; and take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs. We are also proposing that education and training systems and policies must promote the principles and legal requirements of equality, diversity and fairness. Providers will have to carry out every year a review of student performance and admissions using the protected characteristics defined by the Equality Act 2010. We will require evidence from

support students on their journey through initial education and training.

---

<sup>4</sup> Where providers make 'contextual' offers (offers made to specific categories of students) as part of an agreed access strategy and then



providers showing the action they have taken to examine the reasons for any differences in achievement analysed by protected characteristic and what they have done to address situations where students are disadvantaged. Providers will also have to ensure that all staff involved in the initial education and training of pharmacists are trained to apply principles and legal requirements of equality, diversity and inclusion in their role.

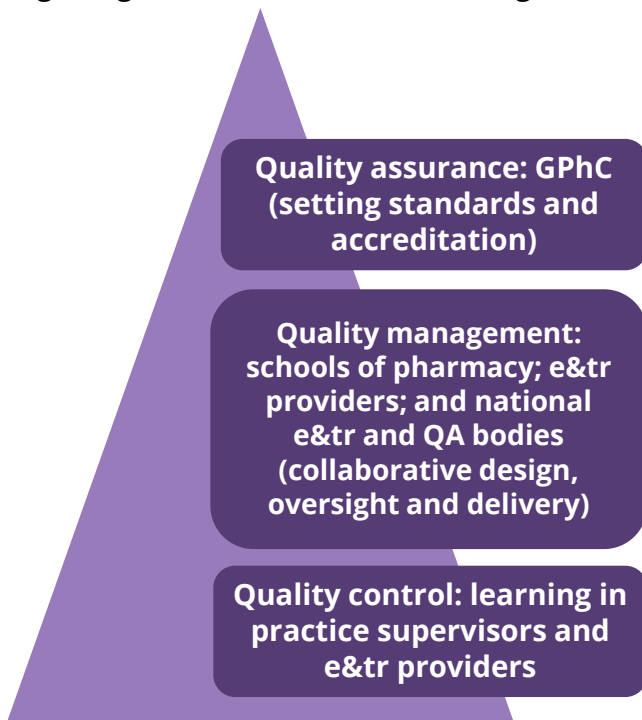
### 1.3 Implementing the revised standards

The following bodies will work together to implement the new IET standards:

- schools of pharmacy
- education and training providers, and
- national education and training commissioning/quality assurance (QA) organisations (Health Education England (HEE), NHS Education Scotland (NES) and Health Education and Improvement Wales (HEIW))

Who does what will vary depending on the delivery model but it must be clear where responsibilities lie. Universities will remain responsible for awarding degrees. But making judgements about students will be based on input from all relevant stakeholders, just as it is – and has been for many years – in schools of medicine, nursing and dentistry. We will work closely with stakeholders in deciding how and when the new standards can be introduced, bearing in mind the importance we attach to equipping pharmacists with the knowledge and skills they need for the future.

Overall, the quality assurance model for integrating initial education and training will be:



Once designed, schools of pharmacy – along with their partners – will put forward integrated initial education and training provision for accreditation by the GPhC. This is how the regulator will reassure itself, the profession and the public that a programme of learning has met the required regulatory standard and can be delivered.

## 1.4 Future work

### 1.4.1 The registration assessment

The purpose of the registration assessment, and when it takes place, is something we have discussed with stakeholders at length. In 2016 we made significant changes to it, giving it a clearer focus on the application of clinical knowledge and real-life calculations. There are arguments for further change, including the suggestion that the calculations element of the assessment should be done at an earlier stage of students' education and training. There are also arguments that objective structured clinical examinations (OSCE) could be used to strengthen the assessment of clinical competence. We will consider these issues as part of a detailed look at the registration assessment once we have finalised our initial education and training standards.

### 1.4.2 The evidence framework

After we published our initial education and training standards for pharmacy technicians, we produced an accompanying evidence framework. It gives providers more information on the standards and was developed in consultation with them. We will do the same for this set of standards.

The evidence framework will include more information on:

- some of the learning outcomes, especially those that are more open to interpretation than others, and
- our requirements for providers



## 1.5 The structure and content of these standards

The standards are in two parts:

### Part 1: IET standards for pharmacists – learning outcomes

This part includes the knowledge, skills, understanding and professional behaviours a student pharmacist must demonstrate at the end of a programme leading to registration with the GPhC. As part of this consultation we need to check that the learning outcomes are the right ones, and we have asked a question about this.

### Part 2: IET standards for pharmacists – standards for providers

This part includes the requirements for a programme delivering the learning outcomes in part 1. As part of this consultation we need to check that these standards are the right ones, and we have asked a question about this.

Although they are for different audiences, the two parts are closely linked to each other. Therefore, they have been presented in one document.

Once the standards have been agreed we will issue guidance on them for providers.

#### 1.5.1 Part 1: IET standards for pharmacists – learning outcomes

Part 1 of these standards is presented as learning outcomes – that is, the skills, knowledge, understanding and professional

behaviours a student pharmacist must demonstrate at the end of their initial education and training. These learning outcomes describe a student pharmacist who is fit to practise once registered.

We have grouped the learning outcomes under four ‘domains’. These build on the three key themes in our consultation on the future pharmacy team (professionalism, communication and team working) and the standards for pharmacy professionals. The domains<sup>5</sup> are:

- Person-centred care
- Professionalism
- Professional knowledge and skills
- Collaboration

Each of the four headings has been linked to a standard from our nine standards for pharmacy professionals, to show the link between IET and practice (see the following page).

The learning outcomes include the term ‘person-centred care’ and refer to a ‘person’, ‘individual’ or ‘people’ throughout. This means ‘the person receiving care’. However, although we do not always specifically refer to carers or patients’ representatives, these terms apply to them too depending on the context. This is consistent with our use of ‘person’ in our Standards for Pharmacy Professionals (2017).

---

<sup>5</sup> These are the domains used in our standards for the initial education and training of pharmacy technicians.

Person-centred care			Professionalism	Professional knowledge and skills		Collaboration		
Person-centred care	Effective communication	Respect for personal privacy and confidentiality	Professional behaviour	Professional judgement	Speaking up about concerns	Professional knowledge and skills	Partnership working	Effective leadership

*Each of the four headings has been linked to a standard from our nine standards for pharmacy professionals, to show the link between IET and practice*

### 1.5.2 Part 2: IET standards for pharmacists – standards for providers

Part 2 of the standards focuses on the key features of curricula that deliver the learning outcomes in part 1. Providers can use different models to deliver the standards for the IET of pharmacists, so it is important to note that the standards have been written in such a way that they are not prescriptive about delivery.

In each domain there are one or more standards, followed by a number of criteria that have to be in place for a standard to be met.

As we did with part 1, we have grouped part 2 of the standards into domains:

1. Selection and admission
2. Equality, diversity and fairness
3. Resources and capacity
4. Managing, developing and evaluating initial education and training
5. Curriculum design and delivery
6. Assessment
7. Support and development for student pharmacists and people delivering initial education and training
8. Learning in practice
9. Learning in practice supervision



# Standards for the initial education and training of pharmacists

## Introduction

Pharmacy professionals play a vital role in ensuring public and patient safety by providing safe and effective care. Pharmacists have a vital role in delivering care and helping people to maintain and improve their health, safety and wellbeing. The safety of people is at the heart of these standards and must be central to the education and training of pharmacists across all learning environments. Public and patient safety is not a separate requirement – it is built into all these standards and criteria. Providers and employers must prioritise public and patient safety in all aspects of the curriculum and its delivery.

These standards describe:

- the knowledge, skills, understanding and professional behaviours a student pharmacist must achieve during their initial education and training, and
- our requirements for providers

Once a student pharmacist has successfully completed their programme they can apply for registration with the GPhC.

## The structure of the standards

The standards for the initial education and training of pharmacists are in two parts:

- 1 Learning outcomes
- 2 Standards for providers

Part 1, the learning outcomes, describes what a student pharmacist will be able to do on successful completion of their programme. The learning outcomes are presented in four domains:

- 1 Person-centred care
- 2 Professionalism
- 3 Professional knowledge and skills
- 4 Collaboration

Part 2, the standards for providers, describes the requirements for any provider. The standards have nine domains:

- 1 Selection and admission
- 2 Equality, diversity and fairness
- 3 Resources and capacity
- 4 Managing, developing and evaluating initial education and training
- 5 Curriculum design and delivery
- 6 Assessment
- 7 Support and development for student pharmacists and people delivering initial education and training
- 8 Learning in practice
- 9 Learning in practice supervision

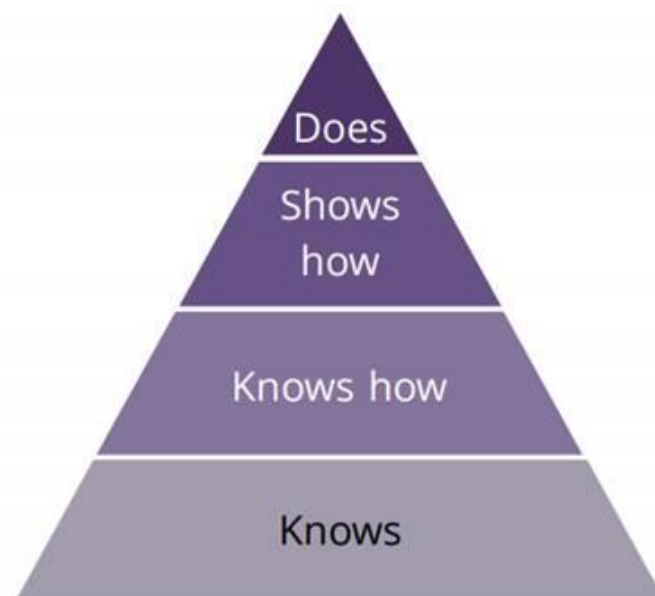
Schools of pharmacy will work in partnership with training providers and commissioners to deliver the standards for the initial education and training of pharmacists.

### Part 1: Learning outcomes

**Standard: On successful completion of their initial education and training, student pharmacists will have achieved the learning outcomes in these standards.**

#### Describing and assessing outcomes

The outcome levels in this standard are based on an established competence and assessment hierarchy known as 'Miller's triangle':





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

### **Level 1 – Knows**

A student pharmacist has knowledge that may be applied in the future to demonstrate competence. Assessments may include essays, oral examinations and multiple-choice question examinations (MCQs).

### **Level 2 – Knows how**

A student pharmacist knows how to use knowledge and skills. Assessments may include essays, oral examinations, MCQs and laboratory books.

### **Level 3 – Shows how**

A student pharmacist can demonstrate that they can perform in a simulated environment or in real life. Assessments may include objective structured clinical examinations (OSCEs) and other observed assessments; simulated patient assessments; designing, carrying out and reporting an experiment; dispensing tests and taking a patient history.

### **Level 4 – Does**

A student pharmacist can act independently and consistently in a complex but defined situation. Evidence for this level is provided when a student pharmacist demonstrates the learning outcomes in a complex, familiar or everyday situation repeatedly and reliably. Assessments may include OSCEs or other observed assessments.

### **Level of study**

The level of study for initial education and training is Masters level, as defined in UK national qualifications frameworks.

### **Domains of study**

The learning outcomes fall under four domains:

1. Person-centred care
2. Professionalism
3. Professional knowledge and skills
4. Collaboration

The domains and learning outcomes all have equal importance.

### Introduction

These learning outcomes will develop pharmacists equipped to play an important role in providing clinical services to people while treating them with compassion and empathy, operating in multi-professional teams across healthcare settings, aiming to increase patient safety and working towards improving the health and wellbeing of people.

To achieve this, curricula delivering these learning outcomes will:

- focus on the role of the pharmacist as a health professional, using their comprehensive expertise of medicines, and building on their strong grounding in science, to deliver high-quality, person-centred care
- provide inter-professional learning with students from other health and care professions, and experience in different sectors, and
- ensure student pharmacists engage with patients and other health and care professionals.

Pharmacy professionals play a vital role in ensuring public and patient safety by providing safe and effective care. The safety of people is at the heart of these learning outcomes and must be central to the education and training of student pharmacists across all learning environments.

Public and patient safety is built into all these learning outcomes. Providers and employers must prioritise public and patient safety in all aspects of the curriculum and its delivery.

Also built into these learning outcomes are the standards for pharmacy professionals, which are the professional standards pharmacy students will be expected to meet, once they join the register.

## Part 1: learning outcomes

### Domain 1: Person-centred care

Student pharmacists will be able to:

1.1	Work in partnership with patients, carers and the public to support and empower them when making decisions about their health and wellbeing	Does
1.2	Proactively support people with the safe and effective use of their medicines and devices	Does
1.3	Understand and meet their legal responsibilities under equality and human rights legislation and respect diversity and cultural differences	Does
1.4	Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs	Does
1.5	Adapt their approach and communication style to meet the needs of each person	Does
1.6	Take into consideration factors that affect people's behaviours in relation to health and wellbeing	Shows how
1.7	Take action to safeguard people, particularly children and vulnerable adults	Does

### Domain 2: Professionalism

Student pharmacists will be able to:

2.1	Demonstrate the values, attitudes and behaviours expected from a pharmacist	Does
2.2	Recognise their own future role as a responsible and accountable pharmacist who understands the legal and ethical implications in the environments in which they work	Does
2.3	Apply professional judgement in all circumstances	Does
2.4	Recognise and work within the limits of their knowledge and skills, and seek support and refer to others when needed	Does
2.5	Engage effectively with local and national health policies to improve patient outcomes and public health	Does
2.6	Critically evaluate and use national guidance and clinical evidence to support safe, rational and cost-effective procurement and use of medicines, devices and services	Does
2.7	Take responsibility for the accurate and safe work of themselves and others	Does

2.8	Take responsibility for the health and safety of themselves and others, and take actions to address any concerns about the working environment which might put them, or others, at risk	<b>Does</b>
2.9	Recognise when their performance or the performance of others is putting people at risk and take appropriate actions	<b>Shows how</b>
2.10	Proactively engage in the management of risks and their impacts on individuals	<b>Does</b>
2.11	Take appropriate actions to respond to complaints, incidents or errors in a timely manner and to prevent them happening again	<b>Does</b>
2.12	Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so	<b>Does</b>
2.13	Understand and address the importance of infection control and management in populations, environments and individuals	<b>Shows how</b>
2.14	Develop effective strategies to lead and improve quality in practice	<b>Shows how</b>
2.15	Reflect upon, identify and address their own learning needs	<b>Does</b>

### Domain 3: Professional knowledge and skills

Student pharmacists will be able to:

3.1	Understand and apply the science of pharmacy	<b>Does</b>
3.2	Take responsibility for the legal, safe and efficient supply of medicines and devices	<b>Does</b>
3.3	Demonstrate how the science of pharmacy is applied in the discovery, design and development of safe and effective medicines and devices	<b>Shows how</b>
3.4	Understand and demonstrate pharmaceutical principles and apply them to the safe and effective formulation, preparation, packaging and disposal of medicines and products	<b>Shows how</b>
3.5	Ensure the quality of ingredients and medicines to produce and supply safe and effective medicines and products	<b>Shows how</b>
3.6	Understand and apply the principles of clinical therapeutics and make effective use of medicines	<b>Does</b>



3.7	Recognise and apply the principles of pharmacovigilance <sup>6</sup>	Does
3.8	Understand and perform pharmaceutical calculations to demonstrate safe and effective practice	Does
3.9	Use the evidence base to clinically and legally evaluate the most appropriate course of action for each individual person	Does
3.10	Critically evaluate the evidence base to improve practice and systems and the quality of care	Does
3.11	Engage in research activities and understand how research is applied to practice	Does
3.12	Identify and use appropriate diagnostic or physiological testing techniques to apply to clinical decision-making	Does
3.13	Demonstrate effective consultation skills	Does
3.14	Demonstrate effective diagnostic skills to decide the most appropriate course of action	Does
3.15	Undertake safe and appropriate physical examination and use clinical skills to apply to clinical decision making	Does
3.16	Apply the legal and professional requirements around the management of information and to ensure patient confidentiality	Does
3.17	Take responsibility for the legality, appropriateness and accuracy of records in all aspects of practice	Does
3.18	Use current and developing technologies and data to support the health of people by the safe and effective delivery of pharmaceutical services	Does
3.19	Use technology to improve the understanding of health problems, health and care services and interventions	Shows how
3.20	Proactively participate in the promotion and protection of public health in their own practice	Does
3.21	Effectively promote healthy lifestyles using evidence-based techniques and take appropriate actions	Does
3.22	Implement appropriate strategies in relation to the misuse of drugs	Does
3.23	Respond appropriately to medical emergencies, including the provision of first aid	Does

<sup>6</sup> Monitoring the effects of medicines after they have been licensed for use, especially to identify previously unreported adverse reactions.

### Domain 4: Collaboration

Student pharmacists will be able to:

4.1	Work collaboratively with other healthcare professionals and demonstrate clinical leadership	<b>Does</b>
4.2	Communicate effectively with other health and social care professionals	<b>Does</b>
4.3	Manage resources and priorities, making use of the skills and knowledge of other members of the pharmacy team	<b>Does</b>
4.4	Demonstrate effective leadership, team working and management skills as part of the multi-disciplinary team	<b>Does</b>
4.5	Support the learning and development of others, including mentoring	<b>Does</b>





## Part 2: Standards for the initial education and training of pharmacists

Part 2 is made up of the nine standards for providers and the criteria that are linked to them. Responsibility for delivering integrated initial education and training will be shared by schools of pharmacy and their practice partners. As a general principle, the standards and criteria apply to all organisations and environments which contribute to delivery. However, the emphasis placed on a standard or criterion will vary depending on the role played by the organisation. Organisations providing or managing any aspect of initial education and training must meet the relevant standards for all the activities they carry out<sup>7</sup>.

### Domain 1 – Selection and admission

#### Standard

Students must be selected and admitted at all stages of initial education and training on the basis that they are being prepared to practise as a pharmacist

#### Criteria to meet this standard

- 1.1. Selection processes must give applicants the guidance they need to make an informed application.
- 1.2. Selection criteria must be explicit. They must include:
  - a. meeting academic entry requirements
  - b. meeting professional entry requirements; that is, suitability to practise as a pharmacist
  - c. meeting numeracy requirements
  - d. meeting English language requirements appropriate to Masters level study and for professional registration. Guidelines issued by English language testing bodies should be followed to make sure that admissions language requirements are appropriate
  - e. taking account of good-character checks
  - f. taking account of health checks
  - g. recognising prior learning, where that is appropriate
- 1.3. Admissions criteria should take account of the admissions requirements for periods of learning in practice overseen by national health education bodies such as NHS Education Scotland, Health Education England, and Health Education and Improvement Wales.

---

<sup>7</sup> As well as meeting these standards, universities must meet the Quality Assurance Agency for Higher Education's *UK Quality Code for Higher Education* (2018).

- 1.4. Admissions and selection processes must include an interactive component, to assess applicants' values and professional suitability. Examples of interactive components are multiple mini interviews and group work. Interaction could be via Skype/Facetime for applicants unable to attend admissions or selections events in person. Having a robust application process including interactivity applies also to Clearing applications.
- 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.
- 1.6. Every year, the initial education and training admissions profile must be analysed by protected characteristics, as defined in the Equality Act 2010. Documented action must be taken if that analysis shows that the admissions process may be disadvantaging students.

## Domain 2 – Equality, diversity and fairness

### Standard

Initial pharmacy education and training must be based on, and promote, the principles of equality, diversity and fairness; meet all relevant legal requirements; and must be delivered in such a way that the diverse needs of all students are met

### Criteria to meet this standard

- 2.1. Systems and policies must promote the principles and legal requirements of equality, diversity and fairness.
- 2.2. Systems and policies must be in place for providers to understand the diversity of their student body and to support and develop their students accordingly.
- 2.3. There must be systems and policies in place allowing staff to understand the diversity of the student body and the implications of that for delivery.
- 2.4. There must be systems and policies in place allowing staff to understand the diversity of the student body and the implications of that for student support and development.
- 2.5. Every year, there must be a review of student performance by protected characteristics, as defined in the Equality Act 2010. Documented action must be taken to address differences where they are found.
- 2.6. All staff involved in the initial education and training of pharmacists must be trained to apply the principles and legal requirements of equality, diversity and inclusion in their role.
- 2.7. Course design and delivery must ensure student pharmacists understand their legal responsibilities under equality and human rights legislation.

## Domain 3 – Resources and capacity

### Standard

Resources and capacity must be sufficient to deliver the learning outcomes in these standards

#### Criteria to meet this standard

- 3.1 There must be robust and transparent mechanisms for securing an appropriate level of resource to deliver a sustainable and accreditable initial education and training programme.
- 3.2 The staff complement must be appropriate for the delivery of each component of the integrated period of initial education and training.
- 3.3 Initial education and training must be delivered in premises which are fit for purpose.

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

### Standard

The quality of pharmacy education and training must be managed, evaluated and developed in a systematic way

#### Criteria to meet this standard

- 4.1. There must be systems and policies in place to manage the delivery of initial education and training, including periods of learning in practice. There must be agreements in place between the different organisations that contribute to initial education and training that specify the responsibilities and accountabilities of each organisation.
- 4.2. Systems must be clear about leadership and lines of responsibilities in relation to the delivery of initial education and training.
- 4.3. There must be a management and delivery plan for initial education and training.
- 4.4. Systems and policies must be used in such a way that initial education and training is evaluated on the basis of evidence and that there is continuous improvement in its delivery.
- 4.5. Providers must demonstrate how users' views – particularly those of patients – have been and are used to develop initial education and training.
- 4.6. Providers must have procedures to deal with concerns, including fitness to practise procedures. Serious concerns that may affect a student pharmacist's suitability for future registration must be reported to the GPhC.
- 4.7. Providers must be open with the GPhC about matters affecting an accredited initial education and training programme. Under The Pharmacy Order 2010 providers must assist the GPhC in its work by providing information the GPhC asks for.
- 4.8. Providers must raise relevant issues proactively with the GPhC.

### Domain 5 – Curriculum design and delivery

#### Standard

The curriculum must develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards by using a coherent teaching and learning strategy. The design and delivery of initial education and training must take account of stakeholders' views and must ensure that student pharmacists practise safely and effectively.

#### Criteria to meet this standard


- 5.1 There must be a curriculum and a teaching and learning plan for initial education and training.
- 5.2 Initial education and training must be delivered collaboratively by schools of pharmacy and their practice partners.
- 5.3 Initial education and training must integrate the relevant science and practice, and the component parts of the initial education and training must be linked in a coherent way. This must be progressive with increasing complexity until the appropriate level is reached.
- 5.4 There must be a teaching and learning strategy that sets out how student pharmacists will achieve the outcomes in part 1.
- 5.5 The learning outcomes must be delivered in an environment which places study in a professional and academic context and requires students to conduct themselves professionally.
- 5.6 The learning outcomes must be delivered in an environment that uses research to support learning and teaching.
- 5.7 Academic regulations must be appropriate for academic and professional initial education and training. As a general principle, all assessments must be passed. This means that condonation<sup>8</sup>, compensation<sup>9</sup>, trailing<sup>10</sup>, extended re-sit opportunities and other remedial measures should be extremely limited and justifiable, if they are permitted at all. Academic regulations may be more stringent than for other courses. This may include higher than usual pass marks for assessments demonstrating knowledge and skills essential to safe and effective pharmacy practice.

---

<sup>8</sup> When a 'pass' is awarded even though the standard for a pass has not been reached, usually when the margin of failure is small.

<sup>9</sup> Allowing failure by a small margin in a limited number of assessments on the basis of a satisfactory overall performance.

<sup>10</sup> Being able to start the next year of study when one or more assessments from the previous year have not yet been passed.

- 
- 5.8 Student pharmacists must be exposed 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. This experience should be progressive and increase in complexity, and take account of best practice.
  - 5.9 Student pharmacists must engage with inter-professional education (IPE) through a progressive strategy based on the Centre for the Advancement of Interprofessional Education's Interprofessional Education Guidelines (CAIPE, 2017)<sup>11</sup>. IPE must mirror practice and must focus on interaction with other health and social care professionals. Engagement with students from other health and care professions must begin at an early stage, progressing to more complex interactions to enable students to develop the skills and level of competency needed to achieve the relevant learning outcomes in part 1 of these standards.
  - 5.10 There must be an inter-professional learning plan for initial education and training.
  - 5.11 Providers must get the views of a range of stakeholders – including patients, the public and employers – and take account of them when designing and delivering initial education and training.
  - 5.12 Initial education and training must be revised when there are significant changes in practice, to ensure provision is relevant and current.
  - 5.13 Students must not receive an accredited degree if there are any outstanding student fitness to practise concerns about them.

## Domain 6 – Assessment

### Standard

Providers must demonstrate that they have a coherent assessment strategy which assesses the required skills, knowledge, understanding and behaviours to meet the outcomes in part 1 of these standards. The assessment strategy must assess whether a student pharmacist's practice is safe

### Criteria to meet this standard

- 6.1 There must be an assessment plan for initial education and training.

---

<sup>11</sup> <https://www.caipe.org/resources/publications/caipe-publications/caipe-2017-interprofessional-education-guidelines-barr-h-ford-j-gray-r-helme-m-hutchings-m-low-h-machin-reeves-s>

- 6.2 Providers must demonstrate that their assessment plan:
1. is coherent
  2. is fit for purpose, and
  3. ensures that assessment is robust, valid and reliable, and includes diagnostic, formative and summative assessment
- 6.3 The assessment plan must assess the outcomes in part 1 of these standards. The methods of assessment used must be:
- a. appropriate to the learning outcomes
  - b. in line with current and best practice, and
  - c. routinely monitored, quality assured and developed
- 6.4 Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area to be assessed must be clear, and students and staff involved in assessment must be aware of this standard. An appropriate standard-setting process must be used for summative assessments.
- 6.5 Patient safety must come first at all times and providers must assess whether a student pharmacist is practising safely.
- 6.6 Pass criteria for all assessments must reflect safe and effective practice.
- 6.7 It must be clear what standard-setting methods are used throughout initial education and training.
- 6.8 The provider must have in place effective management systems to plan, monitor and record the assessment of students. These must include the monitoring of clinical experience and inter-professional education, throughout initial education and training against each of the learning outcomes.
- 6.9 The provider must support students to improve their performance by providing regular and timely feedback and by encouraging students to reflect on their practice.
- 6.10 Assessment must make use of feedback collected from a variety of sources, which should include other members of the pharmacy team, peers, patients, and employers and placement providers.
- 6.11 Examiners and assessors must have the appropriate skills, experience and training to carry out the task of assessment.
- 6.12 Providers must ask external examiners to report every year on the extent to which assessment processes:
- a. are rigorous

- b. are set at the correct standard
- c. ensure equity of treatment for students, and
- d. have been fairly conducted

The responsibilities of the external examiners must be clearly documented.

- 6.13 Assessment regulations must be appropriate for initial education and training that leads to professional registration. That is, they must prioritise professionalism, patient safety, and safe and effective practice.

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

### **Standard**

Student pharmacists must be supported in all learning and training environments to develop as learners and professionals during their initial education and training

Anyone delivering initial education and training should be supported to develop in their professional role

### **Criteria for meeting this standard**

#### **Support for student pharmacists**

- 7.1 There must be a range of systems in place during initial education and training to support student pharmacists to achieve the outcomes in part 1 of these standards. They must be based on a student's prior achievement and tailored to them. Systems must include:
- a. induction
  - b. effective supervision
  - c. an appropriate and realistic workload
  - d. personal and academic support
  - e. time to learn
  - f. access to resources, and
  - g. remediation, if necessary
- 7.2 Student pharmacists must have support available to them covering academic, general welfare and career advice.
- 7.3 Student pharmacists must have access to pharmacy professionals who are able to act as role models and mentors, giving professional support and guidance.

- 7.4 There must be clear procedures for student pharmacists to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate.

### **Support for people involved in delivering initial education and training**

- 7.5 There must be a range of mechanisms in place to support anyone delivering initial education and training to develop in their professional role.
- 7.6 Induction programmes must be provided for people delivering initial education and training.
- 7.7 Everyone involved in delivering the curriculum must have:
1. effective supervision
  2. an appropriate and realistic workload
  3. mentoring
  4. time to learn
  5. continuing professional development opportunities, and
  6. peer support
- 7.8 There must be clear procedures for staff and individuals to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate. Serious concerns about the programme and the impact on students must be actively raised with the GPhC.

## **Domain 8 – Learning in practice**

'Learning in practice' is currently known as 'pre-registration training'.

### **Standard**

Learning in practice training must focus on the professional practice of pharmacists and must contribute to the delivery of the learning outcomes

### **Criteria to meet this standard**

- 8.1 There must be 52 weeks of practical training designated as 'learning in practice'. This is in addition to the other practical activities and experience built into initial education and training.
- 8.2 The content of the learning outcomes for learning in practice must be defined by the provider, in consultation with those delivering or quality assuring the learning in practice.
- 8.3 Training may take place in one or more sectors of practice.





- 8.4 26 weeks of learning in practice must be patient-facing and must take place towards the end of initial education and training<sup>12</sup>.
- 8.5 Learning in practice can be delivered in one or more blocks.
- 8.6 Each block does not have to be limited to one sector of practice.
- 8.7 Student pharmacists must follow a programme of study during periods of learning in practice.
- 8.8 Learning in practice blocks must be linked clearly to university study and must have a clear purpose within initial education and training overall.

---

<sup>12</sup> 'Towards the end' means more than halfway through initial education and training.

### Domain 9 – Learning in practice supervision

'Learning in practice supervisors' are currently known as 'pre-registration tutors'. Student pharmacists may be supervised by a range of health and care professionals in a variety of settings. But oversight and final sign off of a student pharmacist as fit to practise must be carried out by a pharmacist learning in practice supervisor.

#### Standard

Student pharmacists must be supervised by pharmacists and others during periods of learning in practice to help them meet the learning outcomes of periods of learning in practice

#### Criteria to meet this standard

- 9.1. Student pharmacists must have a designated learning in practice supervisor, who is responsible for co-ordinating their supervision and signing them off as being fit to practise at the end of the final period of learning in practice. The designated learning in practice supervisor must be a pharmacist.
- 9.2. Student pharmacists can be supervised by pharmacists other than their designated learning in practice supervisor and by other health and social care professionals.
- 9.3. The designated learning in practice supervisor must know how and by whom a student pharmacist is being supervised during periods of learning in practice.
- 9.4. All supervisors must be trained and appropriately experienced to act as supervisors.
- 9.5. 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.
- 9.6. The designated learning in practice supervisor, or their delegates, must meet with a student pharmacist regularly during periods of learning in practice. Meetings must be developmental with documented outcomes.
- 9.7. If a designated learning in practice supervisor has concerns that a student pharmacist may be failing to meet the learning outcomes for training in practice, they must put an action plan in place.
- 9.8. Designated learning in practice supervisors must sign off student pharmacists only when they have met the learning outcomes of learning in practice.
- 9.9. Designated learning in practice supervisors must sign a student pharmacist's application to sit the General Pharmaceutical Council's Registration Assessment only if they feel the student is ready to sit.

## Core documents for the delivery of initial education and training

As part of a submission for accreditation by the GPhC, the following documents must be provided (along with an explanation of how the standards and criteria will be met):

1. Curriculum, including the learning in practice curriculum
2. Management and delivery plan
3. Teaching and learning strategy
4. Assessment strategy
5. Inter-professional learning strategy

## References

- Centre for the Advancement of Interprofessional Education (2017), *Interprofessional education guidelines* (<https://www.caipe.org/resources/publications/caipe-publications/caipe-2017-interprofessional-education-guidelines-barr-h-ford-j-gray-r-helme-m-hutchings-m-low-h-machin-reeves-s>)
- Joint statement from the chief executives of statutory regulators of health and care professionals on conflicts of interest (August 2017) ([https://www.pharmacyregulation.org/sites/default/files/conflicts\\_of\\_interest\\_joint\\_statement.pdf](https://www.pharmacyregulation.org/sites/default/files/conflicts_of_interest_joint_statement.pdf))
- Joint statement from the chief executives of statutory regulators of healthcare professionals on openness and honesty and the professional duty of candour (October 2014) ([https://www.pharmacyregulation.org/sites/default/files/joint\\_statement\\_on\\_the\\_professional\\_duty\\_of\\_candour.pdf](https://www.pharmacyregulation.org/sites/default/files/joint_statement_on_the_professional_duty_of_candour.pdf))
- European Union, Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32005L0036>)
- General Pharmaceutical Council (2016), *Demonstrating professionalism online* ([https://www.pharmacyregulation.org/sites/default/files/demonstrating\\_professionalism\\_online.pdf](https://www.pharmacyregulation.org/sites/default/files/demonstrating_professionalism_online.pdf))
- General Pharmaceutical Council (2018) Guidance on tutoring and supervising pharmacy professionals in training ([https://www.pharmacyregulation.org/sites/default/files/document/guidance\\_on\\_supervising\\_pharmacy\\_professionals\\_in\\_training\\_august\\_2018.pdf](https://www.pharmacyregulation.org/sites/default/files/document/guidance_on_supervising_pharmacy_professionals_in_training_august_2018.pdf))
- General Pharmaceutical Council (2018), *In practice: Guidance on confidentiality\**

- General Pharmaceutical Council (2018), *In practice: Guidance on consent*\*
- General Pharmaceutical Council (2018), *In practice: Guidance on maintaining clear sexual boundaries*\*
- General Pharmaceutical Council (2011), *In practice: Guidance on raising concerns*\*
- General Pharmaceutical Council (2017), *In practice: Guidance on religion, personal values and beliefs*\*
- General Pharmaceutical Council (2017), *Standards for Pharmacy Professionals*  
(<https://www.pharmacyregulation.org/standards>)
- Pharmaceutical Society of Northern Ireland (2016) Code of Ethics and Standards  
(<http://www.psni.org.uk/wp-content/uploads/2012/09/22504-PSNI-Code-of-Practice-Book-final.pdf>)
- Pharmacy (Northern Ireland) Order 1976  
(<http://www.legislation.gov.uk/nisi/1976/1213/contents>)
- Pharmacy Order 2010  
(<https://www.legislation.gov.uk/ukdsi/2010/9780111487358/contents>)
- Quality Assurance Agency for Higher Education (2018) UK Quality Code for Higher Education (qaa.ac.uk) at <https://www.pharmacyregulation.org/guidance-support-spp>

\* All available at <https://www.pharmacyregulation.org/guidance-support-spp>

# Consultation questions

The consultation will focus on our proposed changes to the following aspects of the initial education and training of pharmacists:

- Learning outcomes
- Standards for providers
- Integrating the five years of initial education and training
- Selection and admission requirements
- Experiential learning and inter-professional learning
- Learning in practice (pre-registration) supervision

There will be questions on each of these areas and you will have an opportunity to provide comments.

## Section 1: Learning outcomes

As part of this revision of the initial education and training standards for pharmacists, we have developed a set of learning outcomes which should describe the right knowledge, skills and attributes of a pharmacist.

### 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?

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

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

- Yes
- No
- Don't know

### 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).

## 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?

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

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

- Yes
- No
- Don't know

**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 (pre-registration)
- Domain 9 – Learning in practice (pre-registration) 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.

### **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?**

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

**9. Please explain your response.**

## 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
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

### 11. Please explain your response.

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
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

### 13. Please explain your response.

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
- No
- Don't know

**15. Please explain your response.**

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?**

- Yes
- No
- Don't know

**17. Please explain your response.**

### 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 inter-professional 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
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

**Inter-professional learning?**

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

**19. Please explain your response.**

### Section 6: Learning in practice (pre-registration) 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 agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

**21. Please explain your response.**

The second change to learning in practice (pre-registration) 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 pre-registration performance standards with the learning outcomes stated in Part 1 of the revised standards?**

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

**23. Please explain your response.**

## **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.**

**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
- No
- Don't know

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





---

**General Pharmaceutical Council**  
25 Canada Square, London E14 5LQ  
F 020 3713 8000  
council  
E [info@pharmacyregulation.org](mailto:info@pharmacyregulation.org)

 [@TheGPHC](https://twitter.com/TheGPHC)  
 [TheGPHC](https://www.facebook.com/TheGPHC)  
 [/company/general-pharmaceutical-](https://www.linkedin.com/company/general-pharmaceutical-council)  
council

[www.pharmacyregulation.org](http://www.pharmacyregulation.org)