



Response

General Pharmaceutical Council

Consultation on initial education and training standards for pharmacists

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About the Company Chemists' Association (CCA)

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. Our membership includes ASDA, Boots, LloydsPharmacy, Morrisons, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate over 6,000 pharmacies, which represents nearly half the market. Our members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing over 500 million NHS prescription items every year.

The CCA represents the interests of its members and brings together their unique skills, knowledge and scale for the benefit of community pharmacy, the NHS, patients and the public. Our vision is that everyone, everywhere, can benefit from world class healthcare and wellbeing services provided by their community pharmacy.

About the Association of Independent Multiple Pharmacies (AIM)

AIM is a membership organisation representing community pharmacy businesses with multiple pharmacies. Our members represent a significant number of pharmacies across the UK, delivering primary healthcare and advice to their local communities.

AIM also engages with politicians, policy makers, the NHS and local government stakeholders to influence decisions about community pharmacy provision, services and remuneration.

About the National Pharmacy Association (NPA)

The NPA is the body which represents the vast majority of independent community pharmacy owners in the UK. We count amongst our members independent regional chains through to single-handed independent pharmacies. This spread of members, our UK-wide geographical coverage, and our remit for NHS and non-NHS affairs means that we are uniquely representative of the independent community pharmacy sector. In addition to being a representative voice, we provide members with a range of commercial and professional services to help them maintain and improve the health of the communities they serve.

About the Community Pharmacy Workforce Development Group (CPWDG)

The Community Pharmacy Workforce Development Group (CPWDG) is a cross-sector working group hosted by the CCA that brings together the expertise of education and training leads from across the community pharmacy sector. It has equal representation from AIM, CCA and NPA. The CPWDG discusses how to ensure the community pharmacy workforce is fit for the future and to present a united front where possible to key stakeholders.

The CPWDG provides a forum for representatives to share ideas, intelligence and best-practice on issues that affect the capacity and capability of the entire community pharmacy workforce. Its meetings provide an opportunity for representatives to discuss cross-sector policy positions and recommendations, develop consultation responses and influence policy outcomes.

Consultation response

The CCA, AIM and NPA welcome the opportunity to respond to this consultation and agree that 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 the United Kingdom. Pharmacists' roles are evolving quickly in response to rapid changes in healthcare and pharmacy practice. Initial education and training (IET) also needs to evolve to reflect these changes so that pharmacists are equipped with the skills they need to deliver new services. We believe these IET standards need to closely align to the General Pharmaceutical Council (GPhC) standards for pharmacy professionals.

The right number of pharmacists with the right knowledge, skills, attitudes, behaviours and values is central to high-quality patient care. We support efforts by the regulator, as well as others in the sector, to address variation in outcomes from different Schools of Pharmacy and variations in quality across different pre-registration placements. We therefore support the principles of values-based recruitment into undergraduate programmes.

We recognise the educational case for a curriculum which aims to allow better access to patients earlier in the programme through the integration of work-based learning and assessment with university-based teaching. A strategic path has already been set towards a single integrated programme in recent years.

However, we feel it is important to emphasise that adequate funding and remuneration models to facilitate such a change in the initial education and training of future pharmacists still needs to be discussed and agreed by all stakeholders. We accept that this is not the remit of the GPhC, or the purpose of this specific consultation, but we feel it is important to ensure that a carefully considered and sustainable funding model underpins the education model for pharmacists. This model would need to enable improved service quality through the availability of a workforce which matches the service requirements of the health and care system. We feel it is important to ensure that decisions relating to pharmacist education are informed by and aligned to decisions around the future direction of healthcare services and commissioning. This in turn will ensure pharmacists are training for the roles which they will in fact be carrying out in five to ten years' time. A better understanding of the future roles of pharmacists, as experts in medicines who work in multi-disciplinary teams, will support more effective workforce planning across the whole system, ultimately impacting positively on patient outcomes.

We need to ensure that any changes to the IET of pharmacists are designed to create a sustainable supply of clinically-able professionals. We have summarised below our overarching views on matters which we feel need to be addressed alongside the proposals set out in this consultation:

PARTNERSHIP:

- There needs to be trust between placement providers, universities, students, Government and the regulator. This can only be achieved through an open and honest partnership in developing structured career pathways for pharmacists.

FUNDING:

- An integrated programme must be cost-neutral and of benefit to placement providers; any higher cost than current IET programmes will be a clear disincentive to involvement. Clarity is needed from HEE, NES and HEIW on funding plans as they progress. Ongoing two-way communication is essential during the planning, set-up and implementation of any programmes built around these draft standards.

- We believe Schools of Pharmacy should also be eligible for additional high-cost subject funding to cover at least one clinical year, in line with medicine, dentistry and veterinary science courses. MPharm degrees are clinical courses and should not be grouped alongside laboratory-based science courses when it comes to subject funding.

MPHARM STUDENT NUMBERS:

- The number of students entering MPharm courses has remained relatively steady in the last ten years, including a significant increase in the number entering through clearing and in some cases, conversion courses. However, there has been a 20% decline in total MPharm applicants in the last five years. In this context, motivations to study pharmacy must be further explored to understand why a previously steady growth in applications has slowed, especially in the context of more Schools of Pharmacy to apply to. Attracting and retaining the right calibre of students to Schools of Pharmacy is essential for a driven and aspirational future workforce.

COMMUNICATION:

- Ongoing involvement and communication throughout all decision making is imperative. It is our belief that a level of commitment from current pre-registration employers is assumed by HEE, NES and HEIW. However, placement providers need the fullest picture possible before an informed commitment can be made. HEE, NES and HEIW should not assume continued participation or will to provide placements in the absence of clear dialogue.

CURRICULUM:

- A patient-centred curriculum should be informed by the future ambitions for the role of a pharmacist. We would expect to see educationally meaningful placement content and placement provider input at a national level.
- It is expected that students will need to have covered off certain parts of the curriculum to be able to confidently (and safely) learn and practice within a placement. Placements will need to encompass core skills that currently are taught as part of the pre-registration year, to ensure students are well-positioned for future interactions with patients.
- We agree that even with greater opportunities for clinical, person-centred experiences in integrated IET, newly qualified pharmacists will not necessarily be ready to practise immediately as independent prescribers. However, we think it is realistic for IET to deliver the knowledge and skills needed for independent prescribing. We therefore would encourage Schools of Pharmacy and others involved in curriculum design to consider incorporating supplementary prescribing into IET. This would allow newly qualified pharmacists to register with supplementary prescriber status and to then go on and complete an accredited IP programme in their early post-registration years.

Regardless of the outcomes of this consultation, high-quality, reliable information about the potential realities, in terms of securing placements, graduating, registering and practising as a pharmacist will need to be provided to prospective MPharm students by Schools of Pharmacy. Without a greater level of certainty regarding placement access and subsequent employment some of the best potential pharmacists may choose different career paths or undergraduate programmes which carry fewer risks to the student (or incur less debt).

We answer the specific questions posed in the consultation document in more detail on the following pages of this submission.

Consultation questions

Section 1: Learning outcomes

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?**

No

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

N/A

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).**

N/A

Section 2: Standards for providers

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 give a brief description of the additions or amendments you think are needed**

We agree with the intention of these standards to create standardisation across all initial education training programmes. We have highlighted a few areas which we believe require further clarification or consideration below.

Domain two (Equality, diversity and fairness)

We agree that reasonable adjustments must be put in place to ensure that any pre-registration pharmacist with specific needs can meet the learning outcomes. However, it should be clarified that placement providers must be made aware of any required adjustments in advance, to ensure that the placement location is most suited to the student's needs and so that any adjustments can be implemented prior to the start of the placement.

We would welcome further clarity on criterion 2.6, regarding who is inferred by 'all staff'. Does this apply to pharmacy technicians, accuracy technicians and other team members with whom the trainee works?

Domain three (Resources and capacity)

More clarity is needed to explain what an 'appropriate' level of resource looks like and whether this applies to placement providers. If this is dictated by the regulator or by universities, there may be associated resource implications on employers to provide additional staff members to support the education and training, e.g. educational supervisors.

Criterion 3.3 does not state which organisation(s) determine whether premises are 'fit for purpose' and how this requirement is enforced. There needs to be consistency across universities.

Domain four (Managing, developing and evaluating IET)

More clarity is needed for criterion 4.1 to define where the responsibilities and accountabilities sit in relation to training providers and universities. The 'need to have an agreement in place between different organisations' implies that an agreement would be required with every university, which would be very onerous for employers/placement providers. Accreditation through alternative arrangements, such as through deaneries could be considered.

Although we welcome the proposed standards, we feel that it should be taken into consideration that some pre-registration trainees may take a while to adapt to life in the workplace and that students often behave differently at university compared to how they would at work. We recommend that the standards are nuanced and flexible to some degree to ensure that whilst students are expected to work under robust guidelines and in a professional manner, good quality candidates are not put off applying to, or prevented in graduating from, university by inflexible or rigid standards.

Domain five (Curriculum design and delivery)

A patient-centred, appropriate curriculum informed by the future ambitions for the role of a pharmacist should be consistent across all Schools of Pharmacy. The point at which a placement is deemed most beneficial for the student, patients and employers needs careful consideration. Employers/placement providers should be involved in curriculum design as part of the collaborative working described in criterion 5.2.

Whilst we support the overall intentions of criterion 5.7, we are unsure how this fits in with the current arrangements to allow prospective pharmacists three sittings of the registration exam.

Domain six (Assessment)

It is not currently clear how the GPhC envisages placement provider assessments fitting into the overall assessment of a student pharmacist's practice.

Domain seven (Support and development for student pharmacists and people delivering IET)

We support the proposals around a behavioural contract, should student pharmacists no longer be employed by the placement provider (as they are in current pre-registration placements). Placement providers are still responsible for the rest of the pharmacy team practising alongside the student pharmacist during their placement and therefore robust feedback mechanisms and intervention mechanisms must be in place with Schools of Pharmacy to ensure that students are held to account where necessary. Stakeholders may need to consider further what an appropriate and realistic workload for a placement looks like, and how this may vary depending on when in the integrated degree programme the placement takes place. The GPhC will need to review its guidance around handling concerns raised about student pharmacists.

Access to pharmacy professionals who can act as role models and mentors, other than the learning in practice supervisor, may present challenges in primary care or some community pharmacy placements which are often more isolated.

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

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

We recognise the benefit of integrating education with learning in practice to help develop students' communication skills and confidence in undertaking clinical activities. We believe a more patient-focused integrated pharmacy degree could help meet the needs of the evolving healthcare landscape across the United Kingdom. We welcome a stronger link between academic study in the MPharm degree and workplace experience and feel this will help to remove some existing feelings of isolation during pre-registration placements.

We are supportive of developing pharmacists to perform to their optimum capabilities and we recognise the benefits of learning within the workplace that helps build confidence and competence. However, the operational implications of any integrated degree proposals must be carefully explored. Our Community Pharmacy Workforce Development Group is well-placed to be more closely involved in and consulted upon the development of any integrated pharmacy degree programme proposals, and we are expertly placed to highlight unforeseen implications that proposals may have in community pharmacy settings in particular.

Involvement with and reflection from all key stakeholders is paramount to ensure agreeable and workable models are devised, including those involving funding. If the community pharmacy sector is to be fully capitalised on, then an ability to feed into the design, concept and structure of these programmes will be a key enabler to its underlying success.

Section 4: Selection and admission requirements

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

We agree that character checks are an important part of the admissions process to ensure that prospective pharmacy students have the necessary attributes to become a successful pharmacist, especially in the increasingly patient-facing aspect of all roles across the profession. As part of these character checks we would like to see the inclusion of behavioural and attitudinal aspects which are required when interacting with patients. We do however have concerns that overly rigorous processes enforced upon teenagers may put off some applicants applying to the pharmacy profession and offer little room for undergraduates to "grow" into their profession. These checks therefore need to be evidence-based, for example by exploring what has worked well to date for other professions.

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 support the intention to require an interactive component in the admission process. We would like to see face-to-face interviews take priority other than in exceptional circumstances. In such cases we accept that interviews via Skype/Facetime may be necessary. It is our understanding that the efficacy of group exercises is often lost when using online platforms. Communicating via video can also lead to some potential difficulties, including with identity checks.

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

YES / NO / **DON'T KNOW**

15. Please explain your response

We believe that the GPhC should continue to accredit and quality assure individual Schools of Pharmacy. To attract the highest calibre of students, academic entry requirements must be robust, and we agree with criterion 1.5, requiring explanations from institutions that are found to be accepting candidates who have not met stated academic entry requirements. We believe an academic minimum standard may help to drive consistency across universities, but extensive consultation with Schools of Pharmacy would be necessary to ascertain what admissions requirements are appropriate, especially given the overall downward trend in students applying to pharmacy courses (down over 20% in the last five years).

We would welcome clarity on how admissions requirements will fit into the often fast-paced process of students applying through clearing, especially given the 140% increase in the number of students accepted onto MPharm courses via clearing in the last five years. Students who are accepted onto courses through clearing must also demonstrate the appropriate attitudes and values for a career as a pharmacist. Rigorous selection and admission processes should be applied to all prospective pharmacy students, yet it is unclear how the behaviour checks, interactive components etc. would work within these tight timeframes.

16. Should we continue to allow unconditional offers?

YES / NO / DON'T KNOW

17. Please explain your response

We believe unconditional offers should still be allowed, though overuse by any Pharmacy School should be investigated by the GPhC. Unconditional offers should only be given in exceptional circumstances where a School determines through their admissions procedures and interviews that a student is exceptionally well-placed to study pharmacy, including to allow for non-standard entries in some cases.

Section 5: Experiential learning and inter-professional learning

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

We strongly support the proposals to integrate pharmacy students with students from other health and care professions at an early stage and throughout their undergraduate programme to improve awareness and appreciation of different skills and roles within a multidisciplinary team.

We also agree that student pharmacists should 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. We do however have some concerns around consistent availability of placements and tutors across all practice settings. It is therefore imperative that Schools of Pharmacy, students, employers and funders work collaboratively to develop models for learning in practice which will work for all parties across multiple sectors and that funding for these programmes incentivises involvement from high-quality placement providers. Placements should allow for students to build and hold genuine relationships with patients and other healthcare professionals and therefore should take place at points in the degree programme which are deemed to be both clinically appropriate and safe for them to have these interactions. It has been suggested that students may benefit from a 'licence to practise' from their School of Pharmacy to give them assurance and confidence before embarking on different placements.

It is commonly accepted that periods of learning in practice for health and care trainees which last less than twelve weeks do not embed learning as effectively as longer periods. We also recognise the significant logistical challenges that short (i.e. less than six month) placements across different geographies can have on students in particular but also on tutors and placement providers. These issues have been highlighted in the recent evaluations of the centralised recruitment of pre-registration pharmacists via Oriel.

Section 6: Learning in practice (preregistration) supervision

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

We support the proposals to introduce more flexibility to the supervision of learning in practice, but believe a robust framework needs to be in place for those overseeing trainees.

We believe that the typical 1:1 tutor to trainee relationships in community pharmacy could model those used in other sectors, such as medicine, whereby tutors may supervise more than one trainee. Partnership, commitment and support are needed with tutors, as well as placement providers. These representatives should be involved in the drafting of flexible but robust standards and guidance to allow multiple models of working whilst assuring consistent quality of placements.

Tutor sign off for trainees to sit a registration assessment (criterion 9.9) will need further consideration, in line with considerations around when exactly in the degree programme the learning in practice takes place.

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 AGREE / **TEND TO AGREE** / NEITHER AGREE NOR DISAGREE / TEND TO DISAGREE / STRONGLY DISAGREE / DON'T KNOW

23. Please explain your response

We agree with the proposal to replace the current pre-registration performance standards with the learning outcomes stated in Part 1 of the revised IET standards.

Section 7: Impact of the standards

24. Do you think our proposals will have a negative impact on certain individuals or groups who share any of the protected characteristics?

No

25. Do you think our proposals will have a positive impact on certain individuals or groups who share any of the protected characteristics?

No

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

Not applicable

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.

The impact of an integrated degree programme on future pharmacy students will be substantial, especially the financial impact as tuition fees and living costs continue to rise.

Stakeholder buy-in, especially from placement providers, is integral for the sustainability of the pharmacist workforce and effective succession planning.

The impact of these plans on Schools of Pharmacy will be significant, in particular in securing and planning sufficient placements for student cohorts across multiple settings.