GPhC Consultation on the quality assurance of pharmacy education and training

The consultation focuses on the following aspects of our proposed quality assurance (QA) of education and training for pharmacy professionals:

1. Yearly monitoring
2. Intervention, escalation and decision-making
3. Increased flexibility for approval and intervention
4. Applying our processes across all pharmacy education and training
5. The impact of our proposals

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

Section 1: Yearly monitoring

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

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

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

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

Strongly agree
Agree

Neither agree nor disagree
Disagree

Strongly disagree

Don't know

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

Strongly agree
Agree

Neither agree nor disagree
Disagree

Strongly disagree

Don't know

3. **As well as considering the areas listed on pages 17-18, we are proposing to *collect more data.* This will help us develop the evidence base we use as part of our quality assurance and give us a more all- round view of the evidence. To what extent do you agree or disagree, in each case, that the following sets of data will strengthen the quality assurance of education and training?**

Student and trainee feedback collected by the GPhC

Strongly agree
Agree

Neither agree nor disagree
Disagree

Strongly disagree

Don't know

National Student Surveys (NSS), Post Graduate Taught (PGT) surveys and equivalent subject-level data

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

GPhC registration assessment performance data (pharmacist initial education and training only)

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

Oriel assessment performance data (pharmacist initial education and training only)

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

Other data (for example, upheld education concerns)

Strongly agree
Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

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

   Strongly agree

   Agree

   Neither agree nor disagree

   Disagree

   Strongly disagree

   Don't know

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

   Overall, the Royal Pharmaceutical Society is supportive of the proposed changes as quality and safety can be assured whilst issues can be addressed promptly.

   The method of assurance proposed is a recognised model of regulation seen in general education, using a data driven risk based approach to assessment visits. Gathering qualitative and quantitative data from a range of perspectives is an important approach to assurance. Feedback received from our members highlights the importance of metrics that are reliable, valid, fair and reproduceable across each of the initial education and training standards for the pharmacy workforce. There may be value in defining these in some way, linking them to the aims of this method of assessment.

   The detail in the consultation document does not link the large number of data, collected in a variety of ways from a number of sources to the aims of the assessment process. This linkage may assist pharmacy education providers in undertaking the process.

   The consultation document describes a "concerns matrix" (page 19) and there would be benefit in GPhC sharing details of it's development, testing and validation before use in this context.

   We have indicated "don't know" to the National Student Surveys (NSS), Post Graduate Taught (PGT) surveys and equivalent subject-level data question as we received a variety of views from members. It was observed that surveys allow students to provide information in a safe way that they may not feel comfortable doing directly to staff who have perceived 'power' over them in their course. Additionally, there was concern expressed about the inclusion of the National Student Survey specifically, sharing anecdotal feedback that students often experience survey fatigue which may impact on the response rate to surveys and a concern about the perceived impact that (potentially low response rate) would have on the quality assurance of that provider. There are also other variables to consider which impacts on the response quality and rate which may not directly reflect the quality of training.

   GPhC registration assessment performance data is an indirect measure for the quality of the initial education and training of pharmacists as there is a full year between graduation from their

undergraduate training and the conclusion of the foundation training year.

The Oriel assessment takes place during the initial education and training period, informing the national recruitment scheme for foundation training places, but is not a comprehensive indicator of future performance of graduates and may be of limited value.

It would be useful to confirm if the GPhC intend to monitor outcomes from the GPhC portfolio sign off (initial pharmacist education) as well as the GPhC registration assessment from an E, D, I perspective to assess the impact of the clinical environment on the student outcomes.

Another potential opportunity is to consider how the RPS assessment and credentialing process could be used as a measure of quality assurance in the future.

Section 2: Intervention, escalation and decision-making

As part of reviewing the information we gather during our yearly monitoring, we will need good decision-making and appropriate ways of dealing with concerns. Therefore, we propose a set of four intervention activities to be carried out by appropriate teams (the GPhC Quality Assurance team, the Approval team or both).

These will help us make sure that any concerns are dealt with in the most effective ways and that their impact on the delivery of education and training is as low as possible.

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

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

Strongly agree
Agree

Neither agree nor disagree
Disagree

Strongly disagree

Don't know

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

Strongly agree
Agree

Neither agree nor disagree
Disagree

Strongly disagree

Don't know

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

Strongly agree
Agree

Neither agree nor disagree
Disagree

Strongly disagree

Don't know

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

Strongly agree
Agree

Neither agree nor disagree
Disagree

Strongly disagree

Don't know

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

Strongly agree
Agree

Neither agree nor disagree
Disagree

Strongly disagree

Don't know

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

If there is a concern raised after reviewing a yearly return, asking the provider for more evidence and information may not yield the improvement necessary and may put further pressure on a provider under strain. The other interventions which include meeting with the provider, offering help and undertaking a focused activity would achieve an effective way of addressing the concern and balancing the impact of that on education delivery in a supportive way. We suggest involving the provider in decisions about format of the focused meeting and activity, to ensure this is a supportive exercise. The providers must be able to learn from the interaction and make informed improvements.

Utilising the GPhC quality assurance team to review the provider return and offer feedback and support to address any concerns appears to be a new approach, withholding input from the Approval Team to focused activities with the provider. This differs from the current approach of appointing an Approval team from the Accreditation and Recognition Panel. More detail on the capacity and capability of the GPhC quality assurance team to undertake the evaluation of any submission and to support providers to address concerns ahead of an Approval Team intervention would be useful.

Section 3: Increased flexibility for approval and intervention

The proposed update to the quality assurance of education and training will give us more flexibility in the way we approve course provision. We will be able to intervene when we spot concerns, and work with providers to help deal with these quickly. Equally, because of the flexibility we will have with the proposed yearly monitoring and intervention processes, we will no longer publish an

'end date' for our approval. Instead, we will publish a proposed date for the next planned interim or reapproval event .

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

   Strongly agree
   Agree

   Neither agree nor disagree
   Disagree

   Strongly disagree

   Don't know

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

    Strongly agree
    Agree

    Neither agree nor disagree
    Disagree

    Strongly disagree

    Don't know

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

    Strongly agree
    Agree

    Neither agree nor disagree

    Disagree
    Strongly
    disagree

    Don't know

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

    Strongly agree
    Agree

    Neither agree nor disagree
    Disagree

    Strongly disagree

    Don't know

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

A robust approach to scrutiny is imperative to ensure that the quality of initial education and training is upheld for the benefit and safety of patients and the public.

Allowing a flexible approach as described reduces repetition and burden for those providers who are performing well and allows a proportionate process for those with areas for improvement.

In effect, providers of pharmacy initial education and training who perform to a high standard and demonstrate satisfactory achievement of the standards are essentially rewarded with an extended time interval between approval processes.

The risk appears when providers are aware of the metrics used to reach that approval and present evidence to meet the needs of the process. The GPhC process must be robust enough to ensure that the evidence triangulates between the provider, workforce and student to give an overall assurance from a wide range of perspectives.

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

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

Therefore, we propose to apply to private providers and pharmacist independent prescribing providers the same arrangements that apply to national awarding organisations and MPharm providers. In effect, this will result not only in greater scrutiny but in a consistent quality assurance approach overall.

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

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

15. **To what extent do you agree or disagree with our proposal to *apply our QA processes* so that arrangements that apply to MPharm providers also apply to *providers of independent prescribing programmes?***

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

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

The principles of assurance apply equally to initial education and training delivery across all roles within the pharmacy family. The proportionality across these different education settings requires to be better understood and is not fully described in the consultation document.

The costs of and capacity for data collection, across the spectrum of providers, and how the proportionality of assurance data requested is applied is also unclear.

Section 5: The impact of our proposals

17. **We want to understand the impact our proposals may have on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. These are:**

- **age**
- **disability**
- **gender reassignment**
- **marriage and civil partnership**
- **pregnancy and maternity**
- **race**
- **religion or belief**
- **sex**
- **sexual orientation**

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

Yes - positive impact

Yes - negative impact

Yes - positive and negative impact

No impact

Don't know

18. **We also want to know if our proposals will have a positive or negative impact on other individuals or groups (not related to protected characteristics) – specifically:**

- **students and trainees**
- **patients and the public**
- **education and training providers and partners**
- **pharmacy staff**
- **employers**

Do you think our proposals will have a positive or negative

impact on each of these groups?

Yes - positive impact

Yes - negative impact

Yes - positive and negative impact

No impact

Don't know

19. **Please give your comments explaining your answers to the two questions above. Please describe the individuals or groups concerned and the impact you think our proposals will have.**

Even though the standards do not have specific impacts on individuals with protected characteristics, there is a risk of systemic and institutional discrimination based on the different protected characteristics which may impact on how the standards are applied to teams working within educational providers. There needs to be an awareness of conscious and unconscious biases that may influence how people are treated based on their protected characteristics.
Students, trainees, pharmacy staff, employers, patients and the public will be positively impacted as the assurance of pharmacy education and training has a direct impact on patient safety as well as on individual's working lives.

When education training providers are performing well, this new approach will be seen as a positive impact as there will be no expiry date to GPhC approval and there may be an increase in the time between approval visits, should all data received be satisfactory. For those education providers who have concerns which require to be addressed, the initial request for more evidence may be challenging and put pharmacy education staff under intense pressure and have an impact of costs.
The projected timescales for implementation are very short and that will also have an impact on education providers in the uncertainty about the implementation timescales, any phased approach to implementation and how the new approach will impact on their individual organisation. It will be important for the GPhC to publish the implementation plan without delay and consider what support GPhC will provide to navigate this new process.
We would ask that GPhC monitors the impact of this new approach and publishes the evaluation so that action can be taken if there is any evidence of a negative impact on relevant stakeholders.
Through these improvements, gaps in registration assessment and degree awarding gaps for black pharmacists would be addressed proactively. At the moment, this is the only group an attainment gap is reported on. We hope with better data collection and utilization of the data will highlight any other potential attainment gaps for other marginalised groups such as people with a disability.
There would be data to highlight any attainment gaps in post graduation education of pharmacists, this is not reported at the moment.