

IPMI Response to the GPhC Consultation on Draft Initial Education and Training Standards

The Institute of Pharmacy Management was established in 1964 to support the development of pharmacy business management and administration. It has mainly educational & training and membership representational interests and has almost 300 members across most sectors of the profession. Around 10% of these live outside the UK.

Your details

Name	Howard McNulty General Secretary IPMI
Contact address	14 Coronation Way, Bearsden, Glasgow
Postcode	G61 1DA
Contact telephone	0141 570 1320
Email	howard.mculty@ntlworld.com

Where do you live?

- England
- Scotland
- Wales
- Northern Ireland
- Other (please give details)

[I live in Scotland, but IPMI is an English based organisation](#)

Are you responding

As an individual?

- as a pharmacy professional (please complete section A)
- as a member of the public
- as an allied health professional (please give details)

On behalf of an organisation?

- on behalf of a pharmacy organisation (please complete section B)
- on behalf of a non-pharmacy organisation (please complete section C)

B. Pharmacy organisations

If you are responding on behalf of a pharmacy organisation, please supply the following details

Type of organisation

- Professional body
- Regulatory body
- Education & training body
- Employer
- Union
- Trade body

Other (please give details)

IPMI is a company limited by guarantee with mainly educational, training and membership representational interests.

Area of work

- Academia
- Community pharmacy
- Hospital pharmacy
- Primary care
- Pharmacy education and training
- Pharmaceutical industry

More than one area / Other (please give details)

IPMI is an organisation with members in all the above areas in the UK and abroad. Some associate members are non-pharmacists working in pharmacy.

Initial Education and Training Standards Consultation Questions

Question 1 [Future Pharmacists]: Overall, are the 10 standards fit for purpose?

- Yes
 No
 Unsure

Please explain your answer

- We have a number of concerns in regard to the need for professional standards**
 - to be as consistent as possible across and within professions, (see 1, 2 & 3 below),
 - for international guidance to be followed (see 4 below) and
 - for managerial competences to be incorporated into the guidance (see 2, 3 & 4 below).
- We do not find the ways the idea of merging pre-registration and undergraduate standards has progressed to be workable and feel separate standards are required. (see 5 & 6 below)**
- The syllabus presented is inadequate for the purpose of developing a consistent standard or knowledge and practice across the UK and does not mention pharmaceutical care or identify much management within it and in breach of FIP Guidelines (see 4 & 7 below).**
- The standards and syllabus should have been developed with wider input than is apparent as is suggested by FIP Guidelines (see 4 & 8 below)**

1. There is no overarching strategy for the GPhC in this area. In comparison the GMC has issued guidance for *Tomorrows doctors* which is logical and integrated and follows a strategy http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009.asp. There are better Standards for many of the areas that the draft guidance covers with the delivery of teaching, learning and assessment in 9 domains with very useful supporting tools and advice in important areas of testing and assessment.

It also offers

- Tools for knowledge testing
- Tools for skills testing
- Tools for performance testing
- Assessment of professionalism

The GMC has also undertaken to develop a series of advisory documents supplementary to *Tomorrow's Doctors* (2009) in the following areas:

- a. Assessment
- b. Clinical placements, particularly Student Assistantships
- c. Developing teachers and trainers

- d. Involving patients and the public.

These should make a more suitable addition to GPhC standards and would help standardise regulation across professions which would be in the public interest.

2. The Standards do not match in content or quality of those developed and agreed by the GPhC for pharmacy technicians. These have guidance on the learning hours split amongst subjects, detailed learning outcomes and a more easily identified and thus transferrable syllabus. In contrast the pharmacist's standards have no outline of learning hours or detailed learning outcomes and the syllabus is far too brief. The pharmacist's syllabus should incorporate much of that defined for technicians in many topic areas, but demand a higher level of knowledge and identical or higher practical competences and greater scientific ones. There are in fact a large number of topics listed for technicians which are not shown in the pharmacist syllabus, but should be. Pharmacists also need to learn how to lead and manage technicians. Professional elements of Technicians courses must be assessed by either pharmacists or pharmacy technicians – we suggest University assessments of professional pharmacist skills should be undertaken by pharmacists.
3. The Standards do not reflect the current pre-registration standards set by GPhC especially in regards to the existing managerial content. <http://www.pharmacyregulation.org/pdfs/preregistrationpharmacists/2ctraineeworkbook201011.pdf> It is important that managerial topics are covered by the standards as CPPE is not allowed to provide such training and few undergraduate courses have much managerial content either. Yet the day they are registered pharmacists may be in charge of staff, premises and resources and have to assess risks and take managerial decisions.
4. There is no reference to the **FIP STATEMENT OF POLICY ON GOOD PHARMACY EDUCATION PRACTICE**. http://www.fip.org/www/uploads/database_file.php?id=188&table_id=

FIP says the WHO identified roles and responsibilities were:-

- *Care giver.*
- *Decision maker.*
- *Communicator.*
- *Leader.*
- *Manager.*
- *Life-long learner.*
- *Teacher.*

There is a significant managerial component to these.

The Vancouver consultancy agreed that

- *pharmacists must possess specific knowledge, attitudes, skills and behaviours to equip them to perform these roles effectively.*
- *These professional characteristics should be regarded as required outcomes of basic education and training of pharmacists.*
- *Educational programmes should ensure that patient-focused pharmaceutical care as outlined in the FIP Statement "Pharmaceutical Care" (The Hague 1998) is a mandatory part of the curriculum.*

- FIP also says
 - National pharmaceutical associations should share responsibility for the education of pharmacy students by :
 - seeking to ensure that practising pharmacists and pharmacy students are involved in discussions on changes to curricula,
5. We find the attempt to combine outcomes for both undergraduate and pre-registration graduates does not succeed. It would be better to set separate standards for these two roles, but ensure they were integrated.
 6. We suggest there should be separate standards for Universities, for Pre-Reg Training environments, and those for Graduates and for New registrants. The former two should cover minimum standards for facilities and equipment, practising pharmacist input for quality and for assessment, etc. The last two should be addressed under scientific, clinical, pharmaceutical care, public health, prescribing & management roles etc. New topics should appear in pre-reg training to cover managerial knowledge and patient and public contact.
 7. There are no defined knowledge requirements, only a list of very brief headings in a syllabus. It needs to be made clearer what scope and level of knowledge is required to meet the competence levels e.g.
 - New therapeutic advances - how new and what has to be covered
 - Drug synthesis – how many drugs. How relevant is this to community pharmacy practice these days?
 - ADME – acronyms need to be given in full
 - How people work - is this How the human body works
 - Differential diagnosis – of what.
 - Other professionals – which? pharmacist or non-pharmacist, pharmacy technicians or is it members of other professions
 - Are radiopharmaceuticals and medical gases to be taught? What about formulary systems and population and prescribing data, & pharmaceutical care.
 - Leadership skills are not part of clinical decision making.
 - Attitudes and values should cover RPS and GPhC guidance as well as that for students
 - There is no mention of pharmaceutical care here.
 8. In regard to the last sentence in point 4 FIP Guidelines; these standards appear to be largely developed with little input from community and none from hospital practitioners or students. There is no mention of pharmaceutical care and the management roles are not adequately covered.

Question 2 [OSPAP standards]: Overall, are the 10 standards fit for purpose?

- Yes
- No
- Unsure

Please explain your answer

See above

Question 3 [Future Pharmacists]: Are the individual standards fit for purpose? Please comment on as many of the standards as you want.

- Yes
 No
 Unsure

Please explain your answer

The comments made in response to Q 1 apply here also. There are several additional Technician standards which could usefully be added for the pharmacist's course standards.

- **The curriculum must remain relevant to current practice and national Standards**
- **The assessment strategy must assure appropriate standards of assessment**
- **There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment**

Comments on Individual Standards are listed below with some underlined words are suggested for inclusion in a few

Standard 1 – Patient and public safety

- We think 1.4 and 1.5 should also include staff
- They should say *Universities should ensure non pharmacists are not allowed to provide undergraduate professional practice teaching or assessment.*

Evidence requirements do not seem to require sufficient information to show the draft standards are met e.g. what evidence is needed for

- are monitored and assessed to ensure they always practise safely.
- have access to support for health, conduct and academic issues
- undergo required health and good character checks

Is there any Fitness to Practice system for pre-registration trainees?

Standard 2 Monitoring, review and evaluation of initial education and training

Much of the evidence requires outcomes or evaluations, but there appear to be no standards for assessing such outcomes or of competencies.

Criteria

- information about roles & responsibilities and lines of accountability – is unclear – is this staff or committees? Is this professional or managerial accountability?
- supervision requirements – Is this for trainee staff, or for classes?
- There should be added a requirement for a Course Quality Committee as University systems do not address professionalism.

Evidence

- There is no requirement for there to be a course quality system which covers both academic and professional elements of the course.
- There should be Guidance over how competencies are to be assessed

Guidance

- The detail in 2.1 must spell out the need for a senior pharmacist to be accountable for the professional course elements and for the teaching quality of these. There was a requirement of this nature in the previous standards and it must not be lost if patient safety is to be protected. This pharmacist must be able to attend University Senate or Faculty meetings when matters affecting the course are discussed.
- In 2.2 there must be evidence that MPharm degrees are developed with input from all pharmacists involved in teaching the course as well as views of external stakeholders....
- We also suggest there ought to be a minimum ratio of registered pharmacist input.

Standard 3 **Equality, diversity and fairness**

Given the recent introduction of the Equality Act and the fact these principles apply to everyone we do not understand why pharmacy degrees require higher demands than would apply elsewhere in the University. Similar possibly stronger requirements could be made for Health & Safety.

We suggest this standard is removed here, but retained as an element of Standard 4.

There are no criteria or evidence for the standard of fairness or what the standard is intended to relate to.

Standard 4 **Selection of students and trainees**

This mentions equality & diversity appropriately and sufficiently

Regarding fairness. There would be merit in allowing mature candidates and pharmacy technicians to gain credit towards their entry from VQ's and older qualifications plus experience. A few mature students can bring benefits and support to undergraduates fresh from school.

Standard

- staff involved in selection have been trained appropriately and are aware of relevant legislative requirements, ADD academic and professional entry requirements. There should be practising pharmacist input to the process to deal with professional matters

Some Guidance issues seem not directly relevant to the standard. E.g. additional costs, such as travel, accommodation are mentioned.

There is no reference to the Student Code or University Fitness to Practice links to GPhC here.

Standard 5 **Curriculum delivery and the student experience**

There are very limited standards of assessment and no proposals for a range of types of assessment especially for the proposed competencies where a variety of new techniques could apply and considerable variation could occur in the absence of these.

Assessments must be

- ◆ valid
- ◆ reliable
- ◆ practicable
- ◆ equitable and fair

Assessments may be undertaken by non-University staff so it is important that a strategy encompasses all those involved in the student journey.

Evidence should include

- Course Quality Assurance Committee Minutes
- evidence of the impact of current research and of professional legislation and practice changes on course design and teaching

Standard 6 **Support and development for students and trainees**

A range of mechanisms should be in place needs clarification or examples of mechanisms that are acceptable and any that are not

Evidence

- There should be evidence in 6.2 of input from external and visiting pharmacist speakers, of patient contact and contact with other health professionals and external visits to broaden the student experience.
- Students must have access to support for their academic, professional and general welfare needs
- 6.5 Students and trainees should have access to career advice from a pharmacist.

Standard 7 **Support and development for academic staff and pre-registration tutors**

7.3 should require that

Everyone involved in delivering the curriculum should be aware of the full course content and be involved in an Annual course review.

7.5 should include Minutes of the Committee which undertakes the Course review

7.7 Staff development should be in place for non-pharmacist staff to help them appreciate pharmacy and the role of the pharmacist and to understand how their expertise contributes to the initial education and training of pharmacists and how it can best be delivered in a pharmaceutical context. This is mentioned later but could also be here.

Standard 8 **Management of initial education and training**

The criteria in 8.1 should require a pharmacist to be in charge of the professional course elements and for there to be a quality system for professional course elements.

The evidence should also include

- Job descriptions or role specifications of this person and relationships to other key staff, pharmacists Senate and Faculty structures.
- The role should be to ensure that staff teaching are competent in their areas and have undertaken CPD

- It should also demonstrate how those teaching on the course may influence its content and minutes of a Course Management Committee

Standard 9 **Resources and capacity** seems OK

The criteria in 9.1 should require a pharmacist to be in charge of the professional course elements and for there to be a quality system for professional course elements.

Not all personal tutors must be pharmacists but all students must have a pharmacist to speak to on professional matters.

Add the underlined section to clear lines of authority and responsibility for the strategic organisation and day-to-day management of placements and for the professional elements of the course

9. 5 The statement *some MPharm degree staff should be pharmacists* is open to wide interpretation and is inadequate for public protection. It should be 100% for professional practice element course teaching.

Standard 10

Learning outcomes do not cover the full range of topics recommended by the **FIP Statement Of Policy On Good Pharmacy Education Practice**

http://www.fip.org/www/uploads/database_file.php?id=188&table_id

The Syllabus is not referenced in the Context of the Standard.

We suggest this standard is mapped to FIP requirements to ensure UK graduates meet International standards and the gaps such as exist in management which is not covered in the teaching and learning sections. FIP recommends the following as part of the undergraduate course content

- ***an introduction to the effective management of resources (human, physical, fiscal & time),***

Please note that these elements of management are not specified in this programme nor is it covered by CPPE courses, so there will be a serious gap in managerial knowledge and competence which is difficult to address if it is excluded from these standards.

We suggest that at undergraduate level they should know the relevant legislation and management principles and know how to manage their own time and at preregistration level they should know how to manage human and physical resources whilst at postgraduate level they should show how they manage.

Question 4 [OSPAP standards]: Are the individual standards fit for purpose? Please comment on as many of the standards as you want.

- Yes
- No
- Unsure

Please explain your answer

see 1 above and especially note FIP requirements may well have influenced their overseas training.

Question 5 [both documents]: Are we right to emphasise the importance of assessment and feedback?

- Yes
 No
 Unsure

Please explain your answer

However Assessment Guidance is inadequate, especially for assessing competency in comparison with technician standards and those developed by the GMC.

Question 6 [Future pharmacists]: Do you agree with our position on research in the MPharm?

- Yes
 No
 Unsure

Please explain your answer

This is fundamental for the continued development of new medicines and also of professional practice and both elements should be covered.

Question 7 [Future pharmacists]: Are the learning outcomes in Standard 10 set at the right level?

- Yes
 No
 Unsure

Please explain your answer

Regarding ways of securing resources for pharmacy, this doesn't seem to fit in this standard and another standard is needed in line with technician standards.

It would help to define standards for professional practice premises and equipment to aid securing of resources and also to define how visiting staff or honorary part time staff might be included in the processes.

Add in

- Statistical principles need to be understood
- Public Health principles and their relevance to pharmacy need to be understood
- What are "population and improvement science principles"

- Apply knowledge of current human and animal health and pharmacy-related policy to improve health outcomes (NB Many animal diseases impact on humans – CJD, worms, TB, etc)
- We do not find the proposed table adequate as it has no scope for topics to be added in the preregistration year
- We suggest some changes if this is retained.

Current proposal	MPharm	Pre Reg	Change proposed
5. Demonstrate how the science of pharmacy is applied in the design and development of medicines and devices	Shows How	Knows how	These seem the wrong way round, surely knowledge comes before competence
6 Contribute to the education and training of other members of the team, including peer review	Shows How	Does	Depends who is in the team Should be Shows and Shows how if team means other professions.
Develop quality management systems including maintaining appropriate records	Shows How	Shows How	Should be knows how and shows how
Contribute to research & development activities to improve health outcomes	Knows how	Knows how	Should be shows how and does

Question 8 [OSPAP standards]: Are the learning outcomes in Standard 10 set at the right level?

- Yes
- No
- Unsure

Please explain your answer

See above

Question 9 [Future Pharmacists]: Are the learning outcomes sufficiently comprehensive?

- Yes
- No
- Unsure

Please explain your answer

- 1 It is important to demand that Knowledge requirements and levels are identified and tested as well as competence.
- 2 They omit

- a) Managerial issues and pharmaceutical care recommended by FIP
- b) Many of the topics in the technician standards
- c) Knowledge of Risk assessment and management techniques are omitted from the risk section
- d) Making decisions in a logical manner based on up to date knowledge and risk assessment of relevant circumstances
- e) Knowledge and application of the legislation affecting practice, medicines and pharmacy businesses.
- f) Other topics listed in answers to later questions.

Amend

Recognise ethical dilemmas & respond in accordance with relevant legislation and codes of conduct and respecting the persons right to life.

Question 10 [OSPAP standards]: Are the learning outcomes sufficiently comprehensive?

- Yes
- No
- Unsure

Please explain your answer

See 9 above

Question 11 [both documents]: Do you agree that the indicative syllabi give sufficient prominence to relevant science?

- Yes
- No
- Unsure

Please explain your answer

There are no defined knowledge requirements, only a list of headings in a syllabus. Many of these headings can be studied to degree level. It needs to be made clearer what scope is intended and level of knowledge and competence required to meet the competence levels.

In some areas there may be too much science. Drug synthesis – how many drugs? How relevant is this to community pharmacy practice?

Other questions include

- New therapeutic advances - how new is new?
- Aetiology and epidemiology of (major) diseases – should be clearly specified diseases which respond to or are prevented by medicines and also cover prognosis and treatment
- ADME – acronyms need to be given in full - Metabolism appears again lower down the same section
- How people work - is this meant to be - How the human body works?

Question 12 [Future pharmacists]: Is the indicative syllabus fit for purpose?

- Yes
 No
 Unsure

Please explain your answer

There is no syllabus for pre-registration training, it is important that they gain additional knowledge over their year in managerial areas for example as well as competencies. There are no defined knowledge requirements only a list of brief headings in a syllabus. It needs to be made clearer by writing it as a standard of the scope and level of knowledge and competence required to meet satisfactory levels.

Topics not found, but which are important for pharmacists to know about include

- radioactivity and radiopharmaceuticals,
- vaccines and immunisation,
- medical gases [piped and cylinders]
- formulary systems, population and prescribing data,
- pharmaceutical care.
- Medicines legislation is not mentioned, unlike professional legislation.
- The NHS Acts and NHS contractual services and Drug tariffs also seem to be missing.
- drug safety, risk benefits, adverse drug reaction (ADR) reporting

It is unclear if Appendix 2 is in addition to the standards or syllabus as there is no mention in the text. It seems that dispensing practice is not part of the standards other than for animal medicines but does appear twice in Appendix 2 for both hospital and community pharmacy.

The syllabus follows the old historical structures and is not well integrated. It would be more helpful if subject material was based around the patient or public and the science and practice linked to that where possible e.g. Treatment of drug misuse and pharmaceutical care of substance misusers is not mentioned, but pharmacology and kinetics are. It would help if these topics were covered together or consecutively

Some headings are unclear

- Differential diagnosis – of what. Nurse diagnosis is an accepted term so should we adopt the term pharmaceutical diagnosis.
- Other professionals – which are intended? Is it just other pharmacists or also non-pharmacist, does it include pharmacy technicians.
- Leadership skills are not part of clinical decision making.
- Attitudes and values should cover RPS and GPhC guidance as well as that for students

Pharmacokinetics is spelled incorrectly

Question 13 [OSPAP standards]: Is the indicative syllabus fit for purpose?

- Yes
 No
 Unsure

Please explain your answer See comments in 12 above

Question 14: Are there any other comments you would like to make?

- a) The questions do not adequately reflect the scope of the document
- b) The standards are not clearly identified in the document – [are these the headings or the criteria] and should appear as a separate list in the preamble.
- c) We propose there should be standards for University Courses, for pre-registration placements and for the content .
- d) The indicative syllabus is inadequate for purpose of achieving common minimum standards across all graduates.
- e) Practising pharmacists and students should be involved in revising the documents
- f) The FIP Statement of Policy on Good Pharmacy Education Practice and its recommendations should be used to reshape the standards and syllabus.
http://www.fip.org/www/uploads/database_file.php?id=188&table_id
- g) The Appendices need to be explained and integrated
- h) Technicians standards and pre -registration training requirements need to be used to identify common areas of study, differences in levels required, and topics which are missing.