General Pharmaceutical Council

Consultation on the quality assurance of pharmacy education and training

April 2024

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About the GPhC

Who we are

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

Background

As the regulator for pharmacists, pharmacy technicians and registered pharmacies, the GPhC sets standards for education and training. The GPhC must also be assured that these standards are met. We achieve this by quality assuring education and training providers against our standards, and approving the providers that meet them.

At the moment, the main way we quality assure (QA) education and training provision is through regular 'approval events'. We appoint an Approval team from our Accreditation and Recognition panel to review documentary evidence, and a submission from the provider. We do this every three years for any particular provider.

There have been some significant changes in pharmacy education and training over the last few years which affect its structure and what we expect from it. These changes include:

- new initial education and training standards for pharmacists (2021)
- introducing a foundation training year, which will be accredited by the GPhC, to replace pharmacist pre-registration training (2025)
- new education and training standards for pharmacist independent prescribers (2022)
- new initial education and training standards for pharmacy technicians (2017), and

new education and training requirements for pharmacy support staff (2020)

Over time, we have improved the way we QA pharmacy education and training, taking account of best practice in QA and of how our standards have evolved. Since 2011, we have improved the tone of approval events and the way we work with providers during them. This means providers are clearer about what we expect from them and about how events will be carried out. We have also reviewed the way we work with providers to get their approval submission. For example:

- Ahead of the approval event we will tell the provider which learning outcomes we are going to review.
- We have produced submission templates for events, so that providers don't have to give us the same information more than once.
- We are collecting more data before the event, and since 2022 this includes data from independent prescribing programmes.

We want to build on these developments to make sure our QA processes are suitable for the rapidly developing education and training being provided, and to make sure we are able to act quickly if there is under-performance. This would support two of our strategic aims:

- to drive improvements in pharmacy care by modernising how we regulate education and training, and
- to shift the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy

This would also support the Professional Standards Agency's 'Standards of Good Regulation', more specifically Standard 9:

The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

This consultation focuses on four specific aspects of the processes we use to quality assure pharmacy education and training. We propose to:

- introduce yearly monitoring with a greater use of data we collect before the approval event
- define clear lines of responsibility and criteria for making decisions about whether or not to reapprove
- adopt a more flexible approval and intervention process
- achieve greater scrutiny of education and training, while applying our QA processes across all pharmacy education and training

Through this consultation, we are asking for your views on the proposed changes.

The consultation process

The consultation will run for 10 weeks and will close on 13 June 2024.

During this time, we welcome feedback from individuals and organisations. We will send this document to a range of stakeholders including pharmacy education and training providers and their partners, pharmacy professionals, pharmacy owners, patient representative bodies, and others with an interest in this area.

After the consultation, we will publish a report summarising what we heard.

Our report on this consultation

Once the consultation period ends, we will analyse the responses we receive and consider any changes that are needed.

Our governing Council will receive the analysis at a meeting in the second half of 2024 and will consider the responses when approving the new pharmacy education and training quality assurance processes.

We will publish our analysis of the responses and an explanation of the decisions we take. You will be able to see this on our website **www.pharmacyregulation.org** .

How to respond

You can respond to this consultation by going to **pharmacyregulation.org/consultation-quality-assurance-pharmacy-education-and-training** and filling in the online questionnaire there.

We encourage everyone to use the online questionnaire. However, if you want to send a response by email, please write your response to the consultation questions and send it to us at **consultations@pharmacyregulation.org**.

Other formats

Please contact us at **communications@pharmacyregulation.org** if you would like a copy of the consultation 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

or post them to us at:

Governance Team
General Pharmaceutical Council
Level 14, One Cabot Square
London
E14 4QJ

Please do not send consultation responses to this address.

Why we consult

Under the Pharmacy Order 2010, we have to consult before we set any standards or requirements. We will also consult, when we need to, to make sure we are carrying out our statutory duties effectively and proportionately to meet our main objective of protecting the public.

Responding to the consultation

How we use your information

We will use your response to help us develop our work. We ask you to give us some background information about you and, if you respond on behalf of an organisation, your organisation. We use this to help us analyse the possible impact of our plans on different groups. We are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties. There is an equality monitoring form at the end of the survey. You do not have to fill it in, but if you do, it will give us useful information to check that this happens.

How we share your information

If you respond as a private individual, we will not use your name or publish your individual response. If you respond on behalf of an organisation, we will list your organisation's name and may publish your response in full unless you tell us not to. If you want any part of your response to stay confidential, you should explain why you believe the information you have given is confidential.

We may need to disclose information under the laws covering access to information (usually the Freedom of Information Act 2000). If you ask us to keep part or all of your response confidential, we will treat this request seriously and try to respect it. But we cannot guarantee that confidentiality can be maintained in all circumstances.

If you email a response to the consultation and this is covered by an automatic confidentiality disclaimer generated by your IT system this will not, in itself, be binding on the GPhC.

Your rights

Under data protection law, you may ask for a copy of your response to this consultation or other information we hold about you. You may also ask us to delete your response. For more information about your rights and who to contact please read our privacy policy on our website.

Details of proposals and context

Why we have to quality assure pharmacy education and training

The Pharmacy Order 2010 describes our role in setting standards for the education and training of pharmacists and pharmacy technicians, and in approving their qualifications and training. The aim of this is to assure us that:

- pharmacy education and training takes place safely for everyone involved
- patients and the public can have confidence that pharmacists and pharmacy technicians joining the register are skilled and knowledgeable, and that they demonstrate appropriate professional behaviours as a result of their education and training, and
- pharmacy education and training is carried out in a way that is fair, and provides a positive experience for students and trainees

We approve education and training provisions that have been quality assured using our approval processes and have met our standards in full.

Why we are reviewing our approach to quality assurance

During the past few years we have made a number of changes and improvements in line with feedback we have received and the way that pharmacy training has evolved. But we have not changed our main QA processes since the GPhC was formed. It is important that we review our QA processes because:

1. We are producing new standards

We have reviewed, or are reviewing, all our standards and requirements for pharmacy education and training. The new standards and requirements will lead to significant changes to pharmacy education and training. For pharmacists, this includes introducing learning outcomes designed to give new registrants the skills, knowledge and attributes they need to prescribe independently once they join the register.

For pharmacy technicians, we will begin reviewing their initial education and training standards this year to make sure they are equipping pharmacy technicians for the increasingly varied roles and responsibilities they have.

Therefore, we must make sure the processes we use to check the quality of pharmacy education and training continue to provide a robust, high level of assurance appropriate to the new standards.

2. Our QA processes must be up to date and fit for purpose

We want to make sure we are up to date in the way we understand quality assurance and apply QA processes to education and training, and make sure that our processes remain fit for purpose. We have carried out a review of the QA processes used by other healthcare regulators and can see that there may be advantages for us in adopting similar processes to the ones they use. For example, we can use a wider range of data to help us carry out our

quality assurance and monitoring within education and training.

3. We need to anticipate concerns and act proportionally

At the moment, the way that we assure education and training is strongly linked to particular points in time. These 'focal points' give us important benefits, such as making sure there is a regular and wide-ranging scrutiny of all education and training providers against our standards and at fixed times.

These focal points are important, but mean that we check in with providers only once in every three years. During this time, issues – such as poor performance in the registration assessment – may crop up and reach a stage where they can pose a serious concern under our standards. They could even compromise the quality of the education and training provision. Our present processes have limited our ability to spot or anticipate concerns early, or to review providers early as a result of the concerns identified. By monitoring education and training provisions between approval events, we will have a better idea of providers' performance between the review events. This means we can spot and deal with concerns together with the providers in a more timely, proportionate and systematic way.

The education and training that we quality assure

When we receive assurance that education and training provision meets our standards, we can approve that provision. To get this assurance, we use the following two approval processes:

Accreditation

In this process, we quality assure all the processes around the management and delivery of a course and programme. This is to make sure it meets the relevant GPhC education and training standards or requirements.

Recognition

This process is how we approve national qualifications delivered in Great Britain. These qualifications follow the requirements of a relevant Regulated Qualification Framework and agreed national occupational standards and/or a recognised framework. We do not directly approve the providers that deliver the qualifications on behalf of the awarding organisations. Instead, we recognise the quality assurance processes and policies of the awarding organisations and their ability to meet the relevant GPhC education and training standards or requirements.

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We accredit the following education and training provisions:

- MPharm degrees and Overseas Pharmacists' Assessment Programmes (OSPAPs) that form part of the initial education and training pathway for pharmacists
- foundation training programmes offered by statutory education bodies that lead to eligibility for registration as a pharmacist (accreditation effective from 2025/26)
- pharmacist independent prescribing courses that lead to annotation on our register as an independent prescriber
- pharmacy technician courses offered by private providers leading to registration as a pharmacy technician, and
- pharmacy support staff courses offered by private providers which allow people working in pharmacies to carry out a range of activities for the safe supply of medicines to patients and the public and to meet our training requirements

We recognise the following education and training provisions:

- integrated knowledge and competency qualifications that lead to pharmacy technician registration, and
- pharmacy support staff qualifications which allow people working in pharmacies to carry out a range of activities for the safe supply of medicines to patients and the public and to meet our training requirements

At the moment, the main way we quality assure education and training provision is through regular 'approval events'. We appoint an Approval team from our Accreditation and Recognition panel to review documentary evidence and a submission from the provider. (The panel is made up of professionals with expert knowledge in the field of pharmacy. It includes pharmacists, pharmacy technicians and academics, as well as lay members.) This is followed by the approval event which involves meetings with staff and students remotely or on site for assurance that our standards and requirements are met and continuing to be met. Based on its findings, the Approval team agrees a recommendation to the GPhC Registrar whether or not to approve the provision. This approval may be subject to conditions, recommendations, and/or minor changes to the provision.

We carry out an event every three years. For some provision, this event is a 'reapproval'. For others, the reapproval event takes place every six years – but there is an 'interim' event after three years, as an assurance check.

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Figure 1: our present quality assurance approval process (three-year cycle)

Figure 2: Our present quality assurance approval events for MPharm degrees, and pharmacy technician and support staff national qualifications (three-year cycle)

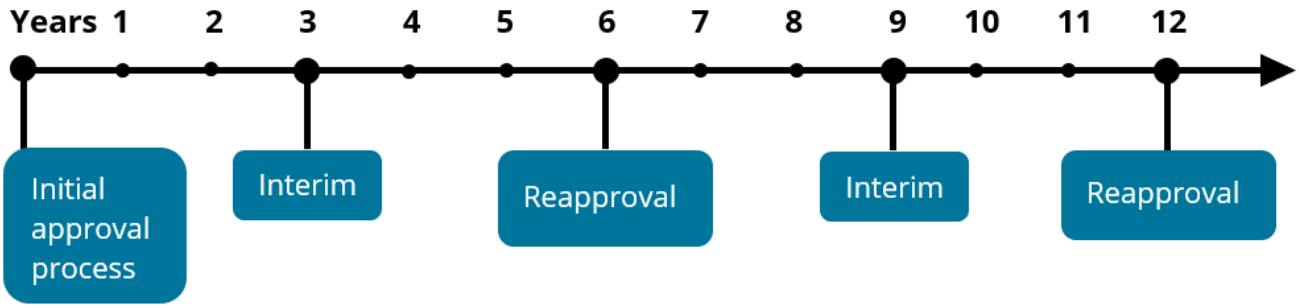
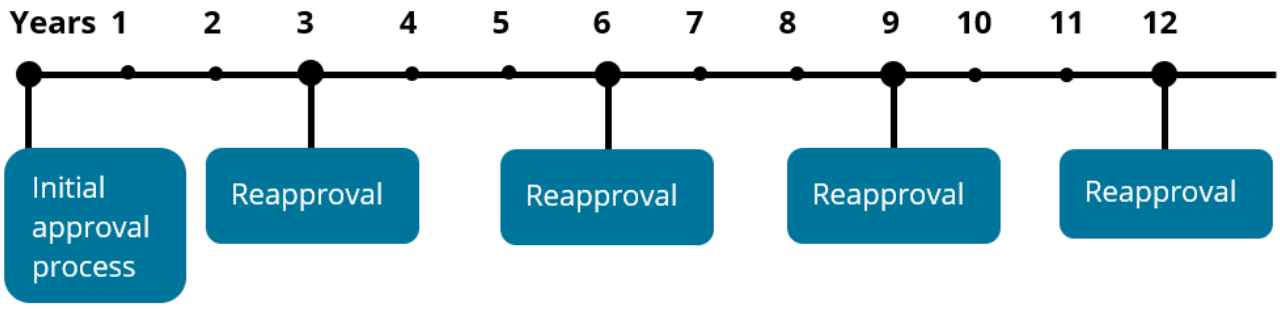


Figure 3: Our present quality assurance approval events for OSPAP, independent prescribing, and pharmacy technician and support staff courses (three-year cycle)



A revised approach to quality assurance of pharmacy education and training

We quality assure pharmacy education and training to make sure that future pharmacists and pharmacy technicians joining the register have the knowledge, skills and behaviours they need to provide the safe and effective care that patients and the public expect.

Our processes need to make sure that all approved education and training provisions meet our standards and requirements. This includes putting into practice the recommendations for quality improvements made by the Approval team.

Our proposal to revise our approach to how we QA pharmacy education and training is an important part of our strategic plan 2020–25, especially where this will lead to a tailored and intelligence-led approach to approval and quality assurance.

Please note that our processes for the initial approval of education and training provision will not be affected by these proposals

Our four proposals

1. Yearly monitoring

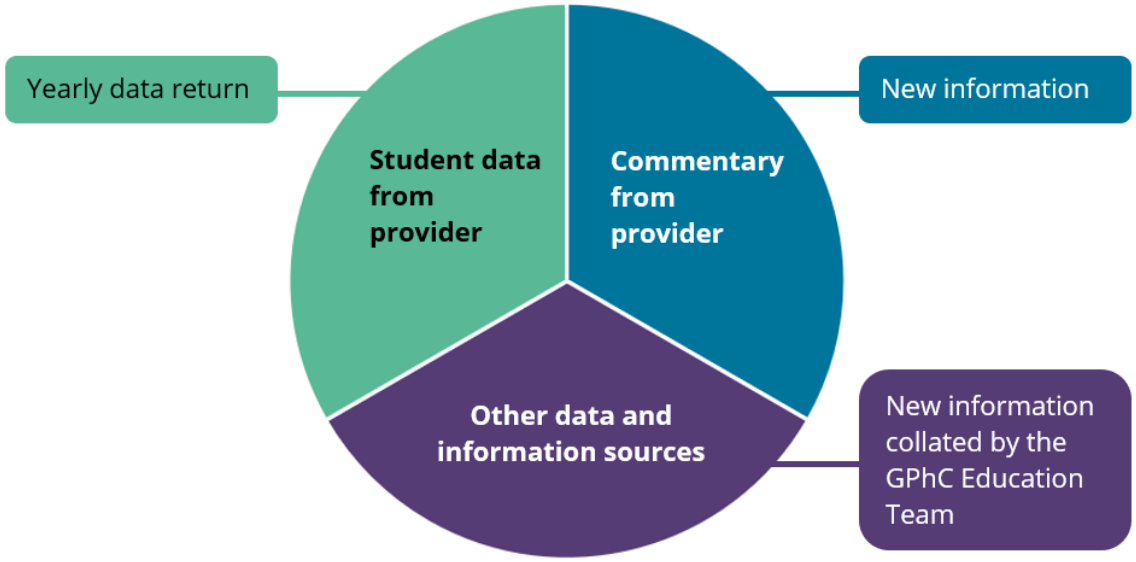
The present fixed cycle of reapproval and interim events gives us a limited chance to spot and deal with concerns early. This can mean that students and trainees do not receive the support or guidance they need at the time when they most need them.

We do collect student data every year for some programmes, such as the MPharm and Independent Prescribing programmes. But we don't do this yet for all education and training provision. The data we get – including the numbers of admissions, progression and completion rates, equality monitoring information and student fitness to practise concerns – is useful and gives us some level of assurance. However, it does not have the detail we need if we are to develop the continual oversight that we want to have.

We therefore propose to build on the process we have now, and introduce more comprehensive and structured yearly monitoring. This will help us to spot and deal with concerns more quickly. It will also help assure patients and the public that providers continue to meet GPhC standards and requirements for education and training.

The illustration below shows what yearly monitoring would look like:

Figure 4: yearly monitoring information



We want to make sure that our quality assurance is proportionate without putting the quality and safety of education and training at risk. To achieve this, we are proposing to build on the yearly data collection processes and timings we have now, so that there is a single reporting point every year. This will let us use a more tailored approach to how we time the approval activities. We can adapt the present three-yearly event cycle, so that we can change the timings between events depending on the results of our yearly monitoring. This could also mean that providers would need to submit much less information for reapproval and interim events.

In our yearly monitoring we will look for 'qualitative' data that we can link to different aspects of our standards. By qualitative data we mean data that is 'not just numbers'. We will ask the provider to:

- comment about a number of areas, such as students' performance in the registration assessment
- provide updates, information about new developments, or action plans, and
- let us know about any information they think is relevant to their provision of education and training

By looking into these issues more regularly – every year – we, and providers, will be able to think about the education and training provided, and spot and deal with concerns together more quickly.

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The areas we propose to consider as part of yearly monitoring are:

Management, oversight and delivery of education and training

To explore challenges and solutions around the management, oversight and delivery of education and training. This includes the delivery of the GPhC learning outcomes and working with other providers (for example statutory education bodies).

Changes affecting education and training

To explore whether the provider has experienced or is expecting any substantial changes that might affect the education and training provision, such as changes in staffing, infrastructure or financial resources.

Experiential and inter-professional learning

To look into the practical experience and the learning from other professions delivered through the course, such as independent prescribing for student pharmacists, and multidisciplinary team working for trainee pharmacy technicians.

Stakeholder feedback

To explore key themes coming from stakeholder feedback, including from students, trainees, supervisors and patients, and how feedback was considered by the provider.

Internal and external quality assurance

To identify outcomes, including actions and recommendations, of internal and external quality assurance of the programme.

This can include independent appraisals and reports from external examiners (such as for MPharm degrees), external quality assurers (such as for pharmacy technician courses and qualifications), and standards verifiers (such as for pharmacy support staff courses and qualifications).

Student and trainee admissions and performance

Equality, diversity and inclusion: to focus on the provider's analyses of student and trainee admissions and performance data, and any trends affecting people with protected characteristics.

GPhC registration assessment performance

To allow providers to consider the performance of their students or trainees in the GPhC registration assessment and to implement an action plan to deal with concerns about this.

We may make changes to these areas from time to time, depending on outside factors, trends we identify or any revisions to our standards.

We would also collect extra data which we would review along with the information from providers.

This will help us look at the evidence from different angles, and will help us decide when we should have the next approval event and whether we need to act now on any concerns. This extra data would be:

Education experience survey data

The National Student Survey (NSS) is used by Office for Students (OfS), the regulator of higher education in England, to gather students' opinions on the quality of their courses across the UK. This can help to bring about improvements in student experience, and support public accountability. In 2022, OfS also piloted a Post Graduate Taught (PGT) version of the survey for post-graduate students.

The student experience NSS data will be part of the QA of MPharm degrees – and of the Pharmacist Independent Prescribing programmes if the PGT survey data becomes available. We will also consider any equivalent pharmacy technician and pharmacy support staff student surveys if they are available.

Student and trainee feedback collected by the GPhC

We collect student and trainee feedback in QA events using focus groups, small surveys or phone interviews. This activity is well received by stakeholders and often gives an insight into evidence from providers.

We will start surveying students and trainees every year as part of the QA of all types of pharmacy education and training provisions approved by the GPhC. This will include pharmacy technician courses and qualifications.

GPhC registration assessment performance data

The registration assessment is one of the ways we test that trainee pharmacists can show that they understand how to apply knowledge appropriately and in a timely way to make professional judgements in pharmacy practice. It also tests trainees' number sense and that they are able to perform the calculations needed to practise as a pharmacist.

Our standards say, for example, that systems and policies must be used in such a way that the degree is evaluated on the basis of evidence, and that there is continuous improvement in its delivery. Therefore, we consider candidate performance in the GPhC registration assessment to be an indication of how the provider is performing.

We will be analysing this data routinely, looking for differences in performance that need dealing with. This will apply to QAs of MPharm, OSPAP and foundation training provision.

Oriel assessment performance data

Oriel is the national recruitment platform through which MPharm and OSPAP students apply for foundation training. To successfully secure a training place, applicants need to pass an assessment called the Oriel assessment.

The assessment is in two parts: a 'situational judgement' test designed to assess the professional attributes expected of a trainee pharmacist, and a numeracy practice paper that assesses applicants' ability to carry out basic pharmaceutical calculations.

We will start reviewing candidate performance in the Oriel assessment and use this in our QA of MPharm and OSPAP education and training provision.

Other data

We will consider any other data as evidence. For example, we would take into account education concerns that are upheld against an awarding organisation of recognised pharmacy technician qualifications, either through the GPhC concerns process or ombudsman complaints.

We will use this data in our QA of all types of pharmacy education and training provision approved by the GPhC. This will include courses and qualifications for pharmacy technicians and pharmacy support staff.

We have highlighted registration assessment performance data as one of the important pieces of data for quality assuring the initial education and training of pharmacists. To help individual schools of pharmacy and statutory education bodies, we are also proposing to develop GPhC registration assessment performance data reports which we will share with them regularly. These reports will show the performance data of their graduates for each sitting. They will also tell individual providers whether there is statistical evidence of differences in performance in the registration assessment. This will help both us and providers to decide whether there is a need for an appropriate action plan to deal with low performance.

This is what the key sections of these reports may look like:

Section 1

Introduction and pass mark criteria

Section 2

Summary candidate performance data at national level

Section 3

General candidate performance data at provider level

Section 4

Statistical differences in candidate performance at provider level

The GPhC Quality Assurance team will manage the yearly monitoring process. If there is a recommendation that action needs to be taken, there will be a review of this action by an Approval team or team leader (or both). We will give course providers feedback on their yearly monitoring submissions along with the outcome of the exercise. As an added benefit of yearly monitoring, we expect providers to find there is

less paperwork needed for events compared with the present format.

We are also proposing to bring in a 'concerns matrix' to help set the levels of any concerns appropriately. We believe that the most reasonable and proportionate way to approach yearly monitoring is to use qualitative analysis based on evidence, and professional judgement using our concerns matrix.

We have developed a matrix that groups concerns based on the level of impact they have on provision, and how quickly this could take effect. By 'impact' we mean how badly a concern might compromise the delivery of education and training to GPhC standards and requirements. By 'effect' we mean how quickly a concern might compromise the delivery of education and training to GPhC standards and requirements.

Based on impact and effect, we would rate the concerns on a Red, Amber, Green and 'none' scale. This would define whether the concern is high, medium, low, or none, as described below:

Table 1: Concerns rating scale

Impact	Effect	Rating
Significant	Immediate	**High (Red)**
Significant	Delayed	**Medium (Amber)**
Minimal	Immediate	**Medium (Amber)**
Minimal	Delayed	**Low (Green)**
None	None	**No concern identified (none)**

Here are some examples of situations and the likely levels of concerns we would apply to them:

- *The outcome of a recent internal audit of a school of pharmacy has found evidence of active discrimination against students from ethnic minorities on the MPharm degree. This finding would be likely to be classed as a high-level concern (significant impact – immediate effect).*
- *Pharmacy technician trainee feedback collected by the GPhC shows that there have been delays in their receiving feedback on their performance, but the respondents are satisfied that this was put right by the provider in a reasonable time. This finding would be likely to be classed as a low-level concern (minimal impact – delayed effect).*

Any concerns that we identify and measure using the concerns matrix will be considered along with the last approval event's outcome and findings, as well as the information and evidence we gathered from the event.

2. Intervention, escalation, and decision-making

Our proposal to introduce yearly monitoring and review in our quality assurance means that we will need good decision-making, and appropriate ways of dealing with concerns, if it is to be effective. We realise that every situation can be different and so can the approach to dealing with challenges in education and training. Therefore, we intend to use a case-by-case approach to reviewing the yearly monitoring returns. With any concerns we find, we will consider both their impact and effect on education and training. This will help us achieve the most appropriate and effective outcome.

After reviewing the returns, we need to make sure any concerns are dealt with in the most effective way and that their impact on the delivery of education and training is as low as possible. We propose to use four main ways of doing this

In figure 5 and 6 we show how we propose to deal with concerns and the teams that will do this. Figure 5 to the right shows our proposed QA 'intervention activities'. Figure 6 below shows the QA events that will follow.

Figure 5: Proposed QA intervention activities

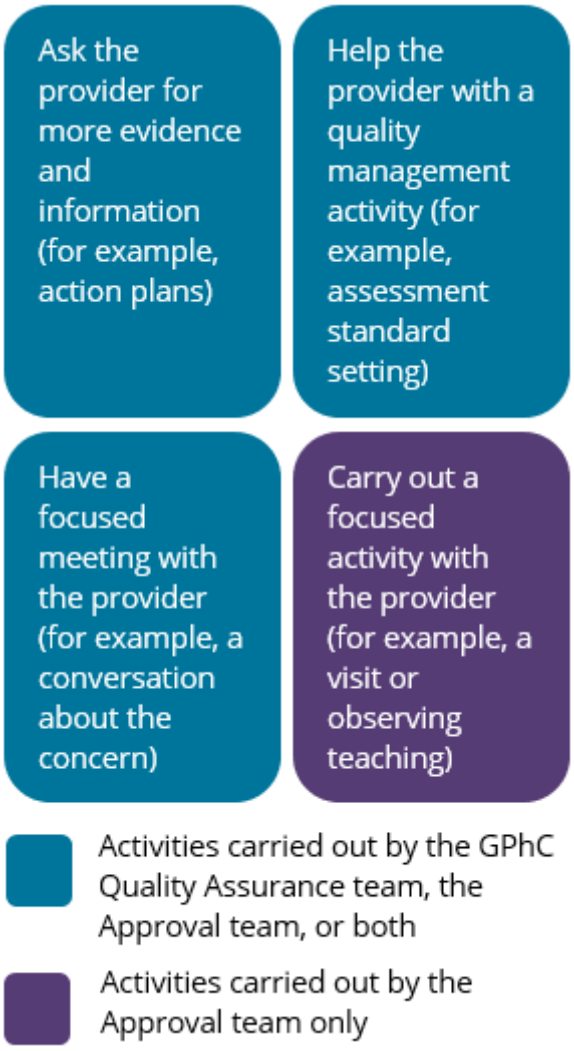
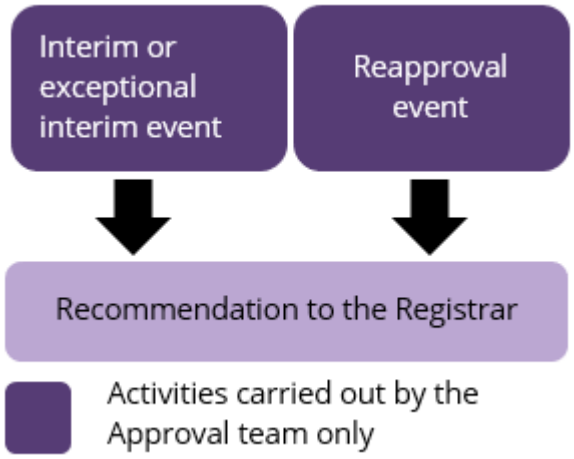


Figure 6: Quality assurance events



In terms of decision-making, we are proposing criteria that provide clear lines of responsibility and make the best use of the expert knowledge that members of the Approval team have. The decision-making routes we take will be based on the level of assurance we get from providers and whether there is an identified need to intervene.

The GPhC Education Quality Assurance team will carry out the initial review in the yearly monitoring event and the evidence gathered as part of it. The team will look for any concerns about the education and training provision. If there are any concerns, the Quality Assurance team will decide on the appropriate intervention activity – such as asking for more evidence. If the concerns are not cleared after this, the information would then go to the Approval team for review.

They will decide on and carry out the most appropriate intervention or interventions, such as on-site visits. This will lead to a report to the Registrar (or Deputy Registrar) which may contain recommendations or conditions that the provider must meet. The Approval team will consider whether recommendations and conditions have been met in full or in part. If the Approval team decide that conditions have not been met, the issue will go, through the Registrar, to the Council's Quality, Performance and Assurance Committee. They will consider any further action. This may include another visit by the Approval team about specific issues or, eventually, a recommendation to Council that approval is withdrawn.

3. Increased flexibility for approval and intervention

We expect the proposed yearly monitoring to lead to more flexibility in our quality assurance of education and training provisions. This will allow us to intervene if there are concerns and work with the providers to help deal with these quickly. It will also make sure we are proportionate in our activity, focusing resources where they are needed.

Interim and reapproval events carried out by our Approval teams will still be at the heart of our QA processes. These allow us to take an all-round view of the education and training provided to confirm whether the provision is suitable for our approval. We also believe that it is important to provide the assurance to the public that all providers are visited regularly.

We want to achieve a balance between regular visits, with the ability to be more flexible in our approach, and a greater focus on providers where our yearly monitoring shows there are issues to deal with. Therefore, while we propose to keep our three-yearly cycle as our usual approach, we will change this depending on the provider's performance.

Figure 7: Proposed QA activity timeline

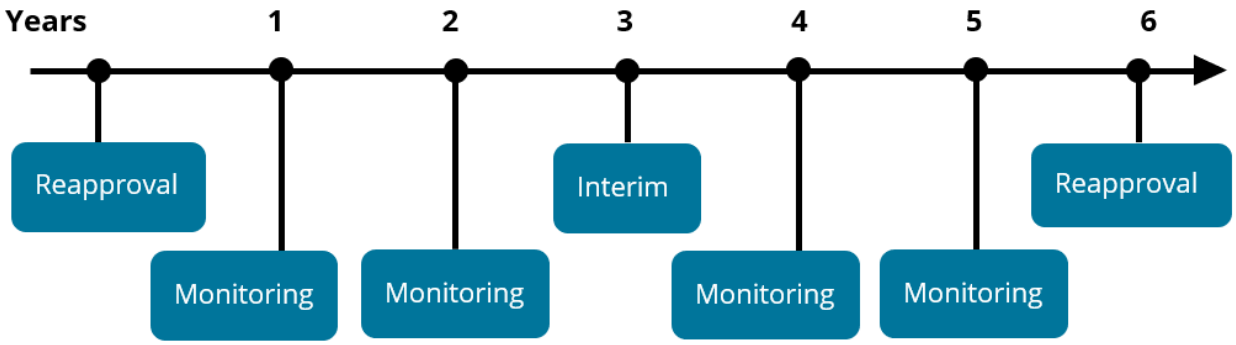


Figure 8: Proposed QA activity timeline with satisfactory outcomes

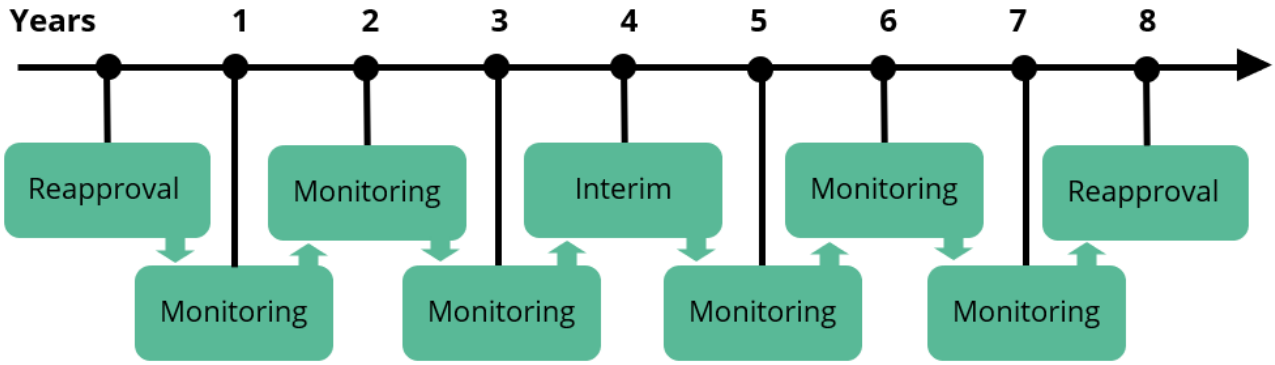
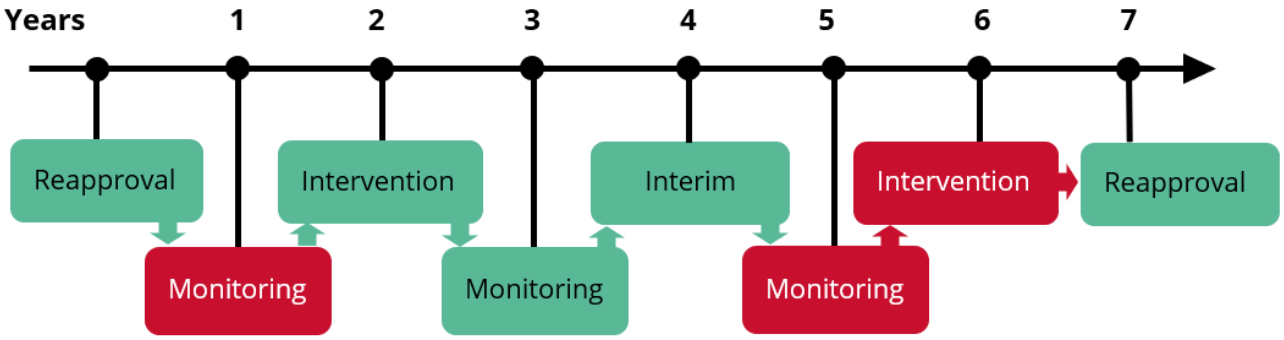


Figure 9: Proposed QA activity timeline with some unsatisfactory outcomes (shown in red)



This means some providers will have events brought forward, so we can intervene more quickly, and others will have the time lengthened if their performance is satisfactory.

Figure 7 above shows what our usual proposed QA activities would look like:

We would still expect there to be an event every three years, as there is now. However, the important point is that the timing of events can change based on satisfactory yearly monitoring and/or the outcomes of our interventions. These may delay an interim or reapproval event by one or more academic years. This is because satisfactory outcomes may give us sufficient assurance, and this could reduce the need for an approval event every three years.

Figure 8 above shows what our proposed QA activities would look like when a course provider achieves satisfactory yearly monitoring outcomes repeatedly (satisfactory outcomes are shown by a solid green arrow leading to the next activity):

As an added benefit, we will not ask providers the same questions at reapproval and interim events about areas in which they have already shown good progress in yearly monitoring. The aim is to have less repetition in our QA processes, and use the time allocated to events to help drive improvement in education and training.

However, if there are unsatisfactory monitoring or intervention outcomes, we may need to schedule extra meetings or events. These are likely to be on top of the standard reapproval or interim events. This would give us the level of scrutiny we needed to work with the provider and deal with the concerns quickly.

Figure 9 above shows what our proposed QA activities would look like when a course provider achieves unsatisfactory yearly monitoring and intervention outcomes (unsatisfactory outcomes are shown by a red arrow leading to the intervention that would then follow):

When there are unsatisfactory yearly monitoring outcomes, we will hold an intervention activity the following academic year. Also, if the outcome of the intervention is unsatisfactory, we will not put back the next approval planned event. This is because unsatisfactory outcomes would not give us sufficient assurance that standards continued to be met. Therefore we could not justify delaying the next planned reapproval or interim event.

Any areas that show good progress through yearly monitoring may not need revisiting during events.

Withdrawal of approval

By using this greater flexibility and by making interventions earlier, we aim to make sure that standards are met and will work with providers to be sure any issues are dealt with. Eventually, if standards are not met, our Council will consider whether it would be right to withdraw approval. We would write to the provider telling them about the decision, explaining the reasons for the decision. The provider would then have the right to appeal to the Appeals Committee.

If we do withdraw approval, our Council would do its best – working with the relevant institution or provider – to make sure students or trainees have the chance to attend an approved course offered by another institution or provider.

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 and with an interim event held every three years. This is also the case for 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 pharmacist independent prescribing programmes and the Overseas Pharmacists' Assessment Programmes (OSPAP) delivered by higher education institutions.

By introducing yearly monitoring, we will have a greater oversight of all courses of pharmacy education and training, including those delivered by national awarding organisations and private providers. 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.

What do we expect the benefits of the changes to be?

By bringing in the proposed changes to QA, we expect to:

- maintain a proportionate level of oversight between interim and reapproval events. This would allow a change in the focus of events away from questioning about narrow aspects of compliance with standards. Instead we would have more collaborative discussions on using providers' strengths to deal with concerns and challenges affecting their education and training provision
- improve our ability to spot and deal with concerns about quality quickly and proportionately
- improve the quality and the scope of evidence that we use at events, and be consistent in our approach across providers and awarding organisations
- communicate regularly with providers so that we keep up to date on course and qualification provision and developments
- reduce the amount of evidence we need from providers for interim and reapproval events, and
- make more effective use of resources to focus on risk, in our education quality assurance activities

When will these changes happen?

Depending on the outcome of the consultation, we plan to develop these arrangements in stages with the data monitoring being rolled out between 2024/25 and 2025/26.

We can introduce some aspects of the arrangements earlier than this. For example, we have started work on developing student and trainee surveys for each type of education and training provision. This will allow us to have more input from students and trainees into our reapproval processes. We plan to pilot the surveys starting with the 2024/25 academic year.

We can introduce some changes immediately. For example, we can send providers their GPhC registration assessment performance data reports for MPharm and OSPAP graduates. This will help providers deal with any performance-related concerns.

Consultation questions

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.**

   Free text

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.**

   Free text

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? patients and the public**

   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.**

    Free text

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.**

    Free text

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.**

Responding to the consultation

If you can, please use the online survey at pharmacyregulation.org/consultation-quality-assurance-pharmacy-education-and-training

If you want to send a response by email, please make sure you:

- give your response to all 19 questions
- when answering the 'impact' questions (numbers 17-19), say what you think the impact will be for each group or characteristic we've listed. You can say 'no impact' or 'don't know' if you need to

This will help us to take account of your views in the same way as the ones we collect from our online survey.

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