

Submission from the Pharmaceutical Society of Ireland on the Consultation on the Health & Social Care Professionals Council Standards of Education and Training and the Monitoring of Continuing Suitability of Education and Training Programmes

Introduction

The Pharmaceutical Society of Ireland (PSI), the pharmacy regulator, is an independent statutory body, established by the Pharmacy Act 2007 (the Act). It is charged with, and is accountable for, the effective regulation of pharmacy services in Ireland, including responsibility for supervising compliance with the Act. It works for the public interest to protect the health and safety of the public by regulating the pharmacy profession and pharmacies. The 2007 Act replaced a number of old Acts and regulations dating back to 1875.

The PSI regulates the professional practice of approximately 4,500 pharmacists, 550 pharmaceutical assistants and 1,700 pharmacies and is governed by a 21 member Council, with a non-pharmacist majority, appointed by the Minister for Health & Children.

The main role of the PSI includes:

- registration of pharmacists and pharmacies;
- improving the profession of pharmacy;
- accreditation of educational programmes for the pharmacy profession at different levels;
- quality assurance of standards, and the development of pharmacy practice;
- inspection and enforcement, including the taking of prosecutions;
- handling complaints and disciplinary matters, including the imposition of sanctions;
- provision of advice to the Government on pharmacy care, treatment and service in Ireland.

Approach to the Submission

The PSI is pleased to submit this response to the recent call for submissions issued by the Health & Social Care Professionals Council (CORU) on its proposed framework for guidelines concerning the standards of education and training and the processes for the monitoring of education and training programmes.

The PSI recognises the apparent extensive preparation and development of the current guidelines and monitoring processes and the referencing of the proposed documents with regard to national and international learning and best practice.

As the Council of the PSI has recently considered and approved a report on a review of the accreditation criteria and the accreditation process used by the PSI to accredit the programmes of education and training required for the purposes of the registration criteria for entry to the Register of Pharmacists held by the PSI, it is proposed that this submission will make reference to the recommendations approved by the Council of the PSI for the purposes of its future accreditation standards and accreditation process rather than commenting on the detail presented in the proposed CORU guidelines and monitoring processes.

The review of Pharmacy Education & Accreditation Reviews (PEARs) Project, was commissioned by the PSI in 2008 to carry out a root and branch review of the five-year programme of education and training required to become a pharmacist in Ireland and to review accreditation models and accreditation criteria. The Project was carried out by the Pharmacy Practice Research Group based in Aston University (UK). The report on this Project was considered and approved by Council on 1 June 2010.

The main recommendations contained in the PEARs Project report that are pertinent to this consultation concern the educational standards and the accreditation process.

Educational Standards

The prime concern for the educational standards is that they should focus upon the educational and professional outcomes or competencies required at registration. The authors of the PEARs Project report note that international best practice in health professional regulation bases the development of educational standards for entry to the register on a statement of the professional responsibilities or competencies of the registered professional. The authors go on to note that this provides a continuum of expectation from first registration through to continuing professional development (CPD) and further education and training to support revalidation and the movement to advanced practice. Widespread stakeholder engagement in the development of the new standards is seen to reflect international practice in standards development.

Based on a review of the literature, the following are eight broad areas identified in the PEARs Project report that need to be addressed by standards:

1. The essential place of patients and patient care at the heart of the educational process. This would normally comprise a statement on the roles and responsibilities of the student in relation to patients which would be linked to the profession's ethical standards.
2. A statement of institutional character, purpose and mission. This may also include aspects relating to diversity, equal opportunity, etc.
3. The presence of a functional, robust quality control mechanism for the educational process in the provider institution. It is noted that the approval or accreditation process is now tending to measure compliance against this standard by also taking account of the provider's own quality processes and any reports of internal validations or quality reviews.
4. The learning outcomes of the educational/placement process which should be linked to professional expectations of a registered professional. This will also include requirements relating to the assessment of learning outcomes.
5. The requirements relating to students including academic and behavioural aspects. These would relate to entry requirements, and there may also be requirements in relation to behaviour, values and ethics, both prior to admission and during the programme. Fitness to practise requirements should be covered by this standard.

6. The delivery of the educational programme which must link to the required learning outcomes. This may include requirements on learning methods, learning strategies, etc.
7. The resources for delivery of the programme and the management of the programme.
8. Support and development of all those involved in the educational process – including students, staff and professional.

The PEARs report also makes reference to the benefits of grouping learning outcomes under broad sub-headings and points to examples of three such headings of the practitioner as a scientist and scholar, a practitioner and a professional.

Accreditation Process

With regard to accreditation process, it is clear from the PEARs Project report that the accreditation process and the standards on which it is based need to clearly reflect the educational and professional outcomes expected of a new registrant. A collaborative process that involves the academic units and other stakeholders is seen as a key requirement for its success.

Based on the findings of the PEARs Project and the review of international accreditation processes, a best practice accreditation method should comprise the following:

- a) It should be based upon the full range of educational standards.
- b) A self-assessment by the education provider against the educational standards should be a pre-requisite at the commencement of the process. This should be assessed by the accreditation panel prior to any site visit. Potential issues should be clarified through correspondence and, where appropriate, a preparatory visit by the panel chair and the regulatory body's management lead person.
- c) The process should take account of existing quality monitoring procedures within the academic unit and other organisations that are relevant to the accreditation process.
- d) Standards on resources should be established but an annual basis of monitoring such standards would be desirable and, if possible, by use of electronic means.
- e) Visits to the academic unit by the regulatory body should take place on a periodic basis but the recommendation is that such visits should focus upon the learning experience and include contact with students, recent past students and employers and a range of staff.
- f) There must be formal training for all members of visiting panels and all staff involved in the accreditation process.
- g) Academic representatives of the regulated profession from other jurisdictions should be used and reciprocal arrangements with other countries would provide academic staff from Ireland with experience of accreditation in other jurisdictions and provide experienced external input for accreditation in Ireland.
- h) Representatives from other professions should be appointed to accrediting panels and consideration should be given to the inclusion of patient advocates.

The PSI welcomes the opportunity to contribute to this consultation and looks forward to sharing learning and experiences with CORU and other health and social care regulators within the Health and Social Care Regulators' Forum with regard to the setting of standards for education and training of health and social care professionals and the processes to assess adherence to such standards.

18.06.2010