GENERIC INTERIM ACCREDITATION STANDARDS

for

Formal Programmes of Learning for Pharmacy in Ireland

Approved by the Council of the Pharmaceutical Society of Ireland on 29 September 2011

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These Accreditation Standards have been developed to assure that the the Formal Programmes of Learning for Pharmacists recognised and approved by the Council of the Pharmaceutical Society of Ireland (PSI) meet the stated requirements as contained herein.

Disclaimer: While the PSI will strive to assure accurate, quality learning experiences through the educational programmes delivered in Ireland by establishing criteria and standards for accreditation, it cannot be expected to assume responsibility for any errors or other consequences arising from the use of information in a PSI-accredited programme or in a programme accredited by an accrediting body appointed by the Council of the PSI. It will be the providers' responsibility to ensure compliance with the set criteria/standards and the responsibility of the programme participants as professionals to interpret and apply the information they receive to their own practice as appropriate.

Generic Interim Accreditation Standards for formal programmes of learning for Pharmacy in Ireland

General Principles

Formal Continuing Professional Development (CPD) learning activities involve a planned learning experience beyond a formal degree and are designed to promote the continual development of knowledge, skills and attitudes on the part of the practitioner.

Standards for accreditation of formal education and training programmes are important to assure the educational quality of a programme that registrants are required to take for maintenance of their competence or in order to refresh or enhance their knowledge to ready themselves for an expanded role and scope. Such standards would be considered minimum requirements for programme entry.

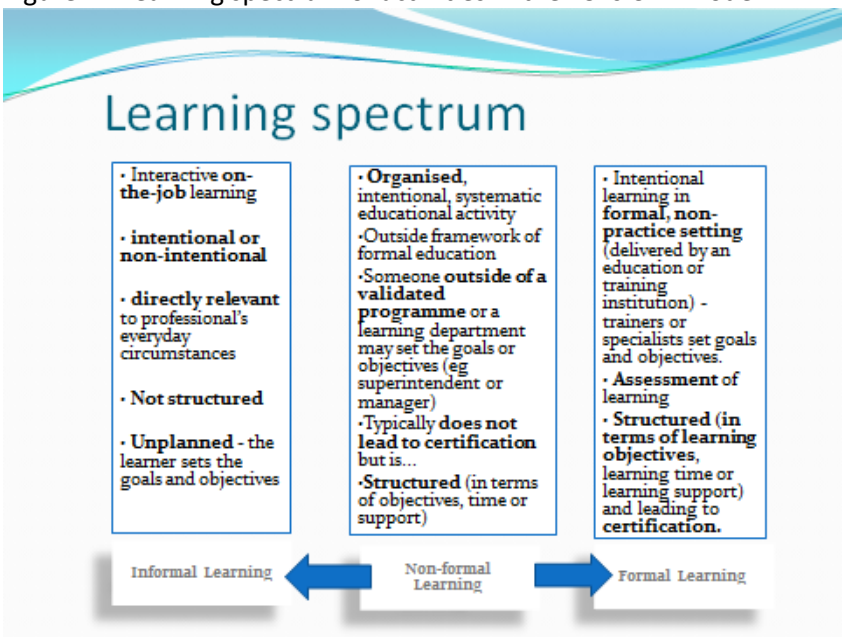
Approval and accreditation of a CPD programme should be dependent on the programme demonstrating:

- quality of education and training;
- relevance to pharmacy practice.

Formal programmes of learning for the purposes of CPD are also required to address the Core Competency Framework for Pharmacists approved by the Council of the PSI in March 2012.

Note: The PSI's CPD model takes into account all types of learning activities, including informal, non-formal and formal. Examples of the learning activities associated with the CPD model are set out in Figure 1 below.

Figure 1 – learning spectrum of activities in the PSI's CPD model



These accreditation standards may only be applied to those formal learning activities as described in Figure 1.

1. Standard 1 – Programme Development

1.1 The PSI's model for CPD encourages pharmacists to be critically reflective throughout the CPD cycle with reflection underpinning each stage of the cycle. Educational programming should incorporate all five stages of PSI's CPD cycle: self-appraisal and reflection; development of a personal learning plan; acting on the plan; learning activities recorded in a readily retrievable format and some means to evaluate and assess the learning that occurs. (Note: a practitioner can commence the CPD cycle at any stage.)

The training programme must have mechanisms to incorporate the five-step CPD cycle which can be by a number of means, such as:

- self-assessment – could include completion of a self-assessment survey based on competencies, including the Core Competency Framework for Pharmacists, and/or learning outcomes/objectives;
- development of a personal learning plan – could include developing personal learning objectives for the programme;
- learning activities are considered to have been undertaken upon completion of the programme. The assessment at the end of the programme combined with self-reflection of the pharmacist and the efforts to incorporate the learning into practice will determine whether additional learning is needed and how it might be accomplished;
- evaluation of the learning – should include questions to reflect on whether the programme was beneficial, whether the pharmacist learned what they set out to learn, whether the learning will be useful and applicable in the pharmacist's practice, consideration of how the learning will be incorporated into practice;
- consideration of the additional 'on-the-job' learning that is required in when and how to use a new practice.

1.2 The provider ensures that adult learning principles and active and/or interactive learning activities are included in any self-directed and live programmes to assist learners with the incorporation of knowledge and/or skills into their practice.

1.3 Providers and sponsors are encouraged to work with stakeholder organisations [regulators, the Health Service Executive (HSE), pharmacy representative bodies, schools of pharmacy, others] in developing and delivering formal learning programmes for the purposes of CPD.

1.4 Providers should assess the learning needs of the target audience. Learning needs assessment may be undertaken through:

- establishing an advisory/planning committee that includes pharmacists;
- surveying target audiences in advance;
- soliciting participant's feedback regarding topics for future programmes in the evaluation process;
- analysing relevant peer-reviewed literature and trends to identify areas where enhanced education or training is needed or desired.

2. Standard 2 – Professional Learning Outcomes/Objectives

2.1 Programmes must include written learning objectives that specify the learning outcomes participants can expect to achieve upon successful completion of the programme.

2.2 Learning outcomes should be stated as a measurable action or behaviour.

2.3 Programme providers and presenters should collaborate to identify the learning outcome objectives prior to developing the programme content.

2.4 Preferred learning format of the intended audience should be consistent to reflect adult learning principles to ensure the most effective methods to achieve the outcomes are employed.

3. Standard 3 – Programme Content

3.1 An approved programme must allow registered pharmacists to achieve one or more of the following:

a. build upon the theoretical and practice knowledge that they already possess as practitioners;
b. acquire new theoretical knowledge related to the outcomes of the programme;
c. acquire competency in cognitive and practice based skills related to the learning outcomes.

3.2 A programme involving multiple components such as self-study and lecture segments should be integrally and logically sequenced to ensure a coordinated continuing professional education experience.

3.3 The provider must demonstrate how the programme content and materials have been developed with access to appropriate internal and external expertise in the subject area.

3.4 Generic names of drugs must be used in the programme and all educational materials wherever practicable; when use of a proprietary or brand name is required, ALL pertinent proprietary names must be used where appropriate.

3.5 The provider ensures that all programmes include active or interactive learning activities employing adult learning principles to help participants incorporate the knowledge into their practice. Design of learning activities may include: pre-testing; self-assessment activities; case studies or case-based exercises; data manipulation exercises; problem-solving activities; question and answer sessions; issues-based discussions.

3.6 As a quality assurance mechanism, all programmes approved must include mechanisms by which the education and training content and materials are regularly reviewed, revised, and updated to reflect changes in best practices, and pharmacy practice in general. A record of all such changes should be retained by the provider as part of a document management policy that records and retains all changes to the programme in a retrievable and verifiable manner.

4. Standard 4 – Programme Delivery and Learning Methods

4.1 Instructional Methodology:

4.1.1 Where education and training involves both theoretical and practical applications, the programme should include both informational and practical components enabling registered pharmacists to learn and demonstrate mastery of particular skills**.**

4.1.2 Such programmes may be delivered in two or more parts to accommodate participants and faculty, for example, a self-study learning component preceding a live, interactive training session.

4.1.3 Self-study programmes should include methodologies to reinforce and/or demonstrate that the participants have met the learning objectives. These may include evaluation questionnaires, formal tests or evaluations, peer assessment, record of how learning has impacted or changed the pharmacist's practice.

4.1.4 Instructors in didactic and other delivery modes have the content knowledge and instructional experience to support the independent learning process.

4.1.5 Instructors in 'live interactive' seminars will be experienced and comfortable with hands on, experiential teaching and will have had previous experience in an instructional role.

4.2. Modes of Programme Delivery:

4.2.1 The method of delivery should allow for, and encourage, active participation.

4.2.2 The Programme must take account of innovation and experimentation with different delivery methods that incorporate principles of adult education and promote the application and incorporation of knowledge into practice.

4.2.3 Proportion of participants to instructors in a live training programme is appropriate to ensure optimal learning opportunities and hands-on experience.

5. Standard 5 – Learner Assessment

5.1 Assessment of participants should be directly related to the learning outcomes specified for the programme.

5.2 The Programme must include a learner assessment tool/component that assesses the participants' achievements in meeting the learning objectives. The provider must be able to demonstrate how the assessment modalities employed [e.g. multiple choice questions, case-moderated study, objective structured clinical examination (OSCE)] relate to the specific learning outcomes.

5.3 Learner assessment may occur in a variety of ways:

- pre and post-testing;
- post-testing alone;
- patient case study discussions in small groups;
- problem-solving exercises;
- group discussion with critiques of answers;
- learner assessment questionnaire completed and submitted to the provider after the programme.

Training for new service delivery by pharmacists should include assessment as to how the new service will be integrated into practice.

6. Standard 6 – Programme Evaluation & Quality

6.1 Assessment of participants and programme evaluation must be directly related to the learning outcomes specified for the programme.

6.2 Every accredited programme must have a programme evaluation component. All participants must have the opportunity to evaluate the quality of the programme.

6.3 Completed programme evaluation forms should be retained by the provider or sponsor for audit purposes (copies of these may be requested by the PSI, or the accrediting body appointed by the Council of the PSI, as part of the accreditation process).

6.4 Key components respecting the quality of a programme which must be included in an evaluation at a minimum, include:

- the participants' achievement or not of learning objectives/outcomes – relevance of learning to practice, overall programme satisfaction;
- the programme and presenters – suitability and quality of instructional materials, knowledge of subject matter, clarity of presentation, actual or perceived content or speaker bias and responsiveness to participant questions/concerns;
- the content – appropriate level of difficulty, currency of information and materials, overall satisfaction;
- assessment of facilities, administration of programme and convenience of location may also be included.

7. Standard 7 – Resources

7.1. Programme Planners and Presenters:

7.1.1 Programme planners must be responsible for developing the content of an independent study or live programme.

7.1.2 Presenters are the speakers or facilitators of a programme. Programmes must be delivered by experienced instructors with clinical and practical subject matter expertise.

7.1.3 Persons with appropriate knowledge and practice experience must participate in all stages of development, delivery and assessment of a programme.

7.1.4 A provider submits evidence of his/her expertise in the subject matter of the programme.

7.1.5 The programme provider submits a signed form acknowledging the programme is clinically relevant, unbiased, complete, accurate, current and appropriately referenced, and can provide documentary evidence (e.g. statements from planners/presenters) upon request to support this claim.

7.2 Instructional Materials:

7.2.1 Instructional materials appropriate to the education and training may be prepared and provided.

7.2.2 All materials must be of satisfactory technical quality, consistent and current in content.

7.2.3 Materials must include a reference list if a copy of references on a slide is not provided.

7.2.4 A bibliography for additional reading is encouraged.

7.2.5 A copyright/intellectual property statement may be included in the programme materials.

7.3 References:

7.3.1 References must be included in all independent study programmes and available in the handout materials for all live programmes.

7.3.2 References to be numbered consecutively as they appear in the text or on slides and positioned at the end of relevant quotation or footnote.

7.3.3 Each source should have its own reference note.

7.3.4 Unpublished observations or personal comments should not be cited.

7.3.5 Web sites cited as references must include the complete URL address and the date the website was accessed.

7.3.6 Providers are responsible and accountable for verifying sources.

7.3.7 References must be current, relevant and credible.

8. Standard 8 – Management and Governance

8.1 For the purposes of these standards, the following terms are understood:

- a 'provider' is a person or group responsible for developing and delivering educational programmes and submitting them for accreditation;
- a 'sponsor' is a person or group that provides the financial support for development and/or delivery of the educational programme.

The role of each must be clear and made explicit in the programme documentation.

8.2 The provider must have appropriate governance in place, both clinical and non-clinical, to assure that all trainers/lecturers are formally trained and assessed as competent. Such governance mechanisms must also assure the internal consistency within the programme, its content and materials and its concordance with national and international guidance, as well as consistency across the content delivered by the trainers/lecturers.

8.3 Promotion and Advertising – Conflicts of Interest and Role:

The marketing and/or delivery of a programme may be undertaken by the provider, the sponsor, and/or a third party.

8.3.1 Programmes cannot be used to promote or advertise products or companies.

8.3.2 Involvement of all parties must be disclosed and clearly acknowledged to address conflict of interest/role concerns.

8.3.3 Registration materials for the programme should include at a minimum:

- learning outcomes/objectives of the programme;
- identified target audience;
- presenters or authors and their credentials;
- registration fees and a clear statement as to what is included or not in the fee;
- registration deadline and any applicable deadlines for pre-programme cancellations or fee refunds;
- programme schedule and description;
- full description of all requirements established by the provider for successful completion of the programme and subsequent awarding of any formal recognition, such as European Credit Transfer and Accumulation System (ECTS) credits;
- clear indication of when and how a participant can expect to receive notification of their formal recognition (see above);
- name of the programme provider and any financial sponsors;
- provider/names of sponsors and contact information.

8.3.4 Promotional material may include statement indicating that a programme has been accredited by PSI, or the accrediting body appointed by the Council of the PSI, if and when such approval is granted.

8.3.5 Such a statement will include notice that the programme has been approved by the PSI, or the accrediting body appointed by the Council of the PSI, the accreditation file number and number of approved ECTS credits assigned to the programme, date of initial presentation and programme "expiry date" if one exists.

8.3.6 Programme sponsors may recommend the programme topics for inclusion but must NOT influence the content.

8.3.7 Any grant or other financial support from a programme sponsor must be unrestricted.

8.3.8 The programme sponsor may be acknowledged at the start of the programme but the sponsoring company and its products must NOT be referenced in any other context.

8.3.9 Employees of programme sponsors may introduce speakers but must be clearly identified.

8.4 Privacy:

8.4.1 Registration lists of registered participants must be handled in compliance with applicable privacy laws and programme participants must be advised as to how, if at all, their registration information will be used.

8.4.2 Registration lists should be used solely to confirm attendance at or participation in a programme.

8.4.3 Programme participants may agree to include their registration information in a 'list of participants' to be distributed to all participants but are not obliged to do so.

8.4.4 Programme participants who decline to provide any personal information other than their name and registration number cannot be penalised and are eligible for credit upon successful completion of the programme, except where otherwise justified.

8.4.5 Notwithstanding the above, the provider must be provided with sufficient information to determine whether a prospective participant possesses the necessary minimum qualification to undertake a programme (e.g. if a programme is limited to registered pharmacists). Providers must also have a sound and verifiable method of reconciling those who registered against those who actually participated in the programme and how the formal recognition of satisfactory completion of the programme is managed (e.g. through the issuance of certificates).

References

1. “Guidelines and Criteria for CCCEP Accreditation”, June 2010 (Canadian Council for Continuing Education in Pharmacy)
2. “ACPE Accreditation Standards for CE/CPD Education Programs” (Accreditation Council for Pharmacy Education, USA)

Acknowledgements

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