



## **Pharmaceutical Society of Ireland**

### **Summary Report of the paper-based review**

**of the Level 9 Masters degree awarded on the successful completion of the National Pharmacy  
Internship Programme provided by the Royal College of Surgeons in Ireland**

*In accordance with Part 3, Rule 7(1) of the Pharmaceutical Society of Ireland (Education and Training) Rules 2008*

*And*

*Article 7(2) of the Pharmacy Act 2007*

**September 2014**

# **SUMMARY REPORT OF THE PAPER-BASED REVIEW**

## **of the Level 9 Masters degree awarded on the successful completion of the National Pharmacy Internship Programme provided by the Royal College of Surgeons in Ireland**

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## **i. Introduction**

Stemming from the Pharmacy Act 2007 (the Act), the Pharmaceutical Society of Ireland (PSI, the pharmacy regulator) has responsibility and powers for the approval of the programmes of education and training of pharmacists in Ireland that lead to the 'qualification appropriate for practice' as set out in section 16(1) of the Act.

One stage and component of the above education and training is the National Pharmacy Internship Programme (NPIP) that comprises the in-service practical training programme and the Professional Registration Examination (PRE). It is the intention to move from the present 4-year Bachelor degree in pharmacy, plus a 1-year in-service practical training programme, the successful completion of which leads to the award of a Masters in Pharmacy, to a fully integrated 5-year Masters degree in pharmacy that will commence in 2015. The present accreditation concerns the interim arrangement whereby, subsequent to graduation with a Bachelor degree in pharmacy from one of the three Irish schools of pharmacy, interns undergo the NPIP, consisting of experience in a pharmacy practice setting under the supervision of an approved tutor pharmacist, plus a programme of blended learning delivered mainly on a distance-learning basis and incorporating the PRE.

The Royal College of Surgeons in Ireland (RCSI) has been contracted by the Pharmaceutical Society of Ireland (PSI) to manage and deliver the National Pharmacy Internship Programme (NPIP) for the period 2014 to 2017 as a result of a successful tender. As noted above, successful completion of the NPIP leads to the award of an MPharm degree from the National University of Ireland.

## **ii. Process of review**

### **Documentation**

The following documents were submitted by the provider in advance of the accreditation visit:

- RCSI Self-Assessment Report plus 64 appendices

## Paper-based review

As the programme to be delivered from 2014 is a new programme that will not be fully operational until the first cohort of students enter the programme in September 2014, the PSI approved the process of the accreditation in two separate stages as follows:

- i. a paper-based review; and
- ii. an on-site visit (in 2015).

This summary report, therefore, is the result of the paper-based review. The paper-based review entailed a review of the self-assessment report and supporting documentation provided by the RCSI, by the accreditation team appointed by the PSI Council. The documentation was reviewed against the *'Interim Accreditation Standards for the level 9 Masters degree awarded on the successful completion of the National Pharmacy Internship Programme'* to assure that all standards appear to have been met.

A teleconference meeting was held on Monday, 1<sup>st</sup> September 2014 during which the accreditation team members discussed the findings from the review of the documentation.

### The accreditation team

The PSI accreditation team comprised:

	Name	Designation at the time of visit
1.	Professor Brenda Costall	Team Leader (Chair). Former Pro Vice-Chancellor for Planning and Resources, Deputy Vice-Chancellor and Head of School of Pharmacy, University of Bradford, UK.
2.	Mr. Mark Brennan	Director of Pharmacy and Deputy Head of School for the School of Pharmacy at the University of Lincoln, UK.
3.	Ms. Mary Culliton	Former Director of Advocacy with the Quality and Patient Safety Directorate of the HSE, currently healthcare consultant.
4.	Ms. Norma Harnedy	National Liaison Pharmacist for Drug Addiction (HSE).
5.	Dr. Aislinn Joy	Lecturer in Medical Education (MUH), Medical Education Unit, School of Medicine, University College Cork.
6.	Dr. Éilís Ryan	Community pharmacist.

7.	Ms. Nicola Tyers	Director of The Pharmacy Training Company. Former Head of Pre-registration, General Pharmaceutical Council, UK.
	along with	
	Professor Ian Glendenning Marshall	Rapporteur
	Dr. Lorraine Horgan	PSI's Head of Professional Development and Learning

### **Declarations of potential conflicts of interest**

No conflicts of interest were declared. Dr. Joy's Associate Fellowship of the RCSI was discussed as a borderline conflict (as per the PSI's Guidance on Conflicts of Interest for Members of the Accreditation Team'), but was not considered as a conflict for the purposes of this accreditation.

### **iii. General matters**

The team noted that the RCSI had been providing the NPIP course for the past 5 years but that the present submission represented a new iteration of the provision. The previous accreditation visit took place on 9 August 2011. At that visit the accreditation team agreed that the MPharm degree delivered by the Royal College of Surgeons in Ireland awarded on the successful completion of the National Pharmacy Internship Programme met the standards approved by the Council of the Pharmaceutical Society of Ireland on 30 September 2010. Accordingly, the accreditation team agreed to recommend to the Council of the PSI that the MPharm degree be accredited for a period up to the end of the then contract between the provider and the PSI, to include a one year extension, if applicable. This recommendation was subject to conditions and recommendations as follows:

#### **Condition:**

1. that the School of Pharmacy submit its strategic plan to the PSI by the end of March 2012. This was because the team learned that the School was awaiting the publication of the strategic plan of the College before formulating its own plan. *[This related to Standard 9.]*

**Recommendations:**

1. that efforts continue to secure funding for practice educators. The accreditation team recognised that these efforts were constrained by the current contractual arrangements and access to additional funding sources, such as increased student fees. This was because the accreditation team expressed concerns about the workload experienced by RCSI teaching staff and being able to maintain this level of commitment required through the lifetime of the contractual agreement and because of general concerns about the variability of placement experience for interns. *[This related to Standards 6, 7 and 8.]*
2. that efforts should be made to progress the development of a centralised allocation of training sites/tutors for the students from the three schools of pharmacy. This was because interns told the accreditation team that much time in their final undergraduate year was taken attempting to acquire training places. The accreditation team recognised that these efforts were constrained by the current contractual arrangements and access to additional funding sources, such as increased student fees. *[This related to Standards 2, 3 and 6.]*
3. that the School establish a staff-student consultative committee for the benefit of MPharm students. This was because the accreditation team recognised that issues likely to be encountered by MPharm students would be more specialised in nature than those pertaining to undergraduate students. *[This related to Standard 6.]*

**Strengths:**

The accreditation team agreed that the following represented areas of notable strength:

1. the management by the Head of School. The team was impressed by the honesty and integrity of the Head in dealing with the team's questions.
2. the clear evidence of collegiality within the institution, and in particular, the strong links between pharmacy, the Institute of Leadership, medicine and nursing.
3. the enthusiastic, committed and knowledgeable teaching staff.
4. the imaginative and innovative use of IT in the degree delivery along with the sharing of developments.
5. the strong support of interns and practice tutors for the programme.
6. the positive comments on the programme from recent graduates.

## Meeting the Accreditation Standards

Standard 1: Professional and Learning Outcomes	Accreditation team's commentary
<p><b>The Programme and development process</b></p> <p>There should be an appropriately robust process for establishing, maintaining and reviewing the National Pharmacy Internship Programme Competence Standards approved by the PSI Council (e.g. RCSI Pharmacy Intern Competence Standards) and the Programme must meet the required standards as approved by the PSI Council from time to time with a view to ensuring patient safety and public protection at all times.</p> <p>Education and training must be planned and maintained through transparent processes which must show who is responsible for each stage.</p> <p><b>The Content and curriculum framework</b></p> <p>The goals and objectives should build upon the undergraduate degree curriculum and embrace the scope of contemporary practice responsibilities to patient-centred care as well as emerging roles.</p> <p>The following professional and generic attributes should continue to be fostered: empathy; leadership; communication; critical thinking; cultural understanding; a commitment to lifelong learning; professional and ethical conduct; reflective practice; awareness of limitations and risk; information literacy; team work; and problem-solving.</p>	<p>The programme consists of two elements, a 12-month practice placement in an approved training establishment under the supervision of a tutor pharmacist and the supporting academic programme. The practice placement consists of 12 months of supervised practice either taken as one 12-month block or two 6-month blocks, with a minimum of 6 months spent in a clinical training establishment (community/hospital). The intern must complete the equivalent of full-time supervised practice per week, with a minimum of three days per week with their designated tutor. The team agreed that the programme represented an ambitious, full and challenging experience for both interns and their tutors. It agreed that the curriculum was well-designed. A minor concern was that the team considered that the highly structured programme of study and practice experience might militate against the level of independence required for practice; in this context the provider argued that the programme is designed to encourage independent thinking and decision-making and provides interns with the knowledge, skills and attitudes required for independent practice on completion of the programme. The team also agreed that the success of the programme was highly dependent on the support and development that the interns will receive from their tutors in practice and hence on the training provided for the tutors. In particular, it was not clear how, if an intern did not immediately acclimatize to managing their own learning activities through the learning management system, their tutor would become aware of this and be able to respond appropriately. The provider explained that the intern is required to take personal responsibility for their academic programme; tutors are not expected to coach their intern through the academic programme. Students that are not participating are identified through review of the forum and assignment submission by programme staff. The provider considered that the introduction of the orientation module will significantly reduce the likelihood of interns failing to adjust to the learning management system.</p>

<p>There must be clearly defined learning outcomes to demonstrate that at the end of the year the intern is competent to practise pharmacy in a patient-centred professional and ethical manner.</p> <p><b>The Learning outcomes must cover the following areas as a minimum:</b></p> <p>The promotion and contribution to <b>optimal, rational, safe and effective use of medicines</b>;</p> <p>The <b>preparation, dispensing and supply</b> of medicines having regard to the best interests of patients and the public and to the regulatory and legal requirements relating to these activities;</p> <p>The provision of <b>health services</b> to optimise patient care, with an understanding of wider determinants of health for all population groups and human rights both in an Irish and international context;</p> <p>The provision of relevant <b>medicines and health information, education and advice</b>, including information in line with current and evolving health policy, services and priorities.</p> <p>The <b>management of work issues and interpersonal relationships</b> in pharmacy practice.</p>	<p>The documentation stated that the primary aim of the programme is to ensure that graduates have obtained the designated learning and competencies appropriate for professional practice as a pharmacist. It stated that graduates of the programme will be able to practise pharmacy competently and work effectively within multi-disciplinary healthcare teams to ensure that optimum standards of care for patients are achieved. The team agreed that the aims of the programme were appropriate and that the learning approach was strongly directed towards the creation of self-directed lifelong learners. However, the team observed that it was not clear how the interdisciplinary aspects of the interns' learning would be achieved, bearing in mind that in true interdisciplinary learning students from different disciplines should learn from, with, about and alongside each other. Thus, the team found it difficult to understand clearly how the curriculum addressed the competencies needed to work as a member of an inter-professional team. The provider explained that the case study assessments and the Personal Skills module were designed to address this issue. Additionally, other healthcare professionals have input to the design of the learning materials.</p>
<p><b>Conclusion:</b></p> <p><b>The accreditation team agreed that this Standard was met.</b></p>	



<b>Standard 2: Clearly Defined Entry and Exit Requirements</b>	<b>Accreditation team's commentary</b>
<p>A National Pharmacy Internship Programme (NPIP) provider must have in place policies and procedures for admission to the internship programme and for its successful completion and these must be open and available to prospective applicants.</p> <p>There must be a clear statement of the entry requirements and of the requirements for progression on the programme and for its successful completion and these must also conform to any requirements that are laid down by the PSI Council from time to time.</p> <p>Processes must be open, fair, not impose unreasonable requirements on applicants and incorporate a fair and just complaints and appeals process.</p> <p>Processes must include specific and appropriate criteria relating to the requirements for professional standards and Garda vetting and for how any health requirements appropriate for the practice setting are met.</p>	<p>Applications for entry to the MPharm programme, applications for pharmacists to act as tutors, and applications for approval of training establishments are made to the Registrar/Chief Executive of the PSI. RCSI provides an overview of the MPharm programme to final year BSc (Pharm) students of Trinity College Dublin, RCSI and BPharm students of University College Cork, information on the School website with respect to the programme for prospective students and tutors, an overview of the programme to tutors at Tutor Network Meetings, an MPharm Tutor Manual for tutors which outlines requirements of the programme and includes a Key Dates Document for all activities that require attendance by interns, and students on induction are supplied with the Key Dates document which includes dates for all activities that require attendance. Overall, the team agreed that information on the criteria, policies and procedures for admission, along with a description of the programme and the requirements of the PSI, was made available to prospective interns and tutors in an appropriate manner. The tutor training events also contain training elements designed to assist tutors to recognise the learning needs of their interns and how to best assist interns who may be experiencing difficulty. In terms of progression regulations, the team was concerned that, given the apparent propensity for broadband services to be unreliable in rural parts of the country, the approach to missed coursework appeared excessively rigid, although it agreed that as part of the discipline of self-management interns should be aware of this possibility and prepare for any submissions in an appropriately timely manner. The provider informed the team that in its 5-year experience of delivering the NPIP, it has not encountered any difficulties of broadband coverage and that the absence of any synchronous requirement for students to be on line would be expected to minimise the impact of any broadband problems. One point that is likely to be considered at the 2015 site visit was the question of how the programme will accommodate interns that undertake placements in more than one area of pharmacy to ensure that appropriate transitional arrangements are in place to avoid interruption to the learning of the intern.</p>
<p><b>Conclusion</b></p> <p><b>The accreditation team agreed that this Standard was met</b></p>	

Standard 3: Workplace Based Training Requirements	Accreditation team's commentary
<p><i>The pharmacy practice experiences must integrate, apply, reinforce and advance the knowledge, skills, attitudes and values developed through the prerequisite initial degree programme and/or other such qualification as may be required from time to time by the PSI Council for entry to the programme (including, for example, as part of a required adaptation period).</i></p> <p>The NPIP provider must demonstrate that it has appropriate policies and procedures in place that ensure that all training establishments and tutor pharmacists meet the requirements that are laid down by the PSI Council from time to time.</p> <p>The objectives for each pharmacy practice experience and the responsibilities of the intern, tutor pharmacist and training establishment are defined.</p> <p>Practice experiences should be of adequate intensity, breadth, structure and duration so as to achieve the defined educational outcomes. They should include the opportunity for the interns to experience ongoing interaction with each other during the course of the internship programme. The aggregate of practice experiences should ensure that all educational outcomes and competencies are met by interns prior to the completion of the programme.</p> <p>The NPIP provider should ensure that there are clear quality management systems and procedures in place for workplace-based progress/review/appraisals which should be fit</p>	<p>The team agreed that a crucial element of the plans for the programme was the competency of the tutor pharmacists. The practice settings for training establishments will be in community, hospital, industry, regulatory and academic establishments with the numbers and locations of each type in each year of the programme being determined by a combination of both availability and student demand. The team observed that the data presented on the available training establishments was minimal, not making it possible for the team to comment on the nature or quality of the placement sites. It was the view of the team that sites should be of a sufficient standard to demonstrate to interns an appropriate role model for a professional pharmacy establishment. The team agreed that a more comprehensive listing of training establishments and their facilities will be required for the site visit in 2015. In this respect, the provider explained that the legal authority for approval of tutors and training establishments and the associated quality assurance is vested in the PSI rather than with the RCSI. Individual tutors play a key role in facilitating and encouraging interaction and collaboration with other healthcare and related professionals in the patient care process. The team observed that it was not clear from the documentation how the interdisciplinary aspects of the interns' learning would be achieved. Also, it was not clear how the programme will accommodate interns that undertake split-site placements. The team agreed that the latter was important both for the accreditation process and for the information of interns.</p> <p>All tutors participating in the programme will be required to complete a one day live training event provided by RCSI addressing a number of areas, including clinical reasoning, performance management, providing feedback, assessing intern competency, conduct of the research component of the programme and the roll-out of the planned Central Application and Selection Process (CAASP). The live training will be supplemented by the provision of a hard copy tutor guidance manual for tutors. Over the course of the training year, the tutor assesses the intern's competency in each of the six domains of the programme on a total of three occasions. The first two assessments are formative while the third and final one is summative and must be passed in order for the intern to be eligible to sit the Professional Registration Examination (PRE). The team was cognisant of the fact that the success of the programme is highly dependent on the competence of the tutor pharmacists and was concerned</p>

for purpose.	<p>that the training of the tutors might prove to be inadequate. Thus, in the documentation there was a striking difference between the assurance of competence of interns and that of the tutors. The team considered that the points of greatest risk to patient safety are likely to be at the transition from undergraduate degree to practice placement and then at the subsequent transition to independent practice. It remained unsure that tutors would be properly prepared to mitigate these risks. In particular, there was concern as to whether the tutors would be appropriately trained in workplace-based assessment and standard setting. RCSI plans to appoint a 0.5 FTE Practice Educator for the academic year 2015/2016 to visit training establishments as a means of reducing any variation in the intern experience across training establishments. This appointment is dependent on the utilisation of the 2014 increased student application fee. The team considered that it would be difficult for a 0.5 FTE practice educator to cover approximately 160 interns at their training establishments across the entire country and was concerned that the documentation was unable to confirm that such an appointment would in fact be made for the 2014 intake of interns as it was stated to be dependent upon funding being made available. Indeed, the team noted that the timely appointment of a practice educator was one of the recommendations of the previous accreditation visit in 2011 that had not yet been acted upon.</p> <p>Notwithstanding the provider's explanation of the legal responsibility for approval of tutors and training establishments lying with the PSI, it will be a <b>condition of accreditation</b> that, before the 2015 site visit, the provider obtain and provide to the team a list of the practice training establishments along with any relevant available information pertaining to learning facilities, details of any plans for augmenting the training for ongoing support and development of tutor pharmacists.</p>
<p><b>Conclusion</b></p> <p><b>The accreditation team agreed that this Standard is met subject to the satisfaction of the above condition</b></p>	

Standard 4: Programme Delivery and Learning Methods	Accreditation team's commentary
<p><i>Educational techniques and technologies should be appropriately integrated to support the achievement of professional competencies and outcomes and to reasonably address the needs of diverse learners in diverse locations.</i></p> <p>The curriculum must be designed, delivered and regularly reviewed to ensure that interns demonstrate the outcomes described in Standard 1 and can practise safely and effectively according to the statutory Code of Conduct for pharmacists and any other guidance and requirements that are laid down by the PSI Council from time to time.</p> <p>Delivery of content and learning methods must correspond to contemporary and potential future requirements of pharmacy practice, have the appropriate mix of methods and styles and be in step with current healthcare developments and provision, reflective of changing client and service needs to ensure that registrants wishing to work in the health service are 'fit for purpose'. Adult education principles should be utilised to guide education strategies and be a combination of didactic, experiential and direct observational educational activities.</p> <p>Academic quality requirements must meet the standards for the National Framework of Qualifications for a level 9 qualification. Where topics or content are not exclusively specific to pharmacy (for example, IT or human resource management) the NPIP provider must take appropriate steps to ensure that the core content is related to contemporary pharmacy practice in order to maintain the coherence of a pharmacy programme.</p>	<p>The team agreed that the delivery of the programme was informed by contemporary and developing pharmacy practice. Although the documentation included multiple elements that could contribute to a strategy, including that the theoretical basis of the programme is a situated learning model, the team considered that it did not constitute a coherent documented teaching and learning strategy. The team agreed that this should be provided for the site visit in 2015. As discussed in the commentary to standard 3, it was clear to the team that the success of the programme is heavily dependent on the competence of the practice tutor. The team was concerned at the initial workload of the tutors and interns and considered that it could be difficult for tutors to orientate themselves to the volume and structure of the online material, particularly if they were not experienced in the use of IT and/or the intern was not an RCSI-trained graduate. Although the team recognised the amount of planning that had gone into the new programme, it noted that there was no reference to additional help for interns with disabilities. In this context, the provider confirmed that it takes its responsibility to support any intern with a disability seriously, and that any such cases are addressed on a case-by-case basis depending on the particular requirements.</p> <p>Communication with interns and tutors is planned to be primarily by electronic means. All interns and tutors are subscribed to the Virtual Learning Environment upon registration. The platform used in the delivery of IT-based learning and assessment has been re-developed to ensure that all content and assessment has been designed to be accessible on a range of mobile devices as well as standard computers and laptops. All module coordinators for the taught modules are registered pharmacists, with practice experience in a range of sectors including community pharmacy, hospital pharmacy, regulation/administration and academia. Although the team did not have access to the <i>curricula vitae</i> of the staff, the documentation stated that all teaching staff members are involved in teaching students at undergraduate level and most have been involved in the delivery of the MPharm previously. All staff members have access to regular training sessions provided by the Quality Enhancement Office on assessment and quality assurance. The team was unable to assess properly the appropriateness and effectiveness of the RCSI teaching staff from the limited amount of information provided or the amount of the formal teaching they would undertake. The team will require for the 2015 site visit the CVs of staff involved, with</p>

<p>The NPIP provider must have in place a 'learning and assessment strategy' which considers the predicted preferred learning format of the intended audience as well as the most effective methods to demonstrate competency against the required learning outcomes.</p>	<p>assurances of capabilities to support a predominantly workplace-based programme. Additionally, the team considered that evidence of staff having attended training sessions rather than simply having access to such sessions would have been beneficial. This additional information will be required to be submitted by RCSI in advance of the 2015 site visit.</p> <p>It will be a <b>condition of accreditation</b> that a coherent, documented teaching and learning strategy should be provided at least 4 weeks ahead of the site visit in 2015.</p>
<p><b>Conclusion</b>  <b>The accreditation team agreed that this Standard is met subject to the satisfaction of the above condition</b></p>	

Standard 5: Assessment of Interns	Accreditation team's commentary
<p><b><i>An NPIP provider must establish and employ effective and validated formative and summative assessment methods within both the supervised practice and the training components of the internship programme.</i></b></p> <p>The programme must include assessment of professionalism and the process of professionalization appropriate for entrance to the Register of Pharmacists held by the PSI and consistent with the requirements of Standard 1 and of any professional requirements that are laid down by the PSI Council from time to time.</p> <p>The programme must take a holistic approach to assessment and include for example, mechanisms which measure cognitive learning, mastery of essential practice skills, ability to communicate, numeracy and use of data in problem-solving.</p> <p>There must be clear guidance relating to assessment of stated professional and learning outcomes, with objective reporting on assessments and fair and just complaints and appeals processes.</p> <p>The NPIP provider must have rigorous processes for review, monitoring and evaluation of all elements of the assessment strategy that identify and take account of inconsistencies and so ensure fairness and reliability.</p>	<p>Formative and continuous summative assessments take place throughout all four semesters of the programme with high-stakes summative assessments taking place at the end of semesters. A wide variety of assessments is used including workplace assessment, on-line assessment, MCQs and OSCEs as part of the Professional Registration Examination, and the research dissertation. The workplace assessment involves online completion and submission of the appraisal of the competence standards appropriate to each of the six modules. Each intern will be appraised against relevant competence standards a specified number of times based on their placement structure. As indicated in the commentary to Standard 3, the team noted that the assessment policy places a great deal of onus on the tutor pharmacist and agreed that details of any enhanced training programme for tutors with respect to assessment be provided for the site visit in 2015. The provider informed the team that tutors have successfully assessed intern competence under the previous NPIP provision. The team agreed that an assessment strategy had been provided but was concerned about several aspects of the strategy. In particular, the team considered that requiring interns to undertake 18 OSCE stations in a 90 minute period in the Professional Registration Examination, with 5 minutes per station would be extremely intense although the provider explained that rest periods will be factored in to the timescale. Conversely, the team considered that assigning only 5 minutes to each station may imply a lack of depth to the assessment. The provider argued that 5-minute stations are reasonable given that the length of pharmacist-patient interactions varies extensively. Additionally, although the standard setting for MCQs was specified, the standard setting for OSCE stations was not specified. The provider explained that standard setting for the OSCE was determined by Borderline Regression and that it is moving towards automated marking for all stations using Speedwell software. Overall the team agreed that more information would be beneficial to it in order to determine how the assessment strategy related to the teaching and learning strategy. Additionally, although the standard setting for MCQs was specified, the standard setting for OSCE stations was not specified. Overall, the team agreed that although the standard was met there was insufficient information about the standard setting and the marking process to form a meaningful judgement on these issues. The team would expect to see a more fully formed assessment strategy ahead of the 2015 site visit.</p>
<p><b>Conclusion</b></p> <p><b>The accreditation team agreed that this Standard is met</b></p>	

Standard 6: Intern Support Systems	Accreditation team's commentary
<p><b><i>An NPIP provider must provide appropriate and timely support mechanisms to respond to and manage professional and relevant personal difficulties of interns undertaking the National Pharmacy Internship Programme to include:</i></b></p> <p>Processes to identify and, where appropriate, provide additional educational, cultural and professional support needs as appropriate.</p> <p>Support in securing and maintaining placement(s) with dedicated tutor pharmacist(s) recognised by the PSI Council.</p> <p>Orientation programmes to both the programme and the learning environment, especially where innovative/virtual learning is incorporated into delivery methods.</p> <p>A student complaints policy, including procedures to be followed and clarity regarding interns' rights to 'due process', to be included in orientation sessions. The NPIP provider must maintain a chronological record of interns' complaints.</p>	<p>Interns are informed of student services on Orientation Day, directed to relevant section of the VLE which contains all details of student services and are subscribed to Forum Posts where they can obtain information on specific student services. Support includes an Induction Programme to familiarise students from TCD and UCC with RCSI and to overview programme requirement, student services and supports to all students, Student Business cards which list contact names and details of the relevant support staff and services, Learning Support Resource on Moodle which is a single repository for relevant information, including time management techniques, identifying learning styles, study skill techniques, Student Welfare Officers who are full-time staff members, professionally trained as counsellors, available to students to provide advice and guidance on a range of issues, including study skills support, and supporting students in personal difficulty, Pastoral Care Team, General Practice and Other Medical Services, Counselling and Psychiatric Services, Disability Support Service, and Student Financial Assistance. The team agreed that the College support services were appropriate and comprehensive and that interns are informed of these services. However, the team noted that there was no specific reference in the submission to additional help for interns with disabilities. The team noted that interns are invited to a mock OSCE for the purpose of preparing for Part 2 of the Professional Registration Examination and examination format familiarity but could not see from the documentation if this facility was highlighted or strongly recommended to interns. Students receive individualised feedback on their individual and relative (class) performance in this mock assessment. Students are also invited to a workshop on managing stress in OSCEs delivered by one of the Student Welfare Officers. The team also noted that interns are required to secure their own placements and was concerned whether the relatively hands-off approach by the provider would assure the quality of the placement provision. The team considered that non-RCSI graduates could find themselves at a disadvantage in coming to terms with the use of the virtual learning approach. In this context, the provider explained that the VLE now in place to support the programme is unique and that RCSI graduates will not have used it previously. Nevertheless, at the 2015 site visit the team will expect to see evidence of how any student complaints and appeals have been dealt with, along with more details of the methods used to gather student perspectives on the programme.</p>

**Conclusion**

The accreditation team agreed that this Standard is met



Standard 7: Programme Quality	Accreditation team's commentary
<p><b><i>The quality of pharmacy education and training provided must be managed, monitored, reviewed and evaluated in a systematic way by the NPIP provider and there must be evidence that this process is being used to enhance the quality of the provision.</i></b></p> <p>There should be clear management structures for the programme with information about roles and responsibilities, lines of accountability and the authority to act for all those involved in education and training.</p> <p>The NPIP provider must establish and maintain indicators of performance that facilitate monitoring the extent to which the Accreditation Standards for the National Pharmacy Internship Programme set by the PSI Council are being met.</p> <p>The NPIP provider must implement a reliable means of reviewing intern proficiency over the period of the professional placement to provide reliable evidence of each intern's performance over a sustained period.</p> <p>The NPIP provider must be able to demonstrate a thorough evaluation of the process and how outcome data are used to achieve continuous development and improvement of the programme. The views and experiences of the interns and tutor pharmacists on the quality of the programme should be considered. Wherever appropriate, interns should be represented on committees and other groups that have responsibility for the design, implementation and review of the programme.</p>	<p>The documentation explained how the College is committed to the creation of an institutional culture of quality which pervades all aspects of the institution and of its activities and has developed a Quality Policy as an over-arching statement of the fundamental principles underpinning its quality culture. The team agreed that there was a detailed programme of quality and the roles and responsibilities of individuals and committees, well-described in the documentation provided. The team agreed that this represented a strength of the provision. The level of governance assured the team that the programme would be of high quality. The team also noted that key performance indicators would be available for the 2015 site visit. The use of internal reviews was well-demonstrated with a good dissemination plan but the team agreed that evaluations from the tutor pharmacists should be made available for the site visit. At a programme level, end-of-semester evaluation surveys which focus on indices of student satisfaction are now conducted routinely by the Quality Enhancement Office (QEO) in collaboration with the Evaluation Working Group (EWG). End of year surveys will be developed using expertise from previous evaluations of the programme which built on the Pharmacy Education and Accreditation Reviews (PEARS) study. The team agreed that the evidence provided in relation to promoting professional behaviours and harmonious relationships amongst students, staff, trainers, tutors and honorary faculty was appropriate and of high quality. The team welcomed the appointment of a Clinical Relationship Manager whose remit is to strengthen relationships with RCSI clinical trainers who will work with the Programme Director to develop a process for the recognition of tutors through the RCSI Clinical Honorary Pathway, but found it unclear how the appointee would contribute to the MPharm programme and, in particular, how the role would dovetail with the role of the proposed practice educator.</p>

<p>The NPIP provider must be able to demonstrate how it is taking account of the views of employers and service users, where appropriate and feasible.</p> <p>The NPIP provider must establish and operate a vigorous system for the external examination of the programme. This system must include explicit policies and regulations covering the appointment, terms of office and role of the external examiners.</p>	
<p><b>Conclusion</b></p> <p><b>The accreditation team agreed that this Standard is met</b></p>	

Standard 8: Resources	Accreditation team's commentary
<p><b><i>The NPIP provider must have sufficient allocated resources, financial, physical, teaching staff and tutor pharmacists, to ensure effective delivery of a programme that meets the Accreditation Standards of the National Pharmacy Internship Programme as may be approved from time to time by the PSI Council.</i></b></p> <p>The physical facilities must include sufficient teaching rooms, library facilities, administrative systems and IT facilities including appropriate interactive distance learning technology.</p> <p>There must be policies and procedures to ensure that training establishments are appropriate for the delivery of the internship programme and meet any requirements as may be set down by the PSI Council from time to time.</p> <p>Teaching staff must be of sufficient number, appropriately qualified and experienced, and must include an appropriate number with contemporary experience of pharmacy practice.</p> <p>Tutor pharmacists must be of sufficient number, appropriately qualified and experienced and be role models of professional attributes and behaviours so as to effectively mentor, monitor and evaluate interns.</p> <p>There should be an organised professional development programme for all teaching staff and tutor pharmacists consistent with their respective responsibilities. The professional development activities should further skills in teaching interns and evaluating their progress. The programme for tutor pharmacists must meet the requirements and be amenable to</p>	<p>MPharm interns do not pay a tuition fee to the RCSI but rather pay an application fee which is payable to the PSI, but with payment made directly to the RCSI by students. The documentation did not include a separate business plan for the MPharm programme making it difficult for the team to assess the long-term financial viability of the programme although there was evidence of the sound financial standing of the institution. In this respect, the team was concerned that the appointment of the proposed practice educator was being held in abeyance pending approval of the necessary funding. The School of Pharmacy has lecture/tutorial room facilities, additional staff office space and laboratories. A range of software applications are used in teaching. Learning resources and services available via the VLE include sixteen learning units for the modules MP1-MP6, interactive case-based tutorials, bespoke online courses, video-based case studies, online formative and summative assessments, synchronous and asynchronous staff-mediated discussion, links to web-based resources recommended by staff, and electronic submission of assignments. Although the team agreed that the facilities represented an area of strength, it queried the existence of any contingency plan for a sudden, unexplained failure of the VLE, or for inadequate broadband coverage in certain parts of the country. The team did not have access to the <i>curricula vitae</i> of the staff but the documentation stated that all teaching staff members are involved in teaching students at undergraduate level and most have been involved in the delivery of the MPharm previously. All staff members have access to regular training sessions provided by the Quality Enhancement Office on assessment and quality assurance. The team was unable to assess properly the appropriateness and effectiveness as teachers of the RCSI teaching staff from the limited amount of information provided. As noted previously, the team will wish to see the CVs of RCSI teaching staff at the 2015 site visit with assurances of capabilities to support a predominantly workplace-based programme. The PSI Council sets the annual minimum requirement for a pharmacist to be a tutor or remain a tutor. For 2014/2015 all pharmacists, approved by the PSI as meeting the statutory requirements will be required to attend a face-to-face training day. The team will be particularly interested to learn of the experience of tutors at the 2015 site visit; the team would wish to meet a representative sample of the tutors at that visit.</p>

flexible delivery as set down by the PSI Council from time to time.	
<b>Conclusion</b>  <b>The accreditation team agreed that this Standard is met</b>	

Standard 9: Management	Accreditation team's commentary
<p><i>The institution responsible for the NPIP provider must make a commitment to delivery of a programme that meets the Accreditation Standards of the National Pharmacy Internship Programme as may be approved from time to time by the PSI Council. There must be a management structure appropriate to deliver the programme that is transparent and which clearly shows who is responsible for all elements of the provision.</i></p> <p>The NPIP provider must develop, implement and regularly revise a strategic plan to facilitate the advancement of the programme.</p> <p>The NPIP provider must be led by an appropriately qualified and experienced individual committed to the academic leadership and the delivery and development of the programme.</p> <p>The NPIP provider must maintain a reliable, accurate and workable management information system for recording, retaining and reporting any data required by the PSI Council in its role of regulator.</p>	<p>The School Strategic Plan 2013-2018 showed that the most resource intensive activities of 2014 are associated both with this new Master of Pharmacy Programme and the future 5-year integrated Master of Pharmacy Programme. This includes the design and user acceptance testing of a new central selection and matching scheme as part of improved structures to support the new NPIP, re-design and stakeholder training and communication of the Tutor Training and Accreditation Programme to support the new NPIP, design and accreditation preparation for a 5-year integrated MPharm for commencement in 2015/2016, and establishment of the Alliance for Pharmacy Practice Experiential Learning between RCSI, Trinity College Dublin and University College Cork. The team agreed that the strategic plan described above was appropriate in relation to the current MPharm programme although it felt that the important role of pharmacy in the advancement of healthcare and its contributions to society could have been more forcefully articulated. It agreed that the College had in post a Head of School who was qualified to provide leadership in pharmacy professional education and practice, including research, scholarly activities, and services and to unite and inspire administrators, academic staff, other staff, tutor pharmacists, and interns to achieve the mission and goals, and who has been compliant with all requirements of internal and external accreditation processes from 2010 to date.</p>
<p><b>Conclusion</b></p> <p><b>The accreditation team agreed that this Standard is met</b></p>	

## Conclusions and Recommendations

The accreditation team agreed to recommend to the Council of the Pharmaceutical Society of Ireland that the MPharm degree provided by the Royal College of Surgeons in Ireland be accredited for a period of one year with a review by a site visit at the end of the current academic year with a view to a longer-term period of accreditation.

The team agreed that the provision represented an innovative, fit-for-purpose curriculum using the latest technological advances in the delivery of teaching, learning and assessment, with a review of the constructive alignment between curriculum and assessment year on year. Intern orientation to the delivery of the new programme and their continuous exposure to professionalism and initiatives to promote harmonious relationships are to be applauded.

Specifically, the strengths identified include:

- 1) The orientation module.
- 2) The meeting of standards set out in the RSCI Code of Conduct.
- 3) The composition of multi-media learning units (combined audio narration, video clips and links to online resources) with written transcript.
- 4) The tutor-supported assessment against behavioural standards of PSI Core Competency framework.
- 5) The constructive alignment between curriculum and assessment as monitored by the Assessment Working Group (AWG) which will review the curriculum year on year.
- 6) The wide variety of assessments used including work placement assessment, online assessment, MCQs, OSCEs, research dissertations.
- 7) The promotion of professional and harmonious relationships among students, staff, trainers, tutors and honorary faculty.

This accreditation is subject to two conditions which must be met by the time of the site visit planned for 2015.

The conditions are:

- 1) that, before the 2015 site visit, the provider obtain and provide to the team a list of the practice training establishments along with any relevant available information pertaining to learning facilities, details of any plans for augmenting the training for ongoing support and development of tutor pharmacists,, confirmation of the appointment of a practice educator, and a review of the quality of the interns' practice experience from the 2014 intake.
- 2) that a coherent, documented teaching and learning strategy should be provided at least 4 weeks ahead of the site visit in 2015.

The provider was reminded that the full record and report includes other comments and observations from the team and the Council of the PSI regards the record and report in its entirety as the formal view on provision. The provider must ensure that it takes all comments into account as part of the accreditation process. These will be discussed at the site visit in 2015.

**The following documents will be required to be submitted in advance of the site visit in 2015:**

- Job description for Practice Educator
- List of practice training establishments along with any relevant available information pertaining to learning facilities
- Details of any plans for augmenting the training for ongoing support and development of tutor pharmacists
- Review of quality of interns' practice experience 2014/15
- Plan for recovery process in case of VLE or broadband access breakdown
- CVs of RCSI staff members involved with details of contribution to MPharm
- Details of staff attendance at assessment and QA training sessions
- Teaching and Learning Strategy document
- Assessment Strategy document to include standard-setting and marking processes
- Mapping of assessment strategy to teaching and learning
- Analysis of student feedback on programme
- Details of student appeals and complaints
- Key Performance indicators
- Description of role of Clinical Relationship Manager
- Tutor feedback on programme