

# ROYAL PHARMACEUTICAL SOCIETY ACADEMIC PHARMACY GROUP

## FROM THE EDITOR

Welcome to the first issue of the newsletter for 2003. (We aim to publish two issues per year). The aim, as ever, is to provide a mix of lively, even provocative, opinion and debate on current issues in pharmacy academia; articles and reports to help paint in the backdrop against which pharmacy education is delivered; reports of recent meetings, either organised by the Group committee or which are of interest to Group members, and news about forthcoming events. We always welcome contributions from Group members, on anything you feel would be of interest. Please send yours to [alan.nathan@kcl.ac.uk](mailto:alan.nathan@kcl.ac.uk) and, subject only to the laws of libel and common decency, it is almost certain to be published.

The 'we' mentioned above is the editorial team, whose members are

- ◆ Alan Nathan (King's College London), Editor
- ◆ Rachel Ollerearnshaw, Academic Liaison at the RPSGB and secretary of the APG Committee, who acts as liaison between the committee, contributors and the Editor, and helps browbeat people into contributing and getting their copy in on time
- ◆ Florita Sanz, Assistant Academic Liaison, who looks after the technical side of publishing the newsletter

## OPINION AND DEBATE

We start this issue with two academics' views on the quality and outlook of today's pharmacy undergraduates. The first is from the Group committee's current chairman, Dr Chris Rostron from Liverpool John Moores, the second from an anonymous academic whose opinions were published in September last year in *Community Pharmacy* magazine, and which are

reproduced here by kind permission of its editor. How far do the thoughts below line up with your own? Perhaps you would like to let us know so that we can publish them and continue the debate in our next edition.

### Some thoughts of chairman Chris: Is it me or is it them?

When you have been an academic as long as I have, this question inevitably arises when students are under discussion. There appears to be an increasing gap between what most students are prepared to put into their studies and what academics think they ought to put in. Examples of specific areas where this gap is obvious are timekeeping, attendance, in-depth learning, carry forward of knowledge, skills development and, no doubt, colleagues can think of many others. The perception of many academic staff is that these student attitudes are unacceptable – but what to do about the situation?

**Response No 1** comes from the "hang 'em and flog 'em" brigade. Proposals include attendance registers, non-attendance penalties, compulsory examination questions based on the previous year's work, 6 hour practical examinations (just like we used to have, it never did us any harm!), component marking and so on.

**Response No 2** comes from the "touchy-feely" group (brigade is too confrontational a term for them). They propose a need to tempt students into the learning experience, to persuade them to be active learners, to introduce more ways in which students can be active learners, to make academic study more relevant to real life, rather than the simple acquisition of knowledge.

So what is the answer? In my opinion, the answer should incorporate elements of both responses i.e. the

carrot and stick approach (or, in this case, the good old British compromise). There is a need to ensure that students become, and remain, active learners by utilisation of more interesting and innovative teaching methods (the carrot). At the same time there is a need to instil into students the necessary discipline and professionalism (the stick) to remain active learners and, in the case of Pharmacy, ethical and pro-active members of the profession.

I went to university because I wanted to learn. Many students come to university now simply to pass. The solution may be, therefore, that we need to look backwards in order to move forwards.

Now then, what about that CPD?

### **Unispy tells all**

My good friend Counterspy (*Community Pharmacy's regular columnist, Ed.*) is on holiday and he has asked me, a lecturer in a school of pharmacy, to take over his column for this month. He thought it would be an opportunity to give *Community Pharmacy* readers some insight into a section of the profession that most pharmacists know nothing about, except from their own experience as students.

Let me start by dispelling a couple of myths. Firstly, lecturers do not get three months holiday in the summer. They spend the summer updating and organising courses for the next academic year and researching. Secondly, lecturers do not write one set of lectures and repeat them unchanged for the rest of their careers. They have to be up to date with new developments in their field and pass this on in lectures.

Academics are often asked if students today are better or worse than in the past. My view, which I think is shared by colleagues in pharmacy schools and higher education generally, is that they are no different in intelligence from their

predecessors but that primary and secondary education over the last generation has much to answer for. Modish educational theories have produced students who are generally self-assured, confident in their abilities and good communicators, but who are unfortunately deficient in basic literacy and numeracy skills. There has also been an undeniable 'dumbing down' of GCSE and A-Level standards; the numbers passing and achieving good grades may keep improving but many students have insufficient scientific knowledge to start a degree course. It was partly for this reason that a few years ago the schools of pharmacy and the Royal Pharmaceutical Society decided to extend the undergraduate course from three to four years, to enable students to be brought up to a standard that used to be 'entry level'.

The abolition of grants for most students and the introduction of fees has meant that students now consider themselves to be consumers, and they are not afraid to claim their consumer rights. Attitudes towards authority have also changed, and students will challenge teachers and try to negotiate marks if they think they have been awarded less than they deserve for a piece of work, something I would never have dared to do when I was a student. Ethical outlooks in society in general have also changed and, for some students, getting good marks is what matters, irrespective of how they get them. Cheating and plagiarism have become more of a problem. Are pharmacy graduates today any better or worse than their predecessors? They are probably just the same. I believe that academic standards are being maintained, and universities' own quality control systems plus the Society's re-accreditation process help to ensure this. Pharmacy is a profession of full employment and reasonable pay, creating a high demand for places on courses, which enables schools of pharmacy to select good calibre students.

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## **PAGE THREE SPECIAL: APG MEMBERS' SECRET LIVES**

*A new confessional feature in which members of the Group let others peep behind the curtain of their professional persona to see something of the real person lurking there. So if you have any consuming spare time ("what's that?" some may ask) interests, hobbies or hidden talents, please tell us so that we can 'out' you to the whole Group.*

*First over the jumps for this feature is APG committee member Dr Rachel Elliott from the University of Manchester, who reveals all about her relationship with a horse!*

When I was living in London, I fulfilled my childhood ambition to learn to ride, at a very lively little riding school off the North Circular. This was followed very quickly by the rather unplanned purchase of my first, and current horse, from Wicklow, Ireland in 1994, whilst in the middle of my PhD. Limerick Lady turned out to be a stunt horse from the film *Braveheart* and was ridden by the man himself in the film. Anyway, she has led to my moving away, first from London, and then away from the south. We had a bit of a break when I fractured my spine in a fall, but we now live in Lancashire, on the edge of the West Pennine Moors, and I have bought a house only a five minute walk from her stables. We have competed successfully at local one-day-eventing, working hunter competitions and dressage, and have even won some rosettes doing endurance riding. She and I are happiest galloping flat out along the beach at Southport, where Red Rum was trained. Owning and competing a horse has been a very steep learning curve. My wound management and injection administration skills are well practiced. I have less spare cash and free time

because of my equestrian obsession, but relaxing after a busy day at work with your horse munching away on a haynet whilst you give her a final brush can't be beaten.

## **BACKGROUND BRIEFING**

*In this section we provide information about the RPSGB's involvement in practice research, and on a new initiative relating to the teaching of Law and Ethics in schools of pharmacy and, in response to requests from teachers of Law and Ethics, on the workings of the Society's Infringements Committee.*

### **The work of The Royal Pharmaceutical Society's Practice Research Division**

***From Dr Sue Ambler, Head, and Zoe Whittington, Research Manager, of the RPSGB's Practice Research Division***

The Practice Research Division was established in 1995 to provide a focus for the development of health services research in pharmacy. The Council of the Society wished to reflect the growing importance of research in informing the development of policy and the implementation of health services in its own structures. The Division was trusted with taking forward the Society's Practice Research Strategy.

The Division provides three distinct functions:

- ◆ managing the Society's programme of research
- ◆ ensuring that Council and senior staff at the Society are aware of, and take account of, relevant research findings in the development and implementation of policy
- ◆ developing the profile of and capabilities in pharmacy practice research.

## ***RPSGB Programmes of Research***

The Society provides funding for research on commissioned programmes as well as responsive funding for projects

### ***Commissioned Programmes***

The focus of the Society's investment in commissioned work to date has been on the evaluation of innovation in pharmacy services and the underpinning exploratory research. Society's funding has been used to attract additional funding from outside bodies, such as the Department of Health and Community Pharmacy Research Consortium (see below). Between 1995 and 2000, a total of £604,000 was spent on research with the Society contributing just over a third of this investment.

Practice Research Division has developed a strategy for the Society's future investment in research and has commissioned research on:

- ◆ work-force (including the census and innovation in pharmacy)
- ◆ education
- ◆ ethics (which includes work on core values and two PhD studentships)

In addition the Division has responsibilities to:

- ◆ develop collaborative links with other bodies to take forward work relating to the Society's professional leadership functions
- ◆ achieve greater integration of R&D into the general work of the Society.

### ***Community Pharmacy Research Consortium***

Since 1996, the Society has been working with the other community pharmacy bodies to develop, through co-operation and investment, a strong research base to inform community pharmacy policy and practice. The Community Pharmacy Research Consortium has funded research

projects on the public's use of community pharmacies as a health care resource, and on access and minor ailments; service delivery and innovation and medication errors.

### ***Practice Research Awards***

The Division administers two Royal Pharmaceutical Society practice research awards: the Galen Award and the Sir Hugh Linstead Fellowship. These awards are funded from a bequest to the Society and by the Leverhulme Trade Charities Trust respectively. The Division arranges the calls for proposals, oversees the peer review and short-listing process and manages the grants on a day-to-day basis.

### ***The Pharmacy Practice Research Trust***

In 1999 the Council of RPSGB established an independent research charity, the Pharmacy Practice Research Trust, with a broad remit to promote and develop research relating to the practice of pharmacy. The Trust's research programme will tackle the broad agenda relating to medicines use, including:

- ◆ Funding research relating to the place of medicines in society and the practice pharmacy
- ◆ Stimulating debate and spreading knowledge about medicines and the people who use and take them
- ◆ Developing a new generation of academic leaders who can lead the debate and inform thinking, particularly within pharmacy.

(Full details of the work and published reports are available on the Society's web-site.)

### ***Advancing the Provision of Pharmacy Law and Ethics Teaching (APPLET)***

APPLET is three-year, government-funded project to develop teaching and

learning in pharmacy law and ethics. A consortium led by Professor Joy Wingfield of Nottingham's Pharmacy School, together with Dr Keith Wilson from Aston and Sandra Hall from De Montfort is leading the project, which is involving all Schools of Pharmacy.

The project recognises that pharmacy practice is increasingly clinically orientated and team based and new roles such as public health planning, prescribing and accountability for therapeutic outcomes make new challenges on the expertise and skills of pharmacists. Preparation for these roles should include a good grounding in health care ethics, involving a principled approach to such concepts as consent, confidentiality, issues at the beginning and end of life, patient involvement and autonomy and deeper understanding of the role of law and litigation in society, as well as knowledge of statutes controlling medicines supply. Among the project's first tasks will be to find out what ground is already being covered in existing curricula, to identify and share innovative practice and develop "best" practice as models for adoption. There are very few specialist lecturers in pharmacy law and ethics and the consortium wants to share what expertise there is across the Schools of Pharmacy.

**APPLET has a website:**

[www.nottingham.ac.uk/pharmacy/applet](http://www.nottingham.ac.uk/pharmacy/applet) where further information can be obtained and the project's progress followed. For detailed information or specific enquiries, contact the project manager, [phil.whieldon@nottingham.ac.uk](mailto:phil.whieldon@nottingham.ac.uk) (See also *Meeting Reports below, Ed.*)

## **The RPSGB'S Disciplinary Machinery: How the Infringements Committee Works**

***From Stephen Lutener, Head of Professional Standards Directorate***

*(Editor's note: The article below refers only to "pharmacists". Most cases dealt with by the Infringements Committee involve pharmacists, but there are also occasions where the complaint may be against the owner of a pharmacy business or may even be a member of the public [for example in cases involving sales of pharmacy medicines from car boot sales etc].)*

### **Background**

The Royal Pharmaceutical Society of Great Britain is unique amongst UK Health Regulators. It has not only a role in the regulation of its members under the Code of Ethics, but also a duty to enforce certain aspects of the legislation relating to the retail sale of medicines and poisons. To this end, the Society has an Inspectorate, formed in 1933, which investigates alleged breaches as well as providing encouragement and advice to promote high standards of practice. Under the current disciplinary procedures, any person can make a complaint to the Statutory Committee, although it is usual for complaints to be investigated first by the Professional Standards Directorate, and a formal complaint to be made by the Council, where appropriate. The Council also decides whether to commence prosecution, where relevant sections of the Medicines Act 1968 or Poisons Act 1972 are breached. Until December 2001, the Council decided whether prosecution or referral to the Statutory Committee was appropriate, based on the recommendations of the Infringements Committee.

## **Reasons for Change**

Under the Human Rights Act, every accused person has a right to have the allegations considered without unreasonable delay. As the Council meetings were reduced in frequency to six times a year, there was a possibility of delays of up to 10 weeks between pharmacists being informed of allegations and a decision being taken by the Council. Not only might this undermine the pharmacist's rights, it also lengthens the period of uncertainty and the stress caused could lead to dispensing errors.

The Human Rights Act also requires consideration of allegations to be carried out by an independent and impartial tribunal. Under the arrangements in place prior to December 2001, decisions to institute criminal proceedings or to make allegations of misconduct to the Statutory Committee were made by Council, but the decision to issue warnings, for minor breaches, was delegated to the Director of Professional Standards. Warning letters so issued were reported to the Infringements Committee for monitoring purposes. As the Director could be involved in a small number of cases, and would invariably know the identity of the alleged offender, such a screening role might be challenged.

## **Changes**

The full Council at its meeting in December 2001 accepted the need for revision of procedures for dealing with alleged breaches of the Code of Ethics and the relevant legislation. It decided that to minimise the effects of delay, the Infringements Committee would be given full authority to decide what course of action is appropriate for all alleged breaches, without the need for the Committee's recommendations to be passed to the Council.

The Council also decided that the Director of Professional Standards would not issue warnings on its general

authority concerning the more minor complaints for which evidence exists. Instead, the Infringements Committee would consider these allegations, in an anonymous format. Allegations for which insufficient evidence exists, would not be referred to the Committee, since it would be unable to take any action in the absence of such evidence.

*(Editor's note. Changes have also been made in the membership of the committee. Previously it had been made up entirely of elected pharmacist members of Council and one Privy Council appointee Council member, and was chaired by a pharmacist Council member. From June 2002, to reflect the Government's intention that health profession disciplinary bodies should include greater lay representation, the membership was changed to include all three Privy Council appointees, with one of them as chair. Further changes are likely as a result of the reforms to the Society's regulatory arrangements which are currently under discussion.)*

## **The Infringements Committee procedures**

The local Inspector is informed of all complaints received by the Professional Standards Directorate, and appropriate investigations are carried out. For those allegations that are considered serious, and for which similar cases have resulted in prosecution or referral to the Statutory Committee, the Inspector submits a comprehensive report. The report might include formal witness statements and records of interviews with the pharmacist.

Staff within the Professional Standards Directorate prepare a summary of the allegations, in anonymous format – so that the alleged offender, the geographical area of the alleged conduct and the identity of the Inspector is not disclosed. The anonymity extends even so far as the gender of the pharmacist. The allegations are sent to the

pharmacist(s), informing of the intention to refer the matter to the Infringements Committee, and that prosecution or referral to the Statutory Committee may be considered. The pharmacist is invited to make written representations, which are produced to the Infringements Committee with the allegations. For the remaining allegations, the type of which would not normally have been dealt with by prosecution or referral to the Statutory Committee, staff of Professional Standards Directorate prepare a brief summary. This sets out the allegations, again in anonymous format.

When the Infringements Committee meets, it considers the cases for which prosecution or referral to the Statutory Committee may be appropriate. The Committee is careful to consider any written submissions from the pharmacist. The Committee considers whether it is in the public and / or the profession's interest to take such formal action. For the 'less serious' allegations, the Committee considers whether a warning or an advisory letter is appropriate. If the Committee believes that the allegations are too serious to deal with informally, or if there is insufficient information available for it to reach a proper decision, it can ask for the allegations to be referred back to a future meeting. At that time a more substantial agenda item can be considered, together with any representations made by the pharmacist. Where the Committee believes that the allegations are of such a nature that a warning or advisory letter is appropriate, it will direct the Professional Standards Directorate to issue such a letter.

After the minutes have been prepared by Professional Standards Directorate and agreed by the Chairman, the identity of all the pharmacists are circulated with the minutes, to Committee members.

## MEETING REPORTS

*Reports of recent meetings organised by the Group committee.*

### **“The ProBLem with learning”**

#### **Report of the one-day meeting held at the University of Aston, November 7<sup>th</sup> 2002**

***From Dr Chris Rostron (Chair, Academic Pharmacy Group)***

The Academic Pharmacy Group Committee organised this meeting in response to a perceived developing interest in the use of problem-based learning (PBL), stemming from a workshop on PBL at the Belfast Lecturers' Conference 2000. PBL has found increasing usage world-wide, particularly in the field of medical education, and a number of medical schools within the UK now deliver the majority of their curriculum by this method. Pharmacy educators have begun to utilise PBL within their programmes. The purpose of this meeting was to make the principles of PBL more widely known within pharmacy academia and to share experiences and practice of the PBL utilised within Schools of Pharmacy.

Welcoming the 45 delegates, Dr Keith Wilson (University of Aston) reminded them of the increasing pressures, academic and financial, on curriculum delivery and, therefore, the need for innovation in teaching and learning. The Chair for the meeting was Dr Sheila Handley (University of Aston).

Dr Ian Bates (University of London) presented a personal overview of PBL. He commenced by describing what PBL is (using problems to drive learning) and, equally importantly, what it isn't (solving problems in class). He said that a recent study had revealed that both understanding and usage of PBL in SOPs was patchy, but there was a vague notion that using it would be

beneficial. Dr Bates said that evidence suggested that PBL produces competent, adaptable, active learners who are motivated to continue learning throughout adult life and to promote and facilitate change. He recognised that there were problems associated with the introduction of PBL, and the content of problems set had to be relevant to and representative of the syllabus, should ensure clinical and scientific integration and should possess specific learning outcomes. Scenarios and cases had to be developed to take into account the logic and needs of learners. Dr Bates advised that staff and departments should really want PBL, as it was difficult to implement and required significant organisational and cultural change, from an emphasis on teaching to an emphasis on learning. It also required great co-ordination between sections in SOPs and some self-sacrifice. He recommended that it should not be undertaken to the exclusion of other modes of learning.

Dr Dave Armstrong (LJMU) described the usage of PBL within UK pharmacy programmes that most academics would recognise. He presented the use of PBL in a 3<sup>rd</sup> year Cardiovascular Therapy module. Students were divided into groups of 5, all working on the same topic (coronary heart disease) but each with their own focus. There were 5 timetabled events (4 tutorials and 1 seminar). Two tutors were present at each event and acted as facilitators/assessors as appropriate. The evidence from a student satisfaction survey was generally supportive of the approach. The students were less enthusiastic, however, about the way in which the learned material was assessed, highlighting a perennial problem with PBL.

An example of a more extensive use of PBL within a pharmacy programme was presented by Dr Chris Rostron (LJMU). He described the system in operation in the School of Pharmacy, University of

the West Indies. Here PBL is used for the delivery of integrated basic sciences in years 1 and 2. This is a joint delivery across the entire Medical Faculty including medicine, veterinary science, dentistry, optometry and physiotherapy. Dr Rostron described the 7 step approach used:

1. identification and clarification of unfamiliar words and phrases
2. identification of the issues of the problem
3. summarisation of the problem
4. formulation of hypotheses
5. generation of learning objectives
6. researching learning objectives
7. problem consolidation

Steps 1 to 5 take place during the first tutorial session, step 6 takes place in student's free time between tutorials, and step 7 occupies the entire second tutorial session. There is 1 week between tutorial sessions. Dr Rostron said he had been very impressed with the communication skills, the confidence, the quality and depth of material presented, and the group interactions. He observed 2<sup>nd</sup> year students behaving like final year students.

Dr Jane Mawdsley, a general practitioner and a PBL tutor at the University of Liverpool Medical School, described the rationale for the development of PBL usage at Liverpool and the way in which it is currently utilised. She indicated that the 7 step approach is also used at Liverpool. In the first year scenarios are built around normal bodily systems, and in the second are based around events of a fictitious family. Dr Mawdsley placed emphasis on the student perspective of PBL. Students are frightened of the concept after didactic teaching at school. They have a fear of missing learning objectives and a concern that the subject will not be covered in enough depth. They are insecure about their ability to cope with an unstructured day and consequently mature and graduate students tend to cope better.

Dr Mawdsley concluded with the verdict that the students become better communicators, have improved practical skills and are more competent ward managers. They do, however, have less theoretical knowledge, especially anatomy, and are not appreciated by "old school" consultants. Her final question was "is this important?"

The afternoon session consisted of workshops and a plenary feedback session. The conclusions were:

### **Advantages**

Greater integration of subject matter, good preparation for life-long learning, an increased student confidence, an increased ability to apply knowledge.

### **Issues**

*(Even in PBL there is no such thing as a Problem any more! Ed)*

Inertia within the system, extremely labour-intensive, does not sit comfortably with the modular system, appropriate assessment.

At the end of a very informative and productive day the delegates were finally presented with their very own "problem" – how to negotiate the notorious Brum traffic system. Rumour has it that some have yet to make it home.

## **Biennial "Law and Ethics Update " For Pharmacy Teachers**

**Held on 9 January 2003 at RPSGB headquarters.**

***Report by Dr Susan Barker (Queen's University, Belfast), chair for the meeting***

The format of the meeting was slightly different to previous years in that the "Update" session was restricted to an afternoon session, with the rest of the day devoted to discussion of the APPLETT project. *(For information about*

*this project, see Background Briefing, above. Ed.)*

Legal and ethical topics covered by Helen Darracott and Stephen Lutener, joint directors of RSPGB's Professional Standards Directorate, included:

- ◆ The work of the Infringements Committee. *(See also Stephen Lutener's article on the work of this committee in Background Briefing, above Ed.)*
- ◆ Issues arising from the Shipman inquiry, eg how undergraduates are taught about controlled drugs
- ◆ Updates on prescriptions for addicts
- ◆ Patient group directions
- ◆ Supervision, skills mix within pharmacies and qualifications and training for pharmacy technicians.

Most of the day was devoted to the APPLETT project. An introductory lecture/review of the project was followed by workshops, giving delegates a chance to discuss the issues in depth, including the application of ethics in healthcare situations, and how they saw the project developing. The intention of the day was to generate interest in the project from "grassroots" teachers of Law and Ethics and to recruit individuals to work on it. The first aim was achieved, with most delegates feeling that this was an area in which more teaching resource was required and pooling of talent appropriate. However, most felt that they were already too burdened by their own teaching responsibilities to take the extra work involved in furthering the APPLETT project. The project team said that they would rethink their approach to participation.

# NOTICEBOARD

News of recent developments and forthcoming events.



## APG Web-page

A long-term development of the APG web-page is underway. To see how far it has progressed go to <http://www.rpsgb.org.uk>, then click on "About the Society", then "Membership groups" and finally "Academic Pharmacy Group". (So far no direct link, that is one of the developments underway). The page, not yet in its final form, contains some basic information about the Group and gives details of forthcoming events. There is a Committee page so that surfers can contact committee members easily, and the application form for membership of the group is now available on-line, too. Look out also for further details of the Schools of Pharmacy Easter Conference on line in the coming weeks. In the meantime, here is some old-fashioned printed information about it.



## Schools of Pharmacy Easter Conference 2004

**14 -16 April 2004, Brighton and Sussex Medical School, Falmer, Brighton**

### **The pharmaceutical circus: balancing academic demands.**

Modern academia requires excellence in multiple spheres: teaching, research, administration and leadership.

Topics will include:

- ◆ More efficient teaching, research, administration, clinical contact, undergraduate projects
- ◆ Research supervision and grant awarding bodies
- ◆ Dealing with journal editors and / or the media
- ◆ Student misdemeanours and eligibility for registration
- ◆ Computer-aided learning and marking

The social programme will include:

- ◆ Drinks reception (sponsored by the School of Pharmacy and Biomolecular Sciences, University of Brighton) at The Old Ship
- ◆ Conference Dinner at The Old Ship
- ◆ A variety of sightseeing and other leisure opportunities

The conference will be held in the Brighton and Sussex Medical School, a joint initiative between the Universities of Brighton and Sussex, due to open for the 2003-2004 academic year.