

Keynote Lecture

The Relationship of Undergraduate Assessment to Degree Accreditation

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INTRODUCTION

From its Charter and the Pharmacy Act 1954, and recognised in European Directives 85/432/EEC and 85/433/EEC, the Royal Pharmaceutical Society of Great Britain (RPSGB) has responsibility and powers for approval of the education and training of pharmacists registering in GB. An important stage and component of such education and training is the pharmacy degree course. The RPSGB's approach to the approval of such programmes is a system of accreditation, no less frequently than every five years.

Over the decades that the accreditation system has existed, but particularly over the past 10 years, it has been increasingly specified and documented, with the goals of improving its rigour, objectivity and consistency. During 2001, as part of that continuing trend and effort, an RPSGB expert working group derived a new set of criteria for accreditation, to reflect developments in health, science and practice, and in higher education. The proposed criteria were the subject of wide consultation within the pharmacy profession and with stakeholders in Government, other health professions, patient representative groups and the NHS. Following significant, though not fundamental, amendment they were adopted by the RPSGB in April 2002.

The new criteria, far more than their predecessor requirements, have implications for the objectives, the regulations, and the practice of assessment in the pharmacy degree course. They can be found in full at <http://www.rpsgb.org.uk/education/>

OBJECTIVES AND LINKAGE TO ASSESSMENT

The aims of the new criteria are to produce graduates whose contributions to patient care are founded on appropriate and sufficient understanding of the application of scientific method, of the principles and techniques of the pharmaceutical sciences and of evidence-based health care. Its co-purpose is that such contributions will be facilitated by developed capabilities of/to: respect, communicate and work with patients, carers and other health and social care professionals; rigour and discipline of mind; professionalism; adaptation to developments in pharmacy and medicine; appropriate confidence; and commitment to continuing professional development.

Of more significance to assessment within the degree course, the criteria's operational objectives are for capabilities which sum to the broad qualities embodied in the aims. The new criteria require the pharmacy student at graduation to know, understand and be able to do certain things.

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TABLE I Note form of outcomes criteria

<ul style="list-style-type: none"> responsibility for learning communicate effectively problem-solving recognise ethical dilemmas drugs and their properties dosage forms medicines pharmaceutical calculations, accurately perform 	<ul style="list-style-type: none"> prepare extemporaneously prescriptions and other orders for medicines quality assurance legal and professional requirements critical appraisal of information apply research approaches foundation of knowledge for prescribing medicines... concepts of medicines management...
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OUTCOMES TO BE ASSURED

The new criteria are organised into three categories or levels; outcomes, processes and structures required of a pharmacy degree course. Generally, the most important of these are the outcomes criteria (summarised in Table I). None of the outcomes criteria were included lightly by the RPSGB working group. It recognised that it would be incumbent on future RPSGB visiting teams (accreditors) to UK schools of pharmacy to confirm that they are being met. Many more outcomes were commended to the working group but were excluded, either because they were unrealistic to achieve or because they were unrealistic to measure.

The major implication is that for the capabilities of knowledge or skill listed in Table I all students must be individually assessed. To take some challenging examples, schools will have to evidence to accreditors that they assess individuals' taking responsibility for their own learning; their verbal, non-verbal and written communication skills; and their problem-solving ability. Students will have to be supported and then challenged to evidence effective learning through private study; to communicate on paper, face-to-face and with groups; and to undertake problem-solving (relevant to science and practice). While group assessment will not be excluded, individual assessment will be required for these and other capability outcomes included in the new criteria.

PRACTICES AND STRUCTURES TO BE ASSURED

Contrary to the aspirations of educational purists, for an accreditation system, being a form of quality

assurance system, one has to include criteria which relate to the processes and the structures of the degree programme. Generally, process criteria relate to capabilities that cannot be fully developed by the end of the degree programme, that are not easily measurable, or that represent educational good practice. In such cases, the accreditor must look for evidence that the ultimate desired capability is being addressed in some reasonable way or that good practice is being implemented. Three classic examples from the new criteria are set out in Table II. For skills development, accreditors will expect at least formative assessment; feedback to facilitate learning. Accreditors will need to see that assessment, as well as course content, is in a pharmaceutical context. Accreditors will expect and need to find a variety of assessment approaches relevant to learning objectives.

Along with outcomes and processes, a degree programme has structural underpinning and structure of itself. It is on the structures of the degree programme that accreditation used to be most closely focused. In the 1960s and 1970s, the structural features that pharmacy education was taking place in a well-founded, well-funded and elite higher education system to an acceptable syllabus were enough to warrant accreditation. With modest reservations, one would say that was justifiably so.

Things are very different now. Universities are in a dilapidated state, their funding per student (even with tuition fees) is 40% lower than it was 20 years ago and they are part of a mass higher education system (admitting over 33% of young people compared with about 8% all those years ago). Therefore, the focus on structure has shifted from the macro-level, with comfort and pride in the system, to the micro-level, of concern for the wherewithal to teach and support learning to deliver

TABLE II Note form of selected process criteria

<ul style="list-style-type: none"> seeks to develop students' skills of self-management, teamworking and peer assessment has the features of positioning knowledge, understanding and skills in a pharmaceutical context and with reference to pharmacy practice 	<ul style="list-style-type: none"> features a variety of approaches to achieving and assessing learning appropriate to its stated objectives, including lectures, practical classes, seminars, workshops, tutorials, computer-based/aided learning, clinical visits, problem-solving exercises, essays, projects, dissertations and other assignments, and examinations
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TABLE III Note form of selected structure criteria

<ul style="list-style-type: none"> • ... assessment of competence in dispensing by either one examination at the end of the dispensing course, taken under full examination conditions with an external examiner present; or a series of tests taken under examination conditions, with an external examiner having the right to attend any of the practical tests and attending... 	<ul style="list-style-type: none"> • ... achievement of a satisfactorily high standard in assessments of both dispensing practice, and pharmacy law and professional requirements, irrespective of the student's performance in other subjects. Compensation... is not allowed... • ... pass an assessment of any important recent changes...
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required outcomes. Questions arising nowadays include: does the school have a suite for the teaching of aseptic technique? Has it the equipment and staff to deliver final year projects? How does the school provide patient- or ward-based teaching?

With regard to the structure of the programme itself, there is a clear link between accreditation and assessment in the progress and award regulations. All of the facilities, educational practice and course objectives might be in place to give confidence that students *can* meet the outcomes criteria but these might be rendered meaningless by "forgiving" regulations. With old facilities, poor funding, unprecedentedly high numbers of students (and penalties for not retaining students) the tendency in UK higher education is to lower standards, particularly at the threshold for the award of a degree. For certain areas of the curriculum, the Society sets specific requirements among its structure criteria (see Table III). These though relate only to the practice aspects of the curriculum and the additional case of the non-acceptance of aegrotat degrees. To address the general dumbing-down trend in university regulations the RPSGB has few if any directly relevant criteria, even in its new set. However, such will undoubtedly emerge from

annual reviews of the criteria, which were committed to at the time the new set was adopted. These criteria might emerge from established custom and practice (they have not thus far because much work needs to be done to see that they do not arise and operate as arbitrary requirements).

CUSTOM AND PRACTICE

An analysis of conditions and strong recommendations of degree accreditation exercises over the years 1996–2001 suggests a few top candidates for further criteria for accreditation relating to the structure of the progression and award regulations. The RPSGB has *opposed* arrangements wherein: more than 20 of 120 credits per year can be compensated by an overall pass performance; a module or modules can be compensated even with the student achieving less than 35%; the student is allowed more than a total four attempts at an assessment (the RPSGB favours a maximum of three); modules can be trailed between the penultimate and final years of the degree course; the weighting of marks contributing to the degree is not heavily weighted to the final year.