ROYAL COLLEGE OF PHARMACY

GPhC Consultation on draft standards for the education and training of internationally-qualified pharmacists wanting to register in Great Britain.

RCPharm response

1. Proposed length of training

1.1 Should we reduce the length of training for internationally-qualified pharmacists wanting to register in Great Britain from two years to one year?

Yes

No

Don't know

1.2 Please explain your answer. Please consider potential benefits and challenges in your answer.

The National Pharmacy Advisory Councils of the Royal College of Pharmacy (the College) do not agree with the proposals set out in the GPhC consultation to reduce the length of training from 2 years to 1 year, based on the rationale and information presented within this response.

There are significant concerns regarding the proposal to compress the current two-year pathway for internationally qualified pharmacists into a single year while also incorporating independent prescribing (IP). This represents a substantial increase in expectations within a significantly reduced timeframe and the proposals in their current format, do not adequately evidence how such a move would not risk impacting on patient safety or the maintaining of standards across the profession. In addition, the proposals do not adequately evidence how the addition of independent prescribing into the programme, alongside a reduction in timeframe, will not put considerable additional pressures on internationally qualified pharmacists to meet all the necessary standards.

The GPhC consultation document outlines the case for change related to The Professional Qualifications Act 2022 and ensuring the route reflects changing practice in Great Britain. The College does not consider the fact that the GB pathway is "twice as long" as comparable OSPAP routes in other countries to be a sufficient justification for

accelerating the process. The consultation document does not outline the evidence which demonstrates the need for change in this pathway – whether that be a failure of the current route, impact on patient access or indeed workforce shortages attributed to this route. Patient safety, alongside maintaining professional standards and the trust of the public in the profession should always be the primary driver for any changes.

Such an approach raises potential safety concerns, particularly in light of the extensive education and training undertaken by pharmacy students and trainees in Great Britain across the full five-year pathway (MPharm and Foundation Training Year), which includes substantial academic learning and practical placement experience.

Internationally qualified pharmacists already face multiple challenges when entering practice in Great Britain, including professional isolation, visa and immigration pressures, language barriers, and the high cost of both living and completing the programme. Combining these pressures with an intensified training pathway raises questions about learner wellbeing. It is unclear from the proposals what specific considerations the GPhC has made to mitigate these risks and support candidate welfare.

Testimonies from current and former OSPAP students indicates that the existing two-year pathway is already highly intensive. Introducing further demands, including independent prescribing, within a shorter timeframe risks overwhelming learners and undermining competence development.

A key concern is the reduction in practical training time. The proposed 20-week placement is substantially shorter than the current foundation training year. There is insufficient evidence to demonstrate that this reduced duration will allow internationally qualified pharmacists to meet required learning outcomes or be adequately prepared to practise safely in Great Britain. The consultation does not convincingly justify the compression of one year of postgraduate study and one year of foundation training into this much shorter period.

There are also system-level concerns about delivery capacity. Feedback from our members highlights existing challenges with placement availability, supervision, and access to designated prescribing practitioners. Programme providers have expressed doubts about their ability to deliver the required learning outcomes within one year. There is also concern that introducing this new route could negatively impact established training pathways for GB pharmacy graduates.

Overall, the proposals, in their current format, risk reducing independent prescribing competence, weakening the quality and availability of supervision, and diminishing the robustness of assurance mechanisms. These factors collectively have the potential to increase the risk to patient safety. Furthermore, the proposals lack sufficient detail on

how these risks will be mitigated and appear to rely too heavily on programme providers to manage these challenges without clear safeguards.

1.3 Do you think we should consider an alternative route to registration for internationally-qualified pharmacists to the one-year postgraduate diploma we have proposed?

Yes

No

Don't know

1.4 If yes, please describe the alternative route and the relevant requirements.

Internationally qualified pharmacists are a highly valued part of the profession and make a significant contribution to patient care across Great Britain. As the workforce evolves, it is important that any alternative pathway to the current two-year OSPAP diploma and Foundation Training Year model is both fair and proportionate. However, this must not come at the expense of patient safety. The fundamental principle should remain that internationally qualified pharmacists are supported to meet the General Pharmaceutical Council (GPhC) standards for registration—rather than a perceived potential lowering of the required standard in order to shorten the training pathway. Any reform must therefore carefully consider potential risks and how they will be mitigated.

Feedback received from our members indicate that proposed changes could encourage innovation and improve access to registration. This is particularly important in parts of Great Britain such as Wales and Scotland, where there are currently no OSPAP courses available. Greater flexibility in access could help address workforce challenges and reduce geographic inequities, provided quality and assurance mechanisms remain robust.

There is also clear recognition that internationally qualified pharmacists are not traditional "students," but experienced adult learners transitioning into practice in Great Britain. While they bring valuable prior learning and professional experience, it is essential that their qualifications, competence, and practice experience are rigorously validated in the context of GB pharmacy practice. This includes not only clinical and technical competence, but also an understanding of cultural norms, healthcare delivery models, and patient expectations within GB.

Any new or alternative pathway must therefore include a strong focus on core areas that underpin safe and effective practice in Great Britain, including:

- Pharmacy law and ethics

- NHS systems, structures, and governance
- Prescribing frameworks
- Safeguarding
- Communication skills and cultural competence
- Multidisciplinary team (MDT) working

Successful integration into the workforce is key. Pathways should prioritise the development of competence, confidence, and the ability to practise safely across different care settings and within multidisciplinary teams.

A more flexible, hybrid approach is likely to be most effective. This should strengthen recognition of prior learning on an individualised basis, rather than applying a one-size-fits-all model. While this could lead to shorter or more tailored pathways for some candidates, this must be based on robust assessment rather than assumption. Current proposals place significant emphasis on validation of pharmacy degrees, but equivalence cannot be determined solely through mapping academic content. A comprehensive approach must also assess applicants' practice experience through the lens of GB healthcare delivery, including how closely it aligns with NHS models of care.

This raises an important question: what objective framework will be used to determine equivalence between international pharmacy qualifications and GB initial education and training standards? Without a transparent and consistent methodology, there is a risk of variability in decisions and potential impact on patient safety.

It is also important to recognise that current proposals do not appear to offer a clear pathway for internationally qualified pharmacists whose experience lies outside traditional patient-facing sectors such as community, hospital, or primary care—for example, those working in academia, industry, or pharmaceutical science. Consideration should be given to how these individuals might demonstrate relevant competence or transition into patient-facing roles where appropriate.

Several alternative models could be explored. For example, a pathway incorporating a one-year registration-focused integrated programme, with independent prescribing (IP) undertaken separately, may offer greater flexibility. There may also be an opportunity to harmonise and stratify existing routes (e.g. EEA, EFTA, international pathways) based on factors such as qualification equivalence, similarity of pharmacy practice, and alignment of healthcare systems and culture with GB.

In addition, incorporating distance learning elements could increase accessibility and flexibility.

Finally, any new pathway should seek to retain the strengths of the current foundation training year (FTY) model. This includes structured supervision, workplace-based

assessment, the collection of evidence, and formal sign-off of competence. The challenge will be to adapt these benefits into a potentially shorter or more flexible programme without diluting the assurance they provide.

2. Using the recognition of prior learning to take account of relevant experience

2.1 Should the GPhC allow providers to recognise prior learning and experience to shorten the period of education and training for internationally-qualified pharmacists when they can verify that it is recent, relevant and similar to that in Great Britain?

Yes

No

Don't know

2.2 Please explain your answer.

The GPhC should allow providers to recognise prior learning and experience to shorten the period of education and training for internationally qualified pharmacists, where it can be clearly verified as recent, relevant, and comparable to practice in Great Britain. However, this must be underpinned by a robust, transparent, and consistent framework to ensure patient safety and maintain confidence in the register.

The principles of recognition of prior learning for a cohort of learners who are already registered, practising pharmacists in overseas countries is understood. However, the GPhC must be transparent and publish the validation process that is undertaken to assess the education and training completed by overseas pharmacists. In the webinar delivered by the GPhC on 17 June 2026, "recent" was defined as within the last five years. While this provides a helpful starting point, there must be greater clarity on what the GPhC considers to be "recent, relevant and similar to that in Great Britain," including how these criteria are operationalised in practice.

A key requirement is transparency. The GPhC should publish the criteria and methodology used to assess equivalence between international qualifications and GB initial education and training standards. This is essential so that patients, employers, and registrants can understand how standards are being assured and have confidence that the threshold for safe and effective practice is consistent, regardless of route to registration.

In addition, there must be transparency in how the GPhC reviews international pharmacy curricula. This should go beyond high-level mapping of course content and include a detailed assessment of both the breadth and depth of therapeutics, clinical decision-making, and patient-facing components—particularly if independent prescribing (IP) remains integrated within the pathway. Without this level of scrutiny,

there is a risk that important differences in training may not be fully identified or addressed.

Crucially, the GPhC must have a clear understanding of the scope of pharmacy practice in countries deemed eligible for recognition. Pharmacy roles, responsibilities, and levels of autonomy vary significantly across jurisdictions, particularly in relation to clinical services, prescribing, and multidisciplinary team working. Assessing equivalence therefore requires not only academic comparison, but also a contextual understanding of how pharmacy is practised within each healthcare system.

Recognition of prior experience should be based on a competency-based approach rather than relying solely on the duration of practice. A structured framework is needed to assess whether applicants can demonstrate the knowledge, skills, behaviours, and professional judgement required for safe and effective practice in Great Britain. This may include assessment through portfolios, workplace-based evidence, structured interviews, or supervised practice.

Finally, the recognition of prior learning and experience must be supported by clear standards and quality assurance processes to ensure consistency across providers. Without standardisation, there is a risk of variation in how recognition of prior learning is applied, which could lead to inequities between applicants and undermine confidence in the system. For example, the ability to recognise prior learning must not be used to gain competitive advantage over other universities e.g. if you come from AA country and study at XX university the course is 3 months shorter than if you study at YY university, as this would jeopardise the standards.

2.3 The GPhC is proposing criteria for recognising prior learning and experience so it can be applied consistently and fairly.

The criteria are:

i Providers may recognise applicants' prior learning and experience as part of the application process for their programme. This may result in a reduction in either university study and/or learning in practice.

ii Irrespective of any reduction granted, all learning outcomes must be met.

iii Acceptable evidence includes:

either

(a) a qualification based on national pharmacist education standards and learning outcomes which has been verified by the GPhC as being equivalent to its own requirements. (The GPhC will give details of verified qualifications to all programme providers)

or

(b) when, as well as an international pharmacist qualification validated by the GPhC (see 'Stage 1 – Validity check' on p3), an applicant has at least two years' full-time experience of working in a community or hospital pharmacy in Great Britain. Equivalent part-time experience is acceptable.

iv If (b) applies:

A Employment must be in a recognised pharmacy support staff role, and applicants must have taken and passed support staff programmes relevant to their role accredited or recognised by the GPhC.

B Relevant support staff roles and qualifications must be patient-facing, including medicine counter assistants, pharmacy support staff diplomas, pharmacy healthcare assistants, pharmacy services assistant (apprenticeship) and Scottish Pharmacy Services SVQs.

C Evidence of employment and GPhC-accredited or recognised education and training will be required and must be verified by programme providers.

D Working as a pharmacy technician in Great Britain, and being registered as such with the GPhC, may be considered. The role must be patient-facing. Working as a pharmacy technician outside of Great Britain is not acceptable because it lacks the Great Britain context, which is at the heart of this proposal.

E Unpaid or unverifiable work cannot be accepted.

F Working in a pharmacy technician role in Great Britain but not being registered with the GPhC will not be accepted, because it is illegal.

To what extent do you agree or disagree with the proposed criteria for recognising prior learning and experience?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

2.4 Please explain your answer

Overall, we agree with the principle of recognising prior learning, but the proposed criteria require further development to ensure they are applied consistently, transparently, and in a way that maintains patient safety and public confidence.

A key concern is that the process appears to rely heavily on programme providers to assess prior learning and professional experience and determine any reduction in training time. While providers play a critical role, it will be essential that the GPhC sets clear, robust standards for this and defines the parameters within which reductions in training can be applied. Without this, there is a risk of variation in decision-making across providers, which could lead to inequity between applicants and inconsistency in outcomes.

This raises the question of how the GPhC itself will assure consistency. There must be a clear mechanism for how the GPhC will assess provider decisions against its standards, including quality assurance processes, audit, and oversight. Without a transparent approach to monitoring and enforcement, it will be difficult to ensure that recognition is being applied in a fair, consistent, and proportionate way across all routes.

Transparency is also critical in relation to qualifications. The GPhC should publish the list of verified and recognised international qualifications, alongside the criteria used to assess them. This would support confidence among patients, employers, and registrants, and provide clarity for prospective applicants about whether and how their qualifications will be recognised.

There also remain notable gaps in the proposals regarding recognition of prior learning and experience for internationally qualified pharmacists whose backgrounds are outside traditional patient-facing roles. Individuals with experience in academia, pharmaceutical science, or industry may have highly relevant knowledge and skills, but the current approach does not clearly articulate how their experience will be assessed or recognised. A more inclusive and flexible framework is needed to ensure that these applicants are not disadvantaged and that their competencies can be appropriately evaluated.

There is also a broader strategic question underpinning the criteria: is the primary aim of the GPhC to ensure that all new registrants meet the Initial Education and Training (IET) standards for 2021, or is it to ensure that internationally qualified pharmacists can successfully integrate into the wider GB pharmacy workforce across all settings of practice? Clarity on this point is important, as it will shape how equivalence is defined and how much emphasis is placed on contextual knowledge, system understanding, and readiness for practice in GB settings.

Finally, further evidence and justification are needed for some of the assumptions within the proposals. For example, what evidence does the GPhC have that internationally qualified pharmacists with two years' experience working as pharmacy support staff in Great Britain are sufficiently prepared to undertake a shortened training pathway? While such experience may provide valuable exposure to systems and processes, it does not necessarily demonstrate the full range of competencies required

for autonomous practice as a pharmacist. A more robust, competency-based assessment approach would be needed to support any reduction in training time, rather than relying on duration or type of role alone.

3. The inclusion of independent prescribing

3.1 Should independent prescribing be built into the new training programme for internationally-qualified pharmacists?

Yes

No

Don't know

3.2 Please explain your answer.

On the one hand, incorporating IP would make the pathway more attractive and aligned with the direction of travel for pharmacy practice in Great Britain. Embedding this within training could support faster integration into patient-facing, clinically focused services. However, this added value must be carefully balanced against the significant demands it would place on both learners and programme providers.

The inclusion of IP would be highly demanding, particularly for internationally qualified pharmacists who are simultaneously adapting to a new healthcare system, regulatory framework, and cultural context. It would require not only acquisition of prescribing knowledge and clinical decision-making skills, but also the development of confidence and professional judgement within unfamiliar care settings. For programme providers, it would add further complexity in terms of curriculum design, clinical supervision, and assessment.

Given these demands, there is a strong argument that, if IP is to be included, the overall programme length should be extended—potentially to around 18 months for the independent prescribing qualification. This would allow sufficient time for knowledge consolidation, meaningful clinical exposure, and the safe development of prescribing competence. Attempting to incorporate IP within a compressed timeframe risks overwhelming learners and compromising the depth of learning required.

Reducing the duration of supervised practice while simultaneously introducing the additional requirement of independent prescribing creates a potential patient safety risk. Within a 20-week experiential learning period, there could be insufficient opportunity for internationally qualified pharmacists to develop competence and confidence in the GB clinical environment and achieve prescribing readiness.

It is also important to recognise that while adding IP makes the pathway more desirable, not all international pharmacy degrees or healthcare systems are equally aligned with GB practice. Some candidates may be well positioned to undertake IP training, while

others may require more foundational development within the GB context before progressing to prescribing.

There is also limited detail in the current proposals about how prior prescribing education and clinical skills would be assessed. International pharmacists come from a wide range of healthcare systems, with varying levels of prescribing exposure, clinical responsibility, and autonomy. This raises important questions about how the GPhC will assess prescribing readiness in a consistent and robust way. Without a clearly defined and transparent approach, there is a risk of variability in standards and outcomes.

Feedback from former OSPAP pharmacists suggests there is value in maintaining flexibility by keeping both routes available—one that includes IP and one that does not. This would allow training to be better tailored to individual backgrounds and career intentions, while also supporting a more proportionate approach to learning.

At the same time, there are practical considerations. Our Councils have expressed concerns about the current operational pressures within the system, including the availability of placements, the capacity of designated prescribing practitioners (DPPs), and the level of support required for internationally qualified pharmacists. Expanding programme requirements to include IP would increase demand on already stretched resources, which could impact the quality of supervision and training.

4. The learning outcomes set

4.1 To what extent do you agree or disagree that the proposed new learning outcomes are the right ones for internationally-qualified pharmacists wanting to register in Great Britain?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don’t know

4.2 Are there any learning outcomes missing?

Yes

No

Don’t know

4.3 Please explain your answers to the two questions above, referring to specific learning outcomes when relevant

The College notes that some learning outcomes included within the GPhC's 2021 standards have been omitted on the basis that they are expected to have been covered as part of international pharmacy qualifications. While we understand the intention to avoid unnecessary duplication of assessment, it is not currently clear how the regulator determines that these outcomes have been achieved, or how equivalence is assured across different international qualifications and training pathways. We would welcome greater clarity regarding the recognition of prior learning process and criteria by which these learning outcomes are recognised and evidenced.

Removing the learning outcomes entirely from the framework could suggest that they are no longer required for registration. Consideration should be given to retaining these outcomes and clearly identifying that they are expected to be demonstrated through alternative routes of evidence rather than through direct assessment within the international registration process. This would provide greater assurance that all registrants are expected to meet the same overarching standards, regardless of their route to registration.

It may be more straightforward to include the full set of Learning Outcomes rather than excluding those assumed to be covered by other programmes. Providers will already need to assess each learning outcome for every learner to determine any reduction in programme or placement time through recognition of prior learning, so retaining all outcomes would support consistency and avoid unnecessary complexity.

There should be confidence that every qualifying pharmacist has demonstrated achievement of every learning outcome, either through prior learning or completion within the programme itself. In particular, it should not be assumed that Learning Outcomes 46, 47 and 51 have been fully met through previous training, as the NHS and wider UK practice context is especially important to achieving these outcomes.

5. The Standards and Criteria

5.1 To what extent do you agree or disagree that the proposed new standards and criteria for programme providers are the right ones for quality assuring the education and training of internationally-qualified pharmacists?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don’t know

5.2 Are there any standards/criteria missing?

Yes

No

Don’t know

5.3 Please explain your answers to the above two questions, referring to specific standards/criteria when relevant.

It appears that the standards are aligned with the PIET standards 2021, however they are more compressed which brings challenges. The College believes that there is an over reliance on programme providers to verify applicants’ experience. The standards for admission procedures allow for interactive components, but it falls short of assessing competency or reviewing evidence of practice.

There will be a major impact on programme providers with risks in consistency, capacity and resource (which may increase costs for internationally qualified pharmacists) and supervision. The oversight from the GPhC to mitigate these risks will be necessary but is not defined or described in the proposals.

We recognise that GPhC have mapped the proposed education and training standards and the RCPharm draft Enhanced Pharmacist Curriculum and identified several complementary learning outcomes. We welcome this broad connection but also encourage closer alignment between the standards and established post-registration development frameworks. Alignment across undergraduate education, foundation practice and enhanced practice is essential to creating a coherent continuum of learning and development throughout a pharmacist's career. This will support career progression, provide a clearer pathway for advancing practice, and ensure greater consistency in the competencies and capabilities expected at different stages. Most importantly, it would strengthen assurance to patients and the public that all pharmacists are working towards a consistent set of professional standards and are equipped to deliver safe and effective care.

We recommend that future reviews of GPhC standards consider opportunities to strengthen alignment with recognised postgraduate development frameworks, including the Royal College of Pharmacy's curricula.

6. Equality and Impact

6.1 We want to understand whether our proposals will have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in

the Equality Act 2010. Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?

Protected characteristic	Positive Impact	Negative Impact	Positive and Negative Impact	No impact	Don't Know
Age			**x**		
Disability			**x**		
Gender reassignment				**x**	
Marriage and civil partnership			**x**		
Pregnancy and maternity					**x**
Race			**x**		
Religion				**x**	
Sex			**x**		
Sexual orientation				**x**	

6.2 We also want to know if our proposals will have a positive or negative impact on pharmacy staff, pharmacy owners, internationally-qualified pharmacist students, and patients and the public. Do you think our proposals will have a positive or negative impact on each of these groups?

Group	Positive Impact	Negative Impact	Positive and Negative Impact	No impact	Don't Know
Pharmacy Staff			**x**		
Pharmacy Owners and Employers			**x**		
Internationally qualified pharmacist students			**x**		
Patients and the public			**x**		

6.3 Please give your comments explaining your answer to the two questions above. Please describe the individuals or groups concerned and the impact you think our proposals would have.

The GPhC should ensure that internationally qualified pharmacists travelling to GB specifically to undertake this pathway are not disadvantaged compared to GB graduates. We received feedback from members that the GPhC should consider a route to registration through sponsorship, similar to that available to doctors via the General Medical Council.

For internationally qualified pharmacists, visa sponsorship may also be necessary and if this is tied to a specific employer, programme provider or training placement, there is a risk of power imbalance and reduced flexibility, particularly if placements are unsuitable or if personal circumstances change (e.g. illness). This could disproportionately disadvantage international pharmacists.

With respect to programme providers, there should be transparency and fairness in placement allocation to ensure international pharmacists are not disproportionately directed to high-pressure or underserved areas without adequate support. International graduates often lack family support circle and/or links to local services. Additional pastoral, professional, and wellbeing support should be considered to mitigate isolation and ensure equitable experience compared to GB-based trainees. This should be put in place by the training provider and quality assured by the GPhC.

Older applicants may benefit from recognition of prior experience and be attracted to the shorter route to registration, however, they may require longer to adapt to new systems and be disproportionately disadvantaged by the shorter time for adaptation and transition to the new healthcare system.

Disabled applicants may benefit from a more flexible approach to the route to registration, however, the accelerated programme may limit opportunities for reasonable adjustments within the programme, and the anticipated intensity may increase the pressure and overwhelm for those with physical disabilities, neurodivergence and mental health conditions.

The compressed and flexible route to registration may support individuals balancing family commitments or relocating to join partners/family members which will have benefits for both men and women. Innovation in the offer of new programmes may improve access to this route for families who have settled across GB but currently may only access the OSPAP course in England. Challenges may be accentuated with workload and pressure while balancing family commitments.

The proposals do not outline details on how requests for breaks, deferment, maternity leave will impact on applicants. A compressed, intensive programme may be difficult to pause and resume.

International pharmacists from ethnically diverse backgrounds will benefit from increased access and flexibility, reducing these barriers to registration. However, there

are risks in the proposals in relation to the subjectivity of programme providers in assessing prior learning and experience including unconscious bias in admissions decisions.

The goals of the proposals are to ensure fairness and proportionality for internationally qualified pharmacists who wish to register in GB. Overall, successful implementation could bring benefits to the workforce with improved access for patients, workforce sustainability and resilience. But these benefits rely on mitigation of risks around the operational implementation of a compressed programme with higher expectations on learning outcomes. This ultimately creates a risk to public confidence in the profession and patient safety.

In addition to impacts on protected characteristics, the proposals may have wider equality and access implications for applicants experiencing socio-economic disadvantage, unpaid carers, and those living in rural or remote areas. A shorter pathway may reduce the total time before registration and earning as a pharmacist, and flexible or distance-learning models could improve access. However, the compressed nature of the programme may create additional financial, travel, placement and caring-responsibility pressures. Applicants with limited financial resilience may be disproportionately affected by course fees, visa costs, living costs, reduced opportunities to work while studying, and the consequences of needing to pause or repeat elements of the programme. Carers may be disadvantaged if attendance, placement and assessment requirements are not sufficiently flexible. Applicants in rural or remote areas may also face inequitable access if placements, supervision or programme delivery are concentrated in particular geographic locations. These risks should be mitigated through transparent placement allocation, flexible learning and assessment arrangements, clear policies for breaks or deferment, accessible pastoral support, and consideration of financial support mechanisms.

The proposals should also be considered in the context of longstanding differential attainment in pharmacy education and training, particularly for Black pharmacy students and foundation trainees. Evidence has shown persistent gaps in degree awarding and registration assessment outcomes for Black trainees. A compressed pathway, reduced supervised practice period and the addition of independent prescribing could risk exacerbating these gaps if applicants have less time to adapt to GB practice, build confidence, access feedback, address learning needs and prepare for assessment.

There is also a risk that recognition of prior learning and experience, if applied inconsistently or subjectively by programme providers, could introduce or reinforce inequity. Decisions about whether prior education or practice is sufficiently “recent, relevant and similar” must therefore be transparent, standardised, evidence-based and subject to GPhC oversight.

These risks may be particularly relevant for Black internationally qualified pharmacists, who may experience intersectional barriers relating to race, immigration status, socio-economic pressures, placement allocation, lack of local professional networks and

reduced access to culturally safe support. The GPhC should therefore require providers to collect, analyse and publish outcome data by ethnicity and other protected characteristics across admissions, recognition of prior learning decisions, progression, assessment outcomes, placement quality, independent prescribing outcomes and registration assessment performance.

The proposals should include specific mitigations to avoid widening differential attainment, including inclusive assessment design, training for admissions and assessment staff on bias, access to mentoring and role models, culturally safe pastoral support, early identification of learning needs, structured supervision, protected time for feedback and remediation, and active monitoring of outcomes for Black students and trainees.