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Quality Assurance of Pharmacy Programs in light of the COVID-19 Pandemic

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Abstract

Accreditation agencies are imperative to assure quality education. Furthermore, standardization of health professions, while costly and time consuming, is necessary to ensure longevity and success.

Today, online undergraduate and graduate level college degrees are becoming more popular due to convenience and accessibility, especially during the pandemic. Nonetheless, many critics suggest that online education is not possible for fields related to patient care nor is there any reference to online standardization. However, considering the COVID-19 pandemic, many health professions, including pharmacy, were mandated to take their education online. The recent shift in delivery methodologies suggest that the accreditation bodies should take a step back and access the standardization of care in a post-COVID-19 world to ensure that current students do not get left behind or potentially place future patients at risk when developing and accessing online competent practitioners.

Introduction

During 2020, many Schools and Colleges of Pharmacy around the world were asked to cease face-to-face campus instruction and immediately withdraw students from experiential training sites and hospitals due to the COVID-19 pandemic. Immediately, there was an urgency-driven conversion of pharmacy curricula to an online distance learning format.

Most curricula can be delivered online, like didactic courses, and some experiential training, like mock clinical cases. Nevertheless, it is important to note that in order to develop and assess experiential training, there is a need for modifications to on-site laboratory instruction, simulated patient utilizations and practical clinical skill demonstrations.

Higher education institutional closures, social distancing mandates during the COVID-19 pandemic, and the rapid conversion of curricula to online distance learning education has posed two major challenges to many accreditation bodies.

This first challenge is the lack of standards for quality assurance of online distance learning (ODL).

The second challenge is engaging in accreditation reviews without the possibility of onsite visits. The primary responsibility for evaluating the quality of academic programs lies with the accrediting organization. However, COVID-19 restrictions required that programs quickly put in place non-traditional and online equivalents of normal in-person instruction. The relative effectiveness of these changes could be hard to predict and evaluate in comparison to curricula that may have been repeatedly assessed previously.

When a college undergoes an accreditation site visit, it takes investment of time, effort, and money. Without these investments, a lack of standardized oversight of healthcare programs can occur, potentially leading to a sub-par mixture of educated practitioners which possibly place higher education institutions at risk of developing unqualified graduates. Without education standards and criteria, universities may not be preparing all students equally and potentially put future patients at risk [1]. The need for medical and pharmacy education standardization has been long established [2-5].

However, when discussing the challenge of quality assurance in an ODL model, there are two overarching questions:

Do professional pharmacy accreditation agencies need to provide quality assurance standards specific for ODL?

Do they only need to embed a few criteria related to ODL into their current standards with the view that the code of delivery will be used as a risk management measure?

It is evident that there is a global trend to transform education into blended-learning modes, i.e., hybrid models that mixes face-to-face instruction and training with ODL activities [6, 7]. Furthermore, adaptation to the COVID-19 era has forced many educational institutes to think outside the box and realistically assess what is imperative when educating health professionals.8-11 Therefore, it seems plausible that intentional and long-term conversion to some form of ODL is inevitable and designing mechanisms and tools to measure program effectiveness and assess learning outcomes achievement in ODL is also foreseeable.

The current COVID-19 experience has revealed that student assessment and experiential training as the most challenging

aspects of ODL as on campus supervised examinations were not an option. Although a post-COVID-19 era might not hinder the return to on-campus examinations, now might be the best time for accreditation bodies to facilitate conversations to revamp standards and reinvent assessment practices that focus on promotion of learning and not solely on measuring student's learning [12]. Quality criteria for the partial virtualization of experiential training are urgently needed, especially in developing countries. This includes stipulations regarding which experiences can be virtualized during crises like COVID-19. Even in normal educational settings, it might be beneficial to students, institutions, and practice sites for accrediting bodies to allow specific parts of the experiential training to be online and/or simulated. The addition of such flexibility would provide relief from the strain experienced by training sites and reduce overall training costs. Furthermore, accrediting bodies may need to require the addition of tele-health, drive-thru vaccinations/virus testing, and tele-pharmacy to clinical rotation(s) or ask for a standalone tele-pharmacy rotation in an advanced pharmacy practice experiential education (APPE) to accommodate emerging healthcare practices that have gained momentum as result of COVID-19 and are becoming a part of the new normal [13, 16].

It is undisputed that ODL directly affects course design, course content, course delivery and student assessment, but effects also extend to other pharmacy accreditation standards such as faculty online skills sets, online training, professional development programs, and teaching load calculations. It would also affect standards related to students' orientation programs, training, and equitable access to technology and support. Another important addition to standards would be the inclusion of mental and social support for students and faculty in online learning environments [17]. Quality assurance standards will need to broaden the definition of the academic campus, learning resources and IT (Information Technology) support to include content creation facilities and tools, online communication and instruction platforms, and online assessment procedures. Standards should expand the definition of education crisis management as a part of the operation of higher education institutes. Standards will also need to require budget allocation to ODL activities, infrastructure, and training.

It is important that institutions seek the regulators' approval of post-COVID-19 intentional transition to distanced online instruction as a change to the curriculum. Dialogs and channels of communication must be open between accreditors, regulators, institutions, and students. There should be a mutual understanding that having a standard for ODL does not mean that institutions' innovative approaches would be interfered with. A "covert" issue that accreditors need to come to terms with is the general notion that ODL is an inferior form of pedagogy than face-to-face education. This requires a paradigm shift inside the accreditation bodies, academic institutions, students, and the community [18].

To address the second challenge, there is a need to analyse the shortcomings and barriers to a distance accreditation review. Attributes of an onsite visit that will be missing from a distance review include the ability to inspect the physical facilities and the lack of face-to-face social interaction between the stakeholders and the accreditation teams' members. One barrier to consider is time zone differences for international accreditation reviews or when international reviewers are involved. The accreditation bodies might want to consider the following options if they do not want to continue postponing all visits until circumstances allow onsite visits. Accreditation bodies could defer visits for currently accredited programs with minor or no changes to their curricula, and instead arrange for virtual review of initial accreditations or programs with major curricular changes. It is possible for a review to be fully virtual with online meetings and virtual tour of facilities. Programs can be subjected to an initial virtual review with the condition that the accreditation will be fully granted after a successful onsite visit. If conditions permit, an accreditation body might opt for a blended model, with some reviewers on site and others working remotely, or a hybrid model, with some tasks done online and other tasks done onsite. Although distance accreditation reviews are discussed in lieu of crisis management, it should also be considered as the default practice for low-stake accreditation reviews such as eligibility, pre-accreditation reviews and/or follow up reviews. These reviews would have reduced costs since they require no travel or hotel accommodation. Also, they allow flexibility in choosing the reviewers from any country without travel visa limitations. In a blended model, the review of the Self-Study enclosed documents and the meetings that are needed to resolve ambiguities and gain clarifications are executed efficiently online. On the other hand, meeting institution and program administration members, discussion with faculty, clinical trainers and students, inspection of physical facilities' specialty training sites can all be executed online during lockdown conditions, although they are much better done onsite and face-to-face. This blended form of review allows institutions and accreditors to mitigate risks and also allow accreditors to organize shorter onsite site visits that may increase the efficiency of the accreditation process. Nonetheless, no matter what form the final modified accreditation site visit holds, the modified form should be able to verify the standards and assess the effectiveness of the program to the same level of the fully onsite review.

To facilitate the process of a streamlined quality assurance program for a post-COVID-19 world, accreditation bodies around the globe should share their experience and best practices during this pandemic, especially that some of them have integrated ODL in its accreditation standards and have also transitioned to virtual accreditation reviews [19].

Conclusion

Although fitness for purpose is the most accepted definition of quality, transformation and adaptation should be included in the definition to better reflect the current times. Higher education institutions, accreditation bodies and government entities will use their experience during COVID-19 to transform and improve their future practices. Although the current situation is dynamic and unpredictable, by making the most of the current social distancing mandates, new guidelines should be placed to better suit distance education. Even if there is a full

return to in-person education, these guidelines will be present and improved to serve those who cannot attend in-person due to illness, pregnancy, travel, convenience, war, etc. Striving for better online education practices, is the intention of all involved in professional education and accreditation? Better methods utilized to educate students online while maintaining the quality provided by face-to-face education. The COVID-19 pandemic has transformed peoples view on life and reminded us all that life is ever-changing. The same transformation is true for healthcare and professional education. It is crucial for educators and accreditation bodies to evolve as we enter these unprecedented times.

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