Pharmacy Education & Hospital Pharmacy

Philip Howard
Chair of Consultant Pharmacist Group
p.howard@leeds.ac.uk
Leeds Teaching Hospitals NHS Trust

- Two main hospitals (2300 beds)
  - Leeds General Infirmary (1868)
  - St James’ University Hospital (1925) – former poor workhouse
  - linked to University of Leeds

- Pharmacy: 160 pharmacists, 136 technicians, 200 assistants & other staff

- Drug budget: £90 million

- Consultant Pharmacist for Antimicrobials
Map of UK population (63.2m)

- 10.4m over 65 years
- Most live in the big cities
- Healthy life expectancy
  - Male 63.5y, female 65.7y
  - 1.9m with long term condition until 2018 then 2.9m
Background: UK Education system

• School
  – Compulsory schooling for 13 years from 5 to 16 years
  – GCSE exams at 16 years. Don’t need to graduate
  – Year 12 & 13 (17-18 years) do “A levels” or another vocational course (except Scotland 1 year)
  – A level grades A* to E are passes
  – 30% go to university or another course

• University
  – 3 years = Bachelors degree, 4 years = Masters degree
  – want 3 A levels: A, A, B for most courses
Healthcare in the UK

• State funded (National Health Service NHS)
  – Established in 1948. Free to all nationals.
  – New NHS Structure in England from April 2013
  – 80% money (£106bn) held by 211 CCGs (groups of family doctors with ~300,000 patients) who can buy healthcare from anyone including hospitals. £1979 per person.

• Private healthcare
  – Health insurance schemes: eg BUPA, Nuffield
  – Private hospitals or use NHS but pay (jump 18 week pathway)

• 162 acute hospital trusts (groups of hospitals), 58 mental health, 36 community trusts. About 2500 hospitals (NHS & private).

• 146k doctors, 369k nurses, 3% management costs
Hospitals and care in the community

• Tertiary hospitals (teaching) in cities
• District general hospitals (towns)
• Community hospitals (step down or short term care)
• Nursing homes (pay or state funded)
• Residential homes (pay or state funded)
• Care in own home (state funded)
• All NHS patients are registered with a family doctor (general practitioner - GP). Arranges specialist care.
• GPs supported by pharmacists for medicines optimisation
• Community pharmacists: contract mainly based on prescription dispensing
Hospital pharmacy – general information

• Robotics in most hospitals
• Little electronic prescribing (6% total eRx but all in 2 years)
• Dispense complete boxes, not individual doses (patient info leaflet)
• Pharmacists 3.47 / 100 In Patients. Nearly all pharmacists visit wards.
• Clinical pharmacy: all patients Monday to Friday 0900-1700, but some hospitals 7 days 0800-2000. Pharmacists and technicians.
• Out of hours: big hospitals 1700 to 0900 (2nd year resident)
• Aseptics: buy ready to use products where possible (dose band). Dispense paediatric doses. All cancer chemotherapy. Complex IV products (>1 vial or multiple manipulations)
• Drug information – clinical pharmacists then medicines information
• Clinical Governance (patient safety, new drug entry, clinical trials)
• Pharmacist prescribing for In Patients and Out Patients (complex patients)
Drivers for hospital pharmacy
Drivers for change in hospital pharmacy

• Save £20bn over 3 years in NHS = skill mix review.
• European working time directive = less doctors in hospitals
• Vacancy and maternity rates (8.9%) = skill mix
• £13.5bn spent on medicines each year. £150m wastage of medicines each year in primary care.
• With 10 days of starting a new medicine: 30% non adherent, 61% lack information, 50% have a problem with it.
• Adverse drug reactions = 6.5% of hospital admissions (70% avoidable) at a cost of £235m
• 70% of nursing residents medicines have an error (CHUMS)
• Prescribing error rate by doctors of 8.9% (EQUIP)
Hospital Pharmacy focus – context (2012)

Professional Standards For Hospital Pharmacy Services
Optimising patient outcomes from medicines

For pharmacy services in acute, mental health, private and community service providers

July 2012

FIGURE 1 WHERE THE RPS PROFESSIONAL STANDARDS ‘SIT’
2013 Pharmacy focus – context

Medicines optimisation differs from medicines management in a number of ways but predominantly focussed on **outcomes rather than process, patients rather than systems** and is **led rather than delivered by pharmacists.**

Medicines optimisation is part of a paradigm shift:

**FROM THIS**

- Focus on systems, processes and infrastructure
- For the NHS first
- Driven by professionals
- Practices based on custom and tradition
- Hospitals at the centre of service delivery

**TO THIS**

- Focus on outcomes that matter to patients
- For the patient first
- Driven by customers and end users
- Practises based on evidence
- Services delivered closer to home

“Adherence, safety, financial and organisational issues”
Undergraduate pharmacy & pre-registration in the UK
### Schools of pharmacy over times

<table>
<thead>
<tr>
<th>School of pharmacy</th>
<th>Established</th>
<th>School of pharmacy</th>
<th>Established</th>
</tr>
</thead>
<tbody>
<tr>
<td>London School of Pharmacy</td>
<td>1842</td>
<td>East Anglia</td>
<td>2003</td>
</tr>
<tr>
<td>Liverpool John Moores</td>
<td>1849</td>
<td>Medway, Greenwich</td>
<td>2004</td>
</tr>
<tr>
<td>Brighton</td>
<td>1858</td>
<td>Kingston, London</td>
<td>2004</td>
</tr>
<tr>
<td>Manchester</td>
<td>1883</td>
<td>Hertfordshire</td>
<td>2005</td>
</tr>
<tr>
<td>De Montfort (Leicester)</td>
<td>1886</td>
<td>Reading</td>
<td>2005</td>
</tr>
<tr>
<td>Aston, Birmingham</td>
<td>1895</td>
<td>Keele</td>
<td>2006</td>
</tr>
<tr>
<td>Bath</td>
<td>1907</td>
<td>Central Lancashire</td>
<td>2007</td>
</tr>
<tr>
<td>Sunderland</td>
<td>1921</td>
<td>Huddersfield</td>
<td>2008</td>
</tr>
<tr>
<td>Nottingham</td>
<td>1925</td>
<td>Birmingham</td>
<td>2013</td>
</tr>
<tr>
<td>King’s College, London</td>
<td>1926</td>
<td>Durham</td>
<td>2013</td>
</tr>
<tr>
<td>Portsmouth</td>
<td>1961</td>
<td>Also Scotland (Aberdeen, Glasgow), Wales (Cardiff) and Northern Ireland (Belfast, Ulster)</td>
<td></td>
</tr>
<tr>
<td>Bradford</td>
<td>1966</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Between 1999 and 2009 undergraduate places in England increased from 4200 to 9800 but with no planned links to demand for the pharmacists in the workforce.
Pharmacy Undergraduate course in UK (current)

- 4 years full time theoretical & practical training plus 6 months in service training in a pharmacy (community or hospital). UK MPharm
- Indicative syllabus (51 aspects in 6 themes). 3000 hours on:
  - The patient
  - Medicines: drug action, drug substance, medicinal product (35%)
  - Healthcare systems and the roles of professionals
  - Wider context
- Practically lots of clinical pharmacy in the UK courses.
Pre-registration pharmacy experience

• 52 weeks pre-reg at an accredited centre and tutor.
  — Progress review at 13, 26, 39 weeks
  — Week 39 assessment summary and registration assessment
  — Week 49 registration documents
• Minimum 26 weeks hospital or community pharmacy (or split) but can include 26 weeks in non patient facing role (industry)
• Pre-registration exam (MCQ 70% pass)
  — 90 questions in 90min closed book; 80 questions in 2.5hr (including 20 calculation questions)
• Sandwich course at Bradford University with 2 x 26 week placements in course (Year 3 and 5)
• 76 performance outcomes: personal effectiveness, interpersonal skills & medicines and health (dispensing & clinical pharmacy)
• Very clinically focussed training
Not enough graduate pharmacists coming through?

**Forecast supply of hospital pharmacists shown with demand scenarios**

- **Finished Consultant Episodes (4.0%) - demand scenario**
- **Hospital supply**
- **Demographic growth rate at 0.9% - demand scenario**

Source: MPC Pharmacist Workforce Model (MPC, 2012) and CfWI demand scenarios
UK Hospital pharmacy workforce
Pharmacy staff types

**Pharmacists**
- registered with GPhC after 4 year Masters degree in Pharmacy plus 1 year pre-reg training & pass GPhC exam. Need 3 A levels in Sciences grades AAB

**Technicians**
- registered with GPhC after a 2 year work-based Level 3 NVQ diploma courses in Pharmacy Services Skills and L3NVQ Dip in Pharmaceutical Science. Need 5 GCSEs at C grade (Maths, English & a Science)

**Assistant Technical Officer**
- not registered & no accreditation. Train on job towards level 2 NVQ Certificate in Pharmacy Service Skills.

**Registration with General Pharmaceutical Council (GPhC)**
- Code of conduct. Set training course content.
- CPD: min requirements of 9 episodes recorded per year (web-based preferred)
- Ongoing assessment of CPD every 3 years = 8.9%↓ pharmacists in 2011
- No revalidation yet but will be based on fitness to practice rather than a time point.
Pharmacist workforce split

- Number of registered pharmacists in UK: 46,310 (= 2003). 32% part-time
- Female 59.4% (Scotland 70%)
- New graduates per year: ~2500 but equals leavers
- UK 11.8% are from overseas (5.8% European, 3.9% non European, 2.1% reciprocal from Commonwealth (ended in 2006).
- Many from overseas have limited clinical pharmacy skills needed in hospital

<table>
<thead>
<tr>
<th>Sector of practice</th>
<th>Proportion of workforce as at 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>71.0%</td>
</tr>
<tr>
<td>Hospital</td>
<td>21.4%</td>
</tr>
<tr>
<td>Primary care</td>
<td>7.2%</td>
</tr>
<tr>
<td>Industry</td>
<td>4.1%</td>
</tr>
<tr>
<td>Academia</td>
<td>2.8%</td>
</tr>
<tr>
<td>Other</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

Increasing 100 hour community pharmacies need more pharmacists

Centre for Workforce Intelligence (CfWI) Education commissioning risk summary for pharmacy workforce (Aug 2012)
Pharmacy technicians by sector

Table 5: Proportion of actively employed census respondents pharmacy technicians working in each sector

<table>
<thead>
<tr>
<th>Sector of practice</th>
<th>Number</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>3,854</td>
<td>67.4%</td>
</tr>
<tr>
<td>Hospital</td>
<td>1,211</td>
<td>21.2%</td>
</tr>
<tr>
<td>Primary care</td>
<td>292</td>
<td>5.1%</td>
</tr>
<tr>
<td>GP practice</td>
<td>187</td>
<td>3.3%</td>
</tr>
<tr>
<td>Industry</td>
<td>45</td>
<td>0.8%</td>
</tr>
<tr>
<td>Academia/education/training</td>
<td>86</td>
<td>1.5%</td>
</tr>
<tr>
<td>Strategic health authority</td>
<td>6</td>
<td>0.1%</td>
</tr>
<tr>
<td>Prison service</td>
<td>60</td>
<td>1.0%</td>
</tr>
<tr>
<td>Ministry of Defence</td>
<td>43</td>
<td>0.8%</td>
</tr>
<tr>
<td>Other pharmacy</td>
<td>75</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

*Data reported as recorded. Note: A pharmacy technician may have a position in more than one sector, hence the percentages when totalled exceed 100 per cent.

Source: Pharmacy technicians workforce census 2010 (Seston and Hassell, 2012a)
## 2011 Hospital pharmacists and technicians in England

<table>
<thead>
<tr>
<th>Strategic health authority (SHA)</th>
<th>Pharmacist posts occupied (FTE)</th>
<th>Pharmacy technician posts occupied (FTE)</th>
<th>Pharmacists (FTE) divided by pharmacy technicians (FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East</td>
<td>352.1</td>
<td>338.4</td>
<td>1.0</td>
</tr>
<tr>
<td>North West</td>
<td>1033.6</td>
<td>1031.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Yorkshire and Humber</td>
<td>684.3</td>
<td>714.9</td>
<td>1.0</td>
</tr>
<tr>
<td>East Midlands</td>
<td>473.4</td>
<td>508.6</td>
<td>0.9</td>
</tr>
<tr>
<td>West Midlands</td>
<td>620.6</td>
<td>684.0</td>
<td>0.9</td>
</tr>
<tr>
<td>East of England</td>
<td>596.0</td>
<td>581.2</td>
<td>1.0</td>
</tr>
<tr>
<td>London</td>
<td>1535.1</td>
<td>995.3</td>
<td>1.5</td>
</tr>
<tr>
<td>South East Coast</td>
<td>436.0</td>
<td>423.6</td>
<td>1.0</td>
</tr>
<tr>
<td>South Central</td>
<td>470.1</td>
<td>362.4</td>
<td>1.3</td>
</tr>
<tr>
<td>South West</td>
<td>539.7</td>
<td>489.1</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6740.8</strong></td>
<td><strong>6129.2</strong></td>
<td><strong>1.1</strong></td>
</tr>
</tbody>
</table>

Source: National NHS Pharmacy Staffing Establishment and Vacancy Survey (NHS PEDC, 2011a)

Ratio of between 0.9 to 1.5 pharmacists to technicians. London has more pharmacists.
NHS single spine pay structure

- All jobs in the NHS (except doctors and very senior managers) are on the same pay spine.
- All jobs are matched to a scoring system:
  - minimum qualifications (max points)
  - responsibility (patient care, policy, finance, management, information, R&D)
  - skills (communication, analytical, planning, physical)
  - freedom to act, effort and working conditions
- Each job has required knowledge and skills with an annual assessment (KSF)

<table>
<thead>
<tr>
<th>Job</th>
<th>Grade</th>
<th>Wage</th>
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</thead>
<tbody>
<tr>
<td>Pharmacy Support Worker</td>
<td>2</td>
<td>£14-17k</td>
</tr>
<tr>
<td>Pharmacy Support Worker, Higher Level</td>
<td>3</td>
<td>£16-19k</td>
</tr>
<tr>
<td>Pharmacy Technician</td>
<td>4</td>
<td>£18-22k</td>
</tr>
<tr>
<td>Pharmacist Entry Level</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Pharmacy Tech Higher Level</td>
<td>5</td>
<td>£21-27k</td>
</tr>
<tr>
<td>Pharmacy Tech Specialist</td>
<td>6</td>
<td>£25-34k</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Pharmacy Tech Team Manager</td>
<td>7</td>
<td>£30-40k</td>
</tr>
<tr>
<td>Pharmacist Specialist</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Pharmacist Advanced</td>
<td>8A-B</td>
<td>£39-56k</td>
</tr>
<tr>
<td>Pharmacist Team Manager</td>
<td>8B-C</td>
<td>£45-67k</td>
</tr>
<tr>
<td>Pharmacy Consultant</td>
<td>8B-D</td>
<td>£45-67k</td>
</tr>
<tr>
<td>Professional Manager</td>
<td>8C-9</td>
<td>£54-98k</td>
</tr>
<tr>
<td>Pharmaceutical Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Knowledge and skills framework (KSF)

- Six dimensions of KSF
  - communication
  - personal & people development
  - health, safety and security
  - service improvement
  - quality
  - equality & diversity
- SMART objectives
  - 1-2 pieces of evidence only
- Annual and interim reviews
- NHS Leadership Framework (all levels)

- Each post has a gateway at entrance & top of pay spine. Need to pass review to move up
NHS Leadership Framework

- [www.leadershipacademy.nhs.uk](http://www.leadershipacademy.nhs.uk)
- 5 core domains
  - demonstrating personal qualities
  - working with others
  - managing services
  - improving services
  - setting direction
- 2 others: creating the vision & delivering the strategy
- Self assessment tools
- 360° feedback tools
- RPS developed a version for all of pharmacy
Skill mix by English Service providers (2012)
# Changing hospital pharmacy roles by job type

<table>
<thead>
<tr>
<th></th>
<th>Pharmacist</th>
<th>Technician</th>
<th>Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispensing (IP)</td>
<td>1 or 0 present</td>
<td>manage &amp; check</td>
<td>dispense</td>
</tr>
<tr>
<td>Dispensing (OP)</td>
<td>1 present</td>
<td>manage &amp; check</td>
<td>dispense</td>
</tr>
<tr>
<td>Aseptics</td>
<td>Validate; final release</td>
<td>Manage &amp; check</td>
<td>dispense</td>
</tr>
<tr>
<td>Radiopharmacy</td>
<td>Validate Rx</td>
<td>dispense</td>
<td></td>
</tr>
<tr>
<td>Ward med supply</td>
<td></td>
<td>manage &amp; check</td>
<td>supply</td>
</tr>
<tr>
<td>Drug contracts</td>
<td>Leadership</td>
<td>manage contracts</td>
<td>administration</td>
</tr>
<tr>
<td>Clinical pharmacy</td>
<td>Deliver</td>
<td>Support (DHx)</td>
<td></td>
</tr>
<tr>
<td>Homecare</td>
<td>Validate Rx or Rx</td>
<td>Manage &amp; check</td>
<td>Administration</td>
</tr>
<tr>
<td>Medicines info</td>
<td>Lead; take calls</td>
<td>Lead; triage calls; E&amp;T</td>
<td>Administration</td>
</tr>
<tr>
<td>Patients safety</td>
<td>Lead</td>
<td>Audit</td>
<td>Administration</td>
</tr>
<tr>
<td>Management</td>
<td>Lead dept</td>
<td>Lead supply chain</td>
<td></td>
</tr>
</tbody>
</table>
Non medical prescribing
- supplementary (from 2003)
- independent (from 2006)
Non medical prescribing

Supplementary prescribers (2003)

• Authorised to prescribe for patients whose condition had been diagnosed or assessed by an independent prescriber, within the parameters of an agreed treatment plan.

Independent prescribers (2006)

• Assessment of patients with undiagnosed or diagnosed conditions, and for decisions about the clinical management required and drawing up a treatment plan.
• Authority to prescribe the medicines required as part of the plan. Includes prescription only medicines, narcotics and unlicensed medicines.
Non medical prescribing - training

• 3 years qualified. Supported by employer and sponsored by medical prescriber

• 28 days theory (9 workshops and 19 distance learning) and 12 days in-practice over 6 months
  — clinical management plans, psychology of prescribing, disease management, clinical examination and patient monitoring

• Minimum 12-day period of learning in practice is to enable the student to develop and practise clinical examination skills relevant to the condition(s) for which they intend to prescribe.

• OSCE, written exam and portfolio

• Annual audit
Non medical prescribing - training

• 2011: 2049 independent prescribers, 1431 supplementary, 884 are both. Most are female (30-49 years)
• Examples of pharmacist roles
  – Cardiovascular clinics (hypertension / heart failure)
  – Rheumatology clinics: anti TNF
  – Critical care
  – HIV and Infectious Diseases clinics for Out Patients
  – Renal and liver transplant immunosuppression clinics
  – Mental health and substance abuse
  – IV Nutrition in adults, children and neonates
• 3% are NMPs. 80% had prescribed, and 71% are regular prescribing.
• 48% hospitals, 28% primary care and 21% community pharmacy
Pharmacist prescribing (supplementary) in primary care

2007

18 minutes per consultation

No data for hospital activity, but 48% work in
New roles for Pharmacy Technicians
Pharmacy technicians are taking over pharmacist roles

- Accuracy checking competency for final release of dispensed medicines (except aseptics where law states a pharmacist)
  - 1000 item log without any errors. 2nd check by pharmacist
- Medicines reconciliation training
  - all patients admitted into hospital must have their medicines reconciled. Historically a pharmacist role.
- Warfarin clinic training - counselling and dosing patients
- Medicines Information – triage of calls
- Aseptics diploma – design briefs, commissioning, etc. Run Aseptic units. Legally cannot do final product release.
- General Level Framework for technicians (see later)

www.medslearning.leeds.ac.uk
Career pathways
Pharmacist career pathway and minimum training requirements

NHS Trusts (Acute & Mental Health)
- Director of Pharmacy
- Consultant Pharmacist
- Advanced Practitioner
  - Specialist Pharmacist
  - Registered Pharmacist
    - Pre-registration training & RPSGB exam
    - Post graduate Clinical Diploma

PCTs
- Head of Medicines Management
- Prescribing Advisor *
- Registered Pharmacist

Community pharmacy (private sector)
- Senior Manager
- Pharmacist with a special interest
- Pharmacy Store Manager

Pre-registration Trainee Pharmacist
The current hospital pharmacists training system

**Good**
- Standard pay spine with job definitions
- Career pathway exists but need to apply for posts
- Funding resident pharmacists and student technicians are centrally funded
- Advanced and consultant practice framework in place

**Needs developing**
- Post graduate training course content varies eg. hospital pharmacy or clinical diploma
- Development frameworks not used throughout NHS
- Specialist clinical pharmacy curriculae not established in many specialties
- Need for formal Hospital Pharmacist designation (as in Europe?)
Foundation training for hospital pharmacy

Post graduate diploma in clinical pharmacy or hospital pharmacy

• Minimum training for hospital pharmacy (2 years part-time)
• No standard curricula across different universities
• Each hospital chooses which course to use
• Workplace based training linked to university teaching. Rotation around all clinical specialities and hospital depts

Masters degree in Clinical Pharmacy (3 years)

• Diploma plus dissertation
• No official funding for this as pharmacists already have a Masters degree
General level framework

• Used throughout many parts of the world: UK, Australia, Singapore, Serbia, Croatia and New Zealand

• Validated tool for practitioner development at foundation level
  – accelerates and sustains practitioner development (Antoniou et al. Pharmacy Education 2005: 5: 201-7)
  – 40% diploma courses use it
  – translated onto band 6 NHS KSF
  – E-version to record up to 4 reviews
Global trends in pharmacy competency framework
General Level Framework

- Delivery of Patient Care
  - Patient consultation
  - Need for the drug
  - Selection of the drug
  - Drug specific issues
  - Provision of drug product
  - Medicines information
  - Monitoring drug therapy
  - Evaluation of outcomes

- Personal
  - Organisation
  - Effective communication
  - Teamwork
  - Professionalism

- Problem Solving
  - Gathering information
  - Knowledge
  - Analysing information
  - Providing information
  - Follow up

- Management and Organisation
  - Clinical governance
  - Service Provision
  - Budget setting and reimbursement
  - Organisations
  - Training
  - Staff management
  - Procurement

CoDEG Competency Development & Evaluation Group
Controlled trial Foundation Level Framework

Logrank
$P = 0.0048$

Intervention = GLF
$n = 30$ hospitals
A foundation level framework use in Australia
(Queensland Health/SHPA)
What happens after completion of foundation training?

Time to focus .........
Northern Ireland approach to pharmacist careers
Hospital pharmacist career structure

- Band 6: Trainee Specialist Pharmacist
- Band 7: Clinical Specialist Pharmacist
- Band 8a: Advanced Pharmacist Hospital
- Band 8c: Consultant Pharmacist
- Band 8d-9: Chief Pharmacist
- Band 8a: Advanced Pharmacist Primary Care
- Band 8c: Service Lead

ROYAL PHARMACEUTICAL SOCIETY
Ward Pharmacy Team working

(Consultant Pharmacist)

Advanced Specialty Pharmacist (cardiac, respiratory, renal, etc)

Clinical Specialist Pharmacist (on rotation) or Pharmacists from other areas (aseptics, medicines information, etc)

Ward based technician (medicines reconciliation, drug history, discharge planning)
Example of Band 7 Pharmacists training rotas

Assessment during 9 month rotations using the advanced level framework
Advanced (post graduate certified training)

Doctor of Pharmacy (or multi-professional doctorate)
- 5 years part time (diploma already)

Stage 1: Masters degree in Advanced Clinical Practice (3 years)
- Learning and Teaching in Higher Education
- Quantitative Research: Statistical Data Analysis
- Qualitative Research: Methods and Skills
- Leadership and Management

Stage 2: Research Proposal & Doctoral Research Thesis (2 years)

▪ Clinical Research Fellowships
▪ Management and leadership courses (certificates, diploma & MBA)
▪ Specialist courses eg. Infection Management for Pharmacists
Postgraduate courses in Pharmaceutical Technology & Quality Assurance (PTQA)

- Part-time, flexible study options at: Certificate (1 year)
- Postgraduate Diploma (2 years) MSc (3 years)
- Taught by senior practitioners from across the UK
- Combination of residential teaching, distance learning and work-based practice
- Specialist modules include Aseptic Services, Production, QA / QC, Radiopharmacy and Pharmaceutical Risk Management
- For pharmacists and technicians
Consultant Pharmacists

Aims for Consultant Pharmacist posts (2005)

– Ensure that the highest level of pharmaceutical expertise is available to those patients who need it
– Make the best use of high level pharmacy skills in patient care
– Strengthen professional leadership
– Provide a new career opportunity to help retain experienced pharmacists in practice
Advanced & Consultant Level Framework

• 3 levels: foundation, excellence & mastery
• 34 competencies across 6 clusters
  – Expert practice (mastery)
  – Professional working relationships (mastery)
  – Leadership (mastery)
  – Management (excellence)
  – Research & evaluation (excellence)
  – Education, training & development (excellence)
• Portfolio to demonstrate competency
• Regional approval of posts
### 3. Leadership

**Inspires individuals and teams to achieve high standards of performance and personal development**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Foundation</th>
<th>Excellence</th>
<th>Mastery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Context</strong></td>
<td>Demonstrates understanding of the needs of stakeholders and practice reflects both local and national healthcare policy</td>
<td>Demonstrates ability to incorporate national healthcare policy to influence local strategy</td>
<td>Demonstrates active participation in creating national healthcare policies</td>
</tr>
<tr>
<td><strong>Clinical Governance</strong></td>
<td>Demonstrates understanding of the pharmacy role in clinical governance. Implements this appropriately within the organisation</td>
<td>Influences the clinical governance agenda for the team</td>
<td>Shapes and contributes to the clinical governance agenda at a higher level</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>Demonstrates understanding of, and contributes to, the department and corporate vision</td>
<td>Creates vision of future and translates this into clear directions for staff and supervisors</td>
<td>Convinces others to share the vision at a higher level</td>
</tr>
<tr>
<td><strong>Innovation</strong></td>
<td>Demonstrates ability to improve quality within limitations of service. Requires limited supervision</td>
<td>Recognises and implements innovation from the external environment. Does not require supervision</td>
<td>Takes the lead to ensure innovation produces demonstrable improvement in service delivery</td>
</tr>
<tr>
<td><strong>Service Development</strong></td>
<td>Reviews last year’s progress and develops clear plans to achieve results within priorities set by others</td>
<td>Develops clear understanding of priorities and formulates practical short-term plans in line with department strategy</td>
<td>Relates goals and actions to strategic aims of organisation and profession</td>
</tr>
<tr>
<td><strong>Motivational</strong></td>
<td><em>Demonstrates ability to motivate self to achieve goals</em></td>
<td>Demonstrates ability to motivate individuals in the team</td>
<td>Demonstrates ability to motivate individuals at a higher level</td>
</tr>
</tbody>
</table>
Consultant Pharmacist in England in 2012

54% (22) Foundation Trust
68% (28) Acute Teaching
12% (5) Acute non-teaching
5% (2) Mental Health
7% (3) PCT
5% (2) Specialist Trust

Male 17; Female 23
Avg age at appt = 40 yr
83% white

Appointed into:
17 (41%) Transitional posts
23 (56%) New posts
1 (2%) Into vacant post
Consultant Pharmacist roles

Technical services
• Radiopharmacy

Primary care
• Cardiology
• Elderly care & nursing homes

Generic roles
• Patient safety
• Anticoagulation

Clinical Specialties
• Cancer
• Critical care

Clinical Specialties
• Infectious Diseases / HIV
• Antibiotics
• Renal
• Respiratory
• Cardiology
• Pain
• Nutrition
• Paediatrics – Neonates
• Mental Health
Other training providers & opportunities

• Centre for Pharmacy Post-graduate education
  — free courses at foundation level (including distance learning)
• Specialist clinical pharmacy groups (eg. UKCPA, BOPA, Renal PG)
  — foundation & advanced study days / symposia
  — networking discussion boards
• Mentoring schemes at RPS (tailored to mentee requirements)
• Ad hoc leadership training (GHP/UKCPA)
• RPS webinars on various subjects (research, specialism, etc)
• Aspiring Chief Pharmacists course run at regional level
• Many free conferences using Pharma sponsorship eg. Pharmacy Management, Clinical Pharmacy Congress
Health education is changing into Health Education England

Modernising Pharmacy Careers
Health Education England (from April 2013)

- HEE will provide leadership for the new education and training system from April 2013. £4.9bn budget
- ‘Liberating the NHS: Developing the Healthcare Workforce, From Design to Delivery’
- National leadership for planning and developing the whole healthcare and public health workforce through 13 Local Education and Training Boards.
- Ensuring security of supply of the professionally qualified clinical workforce
- Assisting the spread of innovation across the NHS to improve quality of care
- Deliver NHS Education Outcome Framework.

Pharmacy

- Modernising Pharmacy Careers
- Fund the regional pharmacy E&T centres & commission
Education Outcomes Framework

1. Excellent education
2. Competent and capable staff
3. Adaptable and flexible workforce
4. NHS values and behaviours
5. Widening participation

Ensure the health workforce has the right skills, behaviours and training, available in the right numbers, to support the delivery of excellent healthcare and health improvement.

Excellent experience for staff (inc. students/trainees) and patients
Effectiveness
Safety

Aim Domains Quality
Modernising Pharmacy Careers (MPC) (HEE Professional Board) 2013-14 agenda

**Work Stream I** – Initial Education and Training
(Initial pre-registration) – previously endorsed by MEE in 2011
Pre-registration integrated into degree (5 year course) = less overseas students as extra paid year

**Work Stream II** – Developing Pharmacy Careers
(Post-registration) Foundation & advancement, E&T, career pathways, support, clinical leadership, clinical-academic pathways.

[Including Technicians as a new profession...]

MPC: Proposals for Career Pathways and post-registration development

1. Foundation years development and embedding professionalism in early years, including the technician workforce.

2. The adoption of national cross sector frameworks:
   • Developing a flexible and adaptable workforce;
   • GLF and ACLF as national structures with the RPS as the professional steward

www.codeg.org
MPC Proposals for Career Pathways and post-registration development

3. Developing the workforce to deliver medicines optimisation and enhancing the skills of the pharmacy team in the delivery of public health messages.

4. National workforce planning for specialist technical areas;
   - QPs, radiopharmacy, QA...

This via national E&T commissioning – to ensure science and innovation remain central to pharmacy and medicines.
MPC: Proposals for Career Pathways and post-registration development

5. Developing professional and clinical leadership and supporting innovation.
   ACLF use across sectors and specialities.
   Enhanced training focus; enhanced leadership focus.

   Partnerships,
   new models,
   innovation.
RPS Faculty
Aspiring to Excellence in Pharmacy
RPS Professional Recognition Programme
Launches June 2013
Level of knowledge, skills, experience attained over time

Day 1 Outcomes, foundation years

“Advanced” Generalist - broad scope

“Advanced” specialist - narrow scope

CORE – all sectors

Expert practice – sector specific

What’s key is the advancement NOT elitism
Four Components of Education and Development Agenda

- Quality
- Innovation
- Effectiveness
- Delivery
Role of professional bodies

| 1. Explain | Professional Support |
| 2. Engage | Professional Development & advancement |
| 3. Expertise | Leadership and advocacy |

Science and Research

Professional Recognition

Professional Standards

Aspiring to excellence in pharmacy
The place of professional standards and support tools
What our members have told us they want…. 

1. Specialists / partners
2. Industry / science colleagues
3. Academics
4. Teacher practitioners
5. Community
6. Hospital
7. Chief Pharmacists
8. The recent PJ research
9. Employers
10. Employees

- Career pathways & opportunities
- Support at all stages, across all sectors
- Frameworks, portfolios
- Peer reviewed K, S, E, B
- Signposting to courses and development opportunities
- Networks / mentors / access to experts
- Titles / postnominals
RPS Faculty member support: Aspiring to excellence in pharmacy

To support pharmacists from all sectors to develop and advance in their practice and to recognise their progression

- E-Portfolio
- Professional support tools and development frameworks
- Mentoring / access to experts
- Professional guidance, webinars etc
- Knowledge Networks/Network of Networks
- Peer assessment
- Access to tools that identify what I need to know and do at different levels
- Signposting to accredited / endorsed education & training & support
- RPS recognition (through post-nominals)
Recognising what’s worked before

The ACLF covers all elements of practice and provides a useful framework to demonstrate advancement in:

Your area of practice, how you work with others, leadership, management, education and research

We know that it helps build a portfolio that demonstrates advancement and progression, but can also be used to identify where you are in your development

We also know the framework maps to consultant level practice— it works

The ACLF will map to the Faculty stages and form the basis of our e-portfolio

We will ensure they map to all sectors and areas of practice
# Faculty descriptions - stages

<table>
<thead>
<tr>
<th>Faculty Stage</th>
<th>Post nominal</th>
<th>Description</th>
</tr>
</thead>
</table>
| Stage 1       | XXX          | **Stage 1 Faculty Member**  
Either early stages of specialisation, advancement  
OR an established pharmacist in my role, content to be a member of the Faculty and to develop my practice, but not necessarily wanting to progress |
| Stage 2       | YYY          | **Stage 2 Faculty Member**  
I am an expert in an area of practice, experienced.  
I routinely manage complex situations and am a recognised leader locally |
| Stage 3       | ZZZ          | **Fellow of the Faculty** (highest credentialed membership level).  
Aligned to Consultant level practice / high levels in industry and academia. A recognised leader in an area of expertise (often internationally) alongside a breadth of experience and expertise |
Assessments....

I. The Assessment will be an opportunity to see where you are in the development of your portfolio, the development of your practice, the development of YOU

II. It is **NOT** an examination of your level of practice, its an assessment of your stage of development

III. The assessment will comprise **THREE** elements

   a. A portfolio review- will assess your breadth of practice (across the CORE areas of the ACLF- leadership, management, education and research)

   b. A peer assessment- will assess how you build working relationships and work with others

   c. Expert practice assessment- set by peers, to reflect your area of practice
Assessments continued ....

- All RPS members will have access to the Faculty tools, frameworks and support
- Once you have built your portfolio and feel ready for assessment / recognition, you will apply for an assessment
- Assessment will be valid for 5 years
- Outcomes of your assessment will be ratified by the Credentialing Panel who will award you the relevant post nominals
- Awarded post nominal
The RPS Assembly and members

Faculty Board
Leadership role in strategic direction setting and oversight
particular concern for RPS reputation related to quality/rigour and financial management

Professional Credentialing Panel
Stewards of standards/principles for assessment processes/outputs; development, monitoring and ratification of recognition recommendations.
Reports to Faculty Board

Professional Curriculum Panel
Stewardship of curricula/syllabus and alignment of assessments.
Reports to Faculty Board

Professional Accreditation Panel
Stewards of standards/principles for assessment centres, assessors and education and development providers; development, monitoring and accreditation.
Reports to Faculty Board

RPS Faculty Partners – Provider arm of the Faculty:
Drawn from all Faculty Partner GROUPS
Provides Experts; Sets and provides assessments; Reviews overall E&T provision; Standing Working Groups (specialisms), stewards of provision reputation
Pharmacy Education & Hospital Pharmacy

Philip Howard
Chair of Consultant Pharmacist Group
p.howard@leeds.ac.uk