Modernising Pharmacy Careers Programme

Science and Technology

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MPC Programme: Scope

Teaching, learning and assessment, pre and post registration, including continuing professional development, career development and workforce planning for pharmacists, pharmacy technicians and the pharmacy teams, current and future, working in all aspects of practice in England.

Drivers for change

- Demographics – an ageing population making disproportionate use of NHS resources
- Growth in prevalence of long term conditions such as diabetes and heart disease
- Relatively high level of errors at all stages in the use of medicines
- Public health a priority for the government
- Funding restraints – the need to focus on productivity without compromising quality of patient care
- Recognition by pharmacy employers and education providers of the need to co-operate more closely to deliver a pharmacy workforce fit for purpose

Patients & their medicines: no decisions about me without me

Picker Institute (patient survey):
- There has been a decrease in the percentage of people who said they had been given enough information regarding the possible side effects of their medication; 59% said this compared to 61% in 2005; likewise a smaller percentage than in 2005 said they had been given enough information on how to use their medication

Healthcare Commission (2009):
- While... a greater proportion of patients report full involvement in decisions about their care and treatment, this is not reflected when it comes to specifically dealing with medication. There has been no increase in the proportion of people who “definitely” felt involved as much as they wanted to be in decisions about the best medicines for them. This has consistently been around 60% over the last few years

Medicines utilisation in practice

- Medicines still most common therapeutic intervention and biggest expenditure after staff, but, for example:
  - 30 to 50% not taken as intended
  - Literature suggests 4 to 5% of hospital admissions due to preventable adverse effects of medicines
  - Medication errors at unacceptable levels
  - Medicines wastage in primary care: £150m per annum avoidable
  - NHS Atlas of Variation
  - Relatively little effort towards understanding clinical effectiveness of medicines in real practice
  - The importance of the pharmaceutical industry to UK Plc

Policy Context: Public Health

Healthy Lives, Healthy People

- Public Health England – a national public health service
- A return of public health leadership to Local Government
- Professional leadership nationally and locally
- Dedicated resources for public health at national and local levels
- Focus on outcomes and evidence based practice supported by a strong information & intelligence system
Pharmacy

- Community pharmacies: valuable & trusted public health resource e.g. Healthy Living Pharmacies
- Public Health England influence CPCF development through NHSCB
- Local authority health & well-being boards to produce pharmaceutical needs assessment (PNA), alongside JSNA
- Inform pharmaceutical services commissioning by NHSCB & local public health commissioning
- Chief Pharmaceutical Officer to discuss all aspects of pharmacy with the public health community

Improving knowledge & skills in public health

- Science and practice of public health
- The three domains of public health: health protection, health improvement, health and social care quality
- Awareness of the Faculty of Public Health core competences and functions
- Behaviour change – models of consultation

Education policy - England

- 'Equity and Excellence: Liberating the NHS' - White Paper (July 2010) sets out the Government’s proposals for the NHS
- 'Liberating the NHS: Developing the healthcare workforce' (December 2010), sets out proposals to establish a new framework for developing the healthcare workforce
- Employers to have greater autonomy and accountability for planning and developing the workforce
- Greater professional ownership of the quality of education and training
- Education commissioning led locally and nationally by the healthcare providers, through MEE/Health Education England (HEE)
- All providers of healthcare services will pay to meet the costs of education and training.
- 'Students at the Heart of the System' White Paper (June 2011) sets out proposals for a radical reform of higher education.

Who does what

- Set and monitor statutory proficiency and education and training standards: Regulator
- Approve courses, tutors, qualifications leading to registration: Regulator
- Draft a curriculum: Education providers
- Deliver education and training: Education providers
- Accredit, quality assure post-registration courses and qualifications: Professional bodies, trade bodies, unions
- Agree professional development frameworks: Professional bodies, (employers)
- Identify CPD needs: Pharmacists, pharmacy technicians, employers.
- Define job roles: Employers
- Undertake workforce planning: Employers, MEE

MPC work programme

The Modernising Pharmacy Careers programme is focussing on action to deliver its objectives in three major work streams:

- WSI – Education and training (Pre-registration) led by Rob Darracott and Anthony Smith
- WSII – Developing Pharmacy Careers (Post-registration) led by Helen Howe and Keith Wilson
- WSIII – Cross-cutting projects such as Workforce Planning led by Keith Ridge.
Workstream I

A review of current arrangements for pharmacist education and pre-reg training

Aim of the review
- Identify strengths and weaknesses in the current education and pre-registration training as a foundation for enhancing delivery of clinical, leadership, professional and scientific aspects of pharmacy careers
- Determine changes required to ensure that newly registered pharmacists can practise safely and effectively and are appropriately prepared to undertake further post registration development
- Identify emerging options for implementing required changes, together with supporting evidence for any preferred option
- Highlight implications of options for pharmacy education and training in other parts of the UK.

Principles underpinning reform
- A continuous period of formation with registration and graduation at the end of year 5
  Early exposure to practice to support students to make more informed choices about their future careers in pharmacy
  Closer collaboration between higher education institutes (HEIs) and employers to support the initial formation of pharmacists, and to pave the way for their subsequent professional development
  Better integration of the teaching, learning and assessment of science that allows students to contextualise their learning
  Additional teaching and learning in relation to developing clinical decision making e.g. communications skills, case-based learning and clinical skills training.

Five-year MPharm programme
We propose:
- a single five-year period of teaching, learning and assessment leading to graduation and registration
- that universities and employers are jointly responsible for the delivery of a five-year integrated programme, including joint sign-off of completion of training
- that the current 12 month work-based placement should be divided into two major placement periods.

Principles to develop practice placement options
- Total length of time on major practice placement should be not less than at present (52 weeks), though our further discussions have also considered whether two major practice placements need to respect the current academic year timetable, or could partly occupy what are currently the long summer vacations.
- There must be 6 months in patient-facing practice in Year 5 to ensure compliance with European Directive requirements for the registrable qualification.
- The logistics for students, employers and the schools of pharmacy would become unmanageable if more than two major practice placements were introduced
- The placement period in Year 5 should lead directly into registered practice
- Capacity issues mean that, ideally, the two placements for the students at different stages of development should not have substantial crossover within the calendar year.

Placement timing
Our preferred option for dispersed practice placements is a six-month placement at the beginning of year 4 and a six-month placement at the end of year 5 of the five-year programme.
We propose:
- a single application process for the major practice placement(s), with the full involvement of employers locally in the process of selection.
- that pharmacy is integrated into local infrastructures established to manage quality in major practice placements.
- that a 'Pharmacy Dean', be responsible for signing-off satisfactory completion of assessments in the work-based placements and be accountable to the regulator for that function.

We propose:
- that all schools of pharmacy, working with employers adopt the principles of integration and assess the merit in the principle of a spiral curriculum.

We propose:
- that the five-year MPharm programme should be eligible for at least 12 months funding as a clinical subject in addition to the existing funding as a science based subject.
- that there should be an urgent review of the pharmacist academic workforce including opportunities for pharmacists to undertake PhD and post doctoral research, with access to support grants specifically for pharmacists.
- that visits to the pharmaceutical and bio-technology industries, work-shadowing opportunities and visiting industrial lecturers should be included in the curriculum.

Potential impacts of proposals
- Students and graduates – additional fees and students loans, loss of pre-reg salary
- Schools of pharmacy – clinical academic workforce, curriculum redesign, research, international students
- Employers (NHS and non-NHS)
- Regulator
- Careers in academic and research
- Careers in industry
- Devolved administrations

WSI Progress update
- January-March 2011: Meetings with pharmacy organisations. Feedback from discussions used to further refine proposals for reform.
- March 2011: Report with recommendations for reform of pharmacist pre-registration education and training presented to MPC Programme Board.
- April 2011: MEE endorsed submission of the proposals to the Secretary of State (SoS) subject to their implementation being funded in a way that is sustainable, but also at least cost neutral overall across government.
- June 2011: Report and proposals submitted to SoS.
- July 2011: SoS has asked the Department of Health (DH), Department of Business Innovation and Skills (BIS) and the Higher Education Funding Council for England (HEFCE) to consider the cost-effectiveness, affordability and sustainability of the proposals.
- September 2011: Workstream Leads met with SoS to discuss further.
Aim of the Review

To provide advice and recommendations to the MPC Programme Board on developing the registered pharmacy workforce across all fields of practice, to allow patients, the public and the NHS to benefit more completely from the unique contribution that the pharmacy workforce makes to health, well being and patient safety.

Key points to note

- Not just about pharmacists
- Looking at both informal and formal aspects of training, education and learning opportunities - this is about career development as a whole

WSII Objectives

- To map current post registration pharmacy workforce career pathways
- To identify existing models, and future post-registration career development in the wider medical field and health policy, and identify opportunities to apply elements of these to pharmacy
- To review how current post registration formal and informal training, education and learning opportunities/provisions support pharmacy professionals to develop the competence, lifelong learning and leadership skills needed to be effective in delivering services to patients and contribute to innovation and development in the pharmaceutical industry
- To engage stakeholders, obtain a comprehensive evidence base, and build a common understanding, at a strategic level, of needs for post-registration education and training in the future pharmacist and pharmacy technician workforce
- To scope current post registration frameworks, standards and regulations and how these are applied.

Structure of the Review Team

WORKSTREAM II REVIEW TEAM (FOR PHASE 1)

Each sub group is comprised of experts in their field: Responsible for providing their expert advice, feedback and input on their area of specialism. Each sub group will be used in the process of gathering and critically analysing data on post registration career development, and bringing new and existing roles under consideration.

PARTNER GROUP

ACADEMIA GROUP

PHARMACIST GROUP (PATIENT-FACING)

Comprised of MPC Programme Board Members: Responsible for governing the project and reporting to the MPC Programme Board. The MPC Programme Board will be supplemented by representatives from each sub group (as appropriate), to inform discussions.

SCIENTIFIC/TECHNOLOGY GROUP

TECHNICIANS GROUP

PROJECT BOARD TEAM

Roles and Responsibilities: Project Board

- Governing the work, including providing strategic oversight and guidance
- Managing the project risks and issues
- Assuring the quality of outputs of the Review Team
- Reporting to the MPC Programme Management Team and Programme Board on the progress and activity in the workstream

Roles and Responsibilities: Review Team

- Shaping the methodological approach for the Review
- Shaping and providing input on a literature review of post registration career development in other medical professions
- Collecting data through oral and written evidence (including conducting interviews); evidence base for recommendations
- Providing direction and advice to the analytical work being undertaken by the MPC programme team
- Shaping and informing a review of current career development frameworks
- Critically assessing the gathered information
- Providing a recommendations report and written feedback to the MPC Programme Board on post registration training and career development

Roles and Responsibilities: Specialist sub groups

- To provide their expert advice, guidance and input on their area of specialism
- To provide draft sections for reports

Partner Group

- Sense check and feed into the outputs generated by the expert sub groups.
- Assisting the Review Team to contextualise the work (including a national perspective).
Objectives: Sub groups

- To review the major questions for the workstream
- What structures/provision currently enable the pharmacy workforce to develop professionally in your field?
- What are the gaps and constraints and how can we address them?
- How will future policy/health care provision impact professional development within the pharmacy workforce?
- How will the pharmacy workforce be enabled to achieve professional development in the future to meet the needs of patients and the public?

WSII core questions

1. What structures/provision currently enable the pharmacy workforce to develop professionally in your field?
2. What are the gaps and constraints and how can we address them?
3. How will future policy/health care provision impact professional development within the pharmacy workforce?
4. How will the pharmacy workforce be enabled to achieve professional development in the future to meet the needs of patients and the public?

Core questions used to generate content by specialist sub-groups and oral evidence gathering sessions.

WSII Progress update

- January-April 2011: Review Team and Specialist sub-group meetings to generate content using four core questions.
- June – July 2011: Key stakeholder organisations attend oral evidence gathering sessions with Review Team members
- July 2011: Outputs from sub-group meetings and oral evidence sessions collated and reviewed by Workstream Leads to identify themes and gaps
- July 2011: Specification developed for Independent review of competency frameworks. Tender now agreed and detailed arrangements being finalised.
- Summer 2011: Review of data from sub-group discussions and oral evidence sessions has shown gaps we will now address. Focus will be on seeking information from correct groups.
- November/December 2011: Review team and other WSII project groups to discuss draft report; GPNC and stakeholders to consider emerging recommendations.
And the Pharmaceutical Science and Clinical Technical Specialities group?

- Scope was pharmaceutical science and technology in healthcare/industry
- Oral evidence was taken from
  - NHS Pharmaceutical Aseptic Services Group
  - MHRA
  - The Academy of Pharmaceutical Science
- Great input from your colleagues
  - Vision was of an effective use of research and scientific advice to advance policy and public service
- Overlaps with the MSC programme of work for HC Scientists

Emerging headline ideas

- Propose a national lead commissioning function for training
- Opportunities to work together with MSC
- Professional ownership needed of a career pathway for clinical technical staff
- Career path should be integrated with clinical pharmacy and no early specialisation
- Consultant Clinical Technical Specialists too
- QP training needed pre-registration
- Deanery support for network training supporting access to capital intensive sites

Workstream III

Workforce Planning

Pharmacist Workforce Model

WS III progress

- MPC working with Kings College, London to update the 2003/04 pharmacy workforce model
- The model was originally developed on behalf of the Department of Health (DH) and the Devolved Administrations (DAs) by the Royal Pharmaceutical Society of Great Britain (RPSGB).
- Kings College London (KCL) research team tasked with completing validation of the initial assumptions, analysing trends and updating the model for England only.
- A Project Advisory Group (PAG) was established with members from all sectors of pharmacy to provide advice and key data to the KCL research team.
- Project due for completion in early Autumn 2011.
- Updated pharmacist workforce model work will provide a strong foundation for the work of the MPC PB, and the pharmacy components of the work of the Centre for Workforce Intelligence (CfWI).
- The model, and its workforce planning outputs, will provide essential information needed to enable modernisation of the workforce, including, but not limited to, the case for educational change and the link between commissioning and service development.

Contact us

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