Working Group Report on the Modernising Pharmacy Careers Programme Board Workstream 1 proposals 2011

This report outlines the views of the NHS Pharmacy Education and Development Committee on the MPC Programme Board's 2011 proposals for reform of pharmacist education and training[i]. The committee recognises that further proposals and formal consultation are likely to be announced but it is hoped that these comments prove to be helpful and constructive.

Summary

NHS PEDC welcomes the proposals and looks forward to their further development and, in due course, formal consultation. The committee recognises the great opportunities that these proposals provide to transform pharmacists' education and training to meet the needs of patients and health services more generally. It is also recognised that these proposals will require a much greater level of partnership working between stakeholders than has hitherto been the case and that this, in itself, should bring other benefits.

Whilst there are many issues of detail to be discussed and agreed in due course, we have at this stage tried to focus on major issues that the proposed changes could raise. Our thinking has been done in the context of the following key changes.

- Employers (whether or not they are pre-registration placement providers now) currently having little input to undergraduate training but having a major role in the future.
- Universities having little input to pre-registration training currently but in the future being jointly responsible for the whole programme of training and registration.
- Pre-registration trainee pharmacists currently are paid employees. In the future, individuals undertaking statutory period(s) of pre-registration experience will be undergraduate students.
- The current matrix of funders (NHS and private employers, NHS education commissioners, Higher Education Funding Councils, individual students, DH etc) will change leading to a shift in authority/control and responsibility for delivery.

In developing these comments we have made a number of assumptions:

- That all current funding steams will be reinvested in delivering the new programmes e.g. funds deployed by NHS education commissioners for salary and programme support and grants paid to community pharmacy employers.
- That these proposals will be implemented UK wide; NHS PEDC believe that, whilst this is a decision for the respective devolved administrations, it would be desirable if these proposed changes were implemented UK wide.
- That there will be an effective link between workforce planning and the determination of undergraduate numbers.

NHS PEDC believes that continuing to talk about the "pre-registration year" in the context of the proposed new programme is unhelpful and may prevent creative thinking about how the potential benefits of the new approach can be realised. There is a need for stakeholders to adopt new ways of thinking when considering clinical placements.

The key issues for the NHS arising from the introduction of a 5 year integrated programme for pharmacy include

- Ensuring it has the right resources, capacity, capability and culture to deliver
- Agreeing the arrangements and selection for major clinical placements.
- Establishing partnerships and relationships between stakeholders.
- Defining milestones and gateways within the curriculum and dealing with failures to achieve them.
- Roles of "pharmacy dean" which, as a proposed novel development, require greater definition.

Specific comments on the 2011 Proposals

Proposal 1. We propose a single five year period of teaching, learning and assessment leading to graduation and registration.

This is strongly supported.

- This proposal has the potential to deliver better integration and application of science and clinical/pharmacy professionalism, particularly through the short clinical placements in years 1-3, and avoid the current "step change" between academia and clinical practice.
- It helps to address the problem with the current system which tends to "stream" pre-registration trainee pharmacists into individual sectors of the profession.
- It should result in pharmacists who are better able, with communication, empathy and consultation skills, to meet patient needs and expectations.
- A greater degree of consistency in training and assessment across schools and employers may be achieved.

These proposals will have a major impact on students. This will include:

- Managing students in the work place and addressing issues such as:
    - Whistle blowing
    - Patient safety
    - Honorary contracts
    - Professional indemnity
- The impact of the new funding arrangements on fees to be paid, current salary/pension benefits, bursary assistance and the attractiveness of the course compared to competitor healthcare courses.
- Control of undergraduate places and the impact on future employment opportunities.
- Creating a culture that encourages all registered pharmacy professionals to support the trainees' learning experiences in the workplace.

- The criteria for entry to an undergraduate programme with an implicit and mandatory component of professional and clinical practice need to be different to those for a science degree. Selection processes will need to assess attitudes, values and beliefs and the potential for meeting Fitness to Practise requirements. Employers can add considerable value from their involvement with this process. We consider that it is essential to address the following areas in future selection criteria:
    - Professional potential must balance academic potential.
    - Applicants' attitudes and beliefs must be congruent with professional practice and must be tested prior to admission - the patient is priority.
    - Any specific learning difficulties and needs of entrants need to be capable of being addressed in practice as well as in university so that pharmacy students have a realistic chance and the potential to achieve fitness to practise.
    - In order to address the above issues it is likely that all applicants will need to be interviewed as a minimum. Other techniques for student selection as used by other clinical courses should be explored.

Other clinical programmes will have successfully addressed these issues and may provide possible solutions for pharmacy.

Proposal 2. Universities and employers should be jointly responsible for the delivery of a five-year integrated programme, including joint sign-off of completion of training.

This is strongly supported.

- This may be challenging but essential if the potential benefits are to be realised; it should provide reassurance to all stakeholders about the scheme and will help in developing and delivering novel curricula.
- There will need to be absolute clarity about liabilities, accountabilities and responsibilities of the respective partners in these arrangements (HEIs, employers and funders i.e. HEE and LETBs).
- The infrastructures required to achieve this will need to be designed and implemented. This includes building training capacity and developing the work-based education and training infrastructure.
- This will have other spin off benefits to support inter and intra professional learning and work. There are huge opportunities for the existing workforces in academia and practice with the potential to increase the number of clinical academics and develop the practice research agenda.
- We can learn from successful arrangements in place for other professions (e.g. the Model National Partnership Agreement for HEIs and placement providers).

Proposal 3. We propose that the current 12-month work-based placement should be divided into two major placement periods of six months each.

We support the concept of major clinical placements that allow trainees the opportunities to experience team work and service delivery and also foster integration of academia and practice.

- We recognise the need to achieve a logistically pragmatic programme for placement providers and academics but feel that other models may be preferable from an educational perspective. There may be lessons from other professions.
- Implementing this approach may be more complex than the current arrangements.
- Success of the major clinical placements depends on excellent practice based programmes and experience underpinning learning during years 1-3.
- It will require underpinning structures and support together with adequate resources to match the curriculum and assessment required during the major clinical placements. This will link to the accreditation roles of the pharmacy deans.
- The success of these schemes will be enhanced by creating a culture that delivers a positive and professional learning environment. Placement providers should derive kudos; providing placements for students should be professionally rewarding and satisfying. We support the idea that more senior students support their younger colleagues as a means of developing this.
- We suggest that the clinical placements should cover both community and hospital pharmacy practice (see also comments under Proposal 4).

Proposal 4. We propose a single application process for the major practice placement(s), with the full involvement of employers locally in the process of selection.

As a pragmatic solution we support this idea but there are a number of issues to resolve.

- In the future, we presume that placement providers will not be the employers of the learners as the learners will remain undergraduates of their respective universities. Therefore, the current selection criteria used by employers may not be applicable in the future e.g. criteria based on future employment, impact on business or minimum academic levels of achievement
- The arrangements need to be linked to workforce plans and demands that match placements to undergraduate numbers. We feel that at national level, stakeholders (DH, employers, universities and deans) will need to manage and agree undergraduate numbers and clinical placement provision.
- There are a number of possible scenarios for accessing major placements. We have explored the two most obvious ones which are not mutually exclusive:

    1. National Free choice i.e. any student from any university can apply for any placement anywhere in UK.

        - This could be practically challenging given the requirement for shared responsibilities for teaching and assessment.

- There could be variation between universities in assessment/development up to year 3.
- It will require excellent coordination with placement providers, deaneries and universities. Relationships would need to be underpinned by agreements or SLAs that are clear and transparent.

2. Choice is limited for students to those placements agreed or arranged by their university
    - This may be practically simpler.
    - There are significant geographical challenges with current distribution of schools and so couldn't be limited solely to the locality or area of the university.
    - There is less flexibility for students and placement providers.
    - Assessment could be more consistent between placement providers and universities.
    - May facilitate long term relationship building between placement providers and universities that has other spin offs.

At this stage, NHS PEDC feels that more discussion is required. However we would want to ensure that:

- The system will work across country borders, despite any differences in student funding systems.
- The system should not produce "deserts" or "oases" that disadvantage the overall system.
- There would need to be clear information about the available placements for course applicants prior to entry to the undergraduate programme.
- Where possible the system should allow a degree of choice for the students to take account of preferences such as
    - Location
    - The need to manage their costs e.g. choosing placements close to home
    - Type of training base
    - Teaching/non-teaching hospital
    - Generalist/Specialist services e.g. mental health
    - Large/small department/pharmacy
    - Independent/corporate

NHS PEDC has given careful consideration to whether or not students should have a free choice between hospital and community for their major clinical placements. **We have**

concluded that it would preferable for all students to undertake a major placement in each of the two main sectors i.e. one six month placement in hospital and one in community pharmacy. Our rationale for this is based on what we feel could offer the best for the patient and the public and how pharmacists can be equipped to meet the services needs in the future.

We recognise that implementing this will require significant change and a rebalancing of numbers currently trained in hospital and community respectively, together with the redeployment of appropriate levels of resource. This should be modelled in advance to assess the full impact on the system, in operational and patient safety terms, and to estimate the capacity required to deliver a high quality educational intervention. Therefore, as stated earlier it is imperative that existing funding for preregistration training is reinvested in infrastructure to support the placement learning experience.

We see the pharmacy dean playing a pivotal role in facilitating the management of the placements.

Proposal 5. We propose that pharmacy should be integrated into local infrastructure established to manage quality in major practice placements.

- It makes sense for pharmacy structures not to be isolated and to participate in whatever the contemporaneous structures are. There is a lot to learn from other professions who have already addressed many of the issues raised in these proposals.
- There is a need to ensure that the "dean" has the authority, credibility, professional standing, capacity and capability (together with appropriate levers) to do their job in assuring and delivering quality.
- Placement providers will need engaged with, and supportive of, the changes in approach and the implications for them.
- GPhC involvement will be essential.

Proposal 6. We propose that a pharmacy dean should be responsible for signing off satisfactory completion of assessments in work-based placements and should be accountable to the regulator for that function.

We support this concept but more work is required on the detail. There are parallels to the roles of Postgraduate Deans in medical and dental training[1] and suspect that such a role in pharmacy would need to encompass a similarly wide range of responsibilities. Setting up deaneries will require resource and it will be important to balance this with the need to also invest in supporting work-based placements.

- Our comments made under proposal 4 are pertinent.
- The relationship between university, dean and placement provider is crucial:

[1] http://careers.bmj.com/careers/advice/view-article.html?id=20007522

- Are deans based in universities and liaising with employers across a wide patch? or
- Are deans based in a "regional patch" and liaising with a number of universities? This approach would allow pharmacy deans to work with other deanery structures.

- This could work in a number of ways; other professions have experience and much could be leant from evaluating their approaches. Having considered this **we feel that pharmacy deans should be geographically based and develop relationships with local placement providers; they will then need to liaise with whichever universities that they draw students from.** Some current deaneries, whilst having a major focus on medical training, are already working across multi-professional boundaries.

Proposal 7. We propose that all schools of pharmacy working with employers should adopt the principles of integration and assess the merit in the principle of a spiral curriculum.

- We are not best qualified to comment on the spiral curriculum. It is pedagogic issue which needs to be informed by best practice/evidence base and we note that the Institute of Education proposed this approach.
- Integration and joint working is crucial to the success of this programme and so the curriculum should be structured to help deliver that.
  - Shared objectives and responsibilities should be developed between (future potential) employers, placement providers and universities.
  - Employers must be involved in planning the curriculum.
  - There is learning from similar joint work done in diploma programmes.
  - Standardised milestones and gateways will be required around the major clinical placements and GPhC standards for education and training should support this.
  - Relevant professional standards, e.g. those published by the Royal Pharmaceutical Society, should also be observed.
- Further consideration, learning from other professions, should be given to specifying the broad learning outcomes required from the course in overall terms and more specifically within the two major clinical placements (e.g. NMC Guidance on Essential Skills Clusters 2010[ii]). This needs to be addressed imaginatively to allow for the fact that not all students will undertake identical clinical placements.
- There will need to enough capacity within both the academic and practice bases to deliver the teaching and assessment envisaged.

Proposal 8. 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.

We strongly agree that students need to be better prepared for the major practice placements and that the funding of the undergraduate course should reflect the change from a largely traditional laboratory and lecture based programme to one that also includes smaller group teaching, high tech simulations, more practitioner involvement and professional input across the curriculum. This should prepare students in terms of their clinical, patient facing skills as well as their professional approach to practice.

Proposal 9. We propose that there should be opportunities to undertake PhD and postdoctoral research, with access to a scheme to support grants specifically for pharmacists.

We strongly support this.

- This is needed to maintain and improve quality practice research standards; there are obvious links to the recognition of the importance of innovation in improving health and wealth and facilitating the spread of new technology.
- This would stimulate more high quality pharmacy practice research and encourage those in practice to work towards higher degrees perhaps on a part time basis.

We feel that this should start as soon as possible, supported by pump-priming money if necessary, to create the clinical academics needed for the new course to start in the next 3-5 years.

Proposal 10. We propose that visits to the pharmaceutical and biotechnology industries, work-shadowing opportunities and visiting industry lecturers should be included in the curriculum.

We are in broad agreement with this but we have some concerns about the logistics and capacity to deliver this across the UK.

NHS PEDC June 2012

TB/HB July 2012.

Members of working group

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i MPC proposals for reform of pharmacist education and training
http://www.mee.nhs.uk/latest_news/publications/mpc_ws1_proposals.aspx

ii http://standards.nmc-uk.org/PublishedDocuments/Annexe%203%20-%20Essential%20skills%20cluster%20and%20guidance%2020100916.pdf