

Council meeting 7 & 8 October 2008

PUBLIC BUSINESS

FOR NOTING

Research Strategy 2007 – 2011: – Update on progress

Purpose

To provide an update on the initial phase of commissioning completed in 2007/08 to progress the three Research & Development priorities agreed by Council in December 2006 as part of the 2007-2011 Society's Research Strategy.

To provide an update on completion of projects commissioned as part of the 2002-2006 research strategy.

Strategic objective domain

- Recognised as world influencing and world class
- Influencing the development of the pharmacist to play a more inclusive part in healthcare, public health and social care
- An organisation that consistently performs as a regulator, professional representative leader and publisher

Action required

Council is asked to note:

- i. progress made in commissioning the first phase of projects taking forward the second 2007-2011 Research Strategy which focuses on three priority areas:
 - patients, medicines and professionalism in pharmacy
 - patient safety and pharmacy practice
 - social capital, health inequalities and pharmacy, and
 - ii. progress made on completing (publishing and disseminating) projects from the initial 2002-2006 Research Strategy which focussed on three priorities: workforce, education and ethics.
1. **Background**
 - 1.1 The RPSGB Council agreed its first Research Strategy in 2001 with commissioning beginning in 2002. Funding for the emerging research programme was provided through grants to the Pharmacy Practice Research Trust (PPRT) from 2004/05, in order to increase the independence of the research and to take advantage of the charitable status of the Trust in terms of VFM secured in the grant making process.
 - 1.2. A second five year Research Strategy (2007- 2011) was agreed by the Council of RPSGB in December 2006; the strategy is funded with grants from PTECO to the PPRT. The Trustees of the PPRT are therefore responsible for oversight of the ongoing projects from the 2002-2006 strategy, including publication and dissemination and commissioning for the 2007-20011 Strategy. The restricted programme grant

(used to fund projects) is £250K per year and the unrestricted grant used to fund governance and dissemination is £75K per year.

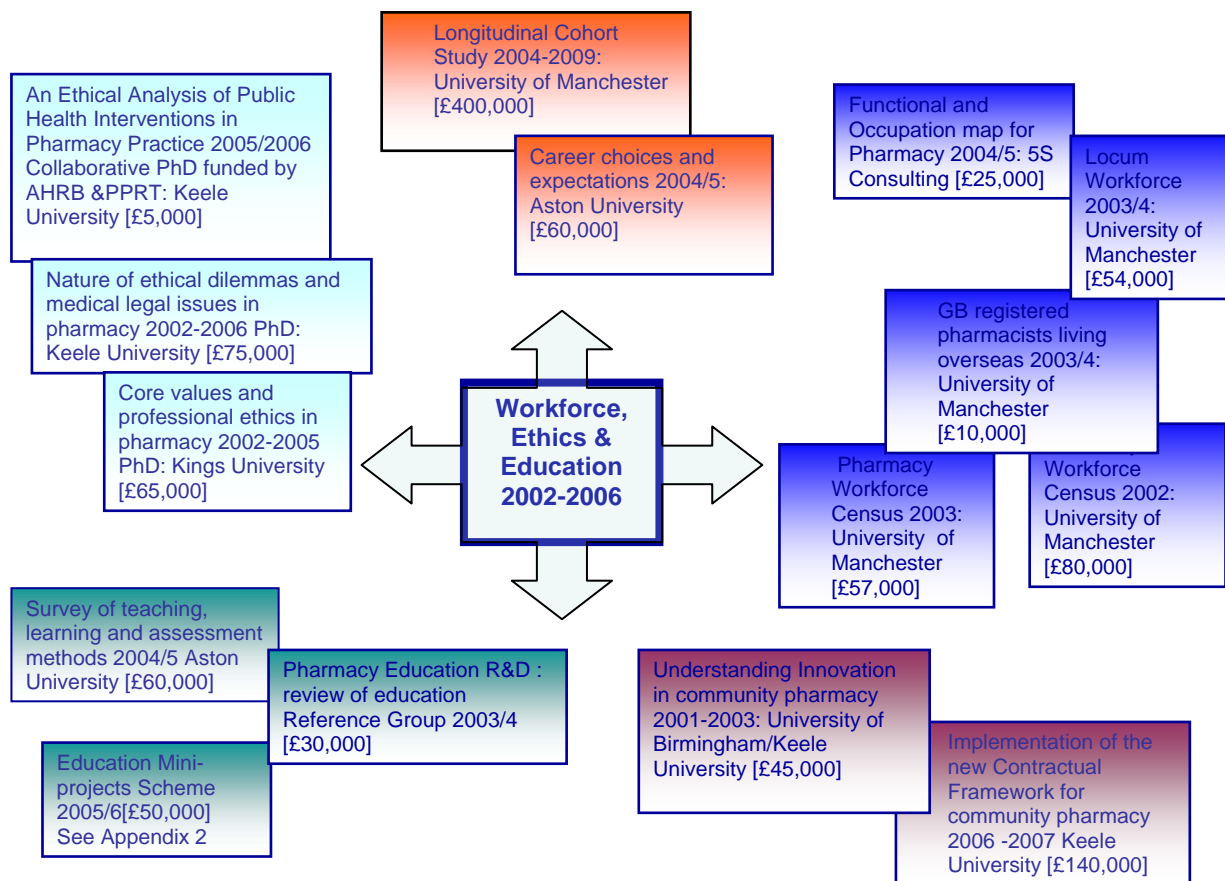
- 1.3 The results from the strategy are intended to inform policy and decisions until 2015 and are therefore important in the context of planning for the new professional body. The research strategy is currently funded through grants from the Pharmaceutical Trust for Education and Charitable Objects (PTECO) to the Pharmacy Practice Research Trust (PPRT)
- 1.4. The 2007-2011 Research Strategy (and the grants from PTECO) are due to be reviewed in 2009 as part of the forward planning for the new professional body. The Trustees produce an annual report which will be submitted to the Trustees of PTECO and to Members of Council as agreed in the grant agreements.
- 1.5 Details of all projects, events and publications produced by the PPRT are available from the PPRT website: www.pprrt.org.uk.
- 1.6 This paper outlines the progress made to date against the agreed 2007 -2011 RPSGB research strategy. The strategy represents the second five year period of addressing strategic priorities of research at the RPSGB.
- 1.7 It sets the scene for a formal review of the research strategy as part of the business planning process for the professional body which will follow the report of the Transitional Committee expected in November 2008. Details of all projects and activities funded with grants from PTECO are provided in the regular Research Bulletins and annual reports produced by the PPRT copies of which are sent to Members of Council and are available on the PPRT website.
- 1.8 It should be noted that, in addition to the projects described below, the PPRT also funds a range of personal awards to pharmacists undertaking research training at Masters and Doctoral level together with small project grants (also available for pharmacists) to support new researchers. It has also launched an e-mentoring scheme this year.

2, Progress with the 2002-2006 programmes

- 2.1 Commissioning under the first strategy was completed by the Trustees in 2006 with award of the final project – “*A national evaluation of the implementation the new contractual framework for community pharmacy*”. Currently two projects are still ongoing; the 2006 graduate cohort study (due to complete in 2009 and the third ethics PhD (funded jointly with the AHRB)¹
- 2.2 The 2002-2006 research strategy focussed on:
 - Workforce
 - Education
 - Ethics

¹ Arts and Humanities Research Board

- 2.3 The projects funded are summarised below. Results have been used to inform, for example, development of the revised Code of Ethics, reviews of the new contractual framework, regulatory impact assessments and the education policy review (Fit for the Future).
- 2.4 All projects commissioned under the 2002-2006 strategy are summarised below. All were delivered on budget and on time. All reports have been delivered and peer reviewed and all have been published.



3. Progress with commissioning under the 2007- 2011 Research Strategy

3.1 Findings from the first commissioned programme and subsequent publications have identified further areas of research that informed the development of the 2007-2011 strategy. Furthermore, the profession and the wider policy context in which it operates has changed considerably over the last 5 years and these have influenced directions for research in areas such as patient choice, patient centred professionalism and inter-professional working and the role of pharmacy in the community and patient care pathways.

Three key themes were prioritised and agreed by Council for the 2007-2011 strategy:

- patients, medicines and professionalism in pharmacy
- patient safety and pharmacy practice
- social capital, health inequalities and pharmacy

These themes form the basis for the restricted programme grant provided by PTECO – see below.

- 3.2 Management and governance of the research was once again awarded to the Pharmacy Practice Research Trust. It was subsequently agreed, following publication by the Department of Health of *Trust, Assurance and Safety; the regulation of healthcare professionals in the 21st century*, and the proposed de merger in 2010 of the Society, that it would not be possible to commit full resources to the five year research programme. As a consequence the Trustees of PTECO were approached to consider funding the research programme and the operational grants under the terms of their objectives.

The grants and the research strategy will be reviewed as part of the business planning for the new professional body and in the light of the Transitional Committee report. The Council of the Society continue to support the Trust through the annual 'Gift in kind'² and the granting of the stewardship of specific funding (Sir Hugh Linstead Fellowship and Galen Award) to the Trust.

4. Implementation of the 2007-2011 RPSGB Research Strategy

- 4.1 To take forward the strategy, the Trust held a stakeholders meeting to identify priorities within the three key areas. The results of this, areas of research identified through the previous published research and research emerging from among other professions, led to a designated programme for the first year of commissioning to take forward priority research areas. Two initial calls for proposals were issued in 2008:

- Professionalism – 3 grants made (totalling £100K)
- Multiprofessional Grants – 1 grant awarded (£80K)

Details of the commissioning process are given in Appendix 1.

4.2 Professionalism

- 4.2.1 Titles of the professionalism projects commissioned are as follows:

- Manchester University should receive up to £40,000 to undertake curriculum mapping of professionalism in undergraduate education.
- The Picker Institute should receive £30,000 to undertake "*Patient centred professionalism in Practice: What helps and hinders newly qualified pharmacists?*"
- Swansea University should receive £30,000 for '*Contextualising patient centred professionalism in pharmacy practice: consulting with patients, professionals and stakeholders*'.

² The Gift in Kind provides staff time, office space and IT support etc. to the PPRT.

- 4.2.2 The Trustees agreed to take forward all three projects with a total financial commitment of £100,000. These three projects, once brought together, will provide a robust overview of professionalism from three different perspectives. The projects were selected on the basis of the inclusion of patients in the research and for their ability to be compared and contrasted with findings from across other professions.
- 4.2.3 The results will inform educationalists, the new regulatory body and the new professional body in terms of helping to develop standards and competencies early in education and throughout early career pathways based directly on patient expectations. The mapping exercise embedded in the Manchester undergraduate study will provide a detailed profile of how professionalism (in all its forms and definitions) is currently taught, learned and assessed at undergraduate level – it provides critical baseline data on which to contextualise the findings from the other two studies.
- 4.2.4. Projects are due to start in September/October 2008 for completion within a 12 to 18 month period.

4.3 *Multiprofessional Practice Grants*

- 4.3.1 The same stakeholder meeting identified the following issues as being central to future development and commissioning of safe and effective pharmacy services; multi-professional working together with the assessment of patient benefit and value for money. The second call for proposals reflected this – details of the commissioning process are provided in Appendix 1.
- 4.3.2 A grant of £80,000 was awarded to Denise Taylor from Bath University for the project '*Evaluating pharmacist provision of clozapine services*'.
- 4.3.3 The Trust anticipate that this will go at least some way to providing empirical evidence in one important and under researched clinical area and it is likely to consider these grants again in 2008. Projects are due to start in September/October 2008 for completion within 21 to 22 month period.

4.4 *Collaborative AHRC/ESRC PhD studentships*

- 4.4.1 As part of its research capacity building, and in light of pharmacists' extended clinical role and integration into mainstream healthcare, there is general agreement that there is an increasing need for pharmacy research to move from a largely science based professional model to one that incorporates social science and philosophy.
- 4.4.2 The research arising from the ethics PhDs undertaken by departments of philosophy under the remit of the 2002 -2006 strategy demonstrated the value of an external perspective of pharmacy practice. Therefore in 2008 the Trust has incorporated within its research programme two annual collaborative partnership grants with the Economic and Social Research Council (ESRC I) and Arts and Humanities Research Council (AHRC) which seek to explore pharmacy practice in the wider context of, for example, law and ethics, social science, health economics, epidemiology and psychology. Details of the process are provided in Appendix 1.

4.4.3 Four applications were short listed by the Trust:

Dr Julie Barnett	Psychology Dept University of Surrey	Pharmacists, patients and the public: meaningful partnerships in public health
Professor Allison Bowes	Dementia Services Development Centre, Dept of Applied Social Science, University of Stirling	Community pharmacists and people with dementia: issues and developments
Dr Helen Pattison	School of Life and Health Sciences Aston University	Over the Counter diagnosis? A mixed methods study of the implications for pharmacy practice of self testing for signs of serious illness.
Professor Andrew Webster	SATSU University of York	Personalised medicine and community pharmacy: understanding the needs of patients and pharmacists in response to innovation.

These applicants will now be working with the Trust staff to develop the project proposals for consideration in 2009. Project funding will be shared with the research councils and support PhD students in 2009/10 academic year.

4.5 Social Capital/ Community Cohesion

4.5.1 The Trustees have begun scoping this area of work and will consider commissioning in 2008/09

5. Conclusions

5.1 The Trustees have commissioned four projects, in total accounting for £180K of new projects, and are making final payments for the 2006 Graduate Cohort study which is due to complete in 2009. Further commissioning will be taken forward in 2009. Steps have been taken to develop collaborative funding for PhD studentships with the AHRC and ESRC, grants to start in 2009/10.

6. Risk implications

6.1 This paper is for noting, any risks arising from the commissioning and grant making activities are borne by the Trustees of PTECO and the PPRT.

7. Action required

Council is asked to note:

- iii. progress made in commissioning the first phase of projects taking forward the second 2007-2011 Research Strategy which focuses on three priority areas:
 - patients, medicines and professionalism in pharmacy
 - patient safety and pharmacy practice
 - social capital, health inequalities and pharmacy, and

- iv. progress made on completing (publishing and disseminating) projects from the initial 2002-2006 Research Strategy which focussed on three priorities: workforce, education and ethics.

Dr. Sue Ambler
Head of Research & Development

Appendix 1**Implementation of the 2007-2011 RPSGB Research Strategy****1. Professionalism**

These included the central notion of 'professionalism' informed by work across professions, notably the report by the working party of the Royal College of Physicians to define the *nature and role of professionalism in modern society*³ which suggests that former concepts of professionalism, such as mastery of a discipline, autonomy, privilege and self regulation should be discarded. Furthermore, others should be reinterpreted in light of changing patient expectations, calls for collaborative working practices and re-entry of the state into healthcare regulation.

Patient expectations of professional behaviour, knowledge and competency can be referred to as 'patient centred professionalism' and the Trustees of the Trust determined that research around this tenet was essential. There is fairly good research and understanding of professionalism in mature and experienced health care professionals but very little knowledge of how professionalism is taught and assessed in undergraduate education.

Accordingly calls for proposals were drafted for these two areas to:

- Evaluate teaching and assessment of professionalism among pharmacy undergraduates
- Evaluate professionalism in Pharmacy Practice among newly registered pharmacists (1-2 years)

Ten applications were received, all of which were subjected to external expert peer review. Interviews were subsequently held in May 2008.

Research proposals were assessed by a panel of experts with academic, educational and interprofessional service backgrounds. Criteria for determining which proposals were funded are shown below:

- Focus on the issues identified in this research brief;
- Scientific quality;
- Clear research questions; sound design and methodology to address these; analytical strategy likely to produce meaningful (and preferably generalisable) results from the data; integrating with and contributing to existing knowledge and theory;
- Where applicable, and in accordance with NIHR guidance, applicants should provide details of public involvement in the project⁴ *.
- Fitness & feasibility;
- The research team is able to carry the project through, with clear project management arrangements and realistic objectives and timings; evidence of a

³ Royal College of Physicians (2005) Doctors in Society: Medical Professionalism in a changing world. Report of a Working Party. London RCP. 13-23

⁴ NIHR Patients and public involvement – available at: <http://www.nihr-ccf.org.uk/site/consumerinvolvement/default.cfm>

suitable research infrastructure with an appropriate mix and seniority of disciplinary expertise and track record. All people named on the bid involved in the conduct of the research;

- Demonstrate value for money / impact; and
- Appropriate resources for the work proposed and with regard to likely impact on policy and practice, related to other research in the field.

* *'Public involvement' means that people are active partners in the research process by, for example, advising on a research project, assisting in the design of a project, or in carrying out the research, rather than being the 'subjects' of research.*

The panel made the following recommendations:

- Manchester University should receive up to £40,000 to undertake curriculum mapping of professionalism in undergraduate education.
- The Picker Institute should receive £30,000 to undertake “Patient centred professionalism in Practice: What helps and hinders newly qualified pharmacists?”.
- Swansea University should receive £30,000 for ‘Contextualising patient centred professionalism in pharmacy practice: consulting with patients, professionals and stakeholders’.

2. Multiprofessional Practice Grants

Implementation of the contract for community pharmacy provides a contractual framework for the delivery of commissioned services⁵. However, it is generally acknowledged that whilst pharmacists are engaging with the contract and services are being commissioned, the long-term future of pharmacy is by no means assured. Whilst the new contract has gone some way to providing the platform for delivery of new services, it is acknowledged that difficulties often arise in actual implementation of new and untried services, notably when there is little evidence on which to see achievable benefits⁶. This very pertinent issue has been stated quite clearly in the recent white paper for pharmacy *'Pharmacy in England - Building on strengths – delivering the future'*⁷.

Improving value for money is a fundamental issue in health policy⁸ and commissioners of services (PCOs and GPs) are charged with securing the best services based on local need that represent value for money whilst juggling many demands on finite budgets. Whilst some researchers have attempted to address these questions for

⁵ Blenkinsopp, A. Bond, C., Celino, G., Inch, J. & Gray, N. (2007) *National Evaluation of the New Community Pharmacy Contract*. Commissioned research funded by the Pharmacy Practice Research Trust.

⁶ Johnson P, Wilstow G, Schulz R & Hardy B (2003) *Interagency and interprofessional collaboration in community care: the interdependence of structures and values*. Journal of Interprofessional Care, 17(1) pp. 69-83.

⁷ Department of Health (April 2008) *Pharmacy in England - Building on strengths – delivering the future*. Available at: <http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf> (accessed 07/05/2008)

⁸ Martin S, Rice N & Smith P (2007) *The link between health care spending and health outcomes*; evidence from English programme budgeting data. Centre for Health Economics, University of York.

health expenditure⁹ very little has been done to address value for money in terms of evaluating innovative service provision delivered by pharmacists.

Finally collaborative practice underpins the delivery of many new healthcare initiatives. Evidence shows that multidisciplinary care in long-term conditions that emphasises compliance, periodic assessment, use of appropriate drugs and attainment of treatment goals could substantially reduce complication rates¹⁰. Indeed central to recent developments in care are calls for the delivery of services collaboratively, particularly in the care of patients with long-term conditions and in the arena of public health¹¹. The research undertaken on the implementation of the CFCP³ further indicates that one of the barriers to implementation has been inter professional relationships between pharmacists and GPs. As the Royal College of Physicians report¹ demonstrates, this is an area of 'professionalism' that is often over looked and should be part of any investigation into this concept.

To accommodate these three pressing requirements for pharmacy, the Trustees therefore agreed a call for proposal and funding for small-medium projects in the following areas:

- Multi-disciplinary service development/evaluation for patients with long-term conditions.
- Multi-disciplinary service development/evaluation in public health.

Applications were requested for projects that included the development of services in partnership (with health and or social care and or local government) and must include a period of evaluation in terms of patient outcomes and economics evaluation. Applicants were recommended to utilise the National Institute for Health and Clinical Excellence's principals for economic evaluations, to enable wider comparisons with other service providers.

Eleven applications of varying quality were received. Identical governance procedures were imparted as with the professionalism grants. All applications were externally peer reviewed. An expert panel made up of economists, pharmacists, academic and other health professionals interviewed short listed applicants in June 2008.

Criteria for determining which proposal is shown below:

- Multi-professional application
- Innovation
- In accordance with NIHR guidance, applicants should provide details of public involvement in the project².
- Clear service development plan and needs assessment (feasibility)

⁹ Bevan G, Airoidi M, Morton Alec Monica Oliveira (2007) *Estimating health and productivity gains in England from selected interventions*, The Health Foundation: QUIP programme, London School of Economics.

¹⁰ Gaede P, Vedel P, Larsen N, Jensen GVH, Gunnar et al (2003) *Multifactorial intervention and cardiovascular disease in patients with type 2 diabetes*, N Eng Journal Med 348,383-93.

¹¹ Department of Health (2007) *Our Health, Our care our say: making it happen, The Third Sector Event report, actions and next steps* available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075491

- Support from local commissioning body
- Clear evaluation strategy, including economic evaluation
- Policy and service relevance
- Focus on the issues identified in this project brief

The interview panel made the following recommendations:

- That the grant of £80,000 be awarded to Denise Taylor from Bath University for the project '*Evaluating pharmacist provision of clozapine services*'.

The Trust hope that this will at least go some way to providing empirical evidence in this clinical area and it is likely to consider these grants again in 2008. Projects are due to start in September/October 2008 for completion within 21 to 22 month period.

3. Collaborative AHRC/ESRC PhD studentships

As part of its research capacity building, and in light of pharmacist's extended clinical role and integration into mainstream healthcare, there is general agreement that there is an increasing need for pharmacy research to move from a largely science based professional model to one that incorporates social science and philosophy. The research arising from the ethics PhDs undertaken by departments of philosophy under the remit of the 2002 -2006 strategy demonstrated the value of an external perspective of pharmacy practice. Therefore in 2008 the Trust has incorporated within its research programme two annual collaborative partnership grants with the ESRC (Economic and Social Research Council) and AHRC (Arts and Humanities Research Council) which seeks to explore pharmacy practice in the wider context of, for example, law and ethics, social science, health economics, epidemiology and psychology.

This initiative was launched in January 2009 with a call for expressions of interest to work up proposals for submission for joint funding with the research councils in 2009.

Nine expressions of interest from separate institutions were received in response to this call for expressions of interest. Four applications were short listed by the Trust:

Dr Julie Barnett	Psychology Dept University of Surrey	Pharmacists, patients and the public: meaningful partnerships in public health
Professor Allison Bowes	Dementia Services Development Centre, Dept of Applied Social Science, University of Stirling	Community pharmacists and people with dementia: issues and developments
Dr Helen Pattison	School of Life and Health Sciences Aston University	Over the Counter diagnosis? A mixed methods study of the implications for pharmacy practice of self testing for signs of serious illness.
Professor Andrew Webster	SATSU University of York	Personalised medicine and community pharmacy: understanding the needs of patients and pharmacists in response to innovation.

These applicants will now be working with the Trust staff to develop the project proposals for consideration in 2009.

4. Social Capital/Community Cohesion

The research strategy and stakeholder event had also highlighted that the Concept of Social Capital. This research is intended to look at the role that community pharmacies play in building healthy communities. The government's agenda to address health inequalities through the delivery of services closer to home affects not only NHS providers but the private sector, such as community pharmacies, and voluntary sector through contracted and support services to local communities. Although Community Pharmacy is an acknowledged provider of public health services through the delivery of advanced and enhanced services, little is currently known about what it provides in terms of general social and welfare advice and therefore how community pharmacies' contribute to the wider determinants of health such as environment and local quality of life.

The outputs of this research should help to inform both the profession in terms of evidence for Practice Based Commissioning of services and implementation of newly contracted services. Specifically it should:

- Contextualise community pharmacy in terms of supporting local communities;
- Provide evidence, through case studies, of Best Practice examples of collaborative working with patients and colleagues and the benefits of playing an active part in local communities;
- Add to the broader evidence base on the outcomes of collaborative working initiatives, particularly with non-health partners in Social Services and Local Government.
- Compliment the research programme to develop the empirical and economic evidence base for pharmacy services

Due to other priorities in 2008 the Trust decided to revisit this research area as part of work programme for 2009/2010.