

## Pharmacy Education Policy – Fit for the Future

### Background

#### 1. Policy context

In the 10 years since the Society led the Pharmacy in a New Age consultation exercise the place of pharmacy at the heart of major areas of health policy is now assured. Recent government strategies in all three countries in Great Britain set out clearly the contribution that pharmacy is expected to make to the delivery of health and health care.

- Waiting times,
- Long term care
- Public health
- Emergency care and out of hours services

The face of our profession is changing as a result – aspects of practice that were identified in Pharmacy in a New Age as aspirational are now enshrined in legislation (prescribing) and areas that were leading edge practice are part of mainstream services funded by the NHS (medicines usage reviews and self-care).

The role of technicians has developed across all sectors. Building on leading edge practice in hospitals many community pharmacists now work with a team of qualified, and soon to be registered professionals, whose practice and level of responsibility and autonomy has changed and will continue to change more rapidly as pharmacists take on additional clinical responsibility.

Pharmacists are taking greater personal and professional responsibility for the clinical care of patients and the health and well being of the public than at any time in the past. Across all areas of the NHS pharmacists are working as fully integrated members of the healthcare team – whilst this may still be on a sessional basis for community pharmacists it is a trend that will develop over the coming years. Professional competence has been re-defined – pharmacists are no longer the prescriber's back stop but frontline professionals in their own right. Their practice and professional judgment will be scrutinised and judged by other members of the team. The trust that colleagues put in the skills and knowledge of pharmacists and technicians must not be mis-placed and the reliance that patients put on their judgment must be fully justified.

Aspects of practice that were nice to have, such as good consultation skills and meticulous record keeping are now crucial – from here on it matters if pharmacists forget to ask questions in a medication review or in dispensing a repeat prescription; or misinterpret body language or miss cues from patients about emerging problems.

Pharmacists may be the only healthcare professional the patient is seeing routinely so it matters if they miss something or handle a clinical situation poorly.

Performance issues as well as conduct cases will populate our fitness to practise landscape in the future, and the S60 Order gives wide powers to define and investigate poor performance. The Law & Ethics Committee is working to develop a new code of

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ethics and performance framework – the education framework needs to deliver within this new context.

We have to make sure that the education pharmacists and technicians receive will deliver not only the knowledge but also the skills, attitudes and values required to deliver high quality, consistent and safe practice across pharmacy. This is not simply a regulatory requirement it is a professional leadership responsibility that the Society has to shoulder – no other body has the powers or the remit to tackle this agenda. Education lies, as it has for 160 years, at the core of the Society's business; it underpins our Register and our workforce.

As the regulator for the pharmacy team and the professional development and leadership body for pharmacists it is the Society that should make sure that, in addition to meeting the criteria for conduct and health, pharmacists and technicians qualify with the knowledge, skills, attitudes and values that will enable them to practise safely and effectively from the day they register. Similarly it is the Society's responsibility to ensure that they have the capacity to maintain and develop higher standards of practice as they gain experience and accumulate expertise through practice, further study and CPD.

### 2. Education policy at the Society

While aspects of our education standards have been reviewed and updated as recently as 2003/04 there has not been a comprehensive and integrated review of education policy since the Nuffield Inquiry in 1985. The time for such a root and branch review of education policy is now due and the Society will lead this process over the next 2/3 years.

The S60 Order will provide us with a comprehensive and integrated legislative framework within which to work. For the first time the Society will have clear and unambiguous powers across all aspects of pharmacy education that will allow us to take a holistic approach to education across the pharmacy team and across individuals' careers. We must support pharmacists to meet the new and higher standards and also prepare new graduates to meet the challenges from their first day on the register.

To make the most of this opportunity to go back to first principles, a staff team has been working with the Education Committee over the past year to shape a policy development programme for 2006 onwards. This programme will provide the foundations not only to transform the pharmacy team, but will underpin the transformation of the pharmacist's role within the wider healthcare team.

There are three key questions that have to be addressed. These are:

- What knowledge, skills, attitudes and values does the workforce need and at what level?
- What needs to be taught, learned and assessed when, where and how and at what level to ensure that the workforce is competent and fit to practise?
- What resource is needed to deliver appropriate teaching, learning and assessment and how should this best be organised?

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In addition to the developmental thinking undertaken with the Education & Registration Directorate and Education Committee, a number of key background reports have been produced during 2005. These include the Future Competencies Project, the Functional & Occupational Map (with Skills for Health) and a Survey of Teaching, Learning and Assessment (funded with a grant to the Pharmacy Practice Research Trust). The project team has an ongoing programme of visits to schools of pharmacy and other training providers and has recently returned from a study tour to Ontario and British Columbia in Canada.

### 3. Outline of the programme

The policy programme is likely to have a number of phases.

- Phase 1: Establishing a consensus around what members of the pharmacy team do and what they therefore need to know, what skills they must acquire and how they need to behave.
- Phase 2: Establishing whether and at what level advanced/specialist registration should be set and writing education standards accordingly.
- Phase 3: Drafting the educational standards and quality assurance frameworks for each aspect of pharmacists and technicians education – these are currently the indicative syllabus and the accreditation framework (for both the MPharm programmes and the supplementary prescribing course), the preregistration performance standards and the examination syllabus.
- Phase 4: Establishing policy in relation to revalidation and its relationship to CPD, including reviewing registration policy, perhaps to define a direct patient care part of the register to allow targeting of revalidation.

The timing of implementation may be dependent on the outcomes of the regulatory reviews being undertaken by the Chief Medical Officer and Andrew Foster, although we could begin with an early consultation to establish what the profession would expect revalidation to achieve and how it might be implemented. Keeping up to date and maintaining high standards of practice did emerge (and were developed as the current CPD programme) in the Pharmacy in a New Age consultation. This is worth revisiting now in the light of the changing roles and responsibilities, but also as we enter the post-Shipman regulatory era.

There will need to be a significant programme of engagement as well as formal consultation with stakeholders – this will be programmed in as a vital, and rate-limiting, step. The project team has already identified a number of “show stoppers” – things (usually resources e.g. academic workforce, infrastructure, assessment methodologies, skills) that are necessary to support implementation. If “show stoppers” cannot be addressed, the programme will have to be re-evaluated.



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Work undertaken in relation to Phases 1 and 2 will also inform the work to develop a Performance Framework as part of the new Fitness to Practise procedures and also the revision to the Code of Ethics – the Education Policy team is and will continue to work with the colleagues in other Directorates to ensure these significant pieces of policy work are co-ordinated. Education, Practice and Law and Ethics Policy Committees will be consulted to continue the integrated approach to policy development across the organisation.

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