

UKCPA key messages for MPC2 evidence gathering session held on Wednesday 15th June 2011

Attended on behalf of UKCPA by Mark Borthwick and Duncan McRobbie

Background to the UK Clinical Pharmacy Association

The UK Clinical Pharmacy Association was founded almost 30 years ago as a practitioner membership organisation. Current membership comprises 2310 with recent year on year growth rate in new members of around 4%. UKCPA is the largest clinical practitioner group in the UK and represents the professional interests of our members in addition to being a key education and training provider for both members and non-members. Last year, excluding our two annual symposia, we provided 414 education and training places through 11 national workshops.

In addition UKCPA provides a governance infrastructure for 18 specialist practice groups encompassing trainee and advanced level practitioners in mainly clinical, patient-facing service environments.

The focus of this UKCPA submission will be on the formalised development of Advanced Practice for Pharmacists in all sectors. This implies, however, that there is a planned and structured process in place for structured early years and foundation development of practitioners from 'Day 1' onwards.

Our key messages:

- Pharmacists entering the profession post-registration do not have all the skills required to practice. We advocate the need for post-registration foundation training for all pharmacists; we see this as crucial and which is supported, in our view, by senior practitioners and managers. Community-based early years also needs structured foundation training in order to meet new service demands. This foundation training should be competency-based and linked with accepted models for other health-care professions. This requirement, in our view, remains essential notwithstanding Work stream I (initial education) reforms recently published.
- Higher level practitioners manage a more complex patient caseload with the aim of achieving the best outcomes possible for patients. Practitioners who are competent at managing these patient groups need to be identifiable. Our members therefore recognise the need for a national system of professional recognition ('credentialing') of advanced levels of practice. This should be a function of a partnership of practitioner groups and the Royal Pharmaceutical Society (RPS) (for clinical and non-clinical environments), quality assured by expert practitioners, and not a regulated process.
- We advocate for the need for structured workforce planning for advanced practice at local, regional and national level. Workforce planning is essential to identify the care needs of the population, use that to determine the workforce required, and to train practitioners to meet those workforce requirements. UKCPA and its sister organisations should work with the professional body in order to feed into the workforce planning being developed by HEE and the Centre for Workforce Intelligence.
- We advocate for a robust evidenced-based practitioner development structure embedded into careers, using evidence-based practitioner development frameworks for practitioner support (for example, GLF and ACLF); we note in addition that a career framework is required to fully realise this vision, and are pleased to contribute to the MPC Work stream II project for this latter.

1. What structures/provisions (both formal and informal) currently enable the pharmacy workforce to develop professionally?

In the managed sector we have a broad range of Agenda for Change matched posts that provide a form of career structure in terms of jobs that increase in banding (& salary) from pre-reg pharmacist to Chief Pharmacist or Consultant Pharmacist.

The vast majority of recently qualified pharmacists in NHS hospitals enrol on postgraduate training courses that lead to certification/academic credits via an HEI. The content of these courses can vary hugely – certainly in the past (see literature) - and has led to some differences post qualification capabilities and progression. Ideally there needs to be a structured, standardised early years (foundation) training programme that is based on competence and performance models, akin to our medical colleagues and applicable to all. However, we believe this should NOT be a regulated function, but professionally aspirational and matched to professional standards of practice and expectations.

There are evidence-based, practitioner development structures (for individuals) available to assist in this early years' development which are oriented towards supporting individual practitioners (these are not career frameworks, but developmental structures). UKCPA advocates (and has always advocated) for the use of evidence-led developmental frameworks* for practitioners, in order to level up expectations and capabilities across the profession. UKCPA data suggests that up to 80% of Band 6 pharmacists in NHS environments across the UK use these evidence-based practitioner development structures.

Some areas have developed local cooperatives to support and advance this foundation training (eg. JPB Collaboration between NHS and HEIs across the SE). UKCPA strongly support the principle of collaborative foundation training providers, as evidence suggests this has impact on early professional development. UKCPA data suggests that around 12-14 HEIs use evidence-based development frameworks as a basis/spine for educational provision at early years post-registration programmes.

**by 'framework', we mean an educationally driven infrastructure that has both educational competencies and 'progression' at its heart. We do not mean a syllabus or a listing of content knowledge and skills akin to learning objectives, nor a regulatory framework.*

For "Post Diploma/Foundation" development, UKCPA advocates (and has always advocated) the generic use of the Advanced Level Framework (ALF) for all practitioners, clinical and non-clinical.

With regard advanced, post-Diploma education and training, a few formal programmes exist in the UK which are for specialist training or for "advanced practice" but not as many as for foundation/Diploma level. There is informal training provided by specialist groups such as UKCPA Masterclasses (see above) which use the ALF to map knowledge and skills acquisition.

The UKCPA, along with (>30) other sister organisations such as BOPA, UKRPG, HIVPA, NPPG, BPNG, CMHP etc., have purposefully entered into formal partnership arrangements with the RPS to advocate and steward advanced level practice. The resulting Professional Curriculum Group (numbering around 33 clinical and non-clinical specialist groups) has co-ordinated the production of specialty specific knowledge and skills curricula, mapped to the generic ALF competencies, for these specialties. Some have developed assessment tools and processes to test the credentialing (professional recognition) capabilities of matching a generic competency framework (ALF) with a structured specialist curriculum e.g. the Critical Care Group and Cardiology Group (see literature). In our view, as an expert practitioner group, this professional standards approach supports advanced practitioner development. The UKCPA views this ongoing, evidence-led work as an essential next step for advancing the profession to meet new expectations and have credibility with medical colleagues and commissioners.

2. What gaps, constraints and barriers exist in enabling the pharmacy workforce to develop professionally and how could these be addressed?

The lack of robust workforce planning at local, regional and national level below total numbers is noted with concern by UKCPA. There are little or no standards for capacity planning for staff. i.e. how many patients a pharmacist or technician within a specialty can manage. See our advocacy, outlined above.

There is no formalised career structure across the pharmacy sectors. Consistency across the pharmacy workforce is a major issue. Pharmacists with the same competencies are working at different Band levels, with some practitioners working at levels beyond their competencies, and some who are competent to work at a higher Band. We view some of the 'Clinical Pharmacy' post-registration diplomas as too specialist, too early; we advocate for the post-registration development of a more rounded generalist hospital pharmacist in early career years, and by extension, in the community sector.

There are limited support structures to aid the development of advanced practitioners post-Diploma level (especially at band 8 or above). There are too few formalised courses (see above), but these are NOT mandated as "essential or desirable" in AfC banded posts.

We believe that a peer review process which 'validates', and ensures consistency of competencies across sectors would allow employers to recruit the appropriate qualified pharmacists for the right jobs. This would need to be a national initiative. The current evidence from local initiatives suggests that this vision can be realised by adopting cooperative models.

3. How will future health care provision and relevant sector drivers impact professional development within the pharmacy workforce?

Delivery future pharmaceutical healthcare will be predominantly delivered in primary care, and will be more focused on long term conditions and should be unequivocally be centred on providing medicines expertise. There will be enhanced technology that should improve patient care (for example, variations on electronic prescribing and shared electronic patient care records). Pharmacy must anticipate these changes and develop roles to fulfil **medicines focused roles** to improve patient care. This will include prescribing roles.

UKCPA believe strongly that Advanced practice should be aspirational and professionally recognised, not regulated. Advanced practice is a professional standards issue, for which current national partnerships, by practitioners for practitioners, are beginning to address. This process of recognising levels of advanced practice should be a partnership between the professional body and practitioner experts. The UKCPA would like to see this translate into a working partnership with the Royal Pharmaceutical Society (RPS) and all practitioner groups such as UKCPA and our sister/partner organisations.

In addition, the professional leadership body should, in our view, coordinate, support and provide opportunities and access to enable expert practitioners to be involved in the process, through partnership cooperation.

As mentioned above, specialist groups within and outside of UKCPA have developed, trialled and implemented a model process of recognising advanced level practice, based on the ALCF and specialist curricula. In principle, we believe that the professional recognition process is adaptable to all sectors and environments and will be a necessary professional enabler for the commissioning landscape in health care. Whilst we recognise the value of specialist practice, the key for UKCPA is to advocate for a process of recognising advancement across all clinical practice- specialist and generalist.

We recommend that the generic ACLF is formally built into developing and supporting advanced practice and practitioner development based on the current evidence and best practice supporting this approach.

4. How will the pharmacy workforce achieve professional development in the future to meet the needs of patients and the public?

The principles of professional development and advancement should be competency-driven and based on structured experiences in the workplace. Knowledge and skills can be gained through formal or informal training, but these must be applied in practice, in a structured way, in order to be useful and fulfilling for the practitioner, the employer/commissioner and the patients and public they serve. Competence (and resultant performance and capability) can also be achieved through workplace-based experiential learning. Models which support these imperatives should incorporate evidence-led development frameworks and should be embedded in practice. Take note that we refer here to practitioner support frameworks (using competency-based education and training) which are not to be confused with any (presently non-existent) overarching career frameworks.

Currently, workforce tends to be developed in reaction to emergent local needs, and often there is no strategy at all. The workforce needs to be reviewed nationally as well as locally at all levels. There needs to be a professional approach to setting

standards to plan for capacity for pharmacy. UKCPA endorses the proposals set out in the Workforce Consultation earlier in 2011 about the need for stakeholder engagement with the Profession, CfWI and employers. We recommend a scenario where the establishment of both advanced and Consultant Pharmacist posts are based on local needs together with the appropriate personal qualifications and skills of the candidate. In addition, there should be Consultant pharmacists in each region, and these individuals should have a responsibility to develop networks and provide support and advice to practitioners, across all sectors, to move away from practitioners working in isolation in their locality.

Prepared by Dr Chris Green, Chair and Dr Sarah Carter, General Secretary

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