Meeting our healthcare challenges: educating the future pharmacy team
conference: 10 November 2015
Event report

Overview:
Over 180 delegates, including pharmacy professionals, patients, government representatives, education and training providers, employers and students, came together in central London on 10 November to discuss the future of pharmacy education and training.

The aims of the conference were:

- To bring together a broad and diverse group of people with a stake in pharmacy education and training to discuss the key issues
- To ensure the debate about the future of pharmacy education and training is focussed on the needs and expectations of patients and society now and in the future
- To begin to identify what the future standards for education and training of the pharmacy team will need to achieve
- To identify the barriers and opportunities and what roles we can all play now and in the future

The key issues and themes raised at the conference closely reflect the responses to the GPhC’s discussion paper on the future of education and training of the pharmacy team.

There appeared to be a broad consensus among delegates on the changes needed to pharmacy education and training, including for the GPhC’s proposal that professionalism, communication skills and multi-professional working are essential for all members of the pharmacy team.

Key themes raised by speakers and delegates included:

- **Changing needs of society**: the needs of society are changing, including a growing number of older people with complex needs who often take multiple medications and are seeking to access care closer to home
- **Changing relationship with patients**: patients are partners in their own wellbeing and care and expect to make decisions jointly with health professionals so they can maintain and improve their health
- **Changing roles for pharmacy professionals**: the roles and settings of pharmacy professionals will continue to change as a result of changing relationship with patients and societal needs, although it is difficult to predict the exact ways they will change
• **Changing approaches to initial education and training:** urgent changes are required to the way in which the workforce is trained through increased integration, inter-professional and intra-professional education and training and more patient interaction.

• **Changing approaches to post-qualification education and training:** education and training need to be an ongoing process beyond qualification with clearer pathways for professionals.

### Conference summary:

#### 1. Morning plenary session:

**Nigel Clarke, the Chair of the GPhC,** emphasised the GPhC’s commitment to work collaboratively to develop new standards for the initial education and training of the pharmacy team. He made the case that standards can help to improve quality of pharmacy practice but must be both achievable and affordable.

He shared the [findings of the discussion on the future of education and training of the pharmacy team](#) and said the responses had reinforced our view that the GPhC must proceed with the review of the education standards as a priority.

#### Keynote address:

**Professor Jane Dacre, the President of the Royal College of Physicians,** made a passionate case for the need for integration, collaboration and communication between health professional groups, to remove barriers to integrated care and to help patients to improve their quality of life. She emphasised the need to educate students to deal with the problems of tomorrow rather than the problems of yesterday. And she said regulation can be powerful in improving education and training by setting the parameters and raising the bar.

#### Panel discussion on the changing health landscape, and what this means for the future of pharmacy education:

**Rose Marie Parr, the CPhO for Scotland,** argued there was an increasingly clinical future for pharmacists, and so there needs to be inter-professional learning, an integrated curriculum and career pathways which enable pharmacists to upskill to meet current and future needs. Pharmacy technicians will also take on greater roles, including in managing pharmacies. She added that we need to ensure students are taught the correct values to operate as healthcare professionals.

**Jeremy Taylor, the Chief Executive of National Voices,** highlighted a number of health challenges including ongoing health inequalities and a shortage of resources. Jeremy emphasised that communicating with patients and decision-making should not be considered as separate skills, as patients must be included in decisions about care.

**Professor Peter Kopelman, Principal, St George’s and RPS Faculty Board Chair,** emphasised that we need to bring prevention up the agenda. Pharmacy professionals need to be trained differently to work as part of a wider healthcare team to provide shared care. They therefore need to avoid professional tribalism and learn to work within the wider healthcare team from the start of their education. He also recommended that generalism should be a basis for building specialisms.
Professor Anthony Smith, Vice Provost (Education), University College London, highlighted the need for reform and advised that many of the discussions had been going for a number of years, but that many of the issues still remain the same, such as employers stating that students struggled to apply science to clinical problems.

Professor Wendy Reid, Director of Education & Quality and Medical Director, Health Education England (HEE) emphasised that we need to act now in order to better influence the future, due to the time between entry to education and training and joining the workforce. She added that the greatest challenge for the workforce is also its greatest opportunity - health professionals working more closely together.

2. Morning parallel sessions:

Involving patients and the public in pharmacy education
Lisa Hughes, Strategic Lead at Health Education England (HEE), and Graham Jagger, a member of HEE’s Patient Advisory Forum, explained how the Patient Advisory Forum gave strategic advice to influence HEE’s decisions at a national level. Dr Ruth Edwards, MPharm course lead from Robert Gordon University (RGU), shared RGU experiences of the benefit to trainees and patients of including real service users and simulated scenarios within the MPharm course.

Revolution or evolution; what needs to change in the education and training of the pharmacy team? And can we afford it?
Anne Watson, Assistant Director at NES, Alison Hemsworth, NHS England, and Dr Mat Smith, Cardiff University, led a discussion on the changes needed in education and training. Key areas of emerging consensus included that pharmacy professional training needs to change most critically through increasing the number and quality of opportunities to apply knowledge in settings where future practice will take place. Current structures and funding can however provide barriers to achieving this.

Taking a joined up approach to pre-registration: the role of employers, funders, commissioners and the regulator
Lottie Bain, President of the BPSA, outlined the main challenges for pre-registration training, including the variability in quality of placements and of the support from tutors, and how this impacts on the results of the registration assessment. She suggested poor quality training could actually de-skill trainees.

Dr Ailsa Power from NHS Education for Scotland (NES) explained how NES manages the pre-registration scheme in Scotland, which includes national recruitment and governance arrangements to ensure all trainees receive the same quality of training and support. Dr Sue Ambler of HEE said HEE is working on a new quality assurance framework for pre-registration training for NHS England trainees in the first instance and indicated that due to financial pressures, it may not always be possible that the NHS would be able to fund all pre-registration placements in England.

The future of pharmacy practice: what roles will pharmacy professionals have in the next ten years?
Alpana Mair, Deputy CPhO in Scotland, highlighted the increasing challenges around polypharmacy and said that pharmacy professionals in the future will work with patients to ensure the medicines
they are taking give them the outcomes they want. Rob Darracott, Chief Executive of Pharmacy Voice, predicted that in ten years’ time new technology could have a huge impact on the way pharmacy works for patients. Delegates considered how to maximise the skills of the team as a whole and agreed the public do not understand the full extent of what pharmacy professionals can offer.

3. Afternoon parallel sessions:

Getting the most out of the pharmacy team: optimising skills, maximising potential

APTUK President Tess Fenn argued that pharmacy technicians can play a key role in providing integrated care for patients within the community and set out the many and varied roles that pharmacy technicians already fulfil. Manchester University’s Dr Ellen Schafheutle outlined the findings of research into the roles and skills of pharmacy technicians and argued that clarity was required on the roles and responsibilities of support staff and pharmacy technicians to maximise the effectiveness of the pharmacy team.

Delegates agreed there is a need for ‘intra’ professional learning as different members of the pharmacy team do not always understand each other’s roles and skills. The point was also raised that the role of pharmacy technicians should not be strictly defined as that could limit their roles, but instead the team should be designed around the needs of the patient. Support staff were identified as potential leaders in providing public health advice and interventions.

Keeping up to date throughout a forty year career: how can we meet the challenges of post-registration education and training?

Osama Ammar, Head of Continuing Fitness to Practise (CFTP) at the GPhC, said that CFTP must be a flexible framework based on a common standard, with elements such as peer discussion allowing registrants to reflect openly and honestly about their practice. Professor Jayne Lawrence, Chief Scientist at the RPS, explained that the pharmacy workforce needs to shift to meet the challenges of today and tomorrow, and that the RPS can play a role in providing a career path for pharmacists. Matthew Shaw from CPPE emphasised that all pharmacy practice is changing and there is a need to develop the workforce as a whole and not just new entrants to the profession. Margaret Allen from WCPPE highlighted how learning was changing, with a greater focus on blended learning and experiential learning and on developing a skills base of professionalism, communication and leadership for the whole team.

MPharm as a science degree or a clinical degree: a false dichotomy?

Delegates in this session agreed pharmacists must retain their particular value as experts in medicines and so a firm foundation in science is an essential part of the MPharm. Delegates also agreed that students and trainees need to be given greater opportunities to apply their scientific and clinical knowledge in practice. Professor Ian Bates from UCL argued that exercising judgement is an important part of learning for the pharmacy team. Professor Barrie Kellam highlighted how patients and stakeholders had fed into the development of Nottingham University’s integrated five year degree to give students greater opportunities to apply their learning in practice.

Where do we learn professionalism? Learning it, observing it and showing it?

Theresa Fyffe, Director at the Royal College of Nursing Scotland, Professor John McLachlan, Professor of Medical Education at Durham University and Sandra Hall, Head of Pharmacy Practice at
De Montfort University led a discussion with delegates about how health professionals learn to act professionally. ‘There was lots of discussion and debate about the extent to which professionalism is part of someone’s core values and attributes and the extent to which it is learnt from experience and from role models such as tutors or colleagues. The impact of the culture and environment within which individuals work was also discussed and it was recognised that professionalism can be demonstrated not only by individuals, but also by teams and organisations.

4. Afternoon plenary session:

Panel discussion: A four country view of the future of pharmacy education:

_Rose Marie Parr, CPhO for Scotland, Michele Sehrawat, All Wales Principal Pharmacist, Education and training, Wales Centre for Pharmacy Professional Education, Mark Timoney, CPhO for Northern Ireland and Dr Keith Ridge, CPhO for England_ discussed the future of pharmacy education and agreed that although each country has different approaches to meeting future healthcare challenges, and to education and training, there are shared goals of improving patient care and the expectation that the role of pharmacists would need to develop as a clinical profession.

Key points raised include:

- Both pharmacists and pharmacy technicians will need to take on new roles and responsibilities to meet future health challenges and help patients to receive integrated care
- Initial education and training needs to change to upskill pharmacy professionals for these new roles such as enhanced clinical education and training and improved pre-registration training
- Education and training following qualification also needs to change to ensure pharmacy professionals are continuing to upskill to meet future challenges
- A strong regulator and strong professional bodies for pharmacists and pharmacy technicians are needed to achieve these ambitions
- Resources are limited and there may be changes to funding of education in the future.

Reflections from the day and next steps for the regulator:

_Duncan Rudkin, the Chief Executive of the GPhC_, emphasised that we now need to move forward with pace to make sure the education and training of tomorrow's pharmacy team gives them the skills and abilities to adapt to changing health needs. He added that we cannot predict the future knowledge and skill requirements accurately; much more important is teaching the future workforce to be flexible enough to respond effectively to the unpredictability of changing roles and settings of practice.

He reflected on points made throughout the day about integration:

- of learning and the development of professionalism
- within the pharmacy team
- between pharmacy professionals and the wider health and care workforce.

He said that the GPhC will continue to engage, question and challenge all those with an involvement in pharmacy education and training while we draft and consult on the standards. This will make sure
the decisions are sound and standards meet the needs of patients and the public.

5. Next steps:

We would like to thank all of the speakers and delegates who participated in the conference. Your contributions will help us to ensure future standards for education and training of the pharmacy team are fit for the future and focused on the needs of patients and the public.

In the coming months we will set out plans for developing and consulting on the standards. We hope everyone involved in pharmacy education and training will continue to take part in developing the standards and shaping the future of pharmacy education and training.