

Tomorrow's pharmacy team – responses to the discussion paper

November 2015

Contents

Section 1: Background and introduction

Section 2: How we engaged

Section 3: Who we heard from

Section 4: What we heard

Section 5: Next steps

Appendix 1: Respondent data

Appendix 2: Organisations that responded to the discussion paper

Appendix 3: The questions we asked

Section 1: Background and introduction

It is clear that NHS and healthcare services are changing. Pharmacy professionals' roles and their contributions to healthcare and public health are growing, and so are the public's expectations. There is every sign that this will continue for many years to come. As roles change, education and training must change too so that pharmacy professionals are able to deal with the new challenges they face. In June 2015 we issued a consultation paper, *Educating the pharmacy team*, asking stakeholders to give us their views on how the education and training of the pharmacy team should evolve to meet those challenges.

The paper took account of the healthcare policies under which we expect pharmacy professionals to be working in the future. It discussed policies for health, pharmacy and pharmacy education in each of the countries of Great Britain and it drew preliminary conclusions about what the policies would mean for the education and training of the pharmacy team.

The paper was the first time we have looked at the education and training of the whole pharmacy team and we wanted to use the paper to get a sense of how the team should be educated and trained – as well as to understand the education and training needs of the individual members of the team.

We wanted to use this paper as an opportunity to check our thinking about the direction pharmacy education should take, and to check whether the conclusions we have drawn are the right ones. If our conclusions are right, it follows that we should base our new education and training standards on them.

This document presents the outcome of the consultation exercise based on the discussion paper.

Section 2: How we engaged

We launched the discussion paper publicly in June 2015 and responses were invited until the 14th August. Most were submitted electronically through Survey Monkey, with a small number submitted by email.

Section 3: Who we heard from

We received 134 responses, including 39 organisations across England, Scotland, and Wales. There were 95 people responding as individuals. Of these, 61 identified themselves as pharmacists, 22 as pharmacy technicians and three people identified themselves as members of the public. There were nine people who identified themselves as 'other'. Individuals and organisations shared their views on the questions asked in the paper.

A detailed breakdown of respondents by pharmacy profession, members of the public, organisation and location can be found in Appendix 1.

Section 4: What we heard

This section sets out the number of responses we received for each question and groups responses based on themes. The responses have helped improve our understanding of how the pharmacy team should be educated and trained. It has also helped us to clarify what we should focus on in the initial education and training requirements for individual members of the team.

There was some repetition in the responses we received, with many of the same themes and issues appearing across different questions. Therefore, some of the themes and issues raised have been reported where they fit best.

The Policy Background: Question 1

Question 1: In this discussion paper we have summarised governments' policies for pharmacy in the future. We think these policies will mean changes to initial education and training standards for the pharmacy team.

Do you think our description of these policies and their impact on pharmacy, and on members of the pharmacy team, is accurate?

Most respondents agreed our description was accurate. Some respondents provided additional comments and we have analysed these and presented them in broad themes below.

Responses	Number of respondents
Agreed (includes those who answered yes or agree)	64
Agreed with additional comments	59
Disagreed (includes those who answered no or disagree)	5
Provided general comments only	4

Patient care and patient safety

We heard that while respondents were generally satisfied with the policy context and its impact as summarised in the discussion paper, some respondents thought we needed to highlight the role of the pharmacy team in improving medicines safety for patients.

“recognising that the pharmacy team are key to improving medicines safety for patients is not highlighted yet it forms one of the three key aspects in ensuring quality (patient safety, clinical effectiveness and patient experience)”. *Royal Pharmaceutical Society*

Pharmacy team roles

We heard that some respondents thought the paper was too focussed on patient facing roles and that we also should highlight the important role played by members of the pharmacy team within different contexts, for example, industry, academia or clinical commissioning.

“There are around 4% pharmacist working in industry. The document place too much emphasis on the patient-facing aspects of pharmacists.” *Pharmacist, England*

We also heard that there should have been greater emphasis on the expanding role of pharmacy technicians.

The workforce

Others highlighted the impact of uncontrolled student numbers and how this may affect the pharmacy workforce.

“We do not believe that the number of students as a whole can be divorced from the quality of training and education. There are impacts in terms of overall funding (per student or per institution, including work placement providers) and in practical terms around teaching, use of facilities and clinical placements that cannot be ignored.” *Walgreens Boots Alliance*

Integration of degree for pharmacists

Some respondents highlighted the proposed changes to the MPharm and the impact this would have on pharmacists. We heard that some were concerned that there was not sufficient evidence to warrant further integration, and how this would impact on employers. Others were more in favour of the integrated approach highlighting the benefits this could bring to students.

“There needs to be a clearer definition of the educational aims and requirements for year 5. It is recognised that there are issues of quality assurance of placements, in particular those based in community pharmacies. Although bringing placements further under HEI auspices may lead to integration of the pre-registration placement(s) and the first four years of study,

further investigation is needed as to whether this is indeed the right way forward, and if so, what this would look like.” *Pharmacy Schools Council*

“more clinical work experience integrated into teaching. would be in favour of integrating the pre-reg year into the 4 yr MPharm degree.” *Student*

The Pharmacy Team: Questions 2 and 3

Question 2: Based on the future policies we have described and the conclusions we have drawn, do you agree that the initial education and training standards for all members of the pharmacy team should cover a common set of skills and abilities:

1. professionalism
2. good communication skills
3. effective working in multi-professional teams?

Most respondents agreed with the common set of skills and abilities that we identified in this question. Some respondents provided additional comments and we have analysed these and presented them in broad themes below.

Responses	Number of respondents
Agreed (includes those who answered yes or agree)	74
Agreed with additional comments	54
Disagreed (includes those who answered no or disagree)	4
Provided general comments only	3

Communication skills

While most respondents agreed with our identification of good communication as a key skill for members of the pharmacy team, some respondents told us that they thought this term required further clarification, especially relating to the inclusion of consultation skills.

“Communication skills including consultation skills are fundamentally important to practice”. *Pharmacist, England*

Some respondents also identified the importance of good communication skills being underpinned by a sound knowledge of medicines.

Professionalism

Respondents mostly agreed that professionalism should be common across the pharmacy team. Many acknowledged the work we had done on consulting about patient centred professionalism, but felt a clearer definition of what we mean by professionalism is needed.

“Professionalism can mean different things to different people, so this would need to be clearly defined in the standards as to what 'skills' this actually relates to.” *Pharmacist, Scotland*

“It will be important to clearly define what professionalism means and how it can be measured.” **Pharmacy Schools Council**

Multi-professional team working

Respondents also told us that they agreed with the idea of skills and abilities to support multi-professional team working, but questioned how relevant this may be to members of the pharmacy team, other than pharmacists and pharmacy technicians.

“it is probably sufficient if this skill/ ability is only core to registered pharmacy professionals, i.e. pharmacists and pharmacy technicians. They are the ones who are likely to work in multi-professional teams, whilst other pharmacy support staff (regardless of sector) are much more likely to work within pharmacy teams, and very much under the supervision and guidance of pharmacists and pharmacy technicians”. *University of Manchester*

We also heard that some respondents thought we should provide a clearer definition of effective multi-professional team working.

“Effective working in teams would also need to be defined as to what this actually means and how this leads to improved patient care”. *Pharmacist, Scotland*

“A definition of multi-professional should also be established. Does this include working with those outside the healthcare world...?” *Pharmacist, England*

Question 3: What else should be common to all roles?

We received 117 responses to this question. We have analysed and grouped these in to the broad themes outlined below.

Skills and behaviours

Respondents identified a broad range of skills and behaviours that they thought should be common to all roles. The most common skills mentioned centred around management and leadership and patient consultation.

Examples of what we heard about leadership and management skills were that it was particularly important for pharmacists as they are the leaders of the pharmacy team and the importance of pharmacists playing a leadership role in the community.

“Whilst dispensary support staff (other than pharmacy technicians) are not "professionals", their training should inculcate "professional" behaviour. They should display a willingness to learn; they should know the difference between what they think they know and what they know they know. But this will only happen if the pharmacist has the necessary professional leadership qualities.” *Pharmacist, Wales*

Respondents also highlighted the importance of consultation skills for all members of the pharmacy team. Examples provided included the importance that all members of the pharmacy have the skills to undertake effective consultation with patients and the public about their treatment and care.

“We believe that principles around patient centred care and outcomes for patient benefit would be useful additions. Key elements of this are the skills and the ability to consult with patients effectively about their care and treatment.” *Celesio UK*

The other most common skills and behaviours identified were:

- Research skills
- Clinical skills
- Decision making skills
- Problem solving skills
- Technology skills
- Being self aware and self critical

Patient centred care

We heard respondents say that patient centred care should also be common to all roles of the pharmacy team. One example highlighted the importance of involving the patient in the

decision making process, while another highlighted taking a patient centred approach to decision making.

“this may be encompassed by professionalism and good communications skill, but an ability to practice 'patient-centred care' needs to be mentioned even if this is by further definition of these 'core skills'”. *Pharmacist, Scotland*

Understanding roles and the wider health policy context

We heard that further clarity around pharmacy team roles was important. Some examples included understanding the boundaries between the different roles to help appreciate what each team member can contribute and more widely, understanding the roles of other healthcare professionals to aid pharmacies contribution to multi-professional team working.

“A good understanding of all pharmacy team members’ roles, skills and competencies will be fundamental to good understanding and appreciating of each other.” *University of Manchester*

Respondents also told us they thought it beneficial for all pharmacy team members to understand the wider health policy context in which they are working to improve integration between health and social care. This included the important role pharmacy is playing in recent government initiatives on public health.

“The RPS suggests the following skills and abilities should be common to all roles... an appreciation of how the whole healthcare system works at entry to the register regardless of sector and scope of practice.” *Royal Pharmaceutical Society*

“A broader understanding of health and social care landscape so care can become truly integrated for patients.” *Healthwatch Bromley and Lewisham*

Scientific knowledge

We heard that respondents thought scientific knowledge should be common to all members of the pharmacy team, with the level of knowledge dependent on their role. Respondents highlighted the importance of pharmacy team members having knowledge of medicines and the science behind their effect on patients.

“An ability to understand the science behind medicines, their effects and safe use is a major part of the work of a pharmacy team. Although this will vary from role to role in terms of the level of expertise, there will need to be some understanding across the team.”
Pharmacy Schools Council

Professional development

We heard that respondents wanted greater emphasis on professional development across all members of the pharmacy team.

“There should also be a focus on continuous improvement and learning.” *Community Pharmacy Scotland*

Some respondents also thought continuing fitness to practise should be extended to all members of the pharmacy team.

Pharmacists: Questions 4 and 5

Question 4: Accepting that pharmacist education is, and must continue to be, broad-based and built on a solid science base, we think that three areas should be developed in the initial education and training standards for pharmacists:

- a. clinical diagnosis and decision-making, building towards prescribing being a core skill rather than an extra area of competence
- b. interpersonal and communication skills, especially communicating with patients
- c. multi-professional team working

Do you agree?

Most respondents agreed with the areas we identified, with a large number provided additional comments in their responses. We have grouped the responses in to broad themes and explored these in further detail below. Many respondents highlighted further skills and abilities that are in addition to the above and these are covered in our analysis of question 5.

Responses	Number of respondents
Agreed (includes those who answered yes or agree)	63
Agreed with additional comments	59
Disagreed (includes those who answered no or disagree)	9
Provided general comments only	2

Two main areas that were highlighted by respondents were around prescribing and the importance of science within pharmacists' education and training.

Prescribing

We received a wide range of views on whether prescribing should be included in the standards for initial education and training of pharmacists. Many respondents told us that they supported pharmacist prescribing in principle, but had reservations about how students and trainees could get sufficient practical experience prior to registration.

“The development of the pharmacist as an independent prescriber will enhance the role of the pharmacist and the contribution that the pharmacist can make to the healthcare team in all care settings... However, opportunities for the wide scope of experiential learning and exposure to evidence-based decision making that would be required to deliver independent

pharmacist prescribers on day 1 of qualification would be challenging to provide via an already packed curriculum.” *Royal Pharmaceutical Society*

Others were not supportive of including prescribing in the undergraduate curriculum, suggesting that it was more suited to registrants once they have had a sufficient number of years in practice.

“We believe that it may be too ambitious to include this in the undergraduate degree course when students will not have had experience of the accountability and responsibility of working in practice.” *Celesio UK*

“Prescribing must be kept as an additional area of competence once a graduate pharmacist is in practice, has sufficient knowledge of practice and preferably undertakes further education such as a clinical diploma.” *Pharmacist, England*

“In addition, prescribing roles exist only where there is a clear clinical need and matching funding streams. Unless there is an explicit expectation that governments will be providing the funding to allow the majority of pharmacists to take on prescribing roles, it may be questionable that much time and funding should be devoted to it within the undergraduate curriculum.” *Walgreens Boots Alliance*

The importance of science

We heard many respondents agree with our emphasis on the importance of not losing the science basis in the initial education and training of pharmacists. Respondents highlighted this as the unique skill that pharmacists can bring to multi-professional teams.

“The continuation of the science base is critical and should not be lost at the expense of developing clinical skills. Scientific understanding is the core of the Pharmacist’s added value to multi-professional decision making.” *NHS Tayside*

“Pharmacists are experts in medicines. Not only should pharmacy be ‘built’ on solid science, solid science should run throughout the initial education and training period and be embedded into practice post-registration as it underlies every clinical decision that is made”. *Royal Pharmaceutical Society*

Question 5: Are there other areas that should be developed?

We asked whether there were any areas that should be further developed in the initial education and training of pharmacists. We received 116 responses.

Skills and behaviours

We heard that there were further skills and behaviours respondents thought important to include in initial education and training for pharmacists. Examples included, management and leadership skills, research skills, decision making skills, and IT skills.

“We believe that leadership is an important attribute for pharmacists. The changing role of the pharmacist in primary care requires them to take on a leadership role in the workplace setting, with colleagues and other healthcare professionals to support patient care.” *Celesio*

UK

Most respondents highlighted management and leadership skills and we heard that there should be a focus on teaching management and leadership skills as the majority of pharmacists will be working in the community setting, running a business and managing a pharmacy team. Leadership skills were also highlighted in relation to pharmacists being able to take a lead in multi-professional teams.

We also heard that decision making skills were important for respondents, particularly with respondents highlighting the importance of pharmacists being able to make decisions based on the best interests of the patient.

“Training in making decisions which are difficult eg those where the letter of the law cannot be followed if patient's well being is to be the prime consideration.” *Pharmacist, Scotland*

We also heard that research skills were important, with respondents highlighting the importance of undertaking research to ensure future innovations and move the profession forwards.

“Critical analysis and research skills should be emphasised. These are core competencies that help give pharmacists credibility within the healthcare professions and enables them to carry out evidence based practice.” *University of Nottingham*

Further knowledge required

We heard that there should be a greater focus on disease prevention and public health. These would help to reduce the need or to complement patients' medicines use, to promote behaviour change in patients.

We also heard that there should be greater focus on technological advances and future or advanced therapies such as pharmacogenomics.

“The personalisation of medicines and genomics is going to be a huge opportunity for pharmacy within this decade.” *Pharmacist, Wales*

Other areas of further knowledge identified by respondents included:

- Healthcare economics
- Physiology

Pharmacy technicians: Question 6

Question 6: Other than the common set of skills and abilities described in question 2, what skills or abilities are fundamental to being a pharmacy technician and should be included in standards for initial education and training?

There were 113 responses to this question. We have grouped the responses in to main themes and have analysed these below.

Skills and behaviours

Many respondents highlighted a number of skills and behaviours they thought should be included in initial education and training of pharmacy technicians. There were also views on the knowledge required and the need for more clarity about their role.

We heard that respondents wanted a focus on leadership and management skills, medicines management, and IT skills. Respondents also highlighted the need for an understanding of technological advances within pharmacy as many technicians will be working with new technology within the workplace.

Respondents also told us that they thought patient communication skills were important, as well as numeracy skills and skills around medicines procurement and supply. Respondents also highlighted the importance of professionalism in pharmacy technician initial education and training.

“pharmacy technicians need to have a fundamental understanding of the role and place of medicines in healthcare and how they are used to benefit patients. The current role of pharmacy technicians, especially in community pharmacy, is around the technical assembly and preparation of medicines for dispensing, but we would expect them to move in to assisting with or providing more clinical services, especially as the automation of dispensing increases.” *Walgreens Boots Alliance*

“I do think there needs to be an emphasis on being able to use the relevant technology required by pharmacy now and in the future. If the pharmacist is going to need to concentrate on a more clinical role, the technician will need to take a greater part in the smooth running of the dispensary process, and they will need the ability to adapt to new ways of working.” *Pharmacist, England*

Many respondents identified medicines management as a skill that should be included in the initial education and training of pharmacy technicians.

“Medicines management roles including assessing patients’ own medicines for use in hospital, ordering medicines for individual patients, documenting accurate medication histories and the wider medicines reconciliation process”. *NHS national services Scotland*

Respondents also highlighted the benefit of these skills to the pharmacist.

“In secondary and tertiary care we utilise pharmacy technicians in medicines management’ roles. These are expanding and allowing pharmacists time for more detailed clinical activity.” *Pharmacist, England*

Respondents also told us about further skills and behaviours they thought we should include in initial education and training of pharmacy technicians.

- Counselling skills
- Dispensing skills
- Numeracy and calculations skills
- Understanding when to refer onwards

Understanding of the pharmacy technician role

We heard that a greater understanding of the pharmacy technician role within the pharmacy team was required. Respondents highlighted the fact that the roles are very different between hospital and community pharmacy technicians and that further clarification is needed to provide a complete list of requirements relevant to the role.

“There needs to be a distinction between the clinical role of pharmacists and the more technical role of pharmacy technicians” *Health Education Kent Surrey Sussex*

However, it was also felt that further clarity could not come about until discussions on supervision rules had reached a conclusion, as this would have a major impact on what pharmacy technicians could do or not do in the future.

“This question depends upon the extent of the changes to supervision and the development of an indicative role-description for Technicians. Until these are known we do not believe that any substantive changes to technician education and training can be made.” *L. Rowland and Co. Retail Ltd.*

We also heard that many respondents thought that final accuracy checking should be built in to the initial education and training standards as a core part of the role. Medicines management was also mentioned as an aspect of the role that could be included in initial education and training.

“APTUK see ACPT becoming a future core role for pharmacy technicians.” *Association of Pharmacy Technicians UK*

“Final accuracy checking of dispensed medicines building towards accredited checking being a core skill rather than an extra area of competence”. *NHS National Services Scotland*

Pharmacy support staff: Questions 7 and 8

We wanted to hear about the skills and abilities that should be covered in the initial education and training of pharmacy support staff.

We had 95 responses to the question on medicines counter assistants and 88 responses to the question about dispensing assistants. We have analysed the responses and grouped them in to broad themes under each role.

Medicines Counter Assistants

Question 7: Other than the common set of skills and abilities described in question 2, what skills or abilities must be covered by the initial education and training of medicines counter assistants?

Skills and behaviours

Many respondents told us about specific skills they wanted covered in the initial education and training of medicines counter assistants. In addition to common set of skills and abilities described in question 2, the main skills identified were customer service skills, and the ability for medicines counter assistants to work within their own limitations.

“MCAs are often currently the first person the patient speaks to in community. In hospitals pharmacy assistants dispense prescriptions and prepare aseptic products. If this role remains in this form the skills of MCAs should include customer service in all settings and professionalism informed with some level of medicines knowledge.” *University of Nottingham*

“being able to communicate well with a range of individuals, knowing when to refer on to pharmacist but also having the skills to deal with a range of queries.” *Pharmacy Technician, Scotland*

“What is crucial is understanding the safe supply of medication for sale and being able to recognise when they need to refer to someone else.” *Pharmacist, Wales*

Some of the other skills and behaviours respondents highlighted as important were:

- Management and leadership
- IT Skills
- Consultation skills
- Clinical governance
- Preparation of medicines
- Being empathic

Knowledge related to the role

We heard that respondents thought that knowledge about medicines (including OTCs), pharmacy law and disease prevention are important in the initial education and training of MCAs. We also heard that respondents saw the role as important to delivering the current public health agenda.

“I also think MCAs need a better understanding of the products they sell and the importance of explaining things clearly - they can make assumptions, we all do and it's sometimes not helpful.” *Pharmacist, England*

“As before, we believe that all members of the pharmacy team must be aware of the special nature of medicines, their place in healthcare and the reasons why medicines sales are restricted and controlled to protect the public. This is especially true for medicines counter assistants who will generally be drawn from a pool of local workers who could be (or may have been) employed in other retail and service businesses. We foresee that members of the pharmacy support team will increasingly take on public health roles, acting as health trainers, coaches or champions. These roles will involve greater communication skills and a broad understanding of the impact of lifestyles and environments on health. Developing skills that support behaviour change and the long-term maintenance of healthy lifestyles will be vital to achieving an engaged population and reducing future pressures on health and social care.” *Walgreens Boots Alliance*

We also heard that knowledge of their role and other roles within the pharmacy team were important.

“Good understanding of the activities [and] tasks that each role (dispensing assistants, pharmacy technicians and pharmacists) can undertake, so they can better assess what their own support needs may be [and] provide support to others”. *Pharmacist, Wales*

Other areas of knowledge respondents highlighted included:

- Social issues
- Principles of stock management
- Physiology and anatomy
- Safeguarding

Dispensing Assistants

Question 8: Other than the common set of skills and abilities described in question 2, what skills or abilities must be covered by the initial education and training of dispensing assistants?

Skills and behaviours

Most responses we received highlighted particular skills and behaviours respondents thought should be included in the initial education and training of dispensing assistants. We heard that the main skills and behaviours respondents thought should be emphasised were IT skills, dispensing skills, including the importance of accurate dispensing. Respondents also highlighted the importance of dispensing assistants understanding their own limitations and the overall importance of practising in a safe way.

Some respondents highlighted that dispensing assistants needed to understand professionalism within the context of their role.

“Understanding where [they] fit into the Pharmacy team as a whole and as such understand the importance, of their role and along with it the responsibility they have. They sometimes don't always think of their role as vocational which with the ever expanding roles they should now look to do and this may help enforce the vital role they too play and the professionalism they too must also show.” *Pharmacy Technician, England*

Other skills and behaviours highlighted by respondents included:

- Leadership and management
- Assembly of medicines
- Interpersonal skills
- Numeracy
- Problem solving
- The ability to challenge

Knowledge related to the role

We heard that knowledge of public health and health improvement, pharmacy law and disease prevention should also be covered in the initial education and training of dispensing assistants.

Examples of how dispensing assistants add value in the areas of public health and health improvement centred around their ability to reduce the need for and complement the use of medicines.

Respondents also thought it was important for dispensing assistants to have a basic knowledge of medicines and their supply.

“Skills and abilities that could be included for consideration in the standards: the safe storage and supply of medicines... types of medicines and their use”. *Royal Pharmaceutical Society*

Other areas highlighted included:

- Further clinical knowledge
- Pharmacy law
- Disease prevention

Greater clarity of the dispensing assistant role

Respondents also told us that they would like greater clarity around the role of the dispensing assistant, particularly in community pharmacy, where differences between dispensing assistant and pharmacy technician roles can become blurred.

“In addition, in community pharmacy, there is currently little difference in practical terms in the activities undertaken by pharmacy technicians and dispensing assistants, despite the different training levels. This is due to a number of factors, not just the requirement of more definition of the role of the pharmacy technician and the outcome of the supervision debate.” *Pharmacy Voice*

“We felt there was a broad definition of this role. The role needs to be defined and then skills set according to job title.” *Health Education Kent Surrey and Sussex*

Barriers: Question 9

Question 9: What barriers might affect the implementation of revised initial education and training standards, either for the team as a whole or members of it?

There were 125 responses to this question. We heard that there were many barriers that respondents thought could affect implementation of initial education and training requirements. We analysed the responses and grouped them by broad themes below.

Funding and resources

Many respondents identified funding and resourcing as a major barrier to implementation of revised standards. Some of the examples they provided were lack of government funding and lack of funding for training, especially for the extra clinical placements. We also heard that implementing higher standards could increase salaries for all members of the pharmacy team and respondents questioned where this money would come from.

“A lack of funding is likely to set the overall limits in terms of the number of pharmacists, pharmacy technicians and other support staff who can or will be trained.” *Walgreens Boots Alliance*

“while it is agreed that funding should not be the primary focus for change, it should be considered in setting the parameters and realities of what can be achieved within undergraduate education. It will be impossible to separate the need for greater funding from calls for more intense, integrated clinical training in a multi-professional format.” *Pharmacy Schools Council*

“initial education and training of the pharmacy team is operating in an extremely challenging financial environment. One of the key barriers to implementation will be funding. More education in the clinical setting and more education of a multi-professional format will inevitably result in increased costs.” *Royal Pharmaceutical Society*

“If we give technicians, in particular, roles carrying a higher weight of responsibility they will expect to be paid more, this must filter down from the top and be reflected in remuneration given for the provision of services that may take the pharmacist out of the dispensary leading to the technician taking a more senior role.” *Pharmacist, Wales*

A further view was that to successfully implement revised standards, there needed to be a change to the way pharmacy was funded.

“Government remuneration for the community pharmacy contract is too low to encourage employers to provide higher salaries for dispensers and MCAs and improve their level of training”. *Pharmacist, England*

“Explore the pharmacy contract for NHS services as it currently stands it is not fit for purpose and needs to change to reflect what we now do and utilise this opportunity to negotiate a better professional model to suit the public health agenda and pharmacists”.
Kalsons Limited

Attitude

We heard that attitude could be a barrier to the implementation of revised standards. Examples provided by respondents included the general fear of change and the resistance of existing staff to support new standards and take on new roles.

“Fear of changing roles and an unwillingness to innovate to deliver pharmacy services that will be required to meet the changing demographics in a stretched healthcare system.”
Association of Pharmacy Technicians UK

“Reluctance of members of the pharmacy team to take on new roles which reflect the revised initial standards.” *NHS Education for Scotland*

We also heard that the attitude of other healthcare professionals could be a barrier to implementing effective multi-professional learning in pharmacy.

“It is key that other healthcare professions are fully involved, engaged and agreed to the changing roles of pharmacists, and that ‘Pharmacy’ plans are developed alongside the wider plans for changes across all the healthcare professions. Little progress will be possible if this is not achieved.” *University of Nottingham*

Time

We heard that we need to consider the amount of time it will take to implement changes and the time it takes to undertake training to meet those standards.

“The time taken to implement the changes may also be a barrier.” *Royal Pharmaceutical Society*

“Changes need time to bed in and be evaluated – we would expect that GPhC would have a long lead in to any further changes for initial education and training standards for pharmacy students.” *Community Pharmacy Scotland*

Infrastructure

We heard that a lack of and development of infrastructure could be a barrier to implementing revised standards. Respondents highlighted the need for infrastructure to

support experiential working in the workplace and the impact that the structural changes may have on community pharmacies.

“Infrastructure to support experiential learning in the workplace will need to be developed, implemented and evaluated”. *NHS Tayside*

“The community pharmacy model relies on the flexibility of a workforce, a significant number of whom are non-registered. If this workforce were to be more rigorously regulated this has the potential to have a significant impact on the day-to-day efficient running of those pharmacies.” *Pharmacy Voice*

Respondents told us they were in favour of multi-professional working but stressed the need to ensure that it was embraced by all education, health and social care providers if it was going to work effectively.

“however the proposed approach to education and training standards would need to be reciprocated across other professions to be truly effective.” *Celesio UK*

“Multi disciplinary team, bring it on! But this needs to be part of all health professional training, otherwise completely pointless! I think GPs are getting better at including pharmacists, but this is where work needs to be done!” *Pharmacist, England*

Initial intake

We heard about how some respondents thought the current recruitment and selection processes for pharmacists, pharmacy technicians and support staff should be improved.

“Lack of standards relating to initial entry into the education process, leading to prioritisation of business cases as opposed to quality”. *UCL School of Pharmacy*

“There is a need to review entry requirements to ensure that we get the right people with the ability to practice at the level required and according to the standards of conduct, ethics and performance”. *Pharmacy Technician, Scotland*

Support for education and training

We heard about the importance of support for education and training within the workplace. Examples highlighted the need to enhance current education and training practices for the pharmacy team, the need to support upskilling of the pharmacy team in line with any new or revised standards and changes to the view that continuing education and training is only the domain of pharmacists and pharmacy technicians.

“Implementation of the standards will be best served by the profession if it operates within a culture that values education and training and views it as the responsibility of the whole pharmacy team. The pharmacy team must be motivated and incentivised to ensure high quality education and training” *Royal Pharmaceutical Society*

“The inability of many pharmacy managers to embed a learning environment in their pharmacy setting and to enable a culture of learning and development where all team members can realise their potential.” *ProPharmace Ltd*

Teaching, training and quality assurance

We heard that teaching and training, and the quality assurance of it, are important in ensuring that any revised standards are implemented effectively. The main examples of barriers identified by respondents were, the availability of suitable staff to train the pharmacy team (particularly medical prescribers for independent prescribing), the lack of consistency between education and training providers, and the quality assurance of training, placement sites and tutors.

“Standardised evaluation of competence and consistency from education providers”. *NHS PEDC UK*

“there is variability in the availability and quality of work based educational supervisors and tutors – there needs to be further support and guidance on these roles, their responsibilities including greater clarity on educational governance. There are also differences in quality of training and the approach taken to the quality management of training – particularly at placement sites.” *Royal Pharmaceutical Society*

Current legislation

We heard that the current legislation around supervision and the responsible pharmacist could impact on the implementation of revised initial education and training especially if it enhances current roles within the pharmacy team.

“The current legislation and regulations for the Responsible Pharmacist and supervision is a barrier to role development.” *NHS Services Scotland*

Motivational factors

Respondents thought that motivational factors could have an impact on how initial education and training requirements could be implemented across the whole pharmacy team.

“The difference in motivation within the pharmacy team. Pharmacists and pharmacy technicians embark on training as a chosen career path. Pharmacy assistant roles tend to be more transient in nature and some view the role as a job so may not have the same level of engagement in training as registered pharmacy staff.” *South West Medicines Information and Training*

Section 5: Next steps

The stakeholder responses to our discussion paper have provided us with clear and helpful views on our proposals for revising education and training standards for the pharmacy team.

Publishing this report and a summary of those responses, will enable us to continue the conversation with stakeholders, including at our pharmacy education conference on 10 November 2015, as we move forward with our work in this area.

Appendix 1: Responses by type

The response data is analysed in the tables below by respondents' profession for example a 'pharmacist', 'pharmacy technician' or 'member of the public' and also by their location.

Responses received from pharmacy professionals and members of the public

We heard from a total of 83 pharmacy professionals. Where respondents identified as 'other' they included a non-pharmacist with 25 years of working in industry and academia, a student and a pre-registration pharmacist. The breakdown of pharmacy professionals and members of the public that responded to the online survey are detailed in the table below.

Pharmacy Professional	Number of respondents
Pharmacist	61
Pharmacy Technician	22
Member of the public	3
Other	9
Total	95

Responses from organisations

We heard from 39 organisations and we provide a full list of those organisations that responded in Appendix 2.

Location of respondents

We received responses to the discussion paper on Tomorrow's pharmacy team from people across England, Scotland and Wales. We received two responses from Northern Ireland and five responses received were categorised as 'other'.

Location of respondents	
England	89
Scotland	24
Wales	12
Northern Ireland	4
Other	5
Total	134

Appendix 2: Organisations that responded to the discussion paper

1. Association of Pharmacy Technicians UK (APTUK)
2. British Pharmaceutical Students' Association (BPSA)
3. Buttercups Training
4. Carers in Bedfordshire
5. Cardiff and Vale UHB
6. Celesio UK
7. Community Pharmacy Scotland
8. Division of Pharmacy, University of Brighton
9. Guild of Healthcare Pharmacists
10. Health Education East Midlands
11. Health Education Kent Surrey and Sussex Pharmacy
12. Health Education Thames Valley Pharmacy
13. Healthwatch Bromley and Lewisham
14. Kalsons Limited
15. L. Rowland and Co. (Retail) Ltd
16. London Pharmacy Education and Training
17. NHS Education for Scotland
18. NHS Fife
19. NHS Greater Glasgow & Clyde Pharmacy
20. NHS National Services Scotland
21. NHS Pharmacy Education and Development Committee (PEDC) UK
22. NHS Tayside
23. Pharmacy Department, Nottingham University Hospitals NHS Trust
24. Pharmacy Education and Training Office
25. Pharmacy Schools Council (PhSC)
26. Pharmacy Voice
27. ProPharmace Ltd
28. Royal Pharmaceutical Society (RPS)
29. South West Medicines Information and Training
30. Strathclyde Institute of Pharmacy and Biomedical Sciences, University of Strathclyde
31. The University of Nottingham
32. Teacher Practitioner Team, Belfast NHS
33. UCL School of Pharmacy
34. University of Lincoln
35. University of Manchester

36. University of Portsmouth, Pharmacy Practice Division, School of Pharmacy and Biomedical Science
37. Walgreens Boots Alliance
38. Wales Centre for Pharmacy Professional Education
39. West Midland Chief Pharmacist Network – Workforce Subgroup

Appendix 3: Educating the pharmacy team – questions

The policy background

Question 1: In this discussion paper we have summarised governments' policies for pharmacy in the future. We think these policies will mean changes to initial education and training standards for the pharmacy team. Do you think our description of these policies and their impact on pharmacy, and on members of the pharmacy team, is accurate?

The pharmacy team

Question 2: Based on the future policies we have described and the conclusions we have drawn, do you agree that the initial education and training standards for all members of the pharmacy team should cover a common set of skills and abilities:

- 1 professionalism
- 2 good communication skills
- 3 effective working in multi-professional teams?

Question 3: What else should be common to all roles?

Pharmacists

Question 4: Accepting that pharmacist education is, and must continue to be, broad-based and built on a solid science base, we think that three areas should be developed in the initial education and training standards for pharmacists:

- 1 clinical diagnosis and decision-making, building towards prescribing being a core skill rather than an extra area of competence
- 2 interpersonal and communication skills, especially communicating with patients
- 3 multi-professional team working

Do you agree?

Question 5: Are there other areas that should be developed?

Pharmacy technicians

Question 6: Other than the common set of skills and abilities described in question 2, what skills or abilities are fundamental to being a pharmacy technician and should be included in standards for initial education and training?

Pharmacy support staff

Question 7: Other than the common set of skills and abilities described in question 2, what skills or abilities must be covered by the initial education and training of medicines counter assistants?

Question 8: Other than the common set of skills and abilities described in question 2, what skills or abilities must be covered by the initial education and training of dispensing assistants?

Barriers

Question 9: What barriers might affect the implementation of revised initial education and training standards, either for the team as a whole or members of it?