

Tomorrow's pharmacy team

Future standards for the initial education
and training of pharmacists, pharmacy
technicians and pharmacy support staff

Foreword

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. This paper is an invitation to stakeholders to give us their views on how the education and training of the pharmacy team should evolve to meet those challenges.

The paper takes account of the healthcare policies under which we expect pharmacy professionals to be working in the future. It discusses policies for health, pharmacy and pharmacy education in each of the countries of Great Britain¹. It also draws preliminary conclusions about what the policies mean for the education and training of the pharmacy team. This is the first time we have looked at the education and training of the whole pharmacy team. We want to use this 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 want 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.

We also need a reality check on our – and pharmacy's – ambitions. We are happy to challenge education and training providers, when that's the right thing to do. The standards we set might, rightly, be stretching. But they need to be achievable and affordable too.

We welcome your views.

Duncan Rudkin, Chief Executive and Registrar
Nigel Clarke, Chair



Nigel Clarke
Chair



Duncan Rudkin
Chief executive and registrar

¹ The General Pharmaceutical Council has statutory responsibility for regulation in England, Scotland and Wales. The Pharmaceutical Society of Northern Ireland is the regulator in Northern Ireland.

Educating the pharmacy team

The General Pharmaceutical Council (GPhC) is committed to protecting, promoting and improving the health and safety of patients and people who use pharmacy services in England, Scotland and Wales. One of the main ways we do this is by setting the standards for the initial education and training (IET) of the pharmacy team.

The policy background

What governments and other stakeholders have told us about health policy

The countries of GB have developed their own visions for healthcare, and these affect how pharmacy will operate in the future. There are differences in emphasis between countries, but we think they all agree on the following priorities:

- 1 the need for disease-prevention initiatives, and direct actions to promote public health and healthy living
- 2 taking care of an ageing population that is living longer and has increasingly complex medical and social issues and needs – this care will take place in hospitals, in people's own homes, in 'homely' settings (such as care homes and sheltered housing) and 'remotely' by using technology
- 3 integrated health and social care delivered by multi-disciplinary teams
- 4 relieving pressure in critical parts of the healthcare system – particularly in accident and emergency departments and in primary care (for example, in doctors' surgeries and medical centres)
- 5 helping all healthcare professionals to reach their full potential so they can play a part in improving health 'outcomes' (which includes recognising healthcare professionals' relative cost and value)
- 6 improving efficiency and controlling costs
- 7 using data, information and information technology to improve the quality, safety, efficiency and effectiveness of healthcare delivery

If these priorities are funded and delivered, they will have implications for education and training across healthcare.

What governments and other stakeholders have told us about the future role of pharmacy and the pharmacy team

As well as developing visions for healthcare, the countries of GB have visions and plans for pharmacy. Again, there are differences in emphasis, but we think all countries agree on:

- 1 using pharmacy in the 'front line' of patient care
- 2 the role of pharmacy in supporting patients to make the most effective and cost-effective use of medicines – this will benefit both patients and society more widely
- 3 using pharmacy to relieve pressure in critical parts of the system, particularly in accident and emergency departments and in primary care (for example, in doctors' surgeries and medical centres)
- 4 using pharmacy to improve public health
- 5 pharmacists taking a leading role in patient care, and not just supporting it, by prescribing treatments
- 6 the need for culture change and changes to the law, so that the best use can be made of the skills of the pharmacy team², bearing in mind safety and quality

If these ideas are delivered on a large scale, the pharmacy team will have to be educated and trained differently to prepare them to work in new ways.

Our thinking about the future approach to preparing members of the pharmacy team for their careers is also being affected by some key changes we see happening, or we expect to happen:

- 1 scientific and technological changes affecting medicines (for example, personalisation and genomics) and the logistics of medicines supply (for example, more use of robotics and the automation of supply processes)
- 2 technological and social changes continuing to affect access to health- and medicines-related information and services, and affect 'customer' attitudes and behaviours
- 3 hard-to-predict changes to the traditional business models in and around pharmacy and pharmacies
- 4 the need for more effective working between healthcare professionals in all settings
- 5 a continuing increase in the pace of all kinds of change. This creates a challenge for educators who have to prepare professionals who can manage themselves safely against that background

² This includes the present 'Rebalancing' initiative

What governments have said about the initial education and training of members of the pharmacy team

What we have learnt about governments' visions for the initial education and training of professionals in the pharmacy team varies from role to role.

Pharmacists: Governments have been clearest about the future role of pharmacists³ and their education and training needs. We think it is reasonable to conclude that initial education and training standards for pharmacists need to equip them to deliver the care we have described above, and to be:

- 1 'patient-centred' clinicians with good interpersonal and communication skills
- 2 able to work in multi-professional teams as a matter of course
- 3 adaptable to working in varied settings, not just traditional pharmacies or hospitals

Existing MPharm degrees do include some first-hand experience of patient-centred care and inter-professional learning. But we do not believe there is enough of either for the degree to play its part in delivering pharmacists fit for the roles described above. We are convinced by the argument that the current MPharm degree and pre-registration training should be brought together so that academic knowledge can be most effectively put into context and developed in professional practice. We recognise that the way in which integration could happen may vary between countries. Helping students to think and act like pharmacists throughout their initial education and training

– so that they can develop and 'grow' into the profession – is a powerful idea which we support⁴.

If anyone believes that 'integrated' education is not in the best interests of future patients and students themselves, we need to know why.

Pharmacy technicians: There is less mention of pharmacy technicians than pharmacists in policy documents. We think this is because there is less agreement about their future role. Even though there is less agreement about the role, we think that to work as effective members of the pharmacy team they should, like pharmacists:

- 1 be able to act professionally in the best interests of patients
- 2 have good communications skills and the ability to work effectively in multi-professional teams

Their initial education and training should equip pharmacy technicians with these skills and abilities.

³ *Pharmacy in England and Prescription for excellence*, in particular

⁴ This is explained well in Guile and Ahamed, *Modernising the pharmacy curriculum* (2009)

Both pharmacists and pharmacy technicians:

There is a basic difference between pharmacists and pharmacy technicians on the one hand and other members of the pharmacy team on the other. Whatever their range of abilities, and level of competence, individual pharmacists and pharmacy technicians are accountable for their own professional practice *because they are regulated professionals*. The education and training implications of this are profound. Their initial education and training must give them the competence to do the kind of things we expect of professionals in all walks of life, including things like:

- using judgement
- being self-aware and self-critical
- managing ambiguity and complexity in an imperfect world
- being resilient in circumstances that are challenging and when there may be no 'right' or easy answer

Pharmacy support staff: Pharmacy support staff play a key role in delivering patient-centred care. Medicines counter assistants (MCAs) are front-line staff who work with patients and other members of the pharmacy team all day. Dispensing assistants (DAs) work in a team under supervision to prepare medicines for patients. Many unregistered pharmacy staff members try to, and do, live up to standards of professionalism in their work. But they are firstly accountable to their employer, who has the legal and ethical responsibility for the impact their work has on patients and the public.

Drawing the threads together

So far we have described how and why pharmacy is changing, and what we have been told – or what we can reasonably conclude – are the consequences for the initial education and training (IET) of the pharmacy team. In summary, we think that the elements of IET that should apply to the whole pharmacy team are:

- 1 professionalism
- 2 good communication skills
- 3 being able to work in multi-professional teams

As well as covering these skills and abilities, the education and training standards for each member of the team should be based on the more specific requirements of each role.

⁵ We set IET standards for pharmacy support staff but we do not regulate them directly.

Next steps

The way forward

We have drawn some initial conclusions in this paper, which we need to test. If we are correct in our conclusions, it follows that we must set initial education and training standards based on them. If our conclusions are incorrect, we need to be told so that we can rethink our approach. Confirming, rejecting or changing our initial conclusions will be an important outcome of this discussion.

If our conclusions are correct, but there are barriers to implementing new initial education and training standards that we think are the right ones, we need to know what these barriers are.

A review of the standards for initial education and training

Our standards review begins with this discussion paper⁶. We will consult on draft standards in 2016 and publish revised standards in 2017.

The current versions of standards for initial education and training will stay in force until revised versions are agreed by our council.

⁶ Apart from some preliminary drafting of learning outcomes for the IET of pharmacists in 2013, which we will be consulting on at a later date as part of this process.

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?

Letting us know your views

We want to hear from the public, patients and our pharmacy stakeholders such as pharmacists, pharmacy technicians, pharmacy support staff, pharmacist students and pre-registration trainees, pre-registration trainee pharmacy technicians and pharmacy education professionals.

We welcome your views on any of the issues covered by this paper.

Next steps

Your responses to this document will help us decide on the essential features of initial education and training courses for the pharmacy team and its members. This will, in turn, help us draft revised standards. We will carry out a public consultation on these at a later date.

Tell us your views by going to www.pharmacyregulation.org/educationstandards and responding by **14 August 2015**.

You can also join the discussion on Twitter using **#pharmed**

References

1 National health policy

2020 vision for health and social care
(NHS Scotland/Scottish Government, 2011)

NHS England 5-year forward view
(NHS England, 2014)

Together for health (Welsh Government, 2011)

2 National pharmacy policy

Now or never, shaping pharmacy for the future
(Royal Pharmaceutical Society, 2013)

Pharmacy in England, building on strengths, delivering the future
(Department of Health, England, 2008)

Prescription for excellence, a vision and action plan for the right pharmaceutical care through integrated partnerships and innovation
(Scottish Government, 2013)

Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board
(Department of Health, 2014, www.gov.uk)

3 Initial education and training standards

Future pharmacists, standards for the initial education and training of pharmacists
(GPhC, 2011)

Pharmacist independent prescribing – Learning outcomes and indicative content
(GPhC, 2010)

Policy on minimum training requirements for dispensing / pharmacy assistants and medicines counter assistants
(GPhC, 2011)

Standards for the initial education and training of pharmacy technicians
(GPhC, 2010)

4 Other documents

GPhC Registrant Survey 2013
(www.pharmacyregulation.org/registrant-survey-2013)

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