NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

Pharmacy in NHS Education for Scotland - An Update and Future Direction

2. **Author(s) of Paper**

Rose Marie Parr, Director of NES Pharmacy

3. **Purpose of Paper**

To inform the NES Board members of the opportunities and challenges for the Pharmacy Profession in NHS Scotland.

To engage Board members in key issues for the future strategic direction of pharmacy education within NES in the context of current NHS policy for future pharmaceutical care in Scotland.

4. **Key Issues**

To ensure that NES Pharmacy priorities for the education and training of pharmacists and pharmacy support staff remain aligned with changing service needs in NHS Scotland.

5. **Educational Implications**

The ongoing and sustainable educational for the Pharmacy profession in Scotland, in collaboration with other health and social care professions.

Pharmaceutical Care to support the contribution to the Scottish Governments ‘20: 20’ Vision for the NHS in Scotland, the priorities of the territorial Health Boards and patient safety, experience and outcomes.

6. **Financial Implications**

Continued financial investment in NES Pharmacy educational activities.
7. **Which NES Strategic Objective(s) does this align to?**

The NES Pharmacy Directorate is aligned with the NES Strategic Framework.

The NES Strategic Themes it aligns to are:
- Education to create an excellent workforce
- Improving quality
- Reshaping the NHS workforce
- Developing innovative educational infrastructure.

8. **Impact on the Quality Ambitions**

Pharmaceutical Care contributes to all of the areas of the Quality Ambitions, including patient safety, person-centeredness and effectiveness.

9. **Key Risks and Proposals to Mitigate the Risks**

A systematic process of risk assessment and management underpins the development of all areas of the NES Pharmacy Programme.

10. **Equality and Diversity Impact Assessment**

    *Please select one of the boxes*

    - Impact Assessment is not required at this stage because:

    - Equality and Diversity Impact Assessment has been planned (briefly summarise your arrangements for undertaking the EQIA):

    - Rapid Impact Assessment completed*

    - Full Impact Assessment completed*

* Copies of Impact Assessments can be provided upon request. The results of Impact Assessments are summarised in the main paper. Advice on Equality Impact Assessment is available on the intranet at http://intranet.nes.scot.nhs.uk/pfpi/impactassessment/ or from the Equality and Diversity Adviser (kristi.long@nes.scot.nhs.uk or 0131 313 8097).
11. **Communications Plan**

A Communications Plan has been produced and a copy sent to the Head of Communications for information and retention:

Yes [ ] No [ ]

A Communications Plan format template is available in the ‘Meetings’ and ‘Communications’ sections of the NES Intranet.

12. **Recommendation(s) for Decision**

Board members are invited to note progress with the NES Pharmacy educational activities to date and are invited to endorse the general strategic direction and approach to support quality Pharmaceutical Care for patients in NHS Scotland.

In addition, the paper also provides the NES Board with an update on progress with the PRPS scheme and the associated additional educational opportunities for the pharmaceutical service in NHS Scotland. The NES Board are asked to comment on any aspect of the PRPS as it currently operates within NES and the potential future proposal around trainee employee arrangements.

NES
RMP
January 2012
1. **Title of Paper**

Pharmacy in NHS Education for Scotland – An Update and Future Direction

2. **Introduction**

The purpose of this paper is to inform the NES Board members of the opportunities and challenges for the Pharmacy Profession in NHS Scotland and to engage Board members in key issues for the future strategic direction of pharmacy education within NES.

3. **Background**

The NHS in Scotland spends in excess of £1.3 billion pounds annually on medicines for both community and hospital prescribing; of which around £1 billion represents GP prescribing. The pattern of growth of the annual drugs bill and the current economic climate means that this budget is under considerable financial pressure. Pharmacists and pharmacy technicians are central to delivering the SGHD Quality Agenda in relation to Pharmaceutical Care and medicines management.

Medicines are one of the most common healthcare interventions. On average, an estimated 600,000 people visit a community pharmacy every day in Scotland, and in hospital 97% of patients are taking medicines with 82% taking four or more preparations. Not surprisingly, medicines related incidents are central to the patient safety agenda and a recent General Medical Council (GMC) study shows that there are errors on 9% of all prescriptions written by junior doctors in hospitals. This GMC report also identifies that pharmacy staff are the main safeguard which prevents these errors reaching patients. It is also recognised that one of the greatest risks to patients in relation to their medicines is at the point of transfer of care, and the quality and patient safety programme in Scotland have a number of areas of activity around medicines reconciliation to help minimise these risks. Some further areas of concern around medicines include patient compliance, polypharmacy, medicine related hospital admissions, the complex patient journey and wastage of medicines.

It is because of the recognised need to help patients get the most benefit from their medicines and to minimise the associated risks that the practice of pharmaceutical care has become more important. Pharmaceutical care reflects a systematic approach ensures that the patient gets the right medicines, in the right dose, at the right time and for the right reasons. It is about a patient-centred partnership approach with the team accepting responsibility for ensuring that the patient’s medicines are as effective as possible and as safe as possible. This is done by identifying, resolving and preventing medicine-related problems so the patient understands and gets the desired therapeutic goal for each medical condition being treated.

Pharmacists have a wide knowledge in the science and use of medicines and have a key role to play in improving patient care and in ensuring health gain wherever medicines are used. Community pharmacists are often patients’ first point of contact, and for some their only contact, with a healthcare professional. This creates a unique opportunity to improve the gateways for signposting, accessing and providing services and information on health and health issues to a broad spectrum of the population. This includes the most vulnerable in our communities: older people, people with mental health problems, homeless people and drug misusers.
4. Policy Context and Pharmacy

The inaugural Government Strategy for Pharmacy in February 2002; *The Right Medicine: A Strategy for Pharmaceutical Care in Scotland* outlined the then Scottish Executive’s commitment to work with the Pharmacy profession to improve the public’s health, provide better access to care, deliver better quality services for patients, users and carers and develop the pharmacy profession.

The Smoking, Health and Social Care (Scotland) Act 2005, enabled the introduction of a new community pharmacy contract for Pharmaceutical Care Services (PCS). This places a duty on Health Boards to secure the provisions of Pharmaceutical care and requires Boards to produce and maintain a Pharmaceutical Care Plan.

A new community pharmacy contract in Scotland was introduced in April 2006. The contract is based on four core services: a minor ailment service (MAS), a public health service (PHS), an acute medication service (AMS), and a chronic medication service (CMS). The focus of the community pharmacy contract is the provision of pharmaceutical care. It moves away from dependence on payment to community contractors by volume of prescriptions, with two of the core services to be funded on a capitation basis, following patient registration.

The contribution of community pharmacists to improving the quality, safety and effectiveness of the pharmaceutical care of patients with long term conditions is recognised through the phased introduction of the Chronic Medication Service (CMS) element of the community pharmacy contract. CMS encourages joint working between GPs, community pharmacists and patients to ensure the most effective and efficient use of prescribed medicines. Approximately 80% of all GP prescriptions in primary care are for the treatment of long term conditions. Older people are the highest users of prescribed medicines for long term conditions and therefore will represent a significant aspect of CMS.

One core element of the underpinning framework for CMS is the e-Pharmacy Programme which electronically links GPs, community pharmacists and Practitioner Services Division (PSD). It supports the electronic transfer of prescriptions including serial prescriptions. An electronic web based Pharmacy Care Record (PCR) has been developed to help pharmacists prioritise those patients most at risk from problems with their medication and to record the issues, actions and outcomes in a patient specific pharmaceutical care plan.

Remuneration for CMS is in the process of a phased transition from a fee per prescription item basis to a weighted capitation model. This removes any perverse incentive to increase the volume of dispensing. The registration, assessment and care planning elements of CMS are now being undertaken by all pharmacists in Scotland. The serial prescribing and dispensing elements, which facilitate shared care between GPs and community pharmacists, are currently being taken forward by NHS Boards through an early adopter phase. As part of the Primary Care Quality Strategy, two additional specific areas of CMS are being introduced in 2012. One aims to address early engagement with patients on newly prescribed medicine to increase patient compliance and to support patients on high risk medicines, the other aims to improve the medicines reconciliation process which forms part of the Scottish Patient Safety Programme.
In addition to the changes through the community pharmacy contract the Scottish Government has also recently announced a Review of the Role of Pharmacists. The role which pharmacists play in contributing to the healthcare of patients in the community is to be reviewed as a further step towards enhancing their involvement in primary healthcare. The Review will aim to enhance the role of pharmacists and encourage closer working with GPs and other community based services. It will examine the arrangements for providing NHS pharmaceutical services, their fitness for purpose, including novel concepts such as the evaluation of group pharmacy practice and specialisation, and their long term sustainability. It will take evidence on areas such as:

- The provision of direct, personalised patient care such as services for the management of long term conditions including diabetes and asthma, and minor ailments to ensure patients get the best possible results from their treatment
- The planning, designing and arrangements for the provision of NHS pharmaceutical care to ensure they are fit for purpose and target national priorities, as well as local need
- How to make the best possible use of available resources, particularly in relation to the efficient and effective use of pharmacists’ contribution to the safe and optimal use of medicines
- The pharmaceutical care needs of residents in care homes and how best these should be met
- The effective use of technology such as dispensing robots to give pharmacists more time to spend with patients and other healthcare professionals
- The infrastructure needed to deliver pharmaceutical care fit for the 21st century
- The education, training and continued professional development of pharmacists so that it remains relevant to providing modern NHS services
- Integrated working between hospital and primary care pharmacists.

The review will take evidence from a wide range of stakeholders, including patient groups, the medical and pharmaceutical professions and their regulatory bodies, contractor representatives and those working in social care. The findings and recommendations are expected to be published in Autumn 2012. The Review will help shape the Scottish Government's programme for pharmaceutical care and medicines in Scotland during the next five years and help contribute to the governments '2020' Vision; in that; ‘by 2020, everyone is able to live longer healthier lives at home, or in a homely setting.’

5. Pharmacy Regulation

In 2007, the Government’s White Paper on the future of healthcare professional regulation, Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century, set out the intention to form a new regulator for pharmacy. The General Pharmaceutical Council (GPhC) became operational on 27 September 2010 and is responsible for the independent regulation of over 60,000 pharmacists, pharmacy technicians and pharmacy premises in England, Scotland and Wales. Prior to this, regulation was the responsibility of the Royal Pharmaceutical Society of Great Britain (RPSGB). The remit of the GPhC is to protect, promote and maintain the health, safety and wellbeing of patients, the public and of all those who use
pharmaceutical services. The role of the GPhC is prescribed under the Pharmacy Order 2010, and other legislation, such as the Medicines Act.

The GPhC publishes standards for education and training, conduct, ethics and performance and Continuing Professional Development (CPD). It monitors the mandatory CPD requirements for all pharmacists and pharmacy technicians and amongst its regulatory functions, the GPhC is also responsible for quality assuring Pre-registration training and subsequent registration as a Pharmacist. At present, the Pre-registration programme is composed of an accredited 52-week training programme and a final Registration Examination.

The Pharmacy workforce is large with over 43,000 pharmacists and 20,500 pharmacy technicians registered with the GPhC across GB. There is also a large workforce of qualified (but unregistered) pharmacy assistants. In Scotland, at present, there are 4,240 pharmacists and 1,673 pharmacy technicians registered with the GPhC and 170 NES pre-registration trainee placements.

6. **Pharmacy in NHS Education for Scotland**

Previously established as the Scottish Centre for Post Qualification Pharmaceutical Education (SCPPE) in 1989, the Post Qualification Education Board (PQEB) for NHS Pharmacists in Scotland was one of the founder organisations to coalesce to form the special health board, NHS Education for Scotland on 1st April 2002.

NES Pharmacy fulfils a national function, commissioning and providing appropriate post qualification education and training programmes for almost 5,800 community and hospital pharmacists and pharmacy technicians throughout Scotland.

Within the Pharmacy profession, NES is considered to be the National Centre for Education and Training for pharmacists and pharmacy technicians across Scotland. Much of the educational provision is developed and shared with partner Pharmacy CE Centres in other parts of the United Kingdom. This provides a benchmark for consistency and quality of education across Centres, as well as the opportunity to share educational resources, improvement methodology and implementation in educational developments. However, devolution and the subsequent differences of approach that have evolved in health policies, health service redesign and in particular, the community pharmacy contract, have meant that a large proportion of bespoke education and training for the pharmacy workforce in NHS Scotland needs to be designed and delivered specifically for that purpose. Effective communication with all stakeholders is therefore of the utmost importance in a time of much change for the pharmacy profession, and thus, the way in which NES Pharmacy educationally supports such change and evolution.

NES Pharmacy provides educational support to all NHS Pharmacists, PRPS trainees and pharmacy technicians in Scotland through a variety of methods to facilitate mandatory CPD requirements of the GPhC and support safe and effective Pharmaceutical care for patients. These educational activities include: direct learning events; open and distance learning provision; funding towards postgraduate degrees and diplomas; commissioning and funding of pharmacist independent prescribing courses and service level agreements with the territorial Boards to support practice based pharmacy educational initiatives. NES Pharmacy continues to provide comprehensive educational support for all aspects of the
community pharmacy contract to facilitate safe, effective and person-centered Pharmaceutical Care. This has included detailed educational support in all of the four core contract areas of; AMS; PHS; MAS and latterly CMS for pharmacists and their support staff and additionally for GP practices in Primary Care.

In response to this changing pharmacy practice environment NES Pharmacy has a diverse programme of work underway in pursuit of its aims, rooted in, but beyond, the core CE and CPD provision. These additional NES Pharmacy educational activities include the following areas:

- Pharmacy Support Staff Educational Framework; including the recent development of a Professional Development Award (PDA) around patients’ medicines, validated by the Scottish Qualifications Authority (SQA)
- Educational support for Pharmacist prescribers across Scotland; including the commissioning of accredited prescribing courses from the two Schools of Pharmacy in Scotland
- Consultation and Clinical Skills Assessment training for pharmacists, including cross-cutting educational collaboration with the medical profession
- Support for Remote and Rural education including the use of e-technologies, webinars and virtual room training
- Regional Pharmacy educational support through Pharmacy Educational Coordinators and facilitators network in conjunction with territorial Health Boards
- Pharmacy Quality Improvement educational resources around medicines and patient safety
- Support for the Scottish Schools of Pharmacy for pharmacy practice research and leadership through the sponsorship of two pharmacy practice chairs
- The Scottish Hospital Pharmacists’ Vocational Training Scheme; a structured work-based training programme for pharmacists working in secondary care, in line with the vocational schemes in dentistry and general practice medicine within NES
- Pharmacy Workforce Analysis; to provide a focus for pharmacist and support staff workforce data, analysis and future workforce modelling for the NHS
- Multi-professional NES educational initiatives including the use of virtual clinical scenarios and joint programmes of education with medical, dental and optometry professionals
- The NES Pre-Registration Pharmacist Scheme (PRPS). The following section provides more information on the PRPS to date and highlights areas for further development.
7. **The NES Pre-Registration Pharmacist Scheme (PRPS)**

In 2004, to meet the needs of the strategy for pharmaceutical care, the National Pharmaceutical Forum (NPF), an advisory group of the, then, Scottish Executive Health Department (SEHD), commissioned a report examining the requirements of pre-registration pharmacist training within the NHS in Scotland. The report highlighted concerns about variations in the quality of training provision and assessment in the pre-registration year, and recommended that NHS Education for Scotland (NES) be given the remit to investigate approaches to workforce development, involving pre-registration pharmacist training in the first instance, that are more flexible and able to take forward the modernisation agenda.

The SEHD, through the issue of its circular PCA(P)(2006)22, responded to this recommendation with the decision to place NES Pharmacy in control of the funding and organisation of pre-registration pharmacist training in Scotland. This began with the recruitment cycle in 2007 and the educational programme for the 2008/9 cohort of trainees. This new scheme was to be known as the NHS Pre-registration Pharmacist Scheme (PRPS).

NES Pharmacy, since 2006 have successfully managed the overall centralisation of the pre-registration education and training year for pre-registration trainees in both hospital and community pharmacy settings across Scotland. The Pre-Registration Pharmacist Scheme (PRPS) has three main components which include a centralised national recruitment stage; the education and training programme activities; and the quality management of both approved training placements and the appraisal of PRPS Tutors.

The new pharmacy regulator the General Pharmaceutical Council (GPhC), regulate the overall pre-registration training for GB as a whole. NES and the GPhC work closely together to the mutual benefit of continuously improving the quality of the pre-registration year in Scotland, which has a unique and rather desirable position, compared to the rest of pharmacy pre-registration training in GB.

To date, the PRPS has made excellent progress towards achievement of its main objectives. A centralised recruitment process in conjunction with NES HR has been developed and works well. An educational programme framework has been established with each trainee required to complete the same core elements, and there are formal processes for premises approval and tutor support, including appraisal and training. There are also strong working relationships between NES and the many employer organisations involved in the scheme.

There are, however, ongoing difficulties inherent within the PRPS as it presently operates. These include difficulties in developing a fully standardised NES training programme across Scotland, robust quality management of the training sites, and also separating the training element of a pre-registration place from pharmacy employers recruitment processes.

In addition to these operational challenges in the current NES PRPS, there are a number of changes that have been planned by the Department of Health (DH) in England in relation to Modernising Pharmacy Careers (MPC). One of these changes is a proposal to disestablish the pre-registration year and amalgamate it into the current academic programme. This proposal would result in a five-year integrated
academic course, with co-terminus graduation and registration as a pharmacist. This change in England, if undertaken, could potentially be a threat to the current NES PRPS and in time may lead to considerable workforce difficulties for the numbers of Scottish pharmacy graduates emerging from both Schools of Pharmacy. This could mean that if the trainees are not successful in gaining one of the competitive PRPS placements in Scotland, they would then struggle to gain a suitable pre-registration placement down south. This would be an absolute barrier to Registration as a pharmacist.

It may be argued that many of the objectives of the MPC proposals made in England have already been progressed in Scotland with the development of the NES PRPS. Equally, the MPC proposals raise many questions around implementation and the impact on trainees, employers, Schools of Pharmacy and the profession. These core issues were discussed at a recent NES Educational Pharmacy discussion forum attended by key stakeholders all over Scotland. The main messages emerging from the discussions were:

- There is broad agreement that the clinical context and content of undergraduate and pre-registration training needs to be improved. Pharmacy education needs to equip for future clinical practice.
- The PRPS appears to be working well in Scotland
- The mismatch between graduate numbers and funded pre-registration places is a major impediment to the development of an integrated programme.
- The Regulator the GPhC is interested in the outcomes of training more than the process and structure.
- European legislation requires a minimum of six-months training in a patient-facing environment.

The potential impact of the implementation of the MPC proposals and the progression of NES educational needs for the current scheme provides an opportunity to move development of the PRPS forward.

Therefore, in light of recent discussions, and building on work ongoing in the development of the PRPS, it may be the right time to take forward proposals to address the current difficulties with the scheme. One of the proposals suggested, is that NES as an organisation, becomes the employer of 170 pre-registration trainee pharmacists in Scotland. This proposal if accepted, would allow NES to designate training bases, and be in a position to manage and support those that are used with greater ease. NES would have more flexibility, if it became the sole employer, and the trainee could be moved more readily if problems arise, as from the GPhC perspective the trainee will be moving within one organisation. One programme, the NES programme, could be approved by the regulator. The focus of the PRPS would be more on core education and training, not recruitment. There would also be an opportunity to identify training bases that can be used for specific educational purposes, and these training bases could be further utilised for other pharmacy educational programmes.

The PRPS is unique to Scotland and the proposed changes to the academic and pre-registration model could have profound effects on the NES scheme. However, the pharmacy profession in Scotland recognises that it cannot stay still and there is a recognition that the initial education and training of pharmacists does need to change to better equip pharmacists of the future with more clinical and pharmaceutical care knowledge and skills. It would also be important not to disadvantage (or even have a perception of lower standards) students graduating from a Scottish School of Pharmacy in comparison to other Schools of Pharmacy in GB.
A proposal that NES may become the employer of the current 170 PRPS trainees in the future would enable consistency of employment across Scotland. This consistency would not only apply to terms and conditions, but it would also allow changes to be made easier on a national basis to increase both the clinical placements and clinical context for the trainee, throughout their period of training. NES as the single employer working closely with the two Scottish Schools of Pharmacy, have the advantage of striving together to improve the clinical education and quality management of the training placements for both the current MPharm degree and PRPS, in line with current and future GPhC requirements. This could involve increasing the clinical context and clinical placements across the whole five-years of training in an integrated manner, building on the 170 PRPS approved training practices, in a more efficient manner. The complexities of trying to increase practice placements for trainees across a multitude of different employers and contractors would be large and has been cited as one of the problems with the proposals in England, where no such centralisation of pre-registration training has yet been achieved.

In Scotland, if the NES PRPS were to progress with single employment status then going into the future, there is a potential for further discussions with the regulator and both the schools of pharmacy to come to a very different, agreed and more integrated model of education and training. These innovative educational solutions, that may be more suitable for a Scottish context, could involve an increase in the number of PRPS placements, spread over a different training time period, with flexible placement periods in practice. It is recognised, however, that any changes to the PRPS numbers and placements would need to remain within the same funding envelope overall and meeting the GPhC standards and outcomes for registration as a pharmacist.

One of the key benefits of NES potentially becoming the single employer for all PRPS trainees would be the consistency and flexibility to negotiate into the future and model the number of PRPS trainee placements, in line with workforce analysis requirements for the future of the pharmacy profession in NHS Scotland. The key stakeholders for NES in any future discussions would include the SGHD, both Schools of Pharmacy at the University of Strathclyde in Glasgow and Robert Gordon University in Aberdeen, the Scottish NHS Directors of Pharmacy (DoPs), Community Pharmacy Scotland (CPS), PRPS Tutors and trainees.

Any future NES proposal to employ the 170 PRPS trainees, would build on the considerable skills and knowledge developed within NES in relation to payroll, HR Business partnering and transactional HR and in a similar way to the successful NES employment of medical GP Speciality Registrars from August 2011. In addition, this could be seen as a positive and strategic move for NES at this time.

This would be a new area of work for NES and further investigations would need to be given to a number of key areas including the educational implications, risks, clinical governance and the financial costs and benefits.
7. **Conclusion**

In summary, this paper describes the modernisation of the Pharmaceutical Services in Scotland and the NES Pharmacy Directorate response in the evolution of educational support for CPD opportunities for NHS pharmacists and their support staff. The future challenges for the pharmacy profession include; the further movement towards Pharmaceutical Care and medicines management; mandatory CPD and future Revalidation requirements and robust workforce planning and development for the NHS in Scotland.

In addition, this paper provides the NES Board with an update on progress with the NES PRPS scheme and the associated additional educational opportunities for the pharmaceutical service in NHS Scotland. The NES Board are asked to comment on any aspect of the PRPS as it currently operates within NES and the potential future proposal around trainee employee arrangements.

In conclusion, since its inception in April 2002, NHS Education has provided Pharmacy education the means to look at a ‘step change’ in development. This includes not only the national educational provision aspects but also the opportunity to hold a key strategic position in the design of educational programmes, such as prescribing; the commissioning of research for the two Schools of Pharmacy and the quality assurance input to educational activities such as the PRPS and the Hospital Vocational Training Scheme. These progressions have taken place in the first decade since the inception of NES and further opportunities await in the future.