Transcript

Elspeth Boxall
Hello, and welcome to the next in our series of PSD Scotland Pharmacy Podcasts, where we are discussing the work of the National Pharmacy Workforce Forum and today we're joined by Christine Gilmour, who chairs the writing group, who has led on the work of the Transforming Roles paper on behalf of the National Pharmacy Workforce Forum. So thank you for joining us, Christine. I'm just going to launch straight into some questions. So first of all, Christine, I think it's important to understand what prompted the commission of the Transforming Roles paper by the National Pharmacy Workforce Forum.

Christine Gilmour
Hi there, Elspeth, and thanks so much for asking me to come along and talk about this, because I think this is a key piece of work for pharmacy going forward. So what prompted this is; what we need to know: Pharmacy is not alone in transforming roles. So there is a whole programme that's been underway for some time within Scotland about transforming roles and in particular, and I would say to readers, if you want more, is to check this out.

But Nursing, Midwifery, and the Allied Health Professionals have done a lot of work, and in fact, they're up to patient.. patient? paper nine in their transforming roles work. So it's about modernising professional roles across the whole health and care system, and it's been going on for several years. And now that we have the National Workforce Forum, who were able to host this work, oversee it, and ultimately they are the group who will issue the papers that come forward, that's... we've got everything set up now for it, but pharmacy is not alone.

Having said that, there's... the timing is shaped by what I would say is a real policy window that's opened because of two major changes for pharmacy. And the first is that from this year, all our newly registered pharmacists will join the register as independent prescribers. And that's quite a profound shift for the profession. And so we're introducing very early career pharmacists who are highly educated to prescribe, it's been embedded throughout their undergraduate degree and their foundation training year, but they're also relatively inexperienced. But we need them to act as prescribing clinicians, and it shifts the whole profession forward that way. And that combination means that the system has a responsibility to support them and everybody else properly.

But previously, when people were doing the prescribing, they were already embedded in practice, and that shift change. And the second one is the changes to the supervision legislation for our pharmacy technicians, and that creates new opportunities for technicians to take on more responsibility safely and consistently. So those two shifts really mean that we now need a clear professional national framework for roles, for role development, for supervision, and by supervision, I mean not supervision as in how pharmacy sometimes thinks about it. Think of preceptorship, of how we support our professionals to work and governance. And that's so that everyone's supported and that

the public and others within the MDT can absolute confidence in what pharmacy services are, who's delivering them, and how we're educated and assured to do that. So those changes have just all come together at the right time.

Elspeth Boxall
Yeah, that's really, really interesting to have that background, Christine, and understand it in the whole health system, you know. That's really important to understand that, isn't it? That it's not just pharmacy at all… [Absolutely, not just us.] Yeah, the whole workforce. I think that's really important to understand. And I think the next thing I was going to ask was about what the kind of core aims of the transforming roles was. What, what is it trying to achieve for our profession?

Christine Gilmour
Yeah. So the first paper, and there's going to be a series of papers, and the first paper is due for publication soon from the Scottish Government and will come out with ministerial support. So it's going to come out with that, which is really, really important for us. The first paper is setting out a series of principles that apply to the pharmacy workforce. So it's not just for pharmacists or pharmacy technicians, it's the full workforce, including the pharmacy support workers. And what we're doing in that is setting out, as I say, principles that other papers will then follow. And if I can go through what some of those are.

So we hear a lot about advanced practice, but we needed a definition. So what we've done in the paper is we're adopting the NHS England multi-professional framework definition of advanced practice. So that was just updated last year, and interestingly, it's very aligned to the advanced practice definition that the AHPs have accepted in paper nine of the transforming roles for nurses and AHPs. That's a, I mean I can recite it, but it's advanced practice is underpinned by a master's level postgraduate education. So we need to get people up to that master's level postgraduate, its not... our pharmacists come out with an undergraduate level, at master's level. So that, it's the level of complexity, it's the level of work that they do.

So I would ask people if they want to look at it. It's in our paper, but it's also, you can Google it, multi-professional framework. That defines what advanced practice is and what's interesting about that framework, it applies to health and care staff, so it's not all just clinical as to what advanced practice is. But there's a clear definition there. So we've got a Once for Scotland and hopefully a once for GB definition of what advanced practice is, so when we talk about it, we know what we mean. We've also talked about scope of practice in the paper. So we all hear about working at the top of your license, but what we need to say, well, what is your license? before we say what the top of that is. And we quite quickly agreed that we should define scope of practice as your baseline scope of practice so that we understand, almost like the currency of the workforce, and we'd like to do that for all.

So we haven't told you what your baseline, we've defined what the definition of it is, but it's like, what is the expectation that either every community pharmacy can deliver? What's their baseline scope of practice? Or their definition of what a band six within the

managed service, a seven, or what an eight is. So we're saying, what is their baseline scope of practice? Once you understand that, you can talk about the top of license. And those principles apply the same to pharmacy technicians and pharmacy support staff. And your scope of practice isn't just your qualification, it's your grade, it's your job description, it's the development you've had. They all impact on what your scope of practice is, but we should understand that. And it is so we understand, as I say, the currency of our workforce when we're talking about what services we can deliver. And that actually, I think, takes a lot of heat out of what scope of practice is, because we're not limiting your scope of practice because once you've got that, you can work to the top of that license.

The other thing that's in the paper is a discussion and definition of autonomy. So we have two registered professions in pharmacy. We have pharmacists and pharmacy technicians who are both registered practitioners, clinicians, and we've defined autonomy. So nobody's 100% autonomous. Everybody has a level of autonomy. And again, that's impacted on by your level of education, your role, your profession, your scope of practice that's defined for your role. And people work within that autonomy. That's what they've been given to work in. But also, your autonomous practice has to have roots of escalation.

So when it reaches the boundaries of your autonomy, what is your route of escalation? So that's within the paper as well. We have for pharmacists because there is a ... the Royal College of Pharmacy has a series of portfolios that pharmacists can credential. So we have embraced those, and we're saying that those are the route through for career progression. So if I first of all talk about our pharmacists within the managed service, we are asking that all pharmacists when they enter the register, and going forward, they will go onto the enhanced portfolio programme. We've got a workforce that's come through, being supported to do the post-registration foundation. The difference with the post-registration foundation portfolio included the IP qualification. So there was a bit more in it because you had to do the IP in the middle, whereas now that they're all hitting the register with IP, there's the new enhanced portfolio coming through. So they're one and interchangeable if you think about those.

But there are new on the register band six pharmacists and those in band six roles credential at enhanced or post-reg foundation level before they're eligible to apply for a band seven post. And the reasoning for that is we need to embed very early on in people's career that clinical decision-making, the underpinning practice of being a prescriber and get the governance round about that because the whole programme there is about patient safety, public assurance, so that we've got that practice embedded. We've encouraged them to use their skills, but we've also got through those portfolios all the supervised learning events, the feedback, the whole mechanisms in there to make sure they're safe and effective practitioners. Previously in the managed service, people would have done their 'stage two'. 'Stage two' has gone and the portfolio is in for that level.

The next stage is then you've got your enhanced or post-reg foundation credential, and you've applied for and got your band seven role. At that stage previously, you would have been supported probably to do your IP and your postgraduate diploma or MSc. So we've not supported that for a while. So going forward now, we're saying it's a core advanced

portfolio and the four pillars of that. Lots in there about portfolios and what I would say to anybody listening, that's a separate discussion. There's a lot of detail about portfolios, but that is the route through to be eligible to apply for... So old stage two MSc, new route, post-reg or enhanced, core advanced. There's a pathway through to that. For our pharmacy technicians, we don't have a suite of portfolios for them.

So there's a separate piece of work done or being done about what is the career pathway for our pharmacy technicians and how can we evidence their practice and their competency, and what is the post-registration education and support that's required. And that work's underway so that we understand what are the roles we want our pharmacy technicians to move into, and then what do we need to wrap around them to make sure that we've got the support and education to develop to undertake those roles. Hazel Jamieson and Lisa Dunn will speak to you in more detail about that, but that's in the paper as well. For our community pharmacist colleagues, the enhanced portfolio will allow micro-credentialing.

So previously, band six community pharmacists, when they registered to do their IP, they were doing the post-reg foundation programme. And absolutely, our community pharmacy colleagues are patient-facing. They're dealing with patients. They're working at that level all the time. The difficulty was getting the level of feedback to do the full portfolio. So the Royal College will enable what they call micro-credentialing, so they will be able to evidence their clinical competency and capability without having to do the full portfolio. Now, we would love it if they did, but I think this allows them to follow this pathway and these gateways and it includes all. So that's kind of all what's in paper one and subsequent papers detailing those pathways will come out following that for pharmacists, pharmacy support workers, pharmacy technicians for us all.

Elspeth Boxall
Yeah. That's a fantastic explanation, Christine. I think it really clearly sets out the building blocks of where we're. we're starting and makes the career pathways just much clearer. And especially for people like me who are a bit old school and did do stage two, it does..., it's so important for us to understand, the new option… [That's equivalence] ... yeah, absolutely. And I think you've explained that really, really well, and I think that's really helpful for people to understand that that's where we're starting. We've got those principles and those definitions, which are so, so important as well. So I think you've probably touched on this already, about what progress has been made so far, but is there anything else that you want to sort of highlight around... [yeah so] what's the progress?

Christine Gilmour
Yeah. So our paper one has been through the and accepted by the workforce forum. So it's sitting with Scottish Government, an election came in the way, so that's probably held us up a little bit. But we've got a new minister for health and the work is there, because, to get it on their agenda because it's coming out with ministerial support, so that gives it that high level policy. And we're now working on the second set of papers. We're looking at career pathways, so that work's well progressed.

I think probably, we need to wait for the first paper to come out, so that's been out and socialised, people understand it, before we start consulting with people on the second set of papers because we would be consulting on something when they haven't seen the principles. So I have explained them to you, but you need to see the paper and work through the detail. But what the second set of papers will do, the first one for..., if we go to pharmacists first, will talk about the career pathway within the managed service. So managed service and pharmacists who provide direct patient care, so that patient-facing role.

There's separate work to be done for pharmacists who are in patient... what we call patient-focused roles. But what we need to know is probably many of them are in probably more senior roles, but also the governance and assurance round about that's the same, but needs to be articulated in a slightly better way so that it fits for them. So if you're managed service, patient-facing, what we've said in paper one is all band six and all band sevens must have a substantive element of their job description that provides direct patient care, patient-facing. And the purpose for that is to hone their skills as prescribers, one, that we can absolutely get that clinical decision-making prescribing skills embedded into their practice and their complete thinking, and assure ourselves of the capability at that very early on, and they take that with them throughout their career. And then just articulating what does that look like.

But we've also said in that paper a bit of an explanation of what our expectations of somebody in that role is, going back to that scope of practice. So what is a registered pharmacist? What do we expect of somebody who's done the enhanced credentialing? What do we expect of an advanced pharmacist? And the highest level of credentialing for clinical practice is consultant. So we've given a bit of an explanation of those.

Those papers will come out, as I say, in due course, but the first paper needs to come out first so when people are looking at the second paper, they can make sure when we're getting feedback, that it does reflect the principles in the first paper. Similar work going on for the technicians. It will be written in a slightly different structure because, as I said, we don't have those credentialing pathways for our technicians. But articulating what is the role, what is it we're asking our technicians to deliver, what... and how do we ... because they're all expanding with PGDs, with the supervision legislation changing.

So we're asking technicians to expand the role and what is the underpinning training that we need to do to support that. And there's a similar one coming out for pharmacy support workers because what's in there, probably the big message is we're looking... can support workers be accredited to do that final accuracy check, which is currently a technician function at the moment. So can we move everybody on a stage. Throughout all that, I mean, it really is underpinned that the pharmacists have to hold onto their medicines governance hat. So we can't lose sight of that. That's just so fundamental to our practice. So no other profession has the same depth of underpinning education and training in medicines as pharmacists do. So we mustn't lose that when we're talking about the pharmacist working as a prescribing clinician within a multidisciplinary team. That

medicines governance bit has to move with them, and that's why the work on patient focus work and things like that, it's really, really critical that we take that forward as well. But trying to put it all into one paper, I think wouldn't satisfy anybody. So it's going to be a series of papers that comes out to take that forward. So that's kind of what's in the pipeline at the moment, and will come to a podcast near you later this year.

Elspeth Boxall
Brilliant. I love that. That's absolutely exactly how it's going to work out, so I'm glad you're setting the scene there. So yeah, again, it's just, again, really helpful to connect it all up and understand, you know how we're building on the foundations and the principles, and then the expectations of each role, and how we're hoping to expand the workforce capability really. Absolutely. We really want to maximise the use of the skill set while still ensuring patient safety and public assurance. Yeah. Absolutely. [So it's really about that's how we take this forward].

Yeah. But not losing that medicines governance as well. We need to hold onto that. And I guess that brings me nicely onto the next bit I was curious about. Obviously, this has come about to resolve some challenges that are already being seen in the workforce round about capacity and recruitment, retention, and skill mix, I guess. So what, what are the main challenges you think that we're going to be addressing with the transforming roles paper?

Christine Gilmour
So there is quite something to do with skill mix and how we make sure we're using the right person at the right time. But almost a step before that is are we doing what, you know, are we doing what pharmacy needs to do? And so there's the skill mix and the role thing is wider than just us looking inwardly.

So pharmacy is starting to look much more ... and health and care is a team effort. So it's actually why are we using pharmacy people at all for certain bits? Who else is in the team? What are we asking? Who's the right member of the team to be doing that, and have they got the right skills and education? And make sure we're, we're using the team appropriately, but within that wider MDT, because health and care is an MDT game that we put play in. So that has to be done that way.

So I think there's quite that thing about what we're doing. The biggest thing that underpins a lot of this, though, is also technology. So we need to be much more attuned to what technologies are coming through and how we use those. And in that, we're talking about AI and other technologies that are coming. So there is... a lot of this is underpinned by what's coming and how do we make sure that's safe. And within that, there's some governance roles to make sure the technology is safe that we're using. But it's not just people we are talking about here. We're talking about whole systems and how we fit into that. I think it'll be very rewarding. I actually do. I'm so proud that I'm still on the register at a time when every pharmacist is going to come through as a prescriber, because that was something, in my day, when I first registered, was so far away, and I thought, "I'm the one who knows about medicines. I can help you here," but you're asking a very junior

doctor to make a change or ... But our education has changed as well. So the way our young pharmacists are trained is so different to mine and so much better to prepare them for this role. So everything's changed round about us.

Elspeth Boxall
Yeah. So lots of challenges, but lots of opportunities- [Yes] ... I guess. And yeah, just making sure that we absolutely are using everybody to the best of their ability and appropriately in a very much- [Yeah] ... changing world.

Christine Gilmour
And it goes back to my paper about what is their scope of practice, what is your autonomy, what's your license? So we can understand that, and then we can look at what's the skill mix we need to do things.

Elspeth Boxall
Yeah, absolutely. [For the right person]. Get the basics right first. And, what, you know, obviously, this is, is a time of huge change. You've already alluded to that. And in the long term, what changes do you anticipate this programme will bring to pharmacy roles in Scotland?

Christine Gilmour
I think we are talking transforming roles. So I do anticipate that some people will be a bit nervous and anxious about some of this. But over time, and as the time, I'm talking quite quick time, like three years is not long when you talk about these things, it will just be the way people work and a lot of the actual bits of this are already in practice. People are working different ways. I think the way we, community pharmacy has changed radically with the Minor. Ailments, with Pharmacy First. The new supervision gives an opportunity there for technician roles within community pharmacy.

The hospitals: there's lots of areas where the way the team works, they're completely embedded in clinical teams and not dictated to the hours of the department opening time. So it's things like that that will change, but what, where that professional governance comes from. I think now we've got a Royal College. I think that really, really helps us that they're going to have a different structure. And I really..., they are talking about going out for the vote for pharmacy technicians to be able to join the Royal College. But that's more complicated than that because the technicians also need to vote as to whether they want to join the Royal College. But the current structure of what was the RPS didn't include pharmacy technicians, but the Royal College I know is very keen that they are the Royal College for Pharmacy, and that would be, I would say, a huge success if we could open that up. But they need to... they will be doing that as part of their mandate.

I know they're going to do that. But our technician colleagues also need to decide whether they think it's a professional body for them or not, and that's their decision, and they will make that decision. I think one of the other things through this, when we've talked about pharmacy career pathways, is previously we've looked at pharmacy management and

leadership development in pharmacy. And what we're talking about now is that those who want to go develop leadership management skills, that they learn those alongside others within the health and care system.

So people have got much wider awareness of the service they work in rather than the department they're part of and I think that will also change our workforce. And there's quite a lot of opportunities for people there once they see how others work and just how you measure up against them an you think. Well, there's other careers and options out there. Not that I want to lose anybody from pharmacy, but I think learning with others is going to be really important in that management and leadership route because we can't teach that in isolation within pharmacy, and that won't work going forward anymore.

Elspeth Boxall
Yeah, I think you're absolutely right. I mean. You have to understand the bigger picture, really, to be effective, and I think, you know, that is really, really important going forward. And I think also, you've mentioned along the way, you know, all the different pharmacy work streams that are involved in this, managed care services, community pharmacy, and how much it's developed, the technicians, how much their role has changed. How are we ensuring that the pharmacy staff; from all these different settings; are represented in the work that we're doing on transforming roles?

Christine Gilmour
So the writing group is a very small, tight group, and it was deliberately set up that. So it's pharmacists and pharmacy technicians, and pharmacists from a range of backgrounds, academia, practice, and things. But that's almost, when I say almost irrelevant. They're doing the piece of work of writing a paper to present, and then that's consulted with through various SIGs. But when it goes to the whole structure, is underneath the Workforce Forum, there's a workforce advisory group that's chaired by Sarah Buchan, who's the Director of Pharmacy in NHS Highland. That advisory group has a very wide range of members, some from out with pharmacy, so from the colleges, from the colleges, from ..... without having it on my hand, that advisory group's wider.

So when our paper goes to them and they sign it off, it becomes their paper. So there's lots of people around that group. But before we put it there, it's got to be consulted with people from various sectors. So it's community pharmacy. We've worked with the education training team, the national technician NPGTS, NAPS, SPA, all those groups that you're, you're aware of for that initial cut, but then they've all got representations on the advisory group. So when that's my statement, it goes to them. So don't focus on who the writing group are. They're doing a piece of work of writing a paper. That's what I'm chairing, to produce a paper, but for the workforce forum to ultimately own, and the membership of those is very wide. And there's staff side and people like that around that table. But as I said, also people from workforce out with pharmacy, which is, I think, is helpful to get that completely neutral view on things.

Elspeth Boxall
Yes. Absolutely. And I think that's really reassuring for people to hear that, that there is such wide ownership of this. [Absolutely.] Yeah.

Christine Gilmour
So although you're sitting in a darkened room writing a paper, that's not the ... When I say that's not how the paper gets published. The governance route for that paper to follow through to publication, there are steps to go for a paper to come through to publication.

Elspeth Boxall
Absolutely. So there is definitely plenty of opportunity for people to have buy-in and ownership of it. I think you've covered so much, Christine, already today. I think if there was, though, a kind of key message that you wanted to leave people with about the work that you're doing with transforming roles, what would that be? So people always, there's always anxiety with change and, and this is hyped up. There's a lot of ... out there about transforming roles, transforming roles, and we've been waiting for the first paper to come for a long time. But what I would say is a lot of it's round about you at the moment. You're seeing it in practice. So we are aware for the pharmacist of the Royal College, of their portfolios... of we did the big change with getting so many pharmacists to qualify as independent prescribers and move that on.

So a lot of it's out there. I'm more than happy to speak to any group who feels that they need a bit more information. But look at the nursing papers because you'll see that this has not been done to us. We're leading this ourselves. The degree has changed, so the undergraduates are getting taught in a very different way. And the same thing for pharmacy technicians, the initial education training standards have changed for technicians. And Scotland was ahead of the curve on that. So last year when, people may be aware that the General Pharmaceutical Council did a consultation on the initial education training standards for technicians to raise them up to a level. Scotland's been at that level for the last four, four plus years.

So Scotland has been leading the way on, on that, but it gives the foundation then for the role to develop. So much of it's all ... when I say it's all there, this will feel like quite a shift, and it should, and it's going to cause a little bit of angst in the system, but actually, it's, it's not going to be all too terrible. And we did ... I can remember when we introduced the MSc, so now we're introducing Core Advanced. Do you know? It's that, and it's ... But we have to. The take home message for me is we must be able to assure the patients and public of our competence to practice, and at the moment, I would say our systems don't really allow us to do that.

So through the credentialing and through the assured and the observed, the SLEs and observed practice, that's what we need to do, and that will give us a confident workforce because sometimes pharmacy just hides its light a little bit. We need to step forward into that light and say, you know. "This is who we are. This is what we do. We know about medicines. That's our game," and step forward with that. But I think if you've got that assured practice, we can do that.

Elspeth Boxall
That's incredible, Christine. What a great way to sum it up. It's obviously, you know, it is a period of change. The change is happening already, but it's a changing in health system, so we need to change with it. [Yes].

Christine Gilmour
We need to change. Yeah. We can't not change.

Elspeth Boxall
Can't. And just offering that public assurance is so, so important. So thank you so, so much for your time today to, to walk us through that and just explain it in terms that we can probably all understand. You've given us some really good examples. So thank you so, so much. We're going to link some of the resources that we talked about in our podcast notes so people can delve into this in a bit more detail. And as you kindly mentioned to us, for us, there will be more podcasts coming, so watch this space. But thank you so much, Christine. That was really interesting.

Christine Gilmour
Thank you, Elspeth.

Elspeth Boxall
Thank you.