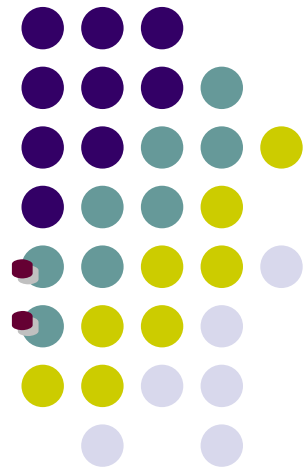


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# General and Higher level practice:

## Growing the next generation



**Dr Catherine Duggan**

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On behalf of JPB

# Content



1. Educational reform
2. The JPB- membership & function
3. The JPB- supportive infrastructure
4. A national system?
5. Higher level practice
6. Designing the curriculum
7. Considerations

# Educational Reform



- Changing the relationship between practitioners and academia to recognise contributions and responsibilities
- Meet the needs of the NHS and support AfC and competence development
- Recognise a career path for practitioners



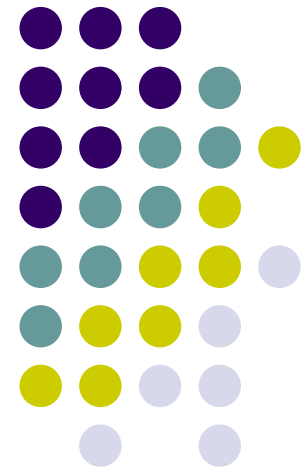
## So why the change?

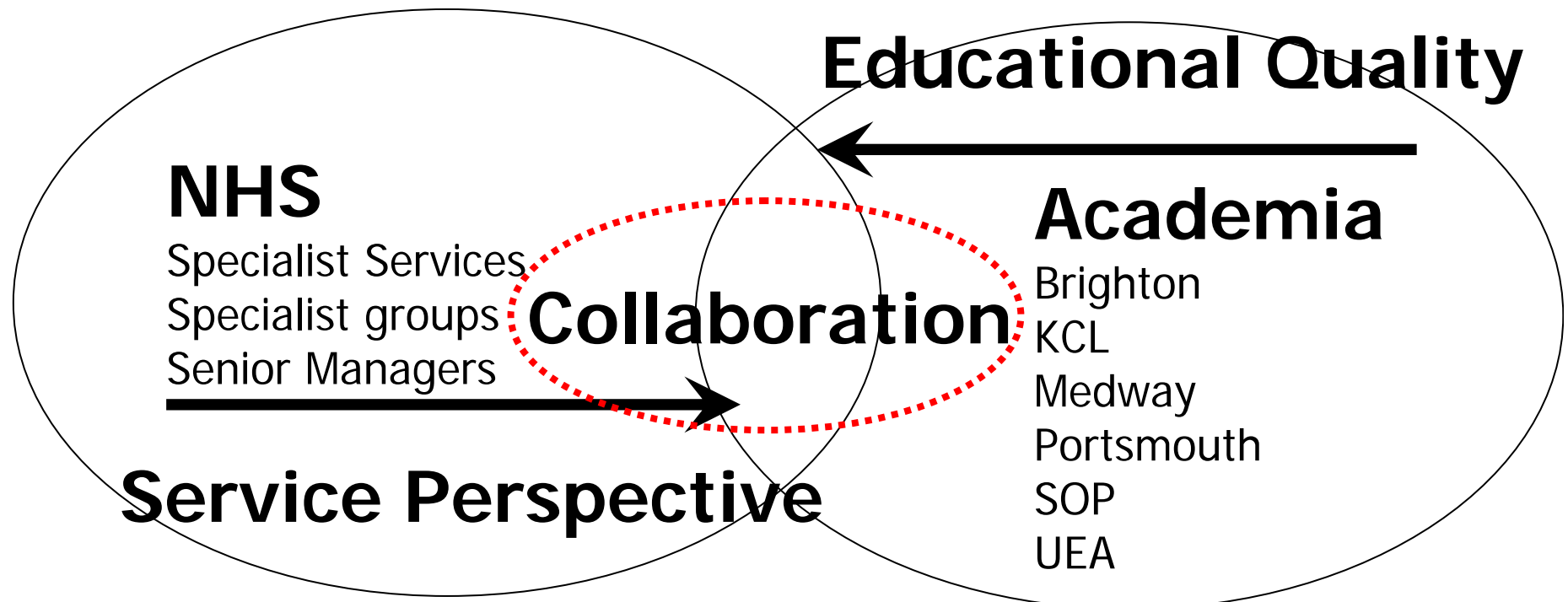
- Programme that puts competence at the heart of the experience – “Fitness for practice” {Safety} “Agenda for Change” {Pay}
- Recognition that complex pharmaceutical skills only acquired via structured WORK-BASED LEARNING
- Improve access to all who need it – right of AfC
- Changes in profession – contract, KSF, consultant practice, prescribing
- Symbiotic relationship between academia and NHS

# Membership & Function of a JPB

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The South East England  
Experience





# Key JPB Responsibilities

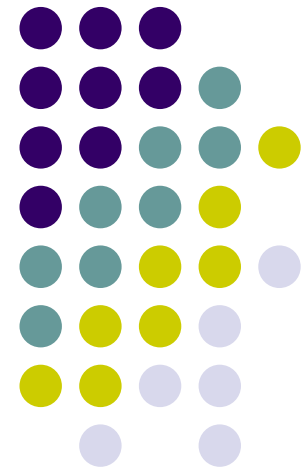


1. Develop uniform & coherent curricula for general and advanced practice
2. Develop tutor training courses to support work-based learning
3. Design reliable, fair & appropriate assessments
4. Undertake the accreditation of training centres
5. Build systems for on-going QA of E&T systems
6. Assigning academic credits to programmes as appropriate
7. Issuing statements of completion of training at general and advanced levels.

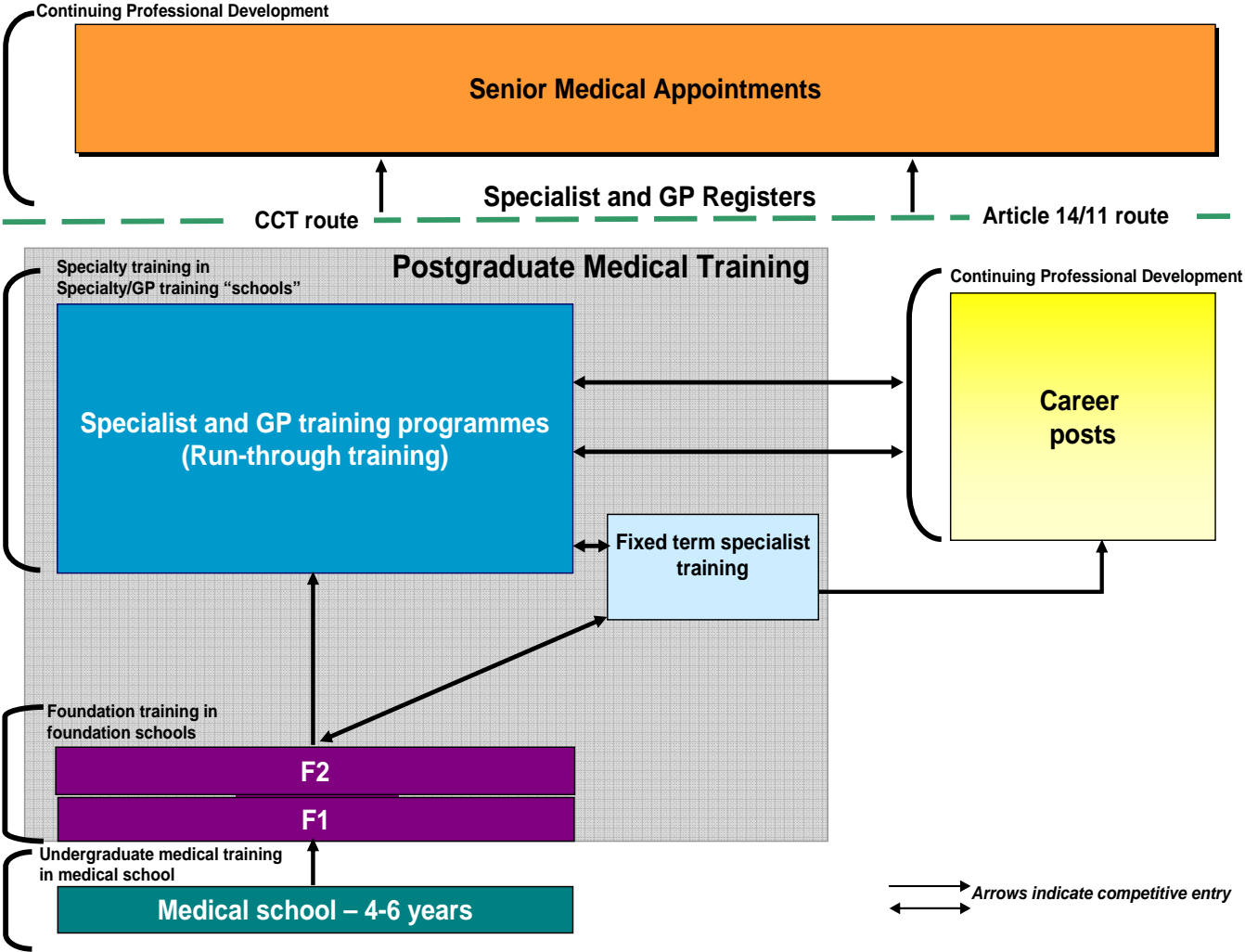
# The JPB as a supportive infrastructure

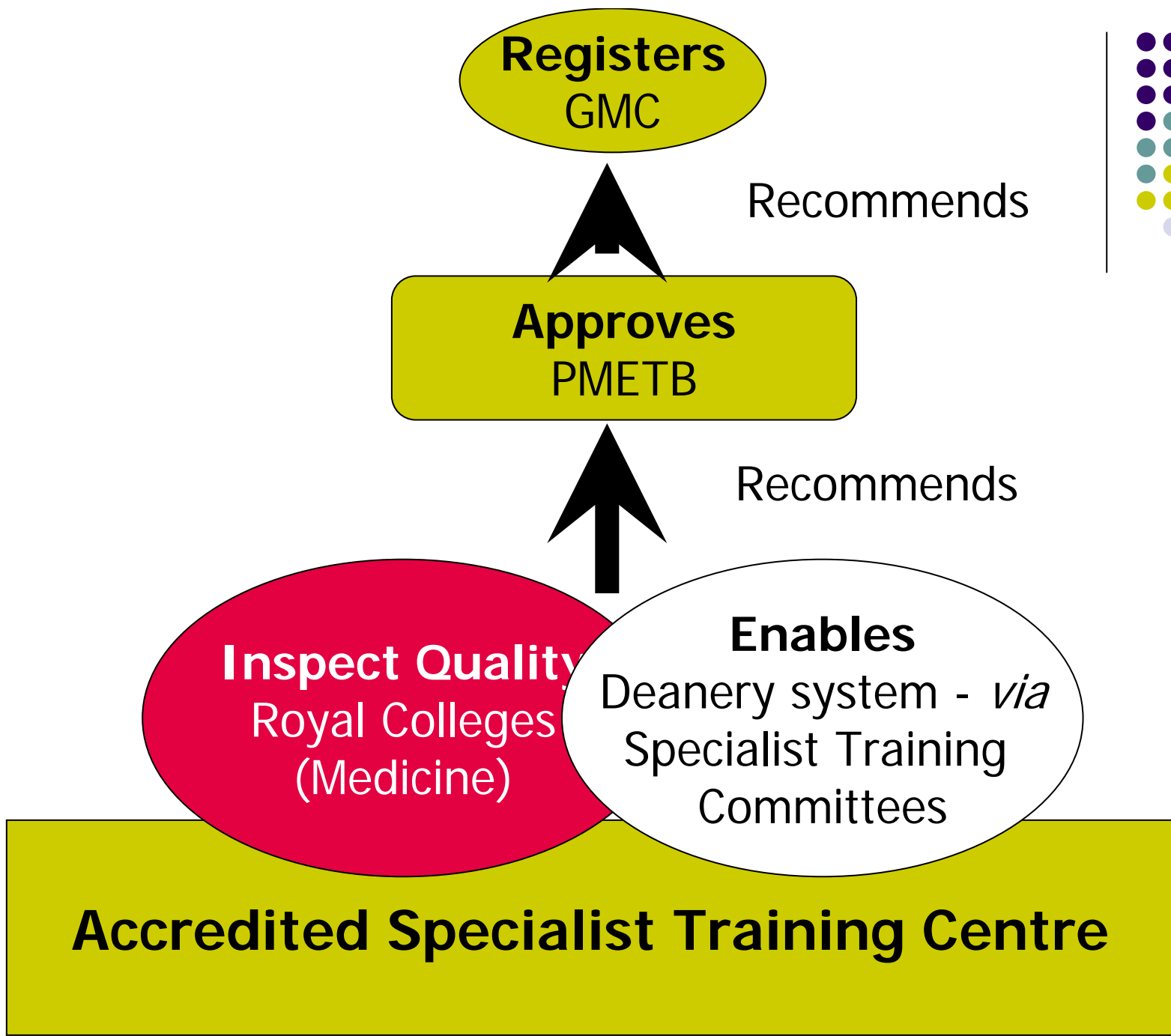
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## Lessons from medicine



# UK MMC Career Framework Proposal





**Registers**

GMC

Recommends

**Approves**

PMETB

Recommends

**Inspect Quality**

Royal Colleges  
(Medicine)

**Enables**

Deanery system - *via*  
Specialist Training  
Committees

**Accredited Specialist Training Centre**



**Registers**  
GPC

Recommends

**Approves**  
PPTB

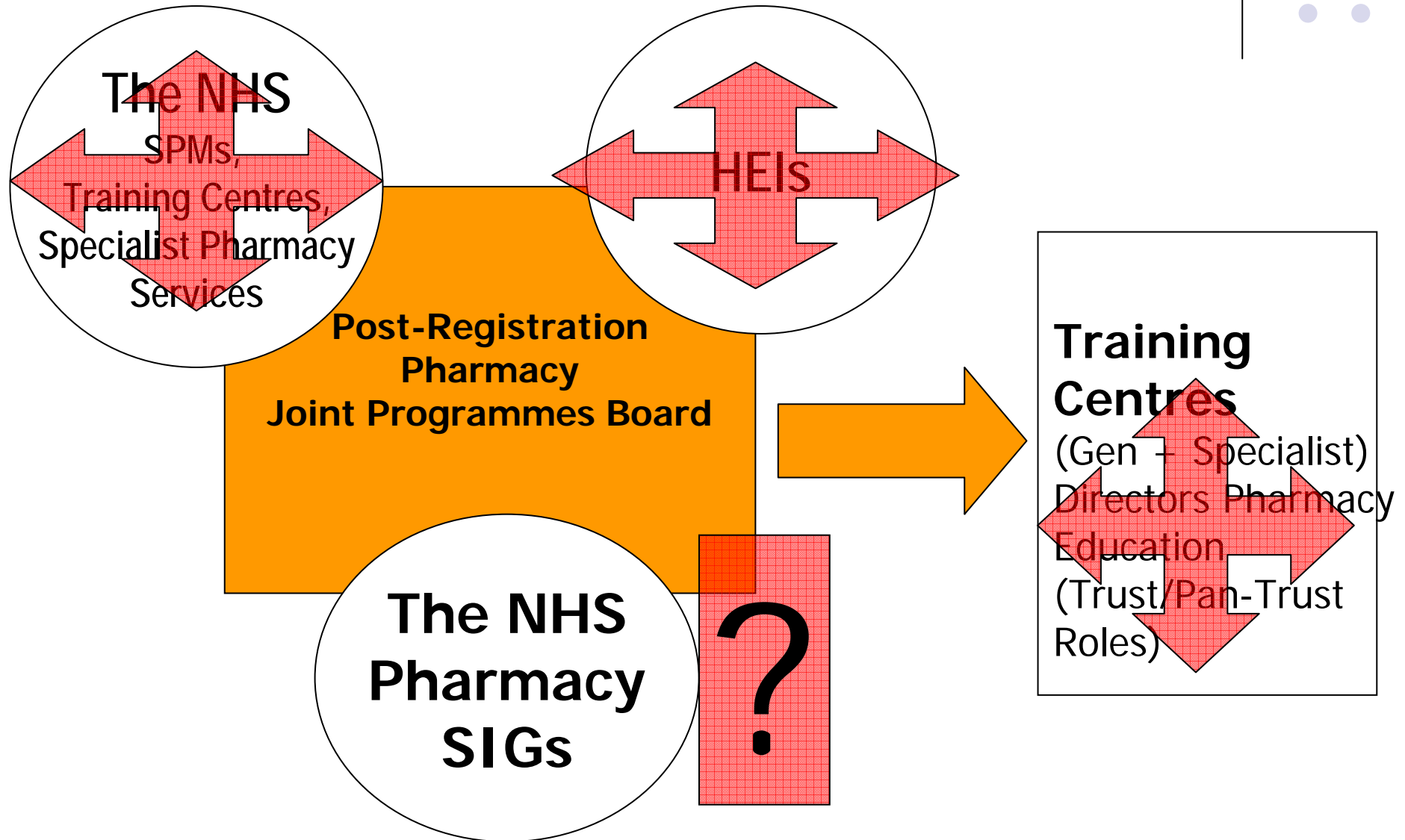
Recommends

**Inspect Quality**  
Royal Colleges  
(Pharmacy)

**Enables**  
JPB system - *via*  
Specialist Training  
Committees

**Accredited Specialist & General Training Centre**

# JPB as a Supportive Infrastructure



# JPB – a remit within a locality

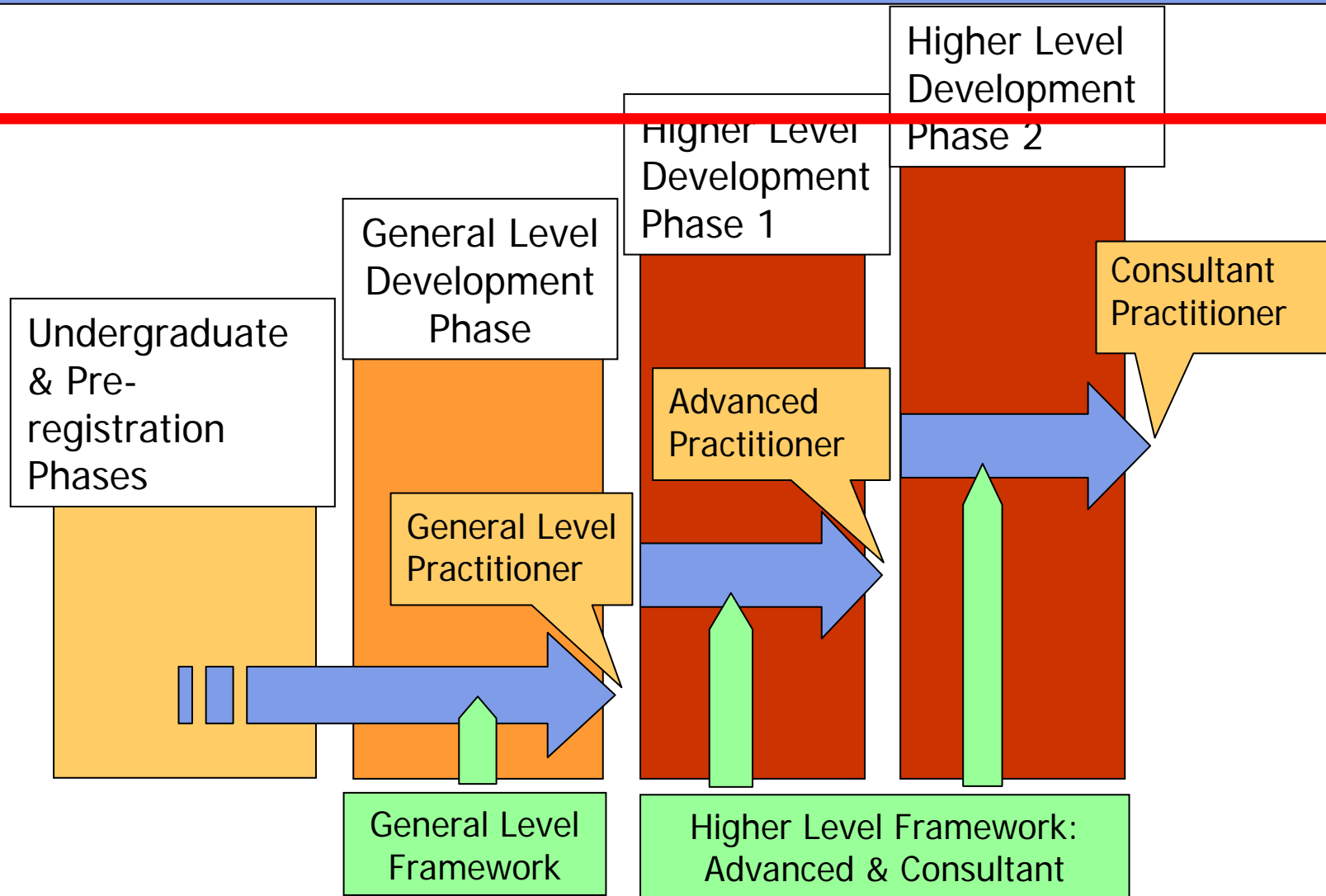
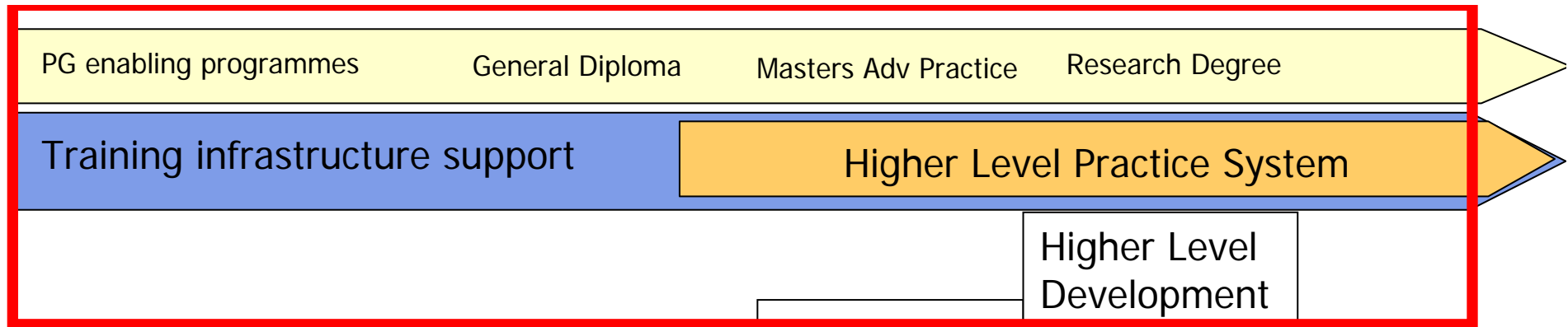


- Does not influence Specialist Group alliances or relationships
- A system for discharging the curriculum – which belongs to the specialist group
- An inclusive system – engages all SGs and all HEIs – promotes local relationships rather than aligning with one HEI.
- Research commitment to final aspect (8b-d) requires local HEI engagement
- Encourages all SGs to collaborate to standardise the output across specialities
- JPBs must maintain a geographical relationship which builds on existing and historical networks.

# Developing the infrastructure – key principles for a pharmacy model?



- Work-based learning
- Resources practice tutors
- Assesses competence and performance
- Systems for dealing with poor performance
- Standardises approaches across specialties





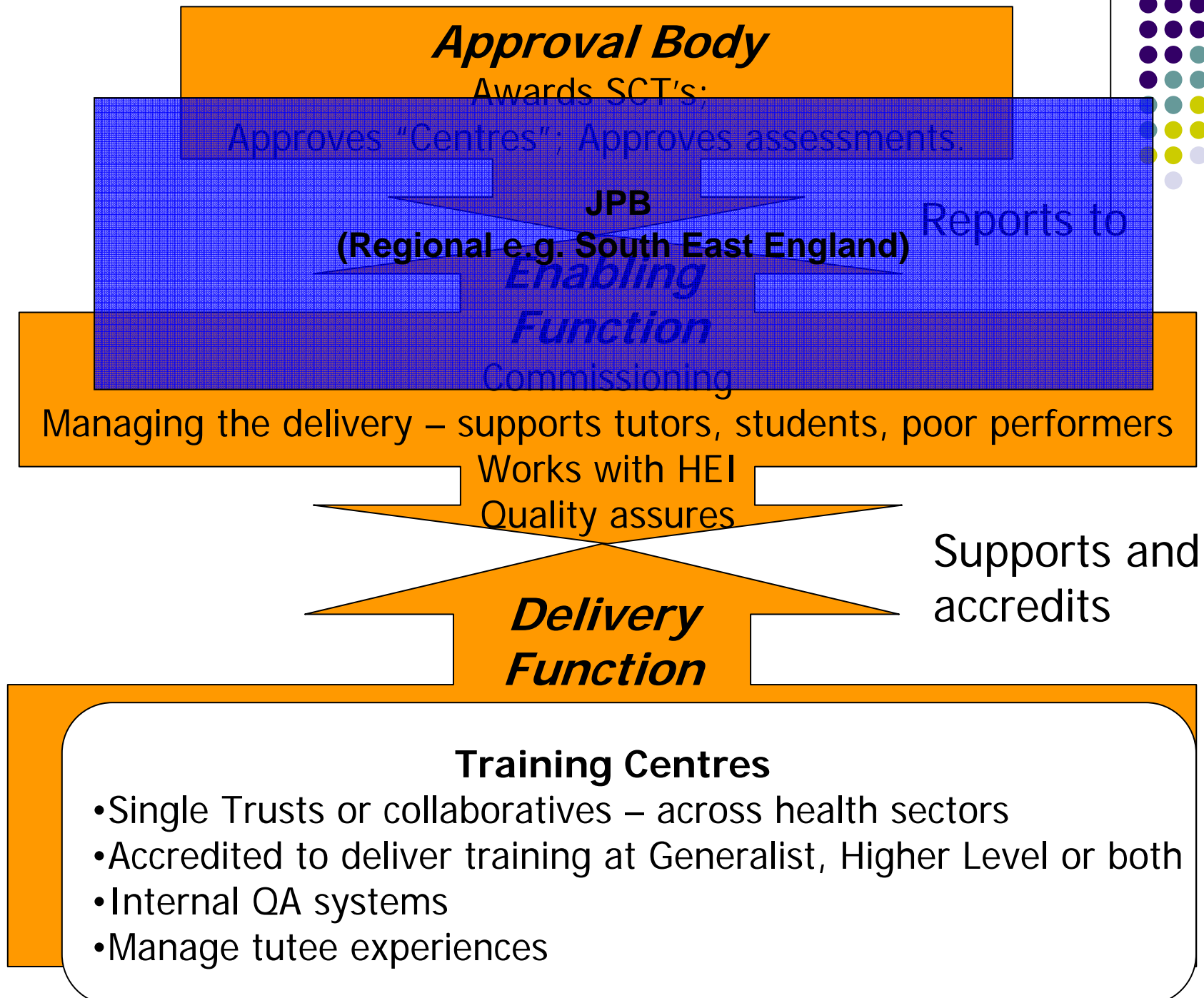
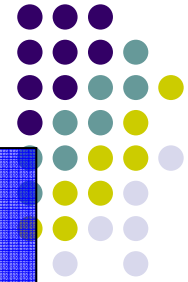
***Approval Body***  
Awards SCT's;  
Approves "Centres"; Approves assessments.

Reports to

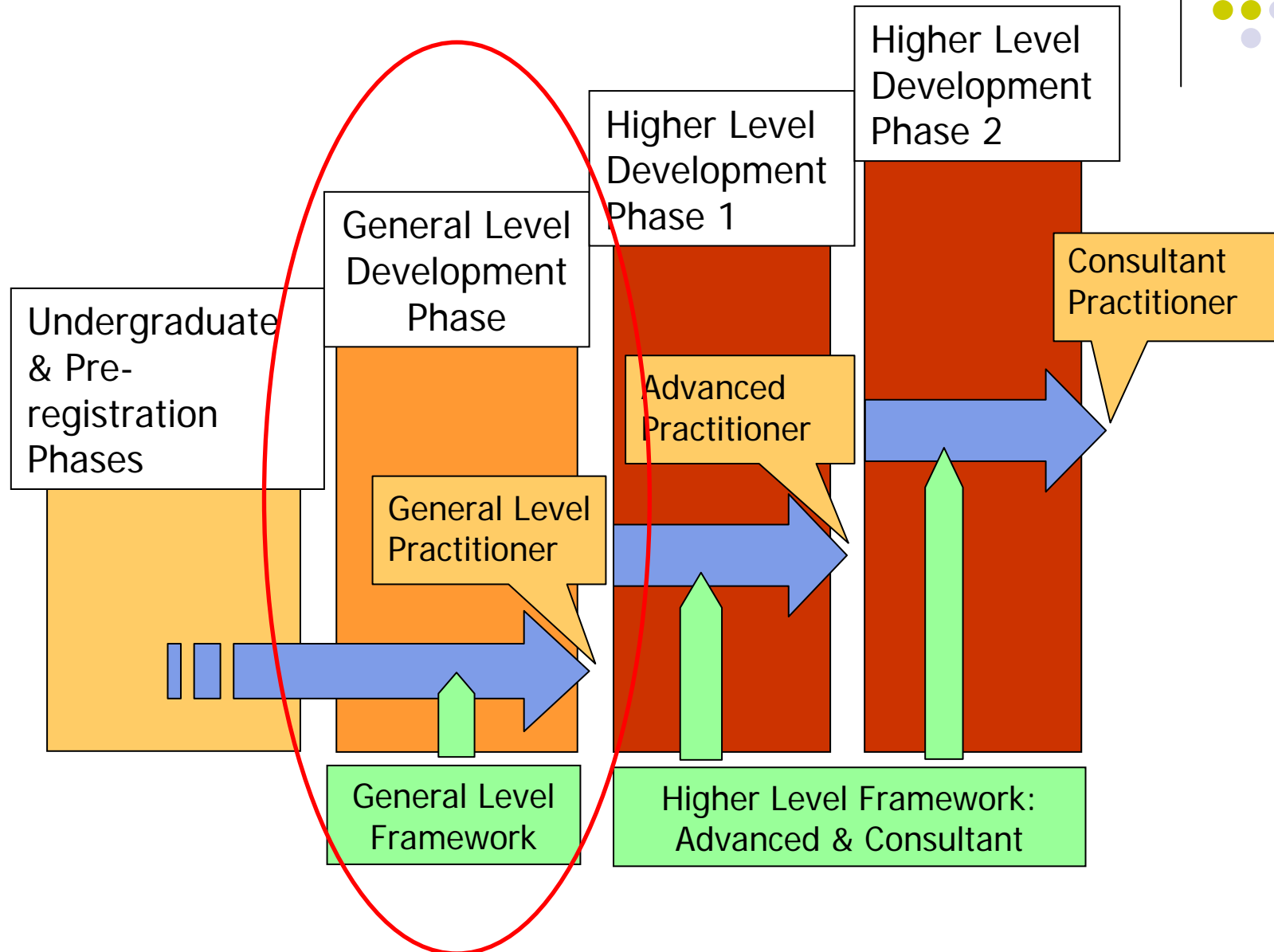
***Enabling Function***  
Commissioning  
Managing the delivery – supports tutors, students, poor performers  
Works with HEI

Supports and accredits

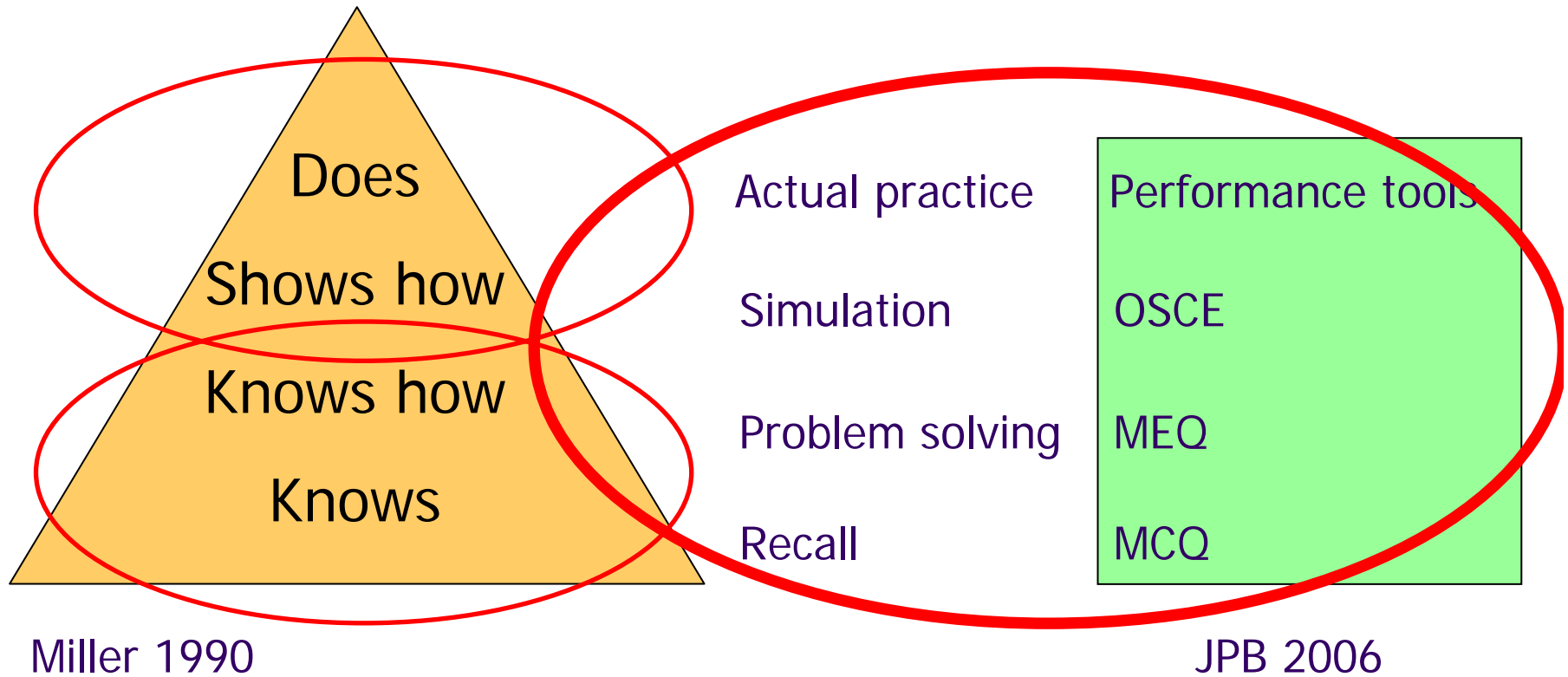
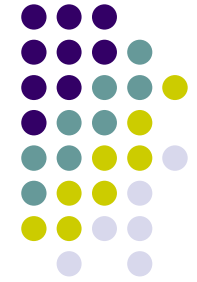
***Delivery Function***  
Principally work-based learning  
Approved periods of training  
Regular assessment of performance  
Approved "Centres" and "Tutors"  
Identifying poor performers



# Competence development strategy – managed sector (UK)



# Assessment Strategy



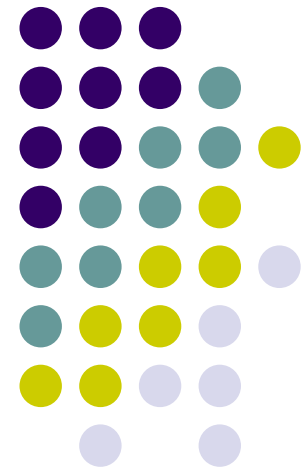
# To Date - Generalist Training Band 6 (3 years)

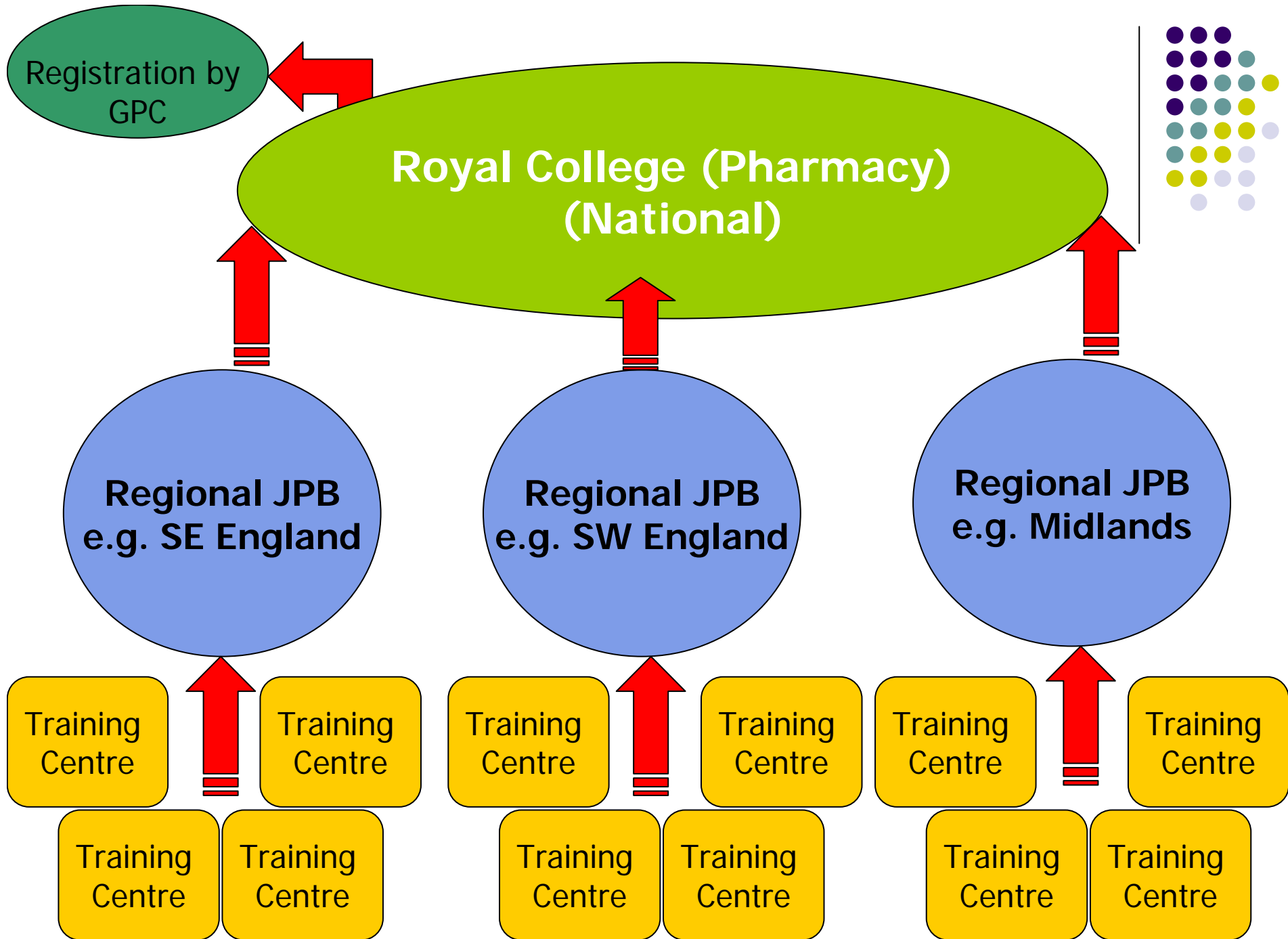


- PG Diploma in General Pharmacy Practice (MI, Technical, Patient & Clinical Services plus “tasters” of specialist areas)
- Validated by 5 of the SOPs in collaborative
- Statement of Completion of General Training
- Currently 200 practitioner-students in system across the geography

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# Towards a national system?

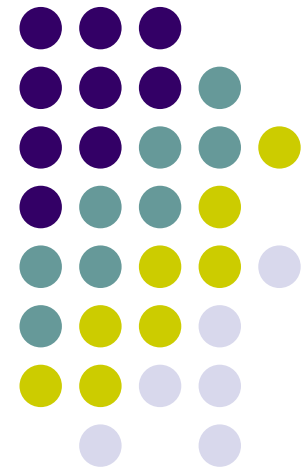




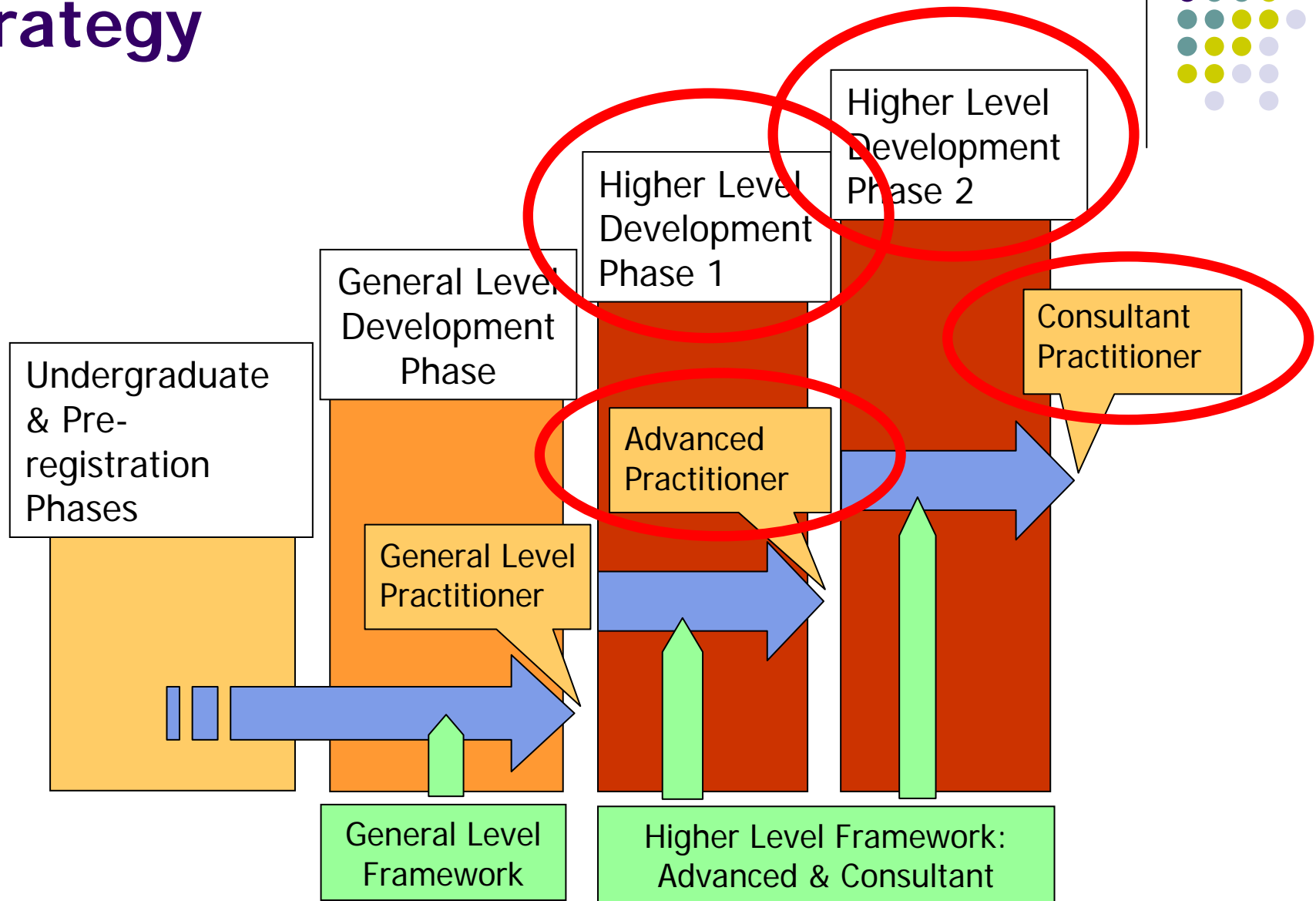
# Higher level practice

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*The Career Pathway*

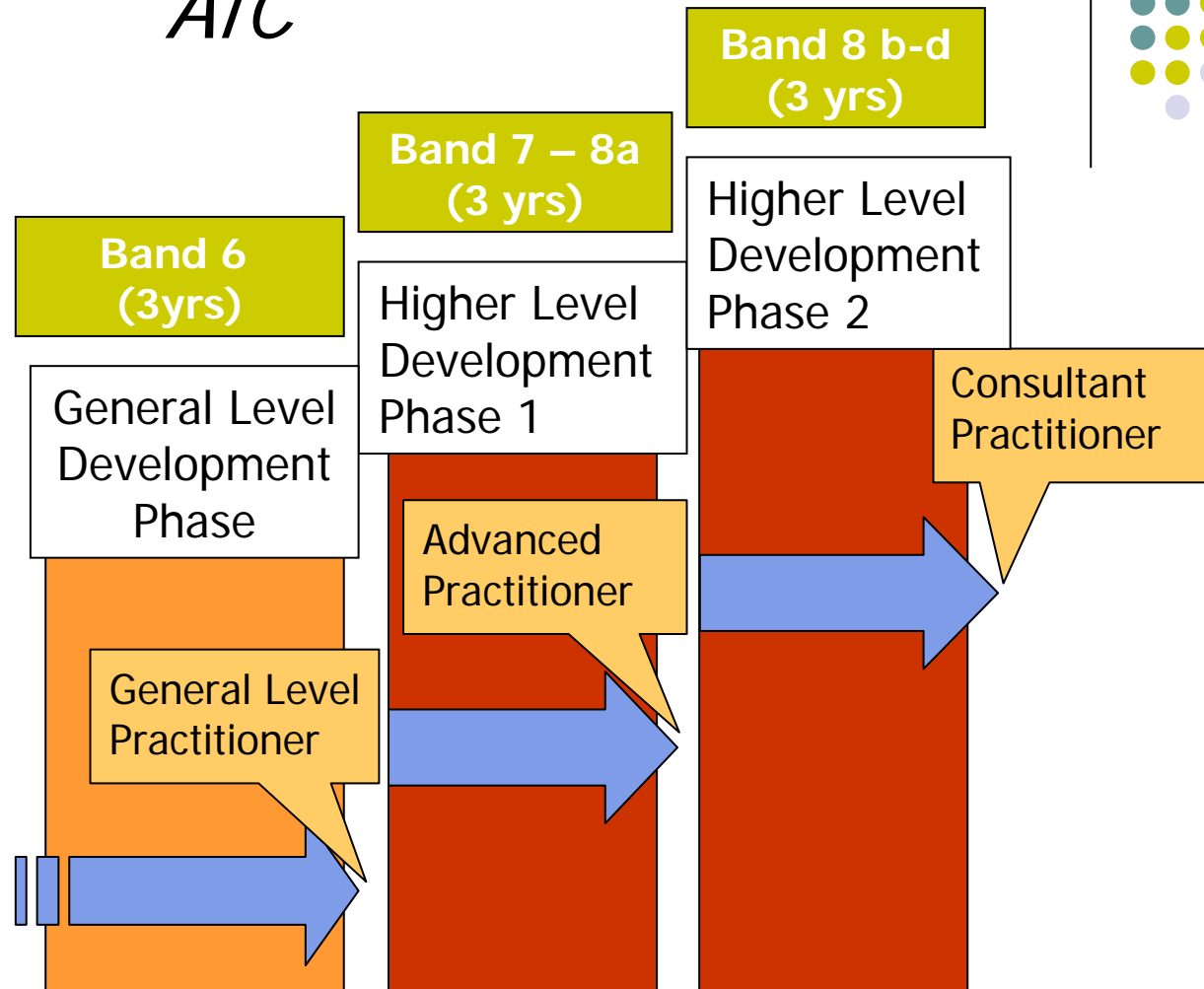


# Practitioner development strategy



# Practitioner development strategy:

*AfC*

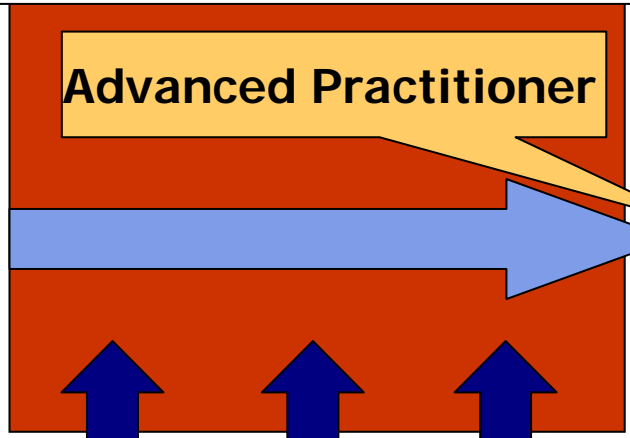


# Practitioner development strategy:



**Band 7 – 8a**

Higher Level Development Phase 1

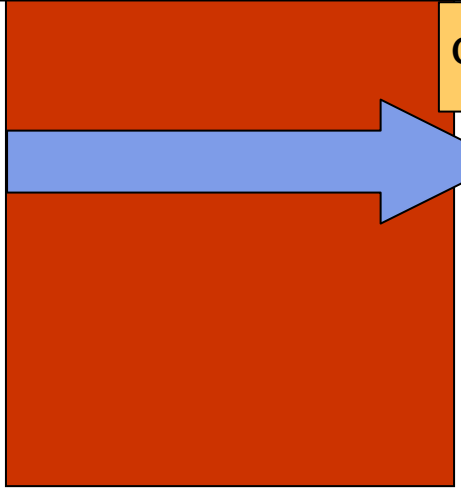


Advanced Practitioner

Pharmacists with Special Interest

**Band 8 b-d**

Higher Level Development Phase 2

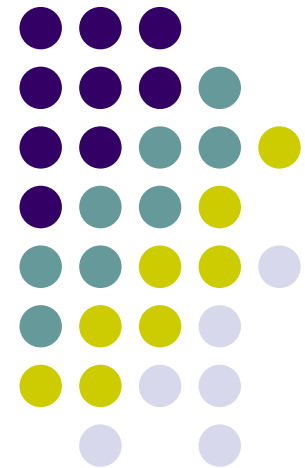


Consultant Practitioner

# Higher level practice

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*Using the ACLF as the backbone*



# ACLF Clusters

*Expert professional practice*

*Building working relationships*

*Leadership*

*Management*

*Education, training, development*

*Research and evaluation*

# Competencies

Expert skills and knowledge,  
Patient care responsibilities,  
Reasoning and judgement,  
Professional autonomy.

Communication,  
Teamwork and consultation.

Vision, motivation, governance,  
Strategy, innovation,  
Service development.

Planning, performance, change,  
Priorities, resources, standards, risk,  
Mentorship, role model, delivery, CPD,  
Practice linkage, policy.

Critical evaluation, protocol review,  
Evidence creation, development,  
Supervision, partnerships.



**Competency Framework for Advanced Practice Pharmacists**

No	<b>Leadership</b>			
	<i>Inspires individuals and teams to achieve high standards of performance and personal development</i>			
	Competency	Competency Level Descriptors		
Foundation		Excellence	Mastery	
1	<b>Strategic Context</b>	Demonstrates understanding of the needs of stakeholders and practice reflects both local and national health care policy	Demonstrates ability to incorporate national healthcare policy to influence local strategy	Demonstrates active participation in creating national health care policies
2	<b>Clinical Governance</b>	Demonstrates understanding of the pharmacy role in clinical governance. Implements this appropriately within the organisation	Influences the clinical governance agenda for the team.	Shapes and contributes to the clinical governance agenda at a higher level
3	<b>Vision</b>	Demonstrates understanding of, and contributes to, the department and corporate vision.	Creates vision of future and translates this into clear directions for staff and supervisors	Convinces others to share the vision at a higher level
4	<b>Innovation</b>	Demonstrates ability to improve quality within limitations of service. Requires limited supervision	Recognises and implements innovation from the external environment. Does not require supervision.	Takes the lead to ensure innovation produces demonstrable improvement in service delivery.
5	<b>Service Development</b>	Reviews last year's progress and develops clear plans to achieve results within priorities set by others.	Develops clear understanding of priorities and formulates practical short-term plans in line with department strategy.	Relates goals and actions to strategic aims of organisation and profession.
6	<b>Motivational</b>	Demonstrates ability to motivate self to achieve goals	Demonstrates ability to motivate individuals in the team	Demonstrates ability to motivate individuals at a higher level

# Competency profiles

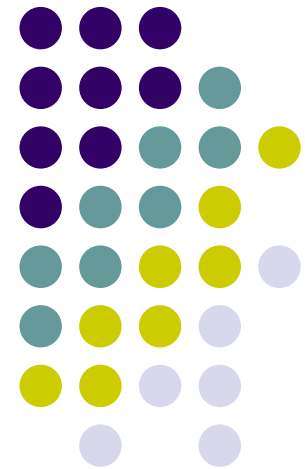


- Consultant profile
  - EPP, BR and Leadership at Mastery
  - Management, ETD and RE at Excellence
- Advanced profile
  - 5 clusters at Excellence
  - RE at Foundation
- PhwSI profile
  - 4 clusters at Excellence
  - 2 clusters ET&D, RE optional



---

# Designing the curriculum



# Designing the curriculum



- Set by the NHS and devolved to Specialist Groups
- National agenda but local relationships
- Work towards a national curriculum?
- Structure supports access by PhwSI

# Designing the curriculum – important issues



1. What are the higher level knowledge & skills to meet the EPP cluster of ACLF for advanced, consultant and PhwSI practitioners?
2. Is experience (types of patients seen {range} and length of experience {volume} ) within the specialty important?
3. How should practitioners be assessed?
4. What are the critical adjacencies within the curriculum?

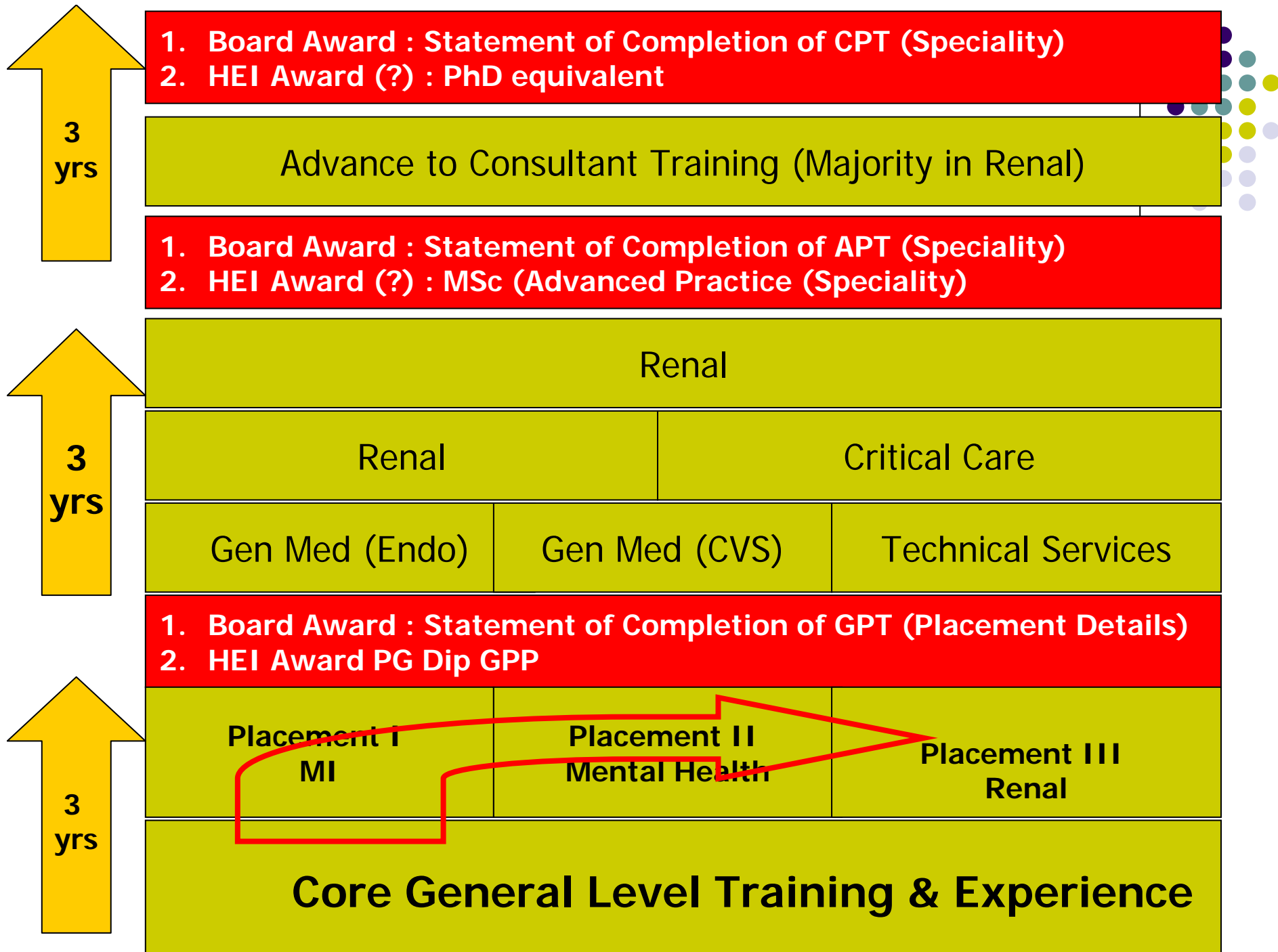
# Critical Adjacencies

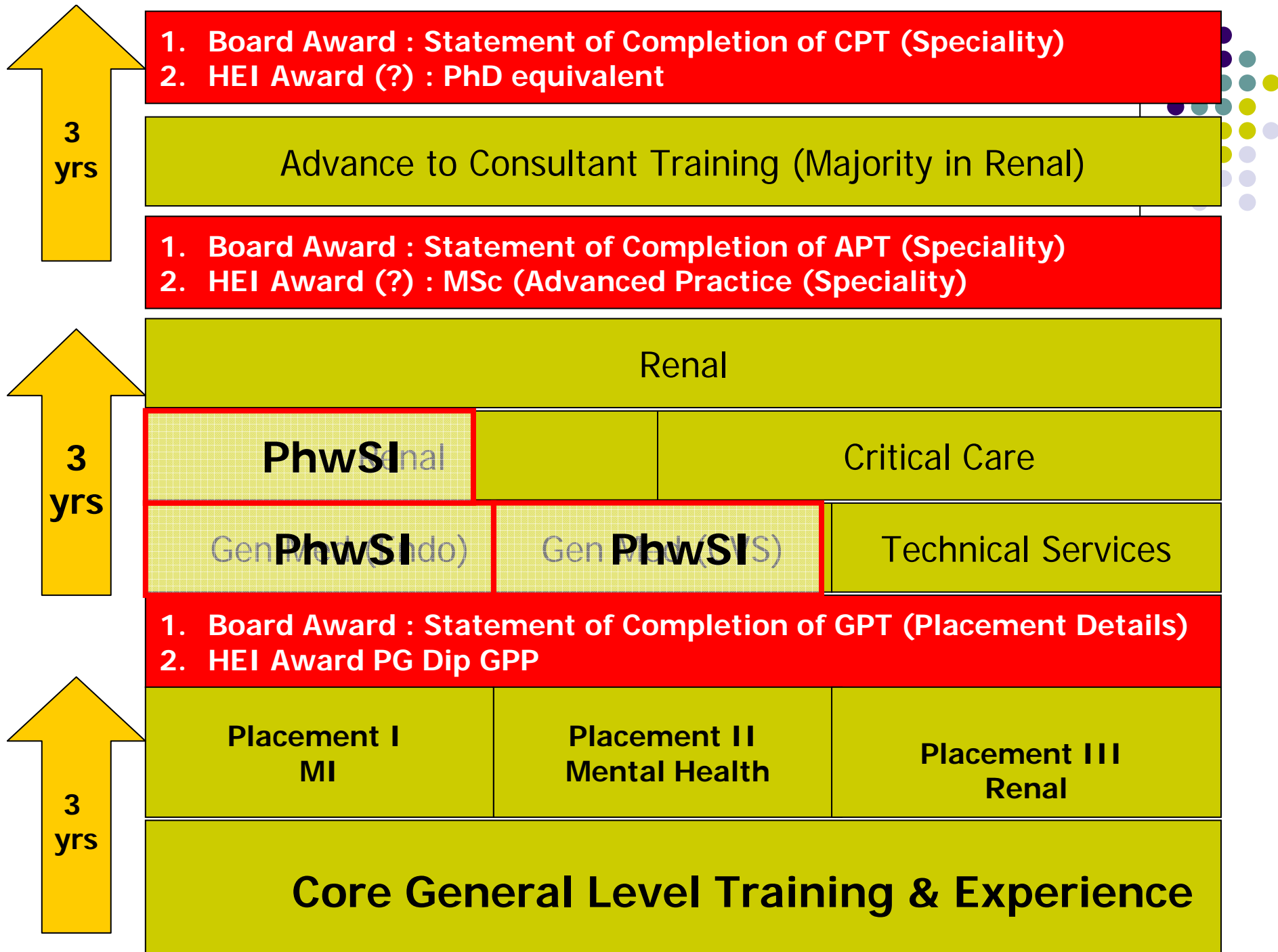


- **Different levels**

- Essential – core knowledge for the specialty
- Desirable – useful knowledge for the specialty
- Optional – flexibility in non-specialty knowledge gained

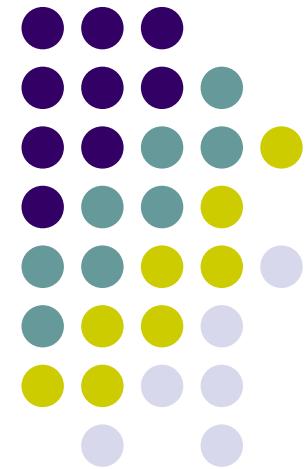






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# Considerations



# Considerations

- Content
- Delivery
- Assessment
- Expertise
- Organisation



# Considerations



- Content defined
- Degree- specialist group
- Consider capacity
- Require some flesh on the ACLF for specialists and advanced generalists
- Peer review: need to develop
- Portfolio: need to consider what's required and ensure that individual demonstrates training and experience
- How does this all fit in with existing diplomas and MScs?

# Considerations



- Manage expectations and performance: change of culture
- Workforce planning: will require both uphill & coasting (consolidation) periods
- Parity in approach between PhwSIs, especially through accreditation
- Academia = marked assignments for general skills & research plus ACLF
- Faculty to use ACLF to develop a certificate of competence using HEIs (portfolio and viva?)

# Considerations



- Define exit points
- Define adjacent competencies for given specialities
- Specialist groups to define competencies
- How do competencies map against locally set gateways?
- Mechanism for appropriate representation of SIGs on JPB so that there is “clout” behind recommendations
- Enable certification within a speciality at Band 7 (at present no system to progress from Band 7 to 8a as there are no competencies linking the two bands)

# Considerations

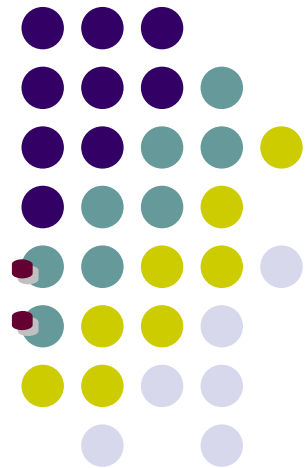


- JPB base– steering groups to include HEIs, SPGs, all sectors, 2nd level to include: SPG 1, SPG2, SPG3
- Training centres (locality based) to form a collaborative
  - Rotational schemes, include DGHs
  - Structured process (PCT, DGH, TH, Comm pharmacy)
- Develop
  - a “staff grade” style pharmacists
  - other options of working and training
  - a portfolio career style for pharmacists
- Build some flexibility into the system

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# General and Higher level practice:

## Growing the next generation



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Associate Director of Clinical Pharmacy, Development and Evaluation,  
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On behalf of JPB