

# Higher Level Practitioner Development Meeting

**Dr Catherine Duggan**

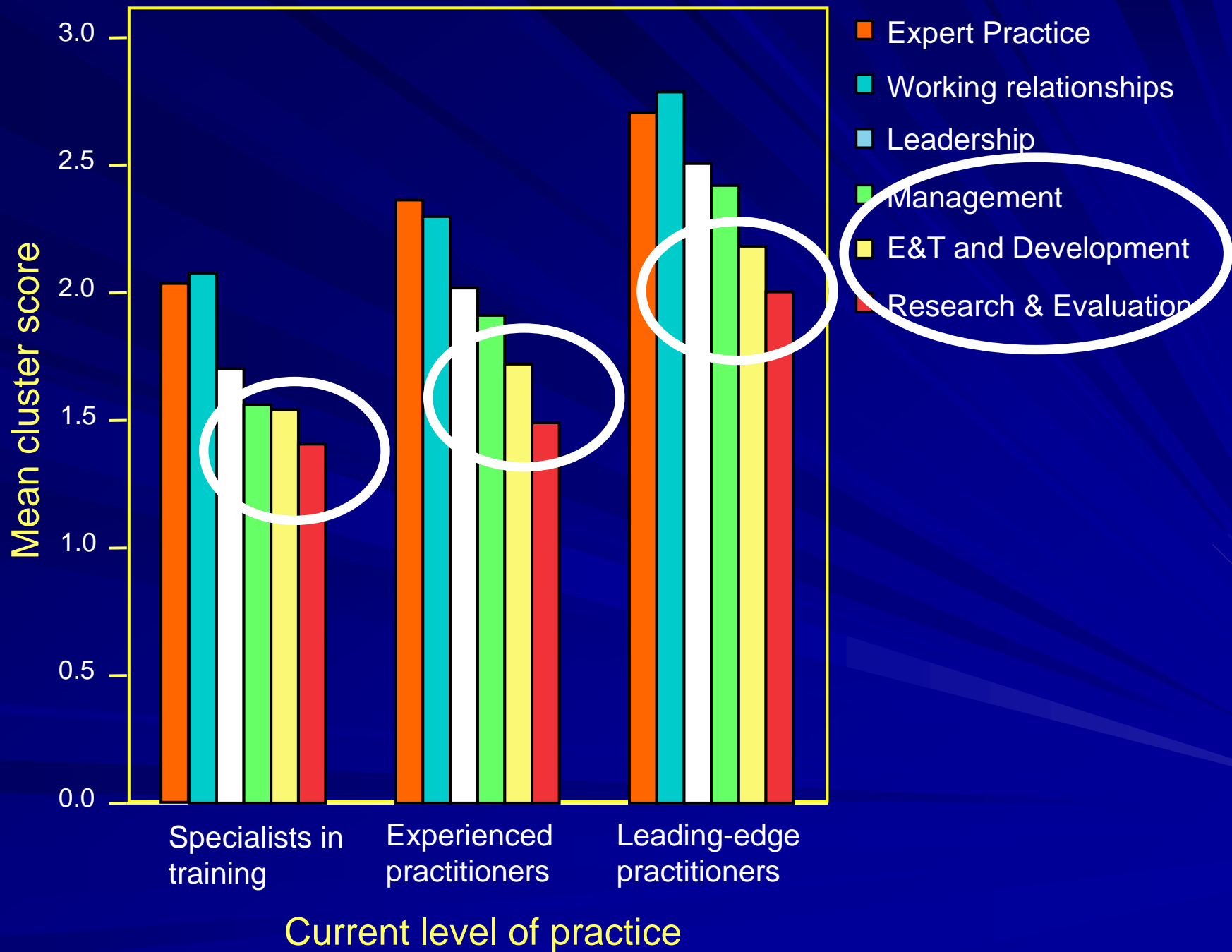
**Assoc Director Clinical Pharmacy, Development and  
Evaluation**

# Aims of today

- Review the need for higher level practitioner development
- Where are we so far?
- Key themes for focus
- Workshops
- Feedback
- Plan of action...

# The need for higher level practitioner development

- Focus on general level development
- Practitioner involvement
- Emerging consultant roles
- Individual professional development
- ...need for advanced practice development



# The need for higher level practitioner development

- We also have to consider
  - Individual professional development
  - Professional development
  - Workforce planning
  - Fit for purpose (aka accreditation of practitioners)
- “The Royal College”
  - See above!

# Review of Jan 31st meeting

# Review of previous meeting

- **Aims of that meeting:**
- To ID key educational issues involved with developing higher level practitioners within the London, Eastern and South East geography
- To design a collaborative educational system to meet pharmaceutical needs of patients which recognizes the unique contribution of NHS pharmacy specialists and academia
- To disseminate such a model for other regional collaborations

# Key themes

- Consistency
- Overcoming silo mentality
- Identifying barriers
- Overcoming barriers
- System of representation
- Collaborations with HEIs
- Time frames
- Duality of award
- Titles

# Key themes

## ■ Consistency?

- Need consistency within a specialist group

- Consistency between specialist groups
  - eg: cardiology/HIV/ITU/renal

- Compare specialities?

- Eg: should all advanced practitioners/consultant posts be the same grade (ITU vs. CoE)

- Ways of defining standards

# Key themes

- **Overcoming silo mentality?**
- Within specialities: would ensure acute care and chronic care are seamless
- Across specialities: consider other specialist experience required for the post eg: ITU: would need experience of renal cardiology, micro etc
- Agree common skills and competencies, linked with the ACLF and help with the evidences
- Collaborate with PhwSIs

# Key themes

## ■ Identifying barriers?

- The current financial climate
- The people (human nature, negativity, ego, external outdated perceptions)
- Secondary care focus
- Engage traditional management structure and develop strong networks with credibility
- Full engagement with Community pharmacy

# Key themes

## ■ Overcoming barriers?

- Specialist groups able to “regulate” their speciality or advise on it with a degree of authority
- Engage in dialogue with chief pharmacists
- Need a generalist to advise on developing a subgroup for the area if there is no speciality group, or representatives
- Include changes to pharmacy structures
- Multi-purpose competency frameworks

# Key themes

## ■ System of representation?

- A Deanery model with specialist interest groups together with a Royal College model with faculties to accredit practice with HEIs, specialist groups and management
- HEIs could govern the educational content, specialist groups could govern the training component and provide a framework for accreditation at each stage
- Representation from different sectors / DGHs / teaching hospitals & speciality subgroups

# Key themes

- **Collaborations with HEIs**
- Start the process in collaboration with the JPB / London / SE perhaps roll this one out to inform development of a national approach?
- Need to define roles
  - Advising and supporting?
  - Steering & guiding?
  - Planning & delivering?

# Key themes

## ■ Time frames?

## ■ Some specialities will take longer than others?

- Band 6 -> 3years
- Band 7 -> 3-4 years (advanced practitioner)
- Band 8a -> 5 years + (min)
- Band 8 b / c / d -> ? 3-5 years? (Consultant level )

## ■ Need to describe and define Advanced -> Consultant

## ■ Need to define core competencies for different grades within a speciality

# Key themes

- **Duality of award?**
- Recognition of higher level skills and knowledge
- Moving towards academic award with a certificate of completion of training (certification of competency)
- Inclusive of Community pharmacy: PhwSI 3-5 years post registration

# Key themes

## ■ Titles?

- Consultant should be a protected title
- Advanced practitioners and PhwSI to consultant level
- Not clear where PhwSI lie
  - Advanced must be at end of Band 7/8a NOT at end of Band 6
  - Some Band 7 posts are simply jobs whilst others are training posts
  - What goes on between GLF and Band 8a?

# Next steps

- Content
- Delivery
- Assessment
- Accreditation
- Expertise
- Collaboration
- Project planning and timescales

# Three main themes for today...

- Workforce issues
- The training & the specialists
- The content & assessment

# Workforce issues

- Managing expectations and performance: change of culture
- Workforce planning: will require both uphill & coasting (consolidation) periods
- At present no system to progress from Band 7 to 8a as there are no competencies linking the two bands
  - Basic grades leaving because they don't want to do all the extra work? create a Band 7 rotation for 2 years followed by a Band 7 job for 1 year before -> 8a

# Workforce issues

- Define exit points & Certification within a speciality at Band 7
- A “staff grade” style pharmacists
- Options of working and training
- Portfolio career style for pharmacists
- Parity in approach between PhwSIs if accredited by same body in long term. How do we link with other professions?

# The training & the specialists

- Require some flesh on the ACLF for specialists and advanced generalists
- Define the curriculum – driven by specialist group with academic partners
- Critical adjacencies
- Old MSc- how does this all fit in?

# The training & the specialists

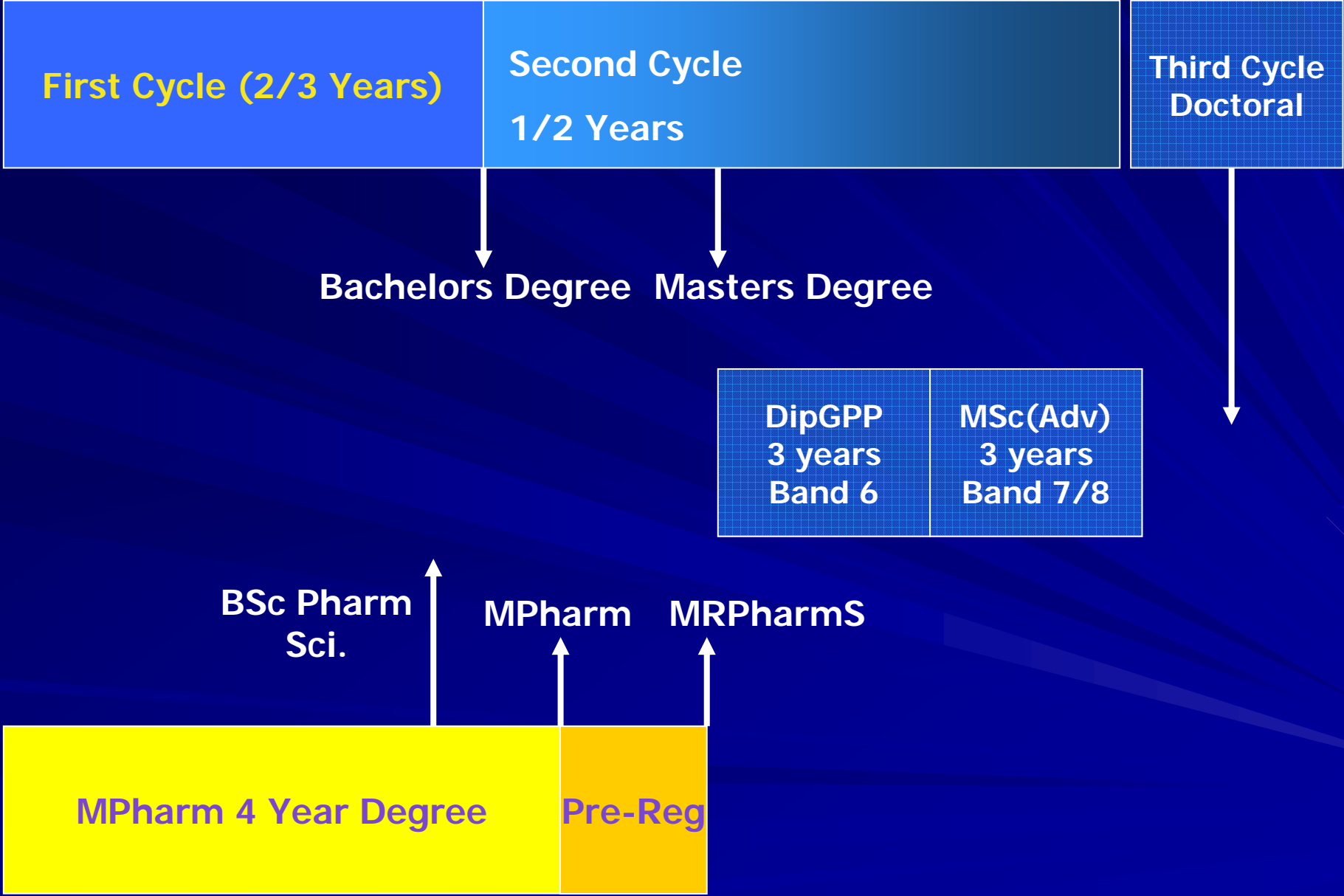
- Base at JPB – steering groups could include HEIs, SPGs, all sectors, 2nd level to include: SPG 1, SPG2, SPG3
- Training centres (locality based) to form a collaborative
  - Rotational schemes
  - Include DGHs
  - Structured process (PCT, DGH, TH, Comm pharmacy)

# The content & assessment

- Specialist group- curriculum
- Academia = assessments & research plus ACLF plus QA
  - eg. JPB Infrastructure model (HEFCE supported)
- Use ACLF to develop a certificate of competence using bits from HEIs & portfolio, and performance assessment
- Need to develop peer review
- Portfolio: need to consider the structure of what's required and ensure that individual demonstrates training and experience

# Critical care example

**How could this  
fit?**



## Second cycle (M-level; NQF level 7)

“Research” means:

- Careful study or investigation based systematic understanding & critical awareness of knowledge.
- Inclusive activity range that supports original and innovative work.
- Does not relate solely to traditional “scientific method”

# ACLF

## Cluster

Foundation F-E Excellence E-M Mastery

Expert Practice

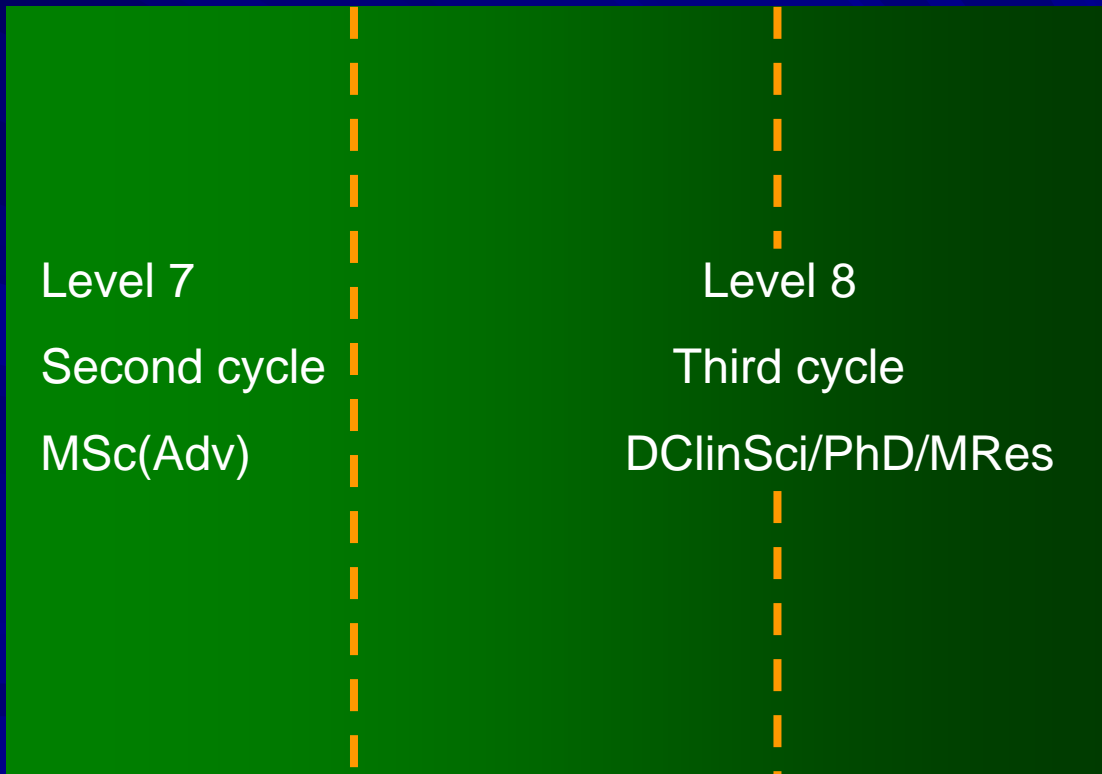
Building Relationships

Leadership

Management

E&T and Development

Research and Evaluation



# Higher degrees...

## ■ MPhil

- Often pre-cursor to PhD
- 2 years or 4 years p/t

## ■ PhD (via MPhil “upgrade)

- 2 years or 4 years p/t
- More likely 3-4 years full time (younger)

## ■ DPharm (“professional doctorate”)

- 4 years (regs) in reality 4-7 years
- Taught + portfolio component
- Still requires thesis (min 25k words)

## ■ D Clin Sci (D level – New HE ordinance)

- Active research & novel evaluation portfolio
- Now in use by Medics to replace MD
- Perfect for advanced level pharmacist practitioners

Perhaps...

3/4 year

New D Clin Sci  
*[or mod map to professional D]*

Cons

Cons  
**Band 8b**

New D Clin Sci  
or PhD

3 year  
**MSc AdvPr  
(Spec)**

Experience/Port/Res  
specialism

SCAPP  
(Part 2)

**Band 8a**  
Adv Pract

Knowing/OSCE/Port  
  
Specialism  
& critical adjacencies

(Part 1)

**MSc AdvPr**  
Special Gr = curriculum + K  
Agreed adjacencies (for K)  
Min 50% specialism by Part 2 [?]

3 year

SCGPP

**Band 7**

Post-reg

Post-Registration  
PG DipGPP

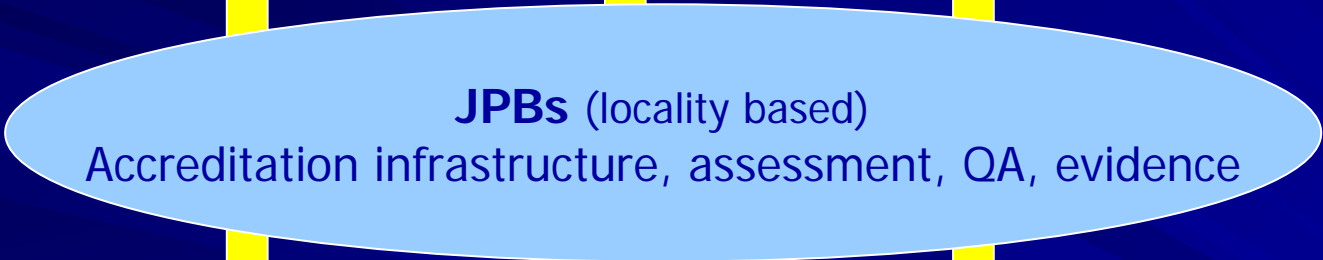
F Y2

F Y1

**curriculum**



etc



# Today...?

- Always good to have a vision
- Always good to “set boundaries”
- Focus on Advanced Masters....

# Workshops

- 1. What the NHS needs from higher level practice**
- 2. Collaborations between specialities**
- 3. Accreditation**
  - Need to consider how to assess and accredit expert practice

## 1. What the NHS needs from higher level practice

- What do we want from bands 7 and 8 practitioners?
- Service provision
- Delivery? Rotations?
- Challenges & solutions
- Top 3 things to focus on

## 2. Collaborations between specialities

- Critical adjacencies
- Content
- Function
- Delivery? Rotations?
- Challenges & solutions
- Top 3 things to focus on

## 3. Accreditation

- Share experiences
- Involvement & Engagement
- Processes, assessment, validation
- Equity across the patch
- Delivery? Rotations?
- Challenges & solutions
- Top 3 things to focus on

# **Workshop feedback**

- 1. What the NHS needs from higher level practice**
- 2. Collaborations between specialities**
- 3. Accreditation**

# General discussion

## ■ **Priorities**

- Consensus approach on the three areas
- Direction
- Managing expectations

## ■ **Programme of work & timelines**

- When to have something up and running?
- Key steps in managing the project

## ■ **Engagement**

- Wider reference group
- Broad consultation & events

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