

NES Pharmacy Podcast – Advanced Practice

Transcript

Elsbeth Boxall

Hello and welcome to the next series of NES Pharmacy podcast. In this series we are going to focus on Advanced Practice and we're joined today for our first podcast by three of the programme leads, who were involved in establishing advanced practice in line with the RPS curriculum in Scotland. We have Fiona Marra, Jacqueline Seenan, and Paul Forsyth. So, all well placed to talk to us about the aims of advanced practice, the support available across Scotland and hopefully most importantly, give us some tips on how to successfully credential in advanced practice. So, I'll go over to you guys and just so we can introduce you all, so Fiona first if you're able to tell us a bit about what your current role is?

Fiona Marra

Hi everybody. So, my name's Fiona Marra. I work as a Senior Pharmacist in Glasgow for blood-borne virus, so hepatitis c in liver, in adults and I am a paediatric infection lead clinician for SPAIIN. The SPAIIN network, which is a national role, so two split posts and also work for the University of Liverpool. So, kind of got a research role with them in clinical pharmacology so yeah, a bit of everything, which I guess helps draw in the different domains needed for the advanced practice role and also credentialed as a consultant pharmacist about two years ago now in infectious disease and hepatology.

Elsbeth Boxall

Yeah, so absolutely a real breadth of experience to bring to the, the advanced practice table and, and Jacqueline, go to you next.

Jaqueline Seenan

Yes, hello everyone. I'm Jacqueline Seenan. I'm the, currently the principal pharmacist for prescribing development and education within NHS Ayrshire and Arran and so I've got a remit across both acute and primary care. So, so basically, I kind of lead and manage our pharmacy education training team locally which comprises a few pharmacists and we've also got a pharmacy technician and, and hopefully another soon. We oversee most of the sort of formal pharmacist training that most people will be aware of. The experiential learning for students and foundation training pharmacists, foundation pharmacists doing the Post Reg programme. So, we're really involved in all those sort of things and obviously been trying to obviously support advanced practice. We've also got a lot of obviously pharmacy technician support worker training as well and I work very closely with colleagues at NES and also education and training lead pharmacists across Scotland.

Locally as well, we also provide medical education. So increases our sort of inter-professional training and I also work closely with nurses in AHP's around sort of non-medical prescribing, work that we do as well and I also still have quite a bit around medicines governance, supporting the Safer Medicines Group in the code of practice for medicines governance and managing new medicines process as part of our drug and therapeutics committee work. So, again quite a varied role, but interesting and, and busy as we all are.

Elspeth Boxall

That's brilliant Jacqueline. Thanks very much and yeah, last but not least, Paul, can you tell us a bit about what your role is.

Paul Forsyth

Brilliant. Thanks Elspeth. So, I'm Paul Forsyth, I'm lead pharmacist for cardiology in NHS Greater Glasgow and Clyde. Our remit is really for things like outpatient clinics, a wee bit of primary care work. So, I still run two clinics a week myself. I've run clinics for about 15 to 20 years now, so it's a long time. Similar to Fiona, I'm consultant pharmacist credentialed a few years back and, and also do some research, predominantly in a mixture of either cardiology or a wee bit in advanced practice itself and workforce development. Yeah, I've enjoyed kind of trying to help strategic educational developments in pharmacy over the last probably 5 or 10 years as well. So yeah, a little bit like the other two, my, my, my, job was a wee bit varied, so really, two days clinical and then the remaining three days split between, you know leadership, education and, and research. So yeah, it's quite, quite a, quite a varied interesting role, so thank you for inviting me along.

Elspeth Boxall

That's great. Thank you all. That's it's really good just to get an understanding of all the, the breadth of your roles and what that can bring to the advanced practice forum. So, Fiona, first of all, I was gonna ask about the, the programme lead role. What, what can you describe a bit about what you did as a programme lead for advanced practice.

Fiona Marra

Yeah. So, I mean it's it was a nice new role, which I think always helps because you can then kind of shape it as, as much as possible. So, we the, we split up in the different boards in in Scotland and took a, a few boards each. I mean we, we, we did a lot of crossover but that just kind of gave us a base and our role was, was quite varied from board to board. So, I guess touching base with the directors of pharmacy and education and training team in the first off and then just kind of seeing what the, the needs of the different boards were and levels that they were at. So, some where maybe a, a bit more advanced than others in establishing, I suppose services and, and help and assistance and, and groups for, for

advanced practice. So, it was it, it was nice to kind of help with those processes' kind of lunch time meetings, peer support, peer review. We've done similar work before with the consultant framework.

So, I guess we kind of came from a place where we knew the framework, we knew the domains, we, we, we knew the needs and I'm an assessor as well for the RPS. So, so it's kind of useful to come from both sides, someone who's credentialed already, but someone who's also marking the portfolios. Some individual can have peer mentoring with, with some pharmacists that were going through the journey or looking to start and, and also just I, I suppose being a port of call for, for, lots and lots of different questions and that was probably the most valued because it was such a huge breadth of knowledge out there and, and what advanced practice was from no knowledge whatsoever, you know, to, to people who are looking to credential in, in the next few months so lots of, lots of unknowns. I think it's an, an early journey still in the RPS. So just being able to answer questions and, and maybe put people at ease and people maybe choose their levels. So there's maybe pharmacists who weren't sure if they were ready for advanced, weren't sure if they were ready for consultants. So kind of having those conversations about where the gaps are, maybe what, what kind of length of time something like this might take for individuals, helping with identify, for example gaps, maybe in things like research and, and what could be done.

Establishing research groups within boards or linking boards together, putting people together, working with SIG groups as well. Whereby there's, there's maybe some research or education gaps, what could SIG groups do, to, to, to bench that to or to, to knit that together? So yeah, so the, the, the roles were quite varied and, and it was a shame we maybe didn't get more time because that things were maybe just starting to be progress with advanced practice and people starting to credential. But it was really useful, and it was nice to see the landscape around Scotland and, and, and what others were doing and actually, you know, it's nice to get some ideas from one board and then share them with another and vice versa. So, there's, there's lots of good work going on, but hopefully lots of things will continue into the future.

Elsbeth Boxall

That sounds really interesting. Just laying the foundations really there. I don't Jac or Paul is there anything you'd like to add to that from what you felt you, you did as your role?

Jaqueline Seenan

Yeah, I think we just we each maybe had at, a slightly different take on it because we were linking with different boards. So, if you had a very small board, they might just have been a slightly different place with it than the larger board. But I think what Fiona was saying there was, it was really good to, to get what each board was doing and share that because

you know and, and get ideas from you know, good ideas that people were doing and, and share that with, with others. I think we also got involved in some of the national groups like the Advanced Practice Group that was shared with one of the directors of pharmacy and we got involved in some of that, that national work and, and trying to pull together a, a position statement which the directors of pharmacy could then put out and, and again, I think if we'd have more time, we could have developed and worked on more of these things, but at least there was something that could come out from the directors of pharmacy to at least put up a statement as to where we currently are in the advanced practice journey and then we can, can build on that and yeah, we all worked with some of the different specialist interest groups as well to try and start that those discussions. Again, there was probably a lot more we could do but with a limited time, so it was hopefully we started the discussions in boards and, and in some of these SIGS as well.

Elsbeth Boxall

Yeah, that's, that's really helpful. Yeah. Yep, and just thinking about good kind of leading on from that, I mean you've kind of already touched on this about the kind of support that that is available for people who want to, to start or, or progress in the advanced practice journey. So, I'll go to you now, Paul. I mean what, what can, where would you direct people for, for support now obviously that you guys are, you know, kind of moved away from the, the, the initial programme leads position? But you've obviously established and, and a, a number of resources where, where would you direct people to get, get support?

Paul Forsyth

Yeah, so from our experience of, Fiona and I's, having gone through it ourselves at the consultant level, it helped to go through it with others. It's quite a hard thing to, to go through yourself, to understand maybe how to put the portfolio together, to think about how to write things, to think about the kind of evidence that you could put in it, etc. So, what we tried to do in a number of the boards was set up kind of, let's call them communities of practice.

Some of the areas like Lothian launched, Fiona helped launch things like Club LA that was quite kind of big and formal and, and others boards perhaps were smaller or an earlier stage kind of brought early adopters together and tried to, you know, just bring the keen beans together a little bit more but what we, what we did in each of these areas was really identify people that could come together. So, the first thing I would say then is if you're looking to do this is who are the people in your area that want to do this? Now that area might be board wise or geography, or it could be specialist wise. So perhaps like I work in cardiology, maybe there's some other cardiology pharmacists across the country that want to go through this along with me, but what we've tried to encourage people is to seek them out or at least we've helped to try and bring them together a little bit more, either

the board, or perhaps things like the specialist interest groups as well. So, one of the things we did was we went round the few of the different special interest groups and spoke to them about maybe how to get started? What kind of evidence would map nicely into portfolios? The kind of common problems and misconceptions that people might had. We helped a few of the specialist interest groups really question themselves about what advanced practice was in their specialism.

You know, to think about having kind of illustrative guides and to debate a little bit what was and wasn't advanced practice. So perhaps if you went back, you know 10 years ago prescribing sounded really advanced, but you know we're coming to a stage where all new, all new prescriber, all new registrants are gonna be prescribers soon, so the art of prescribing itself probably isn't an advanced skill anymore. Depends how complex your patient is, and we've worked with some of the special interest groups to try and give examples of this. So, either in the board or the specialist interest groups, we tried to stick people together essentially.

Elsbeth Boxall

Yeah, I think that's, that's really useful to think about, isn't it? Cause you know some, some people will find that there'll be lots of people in their boards, but some people might not know you can reach out to your specialist interest group and that, that gives you like a, a few different avenues to explore to get support. So yeah, that's really, really helpful. Don't know if you know if Fiona or Jacqueline, if you have anything else to add to that at all?

Fiona Marra

Yeah. I mean, I think we, we had prior to our role we had a, a kind of national consultant group. So, so we draw, we drew on some of the learning from that and, and the issues that some pharmacists that were in a smaller group who were trying to credential as consultant pharmacists had and, and it was very similar. So, it's the portfolios are very similar, research came up time and time again as a, as a kind of gap so you know how, how could we help nationally on, on things like research, but also leadership was something that came up quite frequently with the with the advanced group cause perhaps it was maybe a, a, a cohort of pharmacist that were maybe sitting at the band 7, 8a and, and also 8b level.

You know the, a lot of 8b pharmacists doing their advanced practice or looking to do it but maybe sit in a hierarchy where they have a line manager or a couple of line managers above them, and you know perhaps didn't feel that they had a lot of leadership experience or leadership and management experience for their portfolio, so again, like Paul said, just bringing people together and sharing ideas of what does constitute as advanced practice in these particular areas and for things like research as well, what opportunities were available or, or you know within the SIGS, you know what could be done. So, for example,

what, what is the next 6 to 12 months look like within your speciality. Is there any big conferences coming up that you could aim for? You know, could you do something within, within your own hospital but could you link in with your SIG to, you know, if, if for example with you, if you're collecting data on 10 patients, could that become 100 or 200 patients if you're linking in with similar pharmacists in other hospitals around Scotland or around the UK to increase your data set? So, so, so just kind of small things like that and I, I guess you know what was also useful was just, I'd mentioned before, like you know, questions, but what, what works and what doesn't work? What from an examiner's point of view is, is helpful? How, how can you know the portfolio stand out? How, what you know, what, what works and what doesn't work with regards to presenting evidence. So, kind of sessions on things like that as well. How to collate previous work so that that was a question that came up quite a lot. What about work that I've done five years ago?

I've done a PhD, I've done an MSC can, can that be used so, so I guess just navigating, navigating all those things cause if one person has that question, then lots of other people will have a similar question as well and I guess another thing that we were frequently asked about was patient facing roles and pharmacists that are perhaps not in patient facing roles and how that can fit in with advanced practice and whilst we, we don't have all the answers, I, I think we had some really good conversations with pharmacists who came to us and kind of said it's, it's been a really nice opportunity to perhaps have a conversation with their line manager about maybe making slight changes to their roles or changing what they do or looking at maybe hybrid roles, to, to enable them to meet the, the four pillar, the, the, the, the four pillar evidence that they need to, to pass. So, so that's been useful as well.

Elspeth Boxall

That's absolutely brilliant. I think you've probably already kind of touched on what was going to move on to next. I think is, was going to talk about, you know what, what barriers have you seen people come up against and you know, how have they overcome them. But I think you've probably already been touched on that a little bit there Fiona around about people who maybe felt that their role only covered some aspects of the portfolio, and they needed to find a way to, to encompass the other aspects. So, I don't know, maybe either Jacqueline or Paul, do you want to, to sort of add to that and sort of give us some examples of where people have managed to overcome those barriers?

Jaqueline Seenan

Yeah, I could probably come in. Yeah, Yeah. I, I do think it's very much trying, I think people have, well, the curriculum is really for patient facing. But I think it's an opportunity, but we've had to, to start talking about it as, as Fiona is saying it might just give people a start to think around their role and maybe if they haven't done a clinical session for a

while. You know, a patient facing one in their role, perhaps they might think about, you know, doing that along, along with what their main role is. So, I think it's flexing things and, and, and certainly it can be done. I've just had one of the pharmacies within my education team and she only does a clinical, actually sees patients like once a fortnight. But with the other pieces of work that she's doing, she does a lot of the education training. She also has a role at the university, so she has, has a sort of hybrid type post, which has meant that she's worked across four pillars.

So, I think it's an opportunity for people just to look at their roles and, and say you know what, I could probably pick up a bit more of, of education, or I could pick up a bit more leadership or research. So, I think, I think also people are seeing as, as higher than, than it actually is. I think it's saying you know; I think it's just this thing about you know the barrier I think is people not, not getting started with it and I think once you maybe start and you start to put some evidence in a portfolio and start to build it you can start to see, you know what, what, what your roles like and actually you're doing more across the four pillars, then you actually think that it makes you just think around all that. I, I think one of the barriers, though, still just now is that I don't think people are, are clear why they would do it.

We've got all those really keen beans and the people that are wanting to engage, and I think they're the ones that we really wanted to try and pull into, you know, peer sessions or what whatever we call them to help others. But I think for the wider teams just now, it's still not clear and I think once we start to see what it will mean for your career and maybe part of job descriptions and recruitment people might start to see it's not the usual historic way that people progress in their career. It's more about development portfolios and working across four pillars and a couple of things I would say to you, there around that.

Elsbeth Boxall

That's excellent, Paul. I don't know, would you like to add anything to that?

Paul Forsyth

Yeah, so, so. Just building on what Fiona and Jacqueline already said. Everybody's going to have a gap more or less, and that gap just might be a different pillar, it could be clinical. If you're in a non-patient facing role or it could be research, could be leadership as you heard from Fiona. So not to worry when you identify a gap. Most people are going to be in that position, it's about what you do about it. It's about the conversation you have with your line manager. It's about the vision of your department and what the roles are becoming and the transitions that are happening. It's OK to be a wee bit apprehensive with that and a wee bit unsure, but there's also an opportunity perhaps to pick up things that maybe you didn't want to let go sometime in the past and you know to try, try things that maybe you haven't, maybe in a long time, but don't worry alone about the, the fact

that you have a gap that's probably eight or nine out of ten pharmacists, they're gonna have one pillar that they're weaker on and going to have to focus on where maybe the other three or four pillars are a wee bit stronger. I agree entirely with Fiona and Jacqueline around these things and, and why they need to do it. I think, I think Jacqueline's right. I think that is a very common question, like what they get from it now. One of the things you get from it is probably softer and that is you can be a wee bit more confident in your own abilities. You can feel a wee bit more assured in your practice like before this call, we had all our local pharmacists, that are doing cardiac clinics together on a call where we do peer review, but that peer review now is bringing a case and presenting it in a case where you've struggled a little bit maybe or you've learned something new and the kind of things that we were discussing today were oh I'm a wee bit unsure about the diagnosis actually in this patient. It's not clear cut. You know they're asking me about it. How do you normally go through these issues with patients? Well, look, this ones getting to the end of medicines optimisation and perhaps now needs non-medical related interventions, so kind of devices and other treatments that we can do in cardiology. When should I go and speak to the doctors about these things? These are quite challenging decisions that people have to make, they're often not right or wrong.

There's often lots of different experiences and viewpoints on them, and it's quite comforting to hear even from the senior people with me that ran clinics for 15 or 20 years that, yeah, I think that is challenging. Here's the things that I think about, here's when I'm comfortable or not, it helps that person learn some of the grey. It helps them feel more confident. It helps assure their practice. It helps them benchmark against their peers. So there's lots and lots and lots of soft benefits for you to become a more confident and capable person. I think the things that are wee bit less clear just now is how exactly are we going to get them into job descriptions and different things. Probably depends what your job looks like. Cause if, if your job does look like my team, you probably are going to increasingly need this kind of portfolio in the long term to make sure you are safe to do your job in these things that you probably weren't taught to do at undergrad, but now you're developing into, so it becomes an assurance model.

So, for some people, it's not necessarily going to be now you're getting promoted but it might be that you're a more capable, confident, happy staff member that feels like you're linked into your peers that are struggling with the same issues that you are. So, some of it is probably about heart than anything. I think we do over time now need to be a bit clearer about how we're gonna align this with job progression. I think that's necessary but it's gonna take a bit more time.

Elsbeth Boxall

Yeah, that's, that's really helpful, Paul there. So, we've kind of talked a bit about the, the barriers but, but equally you know you've, you've really given a good picture of there of, of

why people would, would want to, to do this and be interesting to hear from yourself, Fiona and Jacqueline about, you know your what do you feel about that? What other things have you seen people gain from, from working through advanced practice?

Fiona Marra

Yeah, I mean, I, I really enjoy the mentoring side of it and, and speaking to, to people who are at different stages of their journey and we've been quite busy with that side of things and it's, it's, we've kind of almost had to cap some of it, but I really enjoy doing as, as much as I can and I think I always say to people or one of the, the first things people feedback is that they, they enjoy getting feedback from, from different people that they work with at, at different levels cause it can, it can be nice and you might have worked with a consultant for 10 or 15 years and this is the first time that he's put down in a piece of or, or similarly, one or two years, this is the first time he's put down in the piece of paper actually what they think of you or what, you know what, what benefits you bring to the team so that can be really useful to, to, to learn and understand as well. But, but yeah, I mean, I think moving into other jobs that Paul mentioned, you know, some of the barriers and, and there's maybe some quick fixes and, and some that will take longer and, and that's fine but a lot of the, the, the pharmacists that we've worked with that are going through their advanced practice, you know they, I suppose even if it's not in their job description yet they, they want, the feedback has been that they want to, you know, at least they guess be asked about it in an interview.

So, if they're going for 8a, 8b, 8c jobs you know tell me about your four-pillar working, what, what have you done, done. So, so there's that kind of interim step that we can't fix this overnight, but these are established pathways now in the UK and in Scotland, so you know, at the very least if people are going through then, well let me tell you about it. You know, if, if I'm going for this job, then let me show you how I've built research into my role leadership. You know, I've advanced my clinical skills, I think we've had a lot of feedback that, that, that people like talking about that side of things but just to touch on mentoring again, quickly, I think it's really, really important to think about who your mentors are and, and find a variety of, of mentors and around the UK and, and that doesn't necessarily mean that you, you, you maybe even need to know the person or it means that you need to have regular meetings with them.

But for example, if you're working in an area like rheumatology and your circle might be quite small within your board you know touch base with people anywhere in the UK that have credentialed in that area. The numbers are not huge, so does anyone else credentialed in rheumatology in advanced practice? What about consultant practice? Because they are going to be the best people around that can help you with gaps in research, for example, or education or leadership because they will have had to do that for their own portfolio and will know the specialist area much better than we can. Similarly,

you know think outside of the box with mentors and again, people who have credentialed already but, but people in other healthcare professions as well. Nurses that have maybe done advanced their consulting practice type roles within their own area, consultants or, or senior registrars, there's lots and lots of people that can provide really good mentoring roles and it doesn't need to be one or two, in fact, it should be more than that and, and that's been that, that was key for, for, for me doing my own portfolio as well. So, I think all these little tips are, are, are hopefully really useful to people and it's just about opening things up and, and I think even if you think it's not for you right now, keep a folder in the back of your computer where you're saving bits of advice. So, you, you know are you chairing a meeting? Are you putting together an educational piece of work? Are you delivering sessions? Can you keep, can you keep the minutes? Can you keep the poster? Can you keep emails or specific bits of evidence, and it just makes it harder it. Sorry, it just makes it easier in a year's time when perhaps you do want to, to crack these things open that you have in things in the one place because there can be a lot of admin and kind of chasing things about. So yeah, just couple of tips there.

Elsbeth Boxall

Jacqueline. Sorry.

Jacqueline Seenan

Could I add into that Elspeth. I think it, yeah, I, I think that will bring, sometimes we forget what actually we've done and actually have, you know it. You know, even when it's, it's you're doing your CPD or anything like that you think well actually there's more I've done this year than, than I thought so I think if everyone starts to build, whatever career level they are, I think if you've got some portfolio on the go and whatever it, it might not lead to you being credentialed, but I think even if people are just starting to do it as part of their personal development plan, I think in a small way and, and as Fiona is saying there's lots of things people do and you just forget to get feedback and I think as a profession we've probably not been really good at that feedback over the years. I mean how do any of us know we're doing our job right and I think to get feedback from other peers or others in the multidisciplinary team, I think is really helpful and reassures you and gives you more confidence. I think one other thing and just to say as well, I think it also gives employers that assurance that people are working at certain level. So around that whole governance around people, how people work etc. I, I think is, is really good to show that you know you have that evidence or even that if you're credentialed it shows that you can work at that, that level and I think we need to start seeing this kind of thing coming through when people are interviews around, you know, bringing the evidence that they have or how are they working across four pillars, so it might not always be that everyone gets credentialed in this space, although that is what we want to aim for. I think just now we're in that space of at least getting people involved in it and knowing it starting to put their evidence in a

portfolio and, and having that there if they ever go forward for another role just a couple of other points.

Elsbeth Boxall

Yeah, I think that that is, that's excellent. I mean I think just small tips like that, that you know probably it's quite easy to do, but you maybe just haven't thought about. So it's just having you know, you guys with the experience of seeing what works is, is really, really helpful and I wonder if we can think about as well like, I mean I was going to ask you for, so what your tips would be for people, and you've already touched on that, but I think you mentioned earlier on as well that sometimes the biggest barrier is just getting started. So, if you had sort of some tips for people just how to get started and, and how to keep going, what have you seen that that works for people. I will open the floor for that one, you'll probably all have tips for that.

Paul Forsyth

Yeah, I'll maybe start this time. So, It will involve a lot of different things. First of all, I, I think you, yourself have said you that we've heard about mentorship already. So, I'll not go back over that. But you need to start with a self-assessment and where you are. You'll have lots of old things that you've done and assets there already that you can put into it. There's probably a bit of time where to begin with you want to put the things you've already done into it and see kind of what you've got. I think you need to understand how to balance the portfolio. I think this generation of pharmacists so far are just starting to get to grips with how to balance the portfolio, so there has to be some proper professional outputs in it. That might be if you have written a research paper from say, there's the research paper, there might be some corroboration from people. So, here's the person that supervised, Fiona in her research that she did some feedback from that person and then there has to be a wee bit of reflection sometimes from the person, like here's what Fiona learned during that research project.

So sometimes there's almost three styles of evidence that you could put into one bit of bit of work, and I think pharmacists aren't always clear about this. They might all just go down one of those routes, like, here's all the stuff that I've done, but they're not really putting enough of their colleagues' thoughts in or they're not really telling us what they're learning like professionally in that zone. So, find a mentor you've heard, understand how to balance your research, and that is going to have to be balanced like that or you won't pass, and you need then a, a mentor or somebody that you periodically meet with to keep you ticking over. If this is just something that's, that's your ball Elsbeth, you go play with it and come and tell me when it works, I don't think that's the right way because if you're my staff member and you're running clinics and you're doing all these complicated things, it means something to you, it means something to me, it means something to our service,

for you to be more confident, capable of all of this so you should be having a mentor or a line manager or somebody that also meets with you periodically to make sure that you're ticking along with it. You know, one of the challenges is if I made you do an MSC, it normally comes with dates and lines and expectations and exams and an award a year or two down the line, well, this thing could take you six months, it could take you 10 years. You know there's not a, a definite amount of time you and your line manager might want to think of it or your mentor, but, when you meet, how often you want to meet, where, how you should be progressing over that time, and roughly maybe how long it might take. If you leave it as a kind of open-ended self-driven thing, I personally think it's harder, but you have that right person to spend the time with you and that they know how to balance it and put the right level of stuff into.

Elsbeth Boxall

Yeah, that's, that's a that's a really good point, Paul. I think it's like anything, isn't it? If you if you don't set yourself some targets and have someone else there, kind of making sure you meet them, it could go on forever can't it. So that's, that's really, really helpful. Jacqueline, did you have something to add?

Jaqueline Seenan

Yeah, I, I think the theme is just, just to get started with it, because I think if you don't even open it up, so get started and start small, you know and, and even just look at the portfolio, do a small bit each week or so and, and look at what you could add in and I think once you start to build it and you see what work you're doing, I think that that helps. Pauls already touched on make sure you've got that you know the a, a supervisor and mentors around you, you can go to.

But I think also really key to just get involved in some sort of peer group of those others who are keen to, to get engaged with it and get involved and, and rather one thing we just get involved in something that you don't normally do in your role. So, if you're not someone that you know leads on a project or as a, for example, as a project supervisor, even for a trainee pharmacist, well, you know, suggest you might do that or chair a meeting that you might not, chair a national meeting you're not involved in and you can get feedback even that you know there's, there's non- clinical supervised learning events as well that you can get feedback on.

So, there's lots of different skills and it might be that you do lots of, of clinical work, but there's other things that you're, you're not so strong in, so get involved in leadership development groups if there are any you know to take pieces of work forward across your, across pharmacy or whatever clinical area you're working in, but getting involved in

different things I would say and all opportunities just try and remember to get feedback from others you're working with.

Elsbeth Boxall

That's brilliant. Yeah, so I think Fiona, if you had something to add then that would be great.

Fiona Marra

Yeah. So, two quick points. So, first of all, collaborators. Always think it's nice to start with just getting a blank piece of paper and writing down 10 or 15, or if you're doing a consulting, 30, just off the top of your head, people that that could be collaborators for you and, and that can be quite useful cause if, if you're struggling to get that number by 3, 4 or 5, you, you, you maybe, you know it's maybe going to be a bit of a kind of longer journey for you. But it I think that would be rare. I mean and it can be collaborators is, is, is difficult because there's you know, you'll send, you can send 10 requests out and get 2 back, you can send 10 requests back and get 10 back. There's a lot of back and forward and nudging people and, and encouraging them. But I think it's a it, it can be a really useful thing to start with. Collaborators need to be across the board, so there should be some pharmacy technicians in there, some, some other pharmacists of different grades, similar grades, more junior grades, more senior grades.

There should be nurses in there. There should be medics of different levels so, so collaborators is really important and, and sometimes when you have that 10,15,20 list in front of you then it can help you map, map out how you're gonna, you know split up your evidence who you're going. Because in, in the most basic I, I suppose from a, a very basic concept, some of the pieces of evidence are really, really long and difficult to do so you might map that to somebody that you worked with for a long time, or somebody that you, you know might give you an hour two hours of their time to go through that with you. Other pieces of evidence are, are maybe, are shorter and so it's important to, to maybe have a think ahead of, of who you're going to map things with. So, so collaborators is a good one, I think to start with and also, I suppose my final tip would be just to look at the evidence and really, really look at what you're trying to evidence with the piece of work that you're doing.

So, a very quick example, I spoke to somebody who's doing their advanced practice recently and they were they wanted to submit an evidence, piece of evidence on education, about a lunchtime talk in their department and, and we had a discussion about how probably that didn't fit the criteria for what advanced practice was but actually in delving into what they were going to deliver in that education session, they'd put together a really useful piece of work on a new drug that, that they, that had been used out with their own board and, and, and the, and that piece of work was going to be looked at in

three to six months. I, I, I suppose it when you're when we're putting in evidence, it's about how things change practice and they then, you know went on to discuss a big piece of work that they had done that had changed prescribing practice over a, a couple of boards. So it was just about perhaps a lunch, given a lunch time talk, itself as a piece of evidence is maybe not at the advanced practice level, but when we dug a bit deeper about what, what it was they were teaching about actually it, it ticked lots and lots of boxes, so it's about looking at what that evidence says and how that, you how you can deliver something. That evidence is perhaps a, a change in practice or something that you've done changes the way patients or, or, or other pharmacist work. So, so there was lots of evidence within that piece of work, but it was just about the way it was written up that perhaps didn't tick the boxes.

Elsbeth Boxall

That's incredibly helpful. Thank you. So, yeah, I think, you know, just to kind of round, round up, really. I, you know, I think you've, you've all given us a brilliant insight into you know, you know why we would want to do advanced practice, the benefits and also giving us lots and lots of really practical tips to get over some of the, the common, common barriers, so have you got anything else at all? Any final thoughts you want to, to give people who are about to embark on this journey, or the main, main thing is just to get started is it?

Paul Forsyth

Yeah, Yeah, give it, yeah, give it a go and if you've got the right environment around you, you'll be glad that you did it.

Elsbeth Boxall

We have a number of NES resources available on TURAS to support advanced practice including self-assessment tools, resources for regulating your portfolio and monthly newsletters which will keep you up to date on additional resources to support you in advanced practice. There are also Health Board champions available for advanced practice would be able to give you a more local support network. But a huge thank you to Fiona, Jaqueline and Paul for all your time today and all the work you've put in in supporting advanced practice in Scotland and I hope that those of you who are listening found this podcast useful. Thank you.