

NES Pharmacy Podcast – Professor Andrew Sturrock and Roisin Kavanagh

Elsbeth Boxall

Hello and welcome to our NES Pharmacy podcast.

The aim of this podcast is to introduce you to the changes in the initial education and training reforms for pharmacists and just discuss a bit about who these will change pharmacy practise in the future.

We're lucky enough to have with us today, Andrew Sturrock, Professor Andrew Sturrock, sorry give you your full title, the Director of Pharmacy at NES and Roisin Kavanagh, who is Director of Pharmacy at Ayrshire and Arran. So, thank you very much both of you for joining us today. If you could just introduce yourselves and tell us a bit about what your current roles are. First of all, starting with yourself, Andrew. Yeah.

Andrew Sturrock

Thank you, Elspeth. So yeah, my name is, is Andrew Sturrock. I'm the Director of Pharmacy at NHS Education for Scotland. I also hold visiting professor titles at both of the Scottish Schools of Pharmacy. So, University of Strathclyde and, and Robert Gordon.

So, I guess my role is to oversee all the pharmacy functions within, within NES of which initial education and training through the undergraduate Experiential Learning offer and then through the Foundation Training programme which we deliver, sit alongside wider of education training and portfolios for Pharmacy Technicians and at that postgraduate space as well.

So, my background is in clinical practice originally, but worked at the University of Sunderland. I was the MPharm programme director at the University of Sunderland and, and led the university there through accreditations of their programme and joined NES in September last year so come, quickly coming up towards a year and there's obviously so much happening in this space at the moment.

So, I really great to get to talk through some of this today.

Elsbeth Boxall

That's great, Andrew. That's really good for everybody to, to meet you, even if it is virtually. So, Roisin, can you tell us a bit about your role just now?

Roisin Kavanagh

I will do. Thank you, Elspeth. So, I'm Roisin Kavanagh. I'm the Director of Pharmacy in NHS Ayrshire and Arran, a post I've held now for 5 1/2 years, unbelievably. So that means I'm responsible for the pharmacy services across Ayrshire and Arran and I also have responsibility for medicines governance within the organisation.

So, I also chair the Pharmacist, Initial Education and Training Strategic Oversight Group, which is a group that's been formed in, in Scotland, which, as it says, has strategic oversight of the initial education and training reforms for pharmacists.

We have representation from the schools of pharmacy from NES and from the services. So, both the boards and community pharmacy and they also have education and training representatives and student representatives on the group and our role really is to make sure that Scotland is on the right path to delivering those initial education and training changes that were implemented in 2021.

In terms of how I ended up as the Director of Pharmacy representative on that group and how I ended up as the chair of that group, in previous lives and previous roles I've held education and training roles both for what were pre-registration training pharmacists and as well. So, I guess my background in education and training made me, I suppose a, a good choice some might say for, for that role, but really excited to be part of it.

Elsbeth Boxall

That is brilliant Roisin. It sounds like you're exactly the right person to tell us about these reforms. So, first of all I'll start with yourself, Andrew, can you outline really the, the main changes that are that are the initial education and training reforms? What are the main changes that we're going to see?

Andrew Sturrock

Yeah. Thank you. So, the new the education training reforms for, for pharmacists in many ways, driven by the, the standards from the, the GPHC, so the 2021 standards for the initial education and training of pharmacists. But the reforms also really reflect the changing roles of pharmacists within, within the service across all across all sectors of practice.

I think the, the headline changes, of course the inclusion of prescribing at the, the point of registration for pharmacists. So, the cohort of, of students graduating and joining the register in 2026 will be Independent Prescribers at the point of registration and of course that's a significant change from, of course, prescribing, it's not new for pharmacists. It's been around for about 20 years but, but prescribing as a Day 1 Pharmacist is of course a, a change for us.

But there's a lot more to the standards than just the changing, the inclusion of prescribing. So, if you look back through the standards and of course the, the schools of pharmacy have been going through their accreditations by the General Pharmaceutical Council across the United Kingdom over the last couple of years and, and the SEB, the statutory education bodies such as, such as NES in Scotland have also been going through these processes.

But if you look at the standards as a whole and I think that one of the key things is that closer link between undergraduate and foundation training to think of the five years as, as I guess, a continuum in terms of the development of, of pharmacy students.

But obviously to support the prescribing, there's an increased focus on developing clinical skills for our students, for our pharmacy students and I think we talk about clinical skills, and we can mean that in lots of different ways.

We can mean the sort of hands-on clinical assessments and examination skills which a pharmacist may, may use in practice, but it's also much more about that person centred care. The ability to communicate and have challenging conversations with, with patients, around medication or, or, or whatever it might be.

So really increasing the focus on those, those clinical skills and to do that, of course you can do some of that in the university setting, in a classroom or in a simulated environment, but actually the real benefits to the real requirements, I guess to become competent is around how we work in practice.

So, we, we have a big focus on experiential learning. So, learning by doing, by experience, and, and that's what we need. The, the service and so community pharmacy and the managed service across Scotland to support with. So that's the placements which we, we offer our students. So, giving those students real exposure to a real patients in a in a real clinical setting is really designed to help to develop that.

So, we've been really focused on improving the, I guess the quality and the quantity of experiential learning that students get as part of these new standards and you don't have to go, you don't have to go back that far historically where students didn't see any patients as part of the programme.

I mean, I, I remember graduating with my MPharm degree and I didn't see a single patient within my programme. It was the Saturday job that might have given me the, the exposure or the, the summer placement. and so real focus on experiential learning

and also, a big focus on interprofessional learning as well and how pharmacists become part of that effective multidisciplinary team and so a key part of the standards is that interprofessional learning.

That's not new for the 2021 standards that was in place in the, the previous iteration of the education training standards. But again, the emphasis is it's, it's great to know.

I think it's important still the, the reforms still maintained, as the science elements of, of being a pharmacist and it's still important, but we're also seeing increasing focus in those education and training and in the programmes that people are offering and the topics which are discussed, things like pharmacogenomics, for example, is explicitly mentioned there in, in, in the standards and you can see that the sort of science has started to change and adapt as we go forward.

But I think if we focus back from the prescribing part of it, so of course the same, I guess as a, a pharmacist who's already on the register, who, who takes a standalone independent prescribing programme is that there's a requirement for DPP. So designated prescribing practitioner.

So, a pharmacist can take that role and actually we are working towards being fairly self-sufficient as a profession in, in providing enough DPP support, but we will still be using some medical colleagues as well to, to take to take on that role.

So, that's a big change in terms of what happens in foundation trainings, that exposure to prescribing services and working with the DPP as part of the foundation training year. So, in that, I guess we will have some foundation training trainees where the DPP and the, and the designated supervisor are the same person.

Perhaps if the DS has that prescribing qualification but in some instances, it might be a, a different person, so that's quite a big change.

I guess the one of the other really important changes within the education training standards is the, the much bigger focus on EDI and how the providers, so the universities and the foundation training providers have to, to really think about the curriculum, think about um the, the support that they provide to students as well and the data which we collect and how we analyse that and address any issues which we identify in relation to, to education training.

Of course we'll all be familiar, hopefully maybe everyone is familiar with, the RPS recently published a report on differential attainments and a degree awarding a gap in initial education and training for pharmacists. So, of course the, the IET, the IET standards really require us to, to, to look at how we address some of those issues and we're working collaboratively across Scotland to, to, to try to make a difference and to, to into those areas.

I could probably talk this for hours, but we don't have hours. I will maybe back to you Elspeth. I hope that's given a bit of an overview of some of the changes.

Elspeth Boxall

That's absolutely excellent. Andrew, really, really, good summary and it just sounds like you know where pharmacists are going to be ready to provide clinical care as soon as they're registered now, and they're just gonna be much more adaptable to the future needs of our, of our, patients.

So, I guess I'd like to probably move to you Roisin and ask really how you, how you, feel that these changes then are going to support the development of pharmacy and practise with all these new the new skills that the reforms will bring.

Roisin Kavanagh

Thanks, Elsbeth. So, I think Andrew's described it, described it really well. So, the key things for me are around that clinical decision making, the autonomous practise and the responsibility for prescribing. So, and, and shifting all of that much earlier in pharmacist careers.

So, we've got some excellent examples of pharmacist prescribers and very specialist roles. But actually, if we can take that responsibility much earlier um, in practice, then that's to the benefit of everybody particularly our patients and the whole multidisciplinary team. That would make sense that as the experts in medicines within the healthcare profession that we should take that, should take that responsibility.

Roisin Kavanagh

Think the other bit that's really important is that experiential learning element of it and, and you described his experience and mine was probably even worse given that I qualified a lot earlier than Andrew did.

So, there's absolutely something about how you support our undergraduate pharmacy students to become clinically focused and patient focused as early as possible and to get that practise in because the important bit is developing your skills, developing your experience so

that you feel by the time you register as a pharmacist, and you are a prescriber that you are confident and competent to fulfil those roles and that our patients get the best from their pharmacists.

The other thing to reflect on is community pharmacy colleagues and, and the way that their contract is moving in terms of that very much clinical service-based contract with pharmacy first and pharmacy first plus.

So, it's really important that we have enough prescribers so that we get that really good spread of pharmacy first plus across the entirety of Scotland and, and so in order to do that, we need as many pharmacists to be prescribers as possible, and therefore it makes sense that we, that we start that process earlier and in our careers and, again, gain that experience much earlier, much earlier than, than we currently do.

I think the other thing I would say is and Andrew's already made the point about the need for existing pharmacist to be DPP's. I think that's to the benefit of everybody as well, just sharing that experience and, and supporting our younger colleagues to be able to develop their experience and their skills, because that's really again, important for patient care and for safe patient care as well to make sure that we're not doing anything that could be to the detriment of our patients.

I think the other thing and, and I'm not sure whether Andrew touched on this or not is the whole aspect of the four pillars of practice and bringing that in as early as we can so that everybody is used to that terminology and that way of working so that it's not just solely about your clinical practice, it's also about how you support others and that's again not just pharmacy team members, that's the wider healthcare team.

There's also the leadership and management elements and also research which is so important that we've not been traditionally particularly great at on a large scale and important to bring those elements in as early as we can in the initial education and training standards absolutely do that and again, that's to the benefit of our patients and our multidisciplinary team colleagues as well.

Elsbeth Boxall

That's brilliant Roisin. Thank you so much. Yeah, I think we're just building a picture here of how these, these reforms for, for pharmacists that are additional education and training is going to really to bring opportunities for the whole, whole pharmacist career to framework and I guess we, we have already touched on this, so just going back really to the benefits you've, you've mentioned some already. Andrew, first of all, what I mean, is there any

particular benefits you'd like to highlight that the you think the reforms are going to bring either to pharmacy or the health service or indeed patients?

Andrew Sturrock

Yeah. Thank you. I think we probably touched on, on some of these I think Roisin probably did, did there already as well. But, but for me there's, there's so many benefits in, in, in, in these reforms.

I think one of the key things is it's really about maximising the ability of, of pharmacists to support the best quality patient care in, in whatever setting of practice that it may be and to deliver those services which we have. So again, we've touched on already if you look at Community pharmacy in the pharmacy first, first plus service in Scotland and, and, ensuring that the education and training at that initial space kind of aligns with producing graduates who join the register with the ability to be able to deliver those services, I think can have huge benefits for patients and we know how access, if you look at the.

Community pharmacy, I guess is the example here, we know how accessible community pharmacies are and having access to a pharmacist who is a, a safe and effective prescriber in a community, community pharmacies has got across Scotland can only be beneficial to, to patients.

I'm really glad Roisin mentioned the, the four pillars of practice as well, because I think it's it's really important that we see the initial education training as, as setting the foundations for, for the, the pharmacist whole career and, and as we talk about the pillars of practice so that clinical leadership and management, education and, and, and research.

I think we need to see the, the initial education and training as, as the, the pharmacists developed through foundation training then to the post registration foundation space and then beyond and towards advanced practice and, and consultants and its own practice and I think it's really important that, that, that we see that again as a, as a, as a continuum and that pharm, and we develop the skills, that early, early stage of the initial education training, which really allow people to flourish as they progress through their career as well.

I think the, the enhanced sort of assurance of the universities and the foundation training programme as well, I think is a real benefit for obviously for patients and patient safety.

So, the accreditation of foundation training years now, so historically it was undergraduate, the four-year MPharm which was accredited by the GPHC, but now we have the same scrutiny and standards to be met by foundation training providers.

As we've been delivering a national foundation training programme in Scotland for, for a long time now, but it, it's new in other parts of the UK as well to, to, to deliver that programme.

So, I think there's a real benefit in, in having foundation training programmes go through that same process and to meet the same standards and, and requirements around collecting data and addressing any issues or concerns which may arise from some of that. Thanks.

Elsbeth Boxall

Yeah, that's brilliant. Yeah, and I think, I think Roisin, you probably summarised a lot of the benefits really well initially. Is there anything else like to add or would you rather maybe we can talk a bit about maybe the, the, the more difficult side of it, the challenges and how we, we get over those Roisin?

Roisin Kavanagh

I think it's really important to emphasise the benefits to patients of the pharmacy team and the multidisciplinary team, but we can't ignore the fact that with any change brings its challenges and, and this is such a, a huge change, I think people describe it as kind of the biggest change that we've had in pharmacy kind of for a generation or maybe more than one generation. So, there will always be challenges and, and part of the role of the groups that we have in place in Scotland is to recognise those challenges and, and to think about how we, how we manage them and how we overcome them, I guess.

I think it is a, I think one of the one of the biggest challenges is the cultural change that we're talking about because whilst we have had prescribing rights for 20 years for those that go through that independent prescribing practice certificate, it isn't something that everybody is comfortable with as a pharmacist and, and so therefore, those, there will be some anxiety about the fact that we're talking about newly qualified pharmacists being able to prescribe and, and what risks there might be around that and I guess the thing for me though is about how we prepare those pharmacists for that role and providing the assurance that way and providing the assurance through the University assessment process and the FTY assessment process that says at the end of that that you have got somebody that is competent to prescribe and, and also, I think it's really important that they're confident as well.

So, I, I guess that's the cultural challenge I think is probably the biggest one. I think the other things that we, Andrew and I have already touched on a little bit around, do we have enough DPP's to be able to support these pharmacists coming through.

I think in Scotland we actually probably do already, but I think there is a little bit of work to, to be done to support prescribing pharmacist to recognise that they are able to be DPPs, that

there's nothing to stop them from providing that support to new prescribers. That is a role that they can take on and, and that they are absolutely equipped to do that and, and NES I know is, is providing some support around that and equally you know as is, directors of pharmacy and our, and our teams are also providing support around that.

I think I suppose there's also a way bit of a challenge for those coming through the programme as well, because it is a new programme that they're going through and so they're being subjected a little bit to, though this isn't what we've done before and some of those little challenges around how we support them and us kind of navigating that together.

But I think, I think that's, that's OK, you know, we're working, we're working through those challenges really well together. Certainly, we've been through a few challenges with experiential learning, but we're, we're definitely getting there and, and what's really nice for me to see is that we're really focusing on how we make sure that we've got consistent quality of those placements and so that's a sign to me that we've come through the kind of initial challenges of how we're actually gonna do this to now focusing on actually not only how we are, you know, we can do it, but actually how do we make sure that everybody gets a consistent quality of experience to support them, to be able to fulfil the role that we that we need them to fulfil. They're probably the main challenges that bring to my mind, but Andrew might come up with some other ones.

Elsbeth Boxall

Yeah, and I, I think guess, Andrew, you probably look at it from a slightly different side of things. So yeah, so what, what would you feel would be the challenges you see?

Andrew Sturrock

Yeah, of course. I think, I think Roisin has articulated the, the challenges really well, particularly around the that change in in culture and, and, and I guess responsibility and shifting from purely being the traditional education training providers role to, to that of everybody working across the service in supporting education and training. That's not just in that initial education training space, but that's again, throughout that whole progression through career, whether it's somebody developing a core advanced portfolio, and wanting to get evidence from, from other people who they work with.

But yeah, I completely agree there are lots of challenges and there always is when there's some significant changes like what we have now, but I think that the key thing and the key way for us to come through these is how we work together across Scotland to, to make sure we are all moving in the in the same direction and I think acknowledging where the

challenges are and, and, and looking at ways which we, we can address them. I, I mean I hear this all the time, I guess as well is there's, there's, there's only the, the length of training hasn't increased, it's still I guess a five-year programme so to speak, a four plus one and, and there's, there's a lot more in there now in terms of the clinical elements and the prescribing elements.

So, we can't just keep adding and adding and adding things into the same period of time because we're very conscious that we have to make sure that the, the programmes are deliverable and that people can achieve, achieve them and we're not disadvantaging people who are going through these programmes.

So, we have to really think about what, what can come out if stuff goes in and, and what things actually should be delivered at that initial stage, which everybody needs at the point of registration and what things actually are post registration.

Things which people would love to develop, so I think that's a key challenge for us to consider and to continue to think about and because we want to expand experiential learning further, I think we all can see the benefits of that, but it's how do we how do you increase the number of weeks while maintaining a, a timetable for students, which is realistic and as an appropriate workload as well. So, I think that's important to, to think about.

It's also challenging, I guess that we've got, it is how you marry up what you can teach and develop in that initial education training space versus what these individuals will be doing in the service when, when they qualify as well and of course, we're training when, when a, a student enters the first year of the MPharm programme, they're not going to, it's five years till they're in practice and what does, what does pharmacy practice look like in five years from now and how we make sure we have, we the, the I guess developing appropriate skills which allow people to, to move into, to deliver in different areas of practice when they join, join the register.

We probably can't not talk about the challenging fiscal environment which we all face as well. I think it's important to, to recognise that that there's, there's so many things which we, we would absolutely love to do to, but we have to be realistic about what is achievable in terms of the, the resource which can be put into developing education training programmes and get the number of placement weeks we can, we can realistically fund or the number of foundation training posts which we, which are fundable as well.

So, it's important that we think about that and that's why it's really important that pharmacy has that seat in the, so, around the wider table in terms of health and social care reform and, and developing the, the workforce as a whole and we're very conscious of that and it's great

that we've got people like Roisin really heavily involved, obviously delivering a leading a service out in a in a territorial health board while also really contributing to these education training reform.

So, I think the keyway we can overcome these challenges is by having, by working together between the services and the education training providers, to make sure that what we do, what we are supporting our trainees to, to do and to develop is, is achievable and it's realistic as well for, for what they'll be doing in practice.

Elsbeth Boxall

Yeah, that's, that's brilliant. Thank you both. That's a really good, good summary challenges, but solutions so that's, that's perfect.

I just, I suppose moving on to where people can find out about what resources are available and what support is available. I mean, Andrew, is there any NES resources that people should look at if they want to keep up.

Andrew Sturrock

Yeah, of course. So, we have an on this web page and material hosted on the TURAS platform as, as well, which we use in, in, in Scotland. So, I think all of the, the under the students will be very familiar with that as well, but all, all people working in pharmacy across professions can access that and the, the web pages which we have accessible to members of the public as well with, with information on.

So, I think that's really important because of course this is changed, the, the public will see a different pharmacist in a few years' time as well and it's really important that this is communicated properly. So, I'd encourage people to look at the, the NES specific resources.

The General Pharmaceutical Council have a, a range of resources as well, and as does the Royal Pharmaceutical Society and of course through social media as well, we, we, we kind of Tweet regularly around, changes and what's happening. So, there is a communication strategy which, which follows all of these changes as well.

So social media, GPHC, NES and if people are unsure, please reach out to, to members of the of, of the NES team, who are more than happy to, to discuss what's happening with anybody who, who is interested to find out anymore.

Elsbeth Boxall

That's brilliant, Andrew, thank you and Roisin, is there anything else you would like to add? Is there anything in practice that that's available for people?

Roisin Kavanagh

I think the only other thing I would add is that every board will have somebody either with an education and training remit, or it's part of their role that is there to support, particularly the experiential learning and foundation training year posts.

So, I would say that they would be the people to go to in the first instance. If you're in a board and you're thinking I'm not really sure what's happening here, they would be the people that would, would absolutely know and would be able to tell you what's going on.

I think I'd be surprised if there's many pharmacists working in boards who have managed to, who have managed to escape the changes because we do like to share the love around experiential learning placements and, and foundation trainees, and equally from a community pharmacy perspective then.

I'm sure CPS would have resources as well to support their sites that are supporting experiential learning and, and foundation training year places as well. But I, I guess what the, probably main port of call that most of our staff would think of would-be NES, so it's good to hear about those resources as well.

Elsbeth Boxall

Yeah, that's excellent. Lots of ways to access resources, so something that will suit everyone. So, so just really beginning to sum up now. I mean go to yourself first, Andrew, if there's you know most what's the most important thing you would want somebody to know about the IET reforms.

Andrew Sturrock

Good, good question. I'm trying to summarise it in in one point, I guess of course it's around the, the recognition that pharmacists will be prescribers as at the point of registration and it, it is this whole fundamental change in, in terms of what graduates will, will, will look like, what they're able to do at that point of registration, but I think I think the most important thing for, for, for me which kind of sits on top of that and underpins all of these changes really is how we see education and training to be part of everybody's role. I think is really important and that that's everybody's role.

As a pharmacist, as a pharmacy technician, as a pharmacy support worker, whoever it might be and then of course, thinking much wider in terms of the multidisciplinary team is that everybody has a role to play in developing the pharmacists of the future and for these standards to, to I guess, deliver what they're intended to deliver and for us to deliver the, the

services which we want in the future, that relationship between trainee and it, it's not just a trainee education provider relations anymore, it's, it's the trainee in the middle with, with everything kind of wrapped around them so.

So, for me it's about how, how we all see education and training as being part, part of our role going forward and how that becomes part of everybody's role as opposed to a standalone and specific function that someone might have.

Elsbeth Boxall

That's brilliant Andrew, good summary and for yourself Roisin. Like in practice, what would you say the most important take home messages is for yourself.

Roisin Kavanagh

I'm now wishing you'd ask me first.

Elsbeth Boxall

Sorry, Roisin that was unfair.

Roisin Kavanagh

That's a really good and answer. So, for me probably I would say the, the most important things are that this is a really exciting positive change for our profession.

To be seen as you know, absolutely a clinician who has responsibility for prescribing. That's not the be all and end all of it for me, you know, it's also the, the points around the clinical decision-making elements, the confidence as well to take that responsibility and, and I would echo Andrew's point around us all supporting these new pharmacy students coming through so that when they do qualify, they are those competent, confident individuals that are able to better support patient care.

I think you know that that is one of the, one of the cultural, I suppose, challenges that we, that we, do have and, and I think it would be a mistake for people to assume that the people that go through this programme will be the same as they were when they came out. They will be very different, and we need to get our heads around that.

I think the reason why people are a bit nervous about, about our new pharmacists being prescribers is because they're thinking back to what they were like when they come out, they. But they came out of, we all came out of a very different programme, and I guess some of this for me is about reassuring them that the programme is different,

to go along with producing a different type of pharmacist and, and it would be helpful for people to remember that as well.

Elsbeth Boxall

That's absolutely brilliant. So, thank, thank you both so much for your time today and this is it's really exciting what's, what's in in store for us all with these reforms and I think we'll all have a much better understanding having listened to you explaining it. So, thanks again for your time and I hope you have a good day.

Roisin Kavanagh

Thanks Elspeth.

Andrew Sturrock

Thank you.