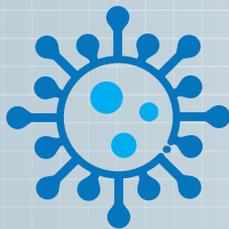
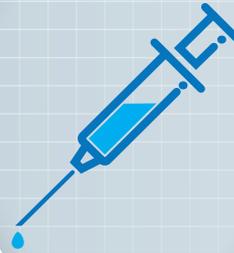
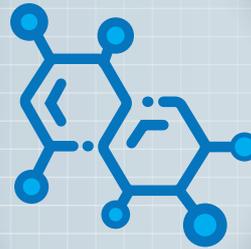
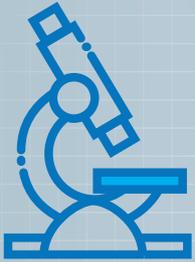
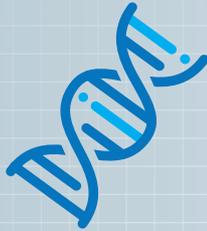


Pharmacist Career Framework Review

Report of the Review Advisory Group



Foreword



Within NHS Scotland our pharmacy team is an important part of the workforce providing specialist knowledge, skills and expertise in medicines. The Scottish Government strategy document `Achieving Excellence in Pharmaceutical Care` (AEiPC) sets out to transform the role of pharmacy across all areas of pharmacy practice, further develop the pharmacy workforce and offer the best person-centred care. The General Pharmaceutical Council (GPhC) has just recently proposed reforms to the current initial education and training of pharmacists, which along with the challenging issues we have faced during Covid-19, will ensure that we adapt to then develop new and rewarding career pathways for pharmacists and pharmacy technicians in increasingly clinical roles.

Through AEiPC, NES Pharmacy was commissioned to undertake a review of post qualification pharmacist programmes, to help align them with evolving service needs with a view to developing a Career Framework for pharmacists in Scotland.

An Advisory Group was established to provide expert advice on the future options for this Framework focusing on early careers, advanced practice level careers, consultant level careers as well as develop clinical and professional leaders. This report details the Advisory Group's recommendations for the implementation of a Pharmacist Career Framework which is realistic, sustainable and systematic for Scotland.

I fully endorse these recommendations to develop lifelong learning, advanced practice and research, embed inter-professional practice and further develop clinical and professional leadership skills for our pharmacists of the future across all pharmacy practice in NHS Scotland.

A handwritten signature in black ink that reads "Rose Marie Parr". The signature is written in a cursive, flowing style.

Dr Rose Marie Parr
Chief Pharmaceutical Officer
Scottish Government

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Executive summary

Scotland's Chief Pharmaceutical Officer set out her vision for the future of pharmaceutical services in the Scottish Government strategy document 'Achieving Excellence in Pharmaceutical Care' (AEiPC). The strategy aims to transform the role of pharmacy across all areas of pharmacy practice, increase capacity, and offer the best person-centred care. The Chief Pharmaceutical Officer asked NHS Education for Scotland to convene a group of representatives to develop advice on how pharmacist careers could be re-shaped post qualification to support the AEiPC aspirations more effectively.

The Advisory Group included representatives from each pharmacy sector, the Scottish Schools of Pharmacy, Scottish Government, Royal Pharmaceutical Society, General Pharmaceutical Council and others. A lay representative and representatives from other healthcare professions also participated in the work of the Advisory Group. Over the course of its seven meetings, the Advisory Group looked at all aspects of pharmacist careers post qualification. This included early careers, advanced practice level careers, consultant level careers and clinical and professional leadership. An early consideration was the need for the Scottish Pharmacist Career Framework to align with the Royal Pharmaceutical Society's emerging UK framework to facilitate collaboration, regulation and free movement of pharmacists between countries (recommendation 1).

The Advisory Group identified several principles to underpin post qualification pharmacist careers (recommendation 2) and guide consideration of the different career stages. Members also examined the ways in which a flexible and capable workforce can be sustained, allowing recognition for career advancement of current professionals.

The specific requirements and implications of this three-level framework were considered by the Advisory Group, which made recommendations about the titles of the different career stages, educational support, supportive infrastructure, recruitment and implementation (recommendations 2,3,4 and 6). The Advisory Group also highlighted the importance of clinical and professional leadership for pharmacists at all levels of the proposed framework and proposed several enhancements to professional development arrangements in this area (recommendation 5).

It was recognised by the Advisory Group that implementation of the Pharmacist Career Framework should be managed over several years to ensure it is realistic, sustainable and systematic. Implementation will be taken forward in consultation with the profession. The Advisory Group further recognised that the implementation of the recommended Career Framework would require new resources, which would need to be identified by the Scottish Government and other stakeholders.

Summary of recommendations

Recommendation 1: The Scottish Pharmacist Career Framework should align with the principal features of the approach recommended by the RPS UK Educational Governance Oversight Board for Pharmacy Postgraduate Careers¹ and should be based on the following overarching principles:

- The career framework should be open to all pharmacists in all sectors
- The pharmacist career framework should be straightforward and easily understood by the profession and others
- The career framework should be sufficiently flexible to allow pharmacists to customise their careers according to their professional interests and sector
- The career framework should be based on professional commitment to:
 - improving care for patients and the public
 - developing person-centred care
 - lifelong learning and life-long teaching
 - advancing practice and research
 - embedding inter-professional practice
 - develop clinical and professional leadership skills
- There is a need for flexibility and commonality in terminology across professional groups, but the framework should foster the skills that enable pharmacists to make their unique contribution to patient care or non-patient facing areas of practice;
- The framework should address service needs; facilitating the professional development of pharmacists at the required levels recognising specialist and consultant practice.
- The career framework should recognise and support recruitment and retention and the mobility of pharmacists.

Recommendation 2: A broad-based Foundation Programme based on the RPS Foundation Pharmacy Framework is proposed to support early career pharmacists across all sectors including acute, primary care, community and academic pharmacy. The Foundation Programme should include the following features:

- A coordinated approach to supporting the development of Foundation Pharmacists is required to ensure clinical and educational supervision, high quality training and assessment.
- Alignment with the professional attributes outlined in the RPS Foundation Pharmacy Framework
- Ability for early career pharmacists on completion of Foundation training to be ready to undertake Independent Prescribing training to meet the GPhC's Pharmacist Prescribing standards.

¹ To be formalised as the Pharmacy Postgraduate Training Board at a later date.

Recommendation 3: Advanced Pharmacist Practitioner status should be open to all pharmacists demonstrating the specified competence. The Advanced Pharmacist Practitioner programme should include the following features:

- The Scottish Advanced Practice Framework should remain aligned with the RPS Advanced Practice Framework.
- The advanced practice pathway should be broad based, requiring the attainment of 'generalist' Expert Professional Practice (EPP) modules with potential credentials for 'specialist' EPP modules. Rules of combination may be required to ensure the coherence, equivalence and relevance of routes to Advanced Pharmacist Practitioner status.
- Common key competencies in non-clinical areas such as Collaborative Working Relationships, Research and Development, Leadership, Management and Education, Training and Development (ET&D) should be required and supported educationally.
- Advanced practice pathways should be sufficiently flexible to enable sector specific customisation.
- As with Foundation Training, a supportive infrastructure is required for Advanced Practice training.
- All employers and the Scottish Government should consider future options and models for funding pharmacists who currently obtain funding for postgraduate qualifications, as well as those who are currently excluded from funding for postgraduate qualifications. Consideration should also be given to self-funding.
- Consultation on the Career Framework should address the title(s) used for the Advanced career stage, with options presented based on nomenclature used in England, Wales and Northern Ireland.

Recommendation 4: A strategic vision for Consultant Pharmacists in Scotland is required, clarifying their role in providing specialist care and leading pharmaceutical services within and across sectors. The Consultant Pharmacist programme should include the following features:

- The strategic vision for Consultant Pharmacists should emphasise a patient and public focused role.
- The title 'Consultant Pharmacist' is useful for discussions across professions with other countries in the UK. It should apply to 'Consultant ready' pharmacists in order that they can be deemed ready to be appointed to Consultant 'approved' posts.

- The potential of Consultant Pharmacists to contribute to community pharmacy practice should be considered.
- Newly appointed Consultant Pharmacists should have mentoring and other support.
- Consultant Pharmacist posts in Scotland should be appointed consistently with other Consultant Pharmacists employed in other UK countries, following the guidance released in January 2020, as a result of the RPS led review.
- Consultant Pharmacists in Scotland should be credentialed in recognition of their skills, knowledge and experience. Agreement is needed on the body to be responsible for credentialing and maintaining records in line with UK agreed guidance.

Recommendation 5: There is a need to ensure leadership potential is explicitly developed at all career stages and built into undergraduate and pre-registration level training as well. Clinical and professional leadership support should include the following features:

- Directors of Pharmacy and Sector Leads need to support the development of mentorship and coaching roles across Scotland.
- Leadership and management development for pharmacists in Scotland should be comprehensive, progressive and consistent as well as being aligned to any proposals emerging in line with the RPS Faculty Review.
- Pharmacists and their employers should take advantage of available leadership development provision which will be outlined by NES as a Leadership Pathway for pharmacists in Scotland - including New Horizons, the National Coaching Framework, the Scottish Pharmacist Clinical Leadership Fellowship and other internal uni- and multi-disciplinary programmes which should be developed to meet demands.

Recommendation 6: The implementation of the Scottish Pharmacist Career Framework should be carefully managed over several years to engage stakeholders and further build the model.

Pharmacist Career Framework Review in Scotland - 2018

1. Introduction

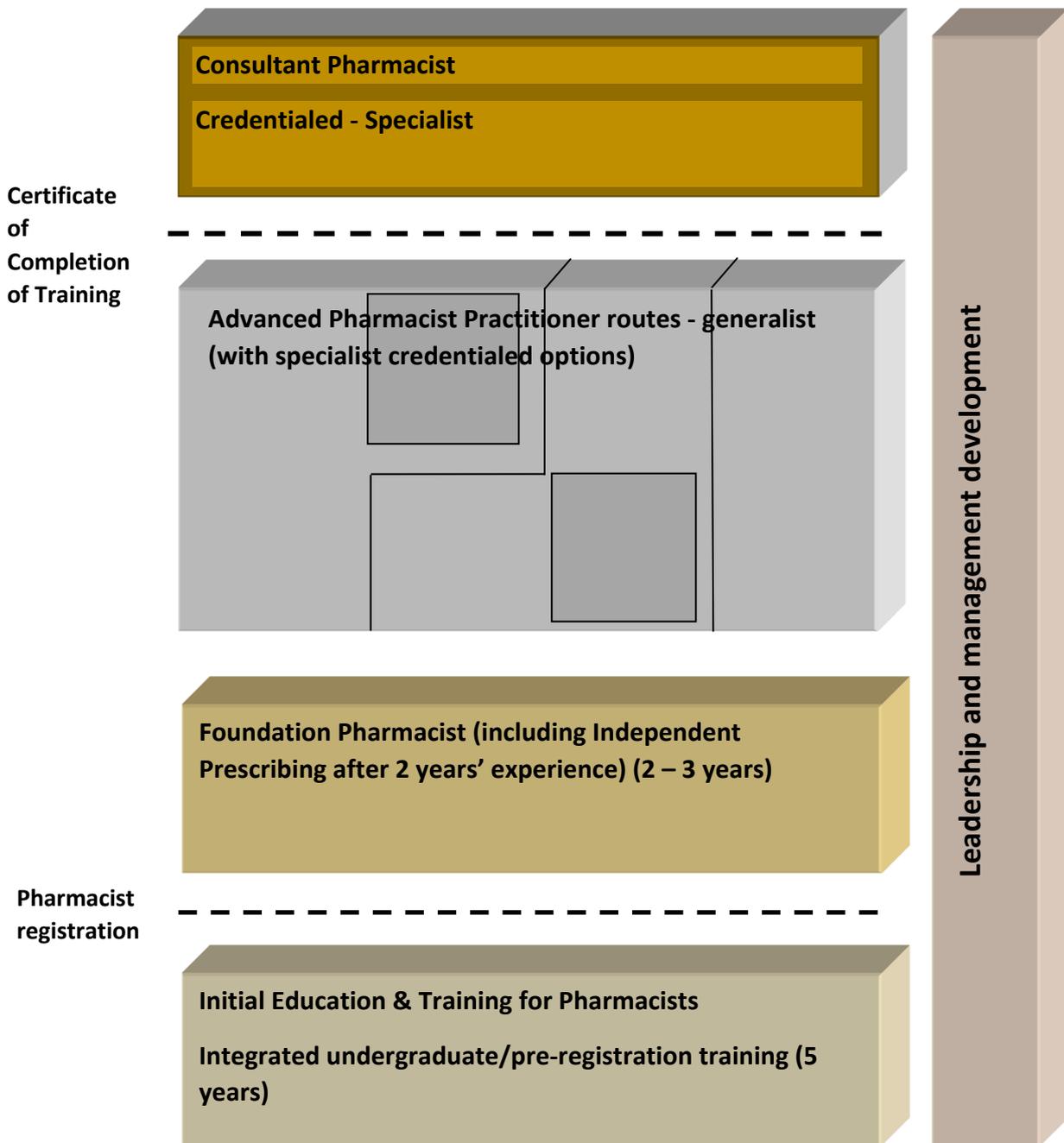
This chapter describes the background to the review, the review process and the remit of the Advisory Group undertaking the review.

The Chief Pharmaceutical Officer set out her vision for modernised pharmacy care in the Achieving Excellence in Pharmaceutical Care (AEiPC) strategy, published in 2017. This vision depends on the crucial contribution of pharmacists and pharmacy technicians, working together with other health and social care practitioners, to improve the health of the population. Through Achieving Excellence, NES was commissioned to undertake a review of post qualification pharmacist programmes to help align them with evolving service needs and with a view to developing a Career Framework for pharmacists in Scotland. To this end an expert Advisory Group was established to provide advice on the future options for this Framework.

In line with the brief set out in Achieving Excellence, the Advisory Group looked at all aspects of pharmacist careers once they have qualified. This included early careers, advanced practice level careers, consultant level careers and clinical and professional leadership. They also considered the need for and role of further qualifications in such a career framework. The Advisory Group examined the ways in which a flexible and capable workforce can be sustained, allowing recognition for career advancement of current professionals. The Advisory Group also examined the provision of supportive professional development and recognition of the future pharmacy profession in early careers, advanced and specialist practice and consultant pharmacist level.

It is expected that the Scottish Pharmacist Career Framework will apply at all levels of development, to all specialties (clinical and non-clinical, generalist and specialist) and all sectors of care. It will also need to allow for recognition and transferability across all UK nations. In developing the recommendations set out in this report, the Advisory Group considered the Royal Pharmaceutical Society (RPS) Faculty Review carried out in 2019 which reviewed Foundation and Advanced Pharmacy Frameworks as well as a group which developed updated guidance for NHS Consultant pharmacists. The RPS Frameworks describe the attributes of pharmacists following successful completion of training and the role of the RPS in credentialing individuals at the various levels and accreditation of training providers. They also provide a key point of reference for syllabus, curricula and assessments.

Figure 1. Proposed RPS Pharmacist Career Framework



1.1 Background and purpose of the Review

1.2 Remit and objectives

The remit and objectives of the Advisory Group were agreed at the first meeting in December 2017. The overall purpose of the review was to advise the Chief Pharmaceutical Officer on options to develop a Career Framework to meet the future healthcare demands of the pharmacy profession in line with 'Achieving Excellence in Pharmaceutical Care' and supporting career development for pharmacists in Scotland.

The specific remit was to consider and advise on:

- Useful learning from the career frameworks of other professions
- Strengths and weaknesses of existing postgraduate career pathways
- What a Career Framework for pharmacists in Scotland might look like particularly taking the following areas into consideration:
 - UK wide developments of a Career Framework for pharmacists
 - Support for early post-registration careers
 - Advanced Practice level careers
 - Consultant level careers
 - Postgraduate qualifications
 - Clinical and professional leadership
 - Pharmacy regulator and professional issues
 - Pharmacy role within multidisciplinary and inter-disciplinary approaches to service transformation
 - Barriers to and facilitators of change

The review specifically excluded detailed consideration of the education and training needed to support the proposed career framework. The development of a supportive educational framework forms part of the implementation arrangements.

1.3 Review process

Following the commission by the Chief Pharmaceutical Officer, NES convened an Advisory Group, chaired by Professor Anne Watson, Postgraduate Pharmacy Dean, NHS Education for Scotland (NES), to take forward a wide-ranging work plan, covering all sectors and career stages. The membership of the Advisory Group included representation from the community, acute and primary care sectors, Scottish Government, the Scottish Schools of Pharmacy, Community Pharmacy Scotland (CPS), the General Pharmaceutical Council (GPhC), the Royal Pharmaceutical Society (GB and Scotland), a lay representative and others as deemed appropriate for specific meetings. The full Advisory Group membership is provided at Appendix 1.

In taking forward its work plan, the Advisory Group analysed the current pharmacist career structures and development programmes to identify strengths to build from and areas for enhancement. The Group considered the work being taken forward by the RPS on their Foundation and Faculty review involving early, advanced and consultant pharmacist careers as well as examining postgraduate career structures and development support in medicine and nursing & midwifery. NES also commissioned a review of leadership and management requirements for pharmacists, which reported to the Advisory Group at its October 2018 meeting.

The review was delayed during 2019, as they awaited the RPS Foundation and Faculty reviews which were fed through into the UK Educational Governance Oversight Board in late 2019. It was felt that there was no point in Scotland having a Career Framework which didn't align with UK plans, to allow recognition and transferability of pharmacists at a UK level. As a result, the Advisory Group considered UK developments planned for early careers, advanced practice and consultant pharmacists, examining faculty alignment, regulations, funding, capacity, infrastructure, accreditation and recognition. Key points of agreement on career stages and associated requirements were identified at each Advisory Group meeting.

2. The rationale for a new Scottish Pharmacist Career Framework

This chapter outlines key service, policy and regulatory drivers for the proposed Scottish Pharmacist Postgraduate Career Framework

2.1 Achieving Excellence in Pharmaceutical Care

The key point of reference for the review of the Pharmacist Career Framework is the Scottish Government's strategy document *Achieving Excellence in Pharmaceutical Care*. The Strategy provides a blueprint for improved pharmaceutical care and the transformation of pharmaceutical service by further developing the pharmacy workforce to enhance capability and capacity.

Achieving Excellence envisions pharmacists and pharmacy technicians with greater clinical capability to support a shift in the balance between acute and primary care. The Strategy recognises that '*pharmacy practitioners currently demonstrate their expertise, experience and professional judgement in areas such as diagnostics and therapeutics, and their enhanced skills in consultation, critical thinking and clinical decision-making*'. Pharmacy practitioners also apply their knowledge and skills in producing research outputs and leading their teams. It concludes however that pharmacists are not supported by a corresponding advanced pharmacy practice development programme.

To address the variation in early pharmacist careers, and the absence of an advanced pharmacist programme, the Chief Pharmaceutical Officer commissioned NES to develop a Scottish Pharmacist Career Framework. It was expected that this would address support for early careers, advanced practice careers, consultant careers and clinical and professional leadership. The Framework is also expected to sustain a flexible and capable workforce, allowing recognition of career advancement of current professionals while providing supportive professional development and recognition for the future pharmacy profession.

2.2 Royal Pharmaceutical Society Educational Governance Oversight Board

An RPS Task & Finish Group on Pharmacy Careers and CPD have undertaken a concurrent review of postgraduate careers and training in the UK. This group was then formed into the UK Educational Governance Oversight Board (EGOB) at the end of 2018, with the plan to move to a UK Joint Postgraduate Pharmacy Training Board in due course.

The RPS Task & Finish Group made the following recommendations in relation to Pharmacy Foundation Programmes:

- A uniform Foundation Programme design should be rolled out across the four nations of the UK which will establish a culture for life-long learning

- Every newly registered pharmacist should be required to undertake Foundation training
- A record of progress in Foundation training should include an e-portfolio which is transferable across all sectors and countries
- Independent prescribing and advanced clinical skills should be incorporated into/aligned with a Foundation Programme, in line with GPhC requirements
- An annual professional review of every Foundation Pharmacist in Training should take place, similar to the Annual Review of Competence Progress (ARCP) in Medicine
- A UK Postgraduate Pharmacy Training Board² should be set up to provide strategic leadership and to ensure Foundation Programmes are working as intended.

Members of the Advisory Group supported these recommendations but noted the challenges to community pharmacy where there is currently more limited educational infrastructure. It was recognised that Foundation training needs to be more uniformly structured than at present, requiring a modular approach to development to ensure pharmacists have the flexibility to work across sectors and are not disadvantaged by career movement.

The Advisory Group identified the need for a robust governance framework and guidelines on what is safe practice. There is also a need to be mindful of supporting academic careers and providing a supply of educators to build infrastructure to support any future career framework. The Pharmacist Career Framework will apply equally to other non-patient facing roles including those in the pharmaceutical industry, aseptic pharmacy and quality assurance.

The importance of developing inter-professional teamwork at the Foundation level was recognised for the managed service. It was acknowledged however although this may not be possible for the most part of the community pharmacy training (although community pharmacists can incorporate this in the Primary Care element).

The RPS's Pharmacist career structure is illustrated in their 'Continuum of Practice' diagram at Figure 2 below.

² The Pharmacy Postgraduate Training Board (PPTB) will ensure the quality of training pathways and ensure that pharmacy professionals are appropriately credentialed to guarantee patient safety. The PPTB will also maintain a register of achievement.

The Continuum of Practice

FOUNDATION	ADVANCED	CONSULTANT
APPLYING CLINICAL KNOWLEDGE AND SKILLS	EXPERT PROFESSIONAL PRACTICE	EXPERT PROFESSIONAL PRACTICE
PERSON CENTRED CARE		
EVIDENCE INFORMED DECISION MAKING		
COMMUNICATION AND CONSULTATION SKILLS	COLLABORATIVE WORKING RELATIONSHIPS	COLLABORATIVE WORKING RELATIONSHIPS
COLLABORATIVE WORKING		
LEADERSHIP AND MANAGEMENT	LEADERSHIP	LEADERSHIP
	MANAGEMENT	MANAGEMENT
EDUCATION, RESEARCH AND EVALUATION	EDUCATION, TRAINING AND DEVELOPMENT	EDUCATION, TRAINING AND DEVELOPMENT
	RESEARCH AND EVALUATION	RESEARCH AND EVALUATION
RESILIENCE AND ADAPTABILITY		
PROFESSIONAL ACCOUNTABILITY		
GPHC PROFESSIONAL STANDARDS		

Figure 2 RPS Continuum of Practice

3. Underpinning principles and considerations

The Advisory Group considered the principles that should underpin the development and implementation of the post-qualification Scottish Pharmacist Career Framework. These discussions considered the changing healthcare landscape and the growing expectations placed on pharmacists.

Recommendation 1: The Scottish Pharmacist Postgraduate Career Framework should align with the principal features of the approach recommended by the RPS UK Educational Governance Oversight Board for Pharmacist Postgraduate Careers and should be based on the following overarching principles:

- The Career Framework should be open to all pharmacists in all sectors
- The Career Framework should be straightforward and easily understood by the profession and others
- The Career Framework should be sufficiently flexible to allow pharmacists to customise their careers according to their professional interests and sector
- The Career Framework should be based on professional commitment to:
 - Improving care for patients and the public
 - developing person-centred care
 - lifelong learning and life-long teaching
 - advancing practice and research
 - embedding inter-professional practice
 - clinical and professional leadership skills
- There is a need for flexibility and commonality in terminology across professional groups, but the Framework should foster the skills that enable pharmacists to make their unique contribution to patient care or non-patient facing areas of practice
- The Framework should address service needs; facilitating the professional development of pharmacists at the required levels recognising specialist and consultant practice
- The Career Framework should recognise and support recruitment and retention and the mobility of pharmacists.

4. Career stages

This chapter identifies the main career stages comprising the Scottish Pharmacist Career Framework and the key features of each one. It begins with a brief overview of early postgraduate careers in Medicine and Nursing, Midwifery and Allied Health Professions (NMAHP).

4.1. Foundation Pharmacist

In considering early pharmacist careers the Advisory Group supported the RPS's view that Foundation Programmes should provide the necessary continuum between initial education and training and Advanced Pharmacist Practitioner (APP). There is not currently an equitable distribution of infrastructure and funding for education across sectors and the Advisory Group looked at ways of supporting community pharmacists and other under-represented groups in accessing training. It was considered that a reformed Foundation Programme could make a significant contribution to the recruitment and retention of pharmacists in all sectors, allow flexibility of staff to move between and across sectors, meet the needs of the millennial generation for flexibility in training and should also include non-patient facing roles.

Support for early postgraduate education and development is shared by other healthcare professions as described below.

4.1.1 Foundation training in Medicine and NMAHP

The Advisory Group considered early postgraduate career frameworks adopted by other health care professions. These models included the two-year Medical Foundation programme and the one-year Flying Start approach used by nurses, midwives and allied health professionals (NMAHPs). The 'Medical' model involves a two-year Foundation training programme (involving Foundation Year 1 (FY1) and Foundation Year 2 (FY2) training) for all doctors completing their undergraduate degree, which leads to professional registration. It is a nationally managed scheme, with an agreed set of competences and assessments. This approach was considered by Advisory Group members to offer significant advantages, providing there is flexibility to move between sectors and scope for local customisation.

Foundation doctors are recruited into these training programmes in Scotland through a UK recruitment process and are employed by Health Boards using Scottish Government funding administered through NES and have service obligations. NES is also responsible for the quality management of Foundation Training Programmes offered by the various Health Boards. Their training progress is recorded by online e-portfolios using the NES Digital platform 'TURAS'. There is however significant infrastructure within the service to support this as well as within NES to support recruitment, training, assessments and quality management.

Under the NMAHP Flying Start programme, newly qualified practitioners (NQPs) are expected to work towards a national set of education outcomes in the first year of

their post-registration practice. NQPs are supported by local educational infrastructure in the form of practice mentors and practice educators and a Flying Start Co-ordinator. NQPs are required to use the national Flying Start NHS website which provides access to the required learning outcomes, a comprehensive suite of learning resources and a record of progress, again using the NES Digital platform.

The NMAHP approach was viewed by the Advisory Group as an attractive model. It recognises that staff already have professional registration and ensures these qualified staff are employees supported to develop their practice.

4.1.2 NES Vocational Training Foundation Programme

The Advisory Group considered progress achieved in the development and implementation of the current NES Vocational Training (VT) Foundation Programme for Community, Hospital and Primary Care Pharmacists. The NES VT Foundation Programme was developed with an associated competency framework and e-portfolio for early career pharmacists. In addition, NES Pharmacy has been recognised as an RPS Accredited 'Foundation School,' which means that any pharmacist successfully completing their Foundation training, who are members of the RPS, will also assume RPS Foundation training status which is recognised across all UK countries. A set of core and sector specific competencies were agreed to allow a flexible modular training programme, which also includes aspects of leadership development.

The Programme is well established in the acute sector with support from practitioners in the service and was being piloted in primary care and community pharmacy at the time of the review, as they have limited support mechanisms. It is supported by some NES quality management procedures and processes to ensure it meets educational governance requirements.

It is recognised that if the current VT Foundation Programme is to be used for all Foundation Pharmacists that there will be significant resource and workload implications for both employers and NES.

4.1.3 Options for the Foundation Pharmacist Programme

The Advisory Group considered options for a future Foundation Pharmacist Programme. In addition to the current NES VT Foundation Programme, the Advisory Group considered the fully funded 'Medical model' with direct recruitment to salaried NHSScotland training posts with specific NHS service requirements. A third model was discussed, with requirements to deliver NHS services in all sectors where early career pharmacists should be encouraged and supported to undertake Foundation training to meet requirements for NHS service delivery – this would require to be built in to job descriptions within the managed service and Scottish Government contractual arrangements for the community pharmacy sector (Figure 4 on Page 23).

Foundation pharmacist case study

(Appendix 2)

Key areas:

- **Foundation training can be completed in 1 or more sectors**
- **Preferential model may involve 2 sectors with primary care included**
- **Rotational models can be set up at Board level**
- **Completion allows pharmacist to be ready to undertake and be funded for IP training**

Funding is required for all three models, although the 'Medical model' is the only option requiring centrally funded salaries. Other models will need funding to meet the costs of service infrastructure (principally supervisors and trainers), training, quality management and assessment. It should be noted however that the costs of the current VT Foundation Programme infrastructure are borne by Health Boards using their existing resources and structures.

However, it was agreed that although we have a Foundation Programme which could work across all sectors in Scotland, it would be much better to align what we do with the UK Foundation Programme developments being led by the RPS to allow UK recognition. As a result, there will be strong representation from Scotland on the RPS Foundation Programme Board and subgroups to develop a curriculum, assessments and credentialing which is expected to align well with what we have in Scotland already. This will be a fast paced workstream with the expectation of delivery in 2020.

Figure 3. Foundation Pharmacist options

Option	Recruitment with salaries covered - NES Deanery	Service infrastructure	Training and QM requirements – NES Deanery	National assessments and credentialing – NES/RPS
1. Medical model for Foundation training for all new early career* pharmacists appointed in NHS Scotland to meet NHS service requirements.	✓	✓	✓	✓
2. Model with requirements to deliver NHS services in all sectors where all early careers pharmacists are encouraged to undertake Foundation training for NHS service delivery. The managed service could set JDs for progression with the expectation that FP is completed and arrangements in community pharmacy could align with future contractual arrangements (Fig 4). Completion of FP could also be the pre-requisite for NES IP funding to support IP training.		✓	✓	✓
3. Current model – option to undertake Foundation training (although <u>most</u> early careers hospital pharmacists currently undertake this training)		Acute sector only using current structures and no additional funding for infrastructure is available	Currently very limited funding with main internal NES capacity focused on hospital	✓

* Early career - means within 2-3 years of registration with the GPhC as a pharmacist

4.1.4 A broad-based cross-sector Foundation Programme

The Advisory Group recognised the need to offer a flexible and broad-based Foundation Programme that promotes understanding of the patient journey across all sectors and supports pharmacists flexible career options. Foundation Pharmacist status should be a usual path for all pharmacists across all sectors (acute, primary care, community and academia) to then progress to other career stages. Attainment of 'Foundation Pharmacist' status would be based on the successful completion of the Programme with associated assessments (likely to be an e-portfolio to demonstrate competency attainment and potentially an additional assessment like an OSCE or Viva type). In accordance with the RPS Foundation Pharmacist Framework, training would follow a structured programme to be completed during the early period following registration.

This would require Foundation Pharmacists to receive the correct clinical and educational support throughout their early careers training and the facility to go on to undertake Independent Prescribing (IP) training, on successful completion of FP, which is in line with the current GPhC requirement for two years clinical practice. Some of the underpinning knowledge, consultation and clinical skills required for IP could be incorporated into the FP in order to support competent patient facing practitioners who are then deemed as 'prescriber ready' and should complete IP training as quickly as possible.

Currently the NES VT Foundation Programme involves **Core** competencies which can be attained in any sector and then **Sector Specific** competencies to allow for flexible careers. There are pilots in Scotland with pharmacists undertaking their Foundation Programme training across two sectors in a Modular programme through joint posts (mainly between hospital and primary care **and** community and primary care). This work is being evaluated independently by the Scottish Medical Education Research Consortium.

It was noted that intakes to the VT Foundation Programme would need to be adjusted according to service needs and the available funding. The aspiration for a more broad-based Foundation Programme will require new contractual arrangements and job descriptions for all sectors to facilitate completion of Foundation training across Scotland. In the first instance there should be agreement across sectors regarding the components of a Foundation Programme. Implementation will be based on robust evaluation of the effects for Foundation Pharmacist and their employers.

Moreover, SG funding will be required to support the NES Deanery in its quality management role (and potentially assessment role) as well as infrastructure for employers in each sector to support the Programme through the provision of infrastructure for and appropriate supervision and assessment. In this regard a co-ordinated approach across all sectors will be necessary to develop optional training programmes. The provision of supportive infrastructure for Foundation Pharmacists

working in remote and rural areas and community pharmacies may be more challenging. For this group, it was recognised that more remote/virtual support models may be required involving the use of digital technologies (such as e-Portfolio and teleconferenced clinical supervision).

In response to a request from the UK EGOB for a UK approach to this, the RPS and the GPhC (the regulator, the General Pharmaceutical Council) will jointly Chair a Foundation Pharmacist Board to oversee the development of a Curriculum, Assessments and Credentialing to allow consistency of approach and recognition of 'Foundation Pharmacist' status within and between the four nations. The RPS Foundation Pharmacy Framework review identified the following key components of a foundation training programme:

- Nationally defined standards and curriculum;
- It is work based;
- Evidence-based entry criteria onto the programme;
- Appropriate educational governance including quality management and assurance;
- A teaching and learning strategy that includes:
 - Induction,
 - High quality clinical and educational supervision,
 - Appropriate IT and learning resources,
 - Access to training materials and teaching,
 - Appropriate workplace experience ideally in a range of settings;
- An assessment strategy that assures the public that standards have been achieved and includes national standardised assessments;
- Flexibility to support those working across a range of sectors or with a portfolio of roles;
- It supports a step off/ step on approach e.g. for pharmacists taking parental leave or focusing on full time research for a period of time.

It is likely that much of the curriculum, support and assessments will be in line with what Scotland has already. It is unclear as yet whether NES or the RPS will undertake the assessments for trainees in Scotland.

The outcome will then be that successful completion of the programme (expected to take two years) will require the pharmacist to be credentialed for this and a fee will be expected by the RPS.

4.1.5 Required skills, knowledge and attributes for Foundation programmes

In discussion of the skills and knowledge required by 'early career' pharmacists, the Advisory Group identified the need to develop both generalist technical and clinical

skills and have the opportunity to gain some experience in areas of specialisation, which may inform future career choices. Interprofessional learning is desirable at Foundation level to ensure pharmacists can support service transformation and new patient pathways.

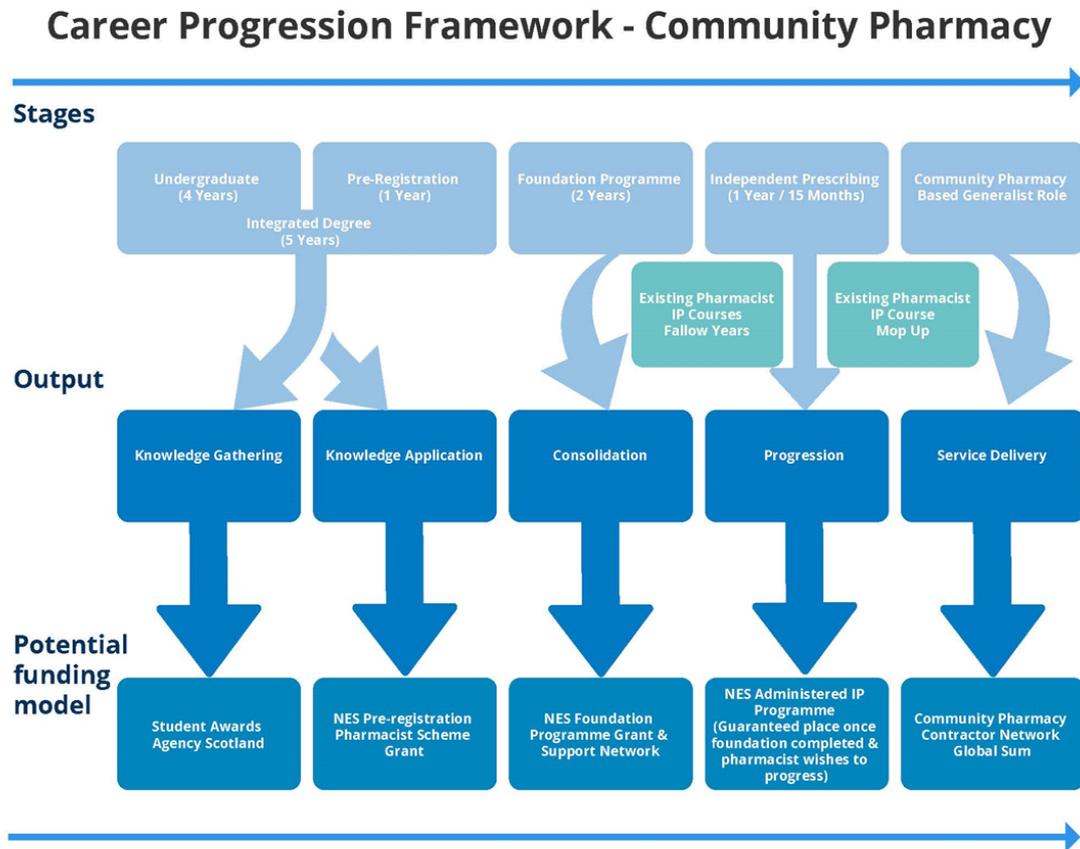
The Advisory Group noted the publication of the RPS Foundation Pharmacy Framework with its nine attributes associated with the successful performance of a Foundation Pharmacist. The Foundation Pharmacist programme will also need to consider the GPhC's Initial Education & Training (IET) and Pharmacist Prescribing standards. Moreover, it should enable future registrants to meet expectations in terms of prescribing rights.

Credit-rating the Foundation Programme using the Scottish Credit and Qualifications Framework (SCQF) could be undertaken by the Schools of Pharmacy who are well placed to identify an SCQF level and credit value. Currently some Schools of Pharmacy (Robert Gordon University and Queens University Belfast) offer Recognition of Prior Experiential Learning (RPEL) of their Postgraduate Diploma/MSc for the Foundation Programme in Scotland. The appropriateness of this would need to be taken into consideration for any future model.

Recommendation 2: A broad-based Foundation Programme based on the RPS Foundation Pharmacy Framework is proposed to support early career pharmacists across all sectors including acute, primary care, community and academic pharmacy. The Foundation Programme should include the following features:

- A co-ordinated approach to supporting the development of early career pharmacists across all sectors as Foundation Pharmacists (in training) is required and will require appropriate clinical and educational supervision, high quality training, assessment and quality management.
- Alignment with the UK approach for a Foundation Pharmacist Framework with RPS and GPhC developments for the profession.
- Ability for early career pharmacists on completion of the Foundation Programme to then progress to Independent Prescribing training if required.
- Alignment of the Foundation Programme within the overall Career Framework to support career development through job descriptions and contractual arrangements.
- Funding required to support infrastructure both within the service and employers as well as NES national role in quality management.

Figure 4. Community Pharmacy Scotland Career Progression Framework



4.2 Advanced Pharmacist Practitioner

The Advisory Group discussed the career progression of Foundation Pharmacists to Advanced Practice – Generalist and Specialist. This included consideration of approaches to advanced and specialist practice established by other clinical professions, including Medicine and NMAHPs. The RPS Faculty Advanced Practice Framework (and related developments in Scotland) and postgraduate education provided by the Scottish Schools of Pharmacy was also considered. It was noted that this will also need to be mindful of the RPS Faculty Framework review for Advanced Practice for Pharmacists and also in line with the new Consultant Pharmacist Guidance published by HEE, HEIW and Northern Ireland (Jan 2020). Scotland were involved in the Faculty and Consultant Pharmacist guidance but did not currently have policy for these.

4.2.1 Medical and NMAHP advanced practitioner/specialty roles

The Advisory Group considered the numbers of Doctors entering Scottish Medical Schools in relation to the rest of the UK and the changes in the secondary care workforce over the last twenty years. An overview of current postgraduate training was also provided, highlighting the pathways for GP training, Specialty Training and Higher Specialty training and the time taken to undertake this training.

Advisory Group members noted the UK 'Shape of Training' proposals for Doctors in training grades, which would take the form of a greater degree of generalist training in many areas, with the development of credentialing for some specialist areas (which would normally follow the achievement of Certificate of Completion of Training (CCT)). These proposals were not likely to change the time taken for medical training to achieve CCT and apply for Consultant or GP posts.

This contrasted with the current GPhC arrangements, which annotate only pharmacists who have successfully completed and registered as Independent Prescribers (IP). It was suggested that further advanced clinical career pathways (including aseptic services, medicines information etc.) for pharmacists may be required as new technologies emerge.

The Advisory Group noted that the workforce model for doctors arising from their career framework is very different to that of pharmacists. NHS Scotland requires senior clinical decision makers and the workforce model in medicines reflects this with foundation doctors (16%), middle grade doctors (24%) and consultants (60%).

The Advisory Group considered an overview of work undertaken by NES to transform Nursing, Midwifery and Allied Health Profession (NMAHP) roles and establish key pathways from undergraduate training and registration, through to Advanced and Consultant practice to support service needs. A Service and Educational Analysis Tool was developed by NES to support NHS Boards and employers to plan and evaluate implementation of Advanced Nurse Practitioner (ANP) roles and the education required to support these. It was noted that many

ANPs already possess clinical competencies and masters level education so only require completion of specific additional modules. A scoping exercise was also undertaken with HEI providers to identify current education provision and match with estimated demand.

A National Transforming Roles (Advanced Practice) Group was established which agreed the core role of the ANP and the competencies required. It was noted that the Nursing and Midwifery Council (NMC) do not annotate the register with the title Advanced Nurse Practitioner, and the onus is placed on Health Boards to check that nurses appointed to these ANP roles have the recommended competencies and qualifications.

4.2.2 RPS Advanced Practice Framework and related developments in Scotland

The Advisory Group considered the current RPS Faculty approach with the Advanced Practice Framework (APF), which was launched in 2013. The Framework consists of six clusters:

- Expert Professional Practice (EPP)
(there are currently 16 EPP modules developed by experts in England with proposed assessments via a portfolio and panel)
- Collaborative Working Relationships (CWR)
- Leadership (L)
- Management (M)
- Education, Training and Development (ET&D)
- Research and Evaluation (R&E)

The APF comprises 34 competencies distributed between these 6 clusters, with each competency described at three stages of development – Advanced I, II and Mastery.

At the time of the Review, the Advanced Practice Framework was under consideration as part of the RPS Educational Governance Oversight Board's UK Career Framework Review. This report was delayed to await the review which has now concluded and the RPS now have plans to implement. This established the principle that a clear progression route from generalist and or specialist to Consultant level should be developed and this was discussed by the four Chief Pharmaceutical Officers and the Pharmaceutical Society of Northern Ireland. The RPS review further identified a need to develop the pharmacist workforce to a defined advanced practice level using a supporting educational framework, which meets patient needs. Approaches to credentialing `generalist` and `specialist` training and methods of assessment and quality assurance are also still to be developed.

Advisory Group members reiterated that not all pharmacists are members of the RPS, and it was agreed that the Scottish Framework should be open to all, but

aligned, where possible, with the RPS Advanced Practice Framework but it may just require a fee to be paid for the RPS `credentialing` process with an educational and supervisory supportive structure in Scotland, which may or may not require additional postgraduate course credits/qualifications.

In 2014, pilot work commenced with various Specialist Interest Groups (SIGs) in Scotland (cancer, rheumatology, clinical trials, infection and antimicrobial stewardship, pharmaceutical care of older people and public health), to develop EPP modules in line with the RPS Advanced Practice Framework. Supporting resources and a guidance handbook have been developed for the EPP and CWR cluster competencies, which have been linked to a NES ePortfolio. The developments to date have mainly covered the knowledge required for advanced therapeutics. The current focus is on the application of knowledge to practice, linked to work shadowing and mentorship in the specialist area in order to achieve the competencies. Formative assessments are undertaken quarterly with summative portfolio assessments, similar to the APF proposals, being piloted with a panel of external specialists.

Advisory Group members considered the current NES Advanced Practice developments in relation to General Practice Clinical Pharmacists (GPCPs) in Scotland. It was noted that a learning pathway has been developed comprising:

- online learning (Fundamentals of General Practice)
- attendance at national bootcamps (3 days) providing multiprofessional support based on a bespoke training needs analysis
- additional advanced therapeutics and bespoke elearning
- a competency framework covering EPP and CWR
- National Learning Together webinars to provide additional support.

In addition, an Advanced Practice Framework was developed by NES and launched in 2016 based on the RPS APF. At the time of the Career Framework Review, the General Practice Clinical Pharmacist learning pathway described above was being piloted with senior pharmacists appointed in GP Practices in Scotland and supported by the NES TURAS ePortfolio. The NES Pharmacy team have arranged several national assessments of the competency framework described above (using portfolio assessment and viva) to date with the focus on Clusters 1 and 2, i.e. Expert Professional Practice and Collaborative Working Relationships.

4.2.3 Advisory Group consensus on advanced practice

Advisory Group members considered examples of pharmacists working at an advanced practitioner level. It was acknowledged that they are working at a highly complex level and contribute significantly to patient care and service efficiency. The Advisory Group acknowledged however that these practitioners had taken years to train and be able to work at this level and had done so with very little national structure, support or guidance. It was further recognised that there is currently insufficient infrastructure and support for research to be undertaken by this group despite a view that this is required.

Scotland requires many more advanced senior clinical decision makers to function at an advanced level following a shorter period of training. They need both clinical and educational support in their journey. It was also recognised that further workforce planning is required to quantify numbers of staff required.

The Advisory Group identified the need to build a flexible structure for more 'generalist' pharmacists, with broader-based training, working at all levels and in/across all sectors throughout Scotland, to meet the needs of the majority of patients and the ageing population.

There are a number of drivers of advanced practice, including the need for senior clinical decision makers within the NHS across the multidisciplinary team. This arises from the increasing age and frailty of the population and their requirements for medicines. In addition, the increasing complexity of medicines requires advanced and specialist skills to ensure patient safety.

It is considered vitally important to learn from both the medical and nursing professions (past and future), to make the recognition of advanced practice as straightforward as possible. In this respect the Advisory Group supported the definitions used within the Advanced Nurse Practitioner role, which will require

Advanced pharmacist practitioner case study (Appendix 3)

Key areas:

- **Completed IP training and functions as a practising prescriber with a patient group (if a clinical role)**
- **Completed Advanced Clinical Assessment skills training (if a clinical role)**
- **Assessed and credentialed by the RPS at `Advanced Practice` level demonstrating:**
 - Core generalist clinical expertise +/- Specialist clinical expertise
 - Collaborative Working Relationships
 - Leadership
 - Management
 - Education, Training and Development
 - Research and Evaluation
- **Works at Locality/ Board level within generalist or expert area**
- **Supports others in training at all levels within their specialist area**

further development of a defined education and training programme but will obviate the need for numerous levels of practice, which may be confusing to patients.

It is anticipated that many pharmacists will work within a 'generalist' context either at Foundation or Advanced practice. Key areas for development are similar across all professions such as:

- Expert Practice
- Collaborative Working Relationships
- Education, Training and Development
- Research and Evaluation
- Management
- Leadership

Currently hospital pharmacists often 'specialise' within a specific clinical or technical area of expertise, and this is also being seen within primary care (pharmacists delivering Pharmacotherapy services level 2 and 3) and community pharmacy, where pharmacists are prescribing for particular groups of patients. It was also recognised that there is an increasing need for pharmacists to work at a higher, Advanced Practice level and at a more 'generalist' level to deal with increasing numbers of patients (across all sectors), who have multi-morbidities. Advanced Pharmacist Practitioners would then be accredited as 'Generalists' but may undertake 'specialist' training which could be credentialed through a recognised UK or Scotland route to deal with specific groups of patients. This could also be based on service needs and be uniformly recognised for pharmacists working in all and across sectors. In addition, it was acknowledged that any such advanced practice framework should be sufficiently flexible to allow Advanced Pharmacist Practitioners to move between specialist areas of practice, by attaining only the 'specialist' credential if they move.

In terms of the RPS Faculty Advanced Framework, the 'specialist' area can be defined to meet the current Expert Professional Practice (EPP) domain. Further work is required to identify the need and to scope the requirements for the role of Advanced Pharmacist Practitioners and what additional support would be required from the schools of pharmacy delivering postgraduate qualifications and other partners providing training which could support the other clusters detailed in the RPS Faculty review in this respect.

It was recognised that there would also need to be national developments in place to support practitioners in a co-ordinated way to develop themselves in the other key areas of advanced practice such as Collaborative Working Relationships (CWR), Research and Evaluation (R&E), Leadership (L), Management (M) and Education, Training and Development (ET&D).

4.2.3 Title of the 'Advanced' career stage

In line with the agreed principle that the pharmacist career framework should be straightforward and easily understood by the profession and others, the Advisory Group considered the title of the 'Advanced' career stage. Titles including Advanced Generalist, Advanced Specialist, Advanced Pharmacist Practitioner (APP) and Advanced Pharmacist with Special Interest were discussed. It was agreed that Scotland needs to obtain agreement across sectors regarding the title(s) used for the Advanced career stage and work more closely with the other UK countries to allow recognition of pharmacists moving between countries.

4.2.4 Postgraduate pharmacy education in Scotland

Both Schools of Pharmacy provided presentations on their current MSc programme (MSc in Advanced Pharmacy Practice) which can also allow the postgraduate students to exit with a Postgraduate Certificate (60 credits), Postgraduate Diploma (120 credits) or Masters degree (180 credits). Robert Gordon University advised that Recognition of Prior Experiential Learning (RPEL) was given for the first year of their Diploma/MSc in Advanced Pharmacy Practice if pharmacists have completed the NES Vocational Training Foundation Programme. Both schools of pharmacy allow RPEL for those completing the Independent Prescribing training (optional module in Diploma/MSc courses).

Both institutions advised they would be willing to look at alternative delivery options with elective modules being available to allow Certificate, Diploma and Masters awards based on the needs of the service and the individual pharmacists.

The Advisory Group discussed the need for more blended learning, using technology to support distance and online learning, to meet the needs of the service and across sectors. It was also agreed that future postgraduate qualifications need to align with the Foundation Programme as well as supporting the requirements of an Advanced Practice Framework. This was both in terms of Expert Professional Practice and other potential areas such as Collaborative Working; Research and Evaluation; Education, Training and Development, Leadership and Management.

Funding for postgraduate qualifications was considered as it was highlighted that NES currently only fund Diploma and Masters qualifications for hospital pharmacists. This has widened to primary care pharmacists who are part of the Board managed service as they are employed by Health Boards. NES funding for postgraduate qualifications is currently static and other funding options and models would need to be looked at. Funds could be provided from the pharmacists themselves, their employers in community or managed sector or Scottish Government monies. It was also felt that there needed to be more flexible use of a modular credit bearing approach and efficient use of resources, across all sectors to support development to in turn meet patient demand.

The Advisory Group recognised that the service needs to scope the infrastructure and resource required to support an Advanced Practice Programme and reflect these requirements within job descriptions while being mindful of the implications for Agenda for Change bandings. It was agreed that NES should set up a group to review funding for all qualifications to meet the needs of the service and not just for accredited postgraduate qualifications such as Masters degrees. Consideration should also be given to all sectors to ensure `study leave` and `protected learning time` is built into any postgraduate training undertaken.

The following options were considered by the Advisory Group:

- NES providing funding 60 credits towards either Certificate or, on a rolling basis, towards a Diploma or MSc (current model but only for the managed service)
- funding on a module by module basis
- funding on a pick and mix basis
- students paying for part or all of their own qualifications
- NES providing funding support for experiential learning in the service
- Any change to how NES utilise this allocation should be discussed with Health Boards who have provided the funds.

It was thought that these options may also be more attractive to younger pharmacists who have more flexible career choices both in terms of employment status, sector of practice and the desire for work life balance.

Recommendation 3: Advanced Pharmacist Practitioner status should be open to all pharmacists demonstrating the specified competence. The Advanced Pharmacist programme should include the following features:

- The Scottish Advanced Practice Framework should remain aligned with the RPS Faculty Advanced Practice Framework developments.
- The advanced practice pathway should be broad based, requiring the attainment of 'generalist' Expert Professional Practice (EPP) modules with potential credentials for 'specialist' EPP modules. Rules of combination may be required to ensure the coherence, equivalence and relevance of routes to Advanced Pharmacist Practitioner status.
- Common key competencies in non-clinical areas such as Collaborative Working Relationships, Research and Development, Leadership, Management and Education, Training and Development (ET&D) should be required and support mechanisms for these commissioned or signposted.
- Advanced practice pathways should be sufficiently flexible to enable sector specific customisation.
- As with Foundation Training, a supportive infrastructure is required for Advanced Practice learning.

- All employers and the Scottish Government should consider options for funding pharmacists who are currently excluded from postgraduate qualification funding. Consideration should also be given to part or full self-funding.
- Consultation on the Career Framework should address the title(s) used for the Advanced career stage, with options presented based on nomenclature used in England, Wales and Northern Ireland.

4.3 Consultant Pharmacist

The Advisory Group considered the experience of recruiting and deploying Consultant Pharmacists in the four countries of the UK. In England, this title has only been used for pharmacists who are appointed to approved posts and meet the appropriate level of competence. At present these posts are predominantly within secondary care in large teaching hospitals but numbers are not distributed evenly and not strategically developed to meet patient requirements. It was noted that Wales and Northern Ireland were later in creating these posts and have taken a more strategic approach when developing the role. Recent updated guidance was released in January 2020 to outline the development of Consultant Pharmacists. Although Scotland were involved in the review of the guidance it was only supported by HEE, HEIW and the Northern Ireland equivalent, as Scotland currently does not have a policy for Consultant Pharmacists. Several Boards in Scotland however are at very early stages of considering developing such posts in areas of need e.g. Mental Health and Older People to support the multidisciplinary team.

4.3.1 Rationale for consultant pharmacist role

The overall purpose of the Consultant Pharmacist posts is to ensure that the highest level of pharmaceutical expertise is available to provide high quality care to patients, as well as strengthening professional leadership in pharmacy across all sectors. The NHS requires senior clinical decision makers and it is important that pharmacists are among this group.

In principle the Advisory Group supported the retention of the Consultant Pharmacist career stage in Scotland, but envisioned the development of a strategic and consistent approach for this, which may require bringing key stakeholders together to work through the implementation of a policy.

4.3.2 Key considerations

The Advisory Group identified several key issues in addressing the Consultant Pharmacist role. These related to their main areas of responsibility, grading, funding considerations, qualifications and credentialling. There was consensus on the need for Consultant Pharmacists, who have a key role in the development of Advanced Practice across the profession in Scotland. For this reason it was agreed that

Consultant Pharmacists should be a priority in the establishment of a postgraduate career framework.

The need for a co-ordinated, national plan for the deployment of Consultant Pharmacists was identified and the inputs of key stakeholders such as Directors of Pharmacy, pharmaceutical public health consultants and Community Pharmacy Scotland will be required to clarify national, regional and local posts. There is a need to consider if Consultant Pharmacists will be additional and, if so, how they will be funded. The Advisory Group also recognised the potential to refocus some existing posts. A key area for discussion is the need to engage in workforce planning for numbers of Consultant Pharmacists based on patient and service need in Scotland, and the use of agreements to share resources between employers/sectors.

It is recognised that a degree of flexibility within Consultant Pharmacist posts is desirable to address patient, sectoral and organisational priorities. For this reason it is suggested that a 'job profiling' approach may be preferable to more traditional 'job planning' approaches used by other professions such as medicine. In addition, there is a need to plan for the future with succession planning built in to the development of Advanced Pharmacist Practitioners wishing to progress to Consultant roles.

Existing Consultant pharmacists are primarily employed in the acute sector in England and elsewhere in the UK; primarily in larger teaching hospitals. There is also a need to consider the contribution of Consultant Pharmacists to primary care and community pharmacy. One option discussed by the Advisory Group was an extension of the 'Teach and Treat' approach currently used in Scotland to enable Consultant Pharmacists to support their colleagues in primary care and then ultimately community pharmacists, in the care of specific patient groups, for example, Post-MI and LVSD.

Consultant pharmacist case study

(Appendix 4)

Key areas:

- **Completed IP training and functions as a practising prescriber with a patient group (if a clinical role)**
- **Completed Advanced Clinical Assessment skills training (if a clinical role)**
- **Assessed and credentialed by the RPS as 'Consultant ready' level demonstrating:**
 - Core generalist clinical expertise +/- Specialist clinical expertise
 - Collaborative Working Relationships
 - Leadership
 - Management
 - Education, Training and Development
 - Research and Evaluation
- **Appointed to an approved Consultant pharmacist post**
- **Works at Board/Regional/National level within generalist or specialist area at a strategic level within a multidisciplinary environment supporting research and service development**
- **Balance of operational and strategic roles**
- **Supports others in training at all levels within their specialist area**

It was noted that Consultant Pharmacists should be able to influence the organisation and delivery of service across all sectors and this should be reflected in the job profiling and pay grading of these posts.

The new RPS led guidance (released January 2020) for Consultant Pharmacists requires a consistent approach across UK countries. It is important that the grading of Consultant pharmacists is consistent with other UK countries to ensure they can be recruited and retained in Scotland.

Advisory Group members recognised the need to credential Consultant Pharmacists in Scotland in recognition of their educational attainment and experience. Agreement is required as to which body will be responsible for credentialing and maintaining the records of appointed Consultant approved posts and credentialing of Consultant Pharmacists and should be in line with the RPS updated guidance. The Advisory Group noted the RPS approach to Consultant Pharmacists of credentialing pharmacists deemed 'consultant ready'. The training plans and/or training supervision of newly appointed Consultant Pharmacists would also need to be considered. In Medicine newly appointed consultants³ have additional mentoring and support. This should be considered for Consultant Pharmacists.

Recommendation 4: A strategic vision for Consultant Pharmacists in Scotland is required, clarifying their role in providing specialist care and leading pharmaceutical services within and across sectors. The Consultant Pharmacist programme should include the following features:

- The strategic vision for Consultant Pharmacists should emphasise a patient and public focused role.
- The title 'Consultant Pharmacist' is useful for discussions across professions with other countries in the UK. It should apply to 'Consultant ready' Advanced Pharmacists appointed to Consultant posts.
- The potential of Consultant Pharmacists to contribute to primary care and community pharmacy practice should be considered.
- Newly appointed Consultant Pharmacists should have mentoring and other support.
- Consultant Pharmacist posts in Scotland should be appointed consistently with other Consultant Pharmacists employed in other UK countries.
- Consultant Pharmacists in Scotland should be credentialed in recognition of their skills, knowledge and experience. Agreement is needed on any funding or infrastructure requirements to support the development of Consultant ready pharmacists and to support the credentialing and maintenance of records.

³ Those within the first 5 years of appointment.

The relationship between Advanced and Consultant Pharmacist roles is illustrated in Figure 5 below.

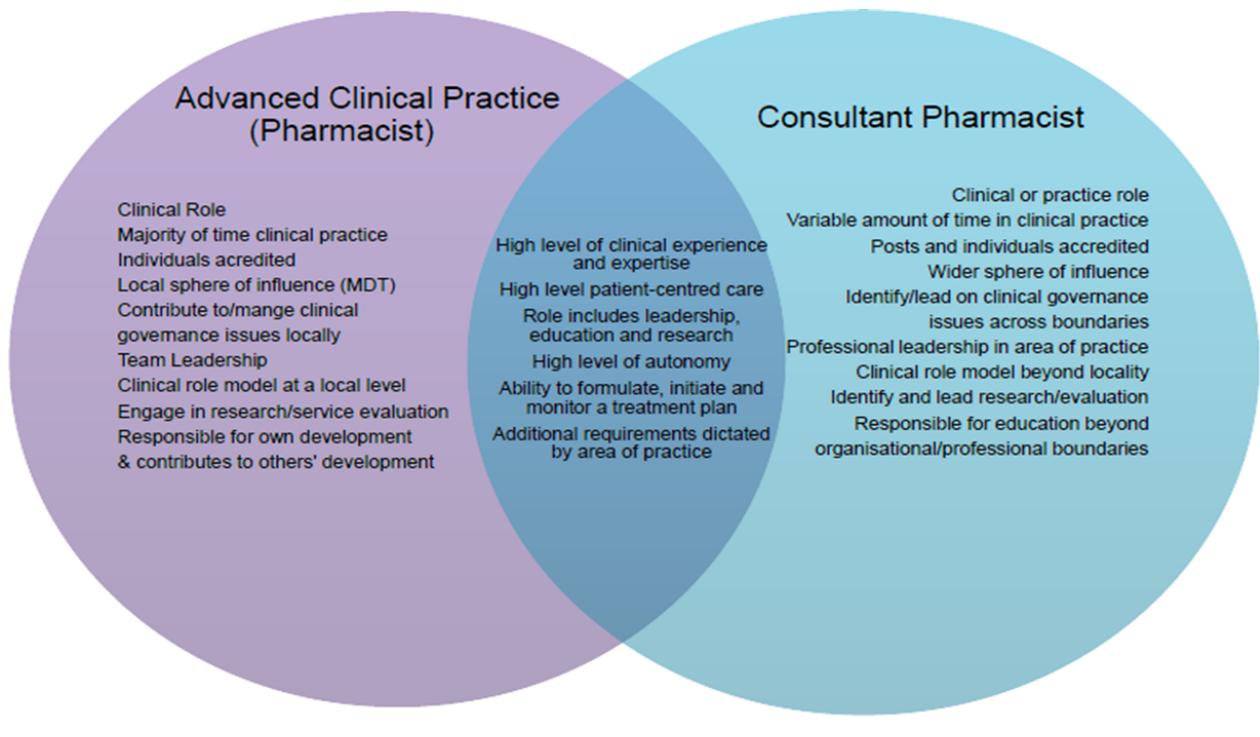


Figure 5. Advanced and Consultant Pharmacist roles

Leadership and management

This chapter examines the clinical and professional leadership and management responsibilities of pharmacists in Scotland, and the related development support. The Advisory Group's deliberations on this subject were informed by a NES commissioned review of leadership and management development.

5.1 NES review of leadership and management development for pharmacists

In 2016 NES commissioned a review of current leadership and management development for pharmacists at 'early career', 'middle career/junior management' and 'senior' levels available from NES and other organisations. The review concluded that there is significant variation in leadership opportunities for pharmacists employed in hospital, primary care and community pharmacy which requires to be addressed. Within community in particular there is confusion in relation to leadership and management development needs. The review further indicated that pharmacists are not generally exposed to leadership concepts and language until later in their careers.

The review of leadership and management report articulated the following themes:

- The need to align leadership and management development in pharmacy with policy/service context, to support a change of culture within the profession
- There is a need to position leadership within the pharmacist career structure (including Foundation, Advanced and Consultant Pharmacist levels), indicating its relevance at each stage
- Leadership learning needs to be relevant, accessible, sustainable and collaborative.

5.2 Current and planned leadership and management development

The Advisory Group considered the NES Leadership and Management Framework together with current and planned NES leadership and management development programmes. These included current Leadership training provision for pharmacy, Project Lift, the Scottish Pharmacy Clinical Leadership Fellowship programme, and the incipient New Horizons programme for early career leadership development.

5.2.1 Current Leadership and Management training

It was noted that pharmacists have access to NES's limited leadership and management development provision. This includes a two-day course which supports Foundation pharmacists and a six-day Advanced Leadership training course delivered for more experienced pharmacists, which is also open to GPs. Similarly, the commercial organisation, Pharmacy Management also offers a Clinical Leadership In Practice (CLIP) programme for more experienced pharmacists, both of which are in line with the current RPS Advanced Practice Framework. There are

various multidisciplinary courses on offer within the managed service and contractor serviced models but there is no consistency and places can be limited.

5.2.2 Leadership and Management Framework

NES is establishing an overarching Leadership and Management Framework for health and social care services in Scotland. This is an inclusive approach to leadership, recognising that a distributed approach to leadership across grades, career stages, professions and sectors is required for service transformation. The NES Framework (see Figure 6 below) is organised at three levels and is underpinned by six Leadership Qualities and Behaviours, which will be developed at all levels. It is anticipated that the Framework will be used to enable health and social care staff and employers to identify and access relevant leadership development support more easily.

5.2.3 Project Lift

Project Lift is a NES programme comprising four distinct elements - leadership development, performance appraisal, talent management and values-based recruitment. The goal of Project Lift is to establish a system-wide approach to supporting, enhancing and growing leadership at all levels to transform health and social care in Scotland. Project Lift may be accessed by pharmacists at all career stages and sectors.

5.2.4 Scottish Pharmacy Clinical Leadership Fellowship programme

NES has recently developed the Scottish Pharmacy Clinical Leadership Fellowship (SPCLF) programme to enable a small number of pharmacists and pharmacy technicians to develop their leadership potential through a structured programme of training, mentoring, action learning and project work. SPCLF participants will attend leadership development days with Scottish Medical and Dental Clinical Leadership Fellows as well as 'Leading for the Future' masterclasses. There is clear interest in the SPCLF programme from pharmacists, which provides useful networking opportunities with Clinical Leadership Fellows in other healthcare disciplines.

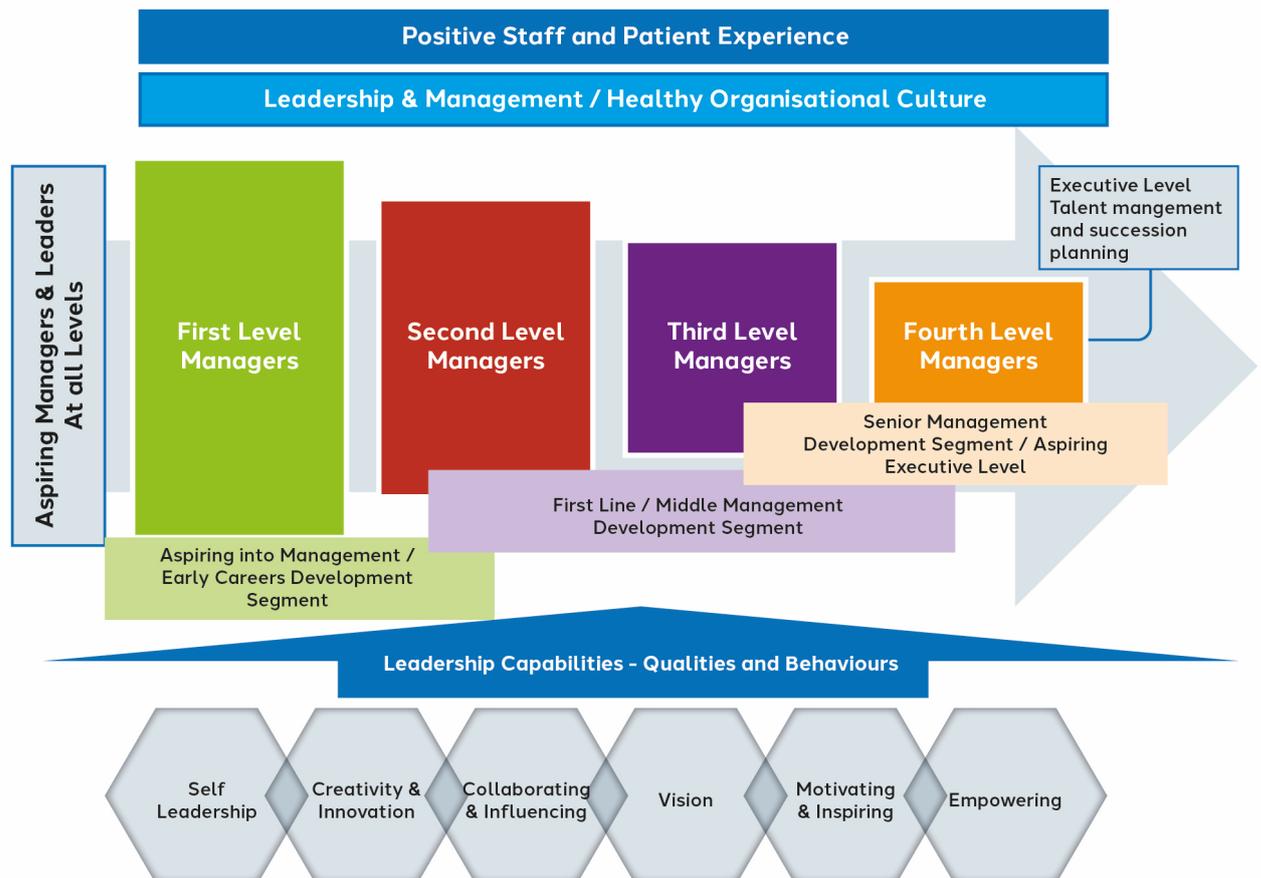
5.2.5 New Horizons programme

The New Horizons programme being developed by NES will address the needs of early career staff aspiring to management and leadership roles. It comprises several development pathways, based on 'development segments' which enable staff to move from 'Aspiring into leadership', to first line management roles through to middle management and on to senior management roles.

Development pathways are based on a clearly defined set of leadership capabilities, which all staff are expected to demonstrate in everything they do. Linked to this will be an online, self-managed 360° feedback tool which will allow staff to gain insight into their ways of working as viewed by colleagues.

It is expected that high quality management development will enable managers to 'do the right things' (the what), however we also need managers to 'do things right' (the how). This involves the establishment of a set of leadership capabilities encapsulated within the Leadership Qualities Framework.

Figure 6. NES Leadership and Management Framework (2018)



5.3 Advisory Group consensus on leadership and management development

There was a clear consensus on the leadership and management requirements for Scotland and the need for pharmacists to demonstrate leadership at every career stage. For this reason, leadership potential (both in terms of professional and clinical leadership) should be nurtured at every level and introduced more explicitly at undergraduate level with a concomitant cultural change. In addition, both a mentorship and coaching approach should be built into any scheme developed to support this and build capacity.

Recommendation 5: There is a need to ensure leadership potential is explicitly developed at all career stages and built into undergraduate and pre-registration level training. Clinical and professional leadership support should include the following features:

- Directors of Pharmacy and Sector Leads need to support the development of mentorship and coaching roles across Scotland.
- Leadership and management development for pharmacists in Scotland should be comprehensive, progressive and consistent as well as being aligned to any proposals emerging from the RPS Foundation and Faculty Reviews.
- Pharmacists and their employers should take advantage of available leadership development provision including New Horizons, the National Coaching Framework, the Scottish Pharmacist Clinical Leadership Fellowship and other internal programmes.

6. Implementation arrangements

Over the course of the Advisory Group meetings, some of the key considerations to be addressed in implementing the Scottish Pharmacist Postgraduate Career Framework were discussed. This section includes recommendations to be considered in planning the implementation.

Advisory Group members commented on the need to ensure continuity of service during the implementation of the Foundation Pharmacist programme and it was anticipated that the transition from current arrangements would be managed over several years. A 'grandfather' clause would be needed to ensure that established pharmacists could continue in role without disruption of service.

Should the Scottish Pharmacist Career Framework be adopted as envisaged by the Advisory Group, this will have significant implications for pharmacists in Scotland, their employers, education providers and other stakeholders. There will be a need to further develop thinking about the three stages described in this framework and to consult widely to build consensus and add depth and colour to proposals.

Implementation of the recommended Career Framework will require a supportive infrastructure to ensure that pharmacists develop the relevant skills, knowledge and professional attitudes. This infrastructure will include trained tutors, mentors and coaches and access to relevant training courses and materials as well as an overarching educational governance framework. The recommended Career Framework will also require a quality assured approach to credentialing pharmacist attainment and robust record keeping. Some of this infrastructure has been put in place by NES and other stakeholders, but agreements are required to establish roles and responsibilities, especially where resources are shared across sectors and between employers. Sources of additional funding for some of the required infrastructure will need to be identified.

Recommendation 6: The implementation of the Scottish Pharmacist Career Framework should be carefully managed in a phased approach over several years to engage stakeholders as well as build training programmes, infrastructure and support.

7. References

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General Pharmaceutical Council (2019), *Standards for the education and training of pharmacist independent prescribers*

Royal Pharmaceutical Society (2019), *Foundation Pharmacy Framework*

Royal Pharmaceutical Society (2014), *Advanced Pharmacy Framework*

Scottish Government, Medicines and Pharmacy Division (2017), *Achieving excellence in pharmaceutical care: a strategy for Scotland*

Scottish Government (2017), *Five-Year Integrated Initial Education Programme for Pharmacists in Scotland: Scoping Report*

NHS Consultant Pharmacist Guidance *Consultant Pharmacist Short Life Working Group* – January 2020

Appendix 1 – Membership of the Advisory Group

POSTGRADUATE PHARMACY CAREER FRAMEWORK REVIEW ADVISORY GROUP MEMBERSHIP

Chair:

Professor Anne Watson, Postgraduate Pharmacy Dean, NHS Education for Scotland (NES)

Advisory group members:

External Membership

Dr Gordon Rushworth, Programme Director, NHS Highland, Highland Pharmacy Education & Research Centre

Professor Norman Lannigan, Specialist Adviser

Mr Damian Day, Head of Education, General Pharmaceutical Council

Dr Catherine Duggan/Beth Ward, Professional Development & Support, Royal Pharmaceutical Society (RPS)

Professor Harry McQuillan, Chief Executive Officer, Community Pharmacy Scotland (CPS)

Dr Scott Cunningham, School of Pharmacy, Robert Gordon University

Professor Marion Bennie, School of Pharmacy, University of Strathclyde

Aileen Muir, Acting Director of Pharmacy, West Region

Professor Angela Timoney, Director of Pharmacy, East Region

Ian Rudd, Director of Pharmacy, North Region

Jenny Macdonald, Pharmacy E & T Lead, West Region

Alexa Wall/Elaine Rankine, Pharmacy E & T Lead, East Region

Deborah Stafford, Pharmacy E & T Lead, North Region

Roisin O`Hare, Chair of E & D, Guild of Healthcare Pharmacists

Professor Alison Strath, Chief Pharmacist's Office, Scottish Government

Professor Stewart Irvine, Director of Medicine, NHS Education for Education

Dr Colette Ferguson, NMAHP Directorate

Lesley Whyte, Programme Director, NHS Education for Education

Hilary Murdoch, Lay representative

Steve McGlynn, Specialist Principal Pharmacist, NHS Greater Glasgow & Clyde

Sally Arnison MBE, Education Supervisor, Centre for Pharmacy Postgraduate Education/Community Pharmacist

Thomas Ross, Lead Pharmacist, NHS Highland

Colin Rodden, Guild of Healthcare Pharmacists

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Appendix 2: Foundation Pharmacist (detailed case study options)

The Pharmacist Foundation Training programme

Case 1: Foundation Pharmacist (~2 years)

HOSPITAL/ PRIMARY CARE with 3 months each year in a Primary care rotational post

Case 1 pharmacist completed their Foundation Training in secondary care with a rotation into primary care. Rotating into a second sector gave them the opportunity to understand the differences between the boundaries of care and the differing roles of clinical pharmacists in each sector. They now have an appreciation of the roles in both primary and secondary care and recognise the barriers to providing pharmaceutical care within each sector. The rotation into primary care enabled them to identify this as a potential area to work in and on completion of their Foundation Training they have now taken up a Band 7 post as a General Practice clinical pharmacist. They routinely draw on aspects of their Foundation Training which provided varied experience between the two sectors of practice and has allowed them to develop a broad-based clinical knowledge and develop working relationships with other healthcare professionals, which has equipped them in dealing with more challenging clinical issues. Foundation Training also ignited their enthusiasm towards education and training, which is an area to develop as their career progresses.

Overall, the Foundation Training programme gave them a wide variety of experience at the start of their career and was beneficial for development of their clinical skills and confidence. Now that they have completed and successfully passed the NES Foundation Training programme assessment they have since started studying towards becoming an independent prescriber within their new role in primary care. They particularly felt that the transition from the Foundation Training programme to the Independent Prescribing course has worked well.

Case 2; Foundation Pharmacist (~2 years)

HOSPITAL/ PRIMARY CARE with 6 months switch each year between hospital and Primary care

Case 2 pharmacist was employed in a Board which arranged a switch every six months between the two sectors with other Foundation Pharmacists (in training) working between the hospital and primary care environments. The experience in hospital really improved their in-depth clinical knowledge which then benefitted them when working in the primary care environment. They were able to apply this knowledge within the GP practice to address more complex patient issues and GP enquiries. The exposure to working with GPs also improved how they communicated with medical colleagues in the hospital as the GP colleagues were very forthcoming with feedback on communication styles which really helped to shape how to communicate pharmaceutical care issues in any environment. Another benefit of undertaking Foundation Training across two sectors of practice was that they developed greater confidence in their decision making and further developed their prioritisation skills due to the large variety of situations experienced across their training.

Their knowledge of the patient journey within and across both sectors of practice has been one of the most important aspect of undertaking Foundation Training across sectors of practice. This knowledge has been vital to their future practice as they are now aware of issues which may occur between the interfaces of care and they can now be more proactive in their approach to ensure seamless care for patients, e.g. preventing the initiation of medications in hospital which are unavailable in the community setting or arranging the

ongoing supplies of oral replacement therapies with community pharmacies and therefore prevent interruptions to a patient's medication supply on discharge from hospital.

Training across two sectors of practice was more of a challenging experience as they had completed their pre-registration training in only one sector and hence primary care practice was a steep learning curve. This may be something to consider when reshaping the experiences offered to those in the initial education and training years in the future.

During their Foundation Training, they were able to take advantage of education and networking sessions in both sectors e.g. they attended a Hospital Clinical Pharmacist Training Programme, Board "team training" study days, Local Medical Committee training events, SP3AA conference and peer review sessions within both the hospital and primary care.

Working across two sectors during foundation training improved their job prospects as they gained a wider knowledge of pharmacy services across the health board. They felt that the breadth of this knowledge will enable them to transition into a greater variety of roles across a larger number of specialties compared with single sector training. Therefore, they have chosen to continue with cross-sector experience in a more specialist role within both acute and primary care which they will continue to benefit from this experience while they now train as an independent prescriber.

Case 3: Foundation Pharmacist (~2.5 years) COMMUNITY/ PRIMARY CARE – First year in Community pharmacy and then the remainder in Primary care when moved post

Case 3 pharmacist started their Foundation Training when they were working in a community pharmacy as part of the NES pilot programme and have since moved to a new post in Primary Care. Their portfolio included evidence from both sectors and provided an excellent opportunity, although not initially planned, to split their training across both boundaries of care.

Having started in community pharmacy, they found the training challenging as they were in a relief pharmacist role. This meant that their tutor was remote and not based within their pharmacy which meant it was more difficult to arrange review meetings. The other issue was that being in a community pharmacy on their own meant they did not interact with any other Foundation Pharmacists who were undertaking the pilot Foundation Training in community pharmacy at that time.

However, the role in community was very diverse and covered pharmacies across a whole region in Scotland so that provided them with excellent experience as a newly qualified pharmacist. Taking part in the Foundation Training programme at this stage was beneficial and allowed them to consolidate their learning in practice. They also commented that they found it beneficial to start the training as soon as qualifying as they were already in the habit of writing up evidence for their pre-registration pharmacist portfolio.

After about one year they moved to a different role in primary care, and hence completed the core and sector specific competencies across the two distinct sectors rather than rotating into the second sector. Moving to new role at about one year into training ensured that they had enough evidence from each sector to make a seamless transition. Undertaking the training in the two sectors enabled them to reflect on how much their role had changed and appreciate the roles of pharmacists in both sectors.

On moving to primary care, they felt that the learning curve was significant, but they found the Foundation Training programme was a great support in allowing them to reflect on the tasks and competencies completed on a daily basis. In the GP practice, they worked regularly with a senior pharmacist as a clinical tutor which was very beneficial in supporting them and they provided excellent advice and tips on how to gather evidence, as they had been through the foundation training previously. They also found working in a permanent location made it much easier to arrange meetings with their allocated educational tutor.

On completion of their Foundation Training they are now thoroughly enjoying their new role in Primary Care and plan to undertake independent prescribing training which they plan to put to use in primary care and potentially community pharmacy in the future.

Appendix 3: Advanced Pharmacist Practitioner (detailed case study)

Advanced Pharmacist Practitioner (Working in GP Practice)

The Advanced Pharmacist Practitioner case qualified as a pharmacist eleven years previously having completed their pre-registration training in hospital, and then gaining further experience over a wide range of clinical areas including acute medical, care of the elderly, paediatrics and mental health. They had also worked in community pharmacy for two years before applying for the post in General Practice where their role focussed on polypharmacy and general medication reviews.

During the eleven years in practice they successfully completed their Independent Prescriber (IP) qualification and attended the NES core clinical assessment skills and consultation skills training, focusing on an individual therapeutic area to help build their confidence as a new prescriber. They had then gone on to identify CPD areas where they had further learning needs, one of which was diabetes management, and as such they completed a Diploma in Diabetes Management in Primary Care.

In terms of their clinical and prescribing practice they developed their expert practice in the specialist area of hypertension by increasing their knowledge, competency and confidence by undertaking self-directed CPD and utilised training provided by BHF funded clinical education co-ordinators, peers and their GP clinical supervisor to increase their knowledge. They also attended the NES Advanced Cardiovascular & Respiratory Clinical Assessment Skills training. As a result, they then took on an expanded IP case load for newly diagnosed and uncontrolled hypertensives, many with co-morbidities, so it was important to retain their generalist clinical knowledge. They also dealt with more complex hypertensive and post MI LVSD patients (using experts in the NES Teach and Treat model) within the cardiovascular expert area to allow treatment in primary care rather than referring patients to acute care. They also still maintained their generalist knowledge to expand their clinic to once again include polypharmacy medication reviews.

In addition, whilst retaining a clinical patient facing role in a previous role in hospital, they moved into more of a leadership/managerial role, leading a team of pharmacists and pharmacy technicians. This allowed them to develop skills and identify further learning needs in other non-clinical areas and they completed the NES Advanced Leadership programme implementing their learning into the role at this time. The main learning from this new role was financial/budget management, leading and managing a team, service development and a greater awareness of the wider health and social care agenda.

In relation to education and training experience they have been involved in providing education, training and supervision at various levels throughout their career while acting as a role model and mentor to many pharmacists including acting as an Educational Supervisor for four pharmacists currently undertaking the NES GPCP Competency Framework.

In terms of research and service evaluation experience they have been involved in various evaluations e.g. demonstrated the impact pharmacist review could have in the care of care home patients and the role pharmacy technicians could play in medicines management processes, and from there set up a Health Board wide pharmacy service to care homes, which have changed services on a Board wide level with resultant feedback of the evidence and outcomes at meetings, conferences and in publications.

Appendix 4: Consultant Pharmacist (detailed case study)

The Consultant Pharmacist case graduated 15 years ago and completed their pre-registration training in a community/primary care cross-sector post in a board with remote and rural provision. Their foundation pharmacist training continued in a hospital/primary care cross sector post in a much larger board with a large teaching hospital, which provided insight into many different clinical specialities during their clinical rotations. At the end of their foundation training they moved boards to a post working across several community hospitals and GP practices and completed their independent prescriber qualification as part of the Postgraduate Diploma in Advanced Pharmacy Practice. From there they started to build on their advanced level expert practice skills firstly at a generalist level and then gaining specialist credentials at a mastery level within the clinical area of older people from the Royal Pharmaceutical Society. Direct patient contact in a clinic setting or in the community hospitals is the backbone of their clinical practice and they ensured they are absolutely embedded within the older people`s multidisciplinary and multisector team in the locality.

They have both a strategic and operational role with clinics in primary care involving complex medicine related case referrals from across the area as well as virtual clinics using “Near Me” technology and protect slots for visits to patients` homes and care homes. They also provide an in-reach service to the hospital for complex cases and have developed a pathway for these clinics which allows referrals from any setting including primary care, acute care, social care and the third sector.

In terms of management and leadership they provide leadership for the pharmaceutical care of older people with a responsibility for influencing prescribing across the health economy, including a leadership role within the Health and Social Care Partnerships across the region. They have attended advanced leadership training and built up their management and leadership experience over the years in their various roles. They provide leadership at a strategic level for the organisation over at least two sessions each week e.g. by co-chairing the Older Peoples Steering Group with the Director of Nursing. One session each week also supports preparation and delivery of national work including the National Older Peoples Pharmacy Special Interest Group and the National Care Home Group.

They are involved in research and evaluation within their specialist area, with a practice research portfolio involving many publications, contributing to the growing evidence supporting the positive impact on patient outcomes that pharmacists practising at such an advanced level can provide. One day a week is devoted to developing practice research and will depend on the stage of various research projects they are involved in. They are also regularly publishing research work at national and international level such as well as conference posters and presentations e.g. publication of national guidance for healthcare staff to support people to administer their medicines and a joint publication with university and NES of research to support the consultant pharmacist role.

A proportion of their week also relates to education, training and development. They are involved in clinical and educational supervision of pharmacists in training across the locality, particularly those developing their advanced level skills and will often involve support with complex cases. This role helps upskill others to manage increasingly complex patients. Most weeks they have a teaching session in the diary for varying groups of staff around medicines in older people, which are mainly multidisciplinary teaching sessions when appropriate. They have a University appointment with a regular lecturing commitment and contribute to the development of specialist resources within NES. They have developed a training programme and governance structure to support pharmacists new to providing advanced level care to older people

In order to take up this post they completed the consultant pharmacist level portfolio and submitted to the Royal Pharmaceutical Society to be credentialled as `consultant pharmacist ready`. They were then appointed to an approved post as an Older People's Consultant Pharmacist 6 months later.

The biggest challenges involve balancing the operational and strategic responsibilities of the role and keeping flexible with each of the areas of the role - balancing priorities as they change.

The benefits of having a Consultant Pharmacist post as seen by the postholder are:

- Make a difference to a wide population through strategic input
- Make a difference to colleagues to support better, more enjoyable, safer practice
- Make a difference to patients to offer even better quality of care
- Balance of operational, strategic roles
- Continual learning from pharmacy colleagues at every level, from health and social care colleagues, from patients and families to develop better practice.
- Allows you to innovate and change systems which previously were thought could never be changed.

This resource may be made available, in full or summary form, in alternative formats and community languages.
Please contact us on **0131 656 3200** or email altformats@nes.scot.nhs.uk



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