

Strengthening postgraduate education — a new structure for pharmacy

By **Soraya Dhillon**, director of taught postgraduate studies, and **Stephen Curtis**, development director, department of practice and policy, at the School of Pharmacy, University of London

There is a clear need to create a robust structure for the development of postgraduate pharmacy education and training, which is clearly endorsed within the NHS. It is disappointing that this structure is not always recognised as a necessity, yet in hospital and community practice one has been created by default over the past 20 years.

The profession needs to be aware that changes in the NHS and the creation of the NHS University (NHSU) will now address some of the key issues in developing the NHS workforce, including pharmacy assistants, technicians and pharmacists. For example, modernising primary care, the new pharmacy contract, the need for specialisation in secondary care and the creation of consultant pharmacist posts all create the need for an infrastructure that recognises an approved pathway for postgraduate education and training for pharmacy.

Safe, evidence-based use of medicines is crucial in effective chronic disease management and the importance of such use of medicines is clearly recognised within the Government's national service frameworks. Pharmacists have a clear lead role to play in medicines management and the prescribing agenda — hence they must be trained appropriately.

No clear uniform funding exists through the workforce development confederations (WDCs) for postgraduate pharmacy education and training yet, from the profession's point of view, it is clear that this structure of training is paramount to enable pharmacists to function as experts in medicines usage. There is an urgent need to establish a robust funding stream, which recognises and underpins the need for a formal pathway for postgraduate education and training of pharmacists throughout the UK.

We would propose a proper recognised framework, perhaps through an approved Department of Health (DoH) or WDC system. The new model for WDCs as an integral part of a strategic health authority (ie, Workforce Development Directorate) may

assist trusts (both in primary and secondary care) in establishing locally a recognised structure of post-registration education and training within an approved funding framework.

The need for this postgraduate education structure is clear when one examines the current education and training of pharmacists.

Our vision is the creation of a robust integrated career development structure that allows pharmacists to maintain their scientific professional status and demonstrate competency for practice

The need for this postgraduate education structure is clear when one examines the current education and training of pharmacists. Pharmacists currently undertake a four-year undergraduate degree course leading to award of an MPharm. This is followed by a structured pre-registration year for admission to the Royal Pharmaceutical Society's register.

There has been debate over the years about the nature of the MPharm degree and the balance between science and practice. It is imperative that we maintain a strong professional scientific basis to the undergraduate degree and enhance the development of pharmacists through a formal structured postgraduate development pathway. In providing education and training for our pharmacists it is not a question of balance between science and practice; it is a prerequisite that our pharmacy practitioners are competent health professionals

who can deliver effective, evidence-based health care to patients. We need to ensure that our graduates have a strong scientific education which can underpin their development as pharmacists of the future.

Pharmacists need to carry forward into practice the attributes of a strong science base and the science that is unique to the profession, eg, pharmaceuticals, formulation science and pharmacokinetics. Pharmacists must be seen as the experts on medicines, must be able to influence prescribing effectively and must ensure they are at the forefront of developments in medicines to ensure patients benefit from therapeutic interventions.

During the 1980s and 1990s we saw the proliferation of postgraduate diploma and MSc programmes. The aim of most postgraduate diploma programmes is to enhance the development of clinical practitioners who are able to apply their knowledge and skills in

therapeutics, pharmaceutical care and develop the practice of pharmacy. Most MSc programmes enable the pharmacist to promote the application of research skills in specific areas of pharmacy practice.

It is during these postgraduate years that pharmacists can apply their expert knowledge to patient care and develop their interprofessional skills in influencing medicine usage. It is also clear that through these postgraduate years pharmacists gain maximum benefit in developing pharmaceutical care skills. The unique feature of these programmes is the commitment and collaboration between practice and academia. The programmes invariably have been designed with clinical practitioners and a large component of the programme is delivered by expert clinicians, pharmacists, academics and other health professionals. These postgraduate programmes also rely heavily on the commitment from clinical practice and the service.

A huge variety of opportunities also exist for continuing education and development, but the overall provision is largely piecemeal. If we examine some of our most eminent specialists and how they have achieved the status within practice, we see that they have developed themselves. The time is right (or perhaps we are slow to get off the ground) and there is a clear need to develop a robust framework for post-registration development of pharmacists.

We believe we can learn from the medical model and also the development of nurses and other health professionals and we therefore propose that practice and academia work collaboratively to develop this framework.

Pharmacy should establish a "deanery model" to provide this framework, similar to the medical model. Our vision is the creation of a robust integrated career development structure that allows pharmacists to maintain their scientific professional status and demonstrate competency for practice. The NHS knowledge and skills framework now clearly maps out the framework for practitioner development and London region education and training in collaboration with South East and Eastern specialist pharmaceutical services have already established a competency framework for practitioner development.

Our model proposes creating a postgraduate educational infrastructure that will provide a clear pathway for pharmacists to progress from a basic level practitioner, to advanced level practitioner to a consultant pharmacist or senior manager. The infrastructure

also needs to recognise the role practitioners will play in providing the education and training role within practice. This educational role can now be clearly recognised and strengthened within the “Agenda for change” framework.

Practice already contributes significantly to undergraduate and postgraduate programmes in pharmacy. The educational demands on these practitioners are likely to become greater in the future as the number of schools of pharmacy grows and the development of supplementary and independent prescribers continues. The model proposed would enable clear recognition of the role practitioners play within undergraduate and postgraduate pharmacy education.

What do we need?

Examining the medical model highlights a complex framework, and the role of specific stakeholders. Panel 1 compares this model to what we currently have in pharmacy.

Examining some of the different roles highlights a number of requirements, as detailed below.

New body needed First, pharmacy needs to create a new body which would function in a way similar to a medical deanery and which could be responsible for a similar range of functions, for example:

- Establishing training posts for basic, advanced and specialist practitioners
- Quality assure postgraduate pharmacy programmes to agreed standards
- Manage postgraduate pharmacy education
- Endorse postgraduate pharmacy tutors
- Inform and develop national policy and guidance and approve training posts
- Endorse appointments of specialists and consultant pharmacists

Specialist faculties Second, there is a need to establish recognised specialist faculties. Pharmacy already has a number of specialist groups. Some are formal and come under the umbrella of the College of Pharmacy Practice, eg, the Faculty of neonatal and Paediatric Pharmacy and the Faculty of Prescribing and Medicines Management. Others are supported nationally in their own right and by the Guild of Healthcare Pharmacists or the United Kingdom Clinical Pharmacy Association, eg, the British Oncology Pharmacists Association and the Critical Care and Renal Pharmacists Group.

We propose that these groups are formally recognised as faculties and that these are endorsed by the Department of Health, the Royal Pharmaceutical Society or the College of Pharmacy Practice or, indeed, any combination of the three.

Specialisation boards Third, there is a need to establish specialisation boards. These boards can help to develop the structure for postgraduate education and training and specialisation. They would work closely with ed-

Medicine’s infrastructure compared to pharmacy’s

MEDICAL MODEL

General Medical Council

- Promotes high standards of medical education
- Ensures training
- Registers new medical graduates
- Maintains register of practitioners
- Recognises other qualification frameworks

Specialist training authority

- Ensures duration and standards of specialist training
- Scrutinises and approve CCST curricula submitted by colleges
- Awards CCST
- Ensures training
- Approves other qualification frameworks

Royal colleges

- Publish curricula
- Recommend to STA placements
- Determine standards of professional education
- Support delivery
- Appoint tutors
- Work with postgraduate deans
- Provide education and training

Postgraduate deanery

- Develops, commissions and quality assures postgraduate medical and dental education to agreed standards
- Manages postgraduate medical and dental education
- Informs and develops implement national policy and guidance
- Approves training posts

Postgraduate Medical Education and Training Board

“Modernising medical careers” recommends that the PMTEB works with employers, Workforce Development Confederations and postgraduate deans to ensure the CPD needs of non-consultant career grades

PHARMACY STRUCTURE

Royal Pharmaceutical Society

- Accredits all UK pharmacy degree courses
- Supervises preregistration training
- Is responsible for the registration examination
- Controls mandatory continuing professional development
- Defines pharmacists’ code of ethics and issues practice guidance

No equivalent body

No recognised colleges but faculties are emerging:

- College of Pharmacy Practice has faculties, and Guild of Healthcare Pharmacists recognises specialist groups
- United Kingdom Clinical Pharmacy Association has developed a number of specialist groups

No equivalent body, but:

- Centres for postgraduate pharmacy education provide continuing professional development
- Some areas of UK have regional pharmacy specialist services, including education and training.

No equivalent body

ucation providers to ensure consistency and relevance of postgraduate provision. These boards could be responsible for the accreditation of specialists.

Conclusion

The time is right to ensure a proper platform for the development of pharmacists following registration. The medical model could provide an ideal starting point for establishing a new pharmaceutical model. The creation of such a model will strengthen the provision of postgraduate education and training of pharmacists. The creation of specialisation boards will assist in accreditation of specialists and enable a recognised infrastructure of training to support practitioner development through basic advanced and consultant level. Managers

can then plan more effectively the support needed to develop their pharmacy workforce and universities can ensure that their provision of postgraduate certificate diploma/MSc and doctoral level programmes are clearly in line with the needs of practice. A model such as this could ensure that postgraduate programmes meet the needs of developing our practitioners of the future.

ACKNOWLEDGEMENT We are grateful to London Region Specialist Clinical Pharmacy Services, and a number of specialist pharmacists and senior pharmacy managers who have contributed to this model. Our thanks also go to a number of postgraduate course directors in higher education institutions.