

# Should multiprofessional deaneries replace lecturer-practitioner?

By Bruce Warner and David Gerrett, of the pharmacy academic practice unit at the University of Derby

Recent developments and our own experience have led us to question the viability of the traditional model of the lecturer-practitioner (LP). Could the advent of multiprofessional deaneries provide an alternative framework?

The role of the LP has become increasingly recognised within the profession of pharmacy since the 1990s, having previously been well established in medical and nursing education. By forming an interface between practice and the learning process, the practical application of theory is disseminated. Put simply, it adds reality to education. Furthermore, in its policy document "Making a difference" the Government recognises the role of the LP in preparing students for practice.

However, many questions remain about the effectiveness of the LP model. The optimum balance between teaching and practice, whereby neither is compromised, is still to be determined, as is the value to general pharmacy education of an LP who has become highly specialised. Furthermore, it is unclear how the profession will deal with LPs' continuing professional development (CPD). Will the educational role in itself constitute CPD, as recognised by the College of Pharmacy Practice, or will practitioners have to demonstrate ongoing competence in all areas in which they are involved?

## Generic or specialist skills?

Pharmacists build on a generic skill base, gained by virtue of their undergraduate education and preregistration training. Building on this platform of common knowledge, pharmacists become experienced generalists or specialists.

In common with other health professional, there is a trend for pharmacy LPs to become increasingly specialised, but this will have consequences. As the focus of their chosen area narrows, there may come a point when highly specialised pharmacy practitioners are best placed to educate multiprofessional groups specifically within their focused area of practice. As such, their use as LPs for generalist training may diminish.

Conversely, generic skills will take a pharmacist to a certain level of competence but at what level does this become adequate for those pharmacists who are pursuing a specialist role? This is perhaps something that developing competency frameworks will address in regard to new roles and the development of consultant pharmacists.

Policy makers and managers need to optimise the balance between generalism and spe-

cialism as well as teaching and practice. This balance must be such as to preserve practice competence.

At the pharmacy academic practice unit at the University of Derby, we experimented with a model of the LP whereby a university employee was placed in practice for two days a week under reciprocal agreements with both primary and secondary care. Clinical services were exchanged for expertise in maintaining academic material. This model was chosen to allow generalist practice competence to be maintained by a salaried academic. Whereas most pharmacy LPs are more aligned with practice and have little formal training in education, we hoped to come "from education" to practice. We found that one day a week made continuity of practice difficult in a secondary-care clinical setting where the LP had little previous experience. The model proved more successful in primary care, where the LP's experience was more extensive.

So what should be done? Should we seek to optimise the existing model and the balances? Alternatively, is the path to follow the medical model and, as is happening in Trent to other health care professions, transfer pharmacy education to the new multiprofessional deanery based at the Trent Strategic Health Authority?

Pharmacy education and practice is at the crossroads. Dhillon and Curtis describe the deanery model, where postgraduate education is situated within strategic health authorities and aligned to universities (*PJ*, 21 August 2004, p256). The uncertainty described above and the recent innovation of a multiprofessional deanery makes us wonder whether the LP as we know it has run its course and whether the model used in Derby needs to be revised?

The nature of the multiprofessional deanery is currently being developed and it may take some time for pharmacy educators to understand its functioning and implication. If it follows the medical model the status of both students and tutors is likely to differ from current pharmacy models.

It might be argued that the commercial interests of pharmacy would preclude its integration within deaneries, although the extensive business interests of general practice does not seem to be in conflict with the medical model.

Should we let a multiprofessional deanery pay specialist practitioners, who are required to become educationally sound, to take students on a rotational basis as is the case in medicine. In the process we risk the demise of the traditional LP and the rise of the consultant phar-

macist with a discrete educational input? This solution would circumvent many of the problems that universities face in employing LPs. By remaining in practice, LPs do not fit neatly into the academic model. Remuneration is at odds with other academic staff. Each LP post is unique because practice situations vary considerably. Universities have to pay for such expertise over and above the educational skill. Finding professionals with these skills is not always easy, and they will need to demonstrate a research commitment as demanded by the publishing ethos of most higher education institutions.

## Interprofessional education

One of the arguments for the multiprofessional deanery is to facilitate interprofessional education. Generic core skills are developed through a learning process whereby different professionals interact and develop collaborative practice. This raises the baseline from which professionals are judged fit to practise and allows them to build experience from there on their way to a specialist role.

Given the previous discussion regarding specialism by LPs, at what point in the process of specialisation are they able to engage? As they become more and more specialist do they become less able to be part of interprofessional education?

The deanery model promotes the role of the specialist practitioner with educational qualifications. Tutors within placements are paid to teach and we believe this model would lead to stronger links with academia and a greater acceptance of education within mainstream employment. For current pharmacy LPs this would have an even greater impact as they are less focused in education than their medical counterparts. Although both primary care and secondary care employers may have their own pharmacy tutors, few of these will be formally aligned with an academic institution in the way that many medical consultants and GP trainers are.

So where are we going? We must not lose sight of the fundamental issue that pharmacy is a vocational profession underpinned by a substantial science component. The unwritten role of the LP is to bring vocation to the educational socialisation of students. We need somebody to do this job, be it an LP or a consultant pharmacist, and we need a structure to support them.

Our overall assessment is to move towards the deanery model, but we urge researchers to determine whether this proves to be a wise move or a shot in the dark!