

Postregistration education and training: a potential model for future revalidation

Collaboration between eight schools of pharmacy and NHS pharmacy services in London, east and south-east England has led to the development of a postregistration education and training programme that could lay the foundations for revalidation of pharmacists. Dawn Connelly reports

A postregistration education and training programme that could serve as a future model for pharmacist revalidation has been developed by the Joint Programmes Board (JPB) for London, east and south-east England.

Revalidation will be introduced for pharmacists and other healthcare professionals at some point over the next four years, according to the White Paper "Trust, assurance and safety" published last year (*PI*, 10 March 2007, p274).

There are currently 350 junior hospital pharmacists enrolled in the programme and the JPB plans to expand its portfolio to include training for advanced practitioners and those working in primary and community care (in south-east England) later this year.

The board is a working collaboration between eight universities and senior pharmacy managers across four strategic health authorities (see Panel) which cover 40 per cent of the population of England. It has four goals:

- To implement a common, unified post-registration higher education portfolio across London, east and south-east regions of England, via the JPB consortium
- To establish an educational infrastructure to support the progression of pharmacy practitioners, from immediate postregistration through to consultant level
- To widen access to structured postregistration formal education for all pharmacists
- To provide an exemplar of a formal postgraduate educational infrastructure which responds to policy developments within healthcare, in particular those that relate to fitness to practise and patient safety issues

Background

About six years ago, a group of academics and NHS practitioners started to develop and test general, advanced and consultant level competency frameworks (*PI*, 27 November 2004, p789), in response to concerns that postgraduate education and training for pharmacists in England was not aligned with practitioner development. About three years ago this group formed the JPB.

Graham Davies, head of programmes at the JPB and professor of clinical pharmacy at King's College London, explains that the group recognised that there were already many postgraduate programmes available for pharmacists but that there were issues with these in



Graham Davies (left), head of programmes, and Ian Bates, member of the Joint Programmes Board executive

terms of access and whether they were delivering what was needed. Professor Davies argues that programmes in the south-east often placed an extra burden on the NHS and focused on only clinical pharmacy practice rather than on the pharmacist's wider role. He explains that the group was keen to harmonise postgraduate programmes to the concept of pharmacist development.

JPB executive group member, Ian Bates, professor of pharmacy education at the School of Pharmacy, London, believes that the JPB operates like a "quasi deanery" to provide a focus for pharmacist development.

Professor Davies adds that the board's overarching mission is focused on patient safety and adopts some of the principles outlined in "Modernising medical careers". It aims to integrate working and studying in a way which operationalises continuing professional development and supports the patient safety agenda. This, he says, will allow em-

ployers to know exactly how good their juniors are and, if necessary, to identify and manage poor performance.

Current programme

The JPB currently manages a single postgraduate programme, the postgraduate diploma in general pharmacy practice (DipGPP). The DipGPP is a 36-month programme for junior pharmacists which aims to equip them with the core skills and competencies they require to provide pharmaceutical care in hospitals. It is hoped that eventually every junior pharmacist employed by the NHS in the region will automatically be enrolled into the programme.

The programme also provides flavours of specialist areas which, says Professor Davies, can help drive career aspirations. It is centred around workplace learning and pharmacists are expected to take responsibility for managing their learning and achieving their course objectives. The aim is to create an ethos of self-reliance.

The competencies that need to be achieved to gain the diploma are based on the General Level Framework (a professional development framework tested by the CoDEG group), and are mapped to the NHS Knowledge and Skills Framework so that pharmacists also achieve the relevant gateway competencies required to progress through the Agenda for Change pay bands.

Assessments are designed to measure competency and performance, and draw on a range of methods, including multiple choice ques-

JPB consortium

The JPB consortium comprises the NHS (Specialist Pharmacy Services and trust chief pharmacists) across east and south-east England and the schools of pharmacy at: King's College London; Kingston University; the University of London; the University of Brighton; the University of East Anglia; the Universities of Greenwich and Kent; the University of Portsmouth; and the University of Reading

tion examinations, objective structured clinical examinations and a portfolio of evidence to describe work-based performance. In addition, a system to monitor and sign off junior pharmacists' performance is used (the record of in-service training assessment [RITA]).

At the end of the programme, successful candidates are awarded a DipGPP and a "statement of completion of general pharmacist training (SCGPT)". It is this statement of completion that perhaps represents the foundation for revalidation, according to Professor Bates. "In particular, the new General Pharmaceutical Council might be interested in the active way this competence-based approach demonstrates the achievements of practitioners at the end of this experience," he predicts.

The JPB has no ambition beyond London, east and south-east England but hopes to serve as an exemplar and work with colleagues in other parts of England.

The role of NHS stakeholders in the JPB consortium is to ensure that there is a culture of training in the workplace, to set the curriculum, to run the assessments and ensure they meet the KSF requirements, to provide practice tutors and educational facilitators and to award the statement of completion.

The universities play a key role in quality assuring the experience. They accredit the NHS training centres, support the tutors, organise formal assessment days, facilitate learning sets, and award the DipGPP.

It is envisaged that, as more NHS trusts are accredited, participating universities will phase out their old postgraduate programmes.

Wider ambitions

Ultimately, the JPB would like to make the programme sector-independent. "We are beginning to test models for primary care and community practice. We have already tested

the competencies and we are now building models with our partners to develop this," says Professor Bates.

There are also plans for an advanced practice model to provide training for consultant pharmacists and pharmacists with special interests. "Both of these developments will hopefully engage the national players, for example, the national community pharmacy employers and the United Kingdom Clinical Pharmacy Association," says Professor Davies.

The JPB received seeding money from the Higher Education Funding Council for England to develop the blueprint for the programme but it will need to be self-funding from next year, explains Professor Bates. Once the blueprint has been developed it can be rolled out by other collaborations that want to do so. NHS organisations pay a small fee for each candidate, he adds.

In terms of getting the key stakeholders to buy into the programme, Professor Davies likens it to a change management project. "When you bring together a whole stream of academics and NHS practitioners there are obviously tensions around letting go of something that people are comfortable with and also a fear of the unknown," he says. "But very quickly the academics and the NHS staff formed a cohesive unit, trusting each other relatively quickly so that the traditional model of competition was replaced by a truly collaborative one."

There are advantages for schools of pharmacy and their NHS partners in being part of the JPB consortium, explains Professor Davies. For example, it is in the interests of the universities to be involved because it helps them to build links with the NHS. "There could be some payback down the line with clinical placements," says Professor Davies. And for the NHS, association with an

academic partner will mean that senior practitioners can more easily become involved with teaching and research.

Future professional body

Looking ahead to 2010 and the establishment of a professional body and the GPhC, Professor Bates says: "This approach provides the foundation to continue this work at a more strategic, national level. We hope to have a good working relationship with any new professional body." The JPB would like to act as an operational interface between individual practitioners and the professional body, Professor Bates adds.

Professor Davies says: "Pharmacy currently has no system to quality assure practitioners — it registers people and it has a continuing professional development commitment but there is no way of knowing what the quality is within that system.

"If we can make the link for pharmacists between CPD, career development and doing the job better (both performance and competence), then we will have a system that tells people that this person has made the grade."

The programme has been successfully piloted with the Structured Training and Experience for Pharmacists (STEP) scheme in south-east London (*PJ*, 24 November 2007, p578), with 16 junior pharmacists recently being awarded a statement of completion of training.

The JPB programme will be evaluated as part of the seeding money provided by HEFCE but will also be subject to the traditional approach, which is an essential component of the educational process. "We want to measure the output of the programme in terms of what it delivers for the individual pharmacists enrolled, the health care organisations that support them and, most importantly, for patients," says Professor Davies.