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# Have you considered a career as an education and training pharmacist?

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Few junior pharmacists aspire to specialise in education and training, but a changing learning environment means that there is a growing need for practitioners in this field. This article describes the work of education and training pharmacists, along with some of the skills needed



The "sandwich analogy" demonstrates the intangibility of the work of an education and training practitioner

It is unusual for junior pharmacists to aspire to specialise in education and training (E&T) for a number of reasons, including early aspirations to specialise clinically or operationally. We authors are no different, coming from a variety of backgrounds before specialising in E&T.

Given the impact of recent changes affecting NHS career progression, such as the introduction of Agenda for Change and the Knowledge and Skills Framework (KSF), we believe that there is a need to produce future generations of E&T practitioners who will develop, promote and support the quality of clinical education within an increasingly complex learning environment. We hope that our perspectives will provide junior pharmacists and others with an insight into how pharmacists can specialise in E&T and the wide range of responsibilities involved.

We are four dedicated E&T pharmacists working at a senior level in London teaching hospitals. We recognise that our contexts are not universally applicable and also that E&T may be a secondary role for others. Much of what we say applies to both pharmacists and technicians in an E&T role.

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## Role of E&T pharmacists

It has been said that "Education is like romance; it is an art, not a science." Perhaps this makes the role and activities of pharmacists engaged in E&T less clear than for other pharmacy staff. While workload figures for dispensing, manufacturing and medicines information enquiries can be measured, E&T activity can sometimes only be monitored through data such as the number of courses attended or "passed". The time spent teaching staff on the job or carrying out the activities that support E&T are often unrecognised. The "sandwich" analogy demonstrates this. Although the teaching or training part may be visible (the filling), much more time may be spent on preparation beforehand and assessment and evaluation afterwards (the slices of bread).

The definition of E&T is important. "Education" primarily involves giving information, while "training" involves teaching skills or behaviours. We therefore need to have clinical skills and professional attitudes as well as knowing how to teach.

Moreover, we do more than just educate and train staff. The term "facilitators" may be a more accurate description, since we try to ensure that the focus is on the staff member's learning rather than the educator's teaching. It has been said that "teaching without learning is just talking" and at some time most educators, specialist or not, have fallen into the trap of failing to think enough about the student when planning teaching sessions.

E&T pharmacists try to tailor teaching and learning to the individual's preferred learning style. This requires an awareness of the pressures of juggling work and study.

We guide staff through the intricacies of competencies, CPD and the KSF, ensuring that local and national strategies are met. We advise on and often develop accredited training packages or discrete modules that are relevant, practice-based and enable practitioners to structure their careers.

E&T pharmacists need to be aware of the educational theories about ensuring optimal learning and should use this knowledge to promote good practice. This will involve using lesson plans that include aims and learning outcomes, a structure for learning and methods for assessment and feedback.

We recommend that E&T pharmacists develop strategies that encourage learning and raise awareness of systems that discourage learning. Unfortunately, didactic teaching by clinical practitioners, sometimes without underpinning knowledge of E&T skills, is a common learning experience.

Assessment and feedback is the area that many educators find most difficult, particularly when staff encounter difficulties in grasping concepts or performing tasks. It is particularly important to assess students in line with course requirements to ensure that assessment is fair and transparent. E&T pharmacists need to be skilled at this and ensure that any feedback is relevant, timely and fair.

E&T pharmacists also need an awareness of operational issues within their local

## Career profiles and current areas of responsibility of two of the authors

### Barry Jubraj

- **Career history:** Barry Jubraj was a basic grade pharmacist and then a C grade clinical pharmacist at St Mary's Hospital, London, where he was also a tutor for the certificate in pharmacy practice. From 1998–2001 he was a hospital teacher-practitioner at Chelsea and Westminster health care NHS Trust and King's College, London. From 2001–5 Mr Jubraj was lead educational pharmacist at Chelsea and Westminster, where he became lead pharmacist for academic studies and professional development in 2005.
- **Main areas of responsibility:** tutor for the certificate and diploma in pharmacy practice, continuing professional development facilitation, in-house training and tutoring of pharmacy staff and others, line management of resident pharmacists, management of departmental training packages, undergraduate tutor and honorary lecturer.
- **Educational area of special interest:** pastoral care of students and staff learning at work.

### Kenye Karemo

- **Career history:** Kenye Karemo was a community pharmacy manager for several years before taking a basic grade post at St Charles' Hospital, London. From 1999–2000 she was pharmacy manager and certificate in pharmacy practice tutor at the Willesden Hospital, London. She returned to St Charles' Hospital in 2000 as clinical services pharmacist and certificate in pharmacy practice co-ordinator. In 2002 Ms Karemo joined University College London Hospitals NHS Foundation Trust as senior pharmacist, education and training, before becoming lead pharmacist for pharmacy education and development in 2004.
- **Main areas of responsibility:** management and co-ordination of preregistration training, practice tutor for certificate and diploma in pharmacy practice, CPD support, pharmacy undergraduate training, assessor for NVQ in pharmacy services.
- **Educational area of special interest:** talent management through the use of mentoring and coaching techniques.

pharmacy department, particularly relating to staffing and other resources. Awareness of financial pressures enables us to support pharmacy managers in a climate where the NHS is having to make savings, but where the need to maintain a workforce with appropriate skills and knowledge remains.

### Training of E&T pharmacists

The need for future E&T pharmacists is paralleled by the recent emergence of interesting courses in medical education and teacher-training aimed at clinical educators, including pharmacists, some of which we have undertaken. These include national vocational qualifications, City and Guilds further and adult education, the post graduate certificate of education, masters degrees in clinical education and the diploma in clinical pharmacy or pharmacy practice. Many E&T and teacher-practitioner posts now require the candidate to hold or be prepared to work towards a relevant teaching qualification. This is recognition that although many practitioners are excellent educators, this is not always the case. We value the underpinning theory and confidence that relevant teaching courses have given us. For example, the courses have helped us to think creatively when matching teaching and learning strategies to individual learning styles and departmental needs.

### Future

Mahatma Gandhi once said: "Live each day as if it were your last, but learn each day as if you were to live forever". Could Gandhi have been describing what we now call "life-long learning"?

E&T should not be seen as an activity that is done to staff but one that is undertaken with staff. It will not be effective if it is disjointed or detached from real working life.

Furthermore, we recommend that E&T pharmacists should be integrated into the operational needs and strategic aims of pharmacy departments through written E&T strategies. This will help to provide a pharmacy workforce that meets the needs of the Government's health care reforms and delivers patient-centred care.

We have seen a gradual but inexorable shift towards "self-directed," "student centred," "blended" and "work-based" learning programmes, which are linked to the clinical governance agenda as well as CPD and the KSF. E&T pharmacists can support managers and educators in identifying their staff's learning needs in line with operational, strategic and academic expectations and can recommend the most cost-effective and timely methods of meeting these needs.

E&T skills need to be shared and acquired by staff at all levels. We therefore recommend that E&T pharmacists become "internal consultants" on the processes of learning and development, advising on the suitability of various programmes available and promoting best practice in supporting the learning of others. E&T pharmacists will need a working knowledge of different clinical and non-clinical learning programmes, and must be able to assess how well these programmes meet staff member's learning and development needs.

It has been said that "assessment drives learning." Since many staff in the pharmacy workplace are subject to the use of competency frameworks, E&T pharmacists need to be able to answer questions regarding the fairness, equity and transparency of these and other assessment tools. They need to demonstrate expertise in assessment methods, reinforcing to all staff that well-run assessment is vital to completing the learning cycle and can enhance work performance. There is a range of opinion concerning all aspects of assessment, along which every

clinical educator sits. E&T pharmacists need to evaluate their own opinions, as well as working constructively with the spectrum of opinions held by other educators and the staff and students they are teaching.

Another tension is the need to reconcile the necessary high standards in clinical practice with the reality that none of us is the perfect practitioner. An analogy could be Donald Winnicott's celebrated term the "good enough parent." This depicts a parent who is not perfect but successfully and safely raises a child. Our practice is to promote the concept of the "good enough practitioner" — one who meets minimum standards of competence as soon as possible and is committed to professional development and life-long learning in order to build on this foundation. This concept is important since junior pharmacy staff are often anxious to achieve perfection straight away, which can lead to disillusionment.

### Summary and reflection

With a background of clinical and sometimes management experience, E&T pharmacists have chosen to pursue an exciting role — one that demands a significant commitment to others. Unfortunately, not all hospitals have or are able to have, a dedicated E&T post. We understand anecdotally from various pharmacy and non-pharmacy colleagues that some organisations may seem to be primarily service-driven but that the development of those staff providing the service can be lost to some extent.

The responsibilities outlined in this article are potentially high profile and may require a change in organisational culture and structure to bring real benefits to practice and patient care. E&T pharmacists have a clear role in paving the way for a competent workforce in these changing times. Are you ready for the challenge?