

Workforce development

— rising to current challenges

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Supporting pharmacy workforce development is difficult in the current financial climate. This article highlights some of the challenges faced by education and training practitioners, and suggests practical solutions



Robust appraisal systems increase staff satisfaction

Increasing emphasis in the NHS on managing costs and improving efficiency has impacted directly on front-line pharmacy services. Hospital pharmacy departments are required to demonstrate that they have a competent and capable workforce¹ but many face a loss of funding for education and training (E&T). Ironically, this is occurring at a time when the NHS is increasing in complexity as a learning organisation and is seeking to implement the Knowledge and Skills Framework (KSF).

E&T practitioners have a responsibility to promote equal access to training resources for all staff groups, from support staff to advanced level practitioners. Panel 1 (p268) lists some of the challenges that E&T practitioners face as they seek to support the continued development of hospital pharmacy services and Panel 2 (p268) suggests some solutions.

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Funding cuts

Reductions in strategic health authority education and training levies have affected pharmacists and preregistration trainees, and are likely to continue to affect the pharmacy workforce. For example, fewer preregistration trainees have been employed in London trusts for the 2007–8 period, which may have consequences for future workforce planning locally. Initial reductions in the number of preregistration trainees will adversely affect recruitment into postgraduate practitioner development programmes such as the new diploma in general pharmacy practice. In our opinion, sustained reductions could impact on key targets such as reducing the length of inpatient stays, facilitating timely discharges, reducing agency costs and supporting low drug spend.

The KSF has promoted a focus on identifying gaps in the knowledge and skills required to fulfil a role. Newly recruited pharmacy staff often do not have all the knowledge and skills required for their jobs and will therefore require training. We believe that the true financial impact of the KSF in terms of training funds has yet to be realised.

Reductions in funding may necessitate prioritisation in the allocation of study leave.

For example, many trusts have categorised study leave into “mandatory”, “essential” or “non-essential”. It can be difficult for E&T practitioners to ensure that training is prioritised appropriately while ensuring equal opportunities for all in meeting KSF needs. External or “non-essential” training may become increasingly difficult to justify, which may increase staff expectations that E&T practitioners will deliver in-house training to meet some of the requirements of the KSF.

Work-based training

For the E&T practitioner, there has always been a tension between balancing the educational needs of trainees (in terms of academic requirements of the awarding body) with the training needs in terms of the day-to-day requirements of the job. This is becoming increasingly difficult to manage within available resources and the emphasis is shifting towards training for the job rather than educating for the future.

Problem-based learning activities can be used to equip trainees to take responsibility for their own learning and to become “life-long learners”, as promulgated by pharmacy undergraduate curricula.² Work-based experiences can be reflected upon within the more comfortable environment of their

training. In addition, adopting an adult approach to E&T will allow trainees to use elements of discovery learning³ as they encounter situations for the first time. Discovery learning is a method of inquiry-based instruction where learners discover facts and relationships for themselves. This is particularly valuable for situations that may be encountered infrequently, such as managing conflict in the workplace. An example is giving preregistration trainees a ward commitment of their own, which is a valuable environment for discovery learning.

However, it seems to be common practice for senior practitioners to “teach” trainees and share their experiences without giving the trainees the opportunity to put this learning into practice. This is understandable given time pressures and the need to provide adequate supervision, but it may not always be beneficial for the trainees’ long term development or for the practitioners’ personal development.

Work-based assessment

E&T practitioners have a crucial role in supporting the assessment of and feedback to trainees. If this is poorly handled or not provided, trainees can become demotivated. E&T practitioners try to ensure that assessments are fair and consistent and meet the expectations of the assessment body and the member of staff being assessed.

Staff expectations about assessment can vary and E&T practitioners can support the feedback process, remaining balanced and honest when identifying shortcomings in trainee performance as well as providing positive feedback whenever possible. For example, practitioners should provide regular, informal feedback to resident pharmacists following on-call duties. As resources

Panel 1: Key challenges

Education and training practitioners are facing the following challenges:

- To support equitable use of training funds for all staff
- To ensure that staff have appropriate skills to meet the requirements of regulatory bodies
- To balance the need for education with the need for training
- To train assessors in the use of competency frameworks
- To support the development of experienced pharmacy practitioners
- To help balance knowledge and skills gaps, given that there is less for funding study leave
- To get involved with pharmacy business planning

Panel 2: Practical solutions to meet education and training (E&T) challenges

- Identify workforce development stakeholders
- Be on hand to make suggestions about service developments that may have associated E&T needs
- Write a learning and development strategy for the department, involving key stakeholders
- Explore alternative E&T solutions to meet workforce development needs
- Differentiate between mandatory, essential and non-essential training needs
- Invest or re-invest in “training the trainers” courses to equip staff with basic E&T skills
- Network with E&T colleagues and share solutions

continue to be squeezed, adequate assessment may be neglected by some assessors.

It is important to monitor assessment and feedback to ensure that both the academic assessment requirements and the trainees’ needs are met. This is not only important for trainees but also for qualified staff who are assessed using competency frameworks such as the General Level Framework, Advanced Level Competency Framework and the KSF.

Staff surveys have shown that departments with a robust appraisal system, which is a requirement of the KSF, have greater staff satisfaction than departments with no such system. E&T practitioners should be alert to such data and take responsibility to support pharmacy managers in implementing and consolidating good practice locally.

Business planning

Most, if not all, NHS trusts will have a corporate plan. Opportunities exist for E&T practitioners to become involved with an associated pharmacy department business plan. The pharmacy business plan should derive key priorities from the trust’s corporate plan to justify resources spent on pharmacy, to secure financial and other support for service development and to help raise the profile of the pharmacy department. This may include managing training budgets.

Staff may be able to undertake further training courses if these courses are in line with the business plan and if the courses will help ensure that the pharmacy workforce is sufficiently competent to deliver the objectives.

Contributing to the development of a pharmacy business plan from an E&T perspective may allow practitioners to be proactive in suggesting and appraising cost-effective solutions to objectives that involve elements of learning and development. It will also encourage staff to reflect on and record learning and development needs associated with undertaking new tasks or implementing change. Other examples of E&T input include suggesting methods to ensure that registration is checked for all staff, that staff attendance at study days is recorded and regulatory requirements are met.

There is a danger that E&T practitioners may subconsciously divorce themselves from the organisational and operational priorities of the trust and the pharmacy department, by placing too much emphasis on supporting formal learning. Business planning reminds practitioners that their role should be wider than course tutoring or even just facilitating continual professional development. E&T practitioner activity must underpin and support the staff development required for facilitating change within the pharmacy department and within the wider NHS. Without this there is a real danger that the workforce of the future will not have sufficient knowledge and skills to implement new ways of working.

Conclusion

Increased regulatory requirements and decreased funding increases the pressure on pharmacy departments, particularly E&T practitioners, to deliver more for less. In-service training such as the new diploma in general pharmacy practice provide an opportunity for junior pharmacists to achieve their academic requirements with less time away from the department.

E&T is not just about formal courses and qualifications. Practitioners must be willing and able to assist pharmacy managers in delivering a competent and capable workforce that is able to meet the challenges of the NHS agenda now and in the future. This demands awareness that the role is wider than just supporting formal learning and includes an understanding of key financial, staffing and operational issues.

References

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