

A NEW DIPLOMA

Those of you who work in the hospital sector after graduation will probably want to complete a postgraduate diploma for your career development. For budgeting reasons and to allow greater access, a new postgraduate diploma has been introduced. Barry Jubraj reports

Barry Jubraj is lead pharmacist for academic studies and professional development at Chelsea and Westminster Hospital NHS Foundation Trust

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For many years, the holy grail for junior hospital pharmacists in the UK has been to “get the diploma”. A postgraduate diploma in clinical pharmacy or pharmacy practice has traditionally been a “passport” to more senior jobs from the basic-grade or band-6 job that begins a career in hospital pharmacy. More than a few hospital pharmacists might look back and admit that their prime motivation for gaining a diploma was to get this passport more than to acquire the learning and understanding gained through the programme of study itself.

This article describes some key diploma reforms that are likely to affect you if you are planning a career in hospital pharmacy in London, east England and south east England. It is important to note that, although the reforms have been ongoing in this locality, not all hospitals are involved yet, so check with any hospital you apply to.

Diplomas in the recent past

There have been a number of postgraduate diplomas available for hospital pharmacists over the years, provided by university schools of pharmacy. NHS employers have tended to treat equally diplomas in clinical pharmacy and pharmacy practice. Most courses include a mixture of classroom theory in therapeutics and pharmacy practice, with coursework requiring students to undertake practice activities ranging from patient profiles and case presentations, to audits, drug-use reports and teaching sessions. Many of these courses have helped

junior hospital pharmacists to consolidate their practice and underpin their knowledge and skills with more advanced theory. Many junior pharmacists have traditionally been enrolled on a diploma of the nearest school of pharmacy, as long as their hospital can fund the course and release them for the associated study days.

So why the reform?

Many pharmacy departments will testify to the difficulties experienced in funding courses and releasing staff given the NHS’s limited resources. I remember picking names out of hats and sitting in tense meetings with potential students as we tried to allocate places each year. Part of the strain was the expectation of the students since they saw this “passport” as a necessity for career progression. Budgets for education and training are often vulnerable to cuts and this also added to the strain.

Another major issue is this: do these diplomas make a difference to quality of practice in terms of what practitioners do on a daily basis? There has been no robust evidence to suggest that traditional diplomas make a significant difference to practice, although many practitioners over the years testify to improved confidence and knowledge gained. However, knowledge goes out of date remarkably quickly and there has been a shift in recent years to the concept of lifelong learning and equipping students with the tools to keep themselves up to date.

As well as this, there is a tendency after college to lose basic drug knowledge, such as how medicines work, which underpins the practice of pharmacy. The current reform of diplomas partly seeks to address these areas of concern.

The Joint Programmes Board (JPB) and diploma reform

The Joint Programmes Board (JPB) is a partnership between the NHS and schools of pharmacy from eight universities. This partnership has developed a reformed postgraduate diploma programme to address the concerns regarding current diploma provision. The JPB came up with the clever concept of giving academic credit for the job in general and tasks in particular that junior hospital pharmacists undertake.

So what do junior hospital pharmacists do? Most undertake work in patient services (dispensary), clinical services (often ward-based), technical services and medicines information. It is this basic structure that has been taken forward by the JPB that awards academic credit for achievement in these areas. In addition, some junior pharmacists get the opportunity to gain other experience to this and this is catered for in the reformed programme. In other words, a diploma can be obtained directly by doing one’s hospital job.

This should mean that more junior hospital pharmacists will have the opportunity to gain a diploma plus a “Statement of general pharmacist

training" that may perhaps develop into the true passport to career progression.

How does it work?

The new postgraduate diploma in general pharmacy practice (PG Dip) makes use of most of the standard rotations that junior pharmacists undertake. Hospital pharmacy preregistration trainees will be familiar with many of them. The PG Dip is intended to take two or three years to complete, depending on the university you register with, and runs alongside the "Knowledge and skills framework"¹ and Agenda for Change.² If you know nothing about these and are about to enter hospital pharmacy, it will be worth having a look at the web references at the end of this article.

The first half of the programme (lasting 18 months) involves the practitioner student undertaking core experience in the four areas mentioned earlier. The innovation has come from turning key elements of these rotations into learning outcomes that are similar to competencies that preregistration trainees are familiar with. Learning outcomes for the core areas are arranged into curriculum guides and it is the responsibility of the practitioner student, under the guidance of local tutors, to achieve them. A pharmacy department that runs a conventional hospital service should be in a good position to provide the necessary experience to achieve these learning outcomes, through practitioner students undertaking standard rotations, practising ward pharmacy and being on call.

The second half of the programme (lasting a further 18 months) allows for a degree of specialist experience. Three six-month placements, known as defined areas of practice (DAPs) have more advanced learning outcomes and require an associated task (either an audit, therapeutic review or a change-management process) to be undertaken. Examples of DAPs include surgery, advanced technical services, HIV and genitourinary medicine clinics, and clinical nutrition.

Where have my lectures gone?

Pharmacy undergraduates are used to spending a lot of their courses in lecture theatres. However, a key ethos of the reformed diploma is to meet learning outcomes "on the job", which will involve acquiring knowledge and skills in the context of the experience being undertaken. Many educationalists agree that this leads to better quality learning since students will need to own the process of revising or expanding their knowledge in order to undertake the particular job task.

That said, there is underpinning theory that lends itself to group and workshop activity. As such, students across participating hospitals are split into learning sets and meet once a month as a group with a facilitator. This allows core concepts to be shared more efficiently and provides a support network for students away from base. Some hospitals will also provide in-house sessions that relate to local practice, eg, local antibiotic guidelines and other information that is needed

immediately to allow the band 6 pharmacist to function.

Assessment

I mentioned earlier that it is the practitioner student's responsibility, under guidance, to meet the diploma learning outcomes, and the hospital's responsibility to give the opportunity to gain the relevant experience. Unlike preregistration trainees, practitioner students do not need to provide pieces of evidence for each and every learning outcome. The reason for this is that satisfactory knowledge, skills and attitudes can be assessed through a robust formative and summative assessment scheme, much of which has been borrowed and adapted from the junior doctor foundation curriculum. On-the-job diploma assessments use validated assessment tools and require a minimum number to be achieved. Assessments include observations of practice (eg, consultations undertaken, interventions made, advice given), case discussions and write ups of interventions. Anonymised feedback from work colleagues and tutor-completed competency-frameworks are also used, allowing a local tutor to undertake periodic reviews to evaluate progress.

All of these assessments are included in a student portfolio that is regularly reviewed and needs to demonstrate satisfactory practice. DAP sections of the portfolio will include key evidence for meeting learning outcomes, appropriate use of the above assessment tools and details of the DAP task undertaken.

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Summative assessments include multiple-choice examinations and objective structured clinical examinations that are designed to test the knowledge and skills that feature in the diploma curriculum. Portfolio reviews for the core elements are undertaken as part of this, while an interview and presentation are used to assess each DAP.

How is the new programme going?

The reformed diploma was piloted in a group of hospitals in south east London and subsequently in a further group of sites in London and south east England. It has been interesting to see how flexible the programme has needed to be in order to reflect different practice in hospitals and adjustments to the programme have been made in the first three years of implementation. An example of this is the order in which some of the core experience is undertaken.

To date, there have been approximately 300 students enrolled on the programme and split into learning sets. Clearly, any new venture inevitably has teething problems and much of this has been related to the change in learning and assessment methods from the predominance of the classroom to more of an "on-the-job" emphasis. Nevertheless, the learning outcomes and core experience have been seen by many students and tutors as relevant to practice. The assessment tools are becoming a reliable indicator of performance.

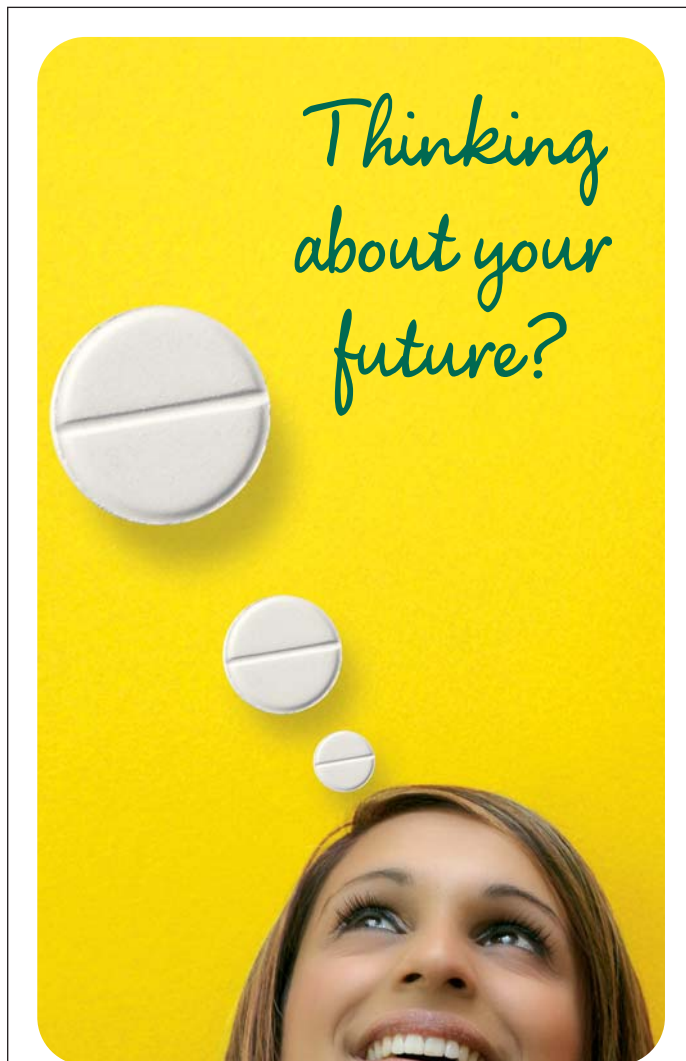
Where next?

While the programme has been consolidating in pilot sites over the past year, other hospitals in the south east of England continue to accept the programme. The JPB has secured Department of Health funding to achieve this. Pressure will hopefully be relieved on pharmacy departments because they will be able to spend less on sponsoring students for the diploma, have more staff actively working in their posts and not away studying, and provide equitable access to postgraduate development for all practitioners.

The early signs are promising; junior hospital pharmacists in the south-east of England will be trained and assessed more robustly, according to the jobs that they are employed to do, in an ever-changing NHS. It remains to be seen what will happen to existing postgraduate diploma programmes aimed at newly qualified hospital pharmacists. ■

References

1. *The NHS knowledge and skills framework (NHS KSF) and the development review process.* Department of Health, October 2004. Available at: www.dh.gov.uk/assetRoot/04/09/08/61/04090861.pdf (accessed 24 January)
2. *Agenda for Change.* Available at: www.dh.gov.uk/en/Policyandguidance/Humanresourcesandtraining/Modernisingpay/Agendaforchange/index.htm (accessed 24 January)



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