

Transforming the Pharmacy Workforce in Great Britain: The RPS Vision

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I. PREFACE

The RPS is delighted to publish this vision paper – ‘Transforming the Pharmacy Workforce in Great Britain’. As the professional leadership body for pharmacists, the RPS has set out a direction of travel for the pharmacy workforce over the coming years that we believe puts patients at the centre of all that we do, promotes proactive, compassionate pharmaceutical care and encourages professionals, services and organisations to work together.

Transformation of the pharmacy workforce will, we believe, be an essential component of developing excellent healthcare. Pharmacists some in existing roles, some in new roles will be ensuring the optimal use of medicines for patients who are, as a result, empowered and

informed. The RPS has, in the following pages, clearly defined the quality of education and training required from entry onto an MPharm programme through to post-registration development (Foundation Training to Advanced Practice). This will help pharmacists be ‘the best they can be’ for their patients.

Achieving this vision will require strong leadership from us all. A truly integrated pharmacy workforce will require much planning and relationships built at a personal level across all care pathways. We begin this journey by sharing our vision for the development of our profession.

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2. THE RPS JOURNEY SINCE 2010

In our fifth year as the professional leadership body for pharmacy, it is important that we articulate our vision for professional pharmacy education for the initial stages in the profession and for the transformation of the workforce at large, as laid out in the Objects of our Royal Charter. The development of the workforce in pharmacy needs to be appropriately supported, developed and recognised to fulfil the vision and meet its full future potential and how this links to current health and health education policy in Great Britain.

We set out a forward look with some vision statements that are applicable across all nations, with the aspiration for all patients in Great Britain to have access to (and with an expectation to have access to) excellent pharmaceutical care from members of our profession.



3. THE OBJECTS OF THE SOCIETY

THE OBJECTS OF THE SOCIETY (HEREINAFTER REFERRED TO AS “THE OBJECTS”) SHALL BE:

1. to safeguard, maintain the honour, and promote the interests of pharmacists in their exercise of the profession of pharmacy;
2. to advance knowledge of, and education in, pharmacy and its application, thereby fostering good science and practice;
3. to promote and protect the health and well-being of the public through the professional leadership and development of the pharmacy profession; and
4. to maintain and develop the science and practice of pharmacy in its contribution to the health and well-being of the public

In furtherance of the objects, but not otherwise, and without prejudice to its powers at law as a chartered corporation, the Society shall have power:

5. to support and develop high standards of education or training, to hold, or cause to be held, assessments open to members or other persons, to administer assessment systems and to deal conclusively with appeals thereunder, and to co-operate with any other body or authority in connection with the exercise of power under this article

In the delivery of the above Objects, the RPS believes that initial and ongoing education, training and development should be primarily directed to:

Delivering high quality pharmacists for high quality patient care and public health objectives

‘To ensure all education and training delivered to student pharmacists is high quality, prepares them for future roles and gives them a sound grounding in professionalism’

Our membership comprises pharmacy students and pre-registration pharmacists, registered and retired pharmacists across GB and overseas and pharmaceutical scientists. The RPS believes it is the function of a Royal College to engage the whole profession with this vision, to lead on and define the skills, knowledge, attitudes and behaviours of pharmacists entering practice and throughout their career, defining some fundamental principles.

4. DEVELOPING A VISION OF PRE-QUALIFICATION EDUCATION AND TRAINING FOR PHARMACISTS

The RPS believes that a needs-based, outcomes-focused approach to professional pharmacy education and training should be taken during student and pre-qualification years. This means developing models of education and training delivery to ensure that all student pharmacists across GB (UK even) enter the profession with the highest quality education and training experiences possible.

Models of delivery need to be flexible to allow for innovations and developments led by educational experts and innovative providers and should span a variety of approaches across countries and systems according to both needs and evidence of best practice.

The General Pharmaceutical Council is expected to set and apply revised initial education and training standards for pharmacists, informed by such positions. The RPS recommends that Health Education England, NHS Education for Scotland and NHS Wales commission integrated clinical placements for student pharmacists on the basis of outcomes rather than delivery model (subject to accreditation by the GPhC).



5. THE RPS VISION FOR THE INITIAL EDUCATION AND TRAINING OF PHARMACISTS

THE RPS BELIEVES:

1. That the model of delivery stems from the educational outcome needed – the production of high quality pharmacists is the prime concern;
2. Evidence-based quality indicators are essential in the education and training of pharmacists to ensure all involved continually strive for excellence;
3. Schools of pharmacy should work with employers and undertake recruitment of undergraduate students to agreed standards and criteria that include not just academic ability but also values, behaviours and attitudes.
4. Standards for education and training for undergraduate student pharmacists must demonstrate and enable innovation as required by the GPhC and beyond this, as required by professional expectations of the RPS;
5. Initial education and training should go beyond the fundamental standards set by the GPhC, (to prepare pharmacists on day-1 of registration) to ensure preparedness for continued foundation training. This should include signposting the knowledge elements of independent prescribing which are then consolidated during experiential post-registration Foundation training;
6. All those involved with the education and training* of undergraduate student pharmacists should be leaders/future leaders in their field and actively engaged in their discipline or profession therefore all pharmacists undertaking a tutoring role will be expected to be a member of the RPS (*including those providing practice placements);
7. All student pharmacists (undergraduate and those in postgraduate formal programmes) should have ready access to leaders in pharmaceutical science, policy and clinical practice to act as role models;
8. Investment by provider organisations and education stakeholders should transparently support the quality and development of evidence-based education programmes;
9. Education and training in practice environment placements should reflect the best evidence and experience for an excellent education, including workplace education models and work-based learning systems.
10. All students who enter a pharmacy degree should have access to the best-practice education, the best in science and clinical expert leadership and the best clinical learning experiences to equip them to be the best practitioner they can be. This should be a pharmacist who is equipped to practice at the top of their licenced scope of practice throughout their professional career.

6. DEVELOPING A VISION FOR THE PHARMACY WORKFORCE

As the body akin to a Royal College for pharmacy, the RPS is in a unique position to provide long-term sustainable strategic direction and leadership, independently of provider organisations, government policy changes and other vested interests.

The RPS vision for the advancement and development of the pharmacy workforce is aligned with the well documented strategic drivers for population demographics and health care, medicines technology advances, policy directives and macro-economics.

The RPS has been supporting workforce development of pharmacists since 2010, by constructing mechanisms to support, recognise and develop pharmacists: particularly the Foundation and Faculty Programmes. Leading with authority, the RPS has created and implemented standards that support and share best practice across GB, as well as supported and developed those aspiring to best practice, whilst ensuring safety for patients and the public.



7. A PATIENTS' AND PUBLIC NEEDS-BASED APPROACH

An evolving healthcare workforce is one that can adapt its core roles and responsibilities to meet the new and emerging needs of patients and the public. For pharmacy, this means providing support to develop pharmacists across all sectors to meet the changing demography and healthcare needs of an ageing population with increasingly complex medicine regimens within a cost constrained healthcare system.

The pharmacy workforce need transformative growth in clinical capability, generalist and specialist skills development and most importantly, the flexibility to adapt to changing patient and health system need.

The development of the workforce based on the needs of patients fits with the healthcare policies for the NHS in England, Scotland and Wales. There is a focus on disease prevention,

new, flexible models of service tailored to local populations and needs; integration between services and consistent leadership across the health and care system.

Once services are defined, the workforce required to deliver the services is adapted, flexed or developed to deliver the service.

A workforce that can contribute to the public's health and deliver pharmaceutical care will be integral to delivering these services, that is, a holistic, patient-focused approach to getting the best from investment in and use of medicines that requires, an enhanced level of patient centred professionalism, and partnership between scientific leaders, clinical professionals and the patients and the public.



8. THE RPS VISION FOR THE PHARMACY WORKFORCE

THE RPS BELIEVES:

1. All patients with a medicine related health issue will have access to the best pharmaceutical care through a pharmacist as a first contact in the healthcare system;
2. Pharmacists in patient centred roles will be independent prescribers, where needed;
3. Pharmacists will be the healthcare professionals responsible for providing patient care that ensure the following optimal medicines outcomes:
 - clinically effective and safe treatment;
 - cost effective treatment;
 - excellent patient experience.
4. Pharmacists will have core roles within the healthcare system and feature as an integral part of healthcare funding, commissioning and workforce development plans;
5. Pharmacists will have core roles within education and training, clinical academic roles and healthcare leadership;
6. Pharmacists will have equitable access to workforce development opportunities regardless of sector. These include opportunities for funded professional development, not dependent on their sector of work;
7. Patients, GPs, Local Authorities, Care Homes, hospital wards etc. will be able to name their primary pharmaceutical care giving pharmacist;
8. Pharmacists will be integral to supporting patients all stages of a clinical care pathway involving medicines;
9. All newly qualified pharmacists will have access to foundation support, training and development to enable and assure their professional development during their early career;
10. Pharmacists will be sought for leading roles in clinical pharmaceutics and pharmaceutical science in academia and industry;
11. Pharmacists will have demonstrated development in their skills, knowledge and practice using RPS standards and professional development frameworks in all care settings and for the ultimate benefits of patients;
12. Pharmacists will be valued across all sectors and at all career stages and recognised by patients and the public, by all profession and industry leaders for their impact and contribution to healthcare and UK plc.

9. THE RPS COMMITMENT TO SUPPORTING THE VISION

Patients, the public, Society, health system planners and governments have a clear interest in the impact of the health care workforce which cuts across all professions and non-regulated healthcare workers.

The RPS will identify annual priorities for professional development, support and recognition required to achieve the RPS workforce vision across GB.

The RPS will work with and influence policy makers on the transformation of the education and training for pharmacists to improve care and outcomes for patients.

The RPS will use the following enablers and strategies to secure these aspirations:

1. Expertise and stewardship in professional standards and guidelines;
2. Relationship building with stakeholders, importantly including other healthcare professions and other royal colleges;
3. Access to expertise in workforce development frameworks and support tools;
4. Expertise in professional recognition processes;
5. The RPS Faculty to support the development of advanced practice across the profession;
6. The RPS Foundation Programme to steward and develop quality assured foundation training across the profession;
7. The development of recognised RPS Practice Tutors and mentoring support networks;
8. The development and stewardship of specialist (and framework) professional curricula to support provider organisations and clinical leadership development;
9. Quality control of lifelong learning provision.



The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain.

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