

# Navigating Advanced Pharmacist Practice



## Navigating Advanced Pharmacist Practice Handbook

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North School of Pharmacy and Medicines Optimisation  
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# Introduction

The NHS Long Term Plan<sup>(1)</sup> highlights opportunities for pharmacy professionals to improve patient outcomes by preventing and treating ill health. Pharmacists need to have the knowledge and skills to be effective in this changing health landscape. The Advancing Pharmacy Education and Training review<sup>(2)</sup> made recommendations for the development of pharmacy teams, including advanced practice for pharmacists. This is supported in the People Plan<sup>(3)</sup>. It describes how pharmacist foundation training will link into advanced practice and how the Centre for Advancing Practice will support advanced clinical practice training. It also reiterates the ambition in the Interim People Plan<sup>(4)</sup> to make the NHS the best place to work. We need to ensure pharmacists are supported to develop to their best potential to achieve all these outcomes.

This handbook supports navigation of the routes to and through advanced practice by describing pathways for all sectors of pharmacy. This is demonstrated using the Health Education England (HEE) Multi-professional Framework for Advanced Clinical Practice in England<sup>(5)</sup> and the Royal Pharmaceutical Society's (RPS) Advanced Pharmacy Framework<sup>(6)</sup>. We have worked closely with our contributors, the RPS and pharmacy stakeholders from across the North to achieve widespread engagement. They have helped to inform, build and review the contents of this handbook. Alongside the handbook, HEE training programme directors in each region will support you to establish communities of practice. Where you can share experiences, learn from each other and develop together. You can find a description of the training programme director role and their contact details on page 35.

A community of practice is a self-governed group of people who regularly interact because they see these relationships as beneficial to their learning and work. This could be described as acting as learning partners with the principal purpose of sharing knowledge<sup>(7)</sup>.

### Who is this handbook for?

This handbook is a resource for pharmacists, employers and pharmacy leaders from all sectors (e.g. chief pharmacists, clinical services leads, education and training leads, heads of medicines optimisation, regional managers) and those outside the pharmacy profession who line manage pharmacists. It will help pharmacists and people in leadership roles to understand more about how they can develop advanced practice. Additionally, there is information for employers on how to support pharmacists to develop their skills to improve patient outcomes and service delivery.

The handbook starts with a description of what advanced practice means for pharmacists and then gives suggestions for building evidence to demonstrate advanced practice. There is also a section for pharmacists and their managers to help identify a supervision model which works for them. Throughout the handbook there are boxes highlighting key points and offering further explanation to educational terms.

The handbook follows the six clusters of the RPS Advanced Pharmacy Framework. The six clusters are divided into four case study sections; expert professional practice, leadership and management, education, training and development and research & evaluation (see figure 1). The *collaborative working relationships* cluster is woven into each cluster to mimic real working practices and its importance in all aspects of work. Examples of evidence including collaborative working relationships are identified within each section.

Within each section, case studies are used to illustrate how pharmacists in different sectors have developed their knowledge and skills through different experiences. There are suggested examples of advanced practice to give individuals and employers ideas on how to fulfil the General Pharmaceutical Council's (GPhC) revalidation requirements. Your records should relate to the context of your practice, demonstrate deeper reflection and how your learning has benefitted service users.

This handbook may be used to support development of advanced practice to consultant level and more detailed information is provided on the [RPS](#) and [HEE websites](#). The Consultant Pharmacist pages include two case studies and a case study describing how one organisation has implemented consultant pharmacist posts within primary care.

This handbook is intended as a resourceful tool for pharmacists, their employers and pharmacy leaders to support the development of advanced practice and consultant pharmacy. It can be read as a whole or as separate sections to determine how to demonstrate working at advanced practice level.

# What is Advanced Practice?

## Definition of Advanced Practice

The advanced level of practice for pharmacists is currently viewed as a spectrum extending from the early post-foundation years through to consultant pharmacist status<sup>(2)</sup>. There is considerable variation in job roles, titles and levels of practice and no common language to identify a pharmacist's level of practice.

HEE's multi-professional framework for advanced clinical practice<sup>(5)</sup> describes a national standard for advanced clinical practice. This is defined as:

*“a **level of practice** which is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level qualification, or equivalent, that encompasses the four pillars: clinical practice; leadership and management; education; and research, with demonstration of core capabilities and area-specific clinical competence. Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers.”*

It aims to provide consistency across healthcare professionals and ensure that the public understands when they are consulting with an advanced level practitioner. 'Advanced clinical practitioner' is the term for the professional delivering 'advanced clinical practice'.

Advanced clinical practice is defined as a level of practice rather than a job role. The role of an advanced clinical practitioner is a generic one i.e. one that can be delivered by a health professional regardless of their professional background.

Pharmacists and other allied health professionals e.g. nurse, paramedic, physiotherapist, may train to become and practice as an advanced clinical practitioner, depending on their specialism. However, an advanced clinical practitioner cannot practice as a pharmacist unless they are a registered pharmacist.

## Advanced Clinical Practice

When we think about advanced clinical practice it is important to make the distinction between a *role* and a *level of practice*. The use of the term Advanced Clinical Practitioner (ACP) to define a healthcare professional role is relatively new. Despite pharmacists, nurses and allied health professionals working at a level of advanced practice for many years. The ACP role is a generic role undertaken by registered health care professionals, who have completed a specific advanced clinical practice course. This is often a nurse or allied healthcare professional and an option to fill gaps in the medical workforce<sup>(8)</sup>. They work as part of a multidisciplinary team where each team member has a core set of skills and can autonomously manage patient care. For example, pharmacists employed as an ACP may manage a caseload of patients rather than pharmacy specific tasks such as medicines reconciliation or on-call duties. Pharmacists may be working at or working towards a level of advanced practice but might not be in an advanced clinical practitioner role.

## Advanced Pharmacist Practice

The path to advanced pharmacist practice is mapped through the RPS Advanced Pharmacy Framework (APF)<sup>(6)</sup>. The RPS APF describes the competencies required as pharmacists progress from post foundation through to consultant level practice and so provides a professional development roadmap<sup>(9)</sup>. Within the APF 'advanced practice' is defined as working at Advanced Stage 2 (AS2) level. The RPS has mapped the APF AS2 level capabilities to the HEE Multiprofessional Framework for Advanced Clinical Practice and demonstrated equivalence between these levels of practice. The correlation between the two frameworks is shown in Figure 1 below.

Figure 1 - Correlation between the pillars of the HEE Multi-professional framework for advanced clinical practice and the RPS advanced pharmacy framework cluster

Correlation between pillars of practice for Advanced Clinical Practice and the APF		
Pillars of Practice	Corresponding Advanced Pharmacy Framework Cluster	
Clinical Practice	1. Expert Professional Practice	2. Collaborative Working Relationships 
Leadership & management	3. Leadership 4. Management	
Education	5. Education, Training and development	
Research	6. Research and Evaluation	

## Routes to recognition (HEE) or credentialing (RPS)

HEE is developing a recognition process for healthcare professionals to evidence their practice at an advanced level and fulfil the four pillars of practice in the HEE multi-professional framework. There are two routes to recognition:

1. Completion of a HEE accredited advanced clinical practice course
2. Portfolio route
  - (a) Supported for example by a professional body or higher education institute (HEI)
  - (b) Independent

This work is being undertaken through the HEE Centre for Advancing Practice (find further information [here](#)). The process to accredit advanced clinical practice courses delivered by HEIs has started. HEE is also working with stakeholders to approve units of learning or 'credentials' which may be used as evidence towards the pillars of advanced practice. Currently, HEE is working with the RPS around potential reciprocity arrangements for recognition of pharmacists practising at an advanced level. This work is on-going and at its early stages so do get in touch with your training programme director (see page 35) if you have any questions.



# Building your evidence

Pharmacists may choose the [RPS Advanced Pharmacy Framework](#) or the [HEE Multi-professional framework for advanced clinical practice in England](#) to underpin their portfolio of evidence. Mapping evidence to a framework will help you to demonstrate that you have the skills, knowledge and behaviours required to work at an advanced level. This can also be used to help you to identify areas that you might want to develop further across the pillars of advanced practice.

## Which framework should I choose?

There is a clear difference between the RPS and the HEE frameworks. The RPS framework is specific for pharmacists. It provides a development framework from post-foundation to consultant level practice for pharmacists to build on their capabilities as they progress through their career.

The HEE Multi-professional Advanced Clinical Practice Framework provides a common understanding of advanced clinical practice across professions whilst maintaining professional identity. This enables lateral skill sharing across practitioners working in multidisciplinary teams. It sets a standard which health care professionals must meet to demonstrate advanced practice rather than offering a development pathway.

After familiarising yourself with the frameworks, the next step is to identify which framework is most appropriate for you. This will depend on a number of factors:

- Your job role (this may not be the same as your job title). If you are in an Advanced Clinical Practitioner role you should consider using the HEE Advanced Clinical Practice Framework. There will be specific curricular requirements to ensure patient safety particularly related to physical assessment, prescribing and clinical decision making skills.
- The team you work in. If this is a multidisciplinary team where tasks are shared amongst team members and a common understanding of everyone's skills set is required you may choose to use the HEE framework.
- Your employer or the organisation you work for may have a preferred framework used for staff development and appraisals.
- You may have enrolled on an academic course/professional validation process which is underpinned by a specific framework.
- Your intended career pathway. If you aspire to become an advanced pharmacist practitioner or consultant pharmacist then you should consider the RPS framework.

In the remainder of the handbook we are focusing on advanced pharmacy practice. However, if you are using the HEE ACP Framework many of the case studies, examples of practice and resources will be relevant in helping you to demonstrate advanced practice.

## How do I demonstrate competencies to the framework?

You may have undertaken activities in recent years which broadly cover one or more of the pillars of advanced practice. Make a note of these activities and check that they include a range of situations which demonstrate a breadth of practice. These examples may be CPD entries, narrative in your CV, projects you were involved in or publications / presentations you have

delivered. Also, consider multi-professional collaboration and think about any issues that you encountered, any interventions you made and any subsequent reflections.

There are a variety of tools available which can be used to demonstrate competency (RPS, 2016). The situation may dictate which tool is most appropriate. For example, if demonstrating practical skills gained from a clinical examination course, a direct observation by an experienced assessor is an appropriate method. Alternatively, if you were presenting at a committee meeting then a reflective account might be the most appropriate method. If you are aware of other professionals also building their portfolios and covering similar competencies, a peer review could demonstrate advancement in a collaborative way.

Here are some of the evidence tools which are available to demonstrate competency (not an exhaustive list):

- Case based discussion (CbD)
- Consultation Skills Assessment
- Direct Observation of Practical Skills (DOPS)
- Mini clinical evaluation exercise (mini-CEX)
- Peer review/ assessment of work-based activities
- Reflective account
- Objective Structured Clinical Examination
- Others:
  - Patient testimonial or feedback
  - 360-degree appraisal

For more information on portfolio development please use the resources listed below:

CPPE Career Development Guide - [Link](#)

RPS Portfolio Development and Support – [Link](#)

Pharmaceutical Journal - [Link](#)



# Case studies demonstrating advanced practice

## Introduction

Case study examples have been included to demonstrate how individual pharmacists have identified their own development needs and the tools they used along the way. We approached pharmacists working across the north to contribute case studies describing how they achieved advanced practice in a specific domain of the frameworks. Some of the pharmacists we asked did not consider themselves to be working at an advanced level. However, through this process they were able to map their skills to an advanced level in the specific domain. Some pharmacists can demonstrate advanced levels of practice across all domains; for others, the framework can be used to identify learning needs in other domains. Some pharmacists are at the start of their advanced practice journey and some are progressing on to consultant level. We hope the case study examples will help guide and inspire your own route towards advanced practice.

## Expert Professional Practice

Pharmacists practise in many environments including health and social care, health and justice, academia, research and pharmaceutical production. All pharmacists are united by professional standards<sup>(10)</sup> and aim to continuously improve pharmaceutical care for patients through expert professional practice.

The following case studies describe the route five pharmacists have taken to develop expert professional practice in their sector and specialty. Katie outlines how she transitioned between sectors and identified a specialty where her role would benefit patients and be highly valued by her new employers. Chris also identified where his practice and community pharmacy could benefit patients. He also demonstrates how collaboration with his local network has develop his expert practice to confer this benefit to patients. Caroline and Paul describe two different journeys into advanced practice. Both identifying how developing their clinical examination skills and advanced practice skills have expanded their roles and added value to their services. Paul's journey exemplifies how various educational resources can help to develop expert professional practice when transitioning between sectors and into an emerging sector.

### Case study one: Katie (general practice)

I come from a hospital pharmacy background but took a leap of faith in a new role as a Senior Clinical Pharmacist as part of the NHSE Clinical Pharmacist in General practice project This post included enrolment on the CPPE GP Pharmacist Training Pathway. Coming from a hospital background and starting out in a new sector of general practice I identified my learning needs with my educational supervisor. These were consultation and clinical examination skills. Both of these subjects were included in the CPPE programme. Coupled with the leadership training, it has facilitated me to run my clinics effectively.

From practice QIPP and QOF data I discovered that diabetes management would be an ideal area of clinical practice in which to use my advanced consultation and clinical assessment skills. Our GP practice has many patients had uncontrolled diabetes. The practice nurse was more focused on respiratory disease management.

This provided me an ideal opportunity to make a difference to diabetic patient outcomes, as the most complex patients were not adequately treated. In order to be able to provide a high specification of service I have become accredited via study days recommended by Secondary Care Diabetic Specialist Nurses and GPs with a specialist interest in Diabetes. This

accreditation allows me to prescribe injectable medication for type 2 diabetics. I work alongside the assistant practitioner and practice nurse to optimise the care of the most complex patients by adding in 3rd and 4th line medications and initiating injectable agents thus saving GP input and referral to secondary care.

**Katie Smolski - Senior GP Clinical Pharmacist, Park View Surgery, Preston**

### **Case Study two: Chris (community pharmacy)**

I have worked for the past 14 years at an independent pharmacy located in a large primary care centre, which also contains a walk-in centre. For the past 6 years, I have been superintended pharmacist for the same independent pharmacy group.

I have a passion for making sure services are run professionally and in the best interests of patients. Our pharmacy engages fully with all national and local enhanced services, tailoring them to fit in with the local demography. I see my role as ensuring that all my staff and I are trained to the highest level, offering a high standard of continuing care for our patients.

Early in my career, I developed my clinical skills via the postgraduate clinical diploma. My current employer supported me through the independent prescribing course. A GP from the practice next door acted as my mentor, further developing trust between us, and improving multidisciplinary collaboration between the pharmacy and the GP practice. The prescribing course helped turn my thinking process on its head, changing my perspective on patient care. I began to specialise in respiratory care, focusing on hard-to-reach patients e.g. those who manage their own conditions but don't attend the GP practice. In collaboration with the GP practice next door, I developed an assessment tool based on screening questions, symptoms, inhaler technique and smoking cessation. I picked up patients by referral from the practice, or on an ad-hoc basis, i.e. identifying patients who didn't attend their GP appointments couldn't afford medication, or who repeatedly attended the walk-in centre with e.g. poorly controlled asthma. For some patients, our pharmacy is their only point of contact with a health professional. I have been able to improve care for these patients, e.g. by identifying overuse of reliever inhalers and supporting patients with their treatment plans.

As a superintendent pharmacist I support my pharmacist and technician colleagues with governance issues, and wherever I can, I share good practice in order that we all do our best for patients. I am vice-chair of my Local Pharmaceutical Committee where we feed issues up to national level via the PSNC, ensuring that local patients' experiences are heard at a national level, with a view to improving services across the board.

I feel that pharmacy as a profession can really make a difference to patients' lives, as we demonstrated during the Covid pandemic. We kept our doors open, ensured that patients had access to a health care professional, received their medicines and were well looked after and supported.

**Chris Dodd, Superintendent Pharmacist, Gill and Schofield**

### **Case study three: Caroline (mental health)**

I have always looked at ways to improve patient care, so in any role that has been the largest influencing factor in developing the role, the services and organisation in which I work. When I started working for the regional gender identity clinic, I was providing advice and counselling patients attending the clinic. I guess there was a desire within me to do more, go the extra mile, so I sought out opportunities & developed my role over the years.

Once I completed my prescribing qualification, I began to review dosing of hormones started by the medical staff in the team. I wanted to improve my clinical examination skills in order to increase my scope of work by initiating and monitoring treatment. To that end I enrolled on a short postgraduate course in clinical examination skills. From this I went on to complete an MSc in Advanced Practice which allowed me to bring both theory and practice into my working environment. Simultaneously, my role in the gender identity clinic was growing and I became responsible for my own caseload. Plugging the gaps in my theoretical knowledge meant I combined my knowledge and experiences, and the experiences of peers from other professions, with theory. This improved my critical appraisal skills and gave me the confidence to work more autonomously. I now manage my own caseload of patients where I independently initiate and monitor treatments.

During the Advanced Practice MSc the development of my professional practice was not limited to my clinical knowledge. I have developed my knowledge of the role of an advanced practitioner and the limitations of my practice. When I started out I was relying on the good-will of other professionals with limited knowledge of the full capabilities of a pharmacist. Understanding the scope of my professional practice has enabled me to have a positive impact on the diversity within the team, collaborating to create an environment that strives to develop and progress services. My Advanced Practice journey has been and continues to be an education on so many levels.

**Caroline Dada, Lead Pharmacist for Community Services, Patient Experience & Gender Identity, Leeds & York Partnership Foundation Trust**

### **Case study four: Tom (emergency medicine)**

Emergency Medicine (EM) is currently a sub-speciality of hospital pharmacy and has no pharmacy specific EM curriculum or framework to guide pharmacist development. The Royal College of Emergency Medicine (RCEM) operates an established Advanced Clinical Practice (ACP) curriculum against which non-medical practitioners, currently nurses and paramedics, can credential for ACP roles. Having an EM Consultant as a clinical supervisor, comparing my portfolio to that of current Emergency Nurse Practitioners (ENP) and using the RCEM ACP curriculum as guidance have been key in supporting the development of my clinical practice. This approach has broadened the scope of my work as a pharmacist in the Emergency Department (ED) and allowed agreement from the ED Consultant team for me to manage patients.

Many gaps were identified when I began to build competence to assess and manage patients, this included a formal clinical skills qualification, mandatory training requirements and practical skills such as peripheral cannulation. Using the RCEM ACP curriculum as a guide with my supervisor allowed me to approach, demonstrate and document learning and development in a structured way using a portfolio of internal competency assessments (DOPS, mini-CEX, CBD). My ENP and ACP colleagues have advised me on their organisational learning requirements i.e. mandatory training & job requirements are comparable and equivalent such that I am practising safely with the correct foundation of learning.

Achieving advanced practice requires time. Time provides exposure and experience. Together with effective supervision, these are the most important things to consider when developing your clinical role and aiming to achieve an advanced level of practice.

**Thomas Harris, Advanced Pharmacist Practitioner – Emergency Department, South Tyneside and Sunderland NHS Foundation Trust**

### Case study five: Paul (clinical informatician)

Since post-foundation I have continued to develop my level of practice, particularly in expert professional practice, collaboration, leadership and management. Firstly, working as a medicines optimisation pharmacist in primary care, I developed an interest in ePACT2 data and clinical systems, then as an informatics pharmacist at clinical IT systems provider, EMIS Health. Whilst I applied my knowledge of clinical and working practices to this role, I undertook extensive training in the new sector; informatics. I completed bespoke training on internal IT authoring applications, clinical risk management training as well as learning about clinical terminologies used within our IT systems and the NHS (e.g. dm+d, SNOMED-CT). This was learnt through online reading, e-learning and face-to-face courses.

Having developed my knowledge within clinical informatics, I applied for a NHS leadership fellowship with NHS Digital to further advance my collaboration, leadership & project management skills. For the fellowship year I am working closely with other fellows, and senior NHS leaders on key work streams for NHS Digital and the wider system. This has provided me with the opportunity to collaborate at a national level beyond the organisation I work for. I currently work with NHS Digital, NHSBSA, NHSX, the Academic Health and Science Network and with regional secondary care trusts to support the adoption of the NHS dictionary of medicines & devices (dm+d) within secondary care. I sit between these organisations using their skills and specialist knowledge to inform and drive different aspects of the project and sharing and completing work appropriately. Working collaboratively on the project means being considerate of other people's skills and needs (e.g. way of working) but I also consider the wider implications of the project. Beyond the work of the fellowship I am collaborating with NHS Digital Academy to review how dm+d is taught to clinical informaticians. I realised by collaborating beyond my project boundary with clinical informatician educators I could share learning from the project to improve dm+d teaching and therefore sustain the impact of the project after its completion.

I have found mapping my job description to a specific framework difficult. No framework quite fits the role of a clinical informatician. The HEE Digital Capabilities Framework tool for self-assessment has been useful to assess and develop my digital knowledge and capabilities.

**Paul Wright, Chief Pharmaceutical Officer's Clinical Fellow at NHS Digital 2019/20 (seconded from EMIS Health)**

### Examples of evidence you could use to demonstrate this pillar

- Apply knowledge and skills, including prescribing, developed in a specialist area to deliver a service and improve patient outcomes e.g. hypertension clinic in community pharmacy, asthma management in general practice, pharmacist-led HIV medication clinic.
- Proactively develop or review a protocol or guideline using the evidence base, expert knowledge, and clinical reasoning to ensure high quality pharmaceutical care for patients.
- Introduce a programme of healthy living activities, engage the whole pharmacy team, and proactively provide expert advice, monitor public engagement, and review its success.

- Listen, interpret, and appraise information quickly to select the best option to manage a difficult situation such as a medication error.
- Develop and implement a strategy around antimicrobial stewardship across a Primary Care Network.
- Network with peers to consider alternative ways of working and possible options for working across organisational boundaries. For example, an independent community pharmacist develops a referral mechanism from community pharmacy to appropriate specialist service after meeting a specialist mental health pharmacist at an educational event. *Collaborative working relationships.*
- Communicate and collaborate with peers to share data and budgets, and potentially health economic analysis, to build a business case for a new service. *Collaborative working relationships.*
- Be accountable for the introduction of a new IT system. Including assessing and mitigation of risks using a reliable quality assurance assessment method and ensuring all users have appropriate training.

### Resources

- General Pharmaceutical Council, Standards for Pharmacy Professionals - [Link](#)  
*Document outlining the standards expected by the public, the GPhC and pharmacy professionals of other pharmacy professionals.*
- Royal Pharmaceutical Society, Medicines, Ethics and Practice - [Link](#)  
*Practical guide with information to help you make the right decisions.*
- United Kingdom Clinical Pharmacy Association (UKCPA) - [Link](#)  
*Provide practitioner led education and training*
- SPS - [Link](#)  
*Providing wide ranging information and resources to support the safe and effective use of medicines in any healthcare setting including regulatory guidance, implementing changes, research and training.*
- HEE Digital Capabilities Framework – [Link](#)  
*Self assessment tool to develop digital knowledge and capabilities*
- HEE, Advanced Clinical Practice - [Link](#)  
*Information resources relating to multi-professional advanced clinical practice training.*
- HEE, Non-Medical Prescriber - [Link](#)  
*Information on what a non-medical prescriber is & how to access training*



## Leadership & Management

Pharmacists in all sectors at any stage of advanced practice have leadership and management responsibilities. Leadership skills are required to inspire individuals and teams to achieve a high standard of performance and personal development. It is more than role modelling. Good leadership is being skilled in strategically reviewing services to inform and develop a clear vision in service provision. This is followed by innovating practice and motivating others to follow that vision. Many leadership styles are described in the literature and this is a constantly changing area. The signposting section below includes links to resources which will help you understand and develop your own leadership style and capabilities. Andre explores how challenging our beliefs and conventions enables development of leadership skills and the association between developing and practising these skills with job satisfaction.

Effective management is essential to the business of any team, service or organisation. Management must ensure tasks are completed to an appropriate standard, risk is mitigated and budgets and resources are utilised and contained. The level of skill required often increases as responsibilities and sphere of influence changes. Your employing organisation may provide management training, this may include recruiting and managing staff performance, budget management and clinical risk. They may also provide training on quality and service improvement. Susan describes how undertaking challenging learning modules and tapping into national reforms have helped her learn to communicate effectively across professional boundaries. The effect of this learning is the ability to positively influence the quality of clinical practice regionally.

### Case study one – Andre (community pharmacy)

I began my career in the family community pharmacy business. Following the sale of the business I became a regional and then national manager for a large community pharmacy chain. Working alongside other professionals and across pharmacy sectors to set up contracts between community pharmacy and acute trusts, prison service and mental health facilities was a difficult and rewarding learning experience where I developed skills described in the HEE Leadership and Management pillar of the multi-professional framework. Taking time out to study for an MBA, in order to address my learning needs, was a revolutionary experience for me, sparking new ways of thinking, challenging my beliefs and changing me.

I have focused my career on managing situations that are unfamiliar, complex and unpredictable. Making connections by working across boundaries alongside local authorities, NHS England, Pharmacy Voice, PSNC and AHSN has made it possible to build confidence with others to continually develop pharmacy practice. I am currently involved in the national conversation regarding referrals from 111 to community pharmacy which will further increase the sphere of influence of community pharmacy on direct patient care. I am proud to be able to bring the exploratory work done with colleagues in the north east of England to this national forum.

I recognise that a high level of clinical knowledge and skills are a given for all pharmacists, however for me it is satisfying to realise that an important focus of advanced practice is leadership where building relationships, working across boundaries, leading new practice and service redesign are recognised and valued attributes.

**Andre Yeung LPN Chair, North Cumbria and North East England, NHS England**



### Case study two – Susan (primary care)

My entry into pharmacy as a career began with my interest in sciences coupled with a desire to communicate with and help others; community pharmacy offered a career with an important patient-facing role. The post-graduate clinical diploma tailored to community pharmacy challenged and increased my clinical knowledge, which was enhanced further when I also took on a role in primary care, developing the skills to become a prescriber.

Following the 2012 NHS reforms I transferred to a specific role in primary care, supporting the newly formed CCGs with their commissioning functions in respect of medicines. Studying for a certificate in public sector commissioning, along with colleagues from different professional disciplines, helped focus on the values and behaviours which are now described in the HEE Leadership multi-professional framework. These ensure that services are developed which deliver excellent patient care whilst paying due attention to the public purse.

Working for the North of England Commissioning Support Unit, supporting and leading Northumberland CCG's prescribing agenda, requires me to engage with a wide range of health professionals, business managers and patients. Applying advanced practice skills as a facilitator working across professional and service boundaries allows me to influence clinical practice to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice. An example of this is pain management. Prescribing rates in the North of Tyne and Gateshead areas, along with the rest of the North East, are significantly higher than the rest of England for gabapentinoid and opioid prescribing. As a result of this I worked with the North of Tyne, Gateshead and North Cumbria Area Prescribing Committee to set up a pain management subgroup to increase the focus on this across all organisations and support work that had already started in individual sectors. Continued work over the last 18 – 24 months has helped us reduce this differential although there is still much to do. As far as Advanced Practice goes, I consider my sphere of influence to be that of an 'advanced generalist' as I have chosen to expand and develop my knowledge and skills horizontally rather than vertically.

**Susan Turner, Pharmacist, North of England Commissioning Support (NECS)**

### Examples of evidence you could use to demonstrate this pillar

- Acting as a role model within a local team by setting the standard for service provision and motivating others to follow your lead.
- Identifying and engaging with key stakeholders during periods of change to ensure smooth transition and a positive outcome.
- Searching for and appraising innovative practice beyond your organisation, sector or profession to improve services.
- Aligning your values with those of your organisation or profession and developing a vision to share within a strategic plan.
- Recognising the need to increase understanding of governance in the workplace by developing error reporting system, complaints system and yearly audits. Instil a no blame culture in the workplace and motivate others to contribute to error reporting.
- Having the courage to intervene when a critical incident or serious concerns highlight risks to patient or public safety.

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- Demonstrating empathy, resilience, determination and well-developed communication skills when managing complex and unfamiliar situations.
- Use data to evaluate practice e.g. error reporting or performance e.g. service user surveys, medicine use review outcomes, model hospital benchmarking standards.
- Identify the risks associated with a new medicine, such as similar name or similar packaging. Then implement a procedure to mitigate the risks using available resources such as staff training, patient information leaflets, electronic alerts, labelling.
- Engage in horizon scanning and mitigate the impact of policy changes e.g. genomics, new NICE / SIGN guidance or contract changes, by developing action plans.
- Manage a project to introduce peer review into the workplace which could work across organisations e.g. PCN and CCG pharmacists peer reviewing medication reviews
- Identify potential workforce pressures caused by busy periods or absence and produce a plan to reconfigure resources through training or staffing budget setting.
- Competently conduct appraisals to motivate self and staff by collaboratively setting objectives that align to organisation aims and strategic plans.
- Use data to evaluate practice e.g. error reporting or performance e.g. service user surveys, medicine use review outcomes, model hospital benchmarking standards.

## Resources

- NHS Leadership Academy, The Leadership Framework - [Link](#)  
*An evidence-based national framework for self-assessment to develop this area of your practice*
- NHS Leadership Academy, Local Academies - [Link](#)  
*Support coaching and mentoring, formal development programmes, workshops and masterclasses, organisation and systems development consultancy and thought leadership.*
  - NHS Yorkshire & the Humber Leadership Academy based in Leeds
  - NHS North East Leadership Academy based in Durham
  - The NHS North West Leadership Academy based in Manchester
- NHS Leadership Academy, Edward Jenner Programme - [Link](#)  
*Free online programme to develop essential leadership skills and obtain an NHS Leadership Academy award in Leadership Foundations.*
- CPPE Gateway Pages  
*Webpage providing links to learning materials and external links to associated with gateway subject*
  - Leadership: - [Link](#)
  - Management: - [Link](#)

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- Institute of Leadership & Management - [Link](#)  
*Provide leadership and management training and assessment for training providers, employers and individuals*
- Royal Pharmaceutical Society - [Link](#)  
*Provide support for career development at all stages of pharmacy careers*
- MBA via the apprenticeship route (endorsed by the Leadership Academy) - [Link](#)
- Local Pharmaceutical Committee (LPC) - [Link](#)
- Pharmaceutical Services Negotiating Committee PSNC - [Link](#)  
*Information regarding community pharmacy services*

# Education

Pharmacists are required to maintain and develop their professional knowledge and skills and should also contribute to the education, training and development of others (GPhC, 2017). There are many opportunities for educating and developing others in the workplace through interactions with other pharmacy professionals, other healthcare professionals and patients.

The HEE Quality Framework for education and training (2019b) sets out the expectations for quality within the work-based learning environment. Healthcare professionals in a formal education and training role should be appropriately trained to undertake the role. Many pharmacists draw on their learning experiences to develop a teaching style without formal education training. However, there are many resources available to support development of skills in this area. The case studies in this section show how two different routes can be used to achieve an advanced level of education practice.

Khalid's case study explores his self-made journey to advanced level practice in education. By keeping an open mind and reflecting on his own experiences with tutors and trainees, Khalid has developed successful methods that address the complexities and pressures of training in the community pharmacy sector. Fran reflects on some of the pivotal moments in her career. She describes how her journey has been supported by higher learning, self-mapping to a competency framework and finding a sense of personal empowerment.

## Case study one – Fran (secondary care)

Work experience in a private hospital as a teenager inspired me to pursue a career as a pharmacist, however my passion for education was sparked by an inspirational teacher practitioner while studying pharmacy at Bath University. After university I secured a residency post at Sheffield teaching hospitals and completed my postgraduate diploma in clinical pharmacy, relishing any presentation or teaching experiences throughout my clinical rotations.

On completing the foundation years, I realised the direction I wanted to go in, so I ensured that my objectives and personal development plan took an education and training slant wherever possible. I also used the RPS Advanced Pharmacy Framework (APF) to highlight my areas for development and this underpinned my learning needs analysis. Realising there was a gap in my knowledge around education theory, I applied for and completed my PG certificate in clinical education at the University of Leeds. Shortly after applying for this course, I got a job as a lecturer practitioner at Sheffield.

While building on my love for teaching, this role also gave me an insight into the education strategy for Sheffield. Feeling empowered I re-assessed our existing educational sessions which aimed to build soft skills of our post-foundational pharmacists and realised that service pressures were a barrier to delivery. To address this, I developed a novel advanced practice programme at Sheffield which was based on the RPS APF and promoted experiential learning<sup>1</sup>. I gained full engagement from the senior team the learners themselves. By collaborating with HEE, I have taken part in spreading this innovation with other organisations and sectors in the North of England and recently shared this work with the Pharmaceutical Journal.

**Frances Clymer, Lead Education and Training Pharmacist, Sheffield Teaching Hospitals**

<sup>1</sup> Contact your regional training programme director for more information about this programme (see page 35)

### **Case study two – Khalid (community pharmacy)**

From my beginnings in community pharmacy and then towards roles as a HEE training programme director for pre-registration pharmacists, as a GPhC Fitness to Practice Committee member and on the LPC, my career development has almost always been driven by an immediate need. For example, after I proposed the idea for a pre-registration lead for the community pharmacy company I work for, I had to submit a business plan. This wasn't something I'd done before but turned out to be fairly straight forward, however once the proposal had been accepted, I realised I had a lot of learning to do about education and training.

Almost all of my learning about marketing and recruitment came from online research, reading articles (often non-pharmacy related) and then self-evaluating the success of my methods using feedback from trainees. This wasn't the most "scientific" approach, however due to the working culture in community, a lack of resources and support structure, this appeared to be the only option. My learning about the education and training world came from attending as many stakeholder meetings as possible and attentively listening to the conversations taking place. Being mentored by leaders in the field has been key to my development, much of this being on an informal basis.

In summary my development in pharmacy has been unstructured, with much of my learning being experiential, supplemented by independent research when necessary. However, dealing with 50 tutors, over 200 trainees and a sometimes-hostile board of directors has taught me a lot about problem solving, decision making, negotiation, strategic planning, interpersonal skills, pastoral support and the importance of emotional intelligence. These skills are continuously being developed in my various roles at HEE, the LPC and the GPhC. However, I am in no doubt that all these skills could be significantly enhanced by completing formal courses delivered by subject matter experts.

**Khalid Khan, Head of Training and Professional Standards, Imaan Healthcare**

### Examples of evidence you could use to demonstrate this pillar

- Assessing your own development needs and writing a personal development plan to discuss with your line manager.
- Asking a colleague to observe and give you feedback on your consultations.
- Encourage your organisation to introduce self-assessment with a professional framework as part of the appraisal process
- Providing mentorship to a newly qualified pharmacist whilst they transition from pre-registration pharmacist to foundation practice. Supporting them to develop their competence and confidence.
- Use your understanding of the importance of role models to reflect on and adapt your behaviour whilst tutoring a pre-registration trainee student.
- Identifying opportunities to develop your education skills for example by asking your education supervisor if you can be supported to deliver part of a CPPE learning set.

## Navigating Advanced Practice Handbook

- Volunteer to get involved with learning opportunities relevant to your role such as work based assessments or undergraduate placements.
- Get involved with ORIEL interviews or GPhC exam standard setting.
- Work collaboratively with colleagues from other professions to develop and deliver a training programme to empower service users and maximise their health and wellbeing e.g. pulmonary rehabilitation sessions for COPD patients, parental teaching sessions for paediatric oncology patients,
- Identifying and addressing your team's knowledge and skill gaps needed to enable delivery of a new service.
- Recognise cross-sector experiences as an important part of national policy for pharmacists and pharmacy technicians and build relationships across your geography to enable this to happen.

## Resources<sup>2</sup>

- HEE School Pharmacy & Medicines Optimisation, Mentor Skills Training - [Link](#)
- HEE School Pharmacy & Medicines Optimisation, Handbook for Educational Supervisors – [Link](#)  
*Handbook to assist in the training and development of educational supervisors in the workplace*
- HEE e-Learning for Health (requires NHS.net email to register) - [Link](#)  
*Comprehensive range of education and training online e-learning packages for various health care professionals in 'Educator Training Resources' section. Pharmacy specific 'Pharmacist Tutor' package also available*
- RPS – [Link](#)  
*Provide support for career development at all stages of pharmacy careers*  
Direct observation of practical skills (DOPS) - [Link](#)  
Mentoring - [Link](#)
- CPPE Gateway Pages  
*Webpage providing links to learning materials and external links to associated with gateway subject*  
Education - [Link](#)
- Post-graduate Certificate in Clinical Education - [Link](#)  
*A formal postgraduate part-time qualification provided through Higher Education Institutes. It is offered at most universities with a medical school. Courses accredited with the Academy of Medical Educators (AoME) can be found through the AoME website (see below), or alternatively, through individual university webpages*

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<sup>2</sup> See Supervision section on page 26 for further supervision resources



## Navigating Advanced Practice Handbook

- Academy of Medical Education (AoME) - [Link](#)  
*A multi-professional organisation to provide leadership, promote standards and support all those involved in the academic discipline and practice of medical education*
- HEE Professional Development Framework for Educators – [Link](#)  
*Produced for doctors and dentist working in secondary care it outlines developmental areas for current and prospective supervisors*
- HEE quality framework Quality framework for education and training (2019-2020 - [Link](#)
- HEE London and South East (LaSE), Guide for Trainees Requiring Additional Support – [Link](#)  
*Regional guide detailing the educational support processes for pharmacists and pharmacy technicians in HEE LaSE*

## Research

Research is essential in providing an evidence base for informed decision making and patient safety. Variations in research complexity, design and formality are large. Research activity can include audit, service design and quality improvement. Undertaking research is achievable in all areas of pharmacy. Research can range from reviewing and critical evaluating literature to designing and supervising a formal research protocol.

Demonstration of advanced research skills requires a transition from understanding, contributing to and supporting research to developing, supervising and distributing research. Advanced pharmacists are expected to underpin their practice with routine use of critical appraisal skills and leadership of research. Key to obtaining these advanced skills is a proactive approach. Seeking out collaborative opportunities and working relationships with existing researchers or networks is essential to make the movement to advanced practice.

Gavin describes how he accessed experience in research by applying his advanced level skills from other domains to overcome barriers in developing his research skills. Heather describes how her research has had a positive impact on patient care and given an evidence base for her team's practice. After reflecting on how she plugged her own knowledge gaps, she shares advice on how to improve research skills. This section contains an additional case study from Jon, a pharmacist working in academia, on how to become involved in research.

### Case Study One – Gavin (primary care)

I applied for the MPharm because it was the perfect balance between applying my love of science, having a patient facing role with good career prospects. Throughout my career I have always endeavoured to develop new ways of working to improve patient care and develop my own skills.

Within my current role in general practice I have undertaken my MSc in Advanced Clinical Practice building my skills across the four pillars of clinical ability, leadership, education and research. The area of ACP that my course colleagues and I have struggled to develop in is that of research. A major component of the course is undertaking a quality improvement project within an area of practice.

Undertaking the QI project expanded my knowledge of the QI process, project management and research methodology. Applying the classroom based learning to a real life project helped embed those skills at all stages of the project; from planning through to publication and sharing of results.

Additionally, undertaking the MSc has exposed me to a much wider professional network and as such I have been invited to peer review the work of others submitted to journals. More recently, by developing my skills, and being pro-active I have become involved in a local frailty network, focused on research and education and I look forward to the prospects this provides.

**Gavin Ronaldson, Divisional Lead Pharmacist for Medicine, Manchester University NHS Foundation Trust**

### Case Study Two – Heather (primary care)

Within the NHS leadership framework there is a pillar for research and innovation. Due to the changing landscape of healthcare we are required to think differently about how we deliver patient care. Research and innovation is important for capturing tangible evidence of the positive effects pharmacists have on patient outcomes and promoting our profession.

My interest in research was sparked whilst completing a research based Master of Science. My coursework included a research project, for this I designed and conducted retrospective research comparing recommendations to changes of medicines from three falls assessment tools. Further areas for research that have been subsequently identified includes those that provide evidence of the pharmacy team's impact on patient care outcomes.

While I enjoy developing research ideas and outcomes, I know my critical appraisal skills could be better from appraisals, self-reflection and comparison of my competency against a framework. Identifying this gap in knowledge and addressing it has helped to improve my skills in research and also in practical application as a clinical pharmacist and service lead. I have translated my critical appraisal skills to other areas of my work e.g. supporting peers and colleagues with reviews of written work and leading changes in practice based on evidence.

There are many supportive tools free online to support critical appraisal of papers. The more you do it, the better you become! Talking to peers and comparing your thoughts on papers and research is a key learning tool, journal clubs may feel a bit intimidating but are a useful forum for developing this skill.

**Heather Bury, Locality Lead Pharmacist - Practice Based Medicines Optimisation Team, Manchester Health and Care Commissioning**

### **Case Study Three – Jon (academia)**

#### ***How do you develop research in your practice or area?***

There's nothing special about needing or doing research. Research is just an investigation when there is uncertainty. Anyone conducting quality improvement work is already using methods that could be research. Research takes extra care to ensure findings are generalisable, publishable and can have a wider impact.

#### ***How can research links be developed with universities?***

Universities can provide training and supervision that builds capability for pharmacy research. Often links begin with postgraduate diploma level education and short MSc projects.

Pharmacists may also be engaged with Universities as clinical teachers, PhD students or PhD supervisors. Ideally, links between teaching, training and research will develop so that both patient care and professional education are improved.

NHS organisations or individuals can also approach Universities to help each other access funding. University networks go beyond their local areas. Find the best people to support your work, not just the nearest.

#### ***Who sets the research agenda across healthcare?***

Increasingly, research agendas will be set across an Integrated Care System (ICS). This requires lots of collaboration and there may be delays. Ultimately, to make things happen in the NHS or in a University you need the support of a budget holder who can make autonomous decisions.

#### ***How do you obtain funding for research?***

NHS organisations and Universities can help each other to access funding from the National Institute for Health Research (NIHR) and Pharmacy Research UK (PRUK). This funding may support individuals, local projects or extended programmes of work. Some NHS organisations have access to charitable funds or income from supporting industrial clinical trials too.

Depending on the level of funding it may support posts of employment or research expenses. Initial investment is usually needed to support problem specification and bid-writing. It's important to focus on the widest possible impact and the information needs of the budget

holder. Successful research can improve future decision making but research has a cost. The potential improvement should exceed the predicted cost of completing the research.

**Jon Silcock, Senior Lecturer in Pharmacy Practice, Bradford School of Pharmacy, University of Bradford**

### Examples of evidence you could use to demonstrate this pillar

- Review the primary clinical trial data and/or levels of evidence used to develop an evidence based clinical guideline to enhance quality, safety, productivity and value for money
- Undertake a literature search to evidence if the indication and dosage is clinically appropriate having identified and drug is prescribed for an off-license indication
- Complete a presentation to colleagues/peers explaining the core principles of research, support and supervise their research
- Identify a valid and reliable research tool to audit a work process following patient feedback or work system review, and act on the findings
- Develop appropriate research questions and protocol as part of a postgraduate qualification
- Following completion of a research project submit and present a poster abstract to a pharmacy conference
- Proactively engage with researchers to develop collaborative links through PCN, LPF events or local research networks

### Resources

- National Institute for Health Research - [link](#)  
*Providing information for professionals, researchers, patients & carers and industry to improve the health and wealth of the nation through research*
- Future Learn - [link](#)  
*In partnership with higher education institutes provides some free online learning packages including a research package*
- NHS Improvement (NHSI) Clinical Networks - [link](#)  
*Support regional service improvement with information and resources and support networking*
- Sheffield Microsystems Academy - [link](#)  
*Resources, information and stories of how coaching has improved services*
- NHS Health Research Authority - [link](#)  
*Provides information about transparency and ethics in research for patients and the public*

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- CPPE - [link](#)  
*Guide designed to support pharmacists and technicians who plan to engage in or carry out a research project*
- Q Network - [link](#)  
*Funded by NHSI this is a membership group who work together to improve health and care quality across the UK*
- RPS - [link](#)  
*Provide support for career development at all stages of pharmacy careers*

# Supervision

## Supervision in practice

Supervision is important for pharmacists who are developing their roles to protect patient safety by ensuring that they do not undertake roles outside their scope of competence but obtain experience. There are many models of supervision and resources to support the development and practice of supervisors (please see the resources section below).

Specific guidance for supervision of advanced clinical practitioners is set out in [Workplace Supervision for Advanced Clinical Practice](#) (HEE, 2020). Whilst the document is centred around ACP supervision it also offers practical and comprehensive supervision guidance translatable into advanced pharmacy practice. It identifies the employer's role and offers solutions to challenges that may occur in providing and supporting supervision in the workplace.

Many pharmacists may work in an environment where there is either no supervision or no suitable supervisor. The above guidance will support those pharmacists, working in a multidisciplinary team, where there is an available supervisor with a different professional background i.e. PCN pharmacists, pharmacists working in emergency medicines. The RPS [mentoring](#) service may offer an alternative for pharmacists where there is no-one in their workplace or organisation available to supervise e.g. locum pharmacists, community pharmacists. Please note that mentoring and supervision are different forms of developmental support.

## Purpose of Supervision:

1. Enabling the progression of healthcare professionals along a training and/or professional development pathway with respect to acquisition of knowledge, clinical skills and competencies
2. Enhancement of general (clinical) and professional skills and attitudes
3. Ensuring both good patient experience and safety

There are several definitions of supervision across different healthcare professional groups. In this handbook the term '**education supervisor**' describes the individual who supports the post-foundation pharmacist to develop their knowledge, skills and behaviours. Pharmacists may also need '**clinical supervision**' in their role and this term is used to describe supervision in the workplace. A clinical supervisor may change as pharmacists move around care settings, but an education supervisor should stay the same along an agreed training pathway. Clinical supervisors may be the lead pharmacist for an area or the clinical services manager for more experienced pharmacists. Additionally, clinical supervisors may be from another healthcare professional group e.g. a medical consultant or nurse advanced clinical practitioner depending on the specific circumstances.



### Role of the educational supervisor

- Support progression
- Giving timely feedback (and this may include workplace-based assessments where appropriate)
- Mentoring
- Encouraging development of reflective practice

Post-foundation pharmacists should take responsibility for their own development as adult learners. The role of the educational supervisors is to support the pharmacist and not to take over the pharmacist's responsibilities to engage with available training opportunities.

### Tips for Effective Education Supervision

- The education supervisor should meet with the post-foundation pharmacist to discuss how they want to develop and their aspirations for their career.
- Develop and agree personal development plan including possible learning activities and the person best placed to supervise these
- Establish regular contact to review progress (this may be face to face or by phone / Skype etc)
- The education supervisor should facilitate experiences relevant to the development of the role or future career aspirations
- Consider other models of education supervisor such as;
  - group supervisor sessions where post-foundation pharmacists discuss relevant cases,
  - peer support networks through Whatsapp or
  - buddying systems where more experienced pharmacists support others to develop their advanced practice.

### Considerations for Employers

- Employers and line managers should consider how effective education supervision may be delivered alongside effective service delivery.
- Consider workplace supervision and investment in educational and clinical supervision in workforce strategy and business planning
- Adopt a consistent approach, including documentation and templates, for supervision e.g. appraisals, personal development plans
- Be aware the responsibility for workplace supervision is the employer's
- Employers should maintain an up to date log of supervisor education/training
- Protect regular time for supervision where possible but ensure sufficient time for supervision to maintain professional and patient safety

### Resources<sup>3</sup>

- CPPE Clinical Supervisor Training - [Link](#)  
*Training for clinical supervisors of pharmacy professionals on the CPPE Primary care pharmacy education pathway*
- COPMeD The Gold Guide – [Link](#)  
*The reference guide for postgraduate medical specialty training*
- HEE The Centre for Advancing Practice, Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development - [Link](#)  
*Guidance and practical advice for supervision of advanced clinical practitioner*
- HEE Professional Development Framework for Educators - [Link](#)
- HEE Guide for Trainees Requiring Additional Support - [Link](#)
- HEE Handbook for Educational Supervisors - [Link](#)
- HEE e-learning for Health - [Link](#)
- HEE School Pharmacy & Medicines Optimisation Mentor Skills Training - [Link](#)
- HETI The Superguide - [Link](#)  
*Australian supervisors handbook for allied health professionals providing clinical supervision*
- NHS Education Scotland Clinical Supervision Training Resources - [Link](#)
- Pharmacist Support - [Link](#)  
*An independent charity working for pharmacists and their families, former pharmacists and pharmacy students to provide help and support in times of need. Website has information on a variety of issues and contact details for support*

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<sup>3</sup> See Education section on page 19 for further education and training resources

# Consultant Pharmacists

Consultant pharmacists use their clinical expertise across a healthcare system. They work at a senior level delivering and driving change in care for individuals and health populations. The RPS approve consultant pharmacist posts and are launching a credentialing process for aspiring pharmacists. For more information visit the [RPS Consultant Pharmacist Hub](#).

## Case Studies

Routes to consultant practice are as varied as the routes through advanced practice. There is no defined route or timeline. We have provided two case studies from consultant pharmacists demonstrating the difference in competency for collaborative working shown at advanced and consultant level. This is an important domain for consultant pharmacists working across healthcare systems and demonstrating systems leadership.

In both case studies, Heather and Richard describe engaging with peers and professional networks to learn, share ideas and collaborate on national work. Heather explains how casting a wide net and nurturing relationships in unfamiliar territory has provided opportunities to collaborate on a variety of projects. She talks about the value of keeping an open mind, 'saying yes'. Richard identifies how working across professional and organisational boundaries has shaped his career. He acknowledges the importance of "non-technical" skills to achieve the best with your expert knowledge.

Case Study 3 provides a set of questions developed through our stakeholder engagement and answers provided by an organisation successful in developing consultant pharmacist posts. The aim is to provide employers and organisations with a 'real life' example of how these roles work in practical terms and their development. Organisations may apply to the RPS for a post to be approved as a consultant pharmacist post. Resources are available to support both the development and application for consultant posts and aspiring individuals (see links below).

### Case Study One: Heather

I have always tried to think beyond the four walls of the organisation I was working for. Prior to becoming a consultant pharmacist, I was leading collaborative projects both with colleagues from within the hospital but also in primary care.

When I became a consultant pharmacist I moved to a new geographical area and I didn't have an established network to fall back on. I spent the first few months of my consultant role proactively meeting and listening to colleagues from various professions in a variety of organisations across the healthcare economy, including primary care, clinical commissioning groups, higher education institutes and social services. By listening and building relationships I was developing my understanding of any shared priorities and areas where we could work together to improve patient care. When I later approached these colleagues to collaborate on projects, they were keen to work together because I had listened, built relationships and therefore ensured that the proposed work would be beneficial for all parties. I find focusing on what we all want to achieve and not on differences enables collaboration. Sometimes even small steps, like networking or short projects, are small steps to changing a bigger picture.

Having a pro-active approach has provided me with opportunities to collaborate on a national scale. We can always learn from others: therefore, I am keen to hear and see what other people

are doing and volunteer or say “yes” to opportunities to broaden my network and bring in new ideas or ways of working. I have been part of the RPS Innovators Forum in the past as well as working as an assessor for the RPS Faculty. This has led to other opportunities such as being part of RPS West Yorkshire, the RPS Faculty Review Task and Finish Group and I will be shortly joining the RPS Education and Standards Committee. I have also volunteered to be part of national work via contacts in the UKCPA. For example, I represented Pharmacy on the external stakeholders group for the NIHR programme on hospital-wide comprehensive geriatric assessment. Sharing service evaluation, research or practice articles means that I am often contacted by healthcare professionals nationally or internationally to share opinions or ideas. Clear shared priorities are important for collaboration. As an advanced pharmacist I collaborated with the multidisciplinary team during ward rounds because it was important for me and my organisation to improve patient care. As a consultant pharmacist I collaborate across organisations and on national projects, but the priority is still the same: patient care.

**Heather Smith, Consultant Pharmacist Older People/Interfaces of Care, Leeds Teaching Hospitals NHS Trust**

### Case Study Two: Richard

Multi-professional working has been a driving force of my career. As my career developed, I wanted to maintain a clinical focus, rather than follow a managerial pathway, and continue to work in the multi-disciplinary team (MDT). My attraction to critical care was how truly multiprofessional a specialty it is and how clinical pharmacists could positively impact on patient care and support the wider MDT in their roles both clinically and strategically.

Collaborative working with colleagues, the MDT and nationally with other critical care pharmacists, has played an important part of my transition from foundation through advanced and on to consultant-level practice. Early in my critical care career I had the opportunity to learn and then begin to apply expert knowledge during daily microbiology and consultant-led ward rounds. The UKCPA critical care group's education sessions and message board also helped guide and progress my critical care knowledge. I continued to develop wider non-technical skills, such as communication, collaboration and leadership, through participation in the various MDT clinical management, specialist and governance groups. Through the UKCPA critical group, I also benefitted from visits to several senior critical care pharmacists to experience first-hand their practice. This helped shape my approach and local service delivery plan. I've continued to benefit from the much-valued support of such colleagues nationally via the UKCPA Critical Care Expert Practice Development Group.

The bedrock of my advanced practice was my expert clinical knowledge in critical care therapeutics but non-technical skills such as decision-making, situation awareness, leadership, and teamworking are crucial to the successful delivery of consultant-level practice. With joint support and funding from Pharmacy and Critical Care I completed a part-time PhD, supervised by a clinical pharmacologist and intensive care consultant. A PhD is not a necessary qualification to become a consultant pharmacist but I benefited from the learning opportunities it presented and the interpersonal skills I developed. It fostered in me a desire for continuous

learning and understanding of the importance of and opportunities for collaborative working both in research and beyond. It is these non-technical skills that are a focus in my personal development and our critical care pharmacist team. We actively use the UKCPA Adult Critical Care: Specialist Pharmacy Practice Framework to guide development in clinical knowledge, the output of which is enhanced by non-technical skills derived from other clusters.

Working collaboratively with other critical care pharmacists via the UKCPA and professional bodies representing the MDT (Faculty of Intensive Care Medicine, Intensive Care Society, and Royal Pharmaceutical Society (RPS) and NHS organisations (NHSE&I)) has enabled a prompt and co-ordinated response to medication planning and continuity for intensive care patients in the initial COVID-19 surge response. The basics of critical care pharmacy practice was shared nationally to pharmacists at speed and scale through RPS co-ordinated webinars led by consultant-level pharmacist colleagues. This provided the clinical pharmacist workforce needed to “do the basics right” and deliver medication continuity and patient safety priorities. Overall, the effectiveness of the response was positively impacted by the leadership and collaborative working skills of advanced and consultant-level pharmacists to organise and influence at local, regional and national levels.

**Richard Bourne, Consultant Pharmacist Critical Care, Sheffield Teaching Hospitals NHS Foundation Trust**

### Case Study 3

*What benefits have consultant pharmacist posts provided to your organisation and health economy?*

- Sharing clinical expertise between primary and secondary care
- Redesign of treatment pathways
- Having a preventative role with detection and treatment of long-term conditions
- Supporting patients to stay well and be managed closer to home rather than the resource of expertise being focused on the more reactive services in secondary care
- Upskilling the primary care workforce through education and training
- Reducing referrals back into secondary care
- Improved collaboration with clinical leadership across the system/nationally and improved transfer of care between primary and secondary care
- Increasing translational research

*What is your approach to developing consultant posts?*

We identify where there is a local clinical priority and worked closely with our local teaching hospital to either adapt existing secondary care posts or develop new posts into a role split between primary and secondary care. We then submit a commissioning bid to the CCG based on the speciality and what we believe a consultant pharmacist will deliver. Following approval from the CCG and nationally, the CCG commissions the secondary provider to provide the consultant pharmacists as a service to primary care. The secondary care provider employs the consultant pharmacist, but they are deployed with the provider arm of the CCG by a service

level agreement.

*How have you assured the recruitment process?*

We require all applicants to provide a portfolio evidencing mastery of advanced practice and used external experts wherever necessary e.g. consultant physicians from the speciality, consultant pharmacists from the speciality, an external chief pharmacist.

*How have you overcome organisational boundaries?*

A service level agreement underpins each role. Because the posts are hosted in secondary care, the “rules” for this organisation regarding job terms and conditions must be adhered to. If a service level agreement is not used there could be barriers to effective joint working across organisations. The individual is line managed by the employing secondary care organisation with input into objectives & appraisals from the primary care organisation. There are bi-monthly meeting between senior managers of the secondary care pharmacy team with senior managers of the primary care clinical pharmacy team, where we discuss any issues arising.

Difficulties persist in terms of practical issues e.g. declarations required for more than one organisation, mandatory training, different IT/ lap-tops needed for each organisation, email can only be linked to one organisation etc.

*How do you continue to develop a consultant pharmacist’s practice once they are in the role?*

Pharmacy colleagues in secondary care, primary care and the individual consultant pharmacist work collaboratively to set objectives. The consultant proposes and drives a number of work streams using their knowledge of the system, patient needs and what can be delivered with input from primary care around where the gaps might be.

RPS Faculty and mentoring arrangements between consultant pharmacists in the same clinical speciality have been used for peer review.

Collaboration is key to developing research skills. Links with clinical steering groups and the integrated care system have provided opportunities for consultant pharmacists in research. Discussion with local HEIs prior to commissioning a consultant post is recommended. However, when there were no research links established the consultant pharmacists have networked and created opportunities with local HEIs. It would be better if these conversations were started prior to the appointment and even better if a formal arrangement can be agreed with the HEI prior to the post being appointed to.

**Leeds Confederation Clinical Pharmacy Team**

## Resources

- Specialist Pharmacy Service, Consultant Pharmacist Toolkit - [Link](#)  
*Toolkit designed to support pharmacists wanting to develop new consultant posts and practitioners aspiring to consultant roles*



## Navigating Advanced Practice Handbook

- Specialist Pharmacy Service, Final Consultant Pharmacist Guidance - [Link](#)  
*Guidance outlining the requirements and expectations of consultant pharmacists working in the NHS, how to create consultant posts and level of attainment expected of those wanting to become consultant pharmacists*
- Royal Pharmaceutical Society, Consultant Pharmacist Hub - [Link](#)  
*Guide to support pharmacists aspiring to become consultant pharmacists and those currently in the role*

## Signposting to Resources

### Frameworks

- Royal Pharmaceutical Society Advanced Practice Framework - [Link](#)
- HEE Multiprofessional Framework for Advanced Clinical Practice - [Link](#)

### General Resources

- North School of Pharmacy and Medicines Optimisation - [Link](#)  
Information on pharmacy careers and signposting to resources for pharmacy professionals.
- Health Education England - [Link](#)  
Information about the work of HEE, health careers and online learning (see e-learning for health link below)
- General Pharmaceutical Council - [Link](#)  
Regulatory body for pharmacists, pharmacy technicians and pharmacies
- Pharmacy Organisations - [Link](#)  
List of and links to pharmacy organisations, including all professional bodies
- e-Learning for Health - [Link](#)  
Free e-learning resources commissioned by HEE for health professionals with an nhs email address
- Centre for Post-graduate Pharmacy Education (CPPE) - [Link](#)  
Provide varied and free learning materials for pharmacy professionals.
- Royal Pharmaceutical Society - [Link](#)  
Professional leadership body which supports pharmacists' education and development, including publishing the advanced pharmacy framework and associated resources.
- Pharmacist Support - [Link](#)  
An independent charity working for pharmacists and their families, former pharmacists and pharmacy students to provide help and support in times of need. Website has information on a variety of issues and contact details for support.
- HEE, Advanced Clinical Practice - [Link](#)  
Website providing general information and case studies on Advanced Clinical Practice (includes a link to the ACP Toolkit, also see below)
- HEE, Advanced Clinical Practice Toolkit - [Link](#)  
Provides information on the ACP role to enhance understanding

# Training Programme Directors

## Role

Training Programme Directors (TPDs) work part time within geographical areas (North East, North West & Yorkshire and Humber) and across all sectors to support the delivery of excellent healthcare through workforce development. Importantly, part time HEE working enables TPDs to maintain an understanding of the current workplace which they are supporting. The TPD role is evolving as the North School of Medicines Optimisation and Pharmacy develops. Currently, the key elements of the TPD role on the advanced pharmacy work stream are:

- providing professional expertise and signposting to support workplace learning for both individuals and organisations, including educational supervision
- developing a network for pharmacists which aims to distribute important alerts and updates
- support the identification of learning needs and share methods of addressing these gaps
- sourcing appropriate training and development materials to build a picture of resources available regionally
- support the development of local communities of practice which will span all sectors and specialities within the profession

## Contact

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## Tips for developing advanced practice

The TPDs have developed some tips for how pharmacists can develop to an advanced level of practice. Do get in touch with your regional TPD to find out more.

### Mike

- Think about the way you learn best. After approximately 10 minutes of listening, our attention span drops off dramatically. So lectures and long CPD sessions may not be the solution! Instead consider micro-teaching sessions. These are short and snappy with clear learning outcomes delivered in less than 10 minutes. Lots of organisations now use microteaching to kick start their daily team meetings so don't be afraid!
- Reflective practice is great way of using our day to day experiences to create deep learning. There are several models to try (e.g. Driscoll, Briggs), find the one that works best

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for you and get going. Consider speaking to pharmacy colleagues and other health professionals who have used reflective practice for many years (e.g. nurses, trainees in medicine, GPs). They may give you guidance on embedding your learning and demonstrating competence.

- Share your thoughts and opinions with others. Consider how to make the most of trusted friends and colleagues by building your own community of practice. This way you can share your experiences and learning while freely discussing the more challenging aspects of healthcare in a safe environment.

### Anne

- Don't underestimate the value of what you currently do in your day to day role. Think about how your work benefits patients either directly or indirectly.
- Reflect on your area of influence – the informal teaching you do with colleagues, peers, other professionals and patients, as part of your day job. Think about the networks you contribute to and how you facilitate others in their care of patients.
- Advanced practice isn't rocket science. Rather it involves knowing your limitations, taking responsibility for your actions whilst supporting others, and always considering how you can maximise your contribution to excellent healthcare.

### Amy

- When you are struggling to motivate yourself and feel distanced from what you are trying to achieve arrange some time to talk to a friend, peer, supervisor, colleague or tutor. Also plan some time to work on what you are struggling with afterward the conversation. You don't need to prepare for the talk, you can turn up and say "I'm sorry I haven't done much". Doing something rather than avoiding a problem helps to refocus and re-energise me when I've been feeling adrift.
- Try to use the framework as a whole instead of individual pillars and don't overlook the areas you think you have mastered. You'll probably find a competency within a pillar that you haven't considered before. For example, I didn't think about the distribution of research results only completing the project but the distribution has opened other areas of the framework i.e. leadership and collaboration

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