



**Nordic Social Pharmacy and Health Services Research Conference &  
The Nordic Networking Group for Clinical Pharmacy June 3–5, 2015  
Dorpat Conference Centre, Tartu, Estonia**

# Pharmacy Education to Support Clinical Pharmacy Practice

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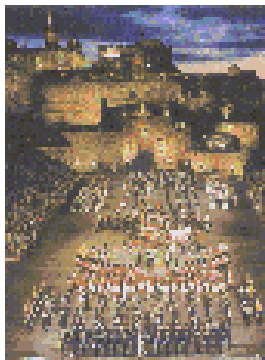




University established 1632



University established 1582



Technological Institute 1796, University 1964



# Content

- What is clinical pharmacy practice
- Education and training developments
  - Example of experiential curriculum design
  - Foundation training
  - MSc Advanced Clinical Pharmacy Practice
  - Pharmacist Independent Prescribing
- Academic – Practice partnerships
- Training for Trainers
- Continuing Professional Development (CPD)





# Pharmaceutical needs



- Appropriate prescribing
- Support for patients to improve medicines adherence
- Chronic disease management
- Polypharmacy





THE SCOTTISH OFFICE  
National Health Service in Scotland

# CLINICAL PHARMACY IN THE HOSPITAL PHARMACEUTICAL SERVICE: A FRAMEWORK FOR PRACTICE



THE SCOTTISH OFFICE  
National Health Service in Scotland

# CLINICAL PHARMACY PRACTICE IN PRIMARY CARE



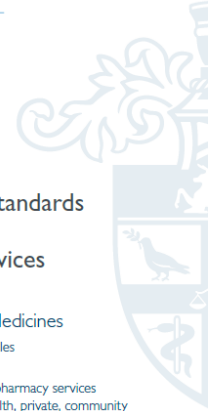
Professional Standards

## Professional Standards for Hospital Pharmacy Services

Optimising Patient  
Outcomes from Medicines  
England, Scotland and Wales

Relevant to providers of pharmacy services  
in or to acute, mental health, private, community  
service, prison, hospice and ambulance settings

Version 2 | July 2014



## NORTHERN IRELAND CLINICAL PHARMACY STANDARDS

2013

Review date 2015

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Review Date: 2015



JOURNAL OF PHARMACY PRACTICE AND RESEARCH  
Volume 43, No. 2, June 2013 – Supplement

## SHPA Standards of Practice for Clinical Pharmacy Services

# The European Statements of Hospital Pharmacy

The European Statements of Hospital Pharmacy

## Section 4: Clinical Pharmacy Services

4.1	Hospital pharmacists should be involved in all patient care settings to prospectively influence collaborative, multidisciplinary therapeutic decision-making; they should play a full part in decision making including advising, implementing and monitoring medication changes in full partnership with patients, carers and other health care professionals.
4.2	All prescriptions should be reviewed and validated as soon as possible by a hospital pharmacist. Whenever the clinical situation allows, this review should take place prior to the supply and administration of medicines.
4.3	Hospital pharmacists should have access to the patients' health record. Their clinical interventions should be documented in the patients' health record and analysed to inform quality improvement interventions.
4.4	All the medicines used by patients should be entered on the patient's medical record and reconciled by the hospital pharmacist on admission. Hospital pharmacists should assess the appropriateness of all patients' medicines, including herbal and dietary supplements.
4.5	Hospital pharmacists should promote seamless care by contributing to transfer of information about medicines whenever patients move between and within healthcare settings.
4.6	Hospital pharmacists, as an integral part of all patient care teams, should ensure that patients and carers are offered information about their clinical management options, and especially about the use of their medicines, in terms they can understand.
4.7	Hospital pharmacists should inform, educate and advise patients, carers and other health care professionals when medicines are used outside of their marketing authorisation.
4.8	Clinical pharmacy services should continuously evolve to optimise patients' outcomes.



# Clinical Pharmacy Practice:

Patients are reviewed and medicines assessed to achieve optimum outcome

*Assessment, care plan, follow up evaluation*

## Clinical medication review

- Patient assessment/needs
  - Clinical data interpretation, medical/drug history, consultation
- Consideration and discussion of options
  - Needs/benefits/risks
- Collaborative decision making for therapeutic plan
  - Prescriber/patient/goals
- Consultation and communication
  - Patient/carer/other professionals
- Patient monitoring and follow up
  - Outcomes/adherence assessment

Pharmaceutical Care





# Clinical pharmacy practice - applied to individual patients?

Effective Treatments



Optimum Outcomes

- Quality of prescription
- Patient adherence
- Monitoring and follow up

Clinical pharmacy requires:


Knowledge of:

- disease processes
- medical terminology
- therapeutics
- pharmaceutical products

Skills in:

- assessment and interpretation of clinical data including laboratory findings
- communication and consultation
- provision of medicines information
- critical thinking and decision making
- pharmaceutical care planning including monitoring of treatment





## Prescription for Excellence

A Vision and Action Plan for the right  
pharmaceutical care through integrated  
partnerships and innovation

September 2013  
Scottish Government



[www.scotland.gov.uk/Publications/2013/09/3025](http://www.scotland.gov.uk/Publications/2013/09/3025)

“all patients, regardless of their age and setting of care, will receive high quality pharmaceutical care using the clinical skills of the pharmacist to their full potential”

“Patients should receive high quality pharmaceutical care from clinical pharmacist independent prescribers....all pharmacists providing NHS clinical care in the community will have to be independent prescribers working in partnerships with medical practitioners”

“Pharmacists in secondary care and in primary care work together in an integrated way which would be supported by a common clinical pharmacy career structure.”



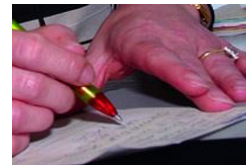
# Progress.....

- What is clinical pharmacy practice
- **Education and training developments**
  - Example of experiential curriculum design
  - Foundation training
  - MSc Advanced Clinical Pharmacy Practice
  - Pharmacist Independent Prescribing
- Academic – Practice partnerships
- Training for Trainers
- Continuing Professional Development (CPD)



# Education & Training Developments

- MPharm & Pre-Registration Training (5 years)
  - GPhC Standards
  - Integrated experiential learning
  - Interprofessional learning
- Vocational training (foundation level)
  - Competency based learning in the workplace
- Postgraduate degree
  - MSc Clinical Pharmacy
  - MSc Advanced Clinical Pharmacy Practice
- Pharmacist prescribing
  - Independent Prescribing Certificate
  - Consultation & clinical assessment skills
  - Teach and Treat

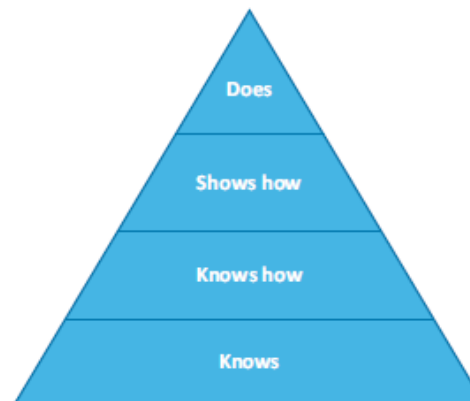
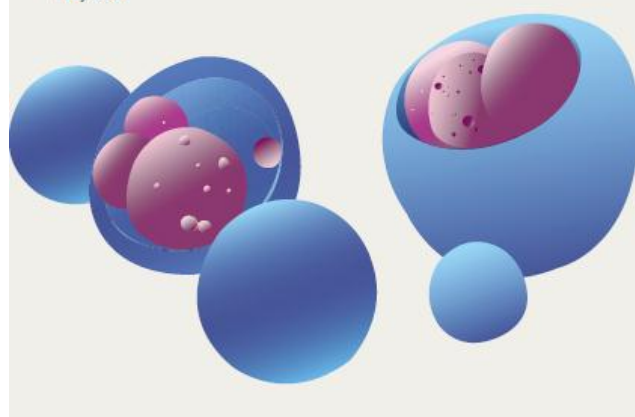




## Future pharmacists

### Standards for the initial education and training of pharmacists

May 2011



Source: Miller, G.E. (1990) The assessment of clinical skills/competence/performance. *Acad Med* 65: 563–7.

- **Level 1 – Knows.** Knowledge that may be applied in the future to demonstrate competence. Assessments may include essays, oral examinations and multiple choice questions.
- **Level 2 – Knows how.** Context-based tests – knows how to use knowledge and skills. Assessments may include essays, oral examinations, multiple choice questions and laboratory books.
- **Level 3 – Shows how.** A student or trainee is able to demonstrate that they can perform in a simulated environment or in real life. Assessments may include objective structured clinical examinations (OSCEs), simulated patient assessments, designing, conducting and reporting an experiment, dispensing tests and taking a patient history.
- **Level 4 – Does.** Acting independently and consistently in the complex situation of an everyday or familiar context. Evidence for this level is showing in this context that one is able to demonstrate the outcomes in a complex everyday situation repeatedly and reliably. Assessments may include OSCEs, taking a patient history and a trainee demonstrating things in the pre-registration performance standards repeatedly, accurately and safely. The trainee needs to be observed doing these things by their tutor and others.



## 10.2.2 Validating therapeutic approaches and supplying prescribed and over-the-counter medicines



Source: Miller, G.E. (1990) The assessment of clinical skills/competence/performance. *Acad Med* 65: 563–7.

Outcomes	MPharm	Pre-reg*
a. Identify and employ the appropriate diagnostic or physiological testing techniques in order to promote health	Knows how	Shows how
b. Identify inappropriate health behaviours and recommend suitable approaches to interventions	Shows how	Does
c. Instruct patients in the safe and effective use of their medicines and devices	Shows how	Does
d. Analyse prescriptions for validity and clarity	Shows how	Does
e. Clinically evaluate the appropriateness of prescribed medicines	Shows how	Does
f. Provide, monitor and modify prescribed treatment to maximise health outcomes	Shows how	Does
g. Communicate with patients about their prescribed treatment	Shows how	Does

10.7 The initial education and training of pharmacists is extensive and rigorous. After five years it is realistic to expect a person to be competent but not yet proficient or expert.

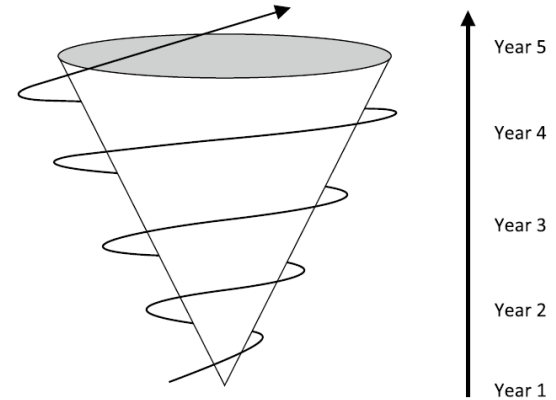
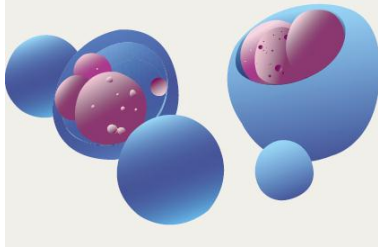




## Future pharmacists

### Standards for the initial education and training of pharmacists

May 2011



Source: Harden, R.M. and Stamper, N. (1999) What is a spiral curriculum? *Medical Teacher* 21: 141-3.

5.6 The MPharm degree curriculum must include practical experience of working with patients, carers and other healthcare professionals. Practical experience should increase year on year. We are not suggesting that off-site placement visits are the only way to achieve this. Schools should articulate their strategy for meeting this criterion, which may include off-site placement visits, using patients, carers and other healthcare professionals in-class, and simulations.



## Example of ½ day hospital activity – Year 2

Activity	Theme	Learning outcome
1	Patient journey and medications	Describe the processes which are undertaken during the patient journey from hospital admission to discharge to ensure the accurate, safe and timely prescription and administration of medicines
2	Patient counselling	Describe their observation of a patient counselling session where important points are emphasised about medicines.
3	Antimicrobial treatment	Explain the rationale for antimicrobial treatment prescribed for a hospital patient
4	Formulary	Describe the rationale for a local formulary, determine if a prescription adheres or not and propose actions to ensure adherence where possible

University of Strathclyde

Strathclyde Institute of Pharmacy & Biomedical Sciences

MPharm Experiential Learning Handbook





# Experiential learning

- Students learn best from their own experiences
- Experiences can be enjoyable and motivating
- Contextualises application of knowledge
- Allows development of skills and professionalism
- Exposes students to real healthcare environment
  - Role model practitioners
  - Other healthcare professionals
  - Patients keen to contribute



# Development of competency beyond registration (Foundation)

1. Patient and Pharmaceutical Care	2. Professional Practice	3. Personal Practice	4. Management and Organisation
1.1 Patient Consultation	2.1 Professionalism	3.1 Gathering Information	4.1 Clinical Governance
1.2 Need for the Medicine	2.2 Organisation	3.2 Knowledge	4.2 Service Provision
1.3 Provision of Medicine	2.3 Effective Communication Skills	3.3 Analysing Information	4.3 Organisations
1.4 Selection of the Medicine	2.4 Team Work	3.4 Providing Information	4.4 Budget and Reimbursement
1.5 Medicine Specific Issues	2.5 Education and Training	3.5 Follow up	4.5 Procurement
1.6 Medicines Information and Patient Education		3.6 Research and Evaluation	4.6 Staff Management
1.7 Monitoring Medicine Therapy	1. Patient and Pharmaceutical Care Improves professional practice in order to benefit patient care.		
1.8 Evaluation of Outcomes			
1.9 Transfer of care			

		Provide examples			
		Rarely	Sometimes	Usually	Consistently
1.1 Patient Consultation	Patient consent				
	Satisfactorily obtains patient consent if appropriate				
	Patient assessment				
	Uses appropriate questioning to obtain all relevant information from the patient				
	Consultation or referral				
	Appropriately refer pharmaceutical or health problems				
	Recording consultations				
	Documents consultations where appropriate in the patient's records				

Comments:

1.2 Need for the Medicine	Relevant patient background				
	Retrieves relevant or available information				
	Medicine history				
	Documents an accurate and comprehensive medicines history when required				

Comments:

1.3 Provision of Medicine	The prescription is clear				
	Ensures the prescriber's intentions are clear for any patient				
	Ensure the prescription is legal				
	Ensure the correct medicine is dispensed				
	Ensure the medicine is dispensed in a timely manner				

Comments:



## RPS Foundation Pharmacy Framework

A Framework for professional development in foundation practice across pharmacy

January 2014

CoDEG

Produced in partnership with CoDEG



# Pharmacy vocational training scheme

## Stage 2 Competency Framework

- Development of self
- Aseptic services
- Clinical pharmacy
- Clinical governance/patient safety
- Effective use of medicines
- Dispensing services
- Education & Training
- Medical gases

	<b>C Clinical Pharmacy</b> <b>Provision of pharmaceutical care to patients</b>				
	<b>Competence</b> Task/activity	<b>Evidence</b> ref	Example /type	<b>Sign-off</b> Date	Tutor/trainer
<b>C21</b>	<b>Risk prevention/risk reduction.</b> Consistently demonstrates the ability to ensure optimum medicine therapy by delivering appropriate pharmaceutical care with minimal risk to patients.		See guidance. Case studies (n=4) Care plans (n=12)		
C21.1	Identifies pharmaceutical care needs of a patient group				
C21.2	Recommends changes to clinical practice within a patient group				
C21.3	Addresses identified deficiencies or risk				
<b>C22</b>	<b>Patient assessment.</b> Deficiencies or risks. Consistently demonstrates the ability to determine individual patient's pharmaceutical needs and the means to address and document these.				
C22.1	Creates comprehensive patient profile				
C22.2	Identifies pharmaceutical care needs for individual patients				
C22.3	Identifies pharmaceutical care needs for				



# PHARMacy education IN Europe

Atkinson J, Rombaut B. The 2011 PHARMINE report on pharmacy and pharmacy education in the European Union. *Pharmacy Practice (Internet)* 2011 Oct-Dec;9(4):169-187.

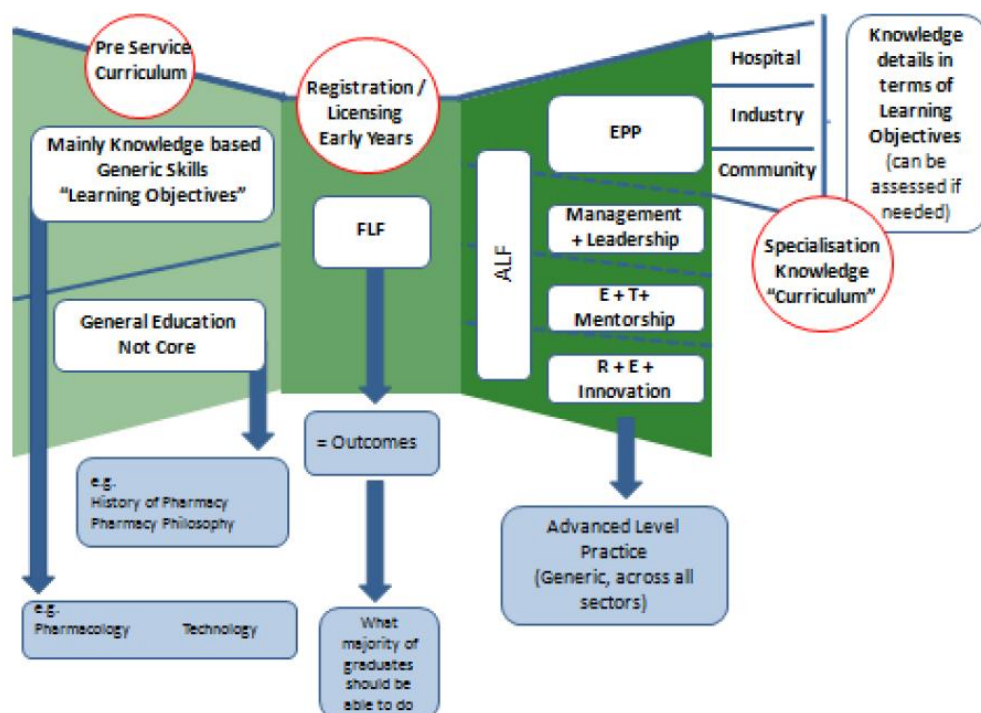
## PHARMINE Report

### The 2011 PHARMINE report on pharmacy and pharmacy education in the European Union

Jeffrey ATKINSON, Bart ROMBAUT.

Received (first version): 20-Sep-2011

Accepted: 7-Nov-2011



## IDENTIFYING AND DEFINING COMPETENCIES

*Exploration of results - recommendations on competency curriculum for professional pharmacists*

2011



PHARMINE  
Pharmacy Education  
in Europe

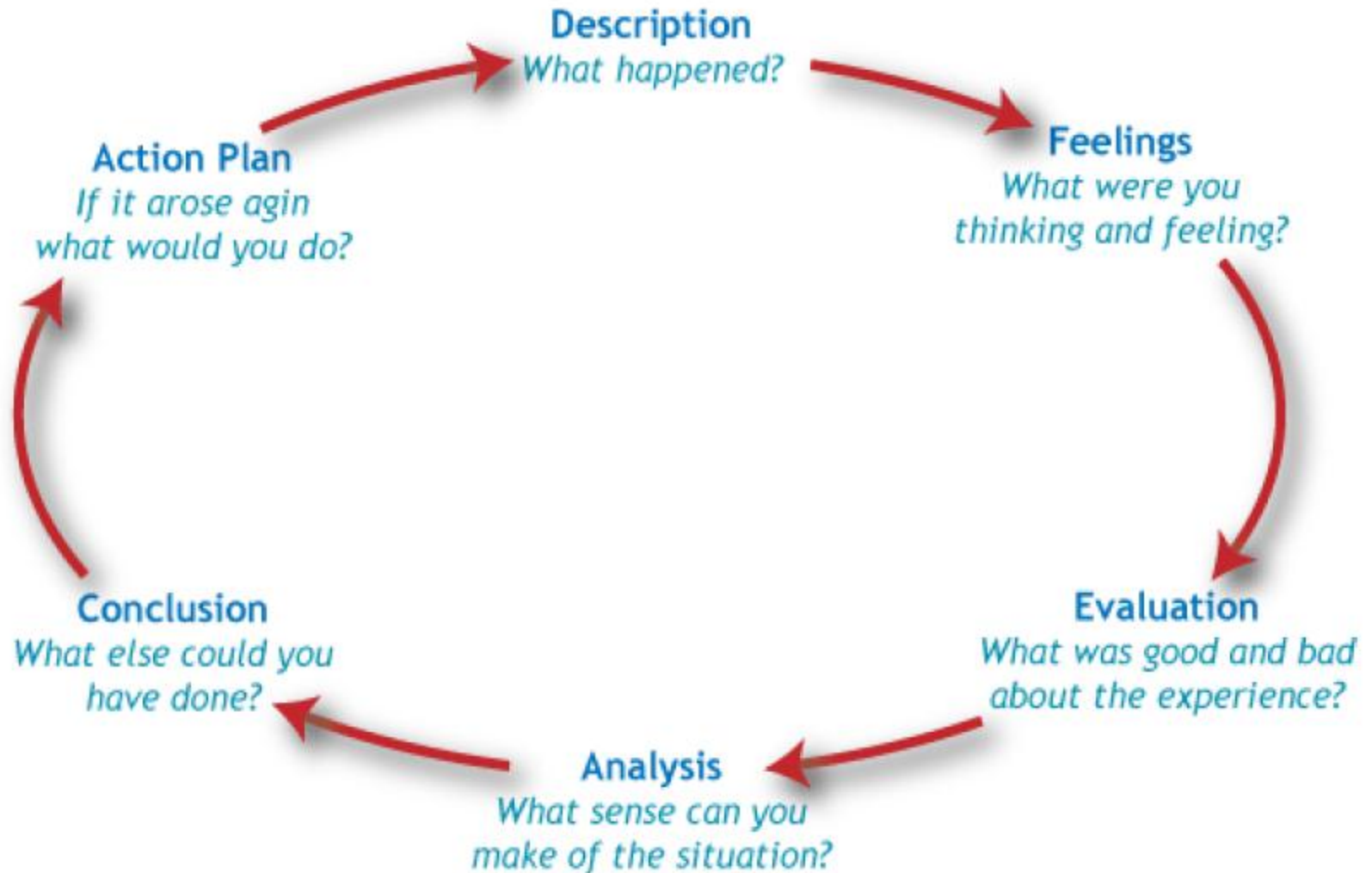
## WP3 Final report



**EAFP** EUROPEAN ASSOCIATION OF  
FACULTIES OF PHARMACY



## Reflective learning



Gibbs' model of reflection, from Gibbs, G. (1988). *Learning by Doing: a guide to teaching and learning methods*. Oxford: Further Education Unit.



## Reflective Learning in Practice

- Reflection helps identify what you have learnt for similar situations in the future
- Deep learning is based on reflection on something that you already know and reprocessing this knowledge, which can lead to new ideas.

- How can I use reflection to improve my performance
- What have I learned from this experience?
- What would I do the same/differently?
- What similarities are there between this situation and others?
- How can I improve the areas which did not go so well?



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Competency Development & Evaluation Group

## RESOURCES

This page holds some useful and important references and resources, most of which are available for you to view or download. Please note, you may not have access to the full text versions of some journal articles.

For conference and other presentations of CoDEG's work please go to the [presentations page](#).

We aim to continuously publish our work so that it is in the public domain. The [publications page](#) lists our publications, together with those written by colleagues and other groups, with full text PDF versions where possible.

## FRAMEWORK DOCUMENTS

- General Level Framework (2nd Edition)
- Advanced and Consultant Level Framework
- General Level Framework User Guide
- General Level Framework guidance on KSF
- General Level Framework adapted for use in Australia
- Australian General Level Framework Handbook
- Pharmacy Management Framework
- Framework for Pharmacy Technicians (FPT) in Medicines Management
- Framework for Pharmacy Technicians Handbook
- FPT Evidence for Assessment
- FPT suggested guidance on competency assessment
- FPT Competency Checklist

## ASSESSMENT TOOLS AND MAPPING DOCUMENTS

- Assessment tools: mini Peer Assessment Tool (mini-PAT), mini Clinical

## NEWS

An expert group of critical care pharmacists have produced guidance for pharmacists wishing to specialise in the area of adult critical care. [Click here](#) for more information.

For information on the development of the General Level Framework in Australia [click here](#).

## RESOURCES

[Click here](#) to go to the Resources page where you can view and download documents and publications.

[Click here](#) to download recent presentations of CoDEG's work at international conferences, workshops and meetings.

## Mini-Clinical Evaluation Exercise (CEX)

Please complete the questions using a cross: ☒ Please use black ink and CAPITAL LETTERS

Pharmacist Surname	<input type="text"/>														
Forename	<input type="text"/>														
User Number:	<input type="text"/>														
Clinical setting:	A&E	OPD	In-patient	Acute Admission	GP Surgery										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Patient Type:	CoE	Medical	Surgery	Orthopaedic	Paediatric	Critical									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
New or FU:	New	FU	Focus of clinical	History	Pharm. Management	Discharge									
Planning	<input type="checkbox"/>	<input type="checkbox"/>	encounter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Complexity of	Low	Average	High	Assessor's	Consultant	Specialist									
PT. case:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	position:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Number of previous mini-CEXs observed by assessor with any trainee:	0	1	2	3	4	5-9	>9								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Please grade the following areas using the scale <sup>1,2</sup> :	Below expectations for GLF completion	Borderline for GLF completion	Meets expectations for GLF completion	Above expectations for JGLF completion	LIC*
<b>Delivery of Patient Care</b>					
1 Patient consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Need for drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Selection of the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Drug specific issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Provision of drug product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Medicines information and patient education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Problem Solving</b>					
8 Gathering information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Analysing information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[http://www.codeg.org/fileadmin/codeg/pdf/Assessment\\_tool\\_instructions.pdf](http://www.codeg.org/fileadmin/codeg/pdf/Assessment_tool_instructions.pdf)

[http://www.codeg.org/fileadmin/codeg/pdf/Assessment\\_Tools.pdf](http://www.codeg.org/fileadmin/codeg/pdf/Assessment_Tools.pdf)



# MSc Advanced Clinical Pharmacy Practice

MSc/PgDip/PgCert

## Advanced Clinical Pharmacy Practice

Why this course? Course content Entry requirements Fees & funding Careers Contact us

### Why this course?

This new and unique course enables pharmacists (registered with the General Pharmaceutical Council) to come together in a small peer-group learning environment to develop as advanced clinical practitioners. The course is flexible with a choice of classes that look at specific practice and personal development needs.

The course is designed to produce highly skilled practitioners who can improve patient care by driving forward innovation in all areas of pharmacy practice through delivery of the Scottish Government's Vision and Action Plan: Prescription for Excellence

The Independent Prescribing (IP) qualification is included within the course as an optional 30-credit module; practitioners who have already completed the IP qualification will receive 30 credits for prior learning and the requirements for each award will be reduced by 30 credits.

### Therapeutics toolkit

#### Elective classes

Advanced clinical assessment & consultation skills



Advanced therapeutics & health innovation



Clinical practice attachment



### Health Service Quality Improvement toolkit

#### Elective classes

Quality Improvement Methodology



Pharmacist Independent Prescribing



Clinical service development



### Research toolkit

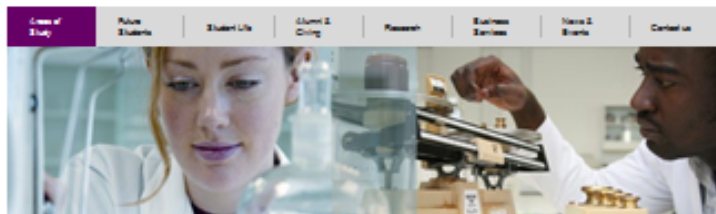
Research Skills



Research Project







## CLINICAL PHARMACY COURSE PgDip/MSc

- Subject Home**
- Why Study Here?**
- Study Options**
- Undergraduate
  - Postgraduate
  - Postgraduate Research
  - Part-time Learning
  - Distance and Flexible Learning
  - Professional Development
- Placement & Professional Links**
- Extracurricular Activities**
- Careers**
- Visiting & Events**
- Clinical Skills Centre**
- Human Performance Laboratory**
- What our students say**
- Testimonials**

[Facebook](#) [Twitter](#) [Instagram](#) [LinkedIn](#) [YouTube](#)

### Postgraduate Guide

**Postgraduate Guide**

**Postgraduate Guide**

**Postgraduate Guide**



### MSc Clinical Pharmacy Practice

- 1. Overview**
- 2. What you will study**
- PgCert stage (stage 1)**
- The first two modules of the course (PgCert stage) are common but you then choose from a number of elective modules to complete the PgDip stage. View [CPP module table](#)
- The first two modules of the course are common to both routes and studied over two semesters.

**PHARM1 Pharmacy Practice Planning**

**PHARM2 Pharmacy Practice**

### PgDip stage (stage 2)

During the PgDip stage of the course you are required to choose two (2) modules out of four possible options:

- 1. PHARM3 Pharmacy Practice Planning**
- The aim of this module is to prepare pharmacists to meet the standards set by the General Pharmaceutical Council (GPhC) for registration as a pharmacist independent prescriber. In order to be eligible for this module you must hold a current registration with the GPhC or RPS as a prescriber pharmacist and have at least two years' appropriate patient orientated experience following registration year.

**View more information**

**PHARM4 Medicine Management: Evidence based therapy**

The aim of this module is to critically explore successful approaches to practice that ensure safe, effective and efficient use of medicines through evidence based practice. You will take a closer look at the processes required for the safe, effective and efficient management of medicines, key factors that may impact prescribing practice, strategies that support evidence based and team working skills in the context of medicines management.

**PHARM5 Development of Evidence based practice**

The aim of this module is to critically investigate the structures, processes and outcomes of a variety of pharmacy services in specialist areas including hospital, community and primary care. You will analyse current national and local policy contexts and critically evaluate structures in relation to pharmacy service provision. You will synthesise, document and justify evidence based service plans in the context of your own practice as well as your organisational and national pharmacy service provision.

**PHARM6 Pharmacy Practice and Care**

The aim of this module is to enable you to develop an understanding of patient centred care with a focus on pharmaceutical care and patient care. You will gain an appreciation of complex healthcare needs, the influence on individuals' engagement with their own health, explore elements that contribute to shared decision making and patient centred care planning.

### MSc Stage (stage 3)

Students can choose between either module

**PHARM7 Health Care Research**

Students progressing to the MSc stage have an opportunity to develop skills and expertise in relation to research and development of pharmacy services. The project area is chosen by you and therefore relevant to your practice and should produce outcomes that allow you to evaluate and develop local services.

**PHARM8 Advanced Pharmacy Practice**

This module will enable you to develop relevant knowledge, skills, attitudes and competencies required for effective advanced practice. The content is mapped to the RPS' Advanced Pharmacy Practitioner standards in mind enabling you to develop into an advanced practitioner.

- APPLY ONLINE**
- REGISTER YOUR INTEREST**
- CONTACT US**
- PROSPECTUS AND GUIDES**

**Award**

**PgDip/MSc**

**Start date**

**January**

**Course length**

**PgDip 12 months of study (MSc 18 months of study)**

**Mode of Attendance**

**Online Distance Learning, Part-time**

**Academic school**

**2 School of Pharmacy & Life Sciences**

**More Information:**

**1 Dr. Aislinn Macdonald**

**Senior Lecturer**

**01224 262207**

**2 a.macdonald@rgu.ac.uk**

**Rob Thomas - Clinical Pharmacy Practice**

**Rob Thomas**

**Rob Thomas**

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1. Expert Professional Practice <i>Improves standards of pharmaceutical care for patients.</i>			
Competency	Developmental Descriptors		
	Advanced Stage I	Advanced Stage II	Mastery
1.1 <b>Expert Skills and Knowledge</b>	Demonstrates general pharmaceutical skills and knowledge in core areas.  In addition for patient focused roles: is able to plan, manage, monitor, advise and review general pharmaceutical care programmes for patients in core areas.	Demonstrates in-depth pharmaceutical skills and knowledge in defined area(s).  In addition for patient focused roles: is able to plan, manage, monitor, advise and review in-depth/complex pharmaceutical care programmes for patients in defined area(s).	Advances the knowledge base in defined area(s).  In addition for patient focused roles: Advances in-depth/complex pharmaceutical care programmes for patients.
1.2 <b>Delivery of Professional Expertise</b>	Demonstrates accountability for delivering professional expertise and direct service provision as an individual.	Demonstrates accountability for the delivery of professional services and expertise via a team or directly to groups of patients/clients/users.	Demonstrates accountability for the delivery of professional expertise at a defined higher level.  May include providing expertise and service delivery nationally or at a strategic level.
1.3 <b>Reasoning and Judgement</b>  Including: + Analytical skills + Judgemental skills + Interpretational skills + Option appraisal	Demonstrates ability to use skills in a range of routine situations requiring analysis or comparison of a range of options.  Recognises priorities when problem-solving and identifies deviations from the normal pattern.	Demonstrates ability to use skills to make decisions in complex situations where there are several factors that require analysis, interpretation and comparison.  Demonstrates an ability to see situations holistically.	Demonstrates ability to use skills to manage difficult and dynamic situations.  Demonstrates ability to make decisions in the absence of evidence or data or when there is conflicting evidence or data.
1.4 <b>Professional Autonomy</b>	Is able to follow legal, ethical, professional and organisational policies/procedures and codes of conduct.	Is able to take action based on own interpretation of broad professional policies/procedures where necessary.	Is able to interpret relevant policy and strategy in order to establish goals and standards for others within the defined area(s).

The RPS Advanced Pharmacy Framework | 2013

7

# For pharmacists in any sector of practice

- Expert Professional Practice
- Collaborative Working Relationships
- Leadership
- Management
- Education, Training & Development
- Research & Evaluation

2. Collaborative Working Relationships <i>Is able to communicate, establish and maintain professionally-driven working relationships and gain the co-operation of others.</i>			
Competency	Developmental Descriptors		
	Advanced Stage I	Advanced Stage II	Mastery
2.1 <b>Communication</b>  Including ability to: + Persuade + Motivate + Negotiate + Provide reassurance + Listen + Influence  And: + Networking Skills + Presentation Skills	Demonstrates use of appropriate communication to gain the co-operation of relevant stakeholders (including patients, senior and peer colleagues, and other professionals where possible).  Demonstrates ability to communicate where the content of the discussion is explicitly defined.	Demonstrates use of appropriately selected communication skills to gain co-operation of small groups of relevant stakeholders within the organisation.  Demonstrates ability to communicate where the content of the discussion is based on professional opinion.	Demonstrates ability to present complex, sensitive or contentious information to large groups of relevant stakeholders.  Demonstrates ability to communicate in a hostile, antagonistic or highly emotive atmosphere.
2.2 <b>Teamwork and Consultation</b>	Demonstrates ability to work as a member of a team.  Recognises personal limitations and refers to more appropriate colleague(s) when necessary.	Demonstrates ability to work as an acknowledged member of a multidisciplinary team.  Consulted within the organisation for advice which requires in-depth professional expertise.	Works across boundaries to build relationships and share information, plans and resources.  Sought as an opinion leader both within the organisation and in the external environment.



[www.rpharms.com/development/faculty](http://www.rpharms.com/development/faculty)



# Pharmacist Independent Prescribing



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## Pharmacist independent prescribing

### Pharmacist Independent Prescribing Full Course

The University of Strathclyde is accredited by the General Pharmaceutical Council (GPhC) to provide courses in independent prescribing (IP).

#### Course details

The course of study involves pre-residential course activity, distance learning material, two residential periods and a period of learning in practice, under the supervision of a designated medical practitioner. Students will be awarded 30 ScotCat credits on completion of the course.

#### University training

This element of the course is at Scottish Masters (SHEM) level 5 throughout and is delivered through two residential periods that will be taught at the University of Strathclyde.

The first residential period (5 days) will comprise four classes, worth five credits each:

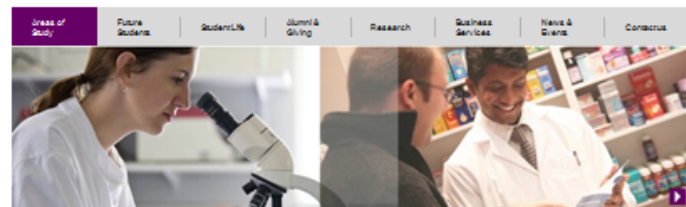
- Therapeutics (from a choice of cardiovascular, respiratory disease and infection, rheumatology, diabetes, substance misuse, renal medicine, palliative care)
- Communicating with Patients and Colleagues
- Prescribing and Public Health
- Care Planning

Some assessments will be completed prior to attending the residential period and some will be completed after. Full attendance during the residential period is essential.

The second residential period (1/2 day) will normally take place approximately six weeks after the first residential period and will involve peer review sessions designed to demonstrate clinical and ethical practice.

#### Period of Learning in Practice (PLP)

The aim of the period of learning in practice is to provide students with opportunities to develop competencies in prescribing. This period focuses on the patient group(s) in which the student is expecting to prescribe. The PLP will begin after the first residential period.



## PHARMACIST INDEPENDENT PRESCRIBING

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**Pharmacist Independent Prescribing**

**1. Overview**

**2. What you will study**

Both routes of the course comprise two elements: a period of university based training and a period of learning in practice, both offering in duration and content depending on whether the conversion or full course route is followed.

**The university-based training**

The university-based training element of both routes of the course is delivered (except for the residential period) on-line via the University's Virtual Learning Environment providing considerable flexibility to study where and when convenient. The university-based training is delivered at Masters Level (SCQF Level 11) and has been designed to meet all of the learning outcomes stipulated by General Pharmaceutical Council and covers the following topics: therapeutics, consultation skills, public health and care planning.

The residential period employs a range of healthcare professionals (including nursing and medical colleagues) to facilitate the acquisition and development of new skills that cannot be readily taught at a distance. The residential period for the full course route is five days in duration and will occur approximately 2-3 months after the start of the course. There is a number of assignments and preparatory tasks that will need to be completed in order to attend the residential period. The residential period aims to develop the skills that a pharmacist/prescriber requires including (but not limited to): consultation skills, physical assessment skills, information retrieval, synthesis and defence of clinical management plans.

The residential period for the conversion course route is only one day in duration occurring at the start of the course and aims to develop the practical skills required for independent prescribing with an emphasis on the clinical risk assessment of patients.

The presentation of course materials for both routes is based on the principles of adult learning theory which stresses the importance of involving the learner at all stages of the learning process and is fully compatible with the philosophy of continuing professional development (CPD), encouraging the learner to:

- reflect and define their own learning needs
- plan to meet these needs
- implement the learning plan
- evaluate the outcomes of their learning

**The period of learning in practice**

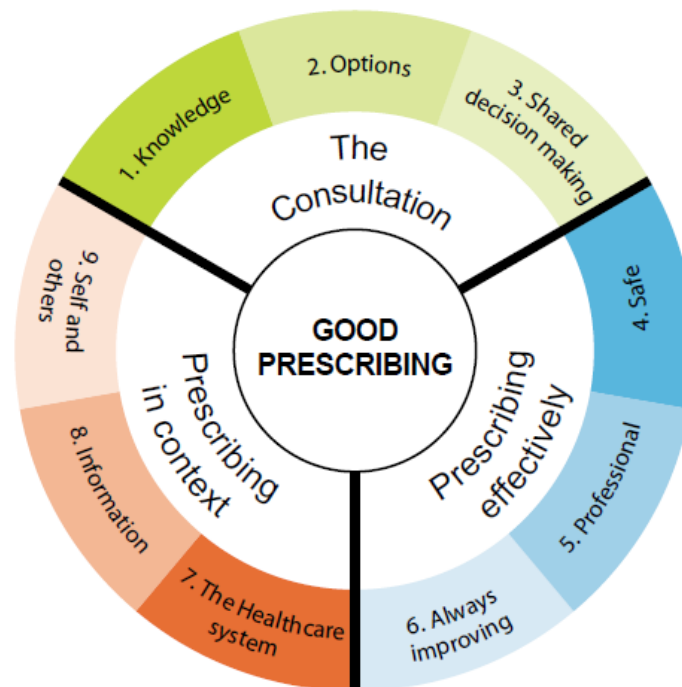
It is a requirement of both routes that a period of learning in practice be undertaken which is facilitated and assessed by a designated medical practitioner on behalf of the sponsoring organisation. The period of learning in practice may start at the same time, during or after the university based training. The period of learning in practice should focus specifically on the therapeutic area/patient group(s) in which the student expects to prescribe. There is no set format for the period of learning in practice and there is no need for this to be consecutive days. However, a training plan should be agreed between the designated



## A single competency framework for all prescribers

This single prescribing competency framework replaces all previous profession specific competency frameworks published by the National Prescribing Centre

*Date of publication May 2012*  
*Date of review May 2014*





## PHARMACY

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### Pharmacy

#### About NES Pharmacy

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#### Pharmacists

##### Vocational Training

##### Prescribing

##### Courses

##### Conferences

##### Resources

##### Clinical Skills

##### Assessment Skills

##### Patient centred consultation skills

## Patient centred consultation skills

### Patient centred consultation skills

Patient centred consultation skills training

#### Courses

- One Day Training Course on Consultation Skills

Future course dates for 2014-15 will be advertised in the near future.

To register for the day book on [Portal](#)

## Consultation skills for pharmacy practice: taking a patient-centred approach

A CPPE distance learning programme for pharmacy professionals



## PHARMACY

YOU ARE HERE: [Home](#) > [Education and training](#) > [By discipline](#) > [Pharmacy](#) > [Pharmacists](#) > [Prescribing](#) > [Clinical Skills](#) > [Assessment Skills](#)



### Pharmacy

#### About NES Pharmacy

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#### Pharmacists

##### Vocational Training

##### Prescribing

##### Courses

##### Conferences

##### Resources

##### Clinical Skills

##### Assessment Skills

##### Useful publications and equipment

##### Patient centred consultation skills

## Assessment Skills

### Clinical Assessment Skills Courses

In addition to Patient centred consultation skills training, pharmacist prescribers are encouraged to attend the NES Pharmacy Clinical Assessment Skills training - both Core and Advanced.

#### Courses

Future course dates for 2014-15 will be advertised in the near future.

To register for one of the above courses or for further information please contact

[Fiona Reid](#)

#### Training Location

- The Clinical Skills Centre based in Ninewells, Dundee, DD1 9SY
- [Google Map of Ninewells, Dundee](#) (external site)

#### Useful links:

- [References and equipment](#)

### Contact finder

Search for the relevant contact for your enquiry, across discipline and location.

FIND A CONTACT



# Teach and Treat



Prescription for Excellence

A Vision and Action Plan for the right  
pharmaceutical care through integrated  
partnerships and innovation

September 2013  
Scottish Government



To support qualified IP Pharmacists who are not actively prescribing

- Observe lead pharmacist – role model
- Run clinic under supervision
- Feedback against self assessment framework
- Run clinic independently



# Education & Training Developments

- MPharm & Pre-Registration Training (5 years)
  - GPhC Standards
  - Integrated experiential learning
  - Interprofessional learning
- Vocational training (foundation level)
  - competency based training in the workplace
- Postgraduate degree
  - MSc Clinical Pharmacy
  - MSc Advanced Clinical Pharmacy Practice
- Pharmacist prescribing
  - Independent Prescribing Certificate
  - Consultation & clinical assessment skills
  - Teach and Treat



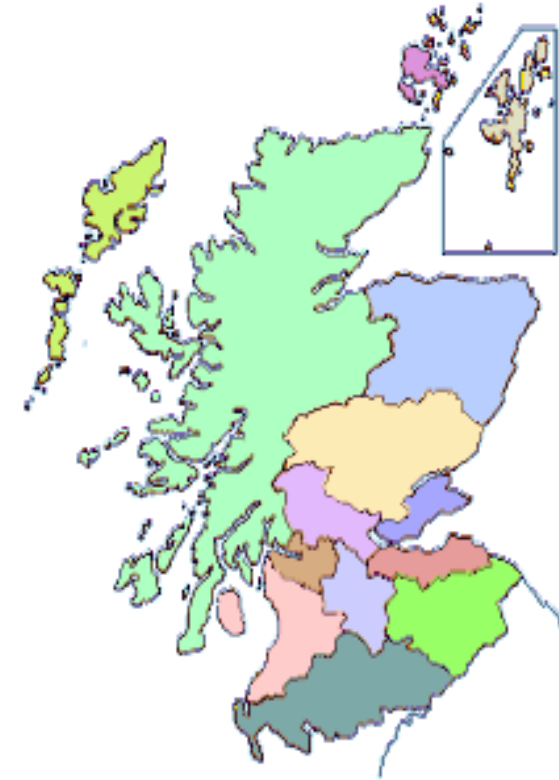


# Progress.....

- What is clinical pharmacy practice
- Education and training developments
  - Example of experiential curriculum design
  - Foundation training
  - MSc Advanced Clinical Pharmacy Practice
  - Pharmacist Independent Prescribing
- **Academic – Practice partnerships**
- Training for Trainers
- Continuing Professional Development (CPD)



# Pharmacy Practice Academic Network NHS-University Joint Board



## Participating Boards:

- Ayrshire & Arran
- Borders
- Dumfries & Galloway
- Fife
- Forth Valley
- Greater Glasgow & Clyde
- Lothian
- Lanarkshire





# Pharmacy Practice Academic Network NHS-University Joint Board

To establish and maintain formal links between the NHS and the University to support under and post graduate education, research and practice development.



# Education and Practice

- To jointly influence the under and postgraduate curricula to ensure that pharmacy graduates are able to meet the changing needs of the NHS, whilst maintaining academic rigour.
- To formalise and agree the contribution of NHS staff to undergraduate and postgraduate education
- To provide a clinical environment for student learning at undergraduate and postgraduate levels



# Education and Practice

- To support students develop clinical and professional skills through direct engagement with pharmacy practitioners within a clinical environment
- To provide opportunities for the continued professional development of both NHS and University staff





# Role of the Practitioner – Teacher

- Create a learning environment
- Role model – motivate & inspire
- Design tasks and assessment of skills
- Provide feedback
- Encourage critical thinking
- Encourage self directed learning





Pgcert/PGDip/Med Courses

Training for Trainers

Peer review/support

- Expert Professional Practice
- Collaborative Working Relationships
- Leadership
- Management
- Education, Training & Development
- Research & Evaluation





# Aim of ESCP SIG Education & Training is to:

- support members who have a role in the education and development of clinical pharmacists who deliver pharmaceutical care to individual patients

ESCP News • July 2005 • Number 125 • ISSN 1361-0674

## ESCP Educational Course on Patient Centred Teaching

**A**s a pre-conference activity, ESCP organised a course in Patient Centred Teaching between 23 and 25 May. ESCP tutors, Moira Kinnear and Pat Murray (Scotland) and André Riouard (France) were supported by local Swedish tutors, Per Nydert, Lisa Larsson and Ingehlid Ryden in the delivery of this successful course which was attended by 16 enthusiastic participants.

The main focus of the course was to plan and deliver a bedside teaching session using real patients. The course was targeted for pharmacists with experience in clinical pharmacy practice and with an interest in teaching. The course's key learning objectives were:

- Describe the advantages in the use of patients in clinical pharmacy teaching.
- Identify the opportunities in the clinical environment for problem-based learning.
- Plan a bedside teaching session using the patient as a learning resource.
- Plan the use of patients in the participants' own clinical teaching practice.
- Form future teachers to run this type of course on a regular basis during an ESCP conference.

### Planning for teaching

The first day of the course used small group discussion to consider the skills required of pharmacists in their contribution to optimise pharmaceutical care for individual patients. A paper-based simulated case study was used

small groups the participants then attempted to write some learning objectives related to the case study. The day finished with discussion around when to use real patients in teaching, patient confidentiality, ethical and practical issues in the local hospital and a tour of the pharmacy.

### Practical experience

The concept of the 'student ward' was introduced and expanded upon the second day when Eva Thorsell, the head of the student ward at the Karolinska University Hospital described the running of this orthopaedic ward by students of medicine, nursing, physiotherapy, occupational therapy and pharmacy, divided into teams with supervisors from each profession.

Course participants were divided into three groups working on different wards with each of the local tutors and one ESCP tutor. Working in pairs, they studied one patient and prepared a teaching plan, learning objectives and student brief, with guidance from the tutors and using native language speakers, they prepared their patients in terms of the role of the patient in the exercise. In the afternoon, each pair of participants had the opportunity to be tutors and students in role play sessions using the real patients when possible. The role play included delivery of a student brief including learning objectives which required a patient interview for achievement, an interview with a real patient and a debriefing session. When patients were unavailable, the communication exercise was undertaken with a doctor or nurse or a simulated patient (tutor).

The participants prepared presenta-

*"Taking part in the Patient Centred Teaching Course was a very nice experience for me. Not only did it help me to improve my teaching skills, it was also a good opportunity to meet clinical pharmacists from other sites and exchange experiences and practice. The methods we used during the teaching sessions are many new ideas which I will implement in the local students on the wards at university in Sweden. The role sessions enabled us to understand the role both as a teacher and as a student which was very in order to improve our skills. The course also made me reflect over my role as a teacher and showed the importance of having a teaching plan and objectives. It was very well organised and the tutors were themselves really role models when it came to pedagogy and teaching. I would like to recommend to take part in the course!"* Anna Finkquist, Sweden

*"I really enjoyed the course in Stockholm! The course gave me more knowledge in communication with patients and especially how to supervise the communication with patients in the wards in a hospital. I think it will be useful to apply knowledge in my job as a pharmacist. I recommend the course!"* Matti Oksanen, Finland

*"I think that it was very good and well organized. I am explaining how to establish teaching plans to guide students in the teaching sessions and then focus on the main aims and aims. It also taught us how to interview them properly the next day to use real patients in teaching sessions. That was a job when she played the role of the patient and made us do this."*

### Learning by Practising: Let's go to the Clinical Ward and Meet the Patient

**H**aving participated in the 5th ESCP Course in Patient Centred Teaching organised in Malta last March, André Riouard, Chair of the ESCP Education Committee, reports on the benefits of the course and ESCP's plans to increase the number of patient centred teaching courses in the future.

From 7 - 9 March 2005 I was glad to attend the famous Malta course on Patient Centred Teaching as a teacher practitioner but also as representative of the ESCP's Education Committee. The course was held as a pre-conference activity to the 2005 Annual Conference of the European Association of Faculties of Pharmacy (EAFIP) and Richard Soverknop (Germany), General Secretary of EAFIP also participated in the course.

In three days we all experienced the advantages of such an active teaching method, in a very friendly environment. At the end of the session we were able to:

- Identify the advantages of real patients in problem based learning.
- Describe the concept of pharmaceutical care plan.
- Design a plan for small group teaching.
- Identify pharmaceutical care issues from the case study.
- Deliver a case presentation to a peer group.

The whole group was very enthusiastic about the course, looking forward to put into practice this innovative teaching method when back to work.

ESCP has in the past delivered several educational programmes on patient orientated teaching (Glasgow 1997, Jönköping 1998, Reykjavik 2000, Malta course 2001-2004) as a collaboration between the SIG Education and Training and colleagues from the University of Strathclyde, Glasgow, Scotland.


### ESCP's future plans

The ESCP Education Committee, which I have chaired since October 2003, has prioritised 'patient centred teaching'. The current chair of the SIG Education and Training, Moira Kinnear, is also a member of the Education Committee and is leading this initiative. We have plans to include 'patient centred teaching' courses on a regular basis associated with future conferences. For example, one is being held as a pre-conference activity to ESCP's 5th Spring Conference in Stockholm.

Let me also wish that there will very soon be ESCP satellite centred teaching courses all over Europe!

André Riouard  
France

## Malta



1. Course participants during the case presentation  
2. Course participants, Sylvain Aho (UK), Anna Finkquist (Sweden) and André Riouard (France)

## Edinburgh

## Jerusalem

## Salzburg

## Glasgow

## Reykjavik

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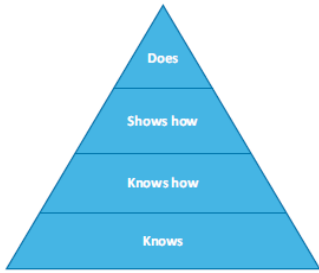
## Grenoble

## Educational Course - Patient Centred Teaching

An educational course to develop clinical pharmacy teachers was run at Edinburgh Royal Infirmary over the 3 days prior to the 7<sup>th</sup> ESCP Spring Conference. This course developed from an original 5 day course designed by a team from NHS Lothian and University of Strathclyde. In 1996, 1997 and 1998 three courses were run in Glasgow/Edinburgh for European pharmacists including senior pharmacists in Scotland who support clinical placements for pharmacy students. Extracts from the course have been delivered in various formats within international conferences in Iceland, Malta and Jerusalem. In May 2005, a 3 day course was delivered in the Karolinska University Hospital

## Stockholm

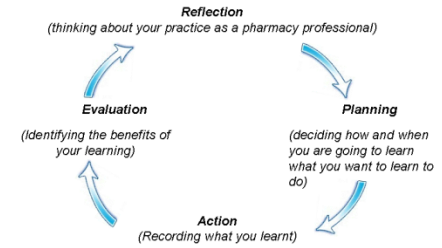




# Continuing Professional Development

## CPD ≠ CE

Source: Miller, G.E. (1990) The assessment of clinical skills/competence/performance. *Ac Med* 65: 563-7.



Expert Professional Practice			
Competency	Developmental Description	Advanced Stage 2	Notes
Expert Skills and Knowledge	Develops professional skills and knowledge to perform tasks in a safe and effective manner. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.	Develops advanced skills and knowledge to perform tasks in a safe and effective manner. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.	Develops advanced skills and knowledge to perform tasks in a safe and effective manner. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.
Delivery of Professional Practice	Delivers professional services in a safe and effective manner. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.	Delivers advanced professional services in a safe and effective manner. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.	Delivers advanced professional services in a safe and effective manner. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.
Learning and Engagement	Engages in learning and engagement activities to develop professional skills and knowledge. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.	Engages in advanced learning and engagement activities to develop professional skills and knowledge. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.	Engages in advanced learning and engagement activities to develop professional skills and knowledge. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.
Professional Attributes	Exhibits professional attributes and qualities that are consistent with the expectations of the profession. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.	Exhibits advanced professional attributes and qualities that are consistent with the expectations of the profession. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.	Exhibits advanced professional attributes and qualities that are consistent with the expectations of the profession. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.

Pharmacy Professional Practice (2011)

Collaborative Practice Professional Practice			
Competency	Developmental Description	Advanced Stage 2	Notes
Communication	Communicates effectively with colleagues and patients to ensure the delivery of professional services. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.	Communicates effectively with colleagues and patients to ensure the delivery of professional services. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.	Communicates effectively with colleagues and patients to ensure the delivery of professional services. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.
Teamwork and Collaboration	Works effectively as a member of a team to deliver professional services. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.	Works effectively as a member of a team to deliver professional services. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.	Works effectively as a member of a team to deliver professional services. This includes the ability to identify and address learning needs and to seek out opportunities for professional development.

- Mandatory → Re-validation
- Learning in practice
- Learning with, from and about others (IPE)
- Learning from incidents
- Problem Based Small Group Learning



The Report of the Public Inquiry  
into children's heart surgery  
at the Bristol Royal Infirmary  
1984-1995

Learning from Bristol

The Bristol  
Royal Infirmary  
Inquiry



*'Working Together –  
Learning Together'*

A Framework for Lifelong Learning  
for the NHS



*The NHS Knowledge and  
Skills Framework (NHS KSF)  
and the Development  
Review Process*



# IPE – what is it?

“occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care”

CAIPE 2002 (UK Centre for the Advancement of Interprofessional Education)  
[www.caipe.org.uk](http://www.caipe.org.uk)

EIPEN (European InterProfessional Education Network) [www.eipen.org](http://www.eipen.org)



# Prescribing Safety

- Prescribing errors in hospitals are common ( $\approx 8\%$ )
  - Franklin et al Postgrad Med J 2011;87:739-45
  - Ryan et al PloS ONE 2014;9:e79802
  - Dornan et al EQUIP report 2009 [www.gmc-uk.org](http://www.gmc-uk.org)
- Pharmacists recognised for reducing errors reaching patients
- Low prevalence of errors reported for prescribing pharmacists (0.3%)
  - Baqir et al Eur J Hosp Pharm 2015;22:79-82



# Pilot IPE Masterclass

## Prescribing Skills

- Nurses, Pharmacists, Medical students
- Steering group of 2 Pharmacists, 1 Nurse, 1 Dr
- Designed 3 simulated prescribing exercises
- 2 scenarios included simulated patients
- Groups of 1 med student/1 nurse/1 pharmacist
- Competences mapped to NPC single competency framework
- Measures of RIPL, self efficacy
- Qualitative feedback





Pharmacy Education to Support Clinical Pharmacy Practice

“If you always do what you’ve always done,  
you’ll always get what you’ve always had”

Albert Einstein