

Moving to a Clinical Curriculum.

**Educational challenges and national drivers -
an English perspective.**

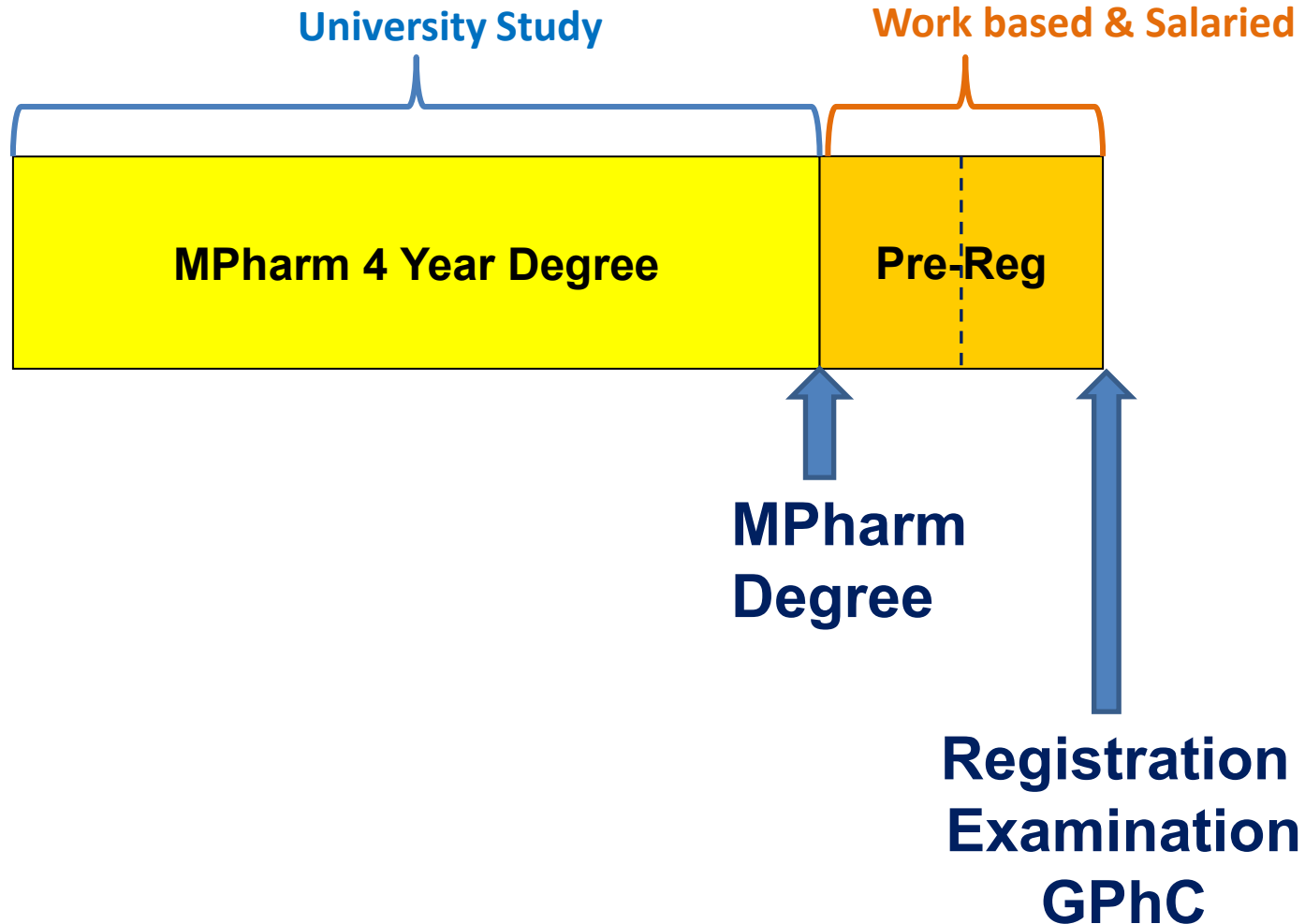
Keith Wilson, Aston University, Birmingham, England.

Drivers for Educational Change in England

- Changes in Health Care and the pharmacy role.
- The Pharmacy workforce
- Statutory Regulation – The General Pharmaceutical Council (Educational Standards)
- Government Review – Modernising Pharmacy Careers Programme

CONTEXT

Pharmacy Education in England





National Health Pharmaceutical Services in England

Drivers for Change – Health

- **Demographics** – over 75 years increase from 4.7m to 8.2 m in 25 years. Compared with 15-39 year group
 - 14 times more likely to enter hospital
 - 60% compared with 17% have at least one chronic disease
- Number with **long term conditions** such a diabetes and heart disease increase by 25% in 25 years
- Medicines represent a total spend of £13bn in England in 2010 and a 5% increase on the preceding year
- **Funding restraints**
- **Public health** a priority for the new government

- **Waste Medicines**

- NICE reports that 30–50% of medicines are not taken as intended
- Avoidable medicines wastage in primary care is estimated to be £150 million per year

- **Medicine Errors**

- GMC's EQUIP study: prescribing error rate of 8.9% in medication orders in 19 acute hospitals.
- 526,186 medication incidents reported to NPSA between 2005 and 2010; 16% involve actual patient harm.
- Adverse drug reactions account for 6.5% of hospital admissions and over 70% of the ADRs are avoidable

Increased Prescription Volume

High Proportion of Repeat Prescriptions



Optimisation of Medicines Supply

Community Location: Potential for wider Clinical Services

NHS Community Pharmacy Services

ENHANCED SERVICES – Locally Commissioned

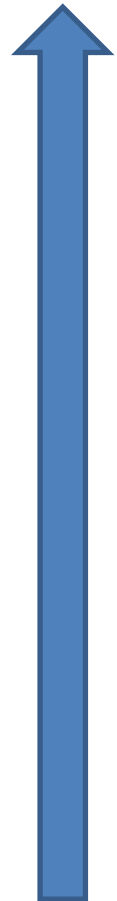
Emergency Hormonal Contraception, Smoking Cessation,
Drug Misuser Services, CVS Assessment etc.

ADVANCED SERVICES – National

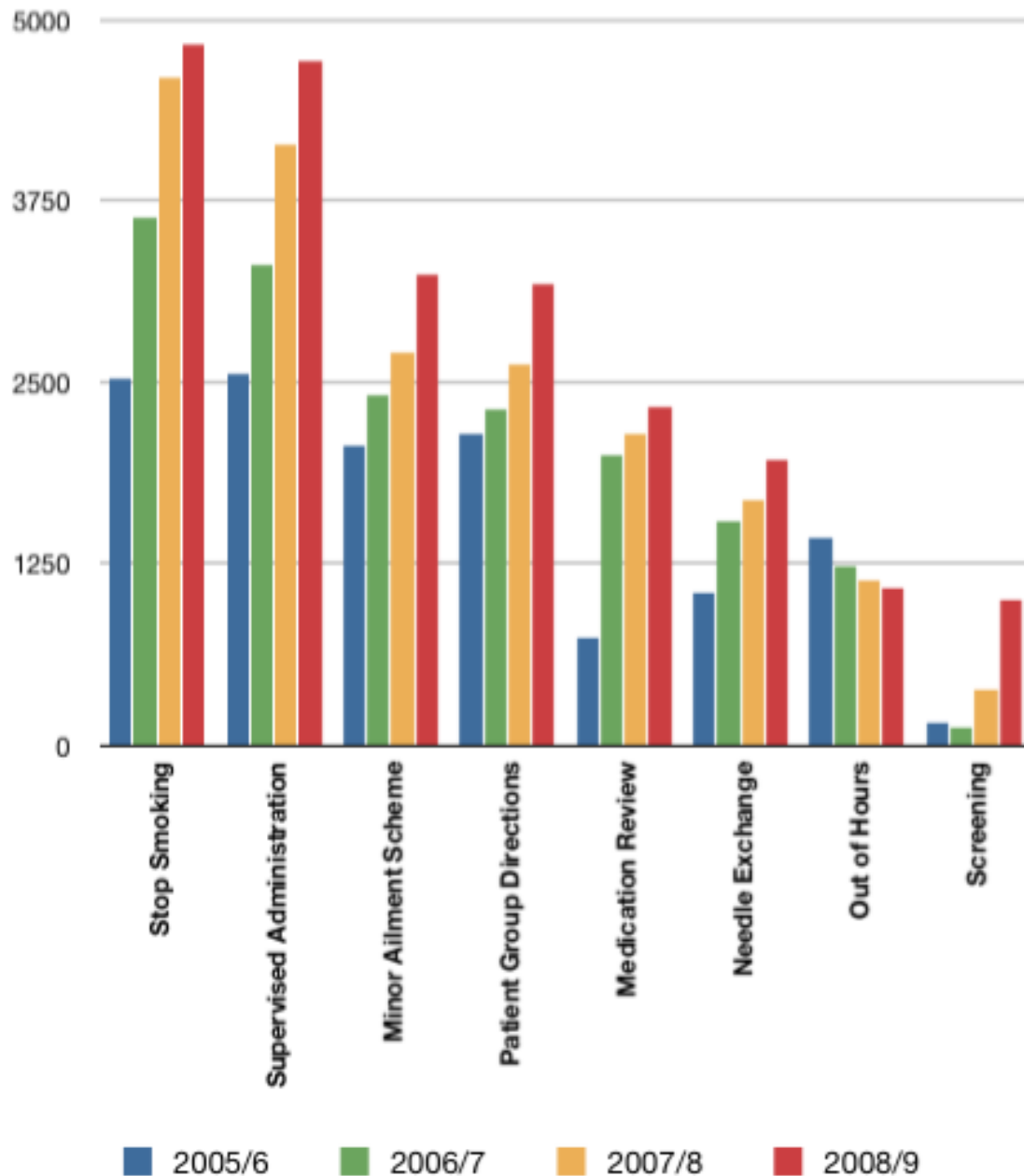
Medicines Use Review; New Medicines Service

ESSENTIAL SERVICES - National

Dispensing, Waste Medicines, Support of Healthy Life
Style, Repeat Dispensing; Support for Self-Care.

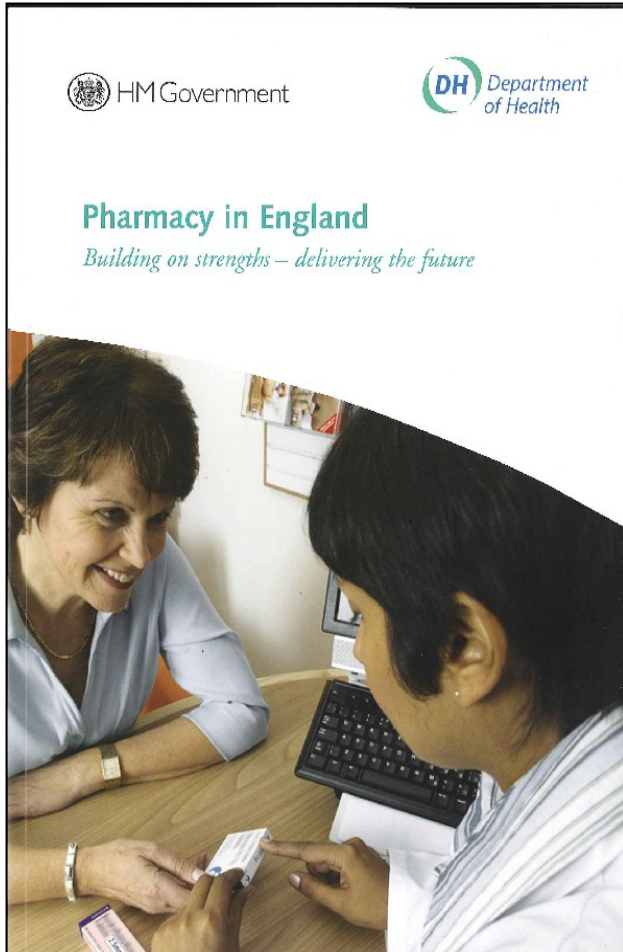


Number of Pharmacies in Contract for Enhanced Services in England 2005-2009



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- **The Workforce:** Pharmacy Technicians registered by the GPhC since 2011.
 - **Reform of medicines legislation:** the role of the wider pharmacy workforce.
 - **Mechanisation:**
 - Robotics in the Supply Chain
 - Electronic transfer of Prescriptions
 - Distance Supply

Pharmacy White Paper 2009



- Shifting the emphasis from dispensing and volume to clinical services, outcomes and quality, utilising pharmacy's skills more fully
- Rewarding quality and better health and service outcomes for those who embrace the new contract
- Focus on community pharmacy but also covers hospital pharmacy and contribution to industry



The Pharmacy Regulator General Pharmaceutical Council

The General Pharmaceutical Council¹₃

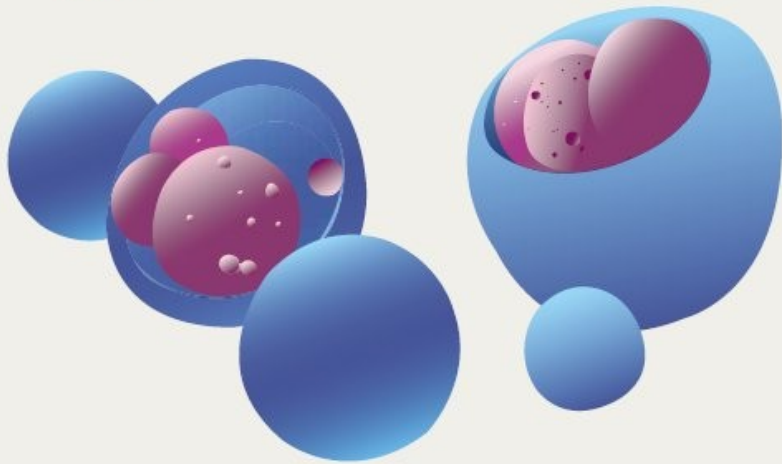
- Statutory regulator for Pharmacy in Great Britain since 2010. Maintains the GB register of pharmacists and pharmacy technicians.
- **Sets Standards for:**
 - Entry to the register and continuation on the register
 - The safe and effective practice of pharmacy
 - Pharmacy premises and their operation
 - Fitness to practise
 - Education, training & CPD

Accreditation of First Degree Education

General
Pharmaceutical
Council

Future pharmacists
Standards for the initial
education and training
of pharmacists

May 2011



- **Periodic review of all education providers.**
- **Based upon a detailed Submission by the provider against the standards**
- **Site visits by an accreditation team.**
- **Cover the degree and the post Degree training**

The GPhC Educational Standards

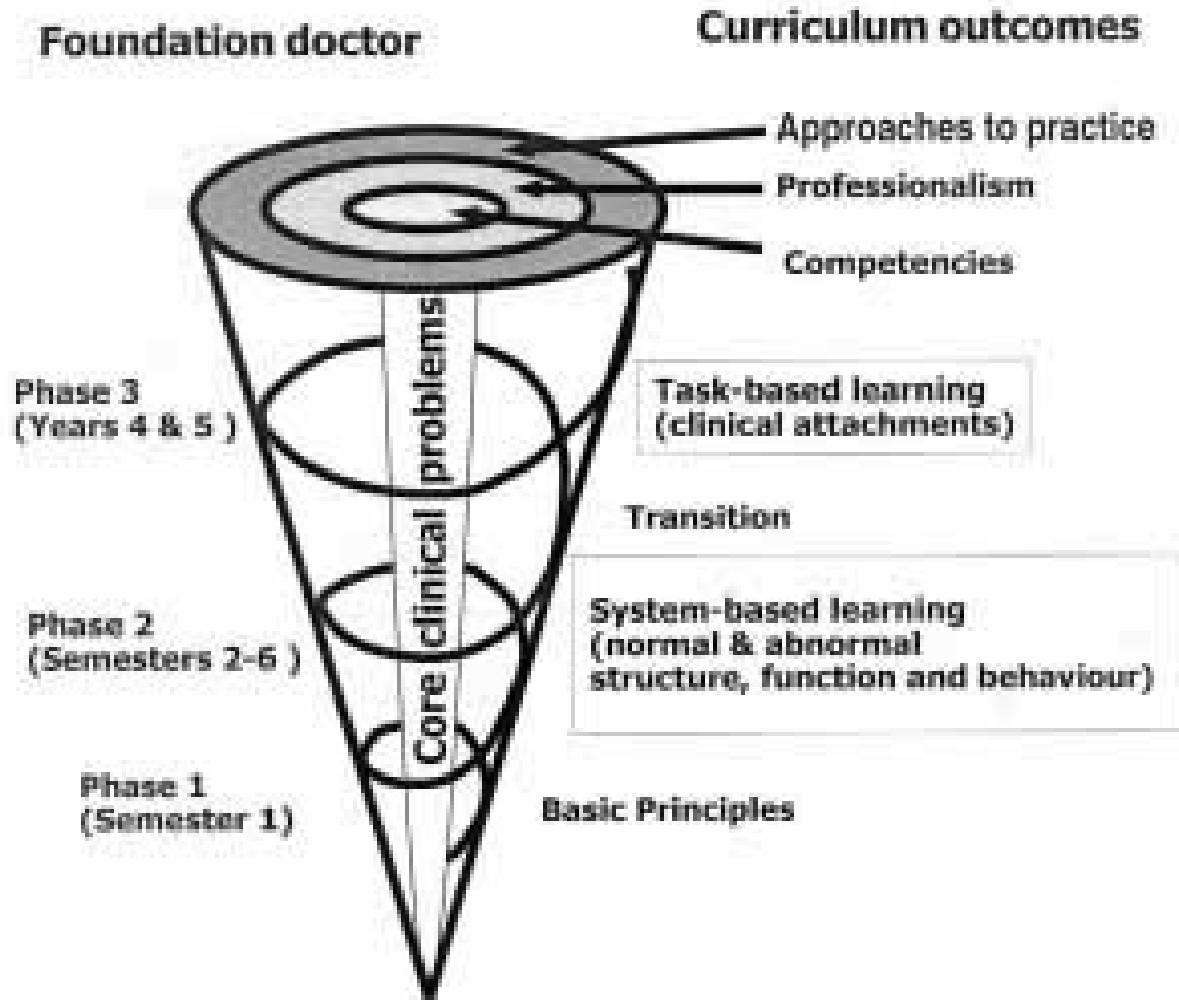
1. Patient and Public Safety
2. Monitoring, review and evaluation of education
3. Equality, diversity and fairness
4. Selection of students and trainees
5. Curriculum Delivery and student experience
6. Support and Development for students and trainees
7. Support and Development – staff
8. Management of initial education
9. Resources and Capacity
10. Outcomes

Curricula must:

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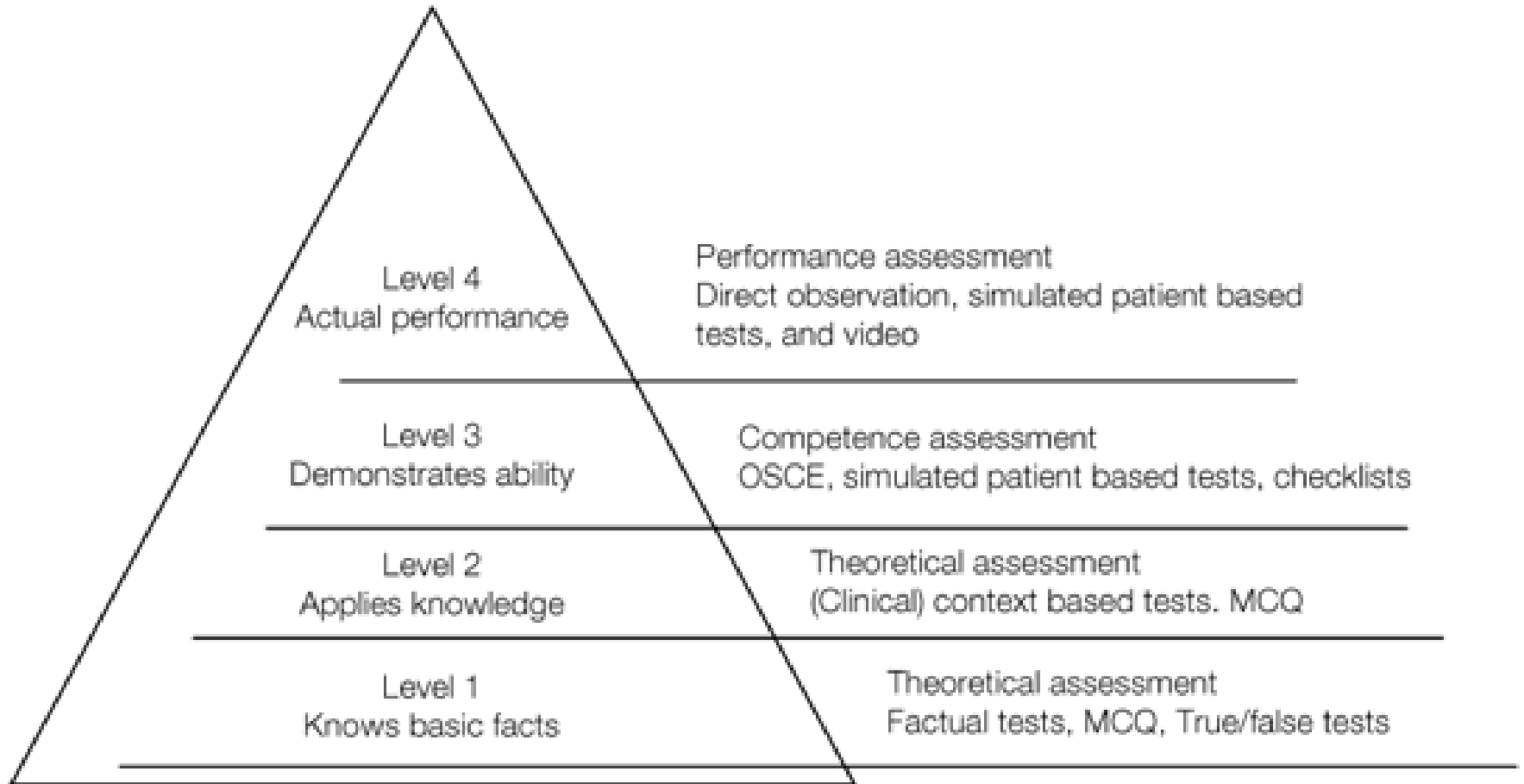
- **Be Integrated** – “the component parts of education and training must be linked in a coherent way”
- **Be Progressive** – “dealing with issues in a progressively more complex way until the right level of understanding is reached”
- **Include practical experience** of working with patients, carers and other healthcare professionals. Practical experience should increase year on year.

The Spiral Curriculum



Harden, R.M. & Stamper, N. (1999) Medical Teacher 21: 141-143.

Millers Triangle – Clinical Competence



Miller GE. *The assessment of clinical skills/competence/performance.*
*Acad Med*1990;65 (suppl):S63–67

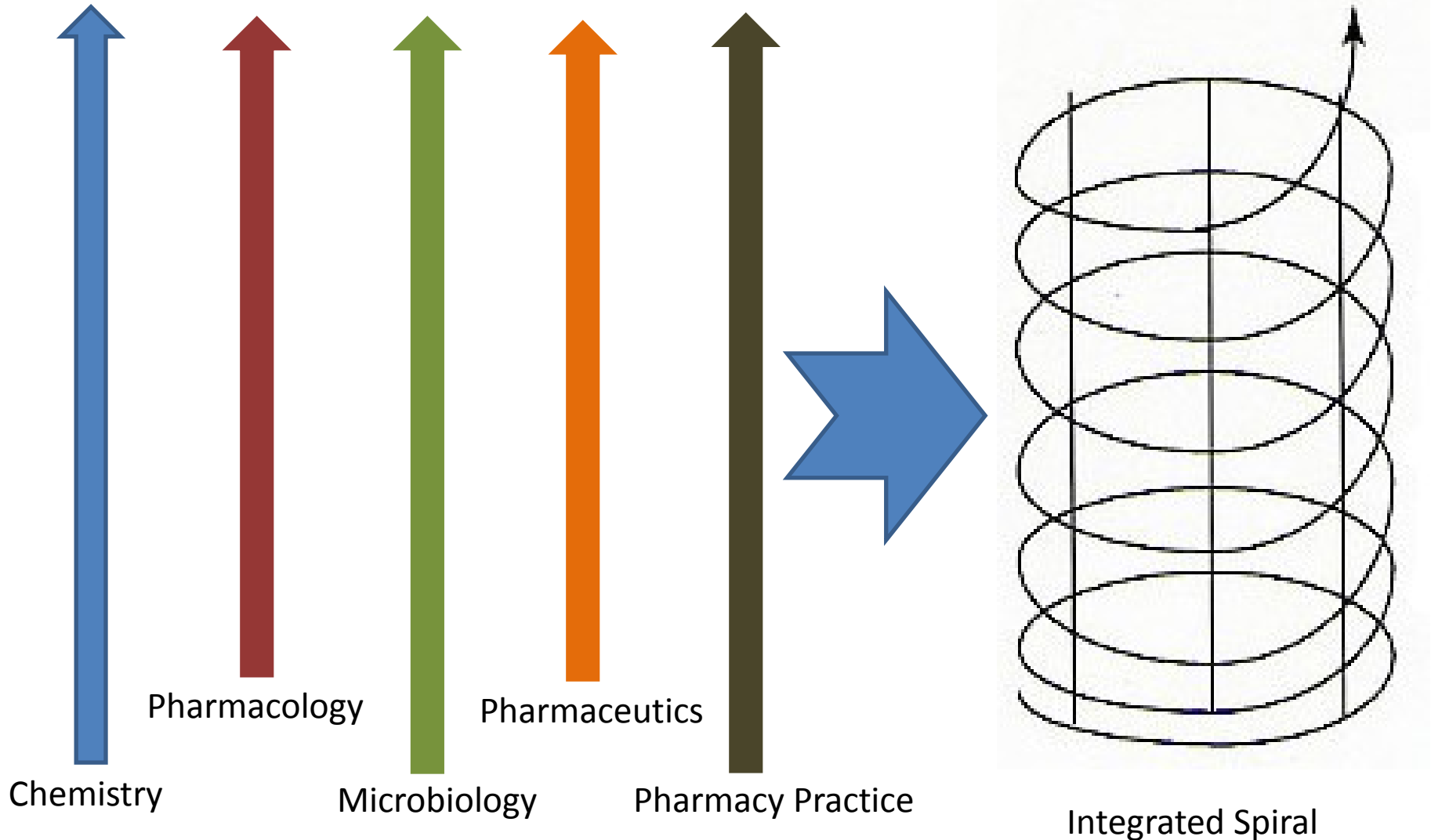
Programme Outcomes (S10)

- **58 Defined Outcomes for first step education and training in two main domains (Miller Level)**
- **Expectations of a pharmacy professional**
- **The Skills Required in Practice**
 - Implementing Health Policy
 - Validating therapeutic approaches and supplying prescribed and OTC medicines
 - Ensuring safe and effective systems are in place
 - Working with patients and the Public
 - Maintaining and improving professional performance

10.2.4 Working with patients and the public

Outcomes	MPharm	Pre-reg ⁺
a. Establish and maintain patient relationships while identifying patient's desired health outcomes and priorities	Shows how	Does
b. Obtain and record relevant patient medical, social and family history	Shows how	Does
c. Identify and employ the appropriate diagnostic or physiological testing techniques to inform clinical decision-making	Knows how	Shows how
d. Communicate information about available options in a way which promotes understanding	Shows how	Does
e. Support the patient in choosing an option by listening and responding to their concerns and respecting their decisions	Shows how	Does
f. Conclude consultation to ensure a satisfactory outcome	Shows how	Does
g. Maintain accurate and comprehensive consultation records	Shows how	Does
h. Provide accurate written or oral information appropriate to the needs of patients, the public or other healthcare professionals	Shows how	Does

Integrated Curriculum



Teaching and Learning Strategy

- The teaching and learning strategy must set out how students will achieve the outcome standards.
- Learning opportunities **must be structured** to provide:
 - An **integrated experience of relevant science and pharmacy practice.**
 - **A balance of theory and practice.**
 - **Independent learning skills.**

An Emphasis upon Assessment

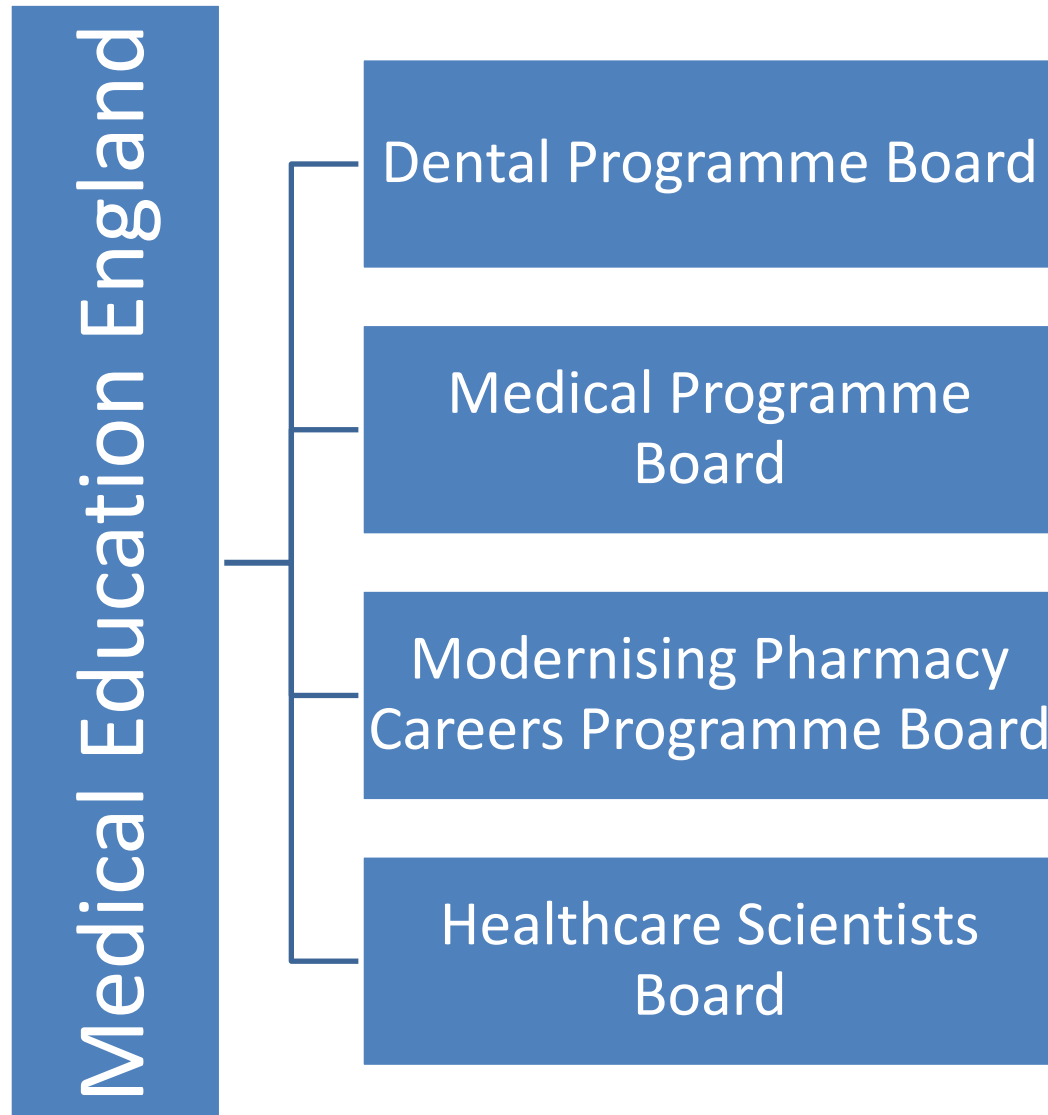
- “There must be a **clear assessment strategy** for the MPharm degree. Assessment methods must measure the outcomes in standard 10”.
- The strategy must include diagnostic, formative and summative assessments with timely feedback
- **Marking criteria** must be used for all assessments and all pass criteria must reflect safe and effective practice.
- **No accredited degree can be awarded if the student might pose a risk to patients and the public (S1)**



Modernising Pharmacy Careers Programme (MPC)

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- Commenced 2009
 - Teaching, learning and assessment, pre and post registration.
 - Includes continuing professional development and career development
 - Includes workforce planning for pharmacists, pharmacy technicians and the pharmacy teams, current and future, working in all aspects of practice in England.

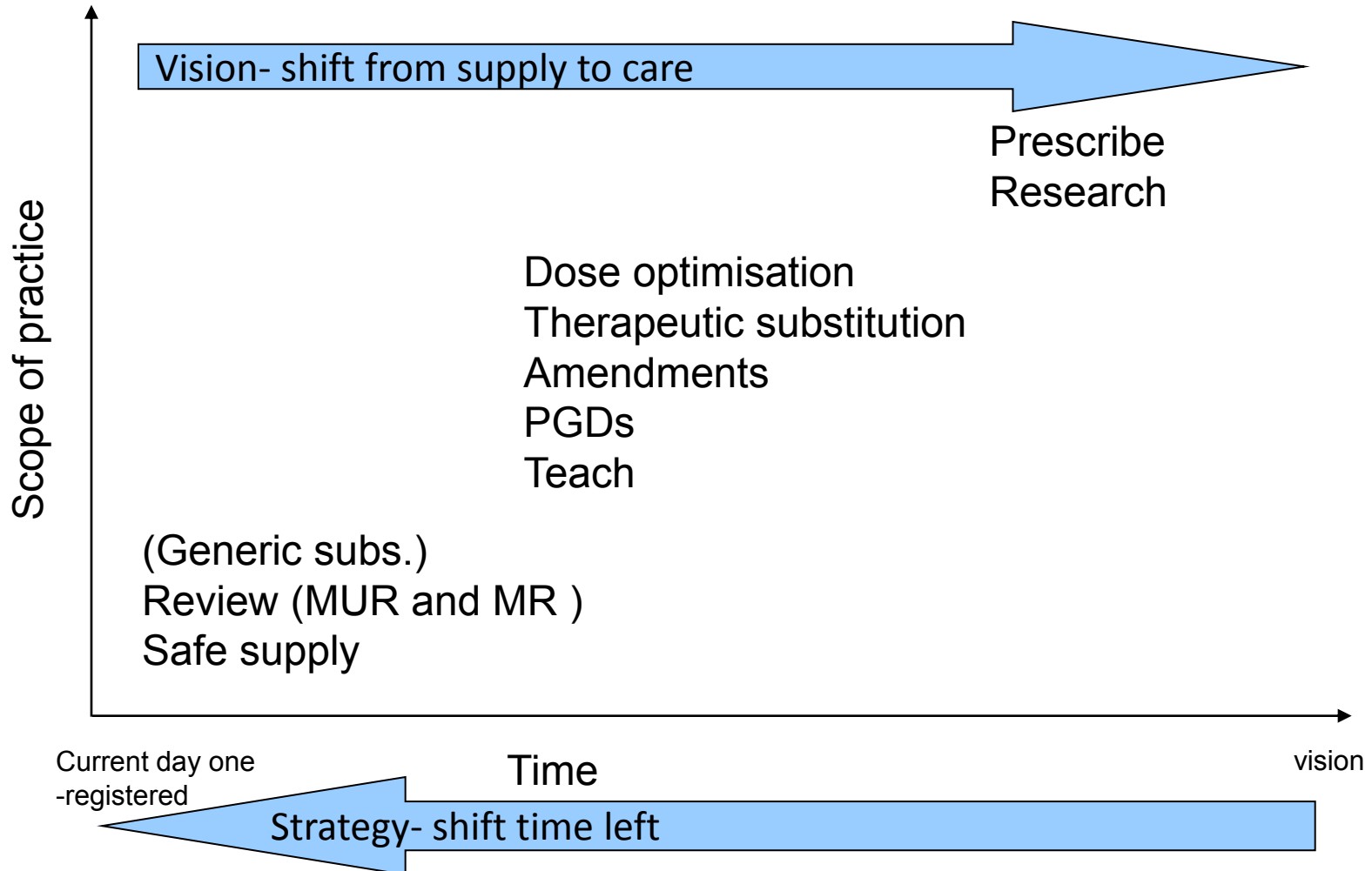
Health Education in England



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- **Work Stream I** – Education and Training (**Pre-registration**)
 - **Work Stream II** – Developing Pharmacy Careers (**Post-registration**)
 - **Work Stream III** – Cross cutting projects such as workforce planning, new ways of working and the use of new technologies

Pharmacist workforce clinical development

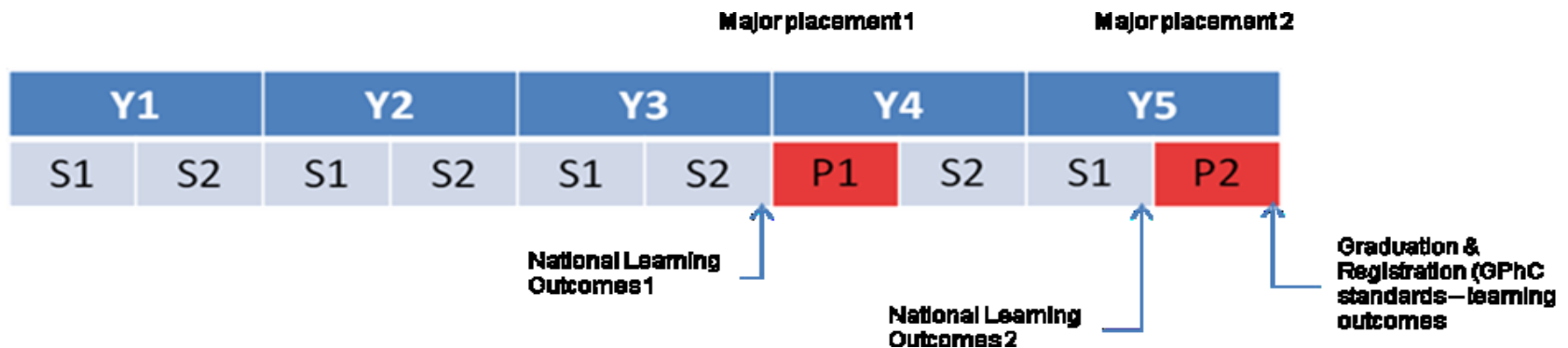
to meet the future needs of the patients and contribute to the improvement of public health



Workstream 1 – Education to Registration²₉

- Current arrangements needed reform
- **5 year continuous programme with graduation and registration at the end**
- Earlier exposure to practice
- Strengthened School of Pharmacy / Employer partnership
- Overhaul of basic curriculum

Five-year Integrated MPharm programme



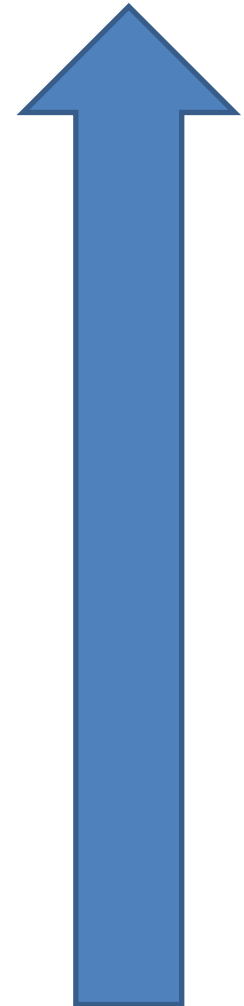
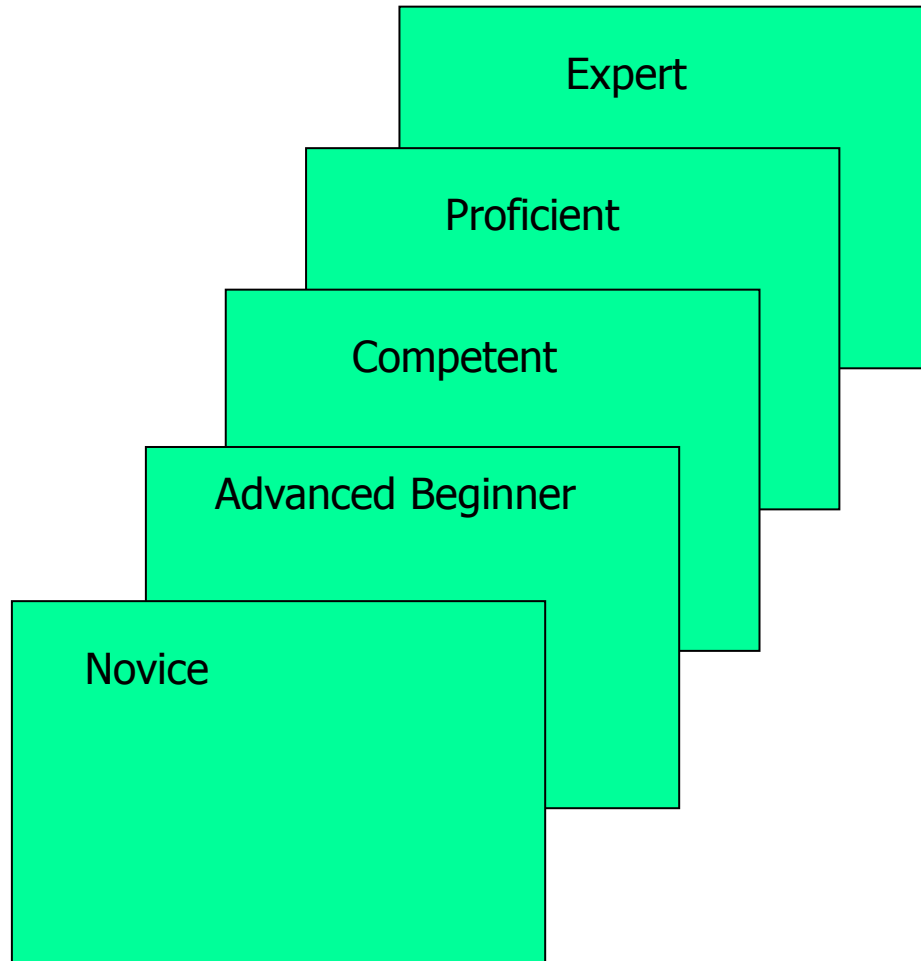
Proposed Change:

- A single five-year period of teaching, learning and assessment leading to graduation and registration
- That universities and employers are jointly responsible for the delivery of a five-year integrated programme, including joint sign-off of completion of training
- That the current 12 month work-based placement should be divided into two major placement periods.

Purpose of the Practice Placements ³₁

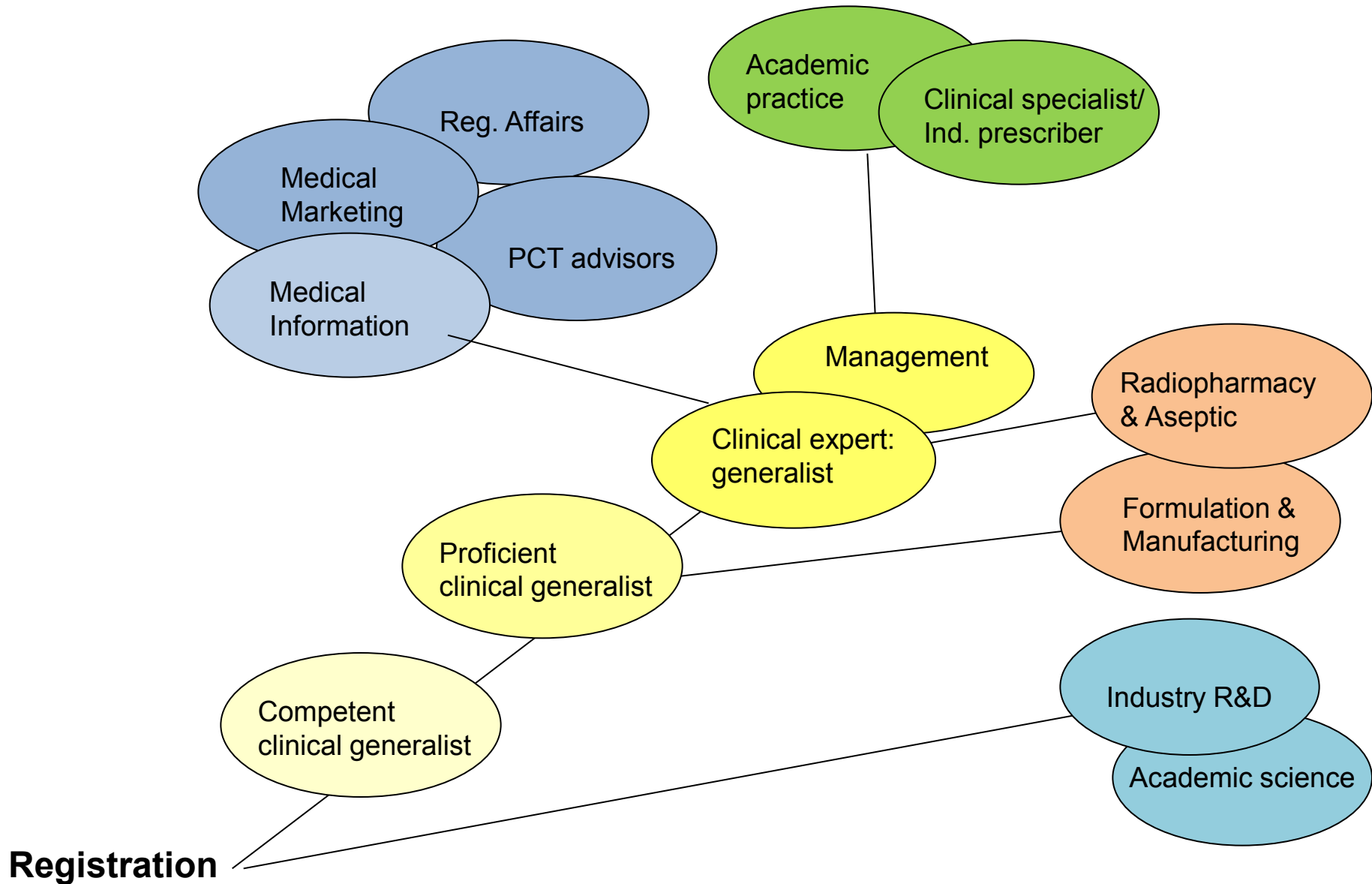
- **To contextualise learning and enable professional formation.**
 - The first practice element
 - Continued exposure to practice throughout the five years integrated into the spiral curriculum
- **To develop competence through repeated practice**
 - The first and second practice elements each with clear learning outcomes.

Registration is not the end point



Clinical Pharmacy Career

Pharmacy Careers



Summary

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- The pharmacists role is moving from supply to clinical services. Changes in pharmacy workforce.
 - First degree is an integrated clinical learning experience from year 1.
 - Work based learning must be integrated within each year of study and increase progressively
 - The one year pre-registration training period should be integrated within the degree and registration and graduation should be co-terminus
 - Beyond registration there will be increasing specialisation of roles.