



# Universities and Practice- Working together



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**Chair of the United Kingdom Clinical  
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# The development of pharmacy

- Pharmacy has always been about working together: across the science base and across practice
- From application of scientific knowledge to the management of clinical problems
- “Clinical pharmacy”



## Professional challenges?

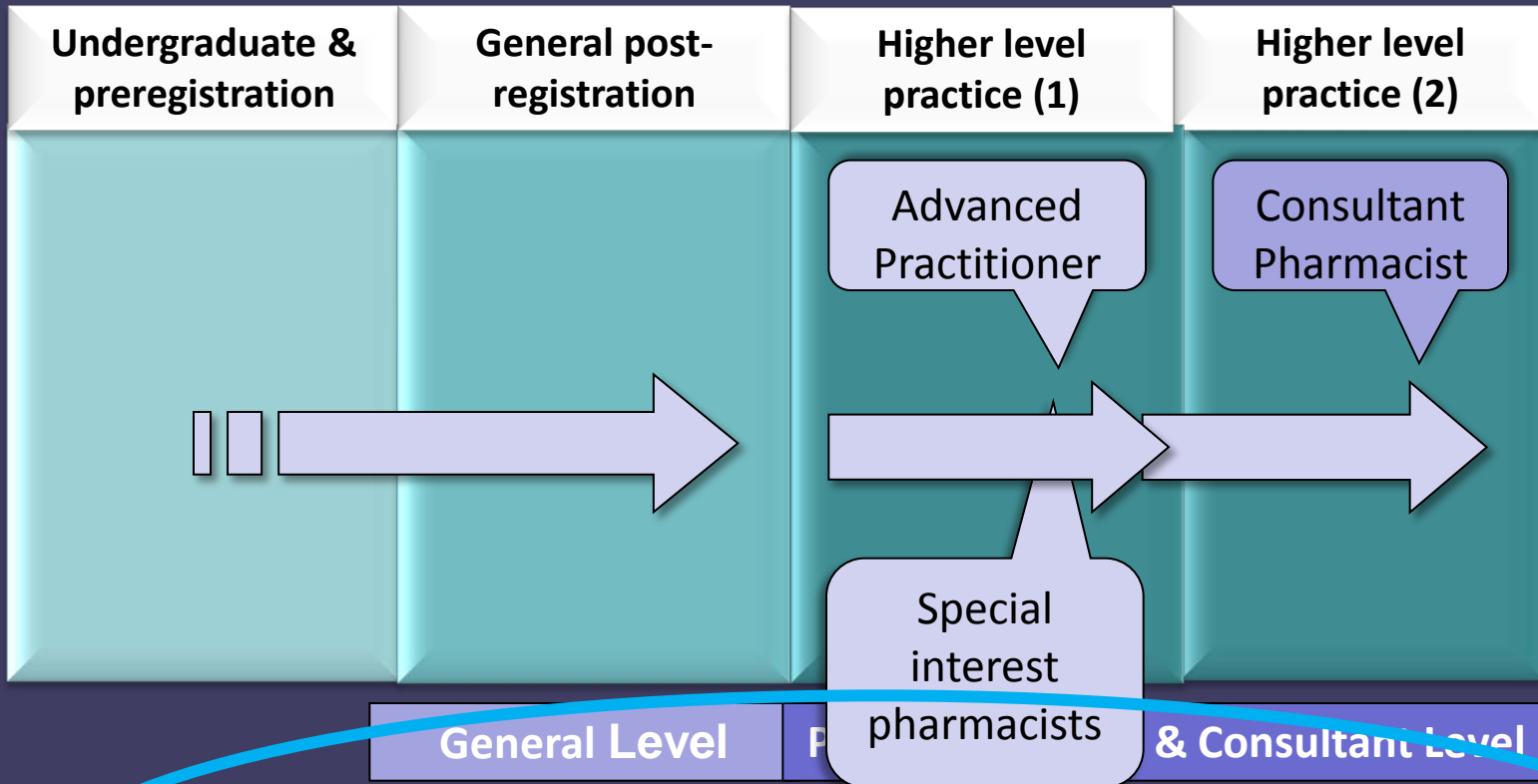
**Patient safety**  
**Access to medicines**  
**Quality and Self-care**

**Changing demography**  
**Chronic diseases, complexity of therapy**  
**Long term management**  
**New models of delivery**  
**New technologies**

**Fitness for purpose**  
**Knowledge and skills**  
**Links between education & practice?**  
**Levels of practice related to complexity of patient**



# Pharmacist development model



Professional Development Frameworks

Workplace education; work-based learning



# Theory into practice... (outcomes)

...the competent and reflective practitioner





The School of Pharmacy  
University of London



## Guidance for the Development of Consultant Pharmacist Posts

**Competency Framework for Advanced Practice Pharmacists**

No	<b>Leadership</b>			
	<i>Inspires individuals and teams to achieve high standards of performance and personal development</i>			
	Competency	Competency Level Descriptors		
Foundation		Excellence	Mastery	
1	<b>Strategic Context</b>	Demonstrates understanding of the needs of stakeholders and practice reflects both local and national health care policy	Demonstrates ability to incorporate national healthcare policy to influence local strategy	Demonstrates active participation in creating national health care policies
2	<b>Clinical Governance</b>	Demonstrates understanding of the pharmacy role in clinical governance. Implements this appropriately within the organisation	Influences the clinical governance agenda for the team.	Shapes and contributes to the clinical governance agenda at a higher level
3	<b>Vision</b>	Demonstrates understanding of, and contributes to, the department and corporate vision.	Creates vision of future and translates this into clear directions for staff and supervisors	Convinces others to share the vision at a higher level
4	<b>Innovation</b>	Demonstrates ability to improve quality within limitations of service. Requires limited supervision	Recognises and implements innovation from the external environment. Does not require supervision.	Takes the lead to ensure innovation produces demonstrable improvement in service delivery.
5	<b>Service Development</b>	Reviews last year's progress and develops clear plans to achieve results within priorities set by others.	Develops clear understanding of priorities and formulates practical short-term plans in line with department strategy.	Relates goals and actions to strategic aims of organisation and profession.
6	<b>Motivational</b>	Demonstrates ability to motivate self to achieve goals	Demonstrates ability to motivate individuals in the team	Demonstrates ability to motivate individuals at a higher level

# Professional Leadership Body

## General Curriculum Committee

*Pre-service, re-qualification,  
revalidation*

## Specialist Curriculum Committee

eg: BOPA, UKMI, NPPG, UKCPA, UKPPG/CMHP,  
CPP, NPPG, HIVPA, UKRPG, PCPA, APTUK, etc  
Technical and QA services,  
Employers, Academic science, etc  
Other representations with legitimate interests

*curricula*

*curricula*

*curricula*

*curricula*

**“credentialing”  
function**

Pre-qualification

General level  
development

Advanced level  
*(incl. PhwSI)*

Advanced II  
*(Experts, Consultants,  
leading edge, etc.)*



**“credentialing”  
function**

HEIs

“Local Practice Forum(s)”  
practitioner infrastructure

GPhC

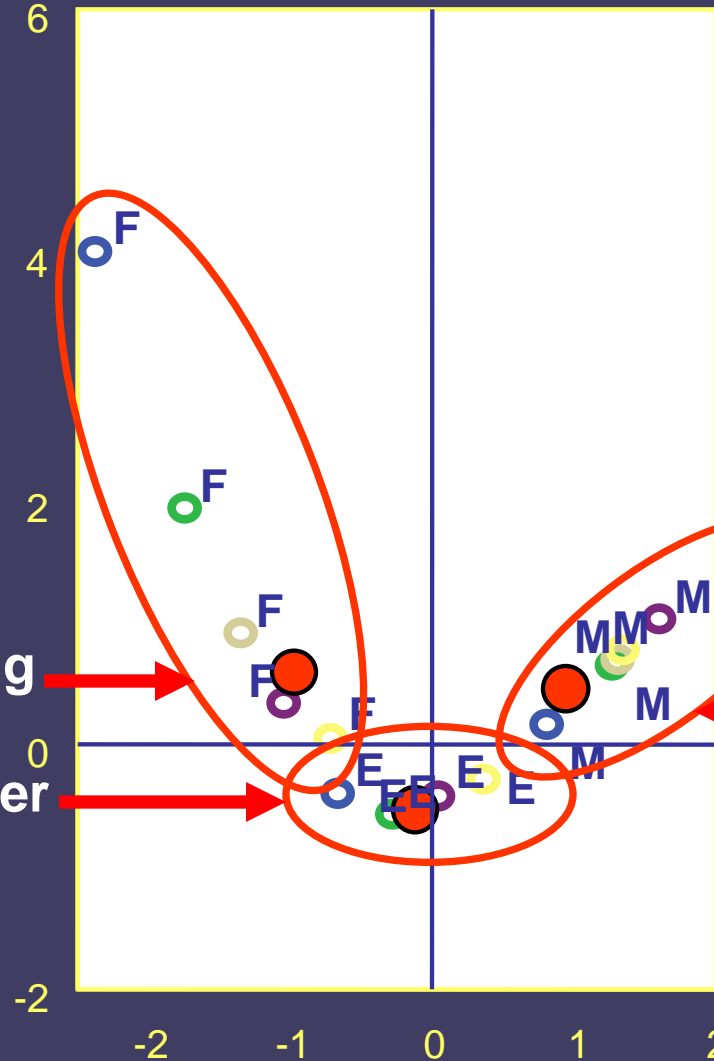
*Outsourcing for  
revalidation?*



# Advanced level practitioners

## HOMALS Quantification

- Expert PP
- Leadership
- Management
- F & T
- R & E
- Practice level



Specialist in training



Leading-edge practitioner

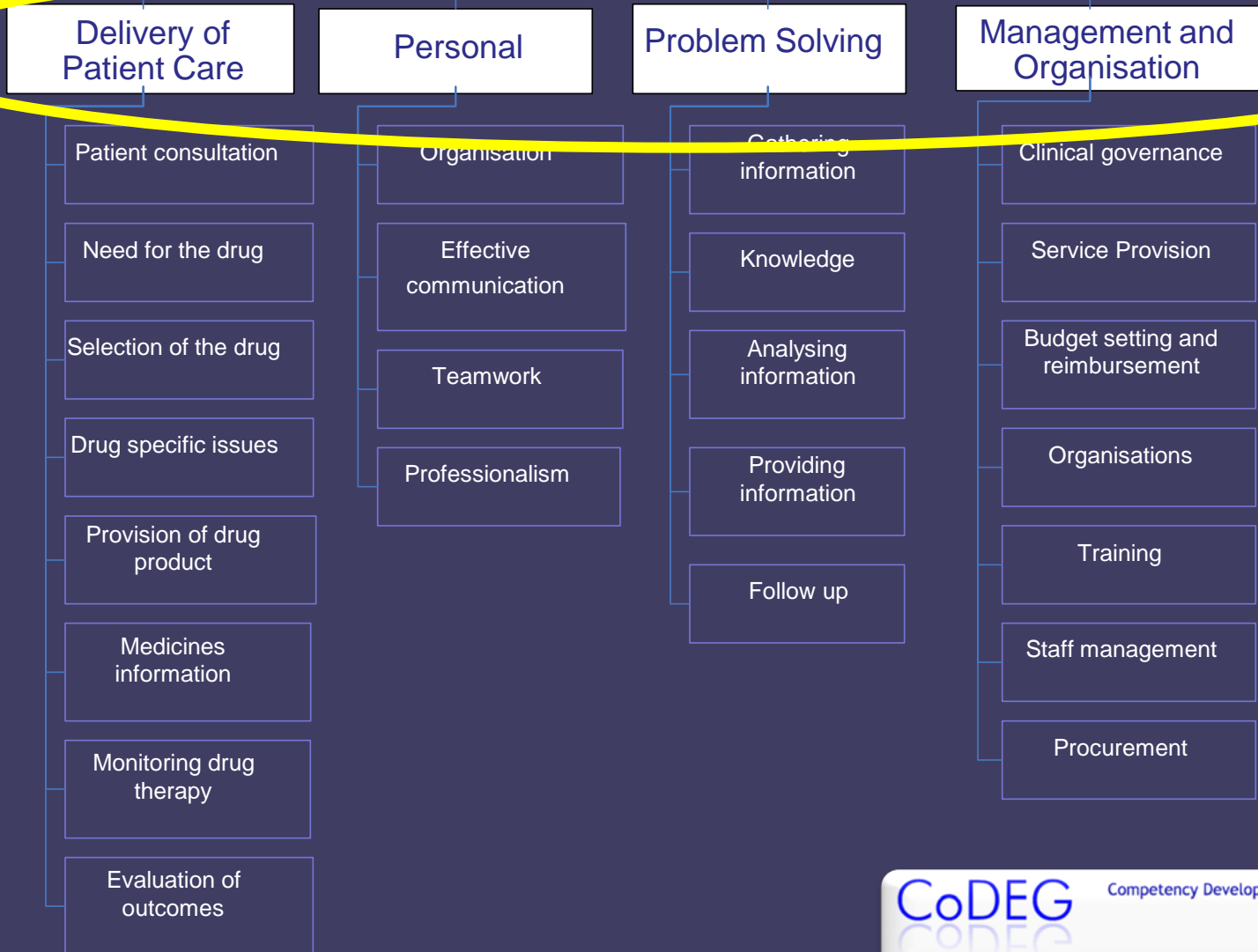


Experienced practitioner





# General Level Framework



## Delivery of Patient Care

Initials

Ward

Date

### Competencies

### Rating

#### Need for the drug

<b>Relevant Patient Background</b>	Retrieval of ALL relevant information from medical and nursing and electronic records	Retrieval of MOST relevant information from medical and nursing and electronic records	Retrieval of SOME relevant information from medical and nursing and electronic records	Did NOT retrieve relevant information from medical and nursing and electronic records
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comment

Moving from "knowing" (theory)...

*towards*

... "doing" (performance)

#### Drug History

	ALWAYS documents an accurate and comprehensive drug history	MOSTLY documents an accurate and comprehensive drug history	SOMETIMES documents an accurate and comprehensive drug history	Did NOT document a drug history for any patient
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comment

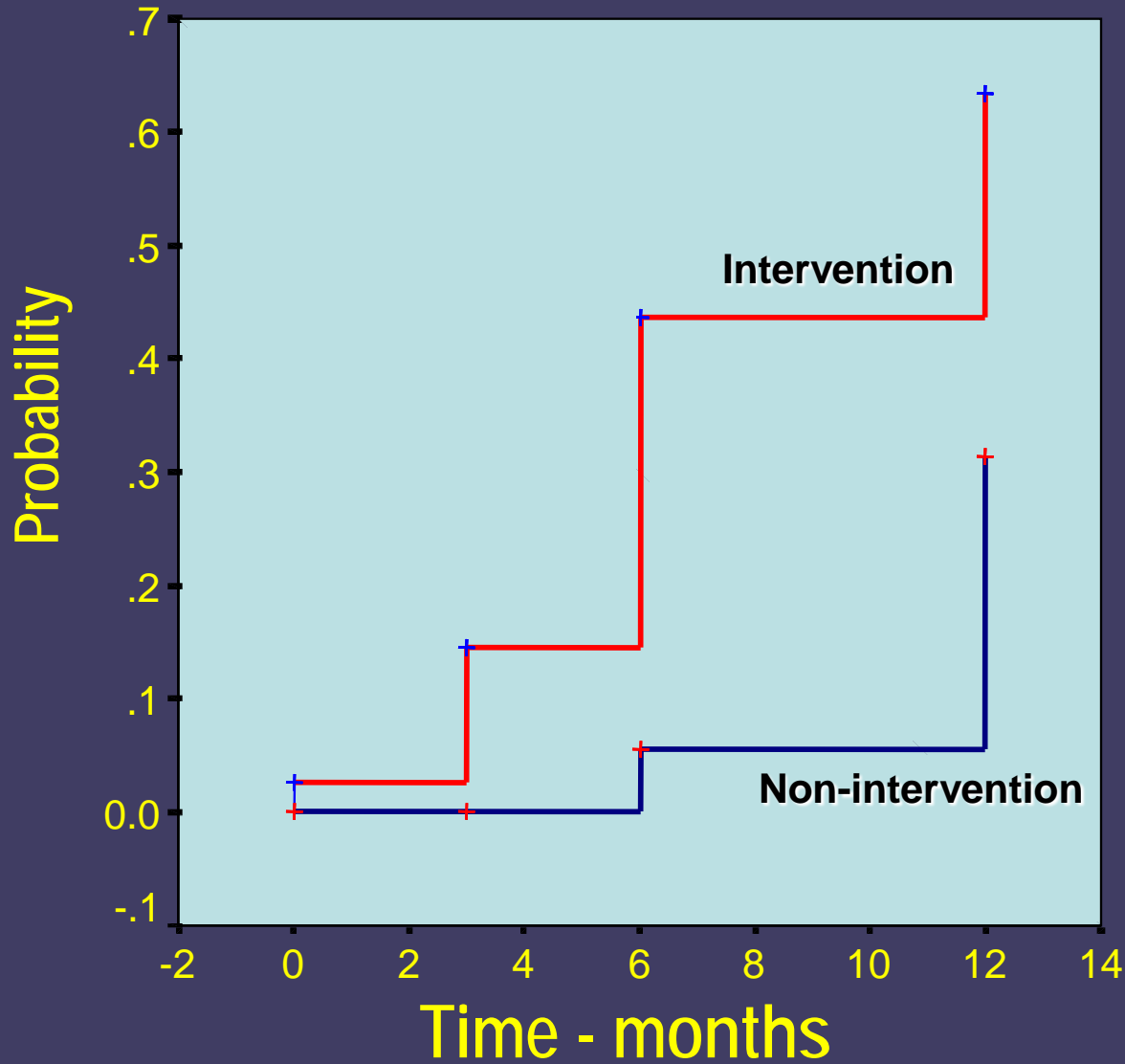
#### Selection of drug

<b>Drug-drug interactions</b>	Drug-drug interactions are ALWAYS identified	Drug-drug interactions are USUALLY identified	Drug-drug interactions are SOMETIMES identified	Did NOT identify any drug-drug interactions
	Drug-drug interactions are ALWAYS appropriately prioritised	Drug-drug interactions are USUALLY appropriately prioritised	Drug-drug interactions are SOMETIMES appropriately prioritised	Did NOT prioritise any drug-drug interactions
	Appropriate action is ALWAYS taken	Appropriate action is USUALLY taken	Appropriate action is SOMETIMES taken	Did NOT take any appropriate action

comment



# Controlled trial GLF in junior pharmacists



Intervention = GLF  
n = 30 hospitals

*Logrank*  
*P = 0.0048*



JOINT  
PROGRAMME  
BOARD (London, East and South East England)

## NHS

Specialist Services  
Specialist groups  
Senior Managers

## Service Perspective



Statement of Completion  
General Training

## Educational Quality



## HE Universities

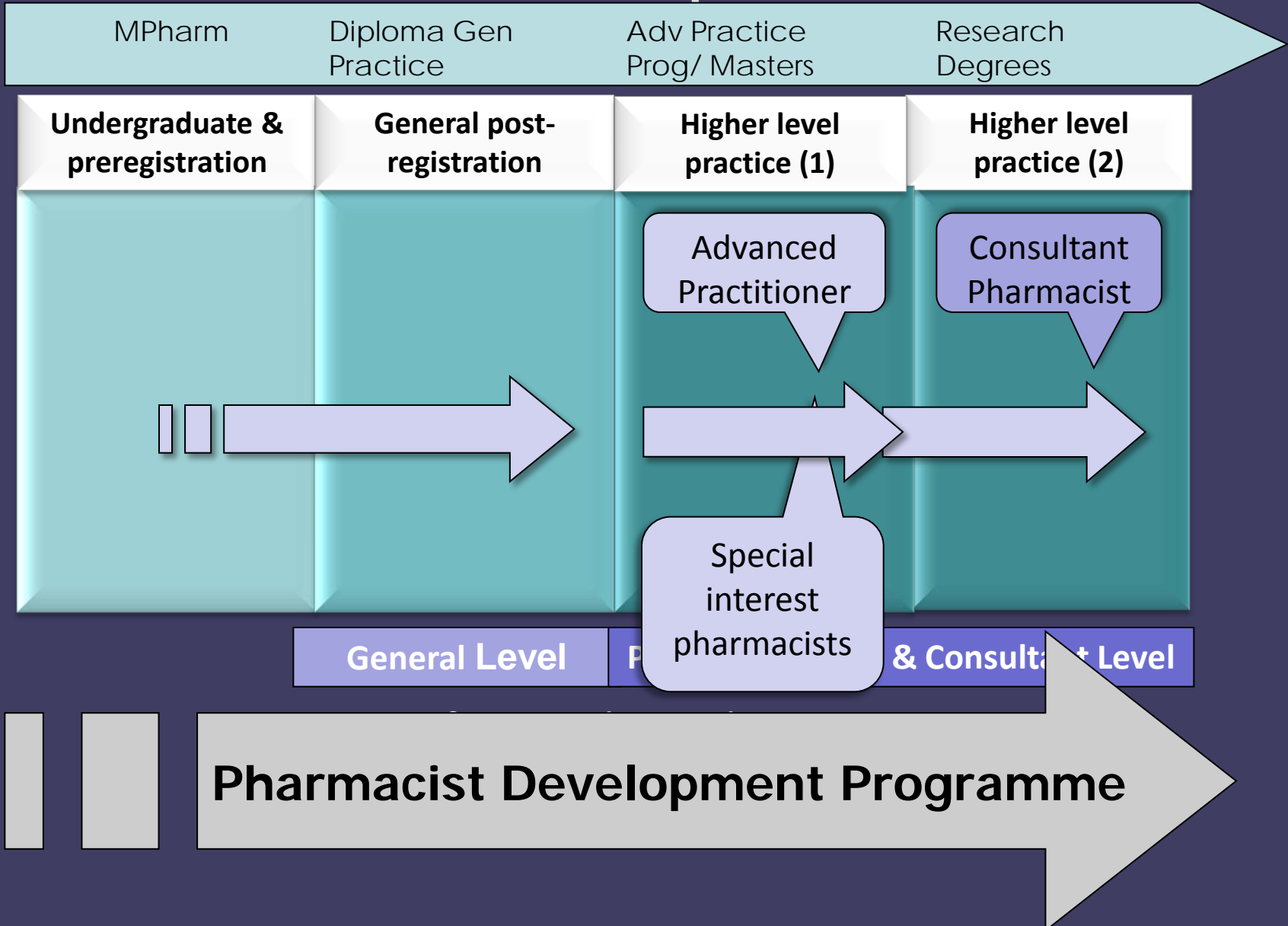
London	Brighton
Kings	Medway
Portsmouth	UEA
Reading	Kingston



PG Diploma in General  
Pharmacy Practice



# Pharmacist development model





## Collaboration in Practice?

Science and Practice  
Knowledge and skills

Patient-focussed, medicines-centred



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