ROYAL PHARMACEUTICAL SOCIETY

Our vision for the future of pharmacy professional leadership



Context

The Chief Pharmaceutical Officers of England, Scotland, Wales and Northern Ireland have set up an Independent Commission on Pharmacy Professional Leadership¹. As part of the RPS's support of the work of the Independent Commission, we have created a comprehensive response to the call for evidence. In doing so, we have found that the survey format used by the Commission lends itself more easily to an individual's response, rather than an organisational response. Therefore, we have created this statement. There are many aspects of our organisational vision we consider to be an important part of the evidence submission and we believe this statement gives a more complete picture of our organisational position.



Introduction

Pharmacy is evolving.

Pharmacy and the pharmacy workforce are transforming rapidly to meet future patient and service need. Times of great challenge and hardship, such as the covid pandemic, often catalyse seismic change. This is true of pharmacy, which stepped up to show the considerable impact and contribution it can make to patient care.

In the next five years, pharmacists will be qualifying as prescribers². In parallel, both pharmacists and pharmacy technicians will take on more and more advanced (clinical) roles across traditional and emerging practice settings.

Personalised medicines and digital technology will have developed rapidly, revolutionising how pharmaceutical care is delivered. Within a generation the healthcare landscape and roles within it will be unrecognisable. This represents a truly exciting opportunity for pharmacists, pharmaceutical scientists, pharmacy technicians, and the pharmacy team, to contribute to a significant advancement in patient care.

To achieve professional transformation of this scale, we believe all of pharmacy needs to come together: in particular, pharmacists and pharmacy technicians should be represented in the future by a single leadership body comprised of professional faculties. This will achieve a more unified approach to pharmacy leadership, while retaining distinct professional voices. Coming together within a single body will amplify pharmacy's collective professional voice to employers, other professions, and governments, as well as providing a common approach and infrastructure for education and professional development. This inter-professional cohesion will capitalise on each of the professions' strengths, and ultimately achieve parity in opportunity, as well as improving pharmacy practice and patient care.

This is an ambitious vision, the realisation of which we cannot achieve alone. Forming a single leadership body will require the collective agreement of pharmacy professional leadership organisations, as well as the endorsement of the independent commissioners. But we want to make crystal clear our willingness and enthusiasm

to work openly and collaboratively with other organisations to create the strength and unity in leadership that pharmacy deserves.

As this is our vision of the future of pharmacy leadership, we will refer to this future organisation as "the RPS" throughout this document. We recognise, however, that the professional leadership body we describe would be a significant evolution of the current RPS. This would require consulting with members on any future changes needed, including to our name and Royal Charter and we are open to this. However, we believe the vision described in this statement delivers our current Charter objectives of advancing knowledge and education in pharmacy, promoting and protecting the health of the public, and developing the science and practice of pharmacy.

We recognise that we have not always been clear in communicating our vision to members and our external stakeholders and feel that an understanding of this is important to support the work of the independent commission. Whilst we have fed responses into the survey, its structure does not allow us to submit an organisational response. This statement seeks to address that.

To achieve professional transformation of this scale, we believe all of pharmacy needs to come together.

What is our vision for the RPS in the future of pharmacy professional leadership?

We want to build on, and strengthen, our position as a trusted, forward-looking, independent, and financially sustainable professional leadership body, realising a future that advances and supports pharmacists and pharmacy technicians to provide ever-improving excellence in patient care.

This means, through a new professional faculty structure, we will:

- Provide the professional leadership voice for all of pharmacy working collaboratively to distil a clearer, more inclusive professional leadership voice for pharmacists, pharmaceutical scientists, pharmacy technicians and the wider pharmacy team.
- Set the professional direction for pharmacy, advancing pharmacy practice and educating professionals to deliver high quality, evidencebased pharmaceutical care that meets changing patient need.
- Lead and support a transforming pharmacy workforce to deliver and continually improve patient care.
- Define and assure post-registration standards of patient-focussed pharmacy practice for pharmacists and pharmacy technicians through evidence-based curricula, assessments, and credentialing.
- Support pharmacists and pharmacy technicians through the delivery and promotion of the highest standards of pharmacy practice and professionalism.
- Shape health policy by providing clear and authoritative advocacy, thought leadership, and professional expertise for pharmacy.

For the avoidance of doubt, we are not and do not intend to become:

- A trade union i.e. we do not focus on conditions of employment.
- A negotiating body i.e. we do not focus on negotiating contractual terms of service.
- A regulator i.e. we do not set standards for professional registration to protect the public.

To advance and support pharmacy we will:

- Provide clear and authoritative advocacy and thought leadership on the advancement of pharmacy practice.
- Develop and support the implementation into the healthcare system of post-registration curricula and credentialing for pharmacists and pharmacy technicians.
- Provide professional support, guidance and education to enable expanding scope of practice and advancement of the pharmacy team.
- Create a sense of professional belonging and cohesive professional pharmacy identity through communities of practice and networking.
- Work collaboratively with organisations across pharmacy to support the advancement of the pharmacy team.
- Engage more closely with our members and the wider system, being open to evolution and change, to ensure our professional leadership remains impactful and fit for purpose within a dynamic professional landscape.
- Be more transparent and accountable to our members and the wider system with our governance and decision making.

Future scope of practice of pharmacy professionals and the role of professional leadership

With pharmacists becoming prescribers at the point of registration within the next five years², we are going to see a step-change in the profession, its scope of practice and its potential impact on patient care. This change will inevitably lead to the parallel evolution of the role of pharmacy technicians. Indeed, to deliver a sustainable and modern future healthcare system, the strategic NHS and workforce plans across the four nations are consistent in their inclusion of both pharmacists and pharmacy technicians, describing an advancing scope of practice and working as an integral part of a wider multi-professional team³.

Pharmacy's future role must be centred around the unique contribution pharmacy professionals make to patient care: their expertise in medicines. This expertise will be used both to directly optimise therapeutic outcomes for patients and more widely to promote excellence in medicines governance across health and social care. Together, this will result in the safe and effective use of medicines, advancement of therapeutics, and optimal patient outcomes.

This core purpose must be framed in a dynamic healthcare environment underpinned by rapidly changing technology. Health services for the next generation will be more digitally enabled, more automated, and make an increased use of data⁴. People will live longer and have ever more complex co-existing health needs. Care will be significantly more personalised, to the genetic level, and will be delivered by integrated health and social care teams⁵. But patients' needs for safe, effective and high-quality medicines will be just as important as

today, so pharmacy will remain essential. However, the traditional notion of what a pharmacist and pharmacy technician 'does' will need to evolve to keep pace.

In the future, pharmacists will be clinically autonomous decision makers leading the prescribing, monitoring, reviewing, adjusting and cessation of medicines use. They will be capable of working flexibly across care settings where their expertise will be prioritised for the areas of highest need, such as patients taking complex medicine regimes, patients who are frail, and at transitions of care. Pharmacists will also lead on personalised medicines and pharmacogenomic care across the healthcare system. This can only be achieved through close professional collaboration with pharmacy technicians who will be responsible for the provision of medicines to patients. This will include the sourcing, dispensing, distribution, and storage of medicines, managing prescription systems, and directly supporting patients to use their medicines through advice and education.

The patient-focussed pharmacy workforce will comprise pharmacists and pharmacy technicians practising at different levels of post-registration practice, influencing care at individual, team, organisational and system levels. A crucial role for pharmacy will be the strategic leadership of medicines governance across the health service, putting in place systems, guidance and education that supports the safest use of medicines by all healthcare professionals.

In addition to their medicines expertise, pharmacists and pharmacy technicians will need to be effective leaders, managers, educators and researchers. Patients will require pharmacy professionals who can drive the improvement and development of their own practice and that of others through education and research.

Pharmacists' and pharmacy technicians' advancing scopes of practice following registration will be defined by UK-wide curricula and assured through tiered milestone credentialing assessments, set by the RPS but overseen and quality assured through an educationally evidence-based regulatory framework. This approach will give patients, the public and the system confidence in the expanding scope of the pharmacy workforce to deliver more complex

services. Importantly, it will also give pharmacists and pharmacy technicians confidence in themselves and each other.

Pharmacists, pharmacy technicians and pharmaceutical scientists working outside of direct patient-facing roles will also have a part to play in realising these professional ambitions. It is important that these professionals' significant contribution to the safe and effective use of medicines by patients, as well as their considerable impact on pharmacy, is not overlooked.

Authoritative professional leadership is critical to effect transformative change. The RPS will support this transformative scope of practice for all pharmacy professionals through the delivery of two core functions: advancing the professions and their practice, and supporting individual professionals to achieve excellence.

Advancing the professions means taking a continual improvement approach to proactively learn, challenge, shape and progress an expanding level of practice to maximise impact on patient care. The RPS, as the professional leadership body for pharmacy, will be dynamic, able to identify emerging practice, and able to direct research that creates an evidence base to underpin professional advancement. We will create a unified strategic vision for the future through our policies and position statements, and shape health policy through clear and authoritative advocacy. We will also create a collaborative culture within pharmacy to embrace change in the rapidly advancing healthcare environment that delivers parity of opportunity for both pharmacy professions. Consistent post-registration workforce development models supporting pharmacists and pharmacy technicians will provide a structure on which professional learning and development can be based, and against which advancing capability can be assured. This provides the infrastructure for continual professional advancement.

Supporting individual professionals is also crucial so that they can continually achieve excellence at their level of practice. This pursuit of excellence will be through providing professional guidance, supporting learning and development, and celebrating and sharing exemplars of best practice. This will lead the profession to deliver the highest standards of patient care and give the

health service the confidence to maximise the clinical capabilities of pharmacy professionals in providing care.

Pharmacy's future role must be centred around the unique contribution pharmacy professionals make to patient care: their expertise in medicines.

Leadership, policy, and professionalism

The RPS has a clear strategic vision: to lead the safe, effective use of medicines⁸. This is underpinned by our leadership in developing long-term visions for pharmacy in Scotland⁹ and Wales¹⁰, and our developing work with the King's Fund to create a similar vision for England¹¹.

We recognise that our professional visions need to be ambitious and evolving to meet the everchanging healthcare landscape. We intend to bring them to life by creating an infrastructure that enables the sharing of emerging practice, innovation, and excellence in practice12. This will both allow pharmacists and pharmacy technicians to build and learn from evidence-based best practice, and enable the RPS to reflect on evolving practice to update our visions and celebrate pharmacy's impact on high-quality, patientcentred care. We will use our visions to shape national and local health policy through clear and authoritative advocacy, thought leadership and influence. We will focus our advocacy on professionalism to enable the development of professional roles for all of pharmacy, including the embedding of prescribing within pharmacists' daily practice.

A key element of professional leadership is driving excellence, so we will influence pharmacists, pharmacy technicians and pharmacy employers to deliver the highest standards of professionalism and patient care. We will support pharmacists and pharmacy technicians through educational activities to meet the changing demands of their roles, being supportive of reflective practice and fostering a culture that supports continual improvement.

We will support professionalism through the strengthening of distinct, but complementary, professional identities, underpinned and defined by evidence-based professional standards, codes of practice, and curricula, and achieved through an organisational structure of professional faculties. Through this approach, we will empower

professional agency in pharmacy to deliver excellence.

We recognise that to do this we cannot act in isolation. We will become a galvanising force open to working with the many organisations in health and social care. This will allow us to maximise the clinical contribution of pharmacy through influencing governments, other professions, external stakeholders, and the public.

We are committed to lead pharmacy in the best interest of patients and the professions. This means that sometimes we will need to take difficult decisions. We will be strong on 'doing the right thing' for the long term, ultimately driving what's best for optimal patient care.

We will focus our advocacy on professionalism to enable the development of professional roles for all of pharmacy, including the embedding of prescribing within pharmacists' daily practice.

Relationships & engagement with pharmacy in all sectors, and across regions, countries and internationally

Strong engagement is vital for a professional leadership body in three areas: to prioritise its work, to shape its output, and to deliver meaningful outcomes. The RPS must deepen its engagement with those we look to lead and support.

RPS will put the structures and processes in place to achieve deeper and more frequent engagement with stakeholders to assist pharmacy to speak with a united voice on professional matters. This means proactively seeking the views of pharmacists and pharmacy technicians to understand the challenges and opportunities of daily pharmacy practice. It means co-producing policies, position statements and future visions in partnership with our pharmacy faculties and external stakeholders, particularly patients.

We must host and nurture strong professional networks which will support individuals, create a sense of professional belonging, and provide valuable insight into our work. These networks should empower pharmacy teams to come together by faculty, clinical specialty, area of practice, stage of practice and geography. They should support professional advancement, mentoring¹³ and sharing of excellence in practice, and be underpinned by a professional culture that promotes inclusion, diversity¹⁴, and wellbeing¹⁵ across pharmacy.

However, our desire to improve our engagement does not stop there. We are committed to our vision of being the world leader in the safe and effective use of medicines. To achieve this, we will become more outward-looking and actively engage with

organisations around the globe to work together as advocates for safer medicines use.

And, at home, we recognise that health policy in the UK has been devolved for over 20 years¹⁶, which has resulted in widening gaps in pharmacy policy in each country. Our future must fully deliver for pharmacy in all countries. To date we have sought GB-wide consensus. We need to move beyond this; it should be possible to produce overarching positions focused on professionalism that apply across countries, and then describe the detail of how this applies in each country, being bold in acknowledging and respecting differences.

To truly engage with those differences we must also support pharmacy teams at a regional level. The RPS is currently creating a regional model to provide networking for members, to strengthen links between RPS and local pharmacy/NHS structures, and to ensure the voice of the region is represented within RPS¹⁷. In doing this, the RPS aims to become the organisation that pharmacy professionals identify as the place to go for professional support, networking, inspiration, and development.

We will become a galvanising force open to working with the many organisations in health and social care.

Education & training

In an ever-changing, and challenging, health and social care landscape, the healthcare system and its patients will need pharmacists and pharmacy technicians to lead transformation in pharmaceutical care at the individual, organisational and system level.

Professional pharmacy leadership of the future must advance and empower pharmacists and pharmacy technicians through post-registration education, fostering a professional culture of continuous learning and development.

Pharmacists and pharmacy technicians at all levels of practice will need to be more than medicines experts. They will also need to be confident and competent leaders, educators, and researchers. This will break down the historic tendency of specialising into a singular professional silo of clinical practice, leadership, education, or research¹⁸.

We want to support pharmacists and pharmacy technicians to become empowered, multi-dimensional professionals; this will result in better outcomes for patients, improved inter- and intraprofessional cohesion, greater professional agency, and improved professional satisfaction¹⁹.

In our view, it is our role is to provide the post-registration curriculum and credentialing architecture to deliver this transformative workforce vision across the UK. We want to take on the mantle of post-registration educational leadership for the profession, advancing and promoting the highest quality of educational practice to deliver excellence in patient care.

Pharmacists and pharmacy technicians require a UK-wide post-registration development structure to scaffold development and provide assurance of advancing capability. We have already developed the evidence-based professional curricula for pharmacists working in patient-focussed roles to support this vision, defining UK post-registration standards to create a more standardised and portable pharmacist workforce²⁰. With the support and insight of pharmacy technicians, we would

now like to build on our existing curricula to develop a parallel credentialing structure for pharmacy technicians.

Critical progression assessments must act as an objective gateway to the delivery of more advanced, complex services and a broadening sphere of influence on patient care²¹ for pharmacists and pharmacy technicians. Career advancement and remuneration must become explicitly linked to the completion of these credentials, rewarding pharmacists and pharmacy technicians for a higher level of accountability for patient care. Assessment needs to change from being a once in a professional lifetime registration event to a continuous and developmental careerlong process²² ²³. To assure patient safety and embed confidence in pharmacists and pharmacy technicians across the wider system, there is a need for independent summative milestone assessments across the post-registration landscape. These need to build on each other to create a coherent, continuous approach to professional development supported by a life-long portfolio of professional learning²⁴. This, in turn, needs to link explicitly to regulatory revalidation.

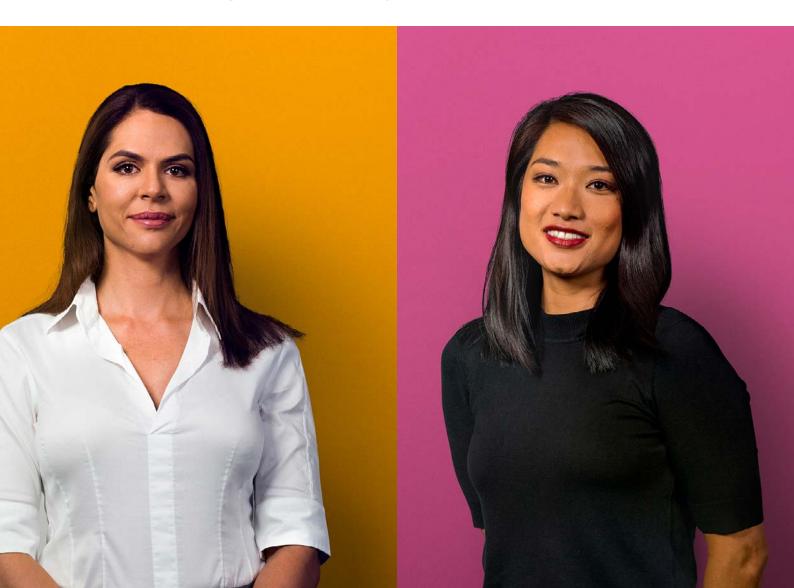
Learning against professional curricula should be innovative, diverse, and outcome-based, flexing to the needs and context of each individual²⁵ ²⁶. Education and training provision could be experiential, vocational and/or academic and should not be stifled by burdensome accreditation processes or limited to certain providers. Quality control in training will be assured by RPS's independent end-point assessments, delivered in collaboration with the wider profession.

We have already implemented a robust educational governance structure to support this model for pharmacists, comprised of broad expert representation from across the breadth of the pharmacist profession and from across the UK²⁷. We look to work collaboratively with pharmacy technicians and the wider system to further strengthen and broaden our educational governance as this agenda evolves.

We are looking for support from pharmacists and pharmacy technicians, both individuals and pharmacy leaders, to now implement this model. To truly deliver the transformative workforce change needed for the future of pharmacy, the

RPS must work and engage with all pharmacy professionals, employers, statutory education bodies and the professional pharmacy regulator to endorse and support its integration into the pharmacy eco-system.

Pharmacists and pharmacy technicians require a UK-wide post-registration development structure to scaffold development and provide assurance of advancing capability.



Regulatory support

The role and scope of pharmacy in delivering care to patients is changing fast: regulation must keep up with this pace.

The professional pharmacy regulator must continue to define the minimum standard expected of a professional to protect the public. In a rapidly evolving healthcare landscape this standard must be regularly reviewed to ensure it continues to align closely to patient and service need.

It is essential the professional pharmacy regulator strikes the balance between protecting the public and nurturing professional autonomy and innovation as the clinical role and scope of pharmacy expands. It must adopt a right-touch approach to regulation where an autonomous professional can confidently deploy their professional judgment without the perceived fear of potential fitness to practise proceedings. To achieve this balance, the RPS requires the formal delegation of authority by the regulator for us to lead on the design and delivery of post-registration curricula and credentialing assessments. This must be quality assured by the professional regulator through a regulatory mechanism comparable to the GMC's Excellence by Design framework²⁸ and the GMC's Designing and maintaining postgraduate assessment programmes guidance²⁹. This mechanism will prioritise patient safety and care whilst ensuring adherence to best practice in post-registration clinical curriculum and assessment design.

With an augmented post-registration credentialing structure in place, endorsed and quality assured by the regulator, patients and the public can be assured and confident in the advancing capabilities of pharmacists and pharmacy technicians in proving their care. The regulatory framework in which such professionals practise must therefore be adapted accordingly. As pharmacists and pharmacy technicians take on greater clinical autonomy and complexity, particularly with newly qualified pharmacists entering the register as prescribers, we need to reimagine the regulation of post-registration

practice to assure patient safety. The introduction of the delegated authority model above is an essential step to achieving our overarching vision for future professional leadership in pharmacy.

A logical consequence of this approach is the explicit linking of revalidation to post-registration credentialing. Instead of annually revalidating against the minimum baseline standards for the profession, pharmacists and pharmacy technicians must begin to revalidate against their highest level of credentialled practice. This will enable pharmacy professionals to demonstrate maintenance of competence at the advanced level of practice at which they actually practise. It will also underpin a model in which revalidation is linked with life-long continuous improvement and professional development.

The regulator holds the unique position of overseeing the professional practice of both pharmacists and pharmacy technicians from initial training to retirement. It therefore must bring educational partners together to create a logical, sequential, and evidence-based longitudinal approach to professional learning and assessment, for both pharmacists and pharmacy technicians, across their professional lifespans. We want the regulator to work with us, higher education institutions, and training providers to ensure professional cohesion across the pharmacist and pharmacy technician initial, pre-registration and post-registration education continuum.

Pharmacists and pharmacy technicians must begin to revalidate against their highest level of credentialled practice.

Demonstrating our commitment to pharmacy

The RPS has already started its journey towards realising parts of this vision for pharmacists, but we recognise we have more work to do.

We are committed to evolving, and to working in collaboration with other pharmacy professional leadership bodies to become a unified single professional leadership body for all of pharmacy.

We commit to delivering this vision for the pharmacy professions with increased drive and focus. We hope the independent commission shares our vision and supports our ambition.



References

- UK Commission on Pharmacy Professional
 Leadership: call for evidence from England,
 Scotland, Wales and Northern Ireland (2022)
- 2 General Pharmaceutical Council (January 2021). Standards for the initial education and training of pharmacists
- 3 NHS People Plan, Advancing Pharmacy Education and Training Review (England), the NES Pharmacist Career Framework Review, Achieving Excellence in Pharmaceutical Care (Scotland) and Healthier Wales
- 4 Putting data, digital and tech at the heart of transforming the NHS (England), Digital health and care strategy (Scotland), Digital health and care Wales integrated medium term plan
- 5 Working together to improve health and social care for all (England), Health and social care integration (Scotland), Healthier Wales: our plan for health and social care
- 6 Safford MM, Allison JJ, Kiefe Cl. Patient complexity: more than comorbidity. The vector model of complexity. J Gen Intern Med. 2007;22 (Suppl 3) :382-390. doi:10.1007/s11606-007-0307-0
- 7 The role of pharmacy in pharmacogenomics
- 8 RPS. Our strategy: A five-year roadmap for the organisation and our services 2021 2026
- 9 Pharmacy 2030: A professional vision
- 10 Pharmacy: Delivering a Healthier Wales
- Welsh Pharmaceutical Committee (April 2019).
 Pharmacy: Delivering a Healthier Wales
- 12 RPS Regions, How I have put Pharmacy: delivering a Healthier Wales into action, Pharmacy best practice hub (Scotland)
- 13 RPS Mentoring platform
- 14 Inclusion & Diversity at RPS
- 15 Workforce Wellbeing
- 16 Devolution of powers to Scotland, Wales and Northern Ireland
- 17 RPS Regions

- 18 Forsyth P et al (2022). The Collaborative Care Model: Realizing healthcare values and increasing responsiveness in the pharmacy workforce
- 19 ibic
- 20 RPS post-registration foundation curriculum, RPS core advanced curriculum, RPS consultant curriculum
- 21 Health Professional Assessment Consultancy (HPAC) (2016). Final Report for the provision of identifying key principles for consistency and reliability in curricula and assessment frameworks Prepared for the General Medical Council (GMC331)
- 22 Schuwirth, LWT, Van der Vleuten, CPM Programmatic assessment: From assessment of learning to assessment for learning. Medical Teacher. 2011; 33 (6): 478-485.
- 23 Programmatic assessment CPM van der Vleuten,
 S Heeneman, LWT Schuwirth In: JA Dent, RM Harden,
 D Hunt (Eds) A practical Guide for Medical Teachers.
 Edinburgh: Elsevier, 295-303.
- 24 Ottawa 2020 consensus statement for programmatic assessment 1. Agreement on the principles Sylvia Heeneman, Lubberta H. de Jong, Luke J. Dawson, Tim J. Wilkinson, Anna Ryan, Glendon R. Tait, Neil Rice, Dario Torre, Adrian Freeman & Cees P. M. van der Vleuten Medical Teacher, DOI: 10.1080/0142159X.2021.1957088.
- 25 Davis, MH. Outcome-based education. J Vet Med Educ. 2003 Fall;30(3):258-63. doi:10.3138/jvme.30.3.258. PMID: 14648500.
- 26 Harden, RM, Crosby, JR, Davis, MH (1999) 'An introduction to outcome-based education' in ed Lilley, P, Outcome-based education AMEE Medical Education Guide No 14
- 27 RPS Education & Standards committee,
 RPS Advanced Pharmacist Assessment Panel
- 28 General Medical Council (2017) Excellence by design: standards for postgraduate curricula
- 29 General Medical Council (2017). Designing and maintaining postgraduate assessment programmes



