



ROYAL  
PHARMACEUTICAL  
SOCIETY

# Leadership Competency Framework

for Pharmacy  
Professionals



# ACKNOWLEDGEMENTS

The Leadership Competency Framework for pharmacy professionals (LCFP) was produced by a small dedicated team driven to support leadership development of all pharmacy professionals, comprising Rob Darracott and Deirdre Doogan (both of the Company Chemists' Association), Catherine Duggan (Royal Pharmaceutical Society), Liz Stafford (Rowlands Pharmacy), Paul Long and Tracy Lonetto (both of the NHS Institute for Innovation and Improvement).

The development of the Framework is due to the contributions of many individuals across the pharmacy profession, particularly:

Steve Acres (Association of Pharmacy Technicians UK), Alison Blenkinsopp (University of Keele, School of Pharmacy), Tess Fenn (Association of Pharmacy Technicians UK), Mike Holden (National Pharmacy Association), Sandra Hutchinson (Rowlands Pharmacy), Clive Jolliffe (Wm Morrison Supermarkets), Sheetal Kotecha (Lloyds Pharmacy), Karen Marsden (Tesco), Fiona Price (Association of Pharmacy Technicians UK), Gill Risby (Association of Pharmacy Technicians UK), Kit Tse (Superdrug) and colleagues from the Association of Teaching Hospital Pharmacists and the United Kingdom Clinical Pharmacy Association.

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The Leadership Competency Framework for Pharmacy Professionals was created with the agreement of the NHS Institute for Innovation and Improvement and the Academy of Medical Royal Colleges from the Medical Leadership Competency Framework which was created, developed and is owned jointly by the NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges..

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## PREFACE

Patients, and the public in general, rightly expect high quality care from health professionals. They expect professionals to work together and to identify where improvements to outcomes and quality of care can be made, and to address those deficiencies effectively and efficiently. They also expect professionals to utilise public resources well and to maximise value obtained from those resources.

Medicines are second only to staff in terms of the proportion of total NHS expenditure. They are currently the most common therapeutic intervention in healthcare, and will remain so for the foreseeable future. Whilst demand for medicines continues to increase, society needs to make more of the investment we make in medicines. For example, NICE and WHO tell us that 30-50% of medicines are not used as intended, and evidence demonstrates that between 5-8% of admissions to hospitals are as a result of adverse effects of medicines, many of which are preventable. The results of the 2011 community mental health survey suggest there is scope for involving people more in aspects of their care. For instance, less than half said they “definitely” understood their care plan, while more than a quarter of those who were prescribed new medication said they were not told about the possible side effects. This is not an acceptable situation at any time, but even more so given the ongoing economic climate and the challenges of the demographic changes set to come.

Improving this situation, by striving to get far better value and outcomes from medicines through optimising medicines use, will require enhanced engagement with the public and patients, and a level of collaboration within and across professions not previously seen. This will require leadership at all levels across many professions and, given the expertise in pharmacy, we should be driving the collaborative leadership necessary to improve value and outcomes from medicines.

Pharmacy is also set to play a more central role in public health, both in terms of health improvement and health protection. Bringing together the need to optimise medicines use in the healthy living environment of pharmacy will in itself require leadership at all levels of the pharmacy profession. Leaders will need to drive through the service redesign necessary to effectively and efficiently improve both health and medicines use.

I am therefore pleased to be able to support this leadership initiative for all pharmacy professionals. Using the NHS Leadership Framework as its foundation, this document sets out clearly the range of competencies that will be necessary to address the need to optimise medicines use, to improve the quality of care, and to improve both value and outcomes in these challenging, but opportunistic, times.



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# INTRODUCTION

While clinical leadership is not a new concept, the need to optimise leadership potential across the healthcare professions and the critical importance of this to the delivery of excellence and improved patient outcomes, is now increasingly echoed by clinicians, managers and politicians within the UK and internationally. The Government's Health and Social Care Bill published in January 2011 signals a time of significant change for the NHS in England, with unprecedented levels of power and responsibility being devolved to clinicians. To enable this change to take place successfully and to support clinicians in this very important role we will need to further develop the leadership capacity within the system.

The Secretary of State for Health Andrew Lansley said recently, "Leadership in the Health Service cannot be about one person at the very top. It needs leaders at every level, in every institution and in every profession. And the people that I believe, first and foremost, should be leading the NHS are clinicians. GPs, hospital doctors, nurses, pharmacists, allied health professionals, scientists. We need people in every area to step up to the plate and lead. No profession can be left out if we are to deliver truly integrated, high quality healthcare for everyone in the country<sup>1</sup>".

We wholeheartedly support this view and believe that pharmacy professionals already make a strong contribution to the delivery of patient care across the whole NHS, in primary care, secondary care, in education and research, and in the pharmaceutical industry. However, the pharmacy workforce has the potential to take on greater responsibility for optimising the use of medicines, promoting public health and wellbeing, and contributing to new clinical services, which will ultimately deliver better care for patients.

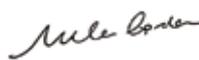
Opportunities exist to improve the education and training of pharmacy professionals and develop career pathways so that practitioners, from the point of registration and

beyond, have the ability, confidence and skill-set to deliver more efficient, safer and higher quality care to patients and the public.

This Leadership Competency Framework for pharmacy professionals (LCFP), is based on the Medical Leadership Competency Framework<sup>2</sup> and is congruent with the Clinical Leadership Competency Framework<sup>3</sup> being used by the other clinical professions in the UK and the new NHS Leadership Framework<sup>4</sup>, which applies to all staff working within the NHS.

It consists of five domains supported by a range of pharmacy based examples in practice, learning and development opportunities that will help pharmacy professionals to acquire the leadership competence required to meet the challenges described. As a model it emphasises the responsibility of all practising clinicians to seek to contribute to the leadership process and to develop and empower the leadership capacity of colleagues.

This document is designed to be read and used in conjunction with relevant professional, service and corporate documents such as policy, curricula guidance, standards and frameworks related to education and training, learning and development activity and performance assessment tools.



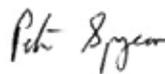
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<sup>1</sup> Launch of Report from The Kings Fund Commission on the Future of Leadership and Management in the NHS, May 2011.

<sup>2</sup> NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges (2010) Medical Leadership Competency Framework. 3rd ed. NHS Institute for Innovation and Improvement: Coventry.

<sup>3</sup> Department of Health (2011) Clinical Leadership Competency Framework. NHS Institute for Innovation and Improvement: Coventry.

<sup>4</sup> Department of Health (2011) NHS Leadership Framework. NHS Institute for Innovation and Improvement: Coventry

# LEADERSHIP COMPETENCY FRAMEWORK FOR PHARMACY PROFESSIONALS

## Leadership and pharmacy professionals

Leadership is a key part of all clinicians' work regardless of their professional sector and setting. In the complex world of healthcare the belief that a single person is the leader or manager is far from reality. Leadership is a competency-based behaviour that has to come from everyone involved in healthcare.

Pharmacy staff work in multidisciplinary environments focused on the needs and safety of patients and where collective leadership is the responsibility of the team. Whilst there is a formal leader of the team who is accountable for the performance of the team, the responsibility for identifying problems, solving them and implementing the appropriate action is shared by everyone. Within a shared leadership model, leadership passes from individual to individual along the patient's pathway of care.

The statutory body with responsibility for regulation of the pharmacy professionals is the General Pharmaceutical

Council (GPhC), which has the lead role in ensuring practitioners are fit for practise and thus able to be registered. Behaviours that all pharmacy professionals should demonstrate are described in the various policy, guidance, standards of proficiency, standards of education, codes of conduct and ethical behaviour set down by the GPhC. For more information please visit [www.pharmacyregulation.org](http://www.pharmacyregulation.org).

While the primary focus is on pharmacy professionals' practice all pharmacy professionals work in systems and within organisations and they have a direct and far-reaching impact on patient experiences and outcomes. Pharmacy professionals have a responsibility to contribute to the effective running of the organisation in which they work and to its future direction. The development of leadership competence needs to be an integral part of a pharmacy professionals' training and learning.

The Leadership Competency Framework for Pharmacy Professionals is built on the concept of **shared leadership** where leadership is not restricted to people who hold designated leadership roles, and where there is a shared sense of responsibility for the success of the

organisation and its services. Acts of leadership can come from anyone in the organisation, as appropriate at different times, and are focused on the achievement of the group rather than of an individual.

# WHO IS IT FOR?

The Leadership Competency Framework for Pharmacy Professionals applies to all pharmacy professionals at every stage of their professional journey: from the time they enter formal training, become qualified as a practitioner and throughout their continuing professional development as experienced practitioners.

There is no universal or common pathway followed by all pharmacy professionals, hence the way they demonstrate competence and ability will vary according to the career trajectory and their level of experience and training. Nevertheless, all competences should be capable of being achieved at all career stages, dependent on the context of their role and practice. Within the various developmental routes for each profession some core processes have been identified and are used throughout the Leadership Competency Framework (LCFP). These are as:

**STUDENT** – pre-registration entry level formal education

**PRACTITIONER** – qualified or registered professional

**EXPERIENCED PRACTITIONER** – practitioner with greater complexity and responsibility in their role

Using this spectrum as a guide, examples are given throughout the framework to provide users with context in which they are able to relate their practice. All domains and elements of the framework are dynamic and apply to all students, pharmacy professionals in training, experienced practitioners and consultant practitioners. However, the application of and opportunity to demonstrate, the competences in the leadership framework will differ according to the career stage of the pharmacy professional and the type of role they fulfil. The context in which competence can be achieved will become more complex and demanding with career progression.

All **students** will have access to relevant learning opportunities within a variety of situations including:

- peer interaction
- group learning
- clinical placements
- activities and responsibilities within the university
- involvement with charities, social groups and organisations

All of these situations can provide a pharmacy student with the opportunity to develop experience of leadership, to develop their personal styles and abilities, and to understand how effective leadership will have an impact on the system and benefit patients as they move from learner to practitioner.

**Practitioners** or qualified pharmacy professionals are very often involved in work relating to patients, customers and other staff and are the ones who are experiencing how day-to-day healthcare works in action. They often undertake more education, training and professional development opportunities to further consolidate and develop their skills and knowledge in everyday practice. They are uniquely placed to develop experience in management and leadership, effective relationships with other people, departments and ways of working; and to influence how patients experience healthcare alongside improving processes and systems of care delivery. Specific activities such as clinical audit and research also offer the opportunity to learn leadership and management skills. With all this comes the need to understand how their practice and focus of care contributes to the wider healthcare system, along with the evidence base to support them.

**Experienced practitioners** hold more complex roles and have greater responsibility. Pharmacy professionals need to understand how each area of the wider healthcare system plays its part in care delivery. Experienced pharmacy professionals develop their leadership abilities through delivery of services and practices, by working with colleagues in other settings and on projects. Familiarity with a specific focus of care enables them to work beyond their immediate setting and to look for further ways to improve healthcare for patients and colleagues. As established members of staff, area teams, company or Trust directors or as pharmacy owners and partners, they are able to develop their leadership abilities by actively contributing to the running of the organisation and to the way care is provided in complex systems and populations.

# DESIGN



Delivering services to patients, service users, carers and the public is at the heart of the Leadership Competency Framework for Pharmacy Professionals. Practitioners work hard to improve services for people. The word 'patient' is used generically to cover patients, service users, customers and all those who receive healthcare. The word 'other' is used to describe all colleagues from any discipline and organisation, as well as patients, service users, carers and the public.

There are five **domains** highlighted below. To deliver appropriate, safe and effective services it is essential that any pharmacy professional is competent in each of the five domains. Within each domain there are four **elements** and each of these elements is further divided into four **competency statements** that describe the activity all pharmacy professionals should be able to demonstrate (outlined in this document).

## 1. DEMONSTRATING PERSONAL QUALITIES

- 1.1 Developing self awareness
- 1.2 Managing yourself
- 1.3 Continuing personal development
- 1.4 Acting with integrity

## 2. WORKING WITH OTHERS

- 2.1 Developing networks
- 2.2 Building and maintaining relationships
- 2.3 Encouraging contribution
- 2.4 Working within teams

## 3. MANAGING SERVICES

- 3.1 Planning
- 3.2 Managing resources
- 3.3 Managing people
- 3.4 Managing performance

## 4. IMPROVING SERVICES

- 4.1 Ensuring patient safety
- 4.2 Critically evaluating
- 4.3 Encouraging improvement and innovation
- 4.4 Facilitating transformation

## 5. SETTING DIRECTION

- 5.1 Identifying the contexts for change
- 5.2 Applying knowledge and evidence
- 5.3 Making decisions
- 5.4 Evaluating impact

Each section of this document starts with an overview of the domain. Each domain has four elements, and each element is further described as four competences to be attained.

# APPLICATION

The Leadership Competency Framework for Pharmacy Professionals describes the leadership competences that pharmacists and pharmacy technicians need to become more actively involved in the planning, delivery and transformation of health services.

The LCFP is a supportive tool that can be used by individuals, employers, professional bodies and higher education institutions to:

- Help with the design of training curricula and development programmes
- Highlight individual strengths and development areas through self-assessment and structured feedback from colleagues
- Help with personal development planning and career progression

## Education and training

For pharmacy professionals undertaking formal education and training their courses will cover a broad range of topics. The underpinning practical and learning and development examples used throughout the framework provide students with the context in which they are able to relate their practice and the type of development activity they can undertake to achieve each element.

The *Guidance for Integrating the Clinical Leadership Competency Framework into Education and Training*<sup>5</sup> supports the development of leadership and management curriculum design within Schools of Pharmacy and is endorsed by the Council of University Heads of Pharmacy. The guidance within the document describes the knowledge, skills, attitudes and behaviours required for each domain and provide suggestions for appropriate learning and development activities to be delivered throughout education and training, as well as possible methods of assessment. The scenarios used as examples will be invaluable to health faculties and students, and will stimulate novel special study components which will further enhance leadership skills. Copies of *Guidance for Integrating the Clinical Leadership Competency Framework into Education and Training* can be downloaded from [www.cuhop.ac.uk](http://www.cuhop.ac.uk) or [www.nhsleadership.org.uk](http://www.nhsleadership.org.uk).

## Pharmacists and pharmacy technicians

When pharmacy professionals enter the workforce the leadership framework can be used or adapted to help with professional development, such as Continuing Professional Development (CPD) required or provided by their employer or the Royal Pharmaceutical Society. It can also be used for staff appraisals, self assessment and performance management.

## Supporting tools



To assist with integrating the competences into postgraduate curricula and learning experiences there is the LeAD e-learning

resource<sup>6</sup>. LeAD is a range of over 50 short e-learning sessions that support the knowledge base of the Medical Leadership Competency Framework (MLCF)<sup>7</sup> and the Clinical Leadership Competency Framework (CLCF). Examples and contexts range across various fields and specialties, all aimed at improving patient care and services. LeAD addresses how clinicians can develop their leadership contribution in clinical settings. Originally it was produced to support medical trainees, however new sessions are being added to broaden out the learning to all clinical professions. In addition, the resources section of each session includes examples of the MLCF and CLCF in practice and ideas for further development, useful to both the individual learner as well as to trainers or supervisors.

<sup>5</sup> Department of Health 2011, published on behalf of the Department of Health by NHS Institute for Innovation and Improvement

<sup>6</sup> LeAD is available on the National Learning Management System and through e-Learning for Healthcare ([www.e-lfh.org.uk/LeAD](http://www.e-lfh.org.uk/LeAD)).

<sup>7</sup> NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges, Medical Leadership Competency Framework, 3rd edition, Coventry: NHS Institute for Innovation and Improvement July 2010

# I. DEMONSTRATING PERSONAL QUALITIES



Pharmacists and pharmacy technicians showing effective leadership need to draw upon their **values, strengths and abilities to deliver high standards of care.**

To do so, they must demonstrate effectiveness in:

- Developing self awareness
- Managing yourself
- Continuing personal development
- Acting with integrity

## 1.1 DEVELOPING SELF AWARENESS

- Recognise and articulate their own values and principles, understanding how these may differ from those of other individuals and groups
- Identify their own strengths and limitations, the impact of their behaviour on others, and the effect of stress on their own behaviour
- Identify their own emotions and prejudices and understand how these can affect their judgment and behaviour
- Obtain, analyse and act on feedback from a variety of sources

## 1.2 MANAGING YOURSELF

- Manage the impact of their emotions on their behaviour with consideration of the impact on others
- Are reliable in meeting their responsibilities and commitments to consistently high standards
- Ensure that their plans and actions are flexible, and take account of the needs and work patterns of others
- Plan their workload and activities to fulfil work requirements and commitments, without compromising their own health

## 1.3 CONTINUING PERSONAL DEVELOPMENT

- Actively seek opportunities and challenges for personal learning and development
- Acknowledge mistakes and treat them as learning opportunities
- Participate in continuing professional development activities
- Change their behaviour in the light of feedback and reflection

## 1.4 ACTING WITH INTEGRITY

- Uphold personal and professional ethics and values, taking into account the values of the organisation and respecting the culture, beliefs and abilities of individuals
- Communicate effectively with individuals, appreciating their social, cultural, religious and ethnic backgrounds as well as their age, gender and abilities
- Value, respect and promote equality and diversity
- Take appropriate action if ethics and values are compromised

# I.I Developing Self Awareness

## EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Using information from peers, staff and patients to develop further learning</p> <p>Reflecting on performance in end of term discussion and identifying own strengths and weaknesses</p> <p>Making assessed presentations as part of course, and obtaining structured feedback</p> <p>Chairing small group activities and seeking feedback on effectiveness</p>	<p>Obtaining feedback from a range of others in preparation for appraisal</p> <p>Taking part in peer learning and exploring team and leadership styles and preferences</p> <p>Delivering patient-centred care, communicating with multidisciplinary and multi-agency team, and obtaining feedback on effectiveness of own contribution</p>	<p>Initiating own 360 feedback to enhance reflective practice</p> <p>Using information from psychometric and behavioural measures</p> <p>Obtaining feedback on own leadership style and impact</p> <p>Using professional development frameworks to benchmark and set personal development goals</p>

## EXAMPLES IN PRACTICE

STUDENT	Student B has been preparing for his pre-registration exams and has been reviewing his pre-registration handbook, including all the feedback received from various tutors. He has considered how he has used that feedback throughout his training year to develop different management skills and ways to communicate with others. Despite the focus on exam preparation being theoretical, he has found this a productive approach to developing self awareness in his early years.
PRACTITIONER	Junior Pharmacist X works within a Divisional Medicine team and provides clinical pharmacy services to patients admitted with acute chest infections. The junior doctors are not focussing on whether a IV oral switch can be confirmed after 48 hours. The pharmacist is aware of what should be done to improve care and assure the Division of cost effective prescribing but lacks confidence to effect the changes. He can see that he is not delivering expected outcomes from his work and approaches the Lead Antibiotic Pharmacist for support. After a period of shadowing and supervision he is clear about what is required and can adopt a higher level of practice, securing several benefits in terms of reduced risk, saved costs and improved patient experience.
EXPERIENCED PRACTITIONER	Pharmacist J has been working as a part-time prescribing advisor for her local GP commissioners for 6 months and has started her Independent Prescribing course. She also works part time as a locum pharmacist for a community pharmacy chain. J already holds a Postgraduate Diploma award in Community Pharmacy. Whilst discussing the local health economy with her GP surgery colleagues a proposal to set up a Pharmacist-led Independent Prescriber (IP) COPD clinic is explored. J is given the responsibility to set this up but is unsure about the logistics, yet she wants to make a good professional representation of pharmacists as part of the healthcare team. She is aware that she needs to ensure the clinic is integrated and not seen as an “add on” so arranges to work shadow another IP pharmacist and sets time aside to mind map her ideas for implementation of the proposed clinic, building on existing skills to ensure this is taken up. She shares her ideas with her IP colleague and another prescribing advisor and receives constructive feedback as well as feeling confident to provide information and influence. This allows her to present her plans to her GP colleagues and prepare for implementation of the COPD clinic.

# I.2 Managing Yourself

## EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Using clinical attachments to develop time management skills</p> <p>Managing course/programme requirements in relation to attendance, submission of work and sustaining quality of work when completing professional qualifications e.g. National Vocational Qualification (NVQ)</p> <p>Managing own independent learning and self assessment</p>	<p>Liaising with colleagues in the planning and implementation of work rotas and identifying areas for improvement</p> <p>Managing service pressures in changing NHS</p> <p>Using feedback and discussion to reflect on how a personally emotional situation affected communication with a carer</p> <p>Meeting deadlines for completing written clinical notes on time in conjunction with meeting other demands</p> <p>Critically analysing and evaluating an area of practice as part of Continuing Professional Development (CPD)</p>	<p>Balancing own plans and priorities with those of the service and other members of the team</p> <p>Contributing to the development of systems which help them and others manage their time and workload more effectively</p> <p>Handling less than positive findings from a patient survey, and working on positive ways of addressing issues</p> <p>Developing and implementing a learning plan for an identified practice development as part of a Personal Development Programmes (PDP)</p> <p>Acting up for service manager to lead at board meetings</p>

## EXAMPLES IN PRACTICE

STUDENT	<p>Student P is given a group case study dealing with a diabetic patient with renal failure, where marks are shared across the team. It is essential that everyone pulls their weight and is aware how important their contribution is to the team. Working with a small group of pharmacy students, the group is asked to present back to the year group on key aspects of the case study. The group meets up and debates key issues such as: What is renal failure? What are the treatment options? Should treatment be confined to drugs? What is the likely impact of co-existing conditions?</p> <p>The group then decides to allocate workloads and assign timescales of completion of each stage of the task. Student P is given the task of looking at the issue of treatment options and reporting back findings to the rest of the group in the agreed timeframe. Her search for background information took her to the library and online resources, as well as arranging with her local pharmacy to interview suitable patients to discuss their experiences with their medication.</p>
PRACTITIONER	<p>Pharmacist Q is a clinical pharmacist working on surgical wards. Part of his remit is working with the orthopaedic team. Discharge planning, writing up medicine reviews and liaising with local community pharmacies for weekly medication boxes for patients are all part of his responsibility. He has been asked to play an active part in the delivery of this new service and to understand how best he can contribute to ensure success as well as his individual responsibility to the service (patients and the team) if his time, task and self management weren't appropriate. The team needs to carefully co-ordinate all aspects of the patient care. Pharmacist Q realises he is juggling a number of responsibilities and understands how his poor time management skills impact on patients and others in the multidisciplinary team. He reviews his time management and delegation skills and prioritises additional support and time for paperwork completion, communication with local community pharmacists and timely meetings with the registrar. This ensures his contribution to the patient treatment and discharge process is deemed a more seamless process by the patients and the rest of the team.</p>
EXPERIENCED PRACTITIONER	<p>Pharmacist G is one of four partners in a well established consortium pharmacy. He was responsible for the flu vaccination programme last season and was unhappy with the comments made by others in the consortium that the process was 'chaotic' and customers were irritated by long waiting times. He feels that customers deserve to be given more time for their appointments to deliver a professional service. He decides to compile a flu vaccination plan, which would deliver operational efficiency and also ensure that the demand for flu vaccinations is met. He arranges a meeting with others in the consortium to discuss the plans and achieve support for his ideas and agrees a review meeting 1 month into the vaccination programme. He briefs the pharmacy team on his plan and allocates accountability to the relevant team members, ensuring that, through appropriate management of tasks and time, the change can be effectively delivered.</p>

# I.3 Continuing Personal Development

## EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
Peer appraisal and assessment	Taking an active part in journal clubs and multidisciplinary training events and activities	Undertaking a management and/or leadership development programme
Tutor appraisal and assessment		Running and taking part in an action learning set
Clinical/supervisory feedback and assessment	Seeking feedback on performance from clinical colleagues and service users	Using a mentor to enhance development
Selecting stretching assignments		Undertaking benchmarking activities to identify best practice
Applying theory to practice	Seeking opportunities to learn from other professionals in everyday practice or through formal opportunities	Initiating/conducting audit/research
Undertaking projects on placement e.g. cross sector experience	Reviewing own practice against peers and best practice examples	Systematically updating on relevant issues associated with professional and organisational development (e.g. via reading and conferences)
	Taking part in critical incident event audits	
	Undertaking to try a new intervention with supervision/mentoring	

## EXAMPLES IN PRACTICE

STUDENT	<p>Student W is due to commence summer placement work in her local pharmacy before starting Year 3 of the MPharm degree. Prior to starting the placement she accesses online responding to symptoms articles through the <i>Pharmaceutical Journal</i>, the <i>Chemist and Druggist</i> magazine, reviews patient information on the NHS website and reviews her second year pharmacy practice module. During her placement she work shadows different staff to gain a full picture of the roles of the pharmacy team members, deals with patient prescription and Over the Counter (OTC) enquiries and seeks guidance from the pharmacist and the team members to build her skills, knowledge and experience. She recognises from the experience that she needs to expand her knowledge of OTC conditions and how to communicate effectively with customers, particularly when dealing with sensitive issues and difficult people. She arranges with the pharmacist to have access to further pharmacy resources and attend a local Centre for Pharmacy Postgraduate Education (CPPE)/NHS Education for Scotland (NES): Pharmacy Directorate evening to build on her skills.</p>
PRACTITIONER	<p>Pharmacist V is an area manager in a national community pharmacy chain with responsibility for 15 pharmacies. In preparation for his interim Performance Development Review with his line manager, V arranges for (360° review) feedback to be provided to him from colleagues reporting directly to him. The feedback suggests that many of his colleagues would like V to stop working in isolation and start to communicate to the team more regularly and effectively. V is surprised to get this feedback as he never considers this as an issue; however, he accepts the constructive feedback from his line manager. He recognises that he is very busy and because of that, he has a tendency to tackle tasks himself rather than invest in effective communication and delegation of tasks to others. He realises he needs to work differently to be a more effective leader and take time to develop good management skills with his team. V has now taken steps to plan in weekly conference calls every Monday morning, supported by a fortnightly local pharmacy newsletter.</p>
EXPERIENCED PRACTITIONER	<p>Experienced Practitioner; pharmacy technician T works on an acute medical admissions ward, where she supports the reconciliation of medicines upon admission by undertaking patient medication histories, which are reviewed by the pharmacist. In line with procedures she identifies two sources of information needed to reconcile each patients' medicines and in doing so, identifies that the initial medication regimens prescribed on admission frequently have medicines omitted. She identifies that her own knowledge of the treatment of epilepsy is not complete and through CPD and with support from the pharmacist she develops an enhanced knowledge of this area. She uses her increased knowledge to brief junior doctors and nurses in the acute admissions area about the importance of these medicines as patients move between care settings.</p>

# I.4 Acting with Integrity

## EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Taking on a position of responsibility</p> <p>Taking part in ethics discussions to appreciate a patient's perspective</p> <p>Taking action in response to inappropriate behaviours</p> <p>Identifying and discussing ethical dilemmas associated with patient care</p>	<p>Taking part in ethics discussions and forums</p> <p>Taking part in clinical case reviews with multidisciplinary teams</p> <p>Acting as mentor to students and peers faced with difficult ethical judgments</p> <p>Challenging behaviours that are contrary to promoting equality and diversity</p>	<p>Ensuring that professional values and ethics are taken account of in management decisions</p> <p>Identifying incompetent or suboptimal practice, investigating, and taking corrective action</p> <p>Acting on information which would lead to improved practices and services</p> <p>Setting up equality and diversity programme for work area</p>

## EXAMPLES IN PRACTICE

STUDENT	<p>In the Pharmacy Practice module, student W scored a low mark for the Patient Counselling section. She is disappointed with this as she believed her summer placement experience in community pharmacy meant she would be confident in this skill and score a good mark. The counselling interaction was recorded so she asks her tutor to review the video with her. In preparation for the review, she takes along various articles on patient counselling skills. Student W is surprised that upon playback, she could see that her counselling skills were not as well developed as they could be. She accepted constructive feedback from her tutor and asked for another opportunity to practice her skills.</p>
PRACTITIONER	<p>Pharmacist L is starting a new position in a busy high street pharmacy. She notices that her team works in an unstructured manner, paying little attention to Standard Operating Procedures (SOPs). When she questions this, the response from the team is one of ambivalence. This has led to Pharmacist L intercepting numerous near miss clinical incidents, albeit usually minor. Pharmacist L decides it is imperative to call a team meeting immediately to discuss SOPs and the repercussions of non-compliance. She shows staff the log of near misses and discusses the shared responsibility issues for the whole team without 'pointing the finger' at individuals. She asks the team to consider the implications of the issues for the patients, themselves and the pharmacy and asks for everyone to commit to supporting the new processes she aims to implement to ensure patient safety.</p>
EXPERIENCED PRACTITIONER	<p>Pharmacist H is an experienced locum who has worked collaboratively with the local substance misuse team in prescribing projects. He notices that in recent months there has been a decline in the number of methadone clients visiting one of the pharmacies he regularly works in. He discovers that the area manager of the pharmacy has banned a number of clients from attending the premises as they are considered as 'individuals likely to steal from the pharmacy'.</p> <p>Pharmacist H believes this to be an unfair judgement. From his wealth of experience from other pharmacies and his project work, he believes that by setting clear boundaries and treating clients firmly but fairly, they are less likely to steal from the pharmacy. He also has evidence from his work that this approach is an important part of the treatment pathway (i.e. introducing structure to their usually chaotic lifestyles.) He arranges a visit to the local substance misuse clinic for the area manager to give him a greater understanding of the client group and in addition he also compiles a best practice pack which the area manager could share with other pharmacies in the area. Pharmacist H uses the experience emphasising the learning done around how to deal with difficult situations whilst keeping true to core values and professional ethics.</p>

## 2. WORKING WITH OTHERS



Pharmacists and pharmacy technicians show leadership by **working with others** in teams and networks to deliver and improve services. To do so, they must demonstrate effectiveness in:

- Developing networks
- Building and maintaining relationships
- Encouraging contribution
- Working within teams

### 2.1 DEVELOPING NETWORKS

- Identify opportunities where working in collaboration with patients and colleagues can bring added benefits
- Create opportunities to bring individuals and groups together to achieve goals
- Promote the sharing of information and resources
- Actively seek the views of others

### 2.2 BUILDING AND MAINTAINING RELATIONSHIPS

- Listen to others and recognise different perspectives
- Empathise and take into account the needs and feelings of others
- Communicate effectively with individuals and groups, and act as a positive role model
- Gain and maintain the trust and support of colleagues

### 2.3 ENCOURAGING CONTRIBUTION

- Provide encouragement and the opportunity for people to engage in decision-making, and to challenge constructively
- Respect, value and acknowledge the roles, contributions and expertise of others
- Employ strategies to manage conflict of interests and differences of opinion
- Keep the focus of contribution on delivering and improving services to patients

### 2.4 WORKING WITHIN TEAMS

- Have a clear sense of their role, responsibilities and purpose within the team
- Adopt a team approach, acknowledging and appreciating efforts, contributions and compromises
- Recognise the common purpose of the team and respect team decisions
- Are willing to lead a team, involving the right people at the right time

## 2.1 Developing Networks

### EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Taking part in group based learning</p> <p>Attending a patient support group meeting</p> <p>Taking part in a service user group meeting</p> <p>Attending and observing multidisciplinary team meetings</p>	<p>Leading multidisciplinary team meetings to review clinical cases</p> <p>Actively seeking and reflecting on patient and carer views</p> <p>Reviewing effectiveness of a patient support programme</p> <p>Obtaining input on service design options from patients, carers, the wider healthcare team and specialist groups</p> <p>Seeking to find out how other staff groups function and make decisions</p> <p>Contributing to discussions on developing care pathways</p> <p>Attending multidisciplinary meetings, seminars, workshops or conferences locally</p>	<p>Initiating meetings, bringing together patients, carers and the wider healthcare team</p> <p>Involving patients and carers in discussions about long term care</p> <p>Creating links with patients, carers and key healthcare professionals to develop services jointly</p> <p>Contributing to national and regional networks on professional and/or service development</p> <p>Making presentations at conferences, meetings or workshops, uni-disciplinary or multidisciplinary, internally and externally</p> <p>Setting up a local clinical network to influence commissioners</p>

## EXAMPLES IN PRACTICE

STUDENT	<p>Student M was invited to sit in on a Medicines Use Review (MUR). She prepared the documentation for the review and proposed possible discussion points for the pharmacist to have with the patient. During the course of the MUR the patient told the pharmacist that he was not using his Becotide Inhaler as it did not appear to be working. The patient also informed them that the doctor always prescribed this inhaler whether he wanted it or not.</p> <p>The pharmacist invited Student M to discuss the benefits of regular use of his Becotide inhaler. Student M provided the information to the patient and completed the MUR form as a record of his discussion for the doctor. In addition, Student M decided to have a regular review with the patient to monitor both Ventolin and Becotide use to see whether the intervention had worked and reduced drug waste.</p>
PRACTITIONER	<p>Pharmacy Technician C was keen to start links with primary care to support the hospital discharge process. The Medicines Management Team (MMT) had identified this as one of their weak points in a recent meeting. He had a few colleagues he knew locally from previous Local Pharmaceutical Committee (LPC) meetings, so C accessed the local primary care team contacts and put a proposal to the MMT Lead that better links were developed. C also proposed that it may be helpful to start a 'Learning Community' through CPPE. This was subsequently set up and initial meetings had been useful both in developing relationships and supporting each other with Continuing Professional Development (CPD).</p>
EXPERIENCED PRACTITIONER	<p>The PCT (commissioning body) decided that it would no longer commission the stop smoking service from community pharmacy. It considered this service to be too expensive and had no evidence of the benefit it delivered to the community. This is a service which the LPC believed to be not only valued by customers and community pharmacy contractors but also as being a key motivator for local pharmacy teams.</p> <p>The LPC agreed that community pharmacy contractors working together to collect evidence of outcomes from the stop smoking service, would be important in changing the commissioner's decision. This was achieved by producing a short questionnaire for contractors who asked customers who had quit at week 4, their views of the service. The positive outcome was used to initiate a meeting with all stakeholders and come to a consensus as to how community pharmacy would be one network that would be commissioned to provide stop smoking services in the future.</p>

## 2.2 Building and Maintaining Relationships

### EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Able to develop a professional relationship with patients and relatives/carers during student placement</p> <p>Holding office and gaining respect, e.g. as officer in the student union</p> <p>Obtaining patients' views about service improvements</p>	<p>Supporting students and peers within learning environment</p> <p>Shadowing other healthcare professionals</p> <p>Encouraging participation of all staff within multidisciplinary team meetings</p> <p>Liaising with patients and their representatives</p>	<p>Acting as an advocate for patients and patient groups</p> <p>Taking an active role in cross-agency working</p> <p>Acting as a mentor to others</p> <p>Collaborating with others in projects</p> <p>Collaborating with local networks to develop the local tariff</p>

## EXAMPLES IN PRACTICE

STUDENT	<p>Student F is involved on a committee to organise a social event for a student organisation. He notices that one member of the committee has stopped attending the regular organising meetings in the Union bar:</p> <p>Concerned that they are falling behind on deadlines because of this student's contribution he speaks to the student who he finds is very uncomfortable in attending meetings in a bar because of cultural issues on alcohol. Student F suggests to the group that the bar is not a suitable meeting venue and identifies another location for the meetings.</p>
PRACTITIONER	<p>Senior Pharmacy Technician E identifies a need to expand the workforce. She had recently been involved in training apprentices and had built up some very positive relationships with local colleges, Jobcentre Plus, Connexions and the Strategic Health Authority (SHA). She has good links with other regional managers, so set up the multiagency discussions and developed a collaborative bid/business plan for numbers needed to train. She then set up discussions with the SHA and college to ascertain possible funding. Funding was secured for course fees and a regional approach agreed. As a result of this exercise she put forward a bid to the Chief Pharmacists for new ways of working – to train an additional two apprentices at NVQ Level 2 and one Level 3. This was not approved initially due to vacancy restrictions and concerns about the new HR practices and employing young people; however, a predicted return on investment was shown alongside sample training contracts and cost reductions for recruitment and training. Additional support was given via the college apprenticeship team. E managed to challenge the concerns about employing young people and demonstrate how this fits with the organisational strategy. By using her networks and professional relationships she was able to make a success of the workforce development needed.</p>
EXPERIENCED PRACTITIONER	<p>Pharmacist D is very aware that she has limited involvement in care pathways for long term conditions and she knows that when talking to patients who are on regular medication they have limited understanding of the medicines they take and other services they can access because of their condition.</p> <p>She arranges a meeting with the local surgery to include doctors, nursing staff and social services (and a 'sample' group of patients to understand their needs and concerns). The aim of the meeting is to find a way whereby these patients receive seamless care and that all parties involved in their care are aware of what is happening at all times through regular structured communication. In doing so Pharmacist D demonstrated the importance of building and maintaining relationships.</p>

## 2.3 Encouraging Contribution

### EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Actively seeking patient perspectives, e.g. by completing a patient journey assignment</p> <p>Encouraging others to contribute to small group learning activities</p> <p>Obtaining views of peers in aspects of course evaluation</p>	<p>Managing group dynamics within a multidisciplinary team</p> <p>Leading/chairing multidisciplinary meetings</p> <p>Encouraging participation from other staff within clinical case reviews and enabling all present to learn about each other's contributions</p> <p>Inviting and encouraging feedback from patients and providing feedback to patients, relatives and carers</p> <p>Initiating feedback from other staff and patients/service users and carers</p> <p>Listening to the views of staff and patients/service users, relatives or carers and their representatives about potential for improvement</p>	<p>Taking an active role as a member of a management team</p> <p>Providing the means and climate for colleagues to raise issues of concern in relation to change</p> <p>Encouraging input from more junior members of the team e.g. regarding service development plans, developing policies and procedures in communicating changes</p> <p>Coaching and encouraging key staff to learn about and engage in higher level/more complex tasks e.g. to support succession planning in readiness for more senior roles</p>

## EXAMPLES IN PRACTICE

STUDENT	<p>Student X has been allocated some audit work during a placement in the local PCT to see how the hospital manages discharge information. She finds it is not optimum in a number of areas. This is reported back to the PCT and to the Trust. She is able to attend the local interface group to discuss her findings and generate solutions, and is then supported in presenting the dataset to a team in the Trust who are reviewing the hospital discharge system. She is able to draw on national guidance and signpost some good practice changes derived from discussion of her audit work.</p>
PRACTITIONER	<p>Pharmacist Y is very concerned that recommendations that are being made on Medicines Use Reviews (MURs) are not being implemented by the local surgery. She recognises that it is quite a long time since she spoke to the surgery about MURs carried out in the pharmacy and organises a meeting to see both the doctors and the practice manager to understand their needs.</p> <p>Pharmacist Y believes she is delivering quality MURs but is open minded as to what could be done to make these more relevant and beneficial to the GP practice. W listens to the doctors' concerns and how she can help them meet their needs. By encouraging active contribution from her peers Pharmacist Y gets her colleagues on board with the process.</p>
EXPERIENCED PRACTITIONER	<p>Consultant pharmacist A has been appointed to support the implementation of guidance from NICE in venous thrombosis prophylaxis in an acute trust. She identifies that trust performance in this area is not optimal and that anticoagulation with oral agents causes delay at hospital discharge due to inadequate achievement of therapeutic INR. She builds a relationship with the consultant haematologist and together they work closely with the clinicians to develop guidance specific to different groups of patients, to teach the junior medical staff about VTE prophylaxis risk assessment and recording and she introduces guidance to support the initial prescribing of warfarin.</p>

## 2.4 Working within Teams

### EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Taking on different roles within group learning e.g. team leader, recorder, presenter</p> <p>Contributing to the clinical team when on attachment</p> <p>Finding out about the roles and responsibilities of members of healthcare teams</p>	<p>Learning to lead clinical case reviews</p> <p>Taking part in multi-agency case conferences and shares the learning by de-briefing colleagues</p> <p>Ensuring that patients' views are taken into consideration by others in the team</p>	<p>Representing a clinical viewpoint as a member of a management team</p> <p>Leading a multidisciplinary project team, e.g. for service redesign</p> <p>Leading a clinical team</p>

## EXAMPLES IN PRACTICE

STUDENT	<p>During a placement Student L has to understand the various roles of the pharmacy team and how she as a pharmacist would work with each of them. She arranges to have a coffee with each member of the team to gain a better understanding of the role they do and the level of training they have received to carry out the role.</p> <p>At the end of the placement she completes her assignment and has a better understanding of how each member of the team would support her in her role, as well as recognising that a well functioning pharmacy must have access to the right level of training in order to have the appropriate skill mix.</p>
PRACTITIONER	<p>Pharmacist L has to design a new process for dispensing for care homes that includes the entire pharmacy team, a review of the rotas, skill mix and time management. By understanding team dynamics, communicating the benefits of working in a team where everyone's roles and responsibilities are clearly articulated, and ensuring the entire team feels involved, implementing the new process goes smoothly. Pharmacist L also sets a timescale for evaluating the implementation to ensure any problems are worked through before it becomes usual practice.</p>
EXPERIENCED PRACTITIONER	<p>Pharmacist Y's pharmacy have been delivering a private service for a cardiovascular service delivered to patients. The whole service needs re-energising and Y has suggested that not only are patients/customers unaware of the benefits of this service, but there is neither buy-in from staff within the pharmacies, nor from other healthcare professionals in the area. The owner asked Pharmacist Y to lead a project team to re-launch the service.</p> <p>Pharmacist Y started by identifying and recruiting members of the project team and organising focus groups to get the views of all stakeholders across the service. In addition, specific members of the project team were allocated key stakeholders to find out what they would need from such a service and how partnership working could keep the local community healthy. The findings of the team were included in a report that Pharmacist Y presented to the owner, together with recommendations for the training needs of the staff and a marketing plan for both customers and GPs.</p>

# 3. MANAGING SERVICES



Pharmacists and pharmacy technicians showing effective leadership are focused on the **success of the organisation(s)** in which they work. To do so, they must be effective in:

- Planning
- Managing resources
- Managing people
- Managing performance

## 3.1 PLANNING

- Support plans for services that are part of the strategy for the wider healthcare system
- Gather feedback from patients, service users and colleagues to help develop plans
- Contribute their expertise to planning processes
- Appraise options in terms of benefits and risks

## 3.2 MANAGING RESOURCES

- Accurately identify the appropriate type and level of resources required to deliver safe and effective services
- Ensure services are delivered within allocated resources
- Minimise waste
- Take action when resources are not being used efficiently and effectively

## 3.3 MANAGING PEOPLE

- Provide guidance and direction for others using the skills of team members effectively
- Review the performance of the team members to ensure that planned service outcomes are met
- Support team members to develop their roles and responsibilities
- Support others to provide good patient care and better services

## 3.4 MANAGING PERFORMANCE

- Analyse information from a range of sources about performance
- Take action to improve performance
- Take responsibility for tackling difficult issues
- Build learning from experience into future plans

## 3.1 Planning

### EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Asking questions within clinical placements and seeking understanding about how plans are formulated</p> <p>Communicating feedback from patients, relatives, carers colleagues which will be useful to supervisors in planning services</p> <p>Contributing to service audit</p>	<p>Undertaking clinical audits to improve a clinical service</p> <p>Accessing sources of information from inside and outside of the organisation, including patient feedback to inform plans for service improvement</p> <p>Contributing as part of a management team in a service review</p> <p>Taking part in research which will inform planning and implementation of new services</p>	<p>As a member of a management team, contributing to the development of business and service plans</p> <p>Contributing to the development of organisational and professional body responses to emerging health policy</p> <p>Initiating or collaborating on planning of service improvement projects</p>

## EXAMPLES IN PRACTICE

STUDENT	<p>Pre-registration student S on work placement is asked by the pharmacists to collate feedback from patients who receive their seasonal flu vaccination in the pharmacy where he works. He designs a simple anonymous questionnaire which the pharmacist hands out post-vaccination. Pre-reg S then collects the questionnaires from the patients upon completion. From the analysis, he looks for opportunities to improve the patient experience and feeds back to his pharmacist. Through appropriate planning of the questionnaire, the aims and objectives and the required outcomes, the information, together with other service outcome and activity data, could be used to support future commissioning of the service.</p>
PRACTITIONER	<p>Pharmacist N works collaboratively with local GP practices to examine gaps in care pathways and Quality and Outcomes Framework (QOF) data for patients with respiratory conditions. Pharmacist N then works with the lead GPs, practice nurses and practice managers to design a two-way patient referral pathway between GP practice and pharmacy with documentation to support data capture and flow and collateral required to support service delivery.</p> <p>The planning extends to joint understanding of the service of all members of the GP practice and pharmacy teams and to opportunities for addressing identified CPD needs of all healthcare professionals involved.</p>
EXPERIENCED PRACTITIONER	<p>Pharmacist A wants to apply recently acquired public health expertise by working with local healthcare professionals and the health prevention team at the local authority. Her aim is to become a Pharmacist with Special Interest (PwSI) in public health. She scopes out funding opportunities for Royal Society of Public Health training for her pharmacy team, which involves setting objectives and working out what, when, who and how as well as identifying measures of success. The aim is to develop the skill-mix of her team with the objective to extend the quality and consistency of delivering commissioned health and wellbeing services from the pharmacy. This will provide additional service related income streams, public and patient footfall and develop evidence and confidence of commissioners in community pharmacy.</p>

## 3.2 Managing Resources

### EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Managing a budget for a club, society or other organisation</p> <p>Identifying how change in resources can affect patients and their safety</p> <p>Questioning and challenging the use of resources</p> <p>Seeking opportunities to learn about NHS resource allocation principles and practices</p>	<p>Taking part in departmental discussions about resource allocation and service improvement</p> <p>Identifying the financial constraints affecting their service</p> <p>Developing a learning resource for students on corporate governance and professional practice</p> <p>Highlighting areas of potential waste to senior colleagues within the department</p>	<p>Working closely with the business manager to manage the budget for the service</p> <p>Reviewing current service delivery, identifying opportunities for minimising waste and introducing change for more efficient working</p> <p>Developing workforce plans in line with pharmacy service reviews/ requirements</p> <p>Monitoring staff capabilities, training plans and revalidation in line with organisational governance requirements e.g. in preparation for PCT inspection</p>

## EXAMPLES IN PRACTICE

STUDENT	<p>Toward the end of his placement, pre-registration student Z is given the responsibility for 'managing the dispensary' for a day. This involves checking the rota, making sure all the workflow continues without bottlenecks, appropriate supervision and sufficient checking staff are in place. During the course of the day, one of the staff is taken ill and has to leave, so Z has to take responsibility for replacing her. He negotiates with the senior pharmacists to bring in a replacement. However, there is a gap in support which he steps in to cover himself. He reflects on how contingencies for staff cover may be improved and discusses this with his placement supervisor.</p>
PRACTITIONER	<p>Junior pharmacist H is a new member of staff in an acute hospital trust. Through department briefing he understands that there are concerns about the expenditure position in the pharmacy department. He talks to the chief pharmacist about some ideas he has brought from his previous post about the staffing skill mix in the dispensary. He is asked to undertake a project reviewing the competency required for a range of tasks and then through a staffing activity survey reviews the activity undertaken by the various pay bands. He discusses his findings with the staff in the dispensary and together they draft a proposal to discuss with the chief pharmacist for a change in skill mix.</p>
EXPERIENCED PRACTITIONER	<p>Pharmacist J works at the Primary Care Trust (PCT) and identified high levels of waste in medicines prescribed for patients in care homes. Working with local GP practices and community pharmacies she developed and implemented a work-stream which examined all levels of activity in the management of medicines for these patients from ordering, prescribing, supply, storage and adherence.</p> <p>Appropriate incentives were put in place to recognise additional work associated with the interventions required to deliver the desired outcomes. These included ownership of responsibilities at each stage, improved communication, reduced overall costs of medicines prescribed, improved health outcomes for patients and reduced unplanned hospital admissions.</p>

## 3.3 Managing People

### EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Supporting and motivating others within group learning</p> <p>Taking personal responsibility for their designated role within the team</p> <p>Taking part in the design and delivery of a student project</p> <p>Contributing to peer assessment/review</p>	<p>Teaching and mentoring others, including junior staff, students and other disciplines</p> <p>Delegating work to more junior staff</p> <p>Assessing and appraising more junior staff</p> <p>Recruiting and selecting staff</p> <p>Identifying policy and legislation relevant to people management practices</p>	<p>Interpreting and implementing HR processes for a service, e.g. recruitment and selection, appraisal, mentoring and coaching</p> <p>Undertaking appraisals of junior clinical colleagues</p> <p>Managing the performance of staff within an area of responsibility, undertaking challenging conversations with colleagues whose actions have been associated with poor performance and taking appropriate action, including disciplinary action, where necessary</p> <p>Providing practice supervision which may be across professional boundaries</p>

## EXAMPLES IN PRACTICE

STUDENT	<p>Student F had shown both excellent academic and time-management skills during the first year of her training placement. Her managers and tutors were extremely impressed with her progress and suggested she acted as a mentor for the next first year student. From her recent experience, she was able to guide and support her colleague through his studies and portfolio development. F has been able to use this experience to help her colleague balance and prioritise study time and rota commitments, whilst also developing her own mentoring and leadership skills.</p>
PRACTITIONER	<p>Pharmacist M began working in a community pharmacy which was part of a small chain. Little had been done to develop the pharmacy workforce or support systems so he suggested to the owner that he be given backfill for one day per week to write a development plan for the chain. The plan included basic leadership and management skills training for the pharmacy managers, which they sourced through the Local Pharmaceutical Committee (LPC), and development plans for each pharmacy team and individual member of staff. This resulted in a better skill-mix for each pharmacy business, a more motivated and engaged workforce, reduced staff churn and improved turnover for the business.</p>
EXPERIENCED PRACTITIONER	<p>Pharmacist C is Head of Medicines Management in a Primary Care Organisation and leads a team of 19 pharmacists and pharmacy technicians. She recognised that too much time was being undertaken on administrative tasks and attending unproductive meetings so that only 11% of their time was spent on patient facing services.</p> <p>She worked with a pharmaceutical industry funded consultant to write a development plan for the team to increase ownership of their core purpose, overcome some historical beliefs and poor working practice, and increase the proportion of time spent on implementing key activities to 60%. This was focused on achieving challenging savings targets set by the Financial Director, and led to the acquisition of further management skills.</p>

## 3.4 Managing Performance

### EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Identifying and discussing how services are adversely affected by poor performance</p> <p>Participating in audit or assessment after critical event reviews</p> <p>Examining the potential impact of their own performance on sustainability of new services</p>	<p>Reviewing service targets and delivery by the multidisciplinary team</p> <p>Critiquing departmental performance and systems of management</p> <p>Taking part in discussions with health commissioners to develop understanding of future service plans</p>	<p>Using management information to monitor and evaluate service delivery against national/local targets and plans</p> <p>Communicating progress against targets and plans and ensuring that colleagues take personal responsibility for outcomes</p> <p>Informing the dialogue around the introduction or amendment of locally set performance targets</p>

## EXAMPLES IN PRACTICE

STUDENT	<p>After implementing a new service it was noticed that many service operators did not fully follow one particular step in the Standard Operating Procedure (SOP). Student Q identified this and decided to ask people why this was happening. The general response was it was impractical and no one had asked them to be involved in the SOP development process. The student reported his findings to the Superintendent who decided that in future as SOPs were developed for new services the relevant members of the workforce would be consulted to consider their suggestions.</p>
PRACTITIONER	<p>Following discussion with commissioners, Pharmacist N identified that the stop smoking service was apparently under-performing against target, acknowledging the importance of evidence base outcomes to ensure the service is re-commissioned in the future. One challenge is that performance data and benchmark comparators are not freely available. N asked for this data to be released to all providers on an anonymous basis with each provider knowing only their own performance. This allowed N to better understand where they are in relation to others, and she used this data to energise the whole team to improve their own focus on recruiting appropriate individuals into the service, and to increase the successful quit-rate by using members of the team who are best equipped to motivate clients and encourage change of behaviours. The resultant increase in success rates further inspired the pharmacy team to engage on a range of services.</p>
EXPERIENCED PRACTITIONER	<p>Pharmacist R is an area manager within a large pharmacy chain. Some of the pharmacies in his area are not meeting their performance targets for Medicines Use Reviews (MURs) and other commissioned and private services; however, two pharmacies in the area are exceeding performance targets. He decides to utilise these high-performing teams to inspire the under-performing teams, not by highlighting the variance but by sharing best practice solutions they have found to overcome barriers in a world café style event. In this way Pharmacist R managed all teams' performances.</p> <p>In addition, the managers are tasked with writing team development plans and targets which the teams themselves are engaged in. This engenders a stronger ownership of the purpose and benefits of consistently delivering high quality service outcomes for the community they serve, not just ticking boxes or hitting target numbers.</p>

## 4. IMPROVING SERVICES



Pharmacists and pharmacy technicians showing effective leadership make a real difference to people's health by delivering high quality services and by developing **improvements to services**. To do so, they must demonstrate effectiveness in:

- Ensuring patient safety
- Critically evaluating
- Encouraging improvement and innovation
- Facilitating transformation

### 4.1 ENSURING PATIENT SAFETY

- Identify and quantify the risk to patients using information from a range of sources
- Use evidence, both positive and negative, to identify options
- Use systematic ways of assessing and minimising risk
- Monitor the effects and outcomes of change

### 4.2 CRITICALLY EVALUATING

- Obtain and act on patient, carer and service user feedback and experiences
- Assess and analyse processes using up-to-date improvement methodologies
- Identify healthcare improvements and create solutions through collaborative working
- Appraise options, and plan and take action to implement and evaluate improvements

### 4.3 ENCOURAGING IMPROVEMENT AND INNOVATION

- Question the status quo
- Act as a positive role model for innovation
- Encourage dialogue and debate with a wide range of people
- Develop creative solutions to transform services and care

### 4.4 FACILITATING TRANSFORMATION

- Model the change expected
- Articulate the need for change and its impact on people and services
- Promote changes leading to systems redesign
- Motivate and focus a group to accomplish change

## 4.1 Ensuring Patient Safety

### EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
Taking part in patient safety or other clinical audits or other similar safety related activity	Taking part in clinical and/or other governance processes related to safety within the organisation	Developing systems to measure risk, and practices to diagnose and quantify risk
Identifying infection control policies and procedures while on clinical placement	Training others in safe working practices and a culture that facilitates safety through consultation with patients	Contributing to the development of clinical governance strategies and practices, and learning from relevant national collaborative projects
Taking part in risk assessment	Undertaking a risk assessment of a clinical service area	Developing and implementing audit tools for managing risk
Critically analysing significant events/ critical incidents to identify the effect on patient outcomes	Presenting risk-reduction proposals to multidisciplinary teams/departments	Developing strategies for promoting a safety culture within the service or organisation
Ensuring (personal) safe practice within clinical guidelines	Working to develop systems that are safe and reliable, and prevent harm from occurring	

## EXAMPLES IN PRACTICE

STUDENT	Hospital pre-registration student G is on their ward rotation. One of the wards has had an outbreak of C.difficile and all staff on these wards must adhere to strict infection control regulations. They must wash hands thoroughly before entering the ward and again on leaving the ward. They are recommended to clean their hands with alcohol gel before and after visiting each patient and are advised to stay off the ward if they are pregnant, suffer from a low immune system or are showing signs of illness. These processes not only ensure they do not contract anything that can further spread around the hospital but also protect the patients on the ward from contracting additional illnesses/viruses brought in by the staff. The lead pharmacist for that ward has given the student responsibility to ensure that all staff members adhere to the policy.
PRACTITIONER	Pharmacist T has just joined a busy small chain pharmacy. The company is committed to providing a full range of essential and advanced services, with expectations for each pharmacy to meet weekly targets for Medicines Use Reviews, Stop Smoking interventions and NHS health checks. Pharmacist T decides that her pharmacy team is mismatched to the expected workload, and discovers the promotion of an experienced pharmacy technician to another pharmacy in the group. This absence has compromised the ability of the team to deliver the full range of extended services safely and effectively. With little done to develop the pharmacy workforce as a team in the past, she suggests to the superintendent pharmacist that she be given backfill for two days to write a development plan recognising the departure of a colleague as an opportunity to develop individuals within the pharmacy, and to confirm the case for recruitment. The plan includes basic leadership and management skills training for herself, sourced through the Local Pharmaceutical Committee (LPC), and personal development plans for individual members of staff, resulting in improved skill-mix in the pharmacy, a more motivated and engaged workforce, reduced staff churn, targets were appropriately adjusted and improved turnover for the business. As a result, Pharmacist T is asked by the superintendent to advise her on generalising the approach across the chain.
EXPERIENCED PRACTITIONER	Z is a senior pharmacy technician (education) whom was commissioned to lead the development of an on line training and competency tool for delivering medicines reconciliation services - with a focus on areas that do not have pharmacy input. This had been identified as a Strategic Health Authority issue as part of a patient safety partnership with the ABPI. The technician developed the face to face teaching package utilised for Medicines Management technicians, with the support of an external IT contractor. This required developing much greater understanding of the role of other clinical professionals involved in patient care in community hospital settings and mental health teams - Z shadowed nursing and other staff to develop a greater understanding of this. The on-line package required extensive testing and was then launched, by Z, in front of the SHA Chief Executive - and the package is now commercially available.

## 4.2 Critically Evaluating

### EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Taking part in a service improvement project</p> <p>Leading on a student union initiative, e.g. to improve student facilities</p> <p>Identifying factors affecting the delivery of a particular service using patient feedback</p> <p>Taking part in or leading an extracurricular initiative</p> <p>Giving feedback on educational activities</p>	<p>Evaluating the outcome of changes following clinical audits or other audit activity</p> <p>Generating ideas for service improvement for discussion within multidisciplinary teams/ in multi-agency settings and with patient groups</p> <p>Using proven improvement techniques to develop service improvement proposals</p> <p>Working with managers to support service change/improvement</p> <p>Using patient reported outcome measure to inform potential improvements</p>	<p>Supporting more junior colleagues to lead a service improvement project</p> <p>Working with healthcare colleagues and patients/service users and their representatives to establish the most appropriate means of collecting and analysing patient and carer feedback</p> <p>Supporting colleagues to evaluate and audit the outcomes of healthcare improvement projects</p> <p>Ensuring that protocols and policies are established and followed consistently</p>

## EXAMPLES IN PRACTICE

STUDENT	<p>Student U found that on the pre-registration away days the work that was covered in the tutorials was not helping them specifically with their training and involved a lot of outside speakers. Student U spoke to the other students about this and found that they agreed. In the feedback that they gave after the session student U spoke up and said that they felt the work was not focused towards their training. They had a discussion session and the students explained to the lecturers where they felt they lacked knowledge and needed support, together with positive ideas for change. The remainder of the away days were changed to fit the needs of the students.</p>
PRACTITIONER	<p>Pharmacist J is a Medicines Information/Interface pharmacist at a Local Health Board in Wales. Through requests received regarding complex drug therapy from commissioning staff, usually at very short notice, J became concerned that sufficient professional input was not being given to support complex decision making about drug therapy at Individual Funding Panel (IFP) meetings. J worked to develop a relationship with the lead commissioner by identifying opportunities for changes in practice to improve efficiencies in patient care and to support the monitoring of commissioned services. Through this developed relationship J flagged up concerns with the level of input of the IFP regarding medication decisions. As a result J was invited to attend a meeting as an observer – by contributing to that meeting the executives involved realised the benefits that a pharmacist's critical evaluation skills could bring and J now attends all IFP meetings that include drugs.</p>
EXPERIENCED PRACTITIONER	<p>Healthcare Development Pharmacist C works in diabetes care. He wants to improve the current service which currently only covers blood pressure. He would like to include a cholesterol checking service but needs to assess the patients need and pharmacist's opinion as to whether the service would be widely accepted. The pharmacy staff are sent an email explaining that they are looking to set up this service in their area, do they think there would be a demand for it and would they be happy to do the training for it. They were also sent a pack of short questionnaires to give out to customers to gauge their interest in providing the service and to gather evidence to modify and inform the development of the service.</p>

## 4.3 Encouraging Improvement and Innovation

### EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Seeking patient opinions while on clinical placement or other placement</p> <p>Identifying and shadowing positive role models</p> <p>Using small group learning as an opportunity to debate and question the status quo with peers and other team members</p> <p>Providing feedback about teaching and learning experiences in order to improve education provision</p>	<p>Using multidisciplinary team, patient feedback and other settings to debate and question current systems and practices</p> <p>Taking part in multi-agency case conferences</p> <p>Undertaking multi-profession audit and/or research</p> <p>Identifying areas for improvement and initiating appropriate projects or develops them with others</p>	<p>Creating and promoting opportunities for colleagues and patients/service users and their representatives to generate, discuss and openly debate ideas for improvement and change, encouraging them to feel safe to challenge existing practice</p> <p>Systematically appraising and evolving current practice, systems and processes</p> <p>Setting challenging and stretching goals for service improvement and monitoring their achievement</p>

## EXAMPLES IN PRACTICE

STUDENT	Pre registration student Z was asked to lead on a project to redesign the seating area outside the dispensary, to further benefit the counselling patients could access on receipt of their dispensed medicines. He decided to review the area, consider what patients wanted and how best the seating could be arranged to allow for private discussion, whilst encouraging some social chat amongst the customers and patients waiting there. As a result of the innovative approach, patients and customers felt their waiting times were much improved.
PRACTITIONER	Pharmacist J works in a community pharmacy near to a sixth form college that offers emergency hormonal contraception (EHC). She notices that they do a high volume of EHC consultations and knows that unprotected sex can also lead to risk of sexually transmitted infections. Pharmacist J sees an opportunity to also offer these customers in-store chlamydia testing and contacts the local PCT to arrange setting the service up. After completing the relevant training pharmacist J is able to offer EHC and Chlamydia testing and treatment to all customers who need it. This improved the service that was offered originally and as a result the numbers that attend for the service increased.
EXPERIENCED PRACTITIONER	Medicines information pharmacist F working in a community hospital realised that she received a lot of queries around the same subject which is antibiotic prescribing in renal failure. Pharmacist F reviewed the current hospital prescribing guidelines for this area and found them to be quite confusing especially with changes in recent government guidelines. Working together with specialist consultants at the hospital and formulary staff they reviewed the guidelines to make prescribing much safer and simpler.

## 4.4 Facilitating Transformation

### EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Leading a group to implement changes, e.g. of student union activities based on student views</p> <p>Following discussion with patients, take part in introducing improvements for patients while on clinical placements</p> <p>Identifying successful change strategies and processes</p> <p>Recognising when change processes have not met their stated goals and reflecting on the reasons for this</p>	<p>Preparing recommendations for service change based on patient views, for presentation at a multidisciplinary team meeting</p> <p>Testing the feasibility of implementing changes with patients, colleagues and staff</p> <p>Taking an active role in change programmes in the clinical/workplace setting</p>	<p>With senior colleagues, reviewing patient satisfaction information to develop strategies for implementing and managing change based thereon within the organisation</p> <p>Providing support to more junior colleagues and others who are affected by change</p> <p>Presenting the arguments for change to colleagues, addressing concerns and risks</p>

## EXAMPLES IN PRACTICE

STUDENT	<p>As part of a group project, students were asked to identify a process within the pharmacy that they could change to benefit the pharmacy as well as the patients. They realised that the busiest time of day in most pharmacies was the morning as the delivery driver arrived with the prescriptions and there was a lot of walk in business from morning surgeries. They proposed changing the hours the delivery driver did to the afternoon. This would give pharmacy staff the quieter afternoons to make up the repeat prescriptions. A further benefit was the driver wasn't driving in rush hour traffic, enabling the driver to do his rounds more quickly; and the prescriptions were already done and ready for those who wanted to collect them in the mornings. The only other change was to ensure the customers were informed about collecting one day later; this gave much more time to get the prescriptions ready.</p>
PRACTITIONER	<p>Pharmacist T works in a very busy pharmacy and due to the work load has had his staff trained up to provide some of the services such as smoking cessation. The Healthcare Assistant (HCA) who is trained to do the smoking cessation works the late shift from 2 till 6. Pharmacist T notices that the majority of people who come in requesting smoking cessation do so in the mornings, this time is too busy for the pharmacist to be able to offer the service and if the patient is unavailable to come back between 2pm and 6pm when the HCA works they tend to go elsewhere for the service. Pharmacist T asked the HCA if she would mind swapping shifts to work in the mornings when the demand for the service was greater. The HCA agreed and the service could then be offered all day as she could do the morning shift and pharmacist T was able to do any afternoon session when the pharmacy was quieter.</p>
EXPERIENCED PRACTITIONER	<p>Chief pharmacist Y moves into a new post at a Trust that is based over multiple sites. This organisation was merged from 2 organisations eight years earlier. As part of his induction to the organisation Y identifies a range of practices that are not consistent across the pharmacy service with many services being duplicated at each location. These inconsistencies have led to a situation where staff are unable to work on different sites for reasons of competence, additional costs for duplicated services and inefficiencies. Staff are resistant to change and all believe they are providing a better service. Y developed a vision and a clear identity for the service that then allowed the pharmacy team to understand the transformation needed for the department. The changes to the services were then introduced cumulatively to a point where all staff are competent to work on any site and significant efficiencies have been released whilst, at the same time, improving clinical services. The organisational perspective of the pharmacy service has improved significantly leading to additional investment in the service.</p>

# 5. SETTING DIRECTION



Pharmacists and pharmacy technicians showing effective leadership contribute to the **strategy and aspirations of the organisation** and act in a manner consistent with its values. To do so, they must be effective in:

- Identifying the contexts for change
- Applying knowledge and evidence
- Making decisions
- Evaluating impact

## 5.1 IDENTIFYING THE CONTEXTS FOR CHANGE

- Demonstrate awareness of the political, social, technical, economic, organisational and professional environment
- Understand and interpret relevant legislation and accountability frameworks
- Anticipate and prepare for the future by scanning for ideas, best practice and emerging trends that will have an impact on health outcomes
- Develop and communicate aspirations

## 5.2 APPLYING KNOWLEDGE AND EVIDENCE

- Use appropriate methods to gather data and information
- Carry out analysis against an evidence-based criteria set
- Use information to challenge existing practices and processes
- Influence others to use knowledge and evidence to achieve best practice

## 5.3 MAKING DECISIONS

- Participate in and contribute to organisational decision-making processes
- Act in a manner consistent with the values and priorities of their organisation and profession
- Educate and inform key people who influence and make decisions
- Contribute their unique perspective to team, department, system and organisational decisions

## 5.4 EVALUATING THE IMPACT

- Test and evaluate new service options
- Standardise and promote new approaches
- Overcome barriers to implementation
- Formally and informally disseminate good practice

# 5.1 Identifying the Contexts for Change

## EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Taking part in opportunities to learn about the healthcare system, NHS policy environment, organisations and structures</p> <p>Taking opportunities to question more senior staff about future directions and scenarios</p> <p>Attending relevant national and regional events</p>	<p>Taking part in meetings with the local health community</p> <p>Identifying the clinical governance requirements of the organisation</p> <p>Attending multi-agency forums</p> <p>Shadowing NHS senior managers and other influential stakeholders</p>	<p>Undertaking analysis to systematically appraise the organisational environment</p> <p>Attending and contributing to conferences, workshops etc to keep abreast of likely developments affecting future services</p> <p>Seeking routes to influence local/national policy to improve local healthcare delivery</p>

## EXAMPLES IN PRACTICE

STUDENT	<p>Student P attends a MPharm lecture on the NHS as an organisation. She is given slides showing how the NHS is structured, and how national health policy translates to local implementation within the clinical settings she will work. She discusses with her academic supervisor how she might apply some of the learning in a practical way during a placement and, by understanding the context for change, is able to better understand how these may impact on practice, service delivery and the need to be able to deliver services in a more cost effective way without affecting the quality.</p>
PRACTITIONER	<p>S is a newly qualified pharmacy technician who is keen to develop a role for pharmacy technicians in supporting the pharmacy input to clinical trials. He identifies to the pharmacist lead that he would be interested in learning more about investigational medicinal products and how pharmacy manages their use. Over a period of months S spends time developing his knowledge in this area, often during lunch breaks and at home. He also utilises his IT skills to suggest ways that the small clinical trials team could use technology to make their jobs easier. The department then receives additional funding for clinical trial support in a new, higher grade technician post. S is the successful candidate and is promoted to the position where he continues to develop IT systems for supporting clinical trials and the quality of systems in place was recognised during the organisations GCP inspection by the MHRA.</p>
EXPERIENCED PRACTITIONER	<p>Pharmacist J is a pharmacy member of local GP consortia with particular responsibilities for managing medicines of patients with long term conditions. He has been concerned of late about the provision of stroke services in the locality. He is aware of the latest evidence-based practise by searching online sources of research and data which shows that early intervention improves outcomes. In addition, J has reviewed the government's public health consultation on "Healthy Lives, Healthy People, and strategy" and interprets the impact implementing this strategy could have on future service design.</p> <p>J has had a meeting with his lead GP with a special interest in stroke services. The lead GP has asked C to produce recommendations for the consortia about having a more streamlined service. This will incorporate recent guidance and will result in better outcomes.</p>

## 5.2 Applying Knowledge and Evidence

### EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
Researching appropriate sources of information to support learning	Using and interpreting departmental performance data and information to debate services within multidisciplinary team meetings	Using audit outcomes to challenge current practice and develop consistent, reliable care
Critically analysing appropriate information and data to determine trends	Using external references e.g. IT based resources to support analysis	Delegating responsibility to colleagues to act as service leads and supporting them to innovate
Investigating an identified problem in small group work	Synthesising information and preparing a business case	Changing service delivery in response to new evidence
Applying principles of evidence-based practice		

## EXAMPLES IN PRACTICE

STUDENT	<p>Student N works on an audit to evaluate the impact of guidance on prescribing. This involves evaluating the evidence base for the guidance and considering the use of the drugs in the local population where student N is working. With appropriate supervision, student N develops an audit tool and conducts the evaluation, analyses the data and draws inferences about the prescribing of the drugs in their practice. They are able to consider the appropriateness of the guidance, the application in practice, how the drugs are prescribed and potential reasons for non compliance with the guidance (including patients not fitting the criteria.) Student N writes up the audit as part of the registration training and presents the findings at local and regional meetings with peers.</p>
PRACTITIONER	<p>Pharmacist E is undertaking a postgraduate diploma and has been tasked with completing a change management audit. This involves familiarising himself with change management theory, building on the study days and lectures and understanding the application in the workplace. The specific project is around how to manage the implementation of an automation system which will involve pharmacist E reviewing the evidence base, gathering cases where it has already been done in practice and reviewing how best it can be done in their practice. With the appropriate level of supervision, pharmacist E is able to implement the leadership skills needed to plan the project, discuss with the team, engage them to help with the various elements needed to ensure the implementation of the automation system and to evaluate the key stages.</p>
EXPERIENCED PRACTITIONER	<p>Pharmacist H is the lead for cardiac service delivery across the healthcare interface in her locality. She is responsible for the continuity of care for patients undergoing cardiac rehabilitation, working with community colleagues to support these patients after discharge. She manages her team and the newly appointed locality pharmacists who act as liaisons for the clinical management of these patients. She is also part of the National Institute for Clinical Excellence (NICE) guidance group and contributes experience and evidence gathered from practice to the development and implementation of national guidance.</p>

## 5.3 Making Decisions

### EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Contributing to discussions about future course developments</p> <p>Taking part in multidisciplinary team meetings and listening to patient experiences during clinical placements to appreciate the organisational context for decisions</p> <p>Identifying where decisions have taken account of changes in evidence and policy</p> <p>Seeking to understand how key decisions lead to ongoing impact</p>	<p>Contributing to decisions using evidence about the running of the service as part of a multidisciplinary team</p> <p>Contributing to relevant decisions about workload and arrangements for cover based on clear and concise information and data</p> <p>Taking part in clinical committee structures within the organisation</p> <p>Extrapolating knowledge to understand potential future impact of key decisions</p>	<p>Determining priorities for a service, incorporating them into departmental, organisations and business plans</p> <p>Advising management colleagues, providing a clinical and or technical perspective on service developments and the implications for patients e.g. aseptic/production units</p> <p>Helping others to interpret the future impact of decisions</p> <p>Taking responsibility for ensuring appropriate and effective decision making processes are in place</p>

## EXAMPLES IN PRACTICE

STUDENT	<p>Student D was an observer at a case study meeting where the GP, nurse, social worker and patient discussed a new care plan that took into account the patient's change of circumstance. The patient's partner and long term carer had died and the patient's own health was deteriorating, but the patient wanted to live independently at home for as long as possible. By the end of the discussion, D had a better understanding of the demands on multi-agency working, conflicting priorities, constraints on resources and how compromise is required to ensure quality sustainable care is accessible to people who need it.</p>
PRACTITIONER	<p>Pharmacist W is invited to a GP practice meeting to discuss the management of patients with asthma and the re-design of their care pathway. One outcome of the discussions was an agreement for the pharmacist to invite all patients who use an inhaler to have an asthma MUR. Over the next 12 months, quarterly meetings were held to review and implement changes as a result of the MURs so that the decisions were based on the emerging evidence and feedback from the multidisciplinary team.</p>
EXPERIENCED PRACTITIONER	<p>Pharmacist F is an area manager responsible for 30 community pharmacies, many of which provide services to a national nursing home group. This group have been acquired by another large national nursing home organisation. The area manger attends a meeting with the regional manager of the new nursing home group to discuss pharmacy service provision and to understand the needs and practices of this new organisation. F discusses the various options and plans for the future, and offers to assist with the introduction of the resulting changes. F then meets the individual pharmacy teams in her area to update them on new practices, processes, and reporting systems in order to ensure continuity of quality pharmacy services to the nursing home group.</p>

## 5.4 Evaluating Impact

### EXAMPLES OF LEARNING AND DEVELOPMENT OPPORTUNITIES

STUDENT	PRACTITIONER	EXPERIENCED PRACTITIONER
<p>Taking part in student/staff committees, e.g. to review the effectiveness of initiatives</p> <p>Seeking opportunities to learn how effective service changes have been</p> <p>Reviewing the effectiveness of alternative treatments and approaches following clinical attachment</p>	<p>Contributing to the evaluation of services and wider healthcare systems relevant to the service and their own practice</p> <p>Presenting the results of clinical audit and research to audiences outside their immediate specialty</p> <p>Taking part in organisational service review/planning with healthcare commissioners</p>	<p>Evaluating change options in terms of their impact on services</p> <p>Facilitating the introduction of new services and systems/processes</p> <p>Promoting good practice by communicating this to a wider audience, e.g. speaking at meetings/conferences, publishing articles and guidelines</p> <p>Designing outcome measures for services</p>

## EXAMPLES IN PRACTICE

STUDENT	Student P was working on an audit and part of the process involved collecting and analysing information. Recommendations for any changes to practice and parameters to fit the local population (taking into account ethnicity, deprivation and social factors) were based on the collected evidence. As part of the dissemination process, student P is able to present these changes in practice at local and regional meetings with peers.
PRACTITIONER	Pharmacist Q has been charged with evaluating the impact of a change management project (impact in practice as well as contributing to his postgraduate diploma). The outcome measures (based on evidence gathered in the initial stages) included the impact of automation on the service (measures of time involved versus time saved, the costs and cost savings, and set up versus daily practice) as well as the impact on staff and skill mix. With the appropriate level of supervision, Pharmacist Q is able to take the findings to a service review meeting with local commissioners.
EXPERIENCED PRACTITIONER	Chief Pharmacist X is keen to ensure that as financial pressures mount the clinical pharmacy team is secure in its work in the Trust. An evidence base is needed to provide assurance that investment is worthwhile. Service Level Agreements at bronze, silver and gold are developed with each Division. These are then linked to Key Performance Indicators that can be seen via the Trust Business Intelligence System. Each month Divisions are encouraged to modify the KPIs to suit their Divisions needs.

# ABOUT THE ROYAL PHARMACEUTICAL SOCIETY

The Royal Pharmaceutical Society is the dedicated professional body for pharmacists and pharmacy in England, Scotland and Wales providing leadership, support and development to our members.

We ensure the voice of the profession is heard and actively promoted in the development and delivery of healthcare policy and work to raise the profile of the profession. We are the only body which represents all sectors of pharmacy in Great Britain.

Our mission is to promote and represent the professional interests of our members, supporting the profession to achieve our shared vision for the future. We are committed to supporting and empowering our members to make a real difference to improving health outcomes for patients.'





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