

CONFERENCE ABSTRACT

Reshaping the pharmacy workforce to deliver integrated care through extending pharmacy professionals' scope of practice: lessons from the evaluation of new learning pathways implemented before and during the Covid-19 pandemic.

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Introduction

The potential of pharmacy professionals in patient care has long been recognised, yet investment in developing their skills as clinicians and leaders has often been overlooked. In England, reform of the community pharmacy workforce to meet the need for more integrated care has been piecemeal: hampered by weak incentives for employers to invest, lack of alignment with other parts of primary care, and limited perceptions among other clinicians of pharmacists' capabilities. Demand for skilled professionals in primary care is increasing, and even before Covid, the need to develop distinct roles in primary care for pharmacists was evident.

Policy context/objective

In 2016, the English NHS invested £42m to boost supply and demand for enhanced skills in the pharmacy workforce, aiming to demonstrate the value of new types of pharmacy careers through funding new roles within care homes, GP practices and other primary care settings; and developing innovative, flexible learning pathways to support this shift by upskilling existing community pharmacists. It was intended that pharmacists would deliver more direct care for patients (especially those with complex medical needs), saving time for other clinicians; reduce errors and waste; and work alongside other primary care professionals to develop integrated care pathways. As the pandemic struck, new opportunities arose for pharmacy professionals to use newly acquired skills in practice.

Targeted population

The Pharmacy Integration Fund learning pathways were aimed at both new and experienced pharmacists and pharmacy technicians, and since their inception c.3000 have taken part. NHS England commissioned a mixed-methods evaluation to look at the impact of post-registration learning for community pharmacists and vocational pathways, examine the extent to which enhanced clinical skills had been acquired and used in practice, and understand how the development of a flexible pharmacy workforce across primary care might be achieved.

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Highlights

The evaluation was cross-sectional and longitudinal; a survey sent to over 2000 learners, and depth interviews with learners (n=51) and stakeholders e.g. supervisors and employers (n=30), revealed important outcomes pertinent to enhancing scope of practice, including improved consultation skills, uptake of patient-centred approaches, and leadership skills. However, many learners found it challenging to balance their learning with employment pressures. There are several considerations for policy makers in the future, including the critical importance of employer support in accessing learning opportunities, and the value (and need for) high quality supervision, and the importance of networks in helping people to develop their skills and confidence.

Transferability

Building on the Covid experience, the English NHS plans to continue upskilling pharmacy professionals to work in primary care, focusing on developing enhanced clinical skills early in pharmacists' careers. The learning shows great potential to be applied to other healthcare systems under pressure.

Conclusions

There is a strong demand among pharmacy professionals to upskill, and enhance their scope of practice in their current roles as well as moving into jobs that offer more direct patient care. Implementation of such programmes brings numerous benefits, but also requires buy-in to a shared vision across stakeholders, and an honest appraisal of the support that learners need.