ROYAL PHARMACEUTICAL SOCIETY

Transforming the pharmacy workforce: Building a sustainable workforce for the future

Mildred Johnson
Chief Pharmacist, Clinical Director of Pharmacy,
Maidstone & Tunbridge Wells NHS Trust

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Digital Literacy in Undergraduate Education

Dr Clare Tolley, MRPharmS, Ph.D., PGCert, FHEA, FFCI
Lecturer in Pharmacy Practice
Newcastle University

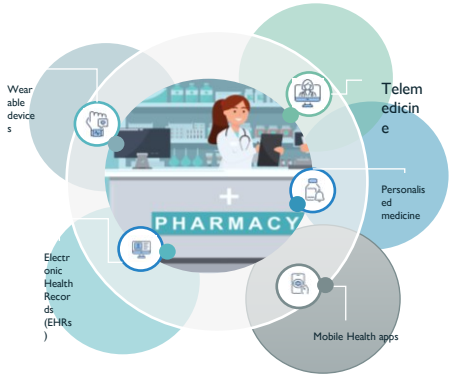
Background

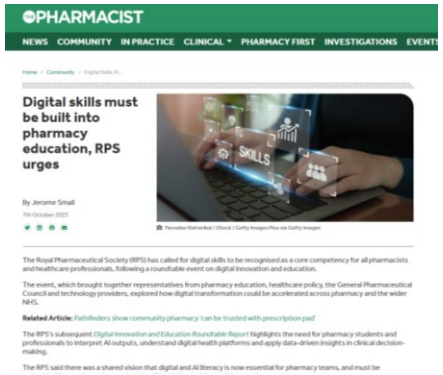
Digital literacy “those capabilities that fit someone for living, learning, working, participating and thriving in a digital society” Health Education England (HEE)

The importance of equipping the clinical workforce with relevant education and training to deliver the digital future. The Topol Review (2019)

NHS 10 Year Plan: digitally enabled care, aiming to transform how health services are delivered through the widespread use of digital technologies, data integration, and innovation to improve patient outcomes, safety, and system efficiency

RPS published **Digital Capabilities for the Pharmacy Workforce policy**, which details local and national recommendations for improving digital capabilities across pharmacy.



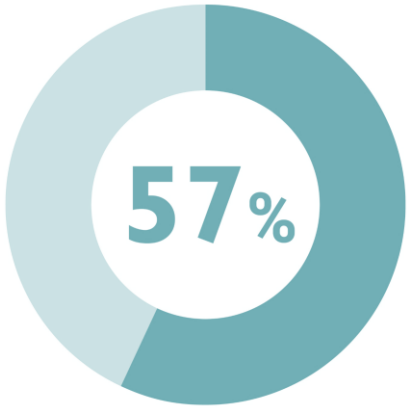




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Digital Evolution vs. Educational Adaptation

Initiatives: Health England Education (HEE) digital capability for pharmacy, GPhC standards.



International Pharmaceutical Federation (FIP) reveals: 57% of surveyed pharmacy schools worldwide do not offer digital health education



International Journal of Pharmacy Practice, 2024, 32, 413–419
https://doi.org/10.1093/ijpp/riae040
Advance access publication 9 August 2024
Research Paper

IJPP International Journal of Pharmacy Practice

OXFORD

Digital literacy education for UK undergraduate pharmacy students: a mixed-methods study

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Abstract

Objectives: Digital literacy is increasingly crucial in pharmacy practice, and relevant education and training are required to prepare the future workforce. This study aims to explore the current and planned inclusion of digital literacy education in the undergraduate curricula of UK pharmacy schools.

Methods: A mixed-methods approach was conducted with two phases. The first involved a content analysis of published curricula from all 30 UK pharmacy schools. The second phase included a survey based on the Health Education England Digital Capabilities Framework, distributed to academic staff across all pharmacy schools.

Key findings: Data from 14 pharmacy schools' curricula were included in the analysis, with 10 reporting digital literacy education. Key themes identified from the analysed documents included understanding of health informatics, applied informatics, information technology skills, and the emerging digital health technology. Nineteen respondents from 16 schools participated in the survey; digital literacy inclusion was reported by 18 participants. There was variable alignment of digital literacy competencies with the Health Education England framework. Digital literacy was mainly integrated into existing teaching sessions, predominantly through self-learning (n = 12). Electronic Health Records and remote counselling were the main focus areas within the curricula. Challenges in implementing digital literacy include a lack of expertise (n = 13), and time constraints (n = 10).

Conclusions: The trend towards embedding digital literacy in UK pharmacy curricula is clear, but disparities suggest the need for a more unified strategy. Recommendations include establishing a specific digital literacy framework aligned with professional needs, improving accessibility and transparency in curricula documents, and investing in faculty development.

Keywords: Digital health; Digital literacy; Education; Pharmacy students; Electronic health records

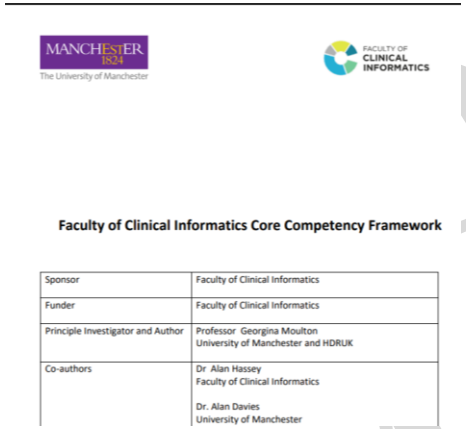
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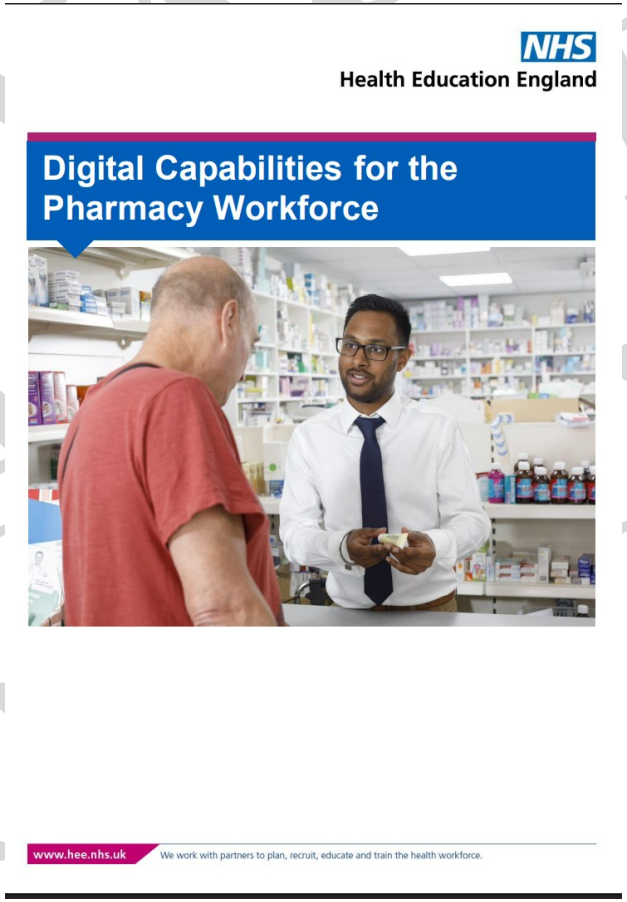
Alowais et al. (2024) found 10/14 SoP that participated included digital literacy competencies. Disparities in coverage of competencies and approaches

Health Education England. Digital Capabilities for the Pharmacy Workforce.
The Accreditation Council for Pharmacy Education. Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree.
Mantel-Teeuwisse AK, Meilianti S, Khatri B, et al. Digital Health in Pharmacy Education: Preparedness and Responsiveness of Pharmacy Programmes. Education Sciences. 2021;11(6):296.
Mashael Alowais, Hamde Nazar, Clare Tolley, Digital literacy education for UK undergraduate pharmacy students: a mixed-methods study, International Journal of Pharmacy Practice, Volume 32, Issue 5, October 2024, Pages 413–419, https://doi.org/10.1093/ijpp/riae040

Digital Literacy in UG Education: what's out there already?







Schools of Pharmacy Digital Community of Practice: Indicative Curriculum (in development!)

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PhD project aim:

"To investigate the current landscape for preparing 'digitally ready' undergraduate pharmacy students and to develop a digital competency framework for undergraduate pharmacy education."

Mashael Alowais

Supervised by:

Dr Clare Tolley

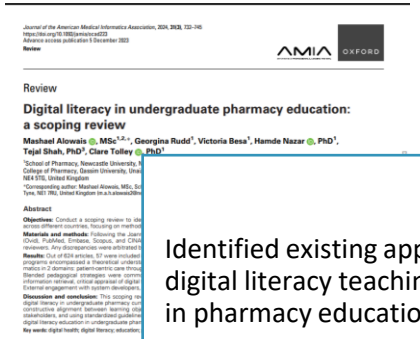
Prof Hamde Nazar

Dr Tejal Shah

https://www.linkedin.com/in/alowaism/

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Overview


Review

Digital literacy in undergraduate pharmacy education: a scoping review

Abstract


Digital literacy education for UK undergraduate pharmacy students: a mixed-methods study

Abstract

Identified existing approaches to digital literacy teaching and training in pharmacy education worldwide.

Scoping Review

A questionnaire was used to survey pharmacy schools about their current curricula and future plans.

Surveying pharmacy schools

Based on the previous findings, a digital competency framework for undergraduate pharmacy students was developed.

Framework Development

Content Analysis

Analysis of MPharm curricula to determine the digital competencies offered in UK pharmacy schools.

Stakeholder Interviews

Semi-structured interviews were conducted with academics, pharmacists, and trainees to gain insights into the training provided and to gather more information about the essential digital competencies needed.

Consensus Validation

The framework refined using an adapted Nominal Group Technique.

The digital literacy framework for UG pharmacy schools

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Framework development

01	02	03	04	05	06
Scoping review of digital literacy literature	Content analysis of MPharm curricula	Survey of UK pharmacy schools	Interviews with trainees	Interviews with pharmacists	Interviews with academics

1. Synthesised findings informed the **initial list of digital competencies** for undergraduate pharmacy students

Domain	Skills	Trainees	Pharmacists	Academics	Scoping review	Curricula content analysis	The Survey
Digital health							
Purpose and Functions of DHTs	Understand the purpose and functions of DHTs in healthcare.	✓	✓	✓	✓		
	Understand the application of DHT principles in clinical practice.	✓			✓		
	Recognise commonly used digital health systems in various pharmacy settings (e.g., GP, hospital systems, community pharmacy).	✓	✓	✓	✓		
	Recognise the digital remote monitoring role in patient care (e.g. wearable health devices and mobile health apps)			✓	✓		
	Understand the benefits and limitations of DHTs in practice.	✓	✓	✓	✓	✓	
	Critically assess the reliability of DHTs (e.g. mhealth) before recommending them to patients.			✓	✓		

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Framework development

2. Drafted framework developed

- Refined through three iterative rounds with the supervisory team.
- Each round involved refinement of structure, language, and alignment.
- Mapped to Bloom's Taxonomy.
- Aligned with the HEE Digital Capability Framework for Pharmacy Workforce.

Consensus Development Method

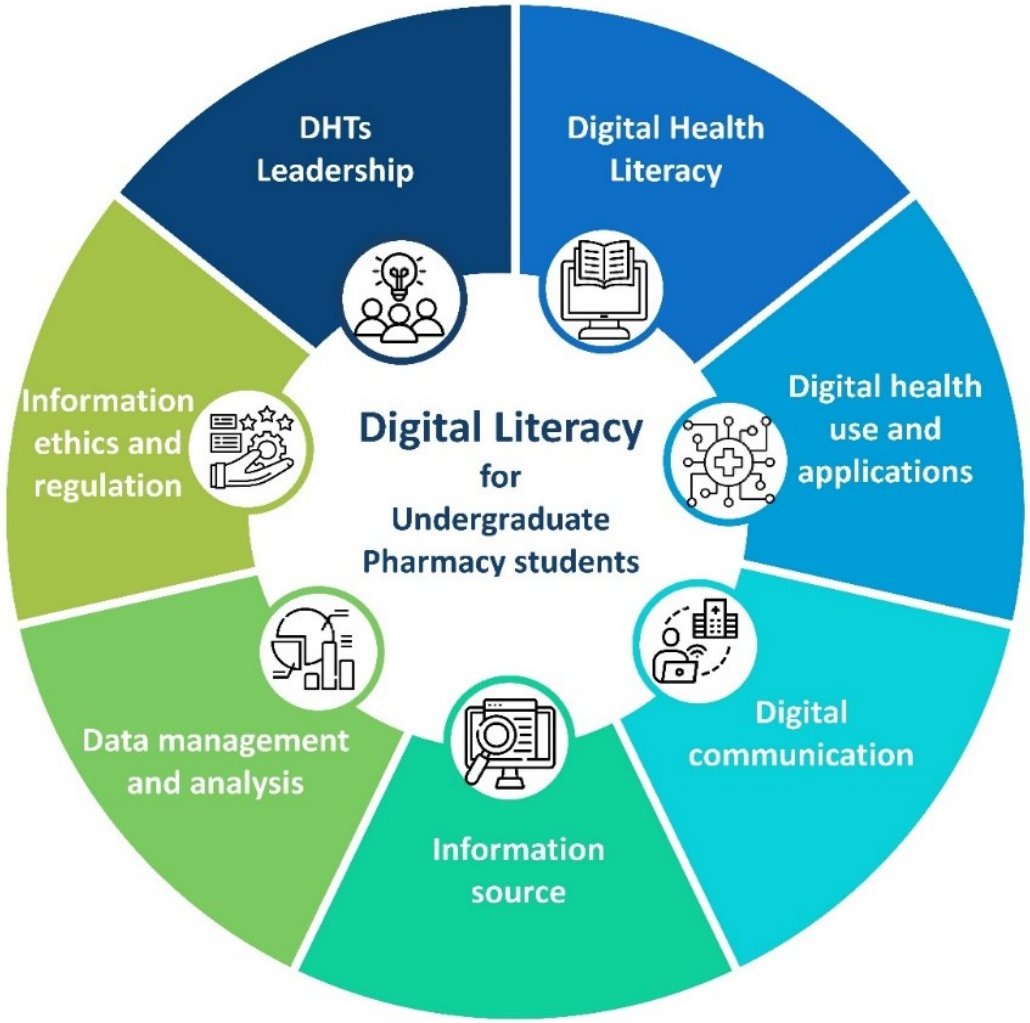
- An adapted Nominal Group Technique (NGT) to review and validate the drafted framework with **9 pharmacy academics** from a pharmacy school in the United Kingdom.
- 55 learning outcomes across 7 domains reviewed
- Results:

NGT's Stage	Number of Outcomes (N=55)	Level of Agreement
Individual rating	29 20 6	Strong agreement (80–100%) Moderate agreement (60–79%) Low agreement (40–59%)
Group Discussion	19	reached consensus
Final consensus	48 7	reached agreement did not reach consensus

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The Digital literacy framework

- 7 domains, each representing a broad area of competence
- Within each domain, the learning outcomes define what students should be able to know and do.
- These outcomes are classified into three levels, according to Bloom's Taxonomy.



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The Digital Literacy Framework for Undergraduate pharmacy education

	Basic	Intermediate	Advanced
1 Digital health literacy	• Describe the purpose and functions of digital health in healthcare. • Explain the application of digital health principles in practise. • Discuss the benefits and limitations of digital health in practise. • Explain the role of digital health in pharmacogenetics and personalised medicine. • Explain coding concepts and their applications in healthcare.	• Demonstrate foundational digital literacy skills (e.g., device operation, internet connectivity, web navigation). • Use Microsoft Office (e.g., Word, Excel, PowerPoint) to create reports and present data. • Use DHTs for one's own personal and professional development needs. • Actively promote digital health literacy for peers or patients. • Build and use digital identities appropriately.	• Design teaching and learning resources using a wide range of digital tools and emerging technologies.
2 Digital health technologies (DHTs) use and applications	• Identify commonly used DHTs in various pharmacy settings. • Explain the role of factors such as human, system, and environmental factors in designing and implementing digital health systems. • Discuss usability and security issues associated with DHTs (e.g., EHRs (Electronic Health Records) and CDSS (Clinical Decision Support Systems) dispensing systems, mobile health apps, wearable devices). • Discuss the potential applications of AI and AI-based systems in healthcare.	• Use DHTs to perform clinical activities (e.g., digital searching, dispensing). • Critique and analyse advances in DHTs (e.g., the use of robots in dispensing) for research, development, and quality of care improvement activities. • Analyse and interpret CDSS alerts. • Analyse the potential advantages, limitations and issues of using AI and AI-based systems in healthcare.	• Evaluate design and usability issues associated with DHTs. • Evaluate the reliability and effectiveness of DHTs. • Formulate clinical decisions informed by outputs from DHTs.

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3	Digital communication skills		
	Basic	**Intermediate**	**Advanced**
	• Understand the importance of communication skills to improve patient care in digital settings. • Recognise the wide range of digital tools used for digital communication (e.g., Microsoft Teams, Zoom, NHS Near Me, online pharmacy). • Understand the roles and regulations involved in digital communication.	• Demonstrate non-verbal communication strategies in remote interactions (e.g., to convey empathy) • Communicate effectively with patients and other HCPs using DHTs. • Support patients in using remote consultation (e.g., addressing digital inequity).	• Justify and explain the outputs from DHTs to patients or HCPs.
4	**Information source**		
	Basic	**Intermediate**	**Advanced**
	• Understand digital health taxonomies, vocabularies and coding languages (e.g., The Systematised Nomenclature of Medicine, SNOMED) • Describe the concept of interoperability and its impact on patient care.	• Apply appropriate search strategies to locate online information. • Use online resources (e.g., British National Formulary, Summary of product characteristics) or AI appropriately and securely. • Use digital health taxonomies, vocabularies and coding languages (e.g., SNOMED) appropriately in clinical documentation.	• Critically evaluate online sources for credibility and reliability. • Evaluate information for accuracy and reliability. • Formulate decisions guided by online resources.

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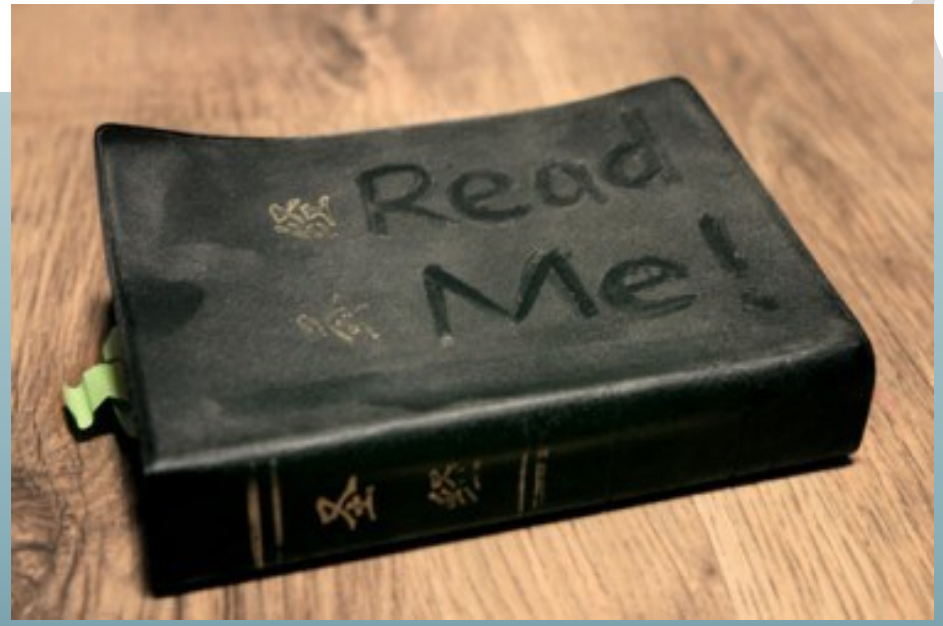
5	**Data management and analysis**		
	Basic • Explain data management principles (e.g., secure data handling, storage, archiving and secure data environment) • Describe statistical concepts and methodologies.	**Intermediate** • Use data analysis tools (e.g. SPSS, Microsoft Excel, Power BI) to manage datasets. • Apply statistical methods to analyse patient data. • Analyse and interpret the patient data from the clinical system.	**Advanced** • Formulate decisions informed by outputs of statistical analysis. • Guide others in implementing data management principles (e.g. secure data handling, storage, and archiving)
6	**Information ethics and regulation**		
	Basic • Describe ethical aspects such as patient confidentiality, data security, and informed patient consent. • Recognise the legal frameworks for data protection and the importance of complying with them (e.g., General Data Protection Regulation (GDPR). • Describe risk assessment and management, and the importance of compliance with its standards to minimise risks to patient safety. • Describe the principles of clinical governance in digital health systems. (e.g., defining who owns, accesses, and controls data and the role of standard operating procedures (SOPs).	**Intermediate** • Comply with the organisation's legal requirements to meet regulatory frameworks (e.g., GDPR).	**Advanced** • Formulate decisions that address ethical concerns related to DHTs through the analysis of the relevant legal framework. • Evaluate how clinical risk standards (e.g. DCB 0129 and DCB 0160) help reduce risks to patient safety.

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7	DHTs Leadership		
	Basic	**Intermediate**	**Advanced**
	• Explain the importance of leadership skills in promoting the adoption of DHTs (e.g., engagement strategies with decision-makers).	• Apply collaborative strategies with healthcare professionals (HCPs) and peers to use DHTs effectively. • Apply strategies to support patients and HCPs in the use of DHTs.	• Adopt, design and develop digital solutions to enhance patient care.

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What's next



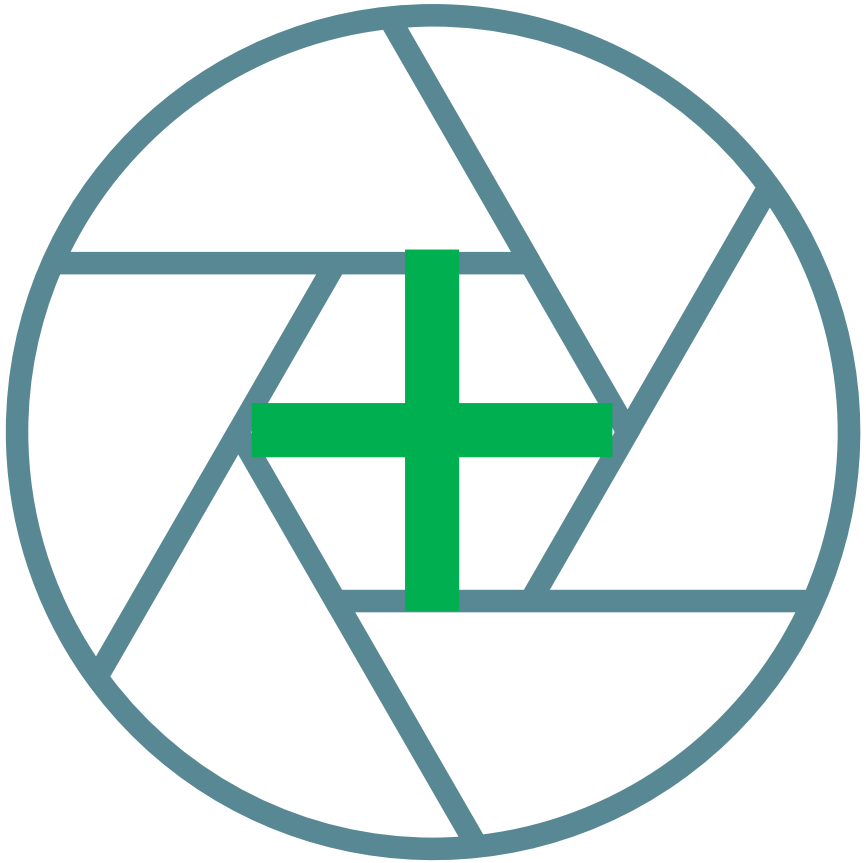
Schools of Pharmacy
Digital Community of Practice
(SoPDCoP)



Atif Saddiq (Group Chair): Atif Saddiq
A.Saddiq9@bradford.ac.uk

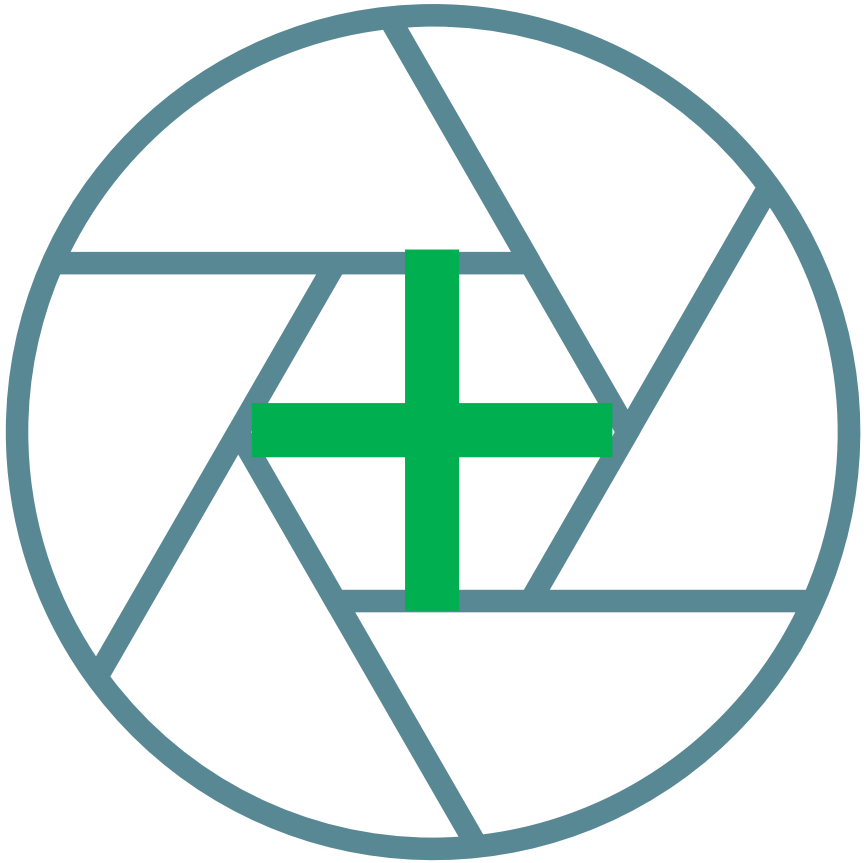
About SoPDCoP

- Founded in January 2024
- A UK-wide platform for Schools of Pharmacy
- Current representation from 21 HEIs
- Facilitates collaboration on digital health, TEL, and digital simulation for undergraduate MPharm Education



Core Aims

- Share best practice for embedding digital health and TEL into MPharm programmes.
- Co-develop an Indicative Curriculum for Digital Health. **(Target publication Winter 2025/ Early 2026)
- Equip students with digital competencies for modern pharmacy practice.
- Promote careers and placements in digital pharmacy.



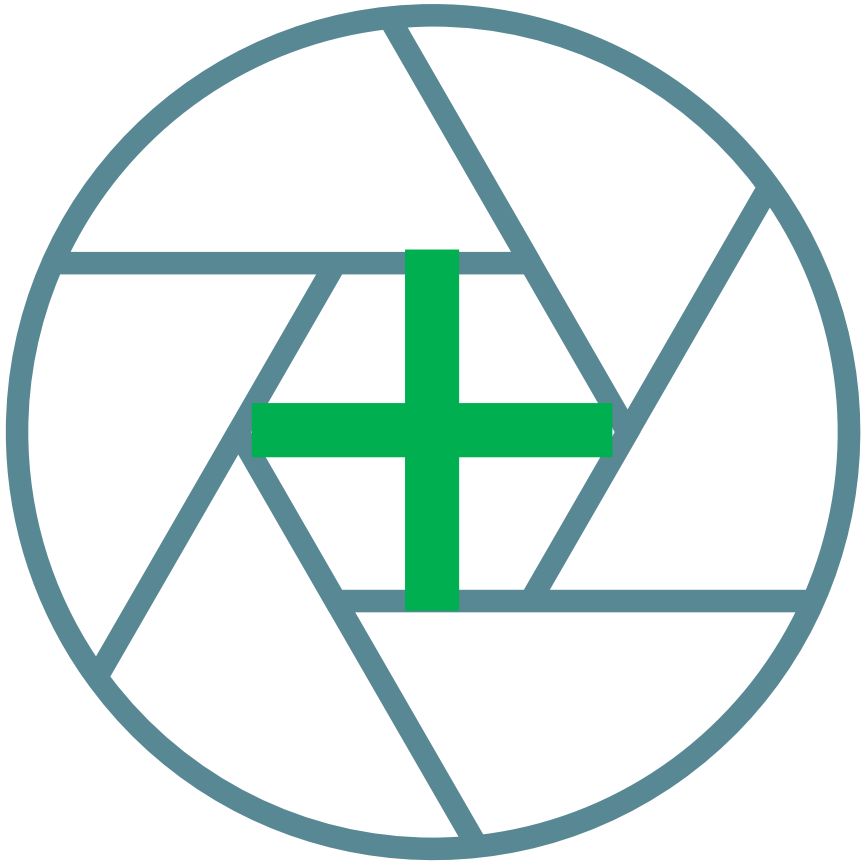
School of Pharmacy Hackathon

Focus:

- Equip students with digital competencies for modern pharmacy practice.

- Promote careers and placements in digital pharmacy.

Anticipated event date: February 2026



Key Takeaways

DIGITAL LITERACY SKILLS ARE ESSENTIAL FOR DIGITAL ADAPTABILITY IN HEALTHCARE.



DIGITAL LITERACY FRAMEWORK FOR UG PHARMACY STUDENTS

SOPDCOP INDICATIVE CURRICULUM

COLLABORATION BOOSTS DIGITAL LITERACY.

Thank you!

Credit to:
Mashael Alowais
Dr. Hamde Nazar
Dr. Tejal Shah
Georgina Rudd
Victoria Besa
Dr. Atif Saddiq and School of Pharmacy Community of Practice Team



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Building Multi-sector Foundation Training Placements

Khalid Khan
Transformation Lead,
Imaan Healthcare

Introduction

Community pharmacy group (70 sites)

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Imaan Healthcare

Current

70+ trainees annually

Multi-sector (13-26 weeks)

Hospital / GP / Substance misuse / Prison

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Imaan Healthcare

Why?

Recruitment challenges:

Funding cuts

Training grant

Dispensing

“I didn’t spend 4 years at uni to put my initials in a box”

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Imaan Healthcare

Phase 1
(Pilot)

PHARMOYAL POLITICAL

Pharmacy chain to share 10 of its pre-regs with local GP practices

14 Jun 2018 | **NEWS**

Imaan Healthcare will share 10 of its pre-registration pharmacists with local GP practices from this summer, C+D has learned.

Imaan Healthcare

Outcomes

The pre-reg pharmacist who reduced care home patients' drugs by 30%

19 Nov 2019 | **CASE STUDIES**

When he didn't get the grades he wanted, one pre-registration pharmacist scored a greater success by linking together a pharmacy, a GP surgery and a care home

by Eliza Slawther



Imaan Healthcare

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Phase 2
(Scale up)

50 trainees

Weekly integrated programmes

HEEGP programme (£3500)

Largest HEEGP provider

Imaan Healthcare

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How?

Service delivery

Discharge / clinic letters

Scheduling / interpreting / communicating blood test results

Audits / PINCER / CQC inspections safety work

Actioning MHRA / safety alerts

Meds reviews / queries / CP engagement

QOF

Imaan Healthcare

Funding

ROYAL PHARMACEUTICAL SOCIETY

Outcomes

98% Oriel recruitment fill rate

Stimulated trainees

Increased trainee satisfaction

Improved CP / GP relationships

Career clarity

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Imaan Healthcare

Phase 3

2025/26 – Prescribing for trainees

Prescribing setting & DPP requirements

2026/27 – Mandatory multi-sector placements



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However…

2025/26 – HEEGP funding withdrawn

GPs / PCNs withdrew (80%)

DPP & multi-sector problem…



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Solution

Hospital partnerships

Planning for 2026/27 – hospital priority – pilot

13-week rotation

Prescribing setting & DPP

Imaan Healthcare

ROYAL PHARMACEUTICAL SOCIETY

New Community Pharmacy Landscape

Pharmacy First & minor illness clinical pathways

Hypertension case-finding

Pharmacy contraception service

Discharge medicine service

New medicine service

Weight management

Vaccinations



Imaan Healthcare

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Educational Partnership

- Activities and LOs for hospital trainees in CP
- Focus on **consultation & clinical assessment skills**
- Mapped CP activities to RPS prescribing framework
- Access to Imaan / Pioneer revision resources

Imaan Healthcare

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Prescribing Supervision & Assessment

1. History Taking
2. Physical and Clinical Examination Skills
3. Prescribing Consultation
4. Prescription Writing
5. Log of 90 Hours

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Sample Learning Event

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Patient asked to speak to the pharmacist but I introduced myself and role and asked the patient if she was happy to talk to me initially. I asked her if she wanted to go into the consultation room and she said yes. Once inside, I asked her to take a seat and asked her name and then asked how she would like to be addressed. The patient was hard of hearing so I maintained eye contact and made sure to speak clearly. I asked the patient if she was happy for me to take brief notes in case I had to refer to the pharmacist and she said yes. I explained that this would be a confidential conversation unless I had to ask for guidance from the pharmacist. I asked what she was hoping for from this consultation and the patient replied “antibiotics” as her neighbour told her that’s what she needed.

1.1. Undertakes the consultation in an appropriate setting
1.2. Considers patient dignity, capacity, consent and confidentiality
1.3. Introduces self and prescribing role to the patient/carer and confirms patient/carer identity
1.4. Assesses the communication needs of the patient/carer and adapts consultation appropriately.
1.5. Demonstrates good consultation skills and builds rapport with the patient/carer.
1.8. Identifies and addresses potential vulnerabilities that may be causing the patient/carer to seek treatment.

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Sample Learning Event

ROYAL PHARMACEUTICAL

I explained that antibiotics won't work for a cold as they are caused by a virus and unnecessary use of antibiotics can lead to resistance making them less likely to work in the future. I asked her what her main concern was and she said her blocked nose. I explained that she could not take oral decongestants due to her blood pressure but she could try a nasal decongestant for up to 7 days only. Any longer and it could cause rebound congestion. I explained that there is no evidence for cough mixtures and she could try hot water with honey and lemon in. She insisted on having a cough mixture so I recommended Simple Linctus sugar free. I also advised her to wash her hands regularly. She was happy to take my recommendations. I asked if she had a smartphone and she said yes. I showed her the NHS website and where she could find health related information if needed. I also said that she could take paracetamol if needed if she got a fever but not ibuprofen as she was already on lansoprazole.

2.1. Considers both non-pharmacological and pharmacological treatment approaches
2.3. Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment
2.8. Stays up to date in own area of practice and applies the principles of evidence-based practice
2.10. Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures
3.3. Explains the material risks and benefits, and rationale behind management options in a way the patient/carer understands, so that they can make an informed choice
5.3. Guides the patient/carer on how to identify reliable sources of information about their condition, medicines and treatment

Imaan

Model Day

Provide structure for own and shared trainees

Provide structure for DS

Guarantee breadth of experiential learning

Prevent coasting

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Activity	Suggested daily time allocation
Dispensing	2-4 hours
Counter assistance	1-2 hours
Pharmacy services	1-3 hours
Pharmacy Quality Scheme	30-60 mins
Prescription queries	30-60 mins
Stock management	15-60 mins
Clinical governance	30 - 60 mins
Education & research	30 mins
Mandatory & Specific Training	30 mins

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Activity	Suggested daily time allocation	Examples	GPhC Learning Outcomes	NHSE Professional Development Activities
Dispensing	2-4 hours	• Order medication/appliances • Dispense accurately • 'Specials' orders • Print/label prescriptions • Blister packs • Repeat prescription ordering • Substance misuse • Repeat dispensing • Substance Misuse • Endorse prescriptions	2, 3, 5, 10, 11,12, 14,15,16,17,18, 27, 39, 43	• Preparing Medicinal Products • Medicines Safety • Medicines Reconciliation • Medicines Optimisation
Counter assistance	1-2 hours	• OTC guidance • Prescription retrieval • Healthy living advice • Counter prescribing • Signposting • EPS Prescription Tracker • Prescription charges • Disposal of unwanted medicines • Support for self-care	1, 2, 3, 4, 5, 10,11, 13, 15,16, 17,18, 20, 21, 28, 33, 34, 42, 43, 44	• Patient consultation • Public Health Intervention • Medicines Safety • Responding to a medicines query • Medicines Optimisation

Other Partnerships

- Substance misuse services
- Health & Justice (prison services)
- GP / PCN

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Recommendations / Enablers

Allow trainees to deliver clinical services under supervision

More clinical services in community pharmacy

Prescribing service in community pharmacy

Relaxing DS supervision restrictions

Funding

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Commitment to Quality



1. Learning environment and culture relates to the settings within which learners are located and where the activity of education and training takes place.

2. Educational governance and commitment to quality describes the organisational ethos, priorities, structures, rules and policies in place to support learning.

3. Developing and supporting learners sets out the resources, support and tools learners need to succeed.

4. Developing and supporting supervisors covers the resources and support required by those guiding and overseeing the clinical and educational development and progression of learners.

5. Delivering programmes and curricula articulates how organisations can provide for learners' education and training needs, including placement providers' collaboration with the wider system to achieve this.

6. Developing a sustainable workforce underpins the other 5 domains by aiming to significantly improve the retention, progression and development of the whole workforce.

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Imaan Healthcare

Thank you!

"I didn't spend 4 years at uni to put my initials in a box"

Ms A. Trainee
2015

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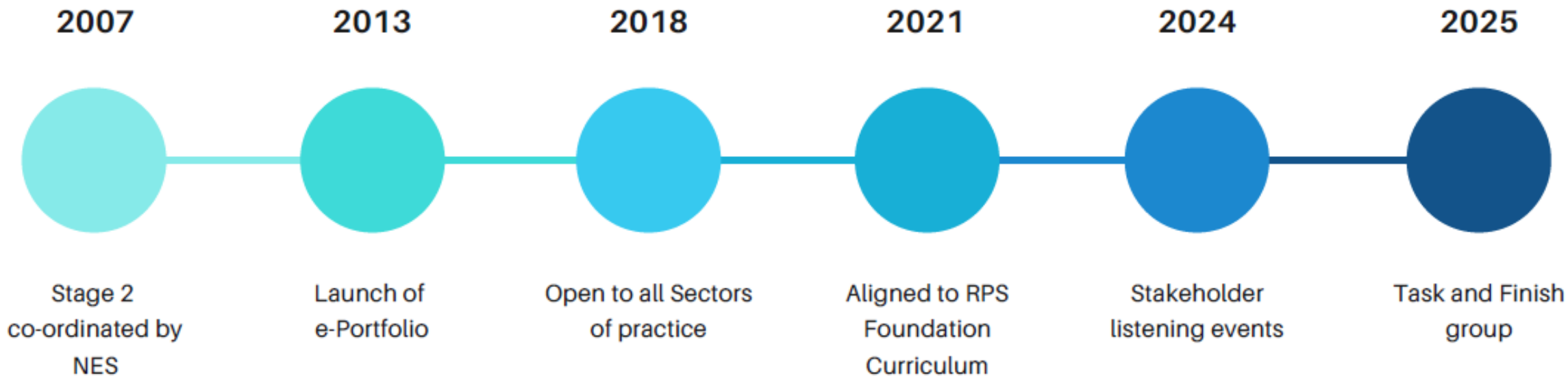
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Post-registration Foundation Programme to support early career pharmacists in Scotland

Dr Leon Zlotos
Associate Postgraduate Pharmacy Dean,
NHS Education for Scotland

History in Scotland



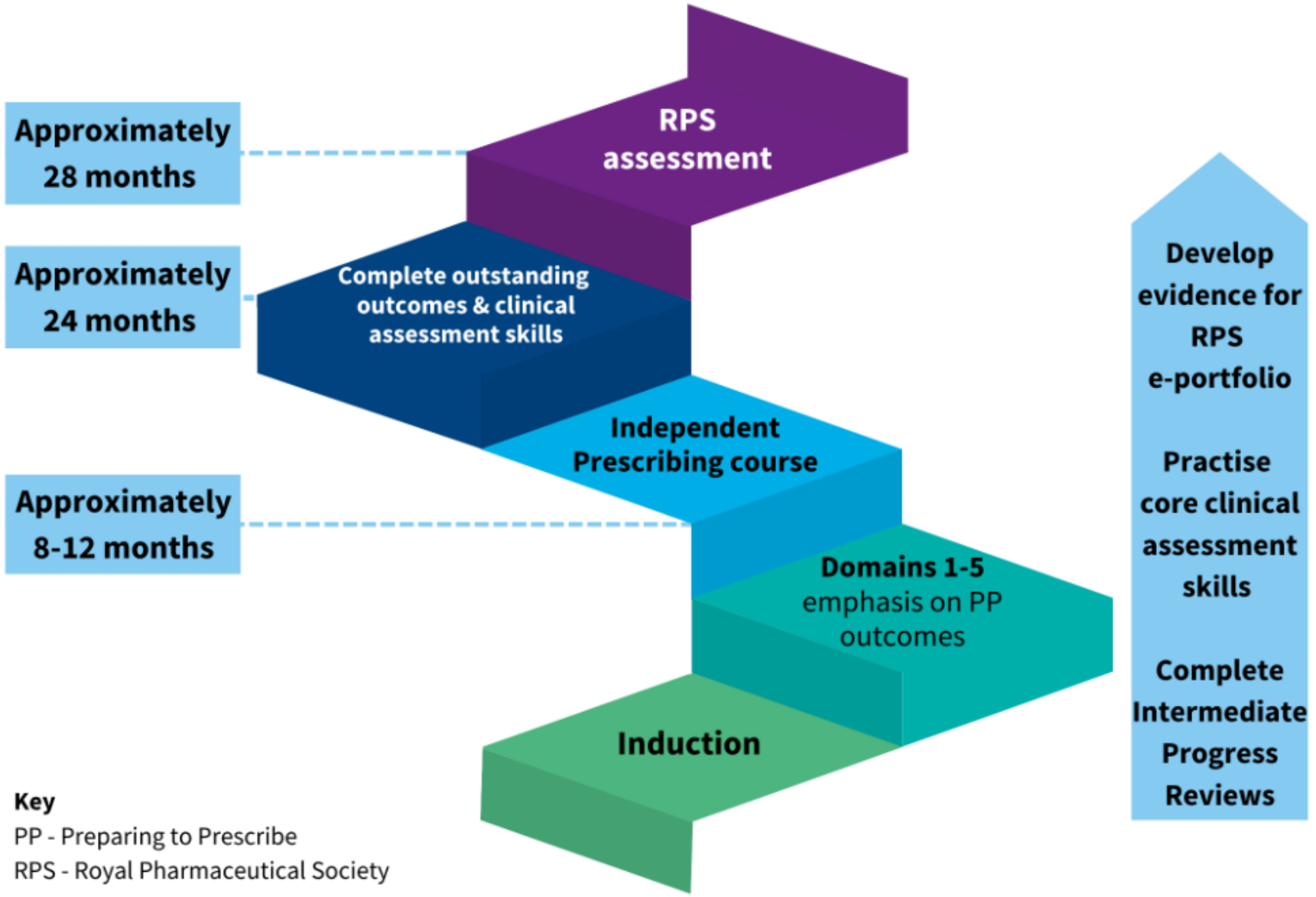
PROOF

Programme support

- Online induction
- Independent Prescribing course
- Clinical assessment skills training
- Educational support sessions
- Guidance and resources

- Collaborative effort
- NES and Education teams in employing organisations

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Approximately 28 months
RPS assessment
Approximately 24 months
Complete outstanding outcomes & clinical assessment skills
Independent Prescribing course
Approximately 8-12 months
Domains 1-5 emphasis on PP outcomes
Induction
Develop evidence for RPS e-portfolio
Practise core clinical assessment skills
Complete Intermediate Progress Reviews
Key
PP - Preparing to Prescribe
RPS - Royal Pharmaceutical Society

Time of change

Impact of GPhC Initial Education and Training Standards (2021)

Post-registration assurance of practice

RPS Foundation Curriculum evolving to Enhanced

NES programme review

What does this mean for PRFP?
Engagement from foundation pharmacists, and their employers, is essential for the success of the Post-Registration Foundation Programme

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National Listening Events

- Conducted meetings between October 2024 and March 2025
- Included managed service, community pharmacy, student pharmacists, and trainee pharmacists (n=~200)
- The meetings were semi-structured, and transcripts were reviewed, coded, and themed by NES representatives

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Four key themes

- Integration with the day job
- The purpose of the programme
- Four pillar working
- Programme elements

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Integration with the day job

- The programme must reflect real-life practice to ensure relevance and engagement
- Integration into the day job is crucial for learner **and** employer engagement
- Streamlining the workload (18 – 24 months)
- The programme should be adaptable to individual learner needs
- Evidence collection needs to be easier

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The purpose of the programme

- Support and mentorship for newly qualified pharmacists essential
- Value from effective feedback
- Effective supervision is essential: Capacity is a concern
- NHS career progression

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Four pillar working

- Heard support and criticism
- Clinical skills inclusion is supported; simulation helps develop assessment and decision-making skills.
- Research requires significant time and energy (? Optional)
- Leadership courses are valued but need more support to apply evidence in practice.

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Programme elements

- Consistency of communication
- Protected learning time is valued but limited
- Funding is essential for employer engagement
- Peer support mechanisms are valuable
- Interprofessional learning is encouraged but challenging
- The Interim Progress Review (IPR) is seen as a barrier to progression
- Challenges related to the RPS e-Portfolio and assessment need to be addressed

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Why have a programme?

1. Pharmacists are looking for **support**

2. Employers are looking for **assurance**

Context: Particularly relevant because of prescribing!

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The future

Purpose

“Support early career pharmacists to develop and grow their competence, confidence and experience to deliver the services in NHS Scotland, in line with the RPS Enhanced curriculum, to the point of credential.”

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Principles	Building on existing programme and structure Activity based approach (Integration with the day job) Windows of support (Learner Centred but with structure)
Approach to Supervision	Peripatetic / group / one to one
Clinical skills and decision making	Simulation and clinical skills development

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Core professional activity: Support a period of training as a mentor/facilitator	
Description	The pharmacist supports a learner to develop through a workplace based placement. This could include: • Undertaking relevant preparation/training • Creating a training plan for the placement to meet the learner's required learning outcomes and discussing with the rest of the team • Considering your own experience as a learner and how you can apply that to mentoring another learner • Initial meeting with the learner to discuss the plan for their placement, making adjustments to suit their individual need • Developing and delivering a training session about a specific topic • Coaching learner in a particular activity, helping them to move from knows how- shows how- does • Working with team, NES, universities and E+T colleagues (as appropriate) to deal with any problems during the placement • Giving feedback to the learner • Seeking feedback from the learner and colleagues about your own role
Examples	• Experiential learning MPharm placement • Trainee pharmacists on the FTY programme • Induction periods for new team members • Pre-registration pharmacy technician • Pharmacy technicians starting to take on a clinical role
Domain 1	1.1, 1.2, 1.4
Domain 2	
Domain 3	3.2, 3.4, 3.7, 3.8, 3.10
Domain 4	4.1, 4.3, 4.4, 4.5
Domain 5	
Evidence	DONCS, LEADER, TO, RA, generic feedback forms, timetables
E&T resources	

Core professional activity: Support planning and delivery of a health promotion event	
Description	The pharmacist plans or supports pharmacy input to a health promotion event This could include: • Taking responsibility for aspects of pharmacy input to the event e.g. key messages, staffing, resources, publicity, and working with team members to ensure everyone is aware of their roles and responsibilities • Liaising with other members of the multidisciplinary team to promote the event • Engaging with patients and other healthcare staff at the event • Solving unexpected problems during the event • Acting as a role model/mentor to students or FTY pharmacists participating in the event • Providing feedback to students or FTY pharmacists participating in the event • Gathering feedback on the event *Limitations* In order to use this evidence for domain 3, the FP will need to show aspects of leadership as above; simply staffing the event because a manager has asked you to will not show much evidence of leadership
Examples	• Summer health week in a community pharmacy • Delirium awareness stall in the hospital foyer • Highlighting World Antimicrobial Awareness Week in a health centre
Domain 1	1.1, 1.7, 1.8
Domain 2	
Domain 3	3.1, 3.2, 3.4, 3.8
Domain 4	4.3, 4.4, 4.5
Domain 5	
Evidence	LEADER, DONCS, MSF, RA, photos of displays, resources created for the event, feedback from attendees
E&T resources	

Outcomes	No. evidence
1.1	8
1.2	7
1.3	8
2.1	6
2.2	5
2.3	7
3.1	4
3.2	5
3.3	2
4.1	
4.2	4
4.3	2
5.1	

Targeted evidence

Assessor and supervisor view

Targeted evidence

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Completed activities

- Medicine safety audit
- Mentoring Experiential Learning Students
- Planning and delivery of Health Promotion Event
- Managing patients with Common Clinical Conditions (long term)
- Managing patients with Common Clinical Conditions (acute)

Outcome	1.1	1.2	1.3	2.1	2.2	2.3	3.1	3.2	3.3	4.1	4.2	4.3	5.1
No. Evidence	2	2	2	2	3	3	4	4	4	2	1	2	2

Integrated with the day job – they are doing some of these things anyway

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Next steps

- Workplan for NES and colleagues being prepared.
- Deadline August 2026

- Further ongoing Collaboration with partners

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Community of Practice for Consultant Pharmacist Credentialing

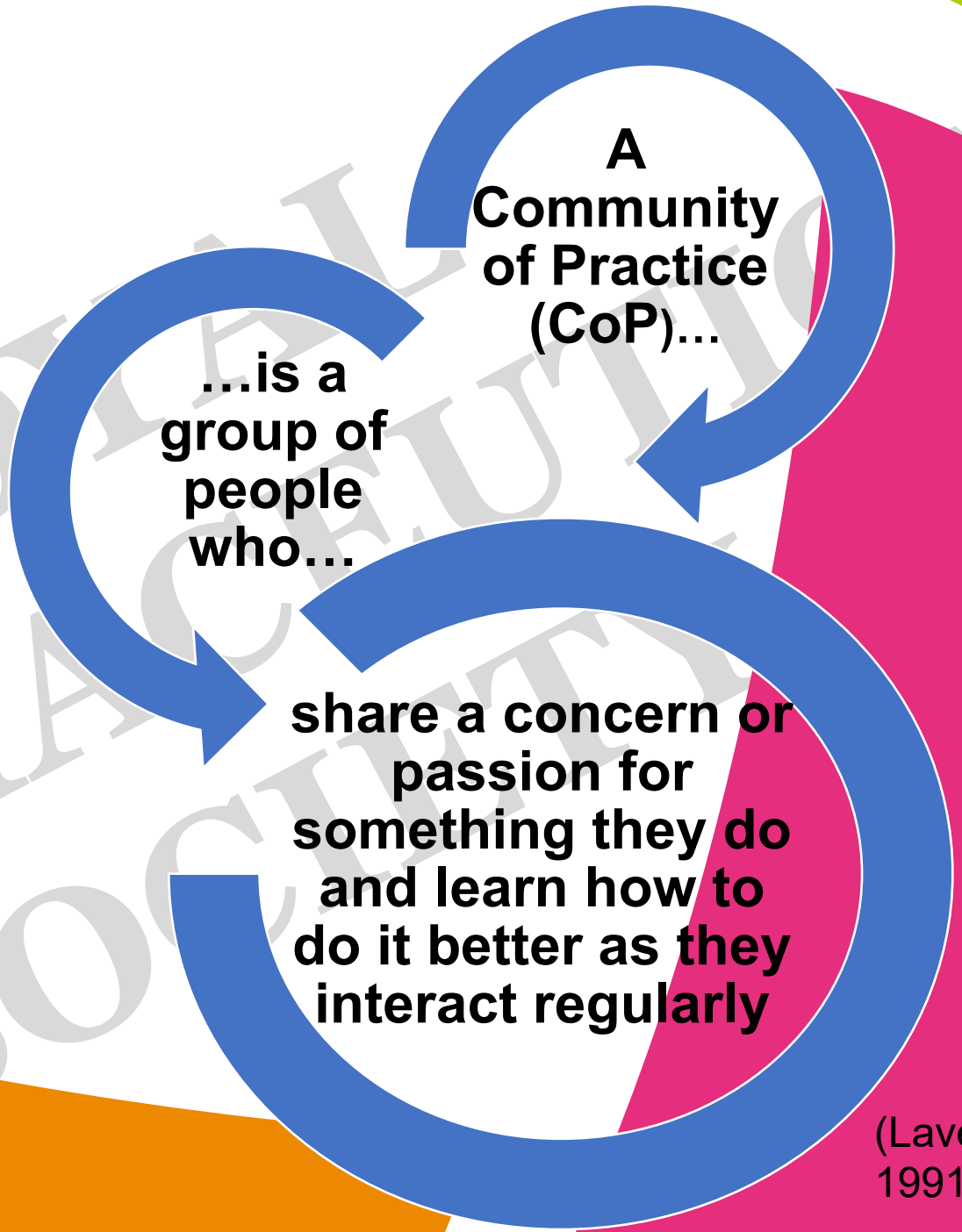
Michele Sehrawat
Head of Pharmacy Workforce Planning and Consultant Practice,
Health Education and Improvement Wales

Sarah Hulse
Consultant Blood Borne Virus Pharmacist,
Betsi Cadwaladr University Health Board

GIG CYMRU NHS WALES
Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Cymuned Ymarfer (CoP) ar gyfer Achredu Fferyllwyr Ymgynghorol

A Community of Practice (CoP) for Consultant Pharmacist Credentialing



(Lave & Wenger 1991).

Cyflwynwyr | Presenters

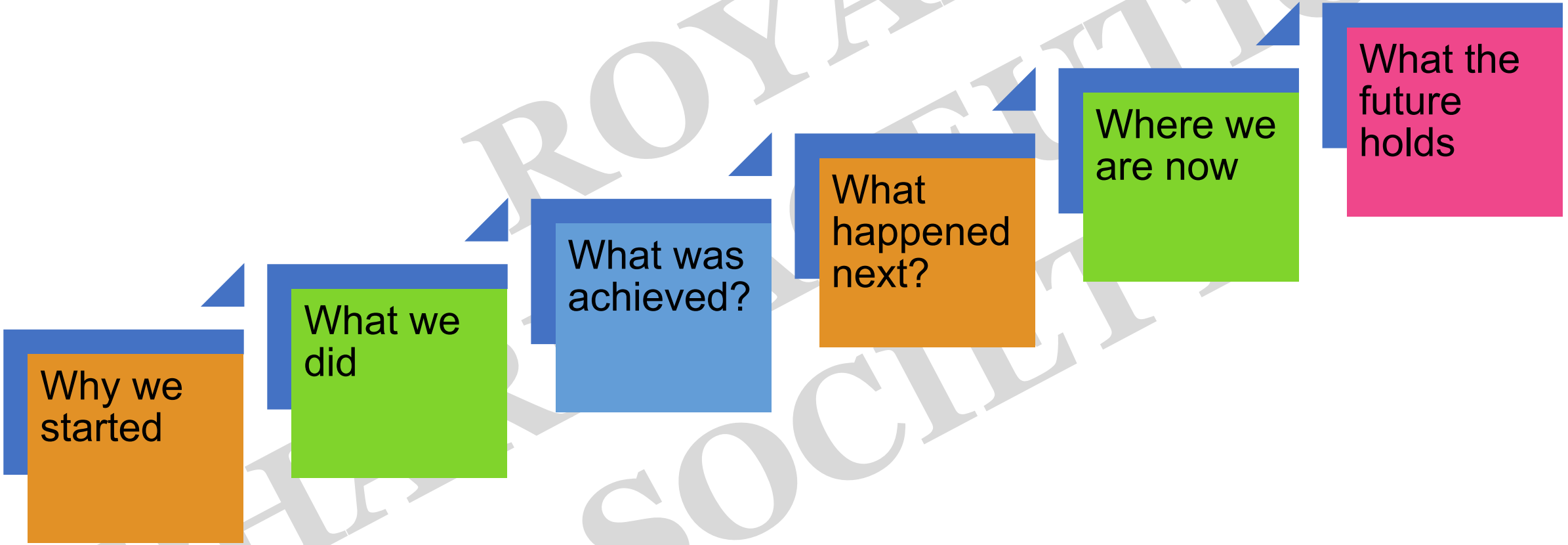
Michele Sehrawat,
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With Special Acknowledgement to:-

- Janet Gilbertson, Assistant Director Clinical Education, Cwm Taf Morgannwg
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- Sophie Harding, Consultant Pharmacist Pharmacogenomics, Cardiff and Vale
- Thomas Wyllie, Specialist pharmacist (Neonatology & metabolic disease), Cardiff and Vale
- Zoe Kennerley, Consultant Antimicrobial Pharmacist, Betsi Cadwaladr

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Ein Bwrdd Stori
Our Story Board



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Pam wnaethon ni ddechrau?
Why we started?

Achieve first Consultant Credentials following 2020 Consultant Pharmacist Guidance

Overcome barriers of perceived **complexity** and professional **isolation**

Provide access to peer support

Provide structure for releasing pharmacists for credentialing

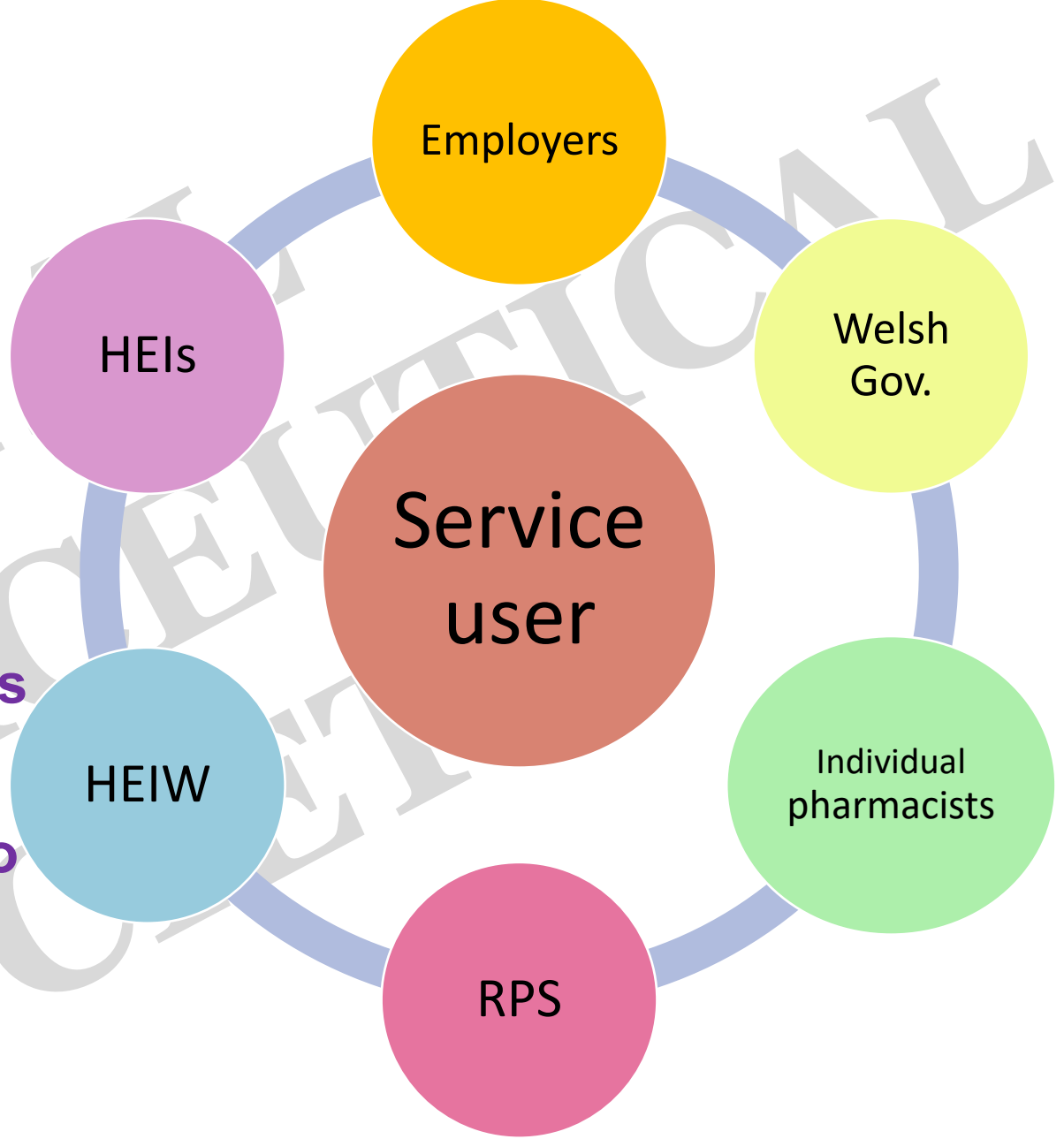
A simple **nationally connected, supported model**

- not an individual struggle

PRELIMINARY

Beth wnaethon ni?
What we did?

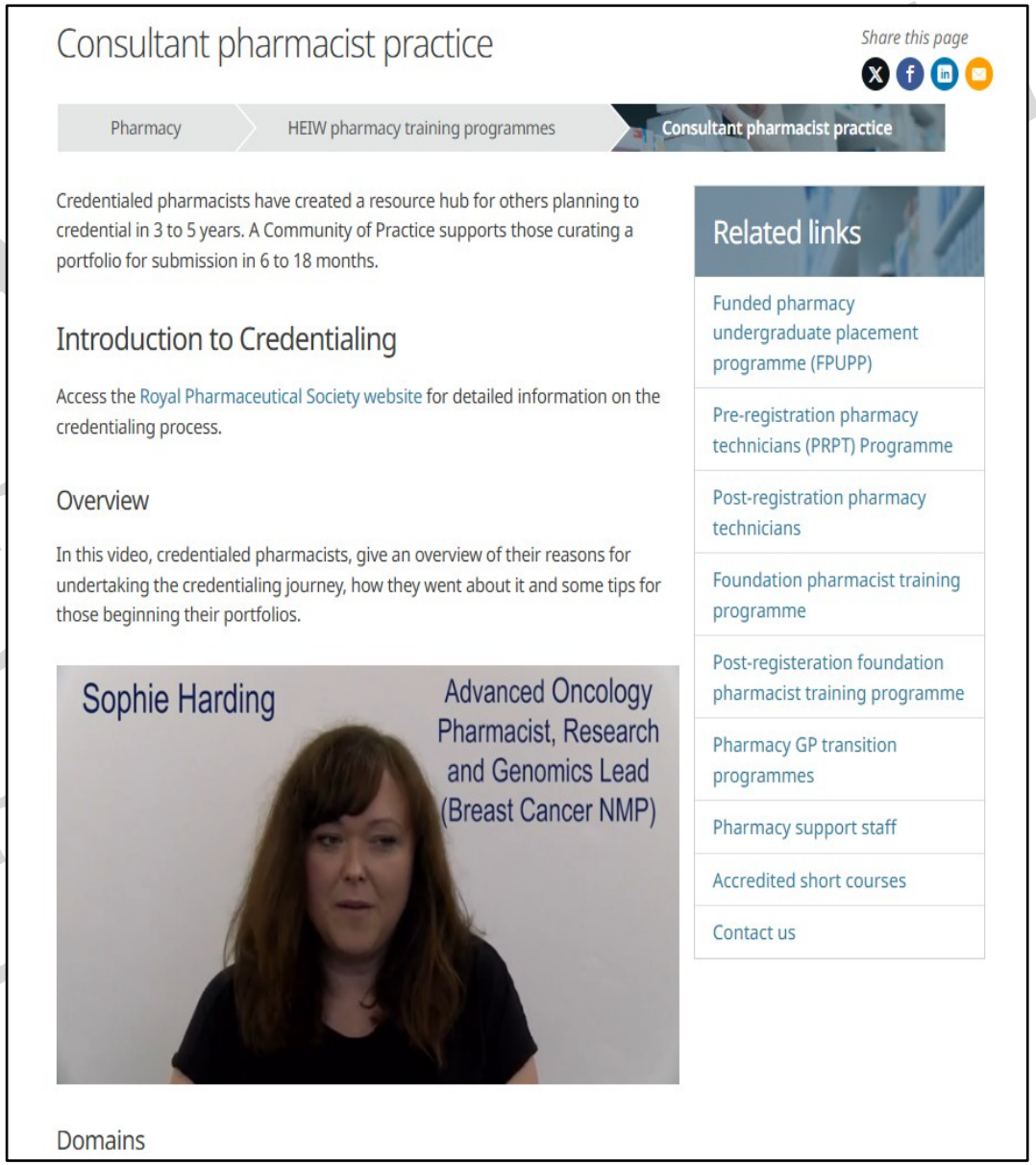
- **Clear roles** for partners
- Created interest with a **clear offer and incentive**
- Commitment through **operating principles**
- Developed **activities to explore portfolio** building:
  - Expert **plenaries** for Domains
  - **Home Groups** for evidence review



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Beth wnaethon ni ei gyflawni? What we achieved?

- **In 2022, 67% Achieved credential (8/12)**
- **Culture change**
  - **Reduced isolation**
  - Stimulated **mentoring and coaching** roles and infrastructure for Wales
  - **Increased national awareness** of RPS credentials, portfolios and supervision expectations
  - An **active core of credentialed pharmacists** committed to support the next cycle of the community



Beth oedd hyn yn ei ddarparu
What this provided

- ✓**Permission to be ambitious**
- ✓An opportunity to **achieve professional recognition**
- ✓**Commitment and shared financial risk**
- ✓**Head space and peer support** to work it out
- ✓**Exploration** of the threshold between advanced and consultant level practice
- ✓Visible **implementation of strategy**
- ✓Change in **career trajectories**

"Being part of the CoP carried me through – credentialing with peers is far more successful than in isolation" – CoP 1 participant

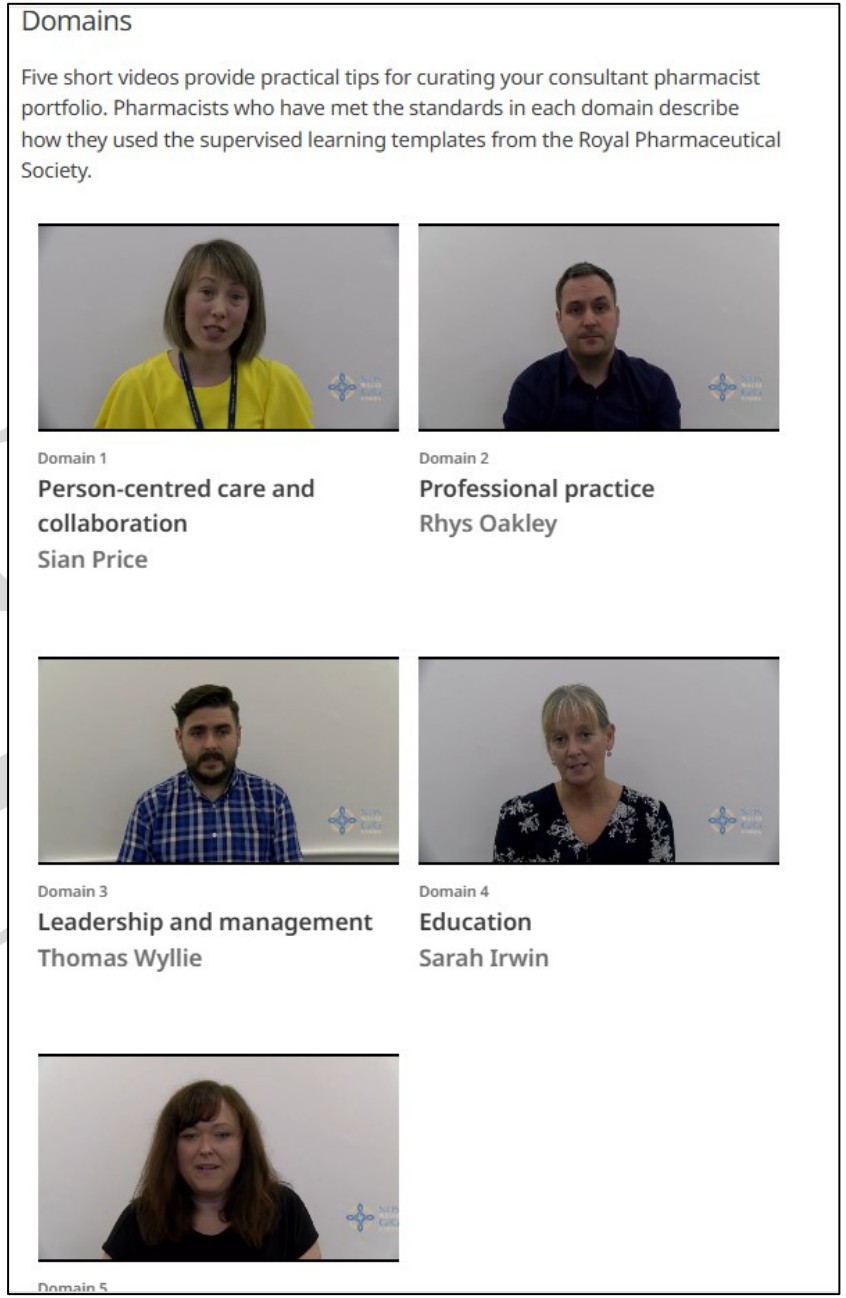
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Beth ddigwyddodd nesaf?
What happened next?

- Established a **credentialing portal**
- **Ongoing CoP support -** leadership and governance
- Launched **second CoP** in Nov 24 with a **F2F session**



- **Connected pharmacists** with coaches, experts, assessors, and credentialled pharmacists
- **Virtual Plenaries and Home Groups -** formed around target portfolio submission dates



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Ble rydyn ni nawr?
Where are we now?

6 months in

- Ongoing **requests for example evidence**
- **Requests for external stimulus** of deadlines
- Inconsistencies in Home Groups
- **Mixed confidence** levels in portfolio progress
- **60% changed target submission date**
- **Plenary sessions helpful**, attendance varied (1 hour online)

One year on

- Key takeaways from the CoP

Having been involved in both assessment and advanced practice frameworks I can see the benefit from structures we didn't have 10 years ago" – CoP 2 participant

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Meddwl am y dyfodol
What the future might hold

✓Credentialing part of a normal career progression



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Datganiad Safbwynt ar Achredu yng Nghymru
Position Statement on Credentialing in Wales

Credentialing is a critical enabler to realise the potential of the pharmacy workforce in NHS Wales.

Credentialing is a means of formally recognising pharmacy professionals' advancing clinical skills and expertise. It supports career development beyond the foundation stage, promotes consistency, assures high standards of quality independent of the nature, sector or location of a professional's practice, and gives employers, other professions and the public confidence in professionals' competence.

Credentialing also strengthens workforce planning by aligning professional development to current and future service needs.

The Directors of Pharmacy Peer Group expect credentialing to be embedded in workforce planning and development across NHS Wales, underpinning our commitment to delivering safe, effective, and person-centred pharmaceutical care and supporting the transformation of pharmacy services in Wales.

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Together,
we are pharmacy.