

COMPETENCIES OF THE FUTURE PHARMACY WORKFORCE

Future roles and competence requirements for pharmacists working in the pharmaceutical industry, higher education and private healthcare

Section 2 Methodology

The earlier work on future pharmacist roles in the NHS and community pharmacy involved developing and testing a framework of knowledge, skills, attitudes and behaviour for evolving pharmacist roles in those sectors. However, that framework would not have been readily applicable to the pharmaceutical industry and higher education, so we did not use it for this project. We used two other approaches which were also used to gather data in the earlier work – policy analysis and case studies (see section 2.1).

2.1 Data Collection

Three sources of information formed the basis for the project. A review of relevant policy documents provided a background to the study and accounted for recent political and economic developments in the industry, higher education and private health and social care. The policy reviews were supplemented by a series of case studies involving interviews with pharmacists working in all three sectors. Case study subjects were asked to give their account of how their (and other pharmacists') jobs are changing and what opportunities and challenges they saw for the future. High level commentaries were commissioned from experts with extensive experience of the pharmaceutical industry, higher education and private health and social care. Findings were synthesised and conclusions drawn with regard to current and prospective changes in the job roles of pharmacists and their corresponding competence requirements, and education and development needs.

Policy reviews

Government and other relevant policy documents were collected and reviewed to identify overarching themes and trends in developments of relevance to pharmacy in the three sectors. The main analysis took place in early 2005 and a rapid update was done towards the end of 2006.

For reasons set out above (section 1.4), the analysis focused mainly on policy developments in England. This is particularly the case in the study of private health and social care. Since the process of political devolution began in 1999, a considerable degree of divergence in health policy between England, Scotland and Wales has emerged. In England, health policy from around 2000 has increasingly been dominated by attempts to 'marketise' the NHS by introducing patient choice, competition and alternative service providers. In Scotland, health professionals and their leaders have been trusted to lead change. Wales has adopted a policy of 'localism' and a focus on the wider determinants of health.¹ Wales and Scotland are therefore making far less use of the private sector to increase NHS capacity than England, and it seems sensible to focus mainly on England for this part of the report. The policy reviews are presented in Section 3 and tabulated characteristics of selected documents are available in the Appendix A.

¹ Greer SL. The politics of health-policy divergence, pp 98-120 in Adams J. and Schmucker K. *Devolution in practice 2006: public policy difference within the UK*. IPPR: London, 2005

Case studies

Twenty-four telephone interviews with pharmacists were conducted to gather 'real life' information on the changing roles, functions and skill requirements of pharmacists in a range of jobs in each of the three sectors. Suitable case study subjects were identified with the help of individual experts, the RPSGB's Academic Pharmacy Group and Industrial Pharmacists' Group, and the Independent Healthcare Forum. Interviews took place during 2005. In selecting the case studies we looked for pharmacists whose roles were likely to have changed or be changing in response to new policies and evolving work contexts.

The interviews were semi-structured, using a schedule of key topics on which information was gathered. Subjects were asked about changes in their job role, activities, ways of working, and wider organisational context in the past three years, noting any requirements for new areas of knowledge and skill. They were also asked to comment more broadly on changes they perceived in the roles of pharmacists in their sector. Following the interviews, short summaries of key discussion points were produced, which were subsequently checked and agreed with each respondent.

The case study summaries for each sector were analysed and key findings identified. The findings were then considered together to identify trends in the development of pharmacists' roles across all three sectors. Full case study summaries can be found in the Appendix B and the results of the analysis of them are available in Section 4.

Expert commentaries

For each of the three sectors, an expert was commissioned to provide a commentary on recent policy developments, their impact on pharmacists' roles in the sector, and any particular implications for skill and knowledge requirements. The commentaries were prepared in late 2005 and therefore do not include policy and other developments occurring after this date. The commentaries reflect the personal viewpoints of their authors and are intended to stimulate debate. The full expert commentaries are presented in Section 5.

The experts were:

- Dr Stephen Daniels, Welsh School of Pharmacy – higher education
- Alan Jones, independent consultant – pharmaceutical industry
- Professor David Taylor, London School of Pharmacy – private healthcare

Discussions with special interest and support groups

Throughout the project, we sought advice and feedback on preliminary findings and observations from the following groups:

RPSGB Academic Pharmacy Group
RPSGB Industrial Pharmacists' Group
Independent Healthcare Forum

2.2 Analysis and synthesis

Data from the three information sources were considered together and analysed in order to identify:

- a) where policy developments have had an impact on the roles of pharmacists
- b) sector-specific and cross sector changes in job roles and their requirements
- a) implications for education and training and other development requirements which may arise as a consequence of these changes.

The outcome of this analysis is reported in Section 6.