

RPSGB Research Strategy

2007 - 2011

Summary

Following a review of the Society's investment in commissioned R&D during the period 2001 – 2006, and a reflection on those areas of research likely to be most pertinent for the Society going forward, this paper sets out proposals for a further five-year research strategy to support Council decisions until 2016.

Council is asked to:

recognise the:

- i. progress made in commissioning an integrated strategically sound research programme relating to pharmacy workforce, education and ethics;
- ii. impact made on policy and reputation from having access to results from timely and rigorously commissioned and managed research; and
- iii. efficient and effective methods of project management applied by the R&D team to bring in £1million worth of projects on budget and on time.

agree in principle

- iv. that funding for a further five year research strategy (2007-2011) should be agreed as part of the Corporate & Strategic Development Directorate (C&SD) budget;
- v. that the Society's R&D investment be refocused to develop a balanced portfolio of projects which focus more explicitly on informing leadership and development as well as the regulatory functions:
 - patients, medicines and professionalism in pharmacy
 - patient safety and pharmacy practice
 - social capital, health inequalities and pharmacy; and
- vi. to increase the research budget from £200K to £250K per annum to reflect increased costs and changes to the basis of costing of R&D by university providers – the proposed increase will allow commissioning at the same level as in 2002 – 2006.

1. Background

One of the Society's key purposes as set out by its December 2004 Royal Charter is "*to advance knowledge of, and education in, pharmacy and its application, thereby fostering good science and practice*". Recognising that the profession of pharmacy, and indeed health care generally, was changing rapidly the Council in 2001 identified several areas of strategic development that would require significant new knowledge if they were to take informed policy decisions. At that time the most significant and pressing item on the policy agenda related to professional regulation where it was recognised that if the Society did not fund the relevant projects other funding bodies were unlikely to undertake the work needed.

The Council of the day recognised their responsibilities to fill the knowledge gap and they took the unusual (and some might say brave) decision to invest funding of £200K per year for a period of five years to support an integrated programme of commissioned research the results of which would inform their own decisions and the wider profession. They also agreed that the programme should focus on three key areas: workforce, education and ethics.

This funding was made available in addition to the £200K per year spent at that time on the PhD Studentship Programme. This studentship programme was reviewed and re-launched in 2006 at a reduced level of funding as the Academic Excellence Awards¹.

The commissioning of the first five year research programme began in 2002 and was completed in 2006 i.e. within the lifetime of the strategy. Two projects will complete in 2007 and 2009 respectively, while the remainder have been completed and reports published. This paper reviews the impact of this investment made in R&D over the lifetime of the strategy and makes a series of recommendations for continuing a strategic approach to commissioning and funding policy related research at the Society.

2. Introduction

It is recognised that in making these proposals Council will only be able to take a decision in principle at this point about a second five year research strategy – final agreement on whether, and at what level, to fund a commissioned research programme will need to be taken as part of the overall budget decisions in December. The final decision re. funding for commissioned research will be presented as part of the overall C&S Directorate funding proposals and will need to be prioritised with reference to other projects and programmes of work across the Society.

¹ The Society's Council agreed, at the October 2005 meeting, to relaunch the scheme with the awards being made on a competitive basis with two studentships being awarded each year. The scheme will be reviewed in 2008 by which time 6 Academic Excellence Awards will have been made to an approximate total of £328,950. Information on the Academic Excellence Awards is available at <http://www.rpsgb.org.uk/societyfunctions/awards-scholarships/academicexcellenceawards.html>.

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However, it is hoped that whatever the decision the Council takes regarding ongoing funding, the success of the 2002-2006 programme in terms of effective decision making by Council and the senior staff team and also of the reputation of the Society will be recognised and celebrated. The Society has been recognised widely for its decision to become a serious research funding body and this should be acknowledged – without fear of prejudicing the decision on future funding. It is recognised that, at least in the short term, there are many competing demands on the Society's funds.

3. The 2002 – 2006 research strategy; celebrating success

The commissioned programme of research has covered three areas of strategic importance to the Society and the profession: workforce, education and ethics. All the projects together with budgets, commissioning and completion dates and contractors are attached at Appendix 1 and 2 and summaries of the projects are attached at Appendix 3. All published reports have been notified in the Friday letters and many seminars and presentations have been provided for Council and Committees over the five year period – copies of published reports are available on the RPSGB website. Results have been made available and in a timely way to staff and Council to allow policy to be developed when results suggest grasping the current framework.

A total of 16 projects, including a Mini Project Scheme for Education Innovation and an Education R&D Agenda Setting Report have been commissioned from a total of 11 university departments. Funding collaborations with the Arts and Humanities Research Council, Skills for Health and DH has boosted the total investment made. The scale of projects has ranged from £5K up to £400K.

Where relevant, all projects have been awarded through open tendering² with external peer review and interviews, all projects are managed by steering groups and all reports peer reviewed. All projects have completed within agreed budgets and within 6 months of agreed timetables – most have delivered on budget and to time.

Figure 1 summarises the total spend on each strand of the programme since the last review of the Society's investment in R & D and Figure 2 below presents the spend per year on each of the three strands across the five year strategy

² The workforce projects relating to the census have all been commissioned from the University of Manchester – the Society has negotiated a particularly stringent contract with the University in order to protect members' personal data – this was time consuming, difficult and severely limits the University's ability to publish and develop IPR. In the interests of efficiency and protecting key data held by the society all work relating to the census has been commissioned through the University of Manchester. Other projects that are with that University were awarded after a process of open tendering.

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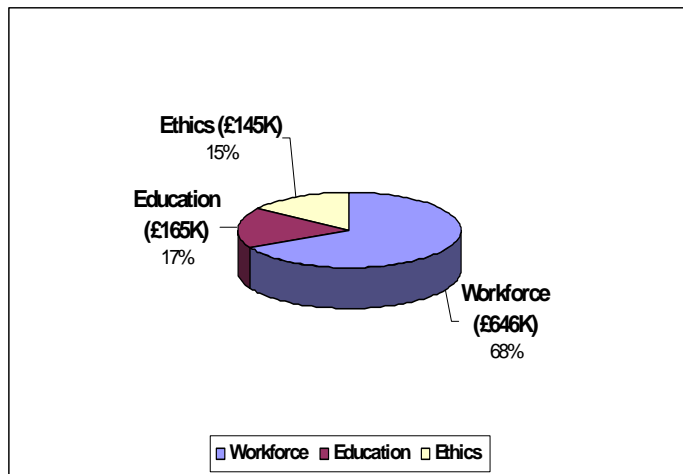


Figure 1: Spend on each of the three strands of the five year commissioned programme

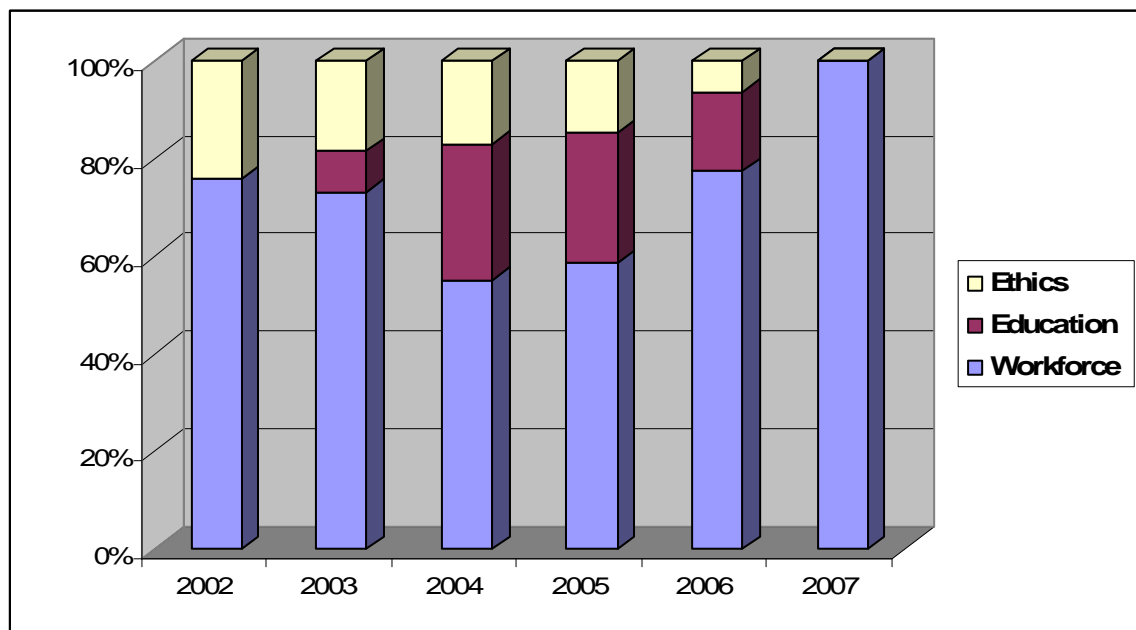


Figure 2: Spend by year on 'workforce', 'education' and 'ethics' strands

The balance of the funding, £44K, is already committed to fund the evaluation of the new community pharmacy contractual framework in England and Wales that will complete in 2007. The 2006 student cohort study is ongoing until 2009 – funding of £70K per annum was committed for 2007 and 2008 by Council in 2004 before this project was commissioned.

Workforce projects:

- Register database review – 2002
- Workforce Census – 2002 & 2003¹
- Locum workforce - 2003/04
- GB registered pharmacists living/working abroad - 2003
- Understanding innovation in community pharmacy -2003
- Career choices and expectations amongst pharmacy undergraduates – a snapshot in 2004/05 – 2006²
- Longitudinal study of the 2006 pharmacy graduate cohort – 2009
- Functional & occupational map 2005 3

¹Subsequent census exercises will be funded from operational budgets in E&R as routine performance monitoring

²Joint with Department of health as part of Workforce Advisory Group programme

³ Joint with Skills for Health

Data from the census exercises have been used to address requirements placed on the Society to collect information relating to ethnicity and have provided information to monitor the impact of the introduction changes to the register structure and also the fee structures. The availability of such detailed data has allowed pharmacy to build and test one of the few robust workforce models in the NHS and also to submit written and oral evidence to the ongoing Health Select Committee on workforce planning. Results of the research relating to careers and employment trends have been widely shared with other organisations in an effort to inform recruitment and retention strategies. Results from the locum study directly influenced the drafting and issuing of guidance relating to whistleblowing and reporting poor practice.

Early results from the 2005 workforce census relating to stress and satisfaction presented by Karen Hassell at the 2006 BPC will be followed up routinely to underpin and inform work on patient safety, performance and health cases. Results from the 2006 cohort study are providing valuable longitudinal data that will test the impact of dissatisfaction and unmet career expectations on participation, together with the census this will provide ongoing data on which to base future iterations of the workforce model.

Research relating to innovation and implementation of the new contract in England and Wales will provide evidence to support detailed change management plans behind implementation of these new contracts.

Education:

- R&D Reference Group - 2004
- Functional & Occupational map¹ - 2005
- Survey of teaching, learning and assessment - 2005
- Education mini projects scheme – 10 small grants of £5K² - 2006

¹Funded jointly with skills for health

²Details of projects in Appendix 2

The policy analysis contained in the Education R&D agenda setting report has lead directly to the work being undertaken by the C&S and E&R Directorates with the Education Committee on the Fit for the Future programme. Combining a major policy initiative with published results of the TLA survey has benefited both programmes in terms of informed and often powerful debate with the schools of pharmacy and individual members of faculty staff in schools of pharmacy. Results from the education mini-projects will further develop good practice and sharing between schools as well as provide pilot data for larger studies going forward.

Ethics:

- Core value sand professional ethics mongst pharmacists – 2006¹
- Ethical dilemmas and medico legal issues in pharmacy practice - 2007¹
- Ethics and public health in pharamcy²

¹Funded as PhD studentship

²Studentship funded in collaboration with the AHRB

A very particular approach to commissioning was taken in relation to the ethics projects – it was recognised that work in this area of research relied heavily on theoretical concepts from philosophy and ethics - both subjects that are not well developed within faculty portfolios in schools of pharmacy. Furthermore both are areas of detailed scholarship in their own right which do not lend themselves to importing research skills to an established pharmacy related health services related team. The projects were therefore funded as PhD projects based in departments of philosophy and ethics with joint pharmacy supervision. This has ensured that appropriate theoretical frameworks and methods have been applied but have also acted as a stimulus to capacity building in this important area of academic endeavour. Results have been used to inform the work on the new Code of Ethics and one, possibly two, new PhD studentships have now been funded with AHRC. Much of the thinking developed in relation to the education relating to attitudes, values and professionalism emerged as a result of considering results from this area of the strategy.

The commissioning approach developed with the two ethics PhD studies has been developed and used in the re-launched Academic Excellence Awards in 2006.

Recommendation

Council is asked to:

recognise the:

- i. progress made in commissioning an integrated strategically sound research programme relating to pharmacy workforce, education and ethics;
- ii. impact made on policy and reputation from having access to results from timely and rigorously commissioned and managed research; and
- iii. efficient and effective methods of project management applied by the R&D team to bring in £1million worth of projects on budget and on time.

agree in principle:

- iv. that funding for a further five year research strategy (2007-2011) should be agreed as part of the Corporate & Strategic Development Directorate (C&SD) budget.

4. Policy context – 2007-2011

Since the last research strategy was agreed in 2001 many key policy documents, White Papers, inquiry reports and indeed pieces of legislation have been published – too many to review in detail here. This section therefore attempts to synthesise five years of policy in order to identify the key drivers where the Council may require evidence and advice based on evidence in the next five to ten years. In the interests of brevity the following summary references DH policy papers – it is recognised that there are equivalent policies in Scotland and Wales that will be implemented in quite different ways – but at the level of policy direction of travel, which this summary seeks to provide, there is little substantive difference across the three countries.

³Overall health policy is aiming, over the next ten years, to make measurable progress in:

- promoting independence and well-being of individuals through better community health and social care and greater integration between local health and social care organisations;
- developing capacity through a wider range of service providers to secure value for money and improved access to community health and social care services;
- changing the way the whole system works by giving the public greater control over their local services and shifting health services from acute hospitals into local communities.

³ Our health, our care, our say: a new direction for community services: briefing note Tony Harrison February 2006

4.1 Health policy and medicines

In relation to medicines specifically, the focus of policy is likely to continue to be in relation to developing medicines management^{4, 5} – defined by DH as including:

“the clinical, cost-effective and safe use of medicines to ensure that patients get the maximum benefit from the medicines they need, while at the same time minimising potential harm”

It is expected that its policy relating to medicines management will be underpinned by the following values:

- Involving patients as partners in decisions about their medicines, supporting them to take their medicines effectively and enabling them to ask about their medicines.
- Promoting choice for patients in decisions about treatment, when and where treatment takes place, and the level of self-management of their condition.
- Recognising the role of families and carers in medicines management.
- Encouraging partnership working between patients, professionals, managers and industry to improve the use of medicines.
- Encouraging different professionals to provide support to patients about their medicines and promoting lifestyle changes to achieve the best health outcomes.
- Recognising that medicines are only one component of treatment and care within the overall management of people with long-term conditions.
- Encouraging innovation in medicines management.
- Ensuring equity of access to medicines.
- Improving access to medicines information for patients, carers and families.

Given the size of the NHS prescribing budget (In 2004 it is estimated that the NHS spent £10.7 billion on NHS medicines⁶), and the investment made by the public in non-prescription medicines (the public spent £2,074 million on over-the-counter medicines in the UK in 2005⁷), more importantly the rate of change over the last ten years (Over the past decade, the annual number of prescription items per person in the UK has risen from 9 to more than 12⁸) and the extent of medication errors (serious errors in the use of prescribed medicines account for 20% of clinical negligence claims in the NHS) it is unlikely that the direction of policy travel in relation to medicines will change in the next 5-10 years.

⁴ Management of medicines: a resource to support implementation of wider aspects of medicines management in the NSF's for diabetes, renal services and long term conditions

⁵ Similarly in Scotland Development of Pharmaceutical care – The Right Medicine
Pharmaceutical Care in Scotland, 2002

⁶ Medicines for Health: Understanding the 2005 PPRS. Industry Briefing. The Association of British Pharmaceutical Industry. 2005.

⁷ OTC Market Growth 2005, PAGB -
<http://www.pagb.co.uk/pagb/downloads/marketinformation/FINAL%20IRI%202005%20OTC%20Data%20for%20PAGB.pdf>

⁸ Medicines for Health: Understanding the 2005 PPRS. Industry Briefing. The Association of British Pharmaceutical Industry. 2005.

4.2 Health policy and pharmacy

In addition to the specific health policy relating to medicines and pharmacy's key role in delivering aspects of that policy there is a linked but broader theme emerging and that is maximising pharmacy's contribution, especially in community pharmacy, to delivering broader health and well being services which link to broader public health policy in relation to, for example, smoking cessation and sexual health^{9,10}

There has been a plethora of legislative changes and policy consultations all aimed at developing the contribution made by pharmacists, technicians and the pharmacy infrastructure to delivering the wider policy objectives in relation to medicines and public health. These include changes to legislation to allow pharmacists to become supplementary and independent prescribers¹¹; changes to the Medicines Act to create the role of the responsible pharmacist and to clarify the functions that a pharmacist must undertake in a community pharmacy¹² and developing new career opportunities for pharmacists including Pharmacists with a Special interest (PhWSI)¹³ and consultant pharmacist posts¹⁴. Many of these are GB wide initiatives¹.

Indeed, our own S60 Order reflects these developments in the role, functions and practice of pharmacists and the wider pharmacy workforce – the draft Order gives the Society regulatory powers to set up a register of pharmacy technicians and regulate this new professional group; to enforce many of the educational best practice standards and to co-ordinate standard setting and enforcement across all aspects of pharmacy education including post-registration to underpin advanced and specialist practice. It also allows the introduction of a modern set of FtP rules. This new set of powers and regulatory duties will allow the Society to effectively regulate new areas of practice and to develop a fully operationalised set of both practice and education standards for both pharmacists and technicians.¹⁵

5. Research fit for purpose in 2011

The face of our profession is changing as a result of the significant changes seen in policy in the last 5 years – aspects of practice that were identified in Pharmacy in a New Age as aspirational are now enshrined in legislation (prescribing) and areas that were leading edge practice are part of mainstream services funded by the NHS (medicines usage reviews and self-care).

The role of technicians has developed across all sectors. Building on leading edge practice in hospitals many community pharmacists now work with a team of qualified,

⁹ The Right Medicine Pharmaceutical Care in Scotland, 2002

¹⁰ Remedies for Success – a Strategy for Pharmacy in Wales, 2002

¹¹ Improving patient's access to medicines: a guide to implementing nurse and pharmacists independent prescribing within the NHS in England – July 2004.

¹² Health Act 2006 and Health Bill information paper – Medicines and pharmacists making the best use of the pharmacy workforce -

¹³ Implementing care closer to home – providing convenient care for patients. A national framework for pharmacists with special interests; Dh, September 2006

¹⁴ Guidance for the development of consultant pharmacist posts: DH, March 2005

¹⁵ Pharmacists and Pharmacy Technicians Order : DH, 2006

and soon to be registered professionals, whose practice and level of responsibility and autonomy has changed and will continue to change more rapidly as pharmacists take on additional clinical responsibility.

All of the changes mean that pharmacists are taking greater personal and professional responsibility for the clinical care of patients and the health and well being of the public than at any time in the past. Across all areas of the NHS pharmacists are working as fully integrated members of the healthcare team – whilst this may still be on a sessional basis for community pharmacists it is a trend that will develop over the coming years. Professional competence has been re-defined – pharmacists are no longer the prescriber's back stop but frontline professionals in their own right. Their practice and professional judgment will be scrutinised and judged by other members of the team. The trust that colleagues put in the skills and knowledge of pharmacists and technicians must not be mis-placed and the reliance that patients put on their judgment must be fully justified.

Aspects of practice that were nice to have, such as good consultation skills and meticulous record keeping are now crucial – from here on it matters if pharmacists forget to ask questions in a medication review; or in dispensing a repeat prescription; or misinterpret body language; or miss cues from patients about emerging problems.

Pharmacists may be the only healthcare professional the patient is seeing routinely so it matters if they miss something or handle a clinical situation poorly.

The research agenda for 2007-2011 must produce results that will underpin development and implementation of the new regulatory framework but also the leadership responsibilities which will require a greater emphasis on supporting pharmacists to develop their own practice in relation to patient consultations, implement the new standards, contribute effectively to the wider healthcare team and manage their own pharmacy teams.

There are three themes proposed for the 2007-2011 Research Strategy:

- Patients, medicines and professionalism in pharmacy;
- Patient safety and pharmacy practice; and
- Social capital, health inequalities and pharmacy.

It is proposed that the Council should include and explicitly require an audit of FtP cases to monitor the impact of implementing the S60 Order Rules; to provide feedback from cases to the profession and into the development of education policy and look for and validate emerging trends relating to, for example, student FtP or teaching and assessment methods. This would be incorporated into the above themes.

5.1 Patients, medicines and professionalism in pharmacy

There is growing evidence that for many, but perhaps not all, patients greater involvement in decisions about their health and their treatments leads to better outcomes. This observation is leading to many initiatives including the expert patient programme and, in relation to medicines specifically, the work of the Medicines

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Partnership. Work completed on mental health, heart failure and other chronic illness is beginning to shed light on what patients want and need to know about their health and their medicines. Work being conducted by Theo Raynor and colleagues in Leeds is demonstrating how patients interpret information about the risk of side effects. Projects in this theme will explore what patients expect, need and want to know about their medicines (including adverse effects, risks and benefits). It explores issues of consent and will build on Rob Horne's work on concordance presented at 2006 BPC.

Work in this theme will also explore what pharmacists and technicians expect, need and want in order to deliver patient centred professionalism.

We know from work completed in medicine something of the nature of the skills, attitudes and values that pharmacists will need but very little about how to teach and assess them. We understand a limited amount about the impact that the attitudes that teachers and mentors have on developing professionalism and no significant experience of using patients, real or simulated, in teaching and assessment; we need to develop validate and reliability test appropriate assessment methods for use at all levels of pharmacy education including in the future revalidation and recertification. Projects in this area will inform development on all educational standards.

This work will build on the initial projects commissioned in relation to education and also ethics – it will produce results to underpin policy in relation to education and performance assessment and also in relation to the development of future operationalised standards of practice.

Work could also monitor patients' expectations and levels of trust as they experience greater levels of clinical care from pharmacists in different roles and settings as prescribers and clinical specialists. Comparison of data from such research with similar studies amongst patients and their doctors would prove to be a valuable exercise as both professions' roles converge in relation to prescribing¹⁶. Similarly, as the clinical risk of encounters with pharmacists increase, work to establish patient's expectations of how pharmacists work and are regulated collectively and individually will be pertinent – especially as the new Code of Ethics and FtP systems bed down.

Work in this area will support the following Strategic Objectives of the Council:

- To be recognised as world influencing and world class
- For the public to recognise and use pharmacists as the professionals with expertise in medicines

¹⁶ Patient-centred medical professionalism; towards and agenda for research and Action: Askham and Chisholm, March 2006, The Picker Institute.

5.2 Patient safety and pharmacy practice

Initial studies relating to dispensing errors in community pharmacy¹⁷ and job satisfaction/ stress¹⁸ indicate that more work in this area would be valuable as the new community pharmacy contract develops and pharmacists develop the responsible pharmacist roles and take additional clinical responsibility and change the ways in which traditional responsibilities are discharged by working with technicians and increasing use of technology in dispensing and medicines supply. Research in this theme will explore models of best practice in relation to managing part time and flexible workforces whilst delivering patient centred care which will support the Society in its standard setting work, CPD and other systems established to support pharmacists to develop their own practice and that of other members of their own teams and the wider healthcare team.

The process of innovation in community has already been studied and implementation of the new contract is being evaluated – initiatives to develop formative assessments and supportive teaching and learning experiences, mentoring support and peer support groups will underpin development of the Society's leadership function and complement its regulatory functions. Projects in this theme will be developed to look at the uptake and embedding in particular of pharmacogenetics technology in prescribing and medicines management practice¹⁹, ensuring that the profession continues to innovate across the next decade.

Early development work to consider the appropriateness and feasibility of confidential enquiries for monitoring the level and nature of errors in pharmacy might be considered alongside audits at F&P cases.

Work in this area will support the following Strategic Objectives of the Council:

- To improve member engagement in the work of the Society
- To be an organisation that consistently performs as a regulator and professional leadership and development body

5.3 Social capital, health inequalities and community pharmacy

In light of the Wanless Report's agenda, work has already been commissioned within the Society to review health inequalities and the role of community pharmacists in tackling community development issues and building social capital. This together with the evaluation of the new contract will develop the foundation for further research to consider the emerging roles of pharmacists and their teams in public health.

¹⁷ Ashcroft, D. et al. 2005 *Patient Safety in Community Pharmacy: Understanding Errors and Managing Risk*. Community Pharmacy Research Consortium, RPSGB

¹⁸ Hassell, K. et al. 2006 *Pharmacy Workforce Census 2005: Main Findings*. RPSGB

¹⁹ Martin, P. & Morrison, M. 2006 *Realising the Potential of Genomic Medicine*. Pharmacy Practice Research Trust, RPSGB

While research is looking at public's use of community pharmacy as a healthcare resource little is known about what community pharmacy provides in terms of general social and welfare advice. Research is needed to identify the benefits people derive from their local community pharmacy and how this potentially adds to the social capital of an area and plays into the wider community and neighbourhood development policies and the wider health, as opposed to healthcare, agenda.²⁰

Research on pharmacy's role in neighbourhood regeneration and renewal is lacking²¹ and therefore initial focus might usefully be directed at addressing specific questions in relation to pharmacy involvement with health development.

Since difficulties lie in the measuring and methodological aspects of the concept of social capital, future research to address this acknowledged difficulty would be a logical next step.

Work in this area will support the following Strategic Objectives of the Council:

- To influence development of the pharmacist to play a more inclusive part on healthcare, public health and social care.

This theme will be developed in the early years - it is highly speculative but will demonstrate that the Society continuing the leading edge methodological development.

6. Conclusions and recommendations

Based on the review of policy summarised above and the impact and VFM achieved from the initial five year investment in an integrated approach to commissioning research Council is asked to agree, subject to wider budget considerations, that:

that the Society's R&D investment be refocused to develop a balanced portfolio of projects which focus more explicitly on informing leadership and development as well as the regulatory functions:

- ***patients, medicines and professionalism in pharmacy***
- ***patient safety and pharmacy practice***
- ***social capital, health inequalities and pharmacy, and***

Since 2002 the university sector has changed the basis for its research model and whilst the Society may not face the full impact of adopting the Full Economic Costing (FEC) model it will experience some increase in costs of commissioning going forward. Therefore to maintain commissioning at a similar level as in the current

²⁰ Social capital & health Inequalities – a discussion paper prepared for the Community Pharmacy Research Consortium by Zoe Whittington

²¹ Doyal, L. *et al.* 2005 *Pharmacy's contribution to tackling health inequalities*. RPSGB

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commissioning period Council is asked to agree, subject to wider budget considerations:

to increase the research budget from £200K to £250K per annum to reflect increased costs and changes to the basis of costing of R&D by university providers – the proposed increase will allow commissioning at the same level as in 2002 – 2006.

Dr Sue Ambler
Head of R&D

1st October 2006