

Midlands' Pharmacy Charter



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The Midlands' Pharmacy Charter



This Charter outlines our joint commitment to ensuring that pharmacy team members in training and development roles (learners) have a valuable and beneficial experience wherever they work within the region and enable all members of our pharmacy teams to be the best that they can be. The first step towards “a one pharmacy workforce” approach to education, training and development.

There is a well-recognised link between the quality of training and the quality of services that our staff provide, leading to better outcomes for citizens, service users and patients. Access to high-quality training and development opportunities and to appropriate educational support and a good learning environment also benefits learner well-being and the recruitment and retention of staff within the Midlands region.

The Charter is intended to be a way of supporting implementation of the NHS England Workforce, Training and Education [Quality Framework](#) and is complementary to Charters that have been developed for doctors and healthcare scientists working within the region.

The Pharmacy Charter also seeks to promote the principles described in the Inclusive [Pharmacy Practice Plan \(IPP\)](#) which focuses on making the workplace more inclusive for pharmacy professionals, with a senior leadership that reflects our diverse communities, to improve health inequalities in the population.

By pledging to implement the Charter we commit to:

- **Ensuring adequate experience**
 - Enabling access to high-quality learning and development opportunities
 - Providing dedicated and relevant supervision
 - Promoting effective integration into pharmacy teams
 - Agreeing a personal learning and development plan for every learner
 - Taking a zero-tolerance approach to bullying, harassment and discrimination.
- **Providing educational support**
 - Providing inclusive leadership for learners
 - Ensuring trainers and supervisors themselves have access to training opportunities to support them in their roles
 - Ensuring that all necessary training materials, resources and equipment are provided and accessible.
 - Providing protected learning time.
- **Creating a supportive learning environment and culture**
 - Understanding the specific needs of the learner and making reasonable adjustments, where needed, in the learning environment
 - Allowing learners to take adequate breaks and rest periods
 - Ensuring learners know how to raise concerns and access support
 - Providing access to resources to support physical and mental well-being of learners.

Background

The Midlands Pharmacy Charter is the first of its kind for the pharmacy workforce. A workforce that is diverse, dynamic and whose services are highly valued by the citizens, service users and patients that they serve and by colleagues within wider multi-professional healthcare teams.

Significant changes affecting pharmacy technicians and pharmacists, particularly on standards for initial education and training, are anticipated both now and in the future. The publication of the [NHS Long Term Workforce Plan](#) presents many new training and development opportunities for pharmacy professionals in all areas of professional practice. For example, the ambition is to increase the number of training places for pharmacists by 29%. We need to ensure these professionals are well equipped, with a voice that helps shape the future, and are enabled to develop through sharing and learning from best practice.

The Charter has been created with this in mind - a tool to address challenges, improve training environments and workforce cultures.

We acknowledge and applaud the good practice that already exists, and we have included some examples in this Charter. However, there is more that could and should be done to promote excellence in education, training and development at all levels. Having engaged widely within the region, we have co-produced this Charter with colleagues from across the pharmacy workforce and beyond. We have held stakeholder events and engaged with individuals, professional networks and organisations. We have listened to the experiences of trainees and employers and hopefully have authentically reflected their experiences and views.

We hope that adoption of the principles of the Pharmacy Charter by learners and those that employ them will mean that the Midlands region is recognised as a beacon of exemplary practice. A place where people choose to want to learn and develop, supported by a commitment from employers to ensure that the experiences of learners mean they also want to stay and progress in their chosen careers within the region and to provide a pipeline of future clinical leaders.



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The challenges

Developing the pharmacy workforce and education and training are critical in enhancing patient care and workforce well-being.

The Midlands pharmacy workforce is made up of individuals from diverse backgrounds, working in settings that include community pharmacies, secondary care trusts, pre-hospital care, primary care networks and general practices, community services, mental health and health and justice providers and academia.

The demand for pharmacy services is growing rapidly with a strong emphasis on more clinically oriented services. So, it is imperative that we keep up with the demands for pharmacy staff to undertake new roles and responsibilities as well as continuing to deliver essential pharmacy services.

During the pandemic, many members of the pharmacy workforce, including learners and trainees, were redeployed to support the delivery of essential frontline pharmacy services. Inevitably, this had a significant impact on their learning opportunities, access to appropriate supervision and support and learning environments. Although this included positive experiences of good practice, such as pharmacy workforce led vaccination programmes and provisionally registered pharmacists, there have also been poor learning environments and wider negative experiences around training. Furthermore, several factors have come together in recent times to create significant changes within the pharmacy workforce for example, new opportunities for people to work differently, national policies that have affected existing workforce dynamics and the emergence of portfolio working. In some instances, this has led to staff shortages and a risk to the delivery of essential frontline services.

Access to high quality training will be essential to ensure we have a sustainable pharmacy workforce fit for the future. We need to ensure we attract and retain people to provide a continuing supply of pharmacy staff at all levels (e.g., assistant technical officers, medicines counter assistants, pharmacy technicians, pharmacists) and across all sectors of pharmacy.

The quality of training and development opportunities will assist in shaping and delivering high quality services, with pharmacy staff enabled to practice to the full extent of their competencies and qualifications. This will include promoting advanced practitioner and consultant level roles and utilising the diverse skillset of our wider pharmacy workforce.

However, findings from our own engagement events and the NHSE Workforce Training and Education (formerly Health Education England) [National Education and Training survey \[NETS\]](#) have identified that pharmacy learners and staff in developmental roles have experienced:

- Lack of clinical supervision and access to educational support
- High workload levels and inadequate time allocated to training and learning
- Harassment and bullying and lack of awareness of how to raise concerns
- Feelings and experiences of being overwhelmed
- Stress and mental health issues
- Lack of access to groups and forums with other learners

Of the 1,002 survey respondents to the 2022 NETS, 17.7% of trainee pharmacists and 29.3% of trainee pharmacy technicians stated that they had considered leaving their training programme or placement. The common reasons being given as feeling overwhelmed, stressed or overworked.

It is also of significant concern that 19% of trainees responding stated that they had experienced discrimination.

We also heard from employers that, at times, they do not get the level of engagement or commitment from learners that they expect.

Meeting these challenges will mean not only upskilling and making better use of the existing workforce but also adapting to new ways of working, accommodating more flexibility in the deployment of staff across sectors and organisations and developing strategies to enhance both recruitment and retention.

The Pharmacy Charter is intended to help by seeking to improve the outcomes and experiences of learners at all levels and in all areas of pharmacy practice.

Charter principles



1. Ensuring adequate experience

Developing and supporting learners
Learners must be supported to meet relevant curriculum competencies.

This requires meaningful exposure to a broad mixture of practical activities and assimilation of underlying knowledge clinically relevant to their practice. Learning new skills that can be applied to competently practice within the borders of their identified professional scope.

Applying this principle that will help ensure learners are appropriately supervised and supported enabling them to gain the knowledge, skills and behaviours required by their training programme or development role. It also requires employers to promote and support equality, diversity and inclusivity and the principles of Inclusive Pharmacy Practice.

To fulfil this Charter principle, we commit to:

1. Ensuring that all learners are given equitable levels of support and access to training and development opportunities regardless of their background or role, making reasonable adjustments where necessary
2. Ensuring that learners are fully integrated into the work of the pharmacy team and that they understand their role, expected behaviours and ways of working as part of the team
3. Appointing a named supervisor and mentor for each learner
4. Agreeing the expected learning outcomes between both the supervisor and learner at the start of the training or development period
5. Agreeing a personal training or development plan ("the learning plan") that is regularly reviewed throughout the period to achieve the agreed outcomes
6. Offering sufficient training experiences and opportunities, during working hours, to support achievement of the learning plan
7. Supporting trainers and supervisors, acknowledging that developing their own skills and practice will positively impact the experience of learners
8. Valuing all people and adopting and promoting a culture of zero tolerance to all kinds of harassment, bullying and discrimination in the workplace
9. Ensuring that learners are made aware of all available career pathways and options related to their profession, and that these can be realised in host organisations.



Case study: Sherwood Forest Hospitals NHS Foundation Trust (SFH-TR)

Band 6 to 7 pharmacist progression programme case study

Agenda for Change Band (AFC) 6 to 7 pharmacist progression programme:

At SFH-TR we have a learning culture and aim to support pharmacists in their early years

“The AFC band 6 to 7 progression at SFH-TR is a structured and inclusive programme that helped us map our career development as newly qualified pharmacists. Based upon the Royal Pharmaceutical Society (RPS) Post-Registration Foundation curriculum, we received guidance on areas including leadership, education, and professional practice. Through regular meetings our mentor made suggestions and signposted us to evidence-based resources to strengthen our skills in the professional domains mentioned. They supported us by collating feedback from varied members of the clinical team, helping us reflect on this and identify areas in which we could improve. The progression programme also offered independent prescribing opportunities, which expanded our ability to impact clinical service delivery, and facilitate best care for our patients”.

Shared by Jason Ling - Deputy Divisional Lead Surgery and Critical Care Pharmacist and Ahmed El Mehdi Gueffaf Lead Rheumatology Pharmacist - Sherwood Forest Hospitals NHS Foundation Trust

Case study: Experience of a Boots pre-registration pharmacist and current locum community pharmacist

What worked well during your pre-registration pharmacist year?

My training year was completed within the community pharmacy sector at Boots. I had a superb pre-reg tutor who gave me ample opportunity to observe the variety of services offered in branch such as New Medicines Service (NMS), Flu jabs and his Over the Counter Medicines (OCM) queries. Additionally, the scheduled study days across the year and pre-registration materials available on their learning portal were geared towards preparing for the pre-registration exam and were very helpful in enhancing my clinical and general community pharmacy understanding to provide me a smooth transition into my first day fully qualified. I currently remain in contact with my tutor every so often to share professional opinions with one another on more complex cases when they arise.

If you could change or improve things to make your experience as a trainee better, what would they be?

Although, having a tutor that readily made himself available to show me how the services were run within his store there wasn't much of an opportunity to see how the other services my store didn't offer operated. It would have been great to have the opportunity to observe these in person rather than rely on standard operating procedures (SOPs) to gain insight into these services prior to my first day as a pharmacist. I would have also loved to have benefited from having some form of cross sector experience in GP, Industry and hospital, even if it was a day to a couple of days in each to gain insight into the different roles and opportunities available to pharmacists.

What works well as a community pharmacy locum pharmacist?

The ability to have a more improved work-life balance as a locum has worked great for me. Being self-employed I can manage the times I work. This isn't always possible withing employed roles. It has been enlightening to see the pharmacy landscape away from where I trained in the Midlands in other parts of the country like Cumbria and parts of Cornwall as well as pharmacy outside of England on my few travels into Wales. This opportunity

to work anywhere in the country with such flexibility has allowed for me to see how the change in patient demographics can change the focus of how pharmacy operates and what they offer to patients in different regions.

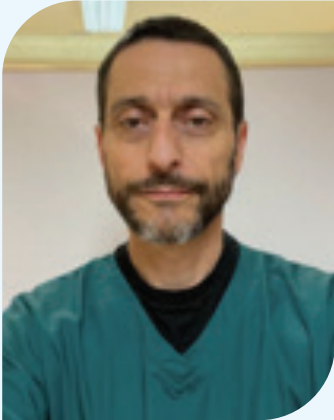
If you could change or improve things to make your experience as a locum pharmacist better, what would they be?

Locums tend to have quite some difficulty obtaining smart cards for use to access Summary Care Records (SCR) and other vital features that aid work within community pharmacy if they were not provided with one during their pre-registration year. Centralising access to smart card applications would make things easier for locums who do not have one fixed place of work to avoid delays in receiving these cards. Many locums would also prefer to be able to have a means to contact some of the smaller pharmacy groups (who tend to be more reliant on agencies to share shift vacancies) directly with regards to offering their services to them rather than relying on locum agencies as a point of contact to them; most restrict the ability to negotiate with quite a rigid interface on their apps and are not easy to get responses from at times.

Shared by Sledge Brewster, Community Pharmacist, Former Boots Pre-Registration Pharmacist West Midlands



Case study: Kettering General Hospital (KGH) Foundation Trust



Having decided on a career change, in my late forties, I found a wonderful opportunity at KGH as a Band 2 Pharmacy Porter/Support worker. I started in that position in May 2015, I found both the pharmacy environment and the team I worked with totally agreed with my ethos in life, and by being proactive and taking advantage of the progression opportunities that arose, and after completing a 2-year NVQ and BTEC course, I became a Band 4 registered Pharmacy Technician in May 2021. My current job role is that of a ward-based Band 5 Medicines Management Clinical Technician and I look forward to the future.

Shared by Pete Fraterrigo, Medicines Management Clinical Technician - Kettering General Hospital

Case study: Centre for Pharmacy Postgraduate Education – primary care and community pharmacy education supervision in the Midlands

Helping Jamal* through personalised mentoring and coaching

Jamal was finding it difficult to balance their role, the primary care pharmacy education pathway learning and challenges outside the workplace. Their education supervisor helped Jamal to recognise their own motivations, challenges and barriers to learning. Taking a coaching approach, the education supervisor supported Jamal to identify their own solutions and overcome their individual barriers.

Offering Sophie* tailored support

Sophie started her primary care pharmacy education pathway without the IT skills and confidence to take part in online learning activities, limiting her development and role progression. Her education supervisor and the wider Centre for Pharmacy Postgraduate Education (CPPE) team worked closely with Sophie to develop her confidence to use technology effectively, which enabled Sophie to complete an online case-based discussion with peers and an assessor, and to participate actively in online interactive workshops.

Enabling Gabryjel*, Jemma* and Maria's* confidence to drive role progression

Gabryjel, a community pharmacy technician who participated in the CPPE pharmacy technician impact group sessions, applied what he learned to positively transform his approach to his role and personal development, after previously feeling unhappy and unfulfilled. Utilising his new skills, he worked more collaboratively with colleagues, gaining recognition from his manager. With Gabryjel's increased confidence and leadership skills, he was offered a new career opportunity in a different organisation. He ultimately chose to stay in his existing role and focus on leading by example and being a positive role model to colleagues.

Through the education supervision Jemma and Maria – both primary care pharmacy technicians – received in the impact groups, they gained the skills and confidence to progress their career development. Jemma is now leading a team of pharmacy technicians and care coordinators, and Maria is expanding her patient pain clinic sessions across other surgeries in the primary care network.

*Names changed for anonymity

CPPE provided education supervision is in collaboration and funded by NHS England Workforce, Training and Education (formally HEE)

*Shared by CPPE Regional Managers,
Education Supervisors and Regional Tutors*



Case study: University Hospitals of North Midlands Foundation Training Pharmacist Programme, University Hospitals of North Midlands (UHMN) NHS Trust and General Practice (split placement)



What has worked well during your trainee pharmacist year?

My trainee pharmacist year was a split placement with nine months at UHMN and three months in a general practice. I really enjoyed this, and it was useful to see both sides of pharmacy, primary care, and secondary care. I also saw some of the issues such as if the To Take Out (discharge) medicines (TTO) wasn't written correctly what problems that caused in the general practice and vice versa if the Summary Care Record (SCR) wasn't updated correctly what problems that causes in the hospital. Even though I plan to start my career in hospital pharmacy, the general practice work has given me skills such as running the clinic I held as part of my quality improvement audit and speaking to patients where I could build on the history taking I had done in the hospital. I have learnt a lot about speaking to doctors, consultants, nurses and other healthcare professionals and I am now confident in my communication skills.

If you could change or improve things to make your experience as a trainee better, what would they be?

The trainee pharmacist year is a big step up from university and the first couple of months I found it hard to settle in and fit everything in. More placements during years 1-4 in university would have helped. I had limited experience of working in pharmacy settings due to COVID-19 and when I started, I didn't really know what the role of a hospital pharmacist was. More introduction to the team initially would have been helpful too. They didn't know that as well as learning the job we needed to complete logs, collect evidence and revise all alongside the pressures of getting TTOs out. Once I got to know everybody and settled in it was fine but more introduction and initial set up would have made this better.

Shared by Georgia Tringham, Foundation Trainee Pharmacist - University Hospitals of North Midlands NHS Trust



2. Educational support

Providing educational support

Education and training for pharmacy learners is usually based on a blend of experiential and non-experiential learning.

Non-experiential teaching, such as seminars and workshops may be provided locally or nationally, and these are increasingly delivered virtually. Learning through experience needs to be underpinned by effective clinical and educational supervision.

Applying this principle will help employers provide access to educational support to ensure learners can meet the requirements of their agreed learning plan.

To fulfil this Charter principle, we will commit to:

1. Providing inclusive leadership for learners that promotes team-working, and where appropriate, cross-sectoral and multi-professional learning opportunities
2. Ensuring trainers and educators have appropriate access to training and development to support their roles. Including local/national training and networks to support learning and collaboration
3. Providing access to appropriate training materials and resources appropriate to the needs of the individual and that enable them to complete the learning plan
4. Identifying and addressing the specific needs of the trainee at the time of induction to the learning programme
5. Providing protected time to enable learners to achieve the learning plan and prepare for, and take any assessments that are required to meet professional or regulatory standards of competency and experience
6. Ensuring learners have access to all relevant work systems (e.g., IT access, reference sources, online learning platforms etc.) and facilities from the start of their learning programme
7. Considering opportunities for training and development outside of the learning plan where learners may have interest and that align to the business needs of the employing organisation
8. Collaborating with other training providers to promote cross-organisational, cross-sector experience.



Case study: Sandwell and West Birmingham NHS Trust

Sandwell and West Birmingham NHS Trust has identified digital literacy and competency in the use of digital and IT systems as an important way of improving patient care.

It has formed the pharmacy informatics service led by a senior pharmacy technician to support digital medicines systems used within the department and the wider trust. It does this by providing access to subject matter expertise and by enabling pharmacy professionals to undertake more specialist roles and functions, particularly in the digital domain.

Through this supportive, learning approach the Pharmacy Informatics team has improved pharmacy operations through systems and process optimisation - releasing staff time for care. The team also provides a critical technical function to the trust electronic prescribing and medicines administration system, utilising clinical and technical expertise to improve medicines management and ensuring good governance for a variety of professionals.

The team is in the process of expanding the function to provide quality improvement expertise to the department and trust. The application of training in quality improvement methodology is expected to encourage pharmacy professionals to support and engage with the development of key pharmacy workstreams, taking ownership for their work and environment.

Shared by Sandwell and West Birmingham NHS Trust - Pharmacy Lead for Informatics, Innovation, Improvement and Quality

Case study: University Hospitals of North Midlands Foundation Training Pharmacist Programme



What has worked well during your trainee pharmacist year?

My training year at UHNM has been instructional and educational for me. I have learnt more about how to be a pharmacist this year than in my four previous years at university. University teaches you how to be a safe pharmacist but when you are working in a hospital with poorly patients it really hits home the importance of the role and what impact you can have. UHNM has taught me clinically and operationally how to be a pharmacist. Some of the learning outcomes are easier to achieve in hospital settings and others in community pharmacy settings.

If you could change or improve things to make your experience as a trainee better, what would they be?

In the future I want to be a fully safe, legal, and competent pharmacist in all settings. Cross-sector placements would be helpful. Working in different settings it is often the operational elements that are more difficult to learn than the clinical aspects. More guidance at the start of the year would be helpful. At the start of the year, I was taught how to take drug histories, how to talk to different types of patients such as frail, elderly and dementia patients and how to talk to other healthcare professionals. At the start of my trainee year, I had limited experience so more support on these would have helped. I found shadowing did help to develop my skills and shape my practice though.

Shared by Matthew Sherratt, Foundation Trainee Pharmacist - University Hospitals of North Midlands

3. Training environment

Creating a supportive learning environment and culture

“As a good employer, it is our moral imperative to make sure our people have the practical and emotional support they need to do their jobs. Each of us must build on the support given during the COVID-19 response and make sure it continues.” NHS People Plan (2020)

The [NHS People Plan](#) emphasises the importance of staff wellbeing. Employers made significant efforts during COVID-19 to ensure staff were supplied with adequate hygiene, affordable food, and rest facilities which improved staff morale and wellbeing.

Pharmacy staff and learners told us about the importance of the training environment both at personal and professional levels. This highlighted areas such as physically and virtually enabling training, clear organisation of training including wider exposure through local/national networks, facilitating personal growth and psychological safety.

Applying this principle will help employers make sure that the learning environment supports learners to achieve the best possible outcomes during their training and development period.



To fulfil this Charter principle, we will commit to:

1. Making reasonable adjustments to meet the specific needs of the learner
2. Facilitating adequate access to quiet, non-clinical learning areas
3. Providing access to facilities such as toilets, food, and rest areas away from the immediate work environment
4. Allowing learners to take adequate breaks and rest periods and providing access to resources to support their physical and mental wellbeing
5. Ensuring that learners are represented in leadership, management, and employee networks
6. Creating equitable talent pool, inclusive recruitment, and development processes
7. Creating “open door” cultures to improve and support learning experiences and promoting transparency, openness, and mutual trust between learners and employers
8. Providing details of Freedom to Speak Up Guardians and how learners can access wellbeing services and counselling
9. Facilitating employment arrangements to allow trainees to meet competencies and allowing examination leave required for successful completion mandatory training
10. Ensuring the learning environment encourages growth by offering pharmacy role models and mentors to aid in trainee personal and professional development.

Case study: Imaan Healthcare – Community Pharmacy Foundation Training Learning Environments



Imaan Healthcare is a community pharmacy group which trains over 50 foundation trainee pharmacists each year, all with significant cross-sector placements included. Whilst acknowledging training experiences are difficult to replicate across 30-plus pharmacies, Imaan made it a priority to create learning environments which were friendly, welcoming, and allowed the trainees to flourish. This was achieved over a period of years by focusing on the most important components of the learning environment - the supervisors and wider team. Initially minimum standards for behaviour and professionalism were implemented, including a genuine zero tolerance approach to bullying and related unacceptable behaviours.

All members of the team, including trainees, are made aware of each other's workplace-based objectives, and encouraged to help each other meet those objectives, thus fostering mutual respect and goodwill amongst the team. This also extended to cross-sector educational partners in general practice/primary care networks. Rotas were protected to embed the importance of each setting and supervisors were encouraged to communicate directly with each other to facilitate good working relationships across sectors.

To support this, Imaan Healthcare employs an Educational Programme Director and a dedicated Pastoral Lead, they monitor and evaluate the trainee experience. These individuals are experienced supervisors and are not involved in the line management of trainees or supervisors, therefore providing a "safe space" for both trainees and supervisors to seek guidance and support.

This programme of work has resulted in work environments which are not just welcoming for trainees, but also employed staff and undergraduate placement students so the whole culture has transformed. This can only be achieved via strong leadership at the very top, underpinned by a caring ethos and willingness to challenge behaviours at a senior level.

Shared by Khalid Khan, Head of Training and Professional Standards - Imaan Healthcare

Case study: NHS England – Midlands Lead Sustainability Pharmacy Technician



What has worked well during your NHS England secondment?

I took on the Lead Sustainability Pharmacy Technician secondment as a development opportunity and it has ticked that box. I have learnt so much and have had so many different opportunities for growth, things that I didn't get exposure to working in an acute hospital setting. Before applying for this secondment, I did not know about the NHS's Net Zero ambitions and nothing could have prepared me for how multifactorial it is.

I have really enjoyed working regionally and seeing all of the different sides of pharmacy. The Pharmacy Leadership Team have been wonderfully welcoming. They have helped whenever I have asked, and it hasn't felt like there is a hierarchy like you get in some environments. During my secondment I have learnt about medical gases, had coaching, gained an in-depth understanding of climate change, enrolled on a leadership course, attended seminars, sat on panels, and worked with so many different stakeholders from anaesthetists to engineers. It has been such a great learning curve. I have become more confident in my communication skills, I am well networked, and have honed in on some project management experience. All of which will be invaluable in my future career.

Shared by Rebecca Heading, Lead Sustainability Pharmacy Technician - NHS England – Midlands

Case study: Joined Up Care Derbyshire Pharmacy Workforce and Buttercups Training – Portfolio Pharmacy Technician



Gail started training as a pharmacy technician at the Derbyshire Royal Infirmary in 1989, when she was 16 years old. Qualifying in 1991, Gail specialised in pharmacy aseptic services, completing the BTEC Professional Diploma in Aseptic Services at the University of Derby. Relocating to Yorkshire in 1995, Gail continued her studies completing her assessor, internal and external verifier awards. In 2005 she left the NHS to work full time in education at Bradford College.

In this role Gail qualified as a teacher and completed a Master of Education in ICT. Relocating back home to Derby, Gail continued her studies, awarded a fellowship of the Association of Pharmacy Technicians UK (FAPharmT) and Certificated Membership of the Association of Learning Technologists (CMALT). Since October 2020, Gail has been completing a Doctorate in Clinical Education with the University of Leeds

and is currently writing her thesis on the experiences of pharmacy technicians participating in peer discussion as part of pharmacy revalidation.

Shared by Gail Hall, Joined-Up Care Derbyshire Pharmacy Workforce Lead (0.5 WTE) and Programme Development Lead Buttercups Training (0.5 WTE)

Case study: Kettering General Hospital (KGH) – Pharmacy Technician Profile



I joined Kettering General Hospital pharmacy in 2018 after deciding it was time for a complete career change. I applied for the role as support worker in the stores team as I thought it sounded really interesting and I'm happy to say I have never regretted that choice.

I spent two years in stores, where I learned a lot about the different types of medications and how to safely receive, store, manage and supply them to the wards. During that time, I quickly realised I would like to become a technician, so I took the opportunity to move over to the reception/dispensary team to allow me to learn more about the different types of medications, how to safely dispense them and how to interact with patients and staff. I spent a little over 18 months in that role before taking on the pharmacy technician apprenticeship. It was a daunting

task starting the course at age 40 but my colleagues, both in pharmacy and the wider hospital, have been incredibly supportive of me every step of the way and, even though I'm only halfway through the qualification, I know I have made the right choice.

Being a pharmacy technician blends my love of helping people with my passion for science and medicine plus I can continue using skills from my previous career in auditing and health and safety. I'm really looking forward to where my career will take me once I have qualified.

Shared by Janis Halliday, Pharmacy Technician - Kettering General Hospital

Case study: University Hospitals Birmingham (UHB) NHS Foundation Trust Foundation Training Pharmacist Programme



What has worked well during your trainee pharmacist year?

I have really enjoyed my year at UHB. One of the best things was the training rotations. I spent time in cancer services and in different wards and different specialties. In medicines information I was able to extend my rotation because I really enjoyed it. I also got to go to the other hospital sites in UHB to see how they work. I was lucky as my supervisor works on acute medicine, so I worked alongside her and saw lots of things. I had the opportunity to see two C-sections as part of my paediatrics rotation. At UHB when you ask for an opportunity, they go out of their way to make it happen for you. The hands-on experience was good – I was in acute medicines where it is busy

and fast paced. My supervisor was the sole pharmacist in the Medical Assessment Unit and was responsible for TTOs, orders, answering queries from doctors. I was her second pair of hands and was able to really contribute whilst working under her supervision. This was important last August when the new doctors started as they needed help whilst embedding and rely on pharmacists. I felt trusted and it was really great experience. There is an upside to understaffing that you do get the opportunity to be more hands on so although it is a negative you can turn it into a positive. It has been a great year working in UHB and the study days with Health Education England (HEE) have been helpful and also enabled me to meet many people.

If you could change or improve things to make your experience as a trainee better, what would they be?

Generally (not just UHB) there is a hierarchy feeling that feels scary and some negative feelings of 'you're just a pre reg.' We initially felt an inconvenience to the people we were working with. Appreciate it is hard to coordinate trainee pharmacists especially when understaffed. Once I had my supervisor and plan it was fine but in the very beginning, before this was in place, it was very hard. I like the way consultants work with junior doctors where they go on ward rounds together, have conversations, discuss things jointly 'what do you think?' and generally are together. Pharmacy is more segregated overall although I was lucky as my supervisor was really great so after the first few weeks, we did have that consultant: junior doctor relationship hence my good experience overall.

Shared by Hanan Jiyad, Foundation Trainee Pharmacist - University Hospitals Birmingham NHS Foundation Trust

Case study: Sherwood Forest Hospitals NHS Foundation Trust (SFH-TR): Leadership Training for Pharmacy Technicians



At SFH-TR we have a learning culture and aim to support pharmacy technicians with their careers.

"I started my career at Sherwood Forest Hospitals in 2008 as a Medicines Management Pharmacy Technician, a role I thoroughly enjoyed. Six years ago, I gained the opportunity to progress into a senior post within the department's education and training team. Whilst at SFHFT I have completed both the Edward Jenner and Mary Seacole leadership qualifications, and an apprenticeship in training/development. This training has been invaluable, and

I put that learning into practice daily. Consequently, the department and I are actively encouraging all our pharmacy technicians to complete the NHS leadership training and give them as many career progression opportunities as possible."

Shared by Cheryl Smith, Team Manager - Technical Workforce Development and Training Lead Pharmacy Technician - Sherwood Forest Hospitals NHS Foundation Trust

Conclusion

The publication of the Charter is the beginning of a journey for pharmacy professionals and employers in the Midlands – there will be further steps that we need to take. For it to be effective, we need to commit to implementing the principles that will lead to tangible and meaningful actions.

We hope that we have made the case of the need to makes changes that will lead to improvements and encourage people to want to learn and work in pharmacy teams across the Midlands region. This will enable the development of both individuals and teams, across organisational and sector boundaries.

Most importantly, we encourage you to share your learning and experiences of using the Charter with each other.

We believe that our “one pharmacy workforce approach” will help foster positive cultures for learning and development and support us in delivering effective, safe and efficient care to patients and addressing workforce challenges.



Lead author profile



Aiysha Raooft

Clinical Leadership
Fellow and Pharmacist

Aiysha is a Clinical Leadership Fellow with NHS England and the Faculty of Medical Leadership and Management (FMLM). Her fellowship has included working with the NHS England - Midlands pharmacy team on the 'Midlands Pharmacy Charter'. Aiysha represents the 2022/2023 cohort of clinical leadership fellows, engaging with senior leaders and stakeholders. She has also worked on the Inclusive Pharmacy Practice projects workstreams with the NHS England Chief Pharmaceutical Officers team.

Graduating from her MPharm in the Midlands from The University of Nottingham in 2018, Aiysha undertook her pre-registration year in the hospital sector with exposure to community, general practice and mental health sectors. Accumulating further wider multi-sectorial experience early on, during her undergraduate training and early career years, she has received several awards and prizes in addition to her research on Paediatric Vancomycin being published. Aiysha was awarded the 'Women to Watch' award by the Pharmaceutical Journal in its inaugural year.

As a portfolio clinician she holds various roles and position across the Midlands and nationally, with and outside of pharmacy. These include being the founder and lead of a health inequalities network at a Federation; roles within an Integrated Care Board workforce group and people and culture steering groups. In addition Aiysha is an Integrated Care System Racial Equity and Diversity Associate Lead.

Aiysha was appointed to the Royal Pharmaceutical Society's Expert Advisory Group, she has also provided expert input to Public Policy Projects on developing ICS integrated care policies and has been working across strategy, policy and transformation workstreams. In addition, she is a mentor at The University of Nottingham and is the lead for widening participation and Equality Diversity and Inclusion (EDI) for the Faculty of Medical Leadership and Management (FMLM) and former Health Education England (HEE) Empowering Student Leadership in Healthcare (ESLIH) conference and programme.

She has undertaken multiple postgraduate clinical and leadership courses, including a postgraduate certificate in a multisectoral 'Foundations in Pharmacy Practice', CPPE Primary Care Pharmacist Pathway, Aspiring Leaders programme and is a qualified Independent Prescriber, with a specialist interest in Health Care of the Older Person.

Aiysha is an advocate for clinical leadership and the importance of a 'One Pharmacy Workforce' approach, supporting the recruitment and retention of staff, development and education and training. From her diverse portfolio experience she champions the need for inclusive, compassionate and on the ground leadership to ensure a thriving workforce.

Resources

Pharmacist Support

[How we can help - Pharmacist Support](#)

UK Commission on Pharmacy Professional Leadership

[UK Commission on Pharmacy Professional Leadership](#)

[Health and social care review: leadership for a collaborative and inclusive future](#)

[UK Commission on Pharmacy Professional Leadership animation - YouTube](#)

General Pharmaceutical Council standards for initial education and training

[For pharmacy technicians](#)

[For pharmacists](#)

NHS People Plan

[NHS England » NHS People Plan](#)

Health Education England Quality Framework

[HEE-Quality-Framework-from-2021.pdf](#)

NHS England People Promise

[NHS England » Our NHS People Promise](#)

Inclusive Pharmacy Practice Plan

[NHS England » Inclusive Pharmacy Practice](#)

Health Education England NETS Survey

[National Education and Training survey \[NETS\]](#)

NHS England Workforce Race Equality Standard

[NHS England » NHS Workforce Race Equality Standard](#)

Pharmacy as a Career

[Pharmacy careers | Health Careers](#)

NHS Long Term Workforce Plan

[NHS England » NHS Long Term Workforce Plan](#)

The NHS in England at 75: priorities for the future

[NHS Long Term Plan » The NHS in England at 75 \(NHS@75\)](#)



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