Nid yw ar gael trwy gyfrwng y Gymraeg

Date: **Wednesday 11 June 2003**
Venue: **Committee Room 3, National Assembly for Wales**
Title: **Quinquennial Review of the Welsh Committee for the Professional Development of Pharmacy (WCPDP)**

Purpose

1. To offer members an opportunity to comment on the draft review report.

Summary

2. This paper attaches the draft WCPDP review report.

Timing

3. If members have any observations they wish to make to me before the report is finalised, please let me have them by [15 July]. Following any revisions after consideration of such comments, the final report will be published on the Internet.

Background

4. Edwina Hart's written Cabinet Statement of 21 December 2000, on the regime for reviewing **non executive** Assembly Public Bodies (ASPBs) and other similar bodies, affirmed the Cabinet's commitment to continuing this review regime, in a more open way than in pre Assembly days. An Assembly official, Martin Rolph, produced the attached draft review report after consulting the chair of the WCPDP, the Chief Pharmaceutical Adviser, attending a meeting of the WCPDP, and conducting discussions with a range of stakeholders in its activities across Wales.

Consideration

5. The draft report makes the following recommendations:

- In principle, the WCPDP should continue to exist
- WCPDP should produce a forward annual work programme.
- WCPDP should implement its intention to make its agendas, papers and confirmed minutes available over the internet soon (subject to exclusion of material on grounds of patient, commercial etc confidentiality) in line with its emerging Publication Scheme.

- The Assembly should redefine the structure of WCPDP membership in more general and flexible ways.

    - WCPDP should increase its formal contact with stakeholders and raise its profile among them.

    - WCPDP (and the Assembly) should give more attention to specific aspects of WCPPE, in particular through early review of the 1994 contract, and further developing the early commissioning and monitoring processes to help better ensure that WCPDP (and the Assembly as advised by it) can optimise the overall use of Assembly resources made available to the WCPPE.

    - More support should be provided from within the Assembly to WCPDP related activity.

    - WCPDP should amend its constitution to explicitly state that members will abide by its code of practice.

    - The Welsh Assembly Government should consider how to increase the number of women and members of ethnic minorities in its membership, particularly as turnover allows and if the recommendation to increase and reshape membership is accepted.

    - The Committee and those who appoint and support it should recognise the needs of all parts of Wales to a greater extent than at present.

Crosscutting Themes

6. The terms of reference of the reviews included reference to the Assembly's three key themes of equality, social inclusion and sustainability. Equality issues (in relation to membership) have been raised in the report. The themes of sustainability, equality and social inclusion are reflected in issues the WCPDP addresses.

Financial Implications

7. If the recommendations of the draft report were accepted in full there would be one off staffing cost of about £10,000 to update the 1994 contract , develop the commissioning process further and perhaps help draft a service level agreement with Cardiff University.

Action

8. Committee members are invited to let me have any comments they may have on the draft attachments by [15 July].

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DRAFT

QUINQUENNIAL REVIEW OF

THE WELSH COMMITTEE

FOR THE PROFESSIONAL

DEVELOPMENT OF PHARMACY

Martin Rolph

May 2003

DRAFT

QUINQUENNIAL REVIEW OF THE WELSH COMMITTEE FOR THE PROFESSIONAL DEVELOPMENT OF PHARMACY

Contents

Executive Summary and List of Recommendations

1. This review relates to Welsh Committee for the Professional Development of Pharmacy (WCPDP), an advisory Assembly Sponsored Public Body (ASPB). This needs stressing as many interested in this field do not seem to draw a clear distinction between the WCPDP and the Welsh Centre for Postgraduate Pharmaceutical Education (WCPPE) which, as part of the Welsh School of Pharmacy, is part of Cardiff University. The following key findings need to be considered with this in mind.

2. The policy and strategic context within which the needs for, and the support of, continuing professional development of **all** pharmacy staff is growing in complexity and extent, and will continue to do so. It is reasonable to assume that, there will be increasing requirements for professional development within pharmacy. Irrespective of who funds it (there are multiple sources now), this activity would include needs assessment, the subsequent support for individuals' own professional development planning, and the delivery of training and development, evaluation and assessment.

3. There is a clear need for the Assembly to have appropriate source(s) of advice on the development of policies relating to the postgraduate education and training needs of pharmacists and the training needs of support staff. This is best fulfilled for the next 5 years or more by the continued existence of the Committee or something like it, which brings together the experience and expertise of active practitioners from a variety of levels and roles in the field of pharmacy across Wales.

4. The Committee has developed purposefully its role since the last five yearly review in 1996, and has contributed significantly to a range of positive developments in the field of CPD for pharmacy in Wales. For example, it has taken the first steps in collaborating productively with providers other than WCPPE; helped move the emphasis towards continuing professional development (CPD), ie including but beyond continuing education; and encouraged the use of IT as an educational delivery medium.

5. However, to make best use of Committee Members' time in supporting pharmacy in Wales, there needs to be significant development in two areas of the Committee's activities:

   (a) greater and more explicit engagement of the committee with stakeholders in all parts of pharmacy – including both pharmacists and pharmacy technicians; NHS Trust and other direct NHS employees (e.g. Local Health Board prescribing advisers , regional pharmaceutical public health specialists); and the largest group of all - community pharmacy staff.

   (b) developing the relationship between the Committee (and the Assembly as advised by the Committee as a commissioner of support for CPD) and the WCPPE at Cardiff University and others, as providers of education and activities supporting CPD for pharmacy.

6. Key stakeholders with which the Committee should formally engage before each round of commissioning activity is undertaken including Welsh Executive of the

Royal Pharmaceutical Society of Great Britain (RPSGB); Community Pharmacy Wales, in relation to Community pharmacy; the Committee of Chief Pharmacists, in relation to NHS Trust employees in pharmacy; LHB pharmacy staff (where all Wales arrangements have yet to be set up); and the National Public Health Service. All except the last of these groups is represented in the backgrounds of the Committee's current membership, but the thought here is that formal engagement with the bodies themselves should take place.

7. The development of relationships between the Committee (and the Assembly as advised by the Committee) and the WCPPE (and other providers as and when appropriate) needs to be supported by:

   (a) a thorough review of the existing open-ended and completely unrevised 1994 contract between the Welsh Office and Cardiff University under which Assembly grant payments are currently made to support the WCPPE's work for the Assembly.

   (b) changes to the commissioning process – in some cases giving the WCPPE and other suppliers clearer and earlier involvement in what is being commissioned.

   (c) a business planning response from WCPPE which better fits the needs of the Committee as it develops its advice for the Assembly.

8. The sorts of necessary developments identified at paragraphs 6 and 7 will not take place without greater support from within the Assembly for the operation of the Committee itself.

9. A number of important developments need to take place in relation to the constitution and membership of the Committee. These would be aimed at bringing it more up to date with current Assembly practice and/or to enhancing the effectiveness of the Committee; the development of the Committee's relationships with stakeholders (which could include other funders as well as pharmacy professionals); and with providers of support for CPD such as the WCPPE, The Welsh Medicines Resource Centre (WeMeReC) National Prescribing Centre (NPC), etc.

RECOMMENDATIONS

10. This review makes the following recommendation (paragraph numbers in main text indicated):

    1. An advisory committee along the lines of WCPDP should continue to exist as the prime source of Welsh professional advice for the Assembly on the continuing professional development in pharmacy workforce in all sectors and at all levels. (Para 7.5)

    2. WCPDP should produce a forward annual work programme (8.4) by measures such as:

       a) once a year including an item on this in a WCPDP agenda;

b) the chair issuing a short paper in advance of this meeting, suggesting a relatively short list of key items the WCPDP proposes to consider and offer advice to the Assembly (a shorter version of the sort of tabular paper "Objectives and Action Plan" the Workforce Subgroup of the NHS Trusts Chief Pharmacists produces would be a model worth considering);

c) the programme, as it emerges from the annual discussion in WCPDP should go to the NHS Director (and any other relevant Assembly Directors) for comment. This would give NHSD the opportunity to respond indicating which subjects would particularly interest it, and the opportunity to indicate any other subjects on which the Assembly would welcome professional advice;

d) a meeting between the WCPDP Chair and Vice-chair and the Chief Medical Officer, Chief Pharmaceutical Adviser and NHS Director to discuss the forward work.

3. WCPDP should implement its intention to make its agendas, papers and confirmed minutes available over the internet soon (subject to exclusion of material on grounds of patient, commercial etc confidentiality) line with its emerging Publication Scheme. (8.9)

4. WCPDP should consider inviting a handful of staff from across all types of NHS Wales pharmacy occupations to each of its meetings as observers. (8.9)

5. In the light of the above, the Assembly should redefine the structure of WCPDP membership in more general and flexible ways such as (8.16):

a) Be prepared to increase the number of voting and non-voting members (voting numbers up to a maximum of 12)

b) Reduce the School of Pharmacy "seat" to a maximum of one.

c) Add, as a non-voting member, the holder of the All Wales Principal Pharmacist post for Education, Training and Personal Development, and if or when suitable people are identified, an analogous person from Community Pharmacy and one from a Local Health Board, also to the formal non-voting membership.

d) Make use of both the next set of appointments and increased flexibility to make other changes, e.g. seek to have alternate UWCM doctor on the Committee drawn from GPs with an interest in medical education, add a technician (from community pharmacy), and an additional ("frontline") community pharmacist.

e) Reduce the quorum to 4 (or 5 if voting membership rises to 12).

f) Take steps to stagger appointments so that the Committee's membership consists of a blend of those who have served for a while with newer appointees.

6. WCPDP should increase its formal contact with stakeholders and raise its profile among them. One way this could be done, if members were willing, would be the holding of say 3 meetings a year with stakeholders – one in each of the health regions, with 2 or 3 members present listening to pharmacists and support staff from that region talking about their CPD needs, before the

WCPDP meets to develop its final advice each year on what CPD related activity should be commissioned. (8.30(a))

7. WCPDP (and the Assembly) give more attention to specific aspects of WCPPE, in particular through early review of the 1994 contract, and further developing the early commissioning and monitoring processes to help better ensure that WCPDP (and the Assembly as advised by it) can optimise the overall use of Assembly resources made available to the WCPPE. (8.30(b))

8. That to achieve recommendations 6 and 7, more support is provided from within the Assembly to WCPDP related activity. (8.30 (c))

9. If Recommendation 8 is accepted, relatively modest additional resources should be provided in either the CPhA's or HR Division. If the additional resources for the support for WCPDP were provided in HR, management of the Assembly's direct funding be transferred to the HR Division of the NHS Directorate. (8.35)

10. If in response to Recommendation 9, support for WCPDP is provided by HR Division, the WCPDP should (in the spirit of Recommendation 1) be retained in basically its current form, but reconstituted to become the "All Wales Pharmacy CPD Advisory Group" which could relate to the All Wales Workforce Development Steering Group. (8.36)

11. WCPDP should amend its constitution to explicitly state that members will abide by its code of practice. Members will not be accorded formal WCPDP membership until they sign an undertaking to this effect, and complete their first notification of interests. They should be asked to complete a new notification every year. (8.40)

12. In implementing those parts of recommendation 5 which are accepted, the Welsh Assembly Government should consider how to increase the number of women and members of ethnic minorities in its membership, particularly as turnover allows and if the recommendation to increase and reshape membership is accepted. (8.42)

13. The Committee and those who appoint and support it should recognise the needs of all parts of Wales to a greater extent than at present(8.47), in ways such as:

    - using appointments (especially if numbers are increased) to achieve a greater geographical spread of members;

    - holding some meetings of the WCPDP outside South East Wales to enable a variety of the pharmacy workforce to easily sit in as observers;

    - having stakeholder meetings publicised well in advance held by 2 or 3 members in each of the 3 health regions of Wales to inform the WCPDP in its commissioning advises to the Assembly.

14. The WCPDP's constitution should be reviewed by the Assembly in consultation with the current membership in the light of the comments at paragraphs 8.48 and 8.49. (8.50)

INTRODUCTORY INFORMATION

Terms of Reference

1.1 The terms of reference for this review were

> "Against the Background of "Remedies for Success: A Strategy for Pharmacy in Wales", the modernisation of the regulatory role of the Royal Pharmaceutical Society and other major policy developments affecting the field of the professional development of pharmacy, to consider whether there is a continuing need for the Committee and whether it provides good value for money and is efficient and effective. The review will consider the Committee's cost effectiveness, the value of its work and whether that work can be done by the Assembly or other body(ies).
>
> The review will make recommendations about the composition and operation of the Committee and its management and staffing support. The review will also consider the way the Assembly sponsors the Committee and monitors its performance. The review will also consider whether the Committee's role in the current commissioning process is effective and what scope there is to improve the process.
>
> The review will make appropriate recommendations, in particular in the context of the Plan for Wales and the three key themes of social inclusion, equality and sustainable development."

Powers under which the WCPDP exists

1.2 The Welsh Committee for the Professional Development of Pharmacy (WCPDP) is an advisory Assembly sponsored Public Body (ASPB), recognised under Section 2 and Schedule 6(1)(b) of the National Health Service Act 1977.

Powers of Assembly to review and implement changes

1.3 Section 2 and Schedule 6(1)(b) of the NHS Act 1977, together with the National Assembly for Wales (Transfer of Functions) Order 1999, enables the National Assembly for Wales to change the functions of the WCPDP or to abolish it.

Roles and Responsibilities (from 2001 Constitution – fully reproduced at Annex 1)

1.4 The WCPDP's role is to:

- To advise the National Assembly for Wales on postgraduate education and training needs of pharmacists and their support staff in Wales, and on the development of policies relating to these groups.

- To develop a strategy for continuing professional development of pharmacists and their support staff.

- To commission a programme of education and development activities from the Welsh Centre for Postgraduate Pharmaceutical Education and other providers in accordance with the above.

- To maintain a management relationship with the Centre, exercising strategic control through an annual planning and reporting meeting.

- To submit the Committee's strategy and the Centre's Business Plans to the National Assembly for Wales for approval.

- To prepare and submit to the National Assembly for Wales at such times as may be required, financial statements and to account for expenditure.

- To maintain close professional relations with the Welsh Centre for Postgraduate Pharmaceutical Education and other relevant bodies.

Membership composition

1.5 The WCPDP's constitution (Annex 1) describes the structure of the membership.

1.6 A list of current Members is at Annex 2.

Meetings

1.7 The WCPDP normally meets 4 times a year. Meetings are usually held at the Royal Glamorgan Hospital, Llantrisant.

Sub-Committees

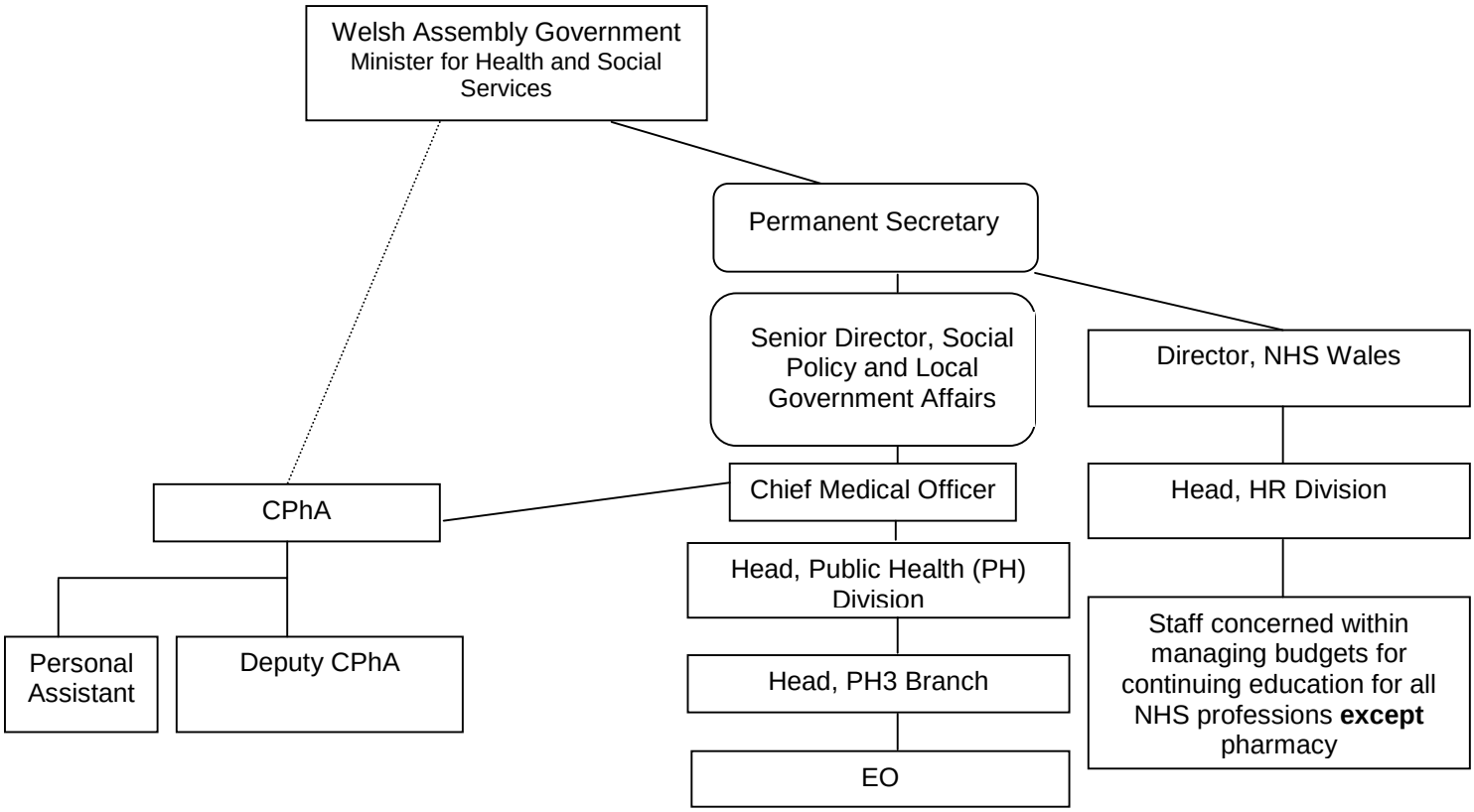
1.8 WCPDP has no sub-committees, but has established task and finish groups in the past. It has an executive committee , consisting of the chair, the Chief Pharmaceutical Adviser, the Director of the WCPPE and the Head of the School of Pharmacy at Cardiff University (who is a WCPDP member).

Main Assembly staff contributing directly to WCPDP's work

1.9 The main Assembly staff making direct contributions to WCPDP's work (with percentage of their overall time) are:

Chief Pharmaceutical Adviser (CPhA)	3%
Deputy Chief Pharmaceutical Adviser	3%
CPhA's Personal Assistant	3%
Executive Officer (EO), Public Health Branch 3 (PH3)	3%

1.10 The reporting arrangements for these staff are described in the following diagram.



Key: CPhA – Chief Pharmaceutical Adviser
……. – Right of Access on Professional Issues to First Minister

Assembly expenditure arising directly from the existence of the WCPDP and its sub-committees

1.11 This expenditure consists mainly of the costs of Assembly staff contributing to WCPDP, and members' travel and subsistence expenses.

1.12 The following table provides information on these costs in 2001-2002.

Table 1: WCPDP's Direct Costs to the Assembly 2001-2002

Committee	(travel and subsistence, refreshment, venue, stationery, etc.)	c£ 8,500
Assembly Staff Costs*		c£ 5,500
	TOTAL	c£14,000

*the notional cost of staff time which theoretically would be released for other tasks of WCPDP did not exist.

Methodology and costs of this review

1.13 Martin Rolph, an Assembly official, undertook this review between February and April 2003. In early 2001 he reviewed the Welsh Pharmaceutical Committee, alongside 5 other health advisory professional bodies and the Joint Professional Forum Health and Wellbeing (JPF).

1.14 The direct cost of this review (almost wholly the cost of the reviewer's time) was about £10,000.

2. PREVIOUS REVIEWS

2.1 The last review of the WCPDP was undertaken in 1996.

2.2 The main recommendations for change in the 1996 review included some relating to the management of the WCPPE – a little surprising given that the terms of reference of that review did not encompass the Centre itself. However in 1996, the WCPDP was known as the Welsh Committee for Postgraduate Pharmaceutical Education (WCPPE – the same initials Cardiff University's Centre retains to this day).

2.3 One of the recommendations was indeed that the Committee should be renamed – and others were intended to distinguish the WCPDP's predecessor Committee from inappropriate involvement in operational management issues at the Centre. Another recommendation was that the Committee's constitution should be reviewed to reflect its redefined relationship at greater arm's length from the Centre. This has been done.

2.4 Other recommendations centred on the relationship between the Committee and the Centre including one relating to the business planning of the Centre (i.e. in relation to the Assembly funding it resources). Although steps are still being taken in this direction, improvements in the last 7 years appear to have been relatively slow and as yet, not fully adequate, at least partly for reasons which are explained later in this report.

2.5 One of the steps taken to help implement the 1996 quinquennial review was a review that same year of the WCPPE (conducted by an external consultant with pharmaceutical experience) .This aimed to help the implementation of the recommendations of the quinquennial review , especially by offering advice to the WCPPE on management issues as the WCPDP was withdrawing to a more strategic level. At the request of the WCPDP, the same consultant revisited the issues in 2001, with among its conclusions that:

"Implementation of the last management review [of WCPPE] has been patchy, and no fundamental improvements have been made to management arrangements.

The [WCPPE] meets its objectives as set by the [WCPDP] , but the fact that these have been ambiguous has led to uncertainty by both sides."

Since the 2001 review, WCPDP has been attempting to sharpen its annual commission of activity from WCPPE.

3. CONTEXT WITHIN WHICH THE WCPDP EXISTS

3.1 The opening sentence of the terms of reference of this review refers to the background against which the WCPDP exists. This section of the report considers this in five parts :

1) Some factual information about pharmacy in Wales.
2) Key Assembly strategies and policies which have implications for pharmacy and to which pharmacy does or can contribute. NHS pharmacy and the health field into which it fits are areas which have had, are experiencing, and will see, major developments. In relation to the services delivered by pharmacists and pharmacy technicians, there are two key ways in which the application of human resources they represent can be changed to implement Assembly strategies, policies and themes – through initial training (which is not the focus of WCPDP) and post qualification Continuing Professional Development (CPD).
3) Other organisations and advisory committees which also form the context with which WCPDP sits.
4) Some comparisons with how CPD for pharmacy is handled in England, Northern Ireland and Scotland.
5) Some comparisons with the Welsh advisory machinery relating to CPD in other NHS professions.

3.2 The resource in NHS Pharmacy without which no activity would be possible is the human resource. This is developed in two ways: the first, by initial training and the second(with which WCPDP is concerned) by post qualification professional development.

Pharmacy in Wales

3.3 Pharmacy is about far more than dispensing, but in the area of dispensing alone, the cost of NHS dispensed items in Wales is about £500 million per year. The majority of NHS interventions involve prescribed items at some point, implying the overall cost of NHS Wales interventions in which dispensed items are involved (including the items themselves) is of the very broad order of at least £2 billion per annum.

3.4 Pharmacists and pharmacy technicians will often not be the lead players (for example since they do not currently prescribe prescription only items), but their roles in medicines management, prescribing advice, patient contact, serving drug abusers, quality assurance etc as well as dispensing means they are key players. In addition to the NHS funded activity alluded to above, community pharmacies (which contain the largest section of Wales' pharmacy workforce) also sell over the counter and other health related pharmaceutical items.

3.5 There are just over 700 community pharmacies in Wales. Over 2,200 pharmacists and over 600 technicians are working in NHS Wales. Of these about 1,300 pharmacists and over 250 technicians work in community pharmacies. Wholly reliable data on the exact numbers of pharmacists (as opposed to number of pharmacies) is not available – although mandatory CPD will help provide it. The following tables give a feel for the scale and distribution of the workforce.

Table 1: Make up of the Pharmacist Workforce in Wales
(Source: Royal Pharmaceutical Society September 2002 survey)

Age – Group		**Gender**		**Ethnic Group**		**Employment Situation**		**Sector of Practice (some work in more than one sector – so total is 110%)**	
29 and under	15%	M	51% (1139)	All white	95% (2121)	Active in Pharmacy	80.6%	Community	74% (1818)
30-39	22%	F	49% (1094)	Asian/Asian British	2.9% (65)	Active outside Pharmacy	17.9%	Hospital	21% (516)
40-49	23%			Chinese	0.9%	Inactive	1.5%	Primary Care	9% (221)
50-59	14%			Black/Black British	0.6%			Other	6% (147)
60-69	14%			Mixed	0.6%				
70 and over	12%			Other	0.2%				

Notes: The response rate in Wales was 90.1%.
The numbers of pharmacists shown in brackets are my extrapolations assuming the 9.9% non-respondents are equally distributed – which may not be the case.

Table 2 Distribution of Community Pharmacies

	Community Pharmacists
North Wales	151
Dyfed Powys	123
Morgannwg	128
Bro Taf	181
Gwent	125
	708

Notes:
a) As at 31/3/01
b) Source: Health Statistics, Welsh Assembly Government

3.6 The numbers and characteristics of staff in pharmacy is changing – this has implications for CPD. The target **increase** in the number of pharmacists working for NHS Trusts alone by 2010 is 159 (source : paper 10 of HSS-18-02, taken at Health and Social Services Committee on 23 October 2002).

3.7 NHS Wales Trust Chief Pharmacists estimate the following **increases** in NHS trust staff between 2002 and 2006:

Pharmacists – up 77%
Pharmacy Technicians – up 90%.

3.8 For Great Britain as a whole, the percentage of pharmacists who are female is rising , to judge from those graduating:

	Female	Male
1998	62%	38%
2001	74%	26%

3.9 At the overwhelmingly female technician level, the move is the other way:

	Female	Male
1997	94%	6%
2002	76%	24%

3.10 There are likely to be consequences for CPD for pharmacy as for other aspects of pharmacy arising from these significant increases in numbers and likely changes in gender composition of different parts of the pharmacy workforce.

Key Assembly Strategies and Policies

3.11 The following Assembly or Assembly supported strategies relate to NHS pharmacy in Wales, and hence in broad terms to CPD for pharmacists and pharmacy support staff:

a) The Plan for Wales.
b) The NHS Plan – "Improving Health in Wales", including NHS reorganisation 1 April 2003.
c) "Remedies for Success" – A Strategy for Pharmacy, launched for consultation in September 2002.
d) Clinical Governance (e.g. as outlined in the September 2001 Assembly publication "Clinical Governance – Developing a Strategic Approach")
e) Introduction of mandatory CPD for all pharmacists, and subsequently for pharmacy technicians.
f) A new General Medical Services contract, which will inevitably have knock on effects for pharmacy.
g) A new Pharmaceutical Services Contract.

The Plan for Wales

3.12 The Plan for Wales is the strategic plan guiding all the Assembly's policies across all its responsibilities, including in the field of health. Explicit Plan for Wales commitments relevant to the field of continuing professional development in Pharmacy include example services:

- introducing the first phase of "Nurse Prescribing" (although not specifically mentioned, "Pharmacist Prescribing" is being introduced alongside this)

- driving up standards by the issue of NICE guidelines

- improving access to effective new treatments through NICE and the All Wales Medicines Strategy Group

- reducing heart disease through the National Services Framework (NSF) – a systematic way of detecting and reducing the risks of heart disease and treating it

3.13 The above appears in the "Improving Health and Care Services" section of the Plan, but other sections have some relevance too. For example, of possible relevance to some in community pharmacy could be the following two commitments relating to rural development:

- "help rural post offices, shops and other small businesses"

- "all policies to be rural-proofed to ensure that they contribute to the reduction in social exclusion in rural areas."

NHS Plan and Reorganisation

3.14 Within the NHS Plan there are a number of references of relevance to CPD, including

a) "NHS Wales, in close partnership with the higher education institutions, will enable people to access the professional education they require" (p46).

b) "Well-designed performance appraisals will identify individual potential, training needs ….." (p47)

c) "Lifelong learning is vital to the continuous personal and professional development of all staff." (p48)

d) "Learning must be flexible enough to cope with the needs of those with specific needs such as carers." (p48)

e) "By April 2004, health organisations will have introduced individual training accounts for all support staff." (p49) This clearly has relevance for staff who support pharmacists.

3.15 On 1 April 2003, a major organisational change took place in NHS Wales. Aspects of this relevant to pharmacy include:

a) the creation of Local Health Boards which will control 75% of NHS Wales budget and 90% of the prescribing budget.
b) The creation of 3 regional Welsh Assembly Government offices which will each have pharmaceutical input.

"Remedies for Success"

3.16 In September 2002 this "strategy for pharmacy in Wales" was presented by the Minister for Health and Social Services for consultation. [Add sentence on current state of play and next steps].

3.17 The vision of the draft strategy is that, "pharmacy should, working with others, use its expertise to help people

maintain their health

manage common ailments

make the best use of prescribed medicines, and

manage long-term medication needs

by providing a service which is easily accessible to all, tailored to individual needs, efficient co-ordinated with other professionals, and of a quality at least equal to the best in the UK."

3.18 The chapter and section headings in "Remedies for Success" indicate the important role continuing professional development will need to play if the vision is to be achieved – e.g. "re-designing services for patients", "what needs to change?", "improving access to pharmacy services", "harnessing new technologies", "new methods of service delivery", "attracting and retaining staff", "getting value for money from medicines".

3.19 The draft strategy is intended to be the overall basis for pharmacy for the next decade. Case studies based on specific limited current initiatives are included which describe activities where pharmacy could contribute across Wales, including

- improving the long-term use of medicines by people with diabetes

- providing advice on medication (often complex remedies) for older people within their own homes or in sheltered accommodation.

3.20 The draft strategy recognises the key role of education including professional development in the following terms:

"The commissioning of appropriate education and training for pharmacists and support staff in Wales will remain the role of the Welsh Committee for the

Professional Development of Pharmacy. Accreditation of training provided will be essential to ensure consistency of delivery and achievement of demonstrable outcomes. Delivery methods for training must be creative and embrace new technologies making them flexible, modular and accessible.

The model of a dedicated centrally funded post to facilitate the delivery and co-ordination of education and training has worked exceptionally well in the hospital sector. This model should be extended to increase the number of these posts across Wales and form stronger links to the primary care sector tutor network."

3.21 The draft includes a section devoted to CPD in the following terms:

"The introduction of mandatory continuing professional development underlines the importance of appropriate investment to satisfy it. Staffing establishments must be expanded to account for the necessary protected time and job plans must reflect this. The resources to adequately meet these demands must be put in place quickly if Wales is not to lose staff to other more progressive parts of the UK.

Increasing complexity and specialisation of roles will drive the need for standardisation and accreditation to ensure consistency of delivery. Accreditation is occurring by stealth in some areas of practice for example through organisations such as the British Oncology Pharmacists Association (BOPA). The role of the Royal Pharmaceutical Society of Great Britain in the validation and re-validation of individuals will have an impact on the availability of staff across all sectors. The inclusion of technical staff in this process will evolve.

Competencies/Accreditation procedures must also be developed for specialists in pharmaceutical public health to meet the Faculty of Public Health standards.

Finally, it is important that the profession is properly equipped to develop and adapt to its changing environment. This requires the development of leaders from within the profession, in all areas of practice. A programme for management and leadership development will also be implemented.

Action

Welsh Committee for the Professional Development of Pharmacy should encourage the uptake of the use of CPD portfolios prior to the introduction of mandatory CPD.

Welsh Assembly Government to put in place a training framework to ensure delivery of training and continuous professional development.

A programme of formal education/training and Continuing Professional Development (CPD) will be developed for specialists in pharmaceutical public health.

The Welsh Assembly Government should commission a programme of leadership and management development for pharmacists".

3.22 The strategy also recognises the training and assessment needs of pharmacy technicians and pharmacy support staff in the following terms:

"Expansion of the role of the pharmacy technician has been a cornerstone of the development of pharmacy services in secondary care in particular. This must be encouraged and extended through accredited processes such as the Checking Technician scheme. Clinical roles in the medicines management process, medicines information, and supporting prescribing advisers in primary care are just some examples of growing opportunities.

The problem facing the service is the predicted shortfall in qualified technicians as these developments begin to take effect, coupled with the mandatory qualifications for technicians by 2005. There will be increasingly fierce competition for this limited pool of staff. Significant investment in training places must be secured quickly if the impact of these pressures upon the service are to be minimised.

Action

Welsh Assembly Government should programme investment in student technician training places."

Pharmacy Assistants/Assistant Technical Officer

"The reliance upon the Pharmacy Assistant/Assistant Technical Officer grade is another key element of the foundation of pharmacy services. The delegation of increasing volumes of technical roles from pharmacists to technicians to support staff has enabled the pharmacy service to grow and absorb the vast increases in throughput and complexity.

The ease of recruitment and workplace training of this pool of staff has in many areas been the only reason services have remained viable. The introduction of the mandatory NVQ level 2 for all dispensary based staff in 2005 will change the labour market for this staff group, in the short term which could have significant effect on the sustainability of services. This will be particularly important if recruitment difficulties for pharmacists and technicians continue or deteriorate further.

There are opportunities for the development of improved career paths for this staff group which are already being applied in parts of Wales, generating student technicians from this pool of experience who can go on to making a greater contribution as qualified technicians.

Qualified pharmacy technicians have traditionally been drawn in the opposite direction from community pharmacy because the career structure and salary differentials are very much in the favour of the hospital sector. The imposition of training qualifications on community pharmacy create a rapid reversal of the trend as market forces will drive the salaries up in the community.

Action

Welsh Committee for the Professional Development of Pharmacy should ensure the development of a structured, standardised training package for pharmacy support staff".

3.23 In terms of overall workforce planning, the strategy refers to existing secondary care plans alone requiring 40% plus increases in both the numbers of pharmacists and technicians. While this increase will impact initially by increasing initial training needs, it also soon implies increased CPD requirements which will flow from the increased size of NHS Pharmacy workforce.

3.24 Even within the section "Improving working lives" the suggestion of secondments is made. These can and usually do contribute to the CPD of the individual.

3.25 I have referred to the Strategy at some length as while its successful implementation would require many other components to be put into place, increasing amounts and varieties of CPD will be essential and critical to its success.

Clinical Governance

3.26 The introduction of clinical governance has particular implications for CPD. The Assembly's September 2001 publication "Clinical Governance – Developing a Strategic Approach" indicated on p22 that among proposed Clinical Governance Indicators would be

"What percentage of staff for each discipline have CPD plans?"
"What percentage of staff for each discipline have appraisals?"

3.27 The document, in its Annex 1 included (at page 40) the following among its "key messages" from the first 12 months following an all Wales Audit,

"**CPD**

Whilst all Trusts referred to CPD, in only 3 cases reference was made to a CPD strategy. In 8 Trusts reference was made to CPD plans. All Trusts referred to uni-professional CPD with medical and nursing CPD being the commonest. One Trust referred to a shortfall in CPD for Allied Health Professions and in only 5 cases was reference made to multi-professional CPD.

There was a need for a more strategic approach to CPD that includes multidisciplinary and integrated CPD and a need to ensure that CPD meets the needs of the organisation as well as the individual."

3.28 The above related to CPD for NHS Trust employees only (but for all professions) and therefore only to pharmacy staff working for trusts. My discussions with a range of those working in a range of different roles in pharmacy across Wales suggest to me that CPD for community pharmacy (where reliable basic data is less available than is the case with NHS Trust pharmacy but where most of the pharmacy workforce is deployed) is likely to require even more development. Finally, while they may be fewer in number, the CPD of LHB pharmacy staff needs to be addressed.

Introduction of Mandatory CPD

3.29 CPD for pharmacists is expected to become mandatory soon. The Council of the Royal Pharmaceutical Society for Great Britain has considered broad proposals from

the Society's CPD implementation committee and is now seeking the views of members.

3.30 The UK Government and devolved administrations require all health professions to set up systems of mandatory continuing professional development. Recent consultations indicate that most pharmacists also want mandatory CPD. After pilot studies, this system is now being rolled out on a voluntary basis. In Wales this is starting in May 2003. It is likely to have been launched to all pharmacists by the time CPD becomes mandatory.

A New GP Contract

3.31 The Welsh Assembly Government intends that there should be a new contract for the delivery of General Medical Services in due course. This will have some implications for Pharmacy and therefore CPD for pharmacy too.

A New Pharmaceutical Services Contract

3.32 The Welsh Assembly Government intends that there should be a new contract for the delivery of pharmaceutical services. This will directly affect community pharmacy, and hence CPD for community pharmacists and support staff.

Other organisations and advisory bodies in fields relevant to WCPDP

3.33 When considering the future of the WCPDP it is also useful to consider the other main bodies in similar fields, to help ensure there are no unnecessary overlaps or gaps, and to consider whether the level of communication between the bodies is appropriate.

3.34 The most relevant bodies appear to be:

a) The Welsh Pharmaceutical Committee.
b) Welsh Medicines Resource Centre (Assembly funding has been made available to support the use of WeMeReC by pharmacy personnel)
c) All Wales Medicines Steering Group (AWMSG) and in particular its prescribing subgroup
d) The All Wales Workforce Development Steering Group
e) The Workforce sub committee of the Committee of NHS Wales Trust Chief Pharmacists

CPD for Pharmacy elsewhere in the UK

England

3.35 England has, in formal terms, an equivalent committee analogous to the WCPDP , the Steering Committee for Pharmacy Postgraduate Education(SCOPE). However this Committee has been dormant in recent years. When it did operate it was serviced by

the CPPE (whose annual report included a list of its members , who numbered about 15)

3.36 The Department of Health looks to the Centre for Postgraduate Pharmaceutical Education (the CPPE in Manchester University) to take a leading role in supporting CPD in England, and currently funds it to the tune of about £3.3m pa. This is not directly comparable with Wales, as CPPE does not provide for CPD for support staff and has only

recently extended its remit beyond community pharmacists. A significant degree of CPD for hospital pharmacy staff in English NHS Trusts is provided by NHS regional education and training providers, funded either through workforce development confederations or by top slicing hospital budgets.

Northern Ireland

3.37 The Northern Ireland equivalent of WCPDP is the NI Committee for Postgraduate Pharmaceutical Education and Training (NICPPET). It is appointed by the Department of Health, Personal Social Services and Public Safety (HPSS).

3.38 Among the roles of NICPPET is advising on the programme of activity provided for the continuing education for pharmacists(but not support staff) provided by the Centre for Postgraduate Education and Training , which is based the School of Pharmacy, Queen's University , Belfast. A formal agreement exists between the Department and the University for this function, delineated in an annual commission to the Centre. In 2002-2003, HPSS provided the Centre with £538,000 for this service.

3.39 NICPPET is currently under review with a specific focus on its membership, terms of reference and relationships with key stakeholders.

Scotland

3.40 In Scotland the budget for CPD for pharmacy was held until April 2003 by the Scottish Executive's Chief Pharmaceutical Adviser, when it moved to the HR Department of the Scottish Health Department. The Scottish equivalent of the WCPDP was , until recently the Post Qualification Board for NHS Pharmacists in Scotland (PQEB). It advised the Scottish Executive on the overall post qualification education requirements for pharmacists (but not others in pharmacy) and on the work commissioned from the Scottish Centre for Post Qualification Pharmaceutical Education (SCPPE) based in Strathclyde University.

3.41 In 2001-2002 PQEB received £383,000 from the Scottish Executive but this is not directly comparable to the funding provided in Wales by the Assembly directly, as SCPPE covers pharmacists CPD only.

3.42 In Scotland, the role of the PQEB has now been assumed by a new Special Health Board which also carries out similar roles in relation to medical , dental , nursing , midwifery and health visiting CPD in Scotland.

CPD for other NHS Professions in Wales

3.43 No other NHS profession in Wales has an advisory committee which relates to it in the way in which WCPDP does to pharmacy.

3.44 In the case of medical doctors and dentists, workforce issues generally are addressed by the All Wales Medical and Dental Workforce Development Expert Advisory Group. This group, which can include CPD issues within its much wider considerations, is a sub-group to the All Wales Workforce

Development Steering Group. The support (secretariat etc) for both these groups is supplied by the HR Division of the Assembly's NHS Directorate.

3.45 There is no comparable single advisory committee which deals with workforce issues across the whole of pharmacy. The workforce subgroup of the NHS Trusts' Chief Pharmacists' Committee considers workforce planning, recruitment, initial training and CPD for pharmacists and support staff in Trusts in Wales. There are no similar arrangements for the workforce issues relating to the rest of NHS pharmacy (ie the majority of the overall pharmacy workforce) in Wales. So there are no overall views of pharmacy workforce data and issues which can be fed into WCPDP deliberations on CPD needs for the whole of pharmacy in Wales, except for less extensive sources such as the recent census of staff conducted by the Royal Pharmaceutical Society for Great Britain (summary published in the 1 March 2003 edition of the Pharmaceutical Journal)

3.46 Direct* Assembly funding related to CPD for all professions other than pharmacy falls within the budget managed by the HR Division of the Assembly's NHS Directorate

(* - ie as opposed to indirect such as NHS Trust funded, or unrelated, such as, that funded by individuals themselves)

3.47 The HR Division also manages the fairly small budget (c£40,000 relating to a contract with WCPPE) for the training of pharmacists in their postgraduate pre-registration year. The WCPDP's remit does currently not cover advising on policy for the use of this budget or the pre-registration year more generally.

4. OUTPUT

4.1 The main output of the WCPDP is its advice to the Assembly and others on policies and strategies for the delivery of CPD for Pharmacy.

4.2 The main 'customer' for the WCPDP's output of advice is Chief Pharmaceutical Adviser of the Assembly, who is also the budgetholder for **direct** Assembly funding of nearly £1 million p.a. which supports CPD for pharmacy in Wales. Other customers(actual or potential) include all working in pharmacy in Wales , with whose professional development the Committee is concerned, other funders(actual or potential) of support for CPD (e.g. LHBs, NHS Trusts, retail pharmacy chains, the NPA , the NPC , drug companies etc) , and providers of such support (e.g. WCPPE, WeMeReC)

4.3 The main documented outputs associated with the WCPDP are the papers put to it, and the minutes of its meetings. Other developments where the WCPDP has played an important role in the last 5 years include:

a) The first steps in collaborating with providers other than WCPPE;
b) Increasing the emphasis on Continuity Professional Development (CPD), as opposed to just Continuity Education (CE).
c) Encouraging the increased use of IT as an educational delivery medium.
d) Encouraging the NHS Trust Chief Pharmacist to establish a sub group to enable the WCPDP to be informed of NHS Trust needs across Wales; and
e) Encouraging the development of training for Technicians and Pharmacists.

4.4 The agendas of the Committee are largely shaped by the Chair, it develops, especially the 3 year strategy and the annual draft commissioning document, with advice from the Chief Pharmaceutical Adviser.

4.5 The WCPDP produces an overall annual report. In addition, its deliberations to feed into the commissioning of CPD related activity for pharmacy.

5. PLANNING

5.2 WCPDP does not have an overall annual work programme. It does have a general pattern in relation to its main activity – the commissioning of CPD related activity from WCPPE and others.

6. FINANCE

6.1 The WCPDP itself does not hold an annual budget and owns no assets. All money spent on the direct costs of the WCPDP is managed by OCMO, within which the post of Chief Pharmaceutical Advisor is located.

7. IS THERE A CONTINUING NEED FOR THE WCPDP?

7.1 The outputs of WCPDP contribute to the achievement of Assembly policy. For example:

a) WCPDP addresses issues relevant to a range of Assembly policies and strategies, such as those described at paragraph 3.5 of this report.
b) WCPDP addresses issues of relevance to the Assembly's key themes. For example, at the meeting of the Committee which I attended there was discussion of how to focus a particular course of additional training for community pharmacists towards those serving areas of social deprivation which had the greatest needs for services from community pharmacists who had had such training.

7.2 The core of the WCPDP's work is not duplicated elsewhere. Its members are appointed by the Assembly. Other bodies exist to pursue other matters related to the other pharmaceutical profession (e.g. the Royal Pharmaceutical Society) and the professional aspects of the needs of the people for Wales in the field of pharmaceutical services (Welsh Pharmaceutical Committee). None of these other bodies' members are appointed by the Assembly.

7.3 Other means of seeking to fulfil WCPDP's role (e.g. by employment of more advisers in the Assembly) would be more expensive, less effective and represent poorer value for money. They would also be likely to carry less credibility with at least some parts of NHS pharmacy in Wales, as they would no longer be working in frontline positions as most WCPDP members do.

7.4 The importance of the WCPDP to the Assembly's conduct of its responsibilities in the field of health is greater than in the days of the Welsh Office. The abolition of Health Authorities will bring further strategic roles relating to the NHS into the Assembly itself, making the WCPDP's importance as a source of advice of the all Wales level likely to grow even further.

7.5 Recommendation 1: An advisory committee along the lines of WCPDP should continue to exist as the prime source of Welsh professional advice for the Assembly on the continuing professional development of the in pharmacy workforce in all sectors and at all levels.

8. EVALUATION

Planning

8.1 While WCPDP spends a considerable amount of time considering what activity it should advise the Assembly to commission from WCPPE it does not currently operate a comprehensive forward planning mechanism. This is not consistent with the desirability of making overall best use of the time of members.

8.2 A fuller forward work programme could be agreed between the Director of NHS Wales, the Assembly's Chief Pharmaceutical Adviser, and the WCPDP chair.

8.3 The production of a short annual forward work programme would help the WCPDP assess better how it should use its time and energies to best advantage, and help it act more proactively. Such a plan should not be so large as to take up all the time in WCPDP meetings, leaving no time for issues which arise in year.

8.4 Recommendation 2: WCPDP should produce a forward annual work programme, by measure such as:

a) once a year including an item on this in a WCPDP agenda;

b) the chair issuing a short paper in advance of this meeting, suggesting a relatively short list of key items the WCPDP proposes to consider and offer advice to the Assembly (a shorter version of the sort of tabular paper "Objectives and Action Plan" the Workforce Subgroup of the NHS Trusts Chief Pharmacists produces would be a model worth considering);

c) the programme, as it emerges from the annual discussion in WCPDP should go to the NHS Director (and any other relevant Assembly Directors) for comment. This would give NHSD the opportunity to respond indicating which subjects would particularly interest it, and the opportunity to indicate any other subjects on which the Assembly would welcome professional advice;

d) a meeting between the WCPDP Chair and Vice-chair and the Chief Medical Officer, Chief Pharmaceutical Adviser and NHS Director to discuss the forward work programme.

Usefulness of WCPDP's outputs

8.5 The Assembly has a need for authoritative professional advice on continuing professional development for NHS pharmacy in Wales. WCPDP is an important support to the two professional pharmaceutical advisers employed by the Assembly and, mainly via them, the Assembly's Ministers, Members and staff.

8.6 The WCPDP has made significant contributions towards important developments in CPD for pharmacy in Wales in recent years, including:

a) helping successfully make the case for an increase in the number of tutors employed by WCPPE using increases in its Assembly grant and suggesting

appropriate activities in which they should (and should not) be engaged in support of CPD for pharmacy;

b) as the range of CPD needs have widened, involving providers other than the WCPPE;

c) playing a role in the development of the Pharmacy Strategy "Remedies for Success";

d) having management reviews of the WCPPE undertaken to support its development as a support to CPD for pharmacy in Wales

Openness of WCPDP proceedings

8.7 At present the agendas, minutes and papers are routinely available only to WCPDP members. There seems no reason why WCPDP agendas, papers and confirmed minutes should not be placed in the public domain, accessible via the internet. Indeed the current draft Publication Scheme for the WCPDP indicates that they will be available in this way soon.

8.8 Opening Committee meetings to members of the public (as happens with the All Wales Medicines Strategy Group) is **not** a course I recommend given the likelihood of a low level of interest in the Committee's deliberations , and the additional costs which would be incurred. However, the WCPDP's profile is in my view inappropriately low even among pharmacists in Wales, so in addition to publishing its papers on the web, another small step which could be taken is to have a handful of pharmacy staff attend as observers at each meeting. This might be particularly useful in relation to those who might subsequently invited to join the committee at a future date – particularly perhaps technicians who may feel inhibited about serving , even though the committee is a non-hierarchical group.

8.9 Recommendation 3: WCPDP should implement its intention to make its agendas, papers and confirmed minutes available over the internet soon (subject to exclusion of material on grounds of patient, commercial etc confidentiality) in line with its emerging Publication Scheme.

Recommendation 4 : WCPDP should consider inviting a handful of staff from across all types of NHS Wales pharmacy occupations to each of its meetings as observers.

Membership

8.10 The Current membership attempts to reflect the requirements of Section 3 of the WCPDP's constitution (full copy at Annex 1). This is expressed in terms such as voting members being "two representatives from Community Pharmacy, one nominated by [body x] and one by [body y]" and so on, with two from Hospital Pharmacy, one NHS Trust Chief Pharmacist etc. While members clearly seek to act corporately as a committee, I am concerned that they are defined as "representatives".

8.11 The Committee currently consists of 10 voting members plus the Chief Pharmaceutical Adviser and the Principal Pharmaceutical Officer. (These two are the holders of the only professional Pharmacy posts within the Assembly).

8.12 In addition, I am told that recently the holder of the post of All Wales Principal Pharmacist Educating Training and Personal Development (referred to in "Remedies for Success" as having "worked exceptionally well in the hospital sector") also attends some meetings by direct invitation.

8.13 One of the members of the Committee is the Head of the Welsh School of Pharmacy at Cardiff University. The holder of that post is the manager of the Director of the Welsh Centre for Postgraduate Pharmaceutical Education. The Centre is the main current recipient of Assembly funding on the use of which WCPDP advises, among other functions.

8.14 The quorum of the WCPDP is 6 voting members (out of 10), which seems a little high – not surprisingly, on one occasion in 2002 (not surprisingly as it was a period of very difficult winter weather, the Committee was not quorate for part of one of its meetings.

Comment on Membership

8.15 I make a number of recommendations below in relation to membership. These flow from the following views:-

a. The make-up of the Committee in terms of the variety of experience and current roles of members needs to reflect the function of the committee, which may change over time. The Assembly, in making appointments, should seek to replicate broadly the current range in membership, but should provide itself with greater flexibility in deciding who to appoint in future by expressing the make-up of membership in more general terms. For example, not specifying "two representatives from here", "one from there" etc but something more like members to represent "all major parts of the NHS Pharmacy profession in Wales(ie NHS Trust, community , LHB prescribing advisers), plus pharmacy technicians, senior NHS management, and medical and dental postgraduate education". It could then be specified from whom nominations (for membership **not** as "representatives") could be sought. The above should not be exclusive, and there should be nothing to stop others (including individuals) suggesting names (including themselves). This might be of particular relevance in areas which are not currently the focus of any organisation, for example, locums or pharmacy staff in industry eg "the following bodies will be invited to submit nominations:

Royal Pharmaceutical Society of Great Britain (RPSGB)
Community Pharmacy Wales (CPW)
Committee of Chief Pharmacists of Welsh NHS Trusts
Institute of Health Services Management (IHSM)
Welsh School of Pharmacy, Cardiff University
UWCM
Assn of Pharmacy Technicians

Guild of Healthcare Pharmacists etc."

b. I do not think it **appears** appropriate that the Head of the Welsh School of Pharmacy at Cardiff University to be a full voting member of the Committee given his School's potential financial interest in matters on which the Committee advises. This is not to suggest any impropriety, but particularly in matters concerning WCPPE (which constitute a part of every meeting's agenda) it is not appropriate, in my view, for he or she to be a voting member. There are two members of the Pharmacy School staff on the Committee, where I think one would now be sufficient. I do not think the head of the School of Pharmacy (who is the line manager of the Director of the WCPPE) should be a member. It would be open to the Committee to invite the holder of that post to attend for particular items of discussion particularly relevant to his or her expertise, as already happens with the Director of the WCPPE and other experts.

c. "Remedies for Success" says in its Section on Education and Training that "The model of a dedicated centrally funded post to facilitate the delivery and co-ordination of education and training has worked exceptionally well in the hospital sector." The postholder now sometimes attends WCPDP meetings. I think this should be formalised by defining this postholder as an ex-officio non-voting member. The post covers **only** NHS Trust pharmacy (the postholder is based in an NHS Trust with an all-Wales remit) – similar arrangements could be made, if possible, to cover Community Pharmacy in the unlikely event that a broadly similar post ever came into existence in that sector.

d. At 10 voting members, including Chair, there is scope for a small increase without severe detriment to the efficient functioning of the Committee or significantly increasing its costs. Possible candidates for an extra seat at a future date could be in relation to Community Pharmacy (where the largest number of Pharmacists and support staff work, but currently with only "2 seats", one of which is occupied by a senior pharmacist whose current remit is to support pharmacy CPD is in a large retail chain rather than focusing on direct service to patients) and Pharmacy technicians (currently "one seat" occupied by a trust technician). CPD likely to become mandatory for technicians relatively shortly after it does so for pharmacists. "Remedies for Success" says that there needs to be a large increase in both the extent of the role of technicians and their numbers(the latter by "40 per cent plus"). Increased numbers of pharmacy staff would convert in only a few years to increased needs for CPD across Wales.

e. While a range of doctors relate to pharmacy, the GP/Pharmacy relationship is particularly important. The "seat" for UWCM could perhaps be filled on every other appointment with a GP with an interest in medical education. Following the creation of LHBs and the growth of pharmacists working for them as prescribing advisers, it may be easier to persuade a GP with an interest in medical education to devote time to serving on the WCPDP.

f. Current members were all appointed on the same day for 3 years. Extending the terms of some would give the next Committee both continuity and "new blood".

8.16 **Recommendation 5: In the light of the above, the Assembly should redefine the structure of WCPDP membership in more general and flexible ways such as:**

a. Be prepared to increase the number of voting and non-voting members (voting numbers up to a maximum of 12 with no obligation to have more than say 10).

b. Reduce the School of Pharmacy "seats" to a maximum of one.

c. Add, as a non-voting member, the holder of the All Wales Principal Pharmacist post for Education, Training and Personal Development, and if or when suitable people are identified, an analogous person from Community Pharmacy and one from a Local Health Board, also to the formal non-voting membership.

d. Make use of both the next set of appointments and increased flexibility to make other changes, e.g. seek to have alternate UWCM doctors on the Committee drawn from GPs with an interest in medical education, add a technician (from community pharmacy) and an additional ("frontline") community pharmacist.

e. Reduce the quorum to 4 (or 5 if voting membership rises to 12).

f. Take steps to stagger appointments so that the Committee's membership consists of a blend of those who have served for a while with newer appointees.

Resources to Support the WCPDP

8.17 Given the significance of the issues on which WCPDP advises (eg the policy context described at paragraph 3.5 onwards), the resources to support the operation of the Committee and its relations with stakeholders are meagre. I suspect this is because WCPPE used to provide the support for the Committee, but when this role was transferred to the Assembly's Chief Pharmaceutical Adviser, no additional resources were provided within the Assembly to support the operation of the Committee.

8.18 For Committee meetings themselves, there is currently no Secretariat support, so the Chief Pharmaceutical Adviser herself takes the notes. I do not believe this is acceptable.

Relationships with WCPPE

8.19 The WCPDP's advice is critical to the work commissioned by the Assembly from the WCPPE each year. The Chief Pharmaceutical Adviser is the budgetholder for this grant but has a very limited quantity of support (in the shape of a very small amount of the time of an EO in OCMO) to administer this budget.

8.20 The grant to the WCPPE for work supporting CPD for pharmacy is paid under an open-ended 1994 contract between the Welsh Office and Cardiff University, which is expressed in terms not consistent with current Assembly best practice. For example:

- the current contract is open-ended. A 5 –7 year contract duration (new contract to be considered well in advance of end) would be more appropriate;
- there is provision for at least one year's notice to be given should either party wish to terminate, which would now normally be regarded as excessive - bearing in mind that this would be the final formal step after improvements in WCPPE performance had been unsuccessfully sought;
- tougher conditions could be included on the need to provide WCPDP/Assembly with cost and output information in the format they reasonably require (the current information about specific WCPPE training activities, despite unpaid efforts by WCPDP members, does still not include apportionment of the time of WCPPE's tutors (the main Assembly funded cost of such activities), nor the Assembly funded approximately £150,000 pa represented by the costs of the posts of Director, Deputy Director and Office Manager;
- explicit conditions leading to withholding of some grant if the WCPPE continues to be unable to furnish WCPDP with the information it needs, or to deliver activities commissioned

8.21 Readers might well wonder why this grant should **not** be subject to competitive tender. The WCPPE has a very dominant position in Wales as a supplier of complex services in its field and I do **not** think open competition for the services for which it receives Assembly grant should be considered for at least a few years yet. However, if the grant is not to be subject to competitive tender, more enforceable conditions are needed in the contract covering the payment of the grant , such as suggested above As part of the review of the contract, and the commissioning process, the possibility of introducing a Service Level Agreement could be explored..

Relationships with other Stakeholders

8.22 Apart from the contact Committee Members have with a range of stakeholders in CPD for pharmacy in the course of their various employments (and they themselves are appointed as a range of stakeholders), there is scope for more formal and planned contact with a variety of stakeholders before the Committee (and the Assembly as advised by it) finalises its thinking on the priorities in terms of which activities should be commissioned. A number of those to whom I spoke in different parts of the profession in Wales expressed this view. I understand that in 2001, the WCPDP held a meeting with stakeholders, but not in 2002.

Steps to improve relationships with stakeholders, WCPPE and other providers

8.23I think that the main reason the WCPDP and the Chief Pharmaceutical Adviser have not devoted more time to more formal consultation with representatives of stakeholders, and also to contacts with WCPPE on business planning etc, is that they do not have sufficient support of the right sort from within the Assembly. This in turn helps to

keep the profile of the WCPDP unhelpfully low within all sectors of pharmacy across Wales. WCPDP members all have demanding full-time jobs and are unpaid.

8.24 Even so, more than one member has and is spending some time with the deputy director of WCPPE in an attempt to help the Centre develop its business planning to better satisfy the needs of the WCPDP and the Assembly. The time of those members could , in my opinion, be better used if Assembly officials (who need not be pharmacists) took over the role of trying to improve the business planning applied to the use by the WCPPE of the significant amount of funding it receives from the Assembly to deliver work required by the Assembly , the latter as heavily advised by the WCPDP. The Chief Pharmaceutical Adviser has very many other calls on her time for the deployment of her expertise, and is not the appropriate Assembly official to carry out the detailed aspects of this business planning related work.

8.25 The operation of the WCPDP needs greater administrative support from within the Assembly, as do the relationships between WCPDP/Assembly and stakeholders, the WCPPE and other providers. One effect of the lack of support to the Chief Pharmaceutical Adviser has been hinted at in the previous paragraph – WCPDP members undertaking tasks which might more appropriately be performed by the staff of the Assembly. For example , in January 2001, the then chair of the committee wrote (on the notepaper of the NHS Trust which employed him) to the Director of WCPPE "formally to inform [him] of the plans for the commissioning of CPD for pharmacy staff in Wales. " and indicating that "Funding, to an agreed level, for items [iii] and [iv] will be allocated from the funding for WCPPE in 2001/2002. Items [i] and [ii] will be cost neutral." I do not believe it is appropriate for someone who is not an employee of the Assembly to be writing formal letters conveying decisions about the use of Assembly funding, particularly on their own employer's notepaper.

8.26 WCPDP and Assembly relationships with providers other than WCPPE are likely to grow. Already at the margins, relatively speaking, providers other than WCPPE have been growing in importance. For example, the National Prescribing Centre (NPC) seems to be critical to satisfying the CPD needs of the growing band (now over 100) of LHB prescribing advisers

8.27 CPD for pharmacy is unique within the Assembly in that the **direct** Assembly funding devoted to it is passed from the Director of NHS Wales (who is the Accounting Officer for those funds) to the Chief Pharmaceutical Adviser (who is the budgetholder). For all other **direct** Assembly financial support for NHS professional CPD (medical, dental, nursing professions allied to medicine etc), the budgets are administered by the Human Resources Division of the NHS Directorate, which also administers a small budget for the training of pre-registration Pharmacists in their postgraduate year.

8.28 In relation to Medical and Dental CPD, the systems of advice to the Assembly are different which make the continued existence of WCPDP for the foreseeable future desirable even though no comparable advisory ASPB focused on just CPD exists for any other profession..

8.29 There is a forum (The All Wales Medical and Dental Workforce Development Expert Advisory Group) which can (but rarely does) include CPD issues for those professions among its wider deliberations. It is a sub-group to the All Wales Workforce Development Steering Group alongside the Nursing, Midwifery, Allied Health Professions and Scientists Sub Group and the Changing Workforce Programme Sub Group. The administrative support for these groups is provided by the staff of HR Division.

8.30Recommendations 6 – 8: In the light of the above, I recommend that:

a) **Recommendation 6: WCPDP increase its formal contact with stakeholders and raise its profile among them.** One way this could be done, if members were willing , would be the holding of say 3 meetings a year with stakeholders – one in each of the health regions , with 2 or 3 members present listening to pharmacists and support staff from that region talking about their CPD needs, before the WCPDP meets to develop its final advice each year on what CPD related activity should be commissioned. A Second way could be by the earlier production of its annual report.
b) **Recommendation 7: WCPDP (and the Assembly) give more attention to specific aspects of WCPPE, in particular through early review of the 1994 contract, and further developing the commissioning and monitoring process to help better ensure that WCPDP (and the Assembly as advised by it) can optimise the overall use of Assembly resources made available to the WCPPE.**
c) **Recommendation 8: that to achieve recommendations 6 and 7, more support is provided from within the Assembly to WCPDP related activity.**

Organisational location of WCPDP and its support in relation to the Assembly and other advisory groups

8.31Assuming recommendation 1 in this report is accepted(that something like the WCPDP should continue to exist), I regard recommendations 6-8 as the most important in terms of improving the efficiency and effectiveness of the WCPDP.

8.32If Recommendation 8 were accepted, I think these types of additional resource would be needed:

a) a concentrated, short-term burst of up-front attention to review and update the contractual and planning basis of the relationship between the Assembly (as advised by WCPDP) and the WCPPE. I estimate the cost of this would be of the order of £10,000. (based on three months of HEO time).

b) A greater quantity of ongoing support for the overall work of WCPDP, and for the Assembly's use of its direct funding of CPD for Pharmacy. (in cost terms say 2/3 weeks a year at about HEO level would cost , notionally , about £2,000 per year)

8.33There are perhaps 3 potential places to locate such additional support:-

a) within the Chief Pharmaceutical Adviser's Division, since the Chief Pharmaceutical Adviser is the main support to the WCPDP and the budget holder for the funds on whose use it advises.

b) Elsewhere within OCMO – for example in Public Health Division, which provides the secretariats for all the Statutory Welsh Health Professional Advisory Committees (including the Welsh Pharmaceutical Committee).

c) Within the HR Division of the NHS Directorate, as it is the budget holder for direct Assembly support for all NHS professional CPD in Wales other than for pharmacy. The Director of the NHS Directorate is the Accounting Officer within the Assembly for the funding on the use of which the WCPDP (among its other roles) advises.

8.34 The only other staff on the Chief Pharmaceutical Adviser's division are her deputy and personal assistant. The additional support I envisage would represent very much less than a full-time, or all but the most minute part-time, post. Alternatively the additional support could be located within HR Division, and the budget held by that division (as it does for all comparable funding from other NHS professions).

8.35 **Recommendation 9: If Recommendation 8 is accepted, relatively modest additional resources should be provided in either the CPhA's or HR Division. If the additional resources for the support for WCPDP were provided in HR, management of the Assembly's direct funding be transferred to the HR Division of the NHS Directorate.**

8.36 **Recommendation 10: If in response to Recommendation 9, support for WCPDP is provided by HR Division, the WCPDP should (in the spirit of Recommendation 1) be retained in basically its current form, but reconstituted to become the "All Wales Pharmacy CPD Advisory Group" which relates to the All Wales Workforce Development Steering Group.**

8.37 Such reconstitution could be effected by use of the GoW Act 1998 powers in a swift processing the powers in Section 2 of, and Schedule 6 (2) to, the NHS Act 1977.:

a) abolish WCPDP's functions to the Assembly.
b) immediate creation of a new "All Wales Pharmacy CPD Advisory Group" with a similar remit and membership to the WCPDP but now better supported, and perhaps more integrated into the wider NHS Wales advisory structure.

8.38 Along with such a constitutional change, consideration could be given to extending the remit of the Committee, in particular to cover advice on the training and development of those pharmacy graduates in their pre-registration year. HR Division currently administers this budget, with access to advice from the Chief Pharmaceutical Adviser.

Members' Interests

8.39 With the letter inviting them to accept the offer of appointment to WCPDP, prospective members are sent a copy of the code of practice for members.

The WCPDP's value to all its customers lies in the degree of independence with which it is expected to approach the matters it considers. I believe that WCPDP members discharge their responsibilities with integrity and care. However, further formalisation in the area of the WCPDP register of interests and code of practice would ensure that is seen to be the case, even more than at present, particularly in the case of members who work for Cardiff University, which currently receives over £700,000 per year from the Assembly following advice from the WCPDP.

8.40 **Recommendation 11: WCPDP should amend its constitution to explicitly state that members will abide by its code of practice. Members will not be accorded formal WCPDP membership until they sign an undertaking to this effect, and complete their first notification of interests. They should be asked to complete a new notification every year.**

Equal Opportunities

8.41 Of ten voting WCPDP members, four are female and none are from ethnic minorities. If , in response to earlier recommendations, the shape and size of the membership changes, there will be scope , over the next 2-3 years for more women and one or more members of ethnic minorities to be appointed. Indications were made earlier in this report (paras 3.8) that the gender balance within the pharmacy workforce (in which women are already in the majority) is likely to be shifting towards a more female one.

8.42 **Recommendation 12: In implementing those parts of Recommendations 5 which are accepted, the Welsh Assembly Government should consider how to increase the number of women and members of ethnic minorities in its membership, particularly as turnover allows and if the recommendation to increase and reshape membership is accepted.**

Involvement of all parts of Wales

8.43 Given the variety and extent of changes affecting both pharmacy in particular, and NHS Wales in general, there is a need for a good balance of geographical representation in the Committee.

8.44 The current geographical split of the ten voting members bases appears to be approximately:

a)	South East Wales	6
b)	South West Wales	2 (both Swansea)
c)	North Wales	2 (North Denbighshire and Colwyn)

8.45 If recommendation 5 on membership structure, including overall size of WCPDP (paragraph 8.16) was accepted, there would be flexibility to use the slightly changed and expanded membership structure to achieve a greater geographical spread of membership.

8.46 Besides the geographical dimension of appointments, WCPDP itself could consider what steps it should take to ensure the needs of all parts of Wales are met. This will become increasingly important as the CPD needs of both community pharmacists and community pharmacy support staff develop, as CPD becomes mandatory and reflects extended roles for community pharmacists and their support staff; and with the growing importance of pharmacy staff working for the twenty two Local Health Boards.

8.47 **Recommendation 13. The Committee and those who appoint and support it, should recognise the needs of all parts of Wales to a greater extent than at present**, in ways such as:

- Using appointments (especially if numbers are increased) to achieve a greater geographical spread of members:

- holding some meetings of the WCPDP outside South East Wales, to enable a variety of the pharmacy workforce to easily sit in as observers;

- having stakeholder meetings publicised well in advance held by 2 or 3 members in each of the 3 health regions of Wales to inform the WCPDP in its commissioning advice.

The Constitution of the WCPDP

8.48 From the above it will be apparent that the constitutions of WCPDP needs to be reviewed to reflecting earlier paragraphs in relation to:

a) changes to the references to membership, such as those indicated at recommendations 5, 12, 13 (Paras 8.16, 8.42 and 8.43)

b) Changes to the language used in the "roles and responsibilities" section to clarify the role of the WCPDP. For example, the third indent in the current draft indicates that the Committee "shall commission a programme of education and development activities from the Welsh Centre for Postgraduate Pharmaceutical Education providers…". This should be redrafted to reflect the position that the committee advises the Assembly on what the Assembly commissions.

c) Changes to reflect the needs the committee and the Assembly both have for information from providers output (most of all the WCPPE, currently the largest) on what is, and isn't, achieved with Assembly funding. Recommendation 7 is relevant here. The fifth indent of para 13.1 of the current constitution (Annex 1) refers to the WCPPE's business plan. There is no need for the Committee (or the Assembly) to consider the WCPPE's (or any other external provider's) overall business plan – just to ensure that it receives the information it needs (and specifies) from providers to help ensure that Assembly grants to WCPPE is being used effectively, efficiently, economically and equitably, and for the purposes specified in the Assembly's commission.

d) Inclusion of explicit reference to the Code of Practice for members (see recommendation 11 at para 8.40)

8.49 In addition, in reviewing the constitution, the opportunity should be taken to re-order its contents. In particular the "Roles and Responsibilities" of the WCPDP should be put very early in the document, with the "membership" section later, since the latter flows from the former.

8.50 **Recommendation 14: The WCPDP's constitution should be reviewed by the Assembly in consultation with the current membership in the light of the comments at paragraphs 8.48 and 8.49.**

9. RECOMMENDATIONS

9.1 This review makes the following recommendations (relevant paragraphs in brackets):

1. An advisory committee along the lines of WCPDP should continue to exist as the prime source of Welsh professional advice for the Assembly on continuing professional development in pharmacy workforce in all sectors and at all levels. (7.5)

2. WCPDP should produce a forward annual work programme (8.4) by measures such as:

   a) once a year including an item on this in a WCPDP agenda;
   b) the chair issuing a short paper in advance of this meeting, suggesting a relatively short list of key items the WCPDP proposes to consider and offer advice to the Assembly (a shorter version of the sort of tabular paper "Objectives and Action Plan" the Workforce Subgroup of the NHS Trusts Chief Pharmacists produces would be a model worth considering);
   c) the programme, as it emerges from the annual discussion in WCPDP should go to the NHS Director (and any other relevant Assembly Directors) for comment. This would give NHSD the opportunity to respond indicating which subjects would particularly interest it, and the opportunity to indicate any other subjects on which the Assembly would welcome professional advice;
   d) a meeting between the WCPDP Chair and Vice-chair and the Chief Medical Officer, Chief Pharmaceutical Adviser and NHS Director to discuss the forward work.

3. WCPDP should implement its intention to make its agendas, papers and confirmed minutes available over the internet soon (subject to exclusion of material on grounds of patient, commercial etc confidentiality) line with its emerging Publication Scheme.

4. WCPDP should consider inviting a handful of staff from across all types of NHS Wales pharmacy occupations to each of its meetings as observers. (8.9)

5. In the light of the above, the Assembly should redefine the structure of WCPDP membership in more general and flexible ways such as (8.16):

   a) Be prepared to increase the number of voting and non-voting members (voting numbers up to a maximum of 12 with no obligation to have more than say 10).
   b) Reduce the School of Pharmacy "seat" to a maximum of one.
   c) Add, as a non-voting member, the holder of the All Wales Principal Pharmacist post for Education, Training and Personal Development, and if or when suitable people are identified, an analogous person from Community Pharmacy and one from a Local Health Board, also to the formal non-voting membership.

d) Make use of both the next set of appointments and increased flexibility to make other changes, e.g. seek to have alternate UWCM doctors on the Committee drawn from GPs with an interest in medical education, add a technician (from community pharmacy), and an additional ("frontline") community pharmacist.
e) Reduce the quorum to 4 (or 5 if voting membership rises to 12).
f) Take steps to stagger appointments so that the Committee's membership consists of a blend of those who have served for a while with newer appointees.

6. WCPDP increase it formal contact with stakeholders and raise its profile among them. One way this could be done, if members were willing, would be the holding of say 3 meetings a year with stakeholders – one in each of the health regions, with 2 or 3 members present listening to pharmacists and support staff from that region talking about their CPD needs, before the WCPDP meets to develop its final advice each year on what CPD related activity should be commissioned (8.30 (a)).

7. WCPDP (and the Assembly) give more attention to specific aspects of WCPPE, in particular through early review of the 1994 contract, and further developing the commissioning and monitoring processes to help better ensure that WCPDP (and the Assembly as advised by it) can optimise the overall use of Assembly resources made available to the WCPPE (8.30 (b)).

8. That to achieve Recommendations 6 and 7, more support is provided from within the Assembly to WCPDP related activity (8.30 (c)).

9. If Recommendation 8 is accepted, relatively modest additional resources should be provided in either the CPhA's or HR Division. If the additional resources for the support for WCPDP were provided in HR Division, management of the Assembly's direct funding be transferred to the HR Division of the NHS Directorate (8.35).

10. If in response to Recommendation 9, support for WCPDP is provided by HR Division, the WCPDP should (in the spirit of Recommendation 1) be retained in basically its current form, but reconstituted to become the "All Wales Pharmacy CPD Advisory Group" which could relate to the All Wales Workforce Development Steering Group (8.36)

11. WCPDP should amend its constitution to explicitly state that members will abide by its code of practice. Members will not be accorded formal WCPDP membership until they sign an undertaking to this effect, and complete their first notification of interests. They should be asked to complete a new notification every year (8.40).

12. In implementing those parts of Recommendation 5 which are accepted, the Welsh Assembly Government should consider how to increase the number of women and members of ethnic minorities in its membership, particularly as turnover allows and if the recommendation to increase and reshape membership is accepted (8.42).

13. The Committee and those who appoint and support it should recognise the needs of all parts of Wales to a greater extent than at present, in ways such as:

- using appointments (especially if numbers are increased) to achieve a greater geographical spread of members;
- holding some meetings of the WCPDP outside South East Wales, to enable a variety of pharmacy workforce to easily sit in as observers;
- having stakeholder meetings publicised well in advance held by 2 or 3 members in each of the 3 health regions of Wales to inform the WCPDP in its commissioning advice to the Assembly (8.47).

14. The WCPDP's constitution should be reviewed by the Assembly in consultation with the current membership in the lights of the comments at paragraphs 8.39 and 8.40 (8.50).

10. ACTION PLAN

10.1 It is for the WCPDP, and the Assembly itself (e.g. on Recommendation 1) to lead on the implementation of all recommendations.

10.2 With the exception of the equal opportunities recommendation, it is feasible for the WCPDP and the Assembly to implement accepted recommendations within one year, subject to the provision of additional early resources to support this work, especially in relation to Recommendations 6 - 10.

DRAFT

ANNEX 1

WELSH COMMITTEE FOR THE PROFESSIONAL DEVELOPMENT OF PHARMACY

CONSTITUTION
(2001 version)

DRAFT

THE CONSTITUTION OF THE WELSH COMMITTEE FOR THE PROFESSIONAL DEVELOPMENT OF PHARMACY

1. TITLE

1.1 The Committee shall be known as the Welsh Committee for the Professional Development of Pharmacy (WCPDP).

2. DEFINITIONS

2.1 In this document, unless the context otherwise requires:

the 'Committee' refers to the Welsh Committee for the Professional Development of Pharmacy.

3. MEMBERSHIP

3.1 The Committee will consist of the following voting members:

- Two representatives from Community Pharmacy one of whom shall be nominated by the Welsh Executive of the Royal Pharmaceutical Society of Great Britain and one by the Welsh Central Pharmaceutical Committee.

- Two representatives from Hospital Pharmacy, one of whom shall be nominated by the Welsh Executive of the Royal Pharmaceutical Society of Great Britain and one by the Guild of Healthcare Pharmacists.

- One Chief Pharmacist to a NHS Trust, who shall be nominated by the Guild of Healthcare Pharmacists.

- One representative of Pharmacy Support Staff, who shall be nominated by the Association of Pharmacy Technicians.

- One representative of Senior NHS Management, who shall be nominated by the Institute of Health Service Management.

- Two representatives of pharmaceutical education one of whom shall be the Head of the Welsh School of Pharmacy and represent undergraduate education and one of whom shall represent postgraduate education who shall be nominated by the Academic Staff of the Welsh School of Pharmacy.

- One representative of Medical and Dental Postgraduate Education who shall be nominated by the University of Wales College of Medicine.

4. NATIONAL ASSEMBLY FOR WALES

4.1 The Chief Pharmaceutical Adviser for Wales and the Principal Pharmaceutical Officer will be invited to attend all meetings of the Committee and will receive the agenda, minutes and other papers issued on behalf of the Committee.

5. TERM OF OFFICE

5.1 A voting member's term of office shall be 3 years subject to paragraph 11. All retiring members will be eligible for re-appointment.

6. OFFICERS

6.1 The voting members will elect a Chairman and Vice-Chairman from the voting membership, who will serve for a period of 3 years, and who will be eligible for re-election for an additional term of office.

6.2 The Vice-Chairman, or, in the absence of the Vice-Chairman, such other voting member as the other voting members may decide upon, shall preside over meetings

6.3 Resignation of Officers of the committee will be by written notice to the Chief Pharmaceutical Adviser.

6.4 Secretariat services will be provided by the National Assembly for Wales.

7. MEETINGS

7.1 The Committee will normally meet quarterly.

8. VOTING

8.1 Questions at any meeting should be resolved, if possible, by consensus. Only the voting members will have voting rights. In case of an equality of votes, the person presiding at the meeting will have a second casting vote.

9. QUORUM

9.1 The quorum for meetings of the Committee will be 6 voting members.

10. VACANCIES IN MEMBERSHIP

10.1 Membership of the Committee shall end if:

i) a member resigns by giving notice in writing to the Chairman. In the case of the Chairman, resignation will be by written notice to the Chief Pharmaceutical Adviser;

ii) a member has been absent from three consecutive ordinary meetings, unless the Committee is satisfied that the absence is due to a reasonable cause;

iii) a member ceases to belong to the body which they represent;

iv) a member's term of office expires;

v) a member dies.

11. CASUAL VACANCIES

11.1 Any casual vacancy will be filled by a representative nominated from the appropriate elected body.

11.2 The proceedings of the Committee will not be invalidated by reason of a casual vacancy.

11.3 The term of office of a member filling a casual vacancy shall be for the remainder of their predecessor's term of office.

12. POWERS OF THE COMMITTEE

12.1 The Committee may set up sub-committees or working groups, not all members of which need be members of the Committee. The Committee may seek independent advice as to particular aspects of the health service. Such sub-committees or working groups should incur the minimum necessary expenditure to enable their work to be carried out. These expenses will be the responsibility of the Committee. The Chairmen of the sub-committees may attend meetings of the full Committee by invitation.

13. ROLES AND RESPONSIBILITIES

13.1 The Committee shall:

- advise the National Assembly for Wales on postgraduate education and training needs of pharmacists and their support staff in Wales and on the development of policies relating to these groups.

- develop a strategy for continuing professional development of pharmacists and their support staff.

- commission a programme of education and development activities from the Welsh Centre for Postgraduate Pharmaceutical Education and other providers in accordance with the above.

- maintain a management relationship with the Centre exercising strategic control through an annual planning and reporting meeting.

- submit the Committee's Strategy and the Centre's Business Plans to the National Assembly for Wales for approval.

- prepare and submit to National Assembly for Wales at such times as may be required financial estimates and to account for expenditure.

- maintain close professional relations with the Welsh Centre for Postgraduate Pharmaceutical Education and other relevant bodies.

- produce an annual report by end of May each year.

14. This Constitution takes effect from 1 June 2001.

ANNEX 2

Welsh Committee for the Professional Development of Pharmacy

Membership as at March 2003

Robert McArtney – Chairman
[Clinical Pharmacy Specialist for Wales, Cardiff]

Mr Stephen Newbury – Vice Chairman
[Community Pharmacist and LHB Board member, Swansea]

Dr Stephen Daniels
[Director of Undergraduate Studies, Welsh School of Pharmacy]

Mrs Cheryl Davies
[Chief Pharmacist, Singleton Morriston NHS Trust]

Dr Sally Davies
[Consultant in Medical Genetics, UWCM]

Mr Jamie Hayes
[Prescribing Adviser, Conwy and Denbighshire Local Health Groups]

Mr Peter Jones
[Boots Professional Development Pharmacist]

Prof. David Luscombe
[Head of Welsh School of Pharmacy]

Mrs Sue Shepherd
[Patient Bookings Development Manager, Gwent NHS Trust]

Mrs Emma Williams
[Senior Pharmacy Technician – Cancer Services, Ysbyty Glan Clwyd]

ANNEX 3

INDIVIDUALS SEEN DURING EVIDENCE GATHERING

(* indicates current member of WCPDP)

Bob McArtney*	Chair WCPDP
Jeremy Savage	Chair, Welsh Pharmaceutical Committee
Digby Emson	Boots
Peter Jones*	
Phil Parry	CPW
Colleen Forse	
Lynne Bollington	
David Temple	WCPPE
Guy Thompson	
Mair Davies	
Lesley Morgan	
Cath O'Brien	RPSGB, Wales Prof Sec,
Fred Ayling	RPSGB Head Office (CPD)
Jeannette Howe	Deputy Chief Pharmaceutical Adviser DoH
Stephen Curtis	Consultant (ex English Regional Chief Pharmacist)
Andrea Herepath	
Emma Williams*	Dispensary Manager, Glan Clwyd
Cheryl Davies*	Chief Pharmacist, Singleton-Morriston Trust
Mike Pollard	Chief Pharmacist Wrexham Trust
Ann Slee	Chief Pharmacist Glan Clwyd Trust
David Morgan	Director Pharm Public Health N Wales
David Speed	Independent Community Pharm nr Mold
Geoff Lang	Chief Exec , Wrexham LHB
Jamie Hayes*	Prescribing Adviser , Conwy LHB
Ffion Johnstone	Chief Pharmacist Gwynedd Trust
Ian Cowan	Superintending Pharmacist, Rowlands (61 of their 320 retail pharmacies are in N Wales)
Barry Harrison	Chair, Flintshire LHB (and Community Pharmacist)

Welsh Assembly Government

Carwen Wynne Howells	Chief Pharmaceutical Adviser
Tracey Moore	CMO's office
Paul Langmaid	CDO
Jane Ashwell	Senior Medical Officer
David Phillips	Senior Medical Officer
Sue Cromack	NHS HR Division
Martin Riley	

Alun Jones NHS HR Division
Irene Allen

Meetings attended (in part or in whole) as observer

IPA/IMA Forum
We Me ReC
Welsh Pharmaceutical Committee
Executive of WCPDP
WCPDP