Supporting professional self-care for PCN pharmacists

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Background

The NHS Long term plan and GP contract have led to the addition of primary care network (PCN) pharmacists to the General Practice family of health and care professionals. This rapidly expanding workforce has been supported with national training and development opportunities in clinical and technical aspects of their role, as well as skills for consulting effectively with patients in a person-centred way. During the COVID 19 pandemic, we have delivered mentoring, coaching and 'clinical supervision', for individual and group support of staff managing complex professional and personal challenges in a variety of settings [1]. We have focused on what is well known in the nursing profession as the 'restorative' element of clinical supervision to support staff with managing the personal as well as the professional impact of complex cases. In General Practice, Balint groups[2] are an established method of offering medical and multidisciplinary primary care practitioners this type of support. Restorative supervision is also practiced widely in nursing[3] but infrequently used in pharmacy. Moreover, the use of the word "supervision" in pharmacy practice has a different meaning so cannot be used in this context within pharmacy. We have seen some powerful benefits from our work and are exploring how this might be provided for primary care network pharmacists as part of their integration into the wider multi-disciplinary team.

The need for this support is not new. Research suggests that there is a relationship between staff wellbeing and both staff-reported patient care performance and patient-reported experience[4]. Health Education England also emphasised the need to invest in the mental health and wellbeing of NHS staff before COVID-19[5]. There is some evidence that (restorative) clinical supervision can reduce emotional exhaustion among clinical staff[3] and may have a positive impact on patient safety[6] . This process can also be used to support clinical staff who have made an error, especially when at risk of becoming a 'second victim'[7] which can seriously impair emotional wellbeing and may further compromise patient safety[8]. We believe that going forward; the use of individual or group clinical supervision can facilitate a necessary sharing of experiences uni-professionally or multi-professionally, helping practitioners to manage the personal and professional impact of complexity and change, by working together within practice teams, hospital departments or other settings.

Why now?

Prior to the COVID pandemic, NHS England's Specialist Pharmacy Service (SPS) conducted a survey of PCN pharmacists in early 2020 which explored their wellbeing and self-care needs as part of a wider project to support their practice[9]. Participants identified feelings of professional isolation and expressed a desire for mentoring-type support. Discussions with our networks identified that the COVID-19 pandemic has amplified these needs and we have received feedback from PCN pharmacists describing their feelings as 'helpless', 'exhausted', 'anxious' and 'drained'[10]. We feel sure that these words will resonate with other professionals across the entire healthcare team in all sectors of practice.

The effects of the COVID-19 pandemic on the emotional wellbeing of clinicians has been well documented[11,12]. We are aware of a number of different types of support offered to healthcare staff, through employee assistance programmes, psychological support, Schwarz rounds[13] and counselling. This support is particularly important to mitigate the risk of 'moral injury'[11] to clinical staff dealing with difficult situations, where staff may have suppressed emotions that are likely to appear when the immediate pressures dissipate[14]. Like others[15,16] we were acutely aware of the importance of wellbeing and self-care for all health professionals, including pharmacy staff at this time.

What is 'Clinical Supervision' and why is the term misunderstood?

Clinical supervision is a term used by regulators and professional bodies that refers to the process of promoting the safe and effective everyday practice of practitioners, developing their learning through reflection and supporting practitioners to manage challenges, uncertainty and complexity. We know that the term "supervision" can mean different things to different professions. For example, pharmacy predominantly understands it as overseeing and monitoring education and workplace performance. Unsurprisingly, 'clinical supervision' or 'restorative clinical supervision' are terms which are open to misinterpretation and are therefore not suitable to describe this work in the pharmacy context. We propose that this concept, as it relates to pharmacy practice, could be described as part of 'peer support' or known as 'professional self-care'.

We recognise that definitions can be contentious and concepts such as 'clinical supervision' will be defined in different ways. However, we have found that the 'normative, formative and restorative' model of clinical supervision to be particularly helpful in wider clinical practice to define supporting personal and professional wellbeing.

This model, developed by Proctor[17], is commonly used in healthcare. It describes three main elements and functions of clinical supervision:

1. **Normative**: The supervisor provides guidance on standard procedures and best practice and standard procedure
2. **Formative**: The supervisor and practitioner identify practitioner learning needs, create action plans and reflect on learning after implementation
3. **Restorative**: The supervisor supports the practitioner to explore and manage challenges, complexity and other pressures in their role, where practitioners may feel overwhelmed. Signposting to other services may also be needed.

A recent systematic review[18] suggests that clinical supervision, encompassing all three elements, improves the effectiveness of care. Following the report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry[19], Tomlinson[20] proposed that clinical supervision should become a professional requirement. This is supported by both the Care Quality Commission (CQC)[21] and NHS Education for Scotland[22] who identified the need for clinical supervision for all healthcare practitioners. A recent report by the NHS Staff and Learners' Mental Wellbeing Commission highlights the need for restorative supervision for both students and NHS staff [23].

The goal: getting pharmacists fully integrated into mutual support within the healthcare team

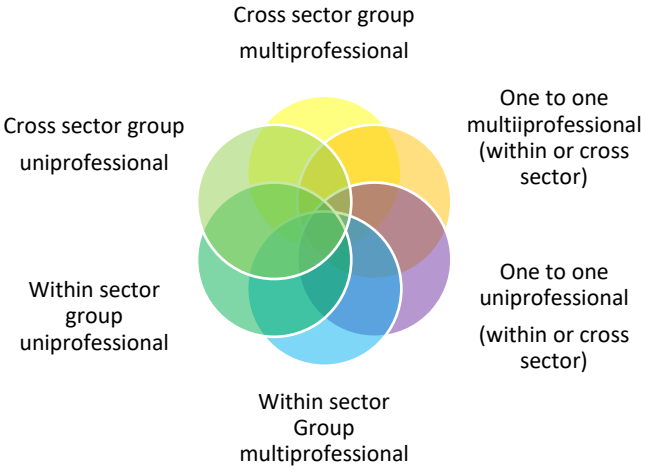
Whatever terminology is used, pharmacy has well-developed processes to support the workforce with normative and formative clinical supervision including workplace supervision of tasks, teaching best practice and facilitating professional development. However, professional self-care to help staff make sense of difficult situations, and providing time to reflect, understand and learn from them, is often missing which holds back their own wellbeing as well as the potential to mutually support other members of the team. The table below illustrates what we believe is the current state of 'clinical supervision' in pharmacy:

Proctor's Function of clinical supervision	Extent of understanding and use in pharmacy
Normative	**Always**
Formative	**Mostly**
Restorative	**Sometimes**
	Rarely
	Never

While other clinicians (nurses, doctors, midwives) have experience with facing difficult situations with patients with even greater pressures during the current pandemic, many PCN pharmacists are not only less experienced in these situations, but are facing them in the context of COVID-19. Professional self-care therefore needs to be embedded in pre-registration, foundation and wider pharmacy practice to support practitioners equally well with challenging situations to build resilience and sustainability. This is particularly important for the new PCN pharmacists as, by taking account of the patient's experience and the impact of complex consultations on themselves, it will support them in making decisions where evidence is lacking and in emotionally challenging situations alongside other practice colleagues.

How do we support this in practice?

Professional self-care support can be delivered one-to-one or in groups; within or across sectors, all of which can be offered face-to-face or remotely. Our experience of giving and receiving professional self-care (the restorative aspect of clinical supervision)[24] has been that both multidisciplinary and uni-disciplinary groups have benefits. There are a variety of ways that support can be provided, offering some similar and some different strengths, as illustrated in figure 1 below:



We have learned that some pharmacists are not yet confident to engage with multidisciplinary reflection groups that are happening in many general practice surgeries. It is an important target to rectify this so that pharmacists can fully engage in the productivity and safety of clinical care. At other times, colleagues have told us 'sometimes, you want to talk to another pharmacy team member who knows something of the job you are specifically doing'. This is a powerful concept and may explain why our recent survey results included a desire from PCN pharmacists to receive input from other pharmacists as well as their general practice colleagues.

Restorative professional self-care pilots

We would like to share a number of examples of restorative-type supervision that we are aware of in pharmacy practice, in the hope that some elements may be useful to PCN pharmacists as well as other members of the healthcare team.

There is an established method of face-to-face peer-supervision[25] developed for pharmacy staff working in patient's homes, general practice and care homes. Groups of pharmacists working in similar areas review a case together and identify their learning needs (normative and formative). A separate session allows groups to support each other in managing personal and professional complexities of care (restorative). We believe that this separation makes professional self-care more manageable in groups and emphasises the distinct value of the restorative function.

We have (NB & BJ) successfully piloted professional self-care using remote technology to experienced practitioners and foundation pharmacists. Firstly, a large group of hospital foundation pharmacists received professional self-care using a novel modified Balint approach, via remote technology. Immediate feedback being very positive and further feedback is being compiled. This has implications for delivery of remote support for PCN pharmacists who are not co-located and for undertaking during the COVID 19 pandemic.

One of the authors (NB) piloted a novel method of professional self-care during spring 2020 at the height of the pandemic. Nine once-weekly 30 minute sessions were delivered remotely, using video where possible (though sometimes only audio) to support 8 pharmacists redeployed to intensive care unit (ICU). Everyone was offered the opportunity to discuss topical cases or situations. Each session focused on one person's case or situation and supervision provided a safe space for everyone to express whatever they wanted to. Our approach has been developed from Balint group methodology in primary care[2] and Schwartz rounds[13] in secondary care and includes some elements from narrative methods[26]. In this case, the uni-professional approach used[1] optimised the benefit shared understanding as the supervision was delivered by and for members of the same profession. Formal feedback had been collected using a questionnaire for qualitative analysis and we are awaiting results at the time of writing. The NHS Consultant Clinical Psychologist supervising and supporting NB has described our approach as 'best practice' because it allows pharmacist-pharmacist discussion and preserves the local wellbeing offer for more serious cases.

Next steps

Our aim is to spread and embed the concept and practice of 'professional self-care' amongst PCN pharmacists as part of their integration into practice teams. We hope to train PCN pharmacy staff with these skills to help each other reflect on the impact of managing complex patients to support their own mental wellbeing. This may be through small group work (6-8 per group). Pharmacy staff would then be encouraged to join their local multidisciplinary team (MDT) group in their locality, if available, confident in their ability to both contribute and lead if appropriate. For those working in areas without MDT meetings of this kind, they will be encouraged to develop either MDT and/or continue pharmacist groups.

Summary

There is a need and opportunity to support the emerging Primary Care Network (PCN) pharmacy workforce as well as other staff, through the established and evidence-based but underused process of 'clinical supervision'. One element of this process, known as 'restorative clinical supervision' but reframed as 'professional self-care', augments other available wellbeing and self-care support by allowing pharmacy teams to reflect on their practice together and to gain mutual support as well as equipping them to access multi-professional group professional self-care. We have seen some powerful benefits of professional self-care in pharmacy during the COVID-19 pandemic. We recognise that to be accepted in pharmacy practice, the profession needs an alternative term, such as

'professional self-care support' or to include the concept of restorative clinical supervision within peer mentoring/support. We suggest that this could be explored as part of the wider provision of support in general practice[1], to contribute to the overall wellbeing support offered to staff in general practice through multidisciplinary teams.

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