**Pharmacy Fellow with the Greater Manchester Cancer Alliance (GREATER MANCHESTER CANCER ALLIANCE)**

**Job Description**

**Description of the role**

1. **Objective**

To support the delivery and development of services for cancer patients and thereby contribute to the delivery of the NHS Long-term and priorities detailed in the annual operational planning guidance [NHS Long Term Plan v1.2 August 2019](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf) and [National Cancer Planning Guidance](https://gmcancer.org.uk/wp-content/uploads/2024/05/Neoadjuvant-and-Non-operative-Management-of-Rectal-Cancer-Guidelines-v4.pdf)

* **System leadership** – Supporting emerging GP leaders within the local healthcare system
* **Health equity** – Using the fellows for quality improvement

Proactively contribute to the clinical and operational work of the GM Cancer Alliance, delivering benefits to the Fellow, patients, local health systems and the wider NHS and support the development of new ways of working.

1. **Post holder Criteria:**

* Pharmacist
* General Pharmaceutical Registration
* Currently working within a PCN or General Practice

1. **Funding:**

Band 8A pro rata for duration of post

1. **Duration**

1 session per week for 52 weeks

1. **Roles and responsibilities**

* Be an active member of the Greater Manchester (GM) Cancer Alliance working directly with the Colorectal Pathway Board, Early Diagnosis and Workforce and Education Programmes to support delivery of the [GM Cancer Strategy](https://gmcancer.org.uk/about-us/long-term-plans/).
* Provide expertise to co-develop a quality improvement project with the GM Cancer Colorectal Pathway Board and set out project aims, timelines, outcome measures and project reporting metrics.
* Lead the quality improvement project on behalf of the GM Cancer Alliance in collaboration with Alliance Programmes and act as the responsible officer for progress reporting.
* Attend relevant GM Cancer Alliance meetings and provide progress reporting updates to stakeholders.

**6. Service Improvement Project Initial Scope**

Patient uptake and compliance of symptomatic Faecal Immunochemical Test (FIT) within the community setting, including, but not limited to:

* Working with the GM Cancer Colorectal Pathway Board and community pharmacy colleagues to define project deliverables.
* Conducting data collection and analysis to understand current Community Pharmacist involvement in symptomatic FIT testing.
* Work collaboratively with healthcare colleagues to pilot and evaluate a new patient pathway.
* Shape and define education provision for Pharmacists in relation to FIT testing and other learning provision in relation to the Colorectal Pathway.
* Engage with cross sector stakeholders.
* Create strong reporting mechanisms to monitor success and identify and escalate risk to delivery.

**7. Delivery**

* Ensure that objectives are set with documented work programmes which drive improvements in clinical care and patient experience that contribute to the delivery of the NHS Long-term plan ([NHS Long Term Plan v1.2 August 2019](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf)) and priorities detailed in the annual operational planning guidance [PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf (england.nhs.uk)](https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf).
* Work closely with the GM Cancer Colorectal Pathway Board Clinical Leads on elements of the pathway that pertain to improvements in cancer care including screening, effective primary care referrals, personalised care interventions, training and education, and implementation of the necessary national advice.
* Work in alignment with Clinical Leads and a dedicated working group to develop and deliver identified project outcomes.

**8. Fellowship Project Governance**

* GM Cancer Colorectal Pathway Clinical Leads and Pathway Manager
* GM Cancer Workforce & Education Programme; Programme Director, Programme Lead, Project Manager, Senior Programme Lead for Education
* Education Collaborative Board
* Primary Care Project Manager, GM Cancer Early Diagnosis Programme
* Community Pharmacy colleagues

**9. Support and supervision**

* GM Cancer induction
* Supervision by a Clinical Lead for the respective programme of work; including meeting weekly initially followed by dedicated monthly 1:1 supervision sessions
* Access to a programme of education through GatewayC and the GM Cancer Academy
* Opportunities to attend relevant Pathway Boards / Programme Boards / Team Meetings / Clinical Lead Forums
* The cancer fellow will also be able to draw from the GM Supporting Mentors Scheme

**10. Evaluation of the Overall Fellowship opportunity**

**Pre-Programme:**

* Understanding candidates current learning status and expectations

**Throughout the programme:**

* Assessments should be built into all stages of the programme.
* Regular catch ups and connections with the candidate to sense check how they are getting on and identify any problems early.
* Build surveys within peer support groups to understand progress / issues arising.

**End of the programme:**

* Experience of delivery model, any improvements. Feedback etc
* Retention of candidate within GM
* Career progression
* Value for money
* Impact assessment

**11. Person Specification:**

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| **Area** | **Essential** | **Desirable** |
| **Values and behaviours** | | |
| Committed to quality in all that they do | ü |  |
| Values diversity and difference and promotes equality of opportunity | ü |  |
| Shows commitment to changing the culture of current cancer processes and systems to promote greater focus on patient experience and clinical outcomes and looking at the whole patient journey | ü |  |
| Operates with integrity and openness | ü |  |
| Is energetic and enthusiastic, capable of generating enthusiasm in others and gaining confidence among a diverse multidisciplinary team. | ü |  |
| Challenges received wisdom and acceptance of the status quo | ü |  |
|  | | |
| **Skills and capabilities** | | |
| Is capable of working with a multidisciplinary team of clinicians (doctors, nurses and associated healthcare workers) within a complex organisational network, across provider trusts and into primary care. | ü |  |
| Ability to influence others to develop a shared vision. | ü |  |
| Experience leading improvement projects |  | ü |