

Evaluation of Physical Assessment Skills and Training Course for Community Pharmacists



London and Kent, Surrey and Sussex

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Executive Summary

Background

The NHS Five Year Forward View (5YFV) sets out a vision of a redesigned healthcare service, including a better-integrated urgent and emergency care service and a greater role for primary care¹. A high priority is the need for multispecialty community providers (MCPs) to assist people requiring urgent care to get the right advice in the right place, first time around. At a time when general practice is facing unprecedented workload², community pharmacists are an under-utilised group of healthcare providers that can potentially reduce pressure on other parts of the health community.

Recognising this, Health Education England (HEE) commissioned an evaluation over a 20-month period looking into community pharmacists' role in supporting urgent and emergency care (UEC) across Kent, Surrey and Sussex (KSS)³. Recommendations for maximising community pharmacists' potential included upskilling pharmacists where required, with the potential realisation of system cost savings and relief of pressures resulting from patients flowing into secondary care inappropriately.

Further research of NHS 111 data identified appropriate referrals to community pharmacists. The outcome of this report led to HEE commissioning a three-day physical assessment skills course for community pharmacists in London, Kent, Surrey and Sussex between January and March 2018. The positive demand for the course led to further funding being allocated for another cohort of 21 participants in April 2018.

Aims / Objectives

The aim of the course was to equip pharmacists with basic tools to:

- be able to undertake a structured episodic history
- recognise red flags by systems
- increase confidence in triaging patients face to face with both simple and complex minor ailments
- recognise and manage patients presenting with sepsis
- understand basic ENT, respiratory and dermatology assessment / examination
- be familiar with a variety of differential diagnoses based on the systems covered – ENT, respiratory and dermatology
- begin forming links with professional colleagues to continue developing their skills

Course Content

Day 1 mainly focussed on structured history taking, applying this to recognising red flags, appropriate triaging and management of face to face patients presenting to a community pharmacy with minor illness / sepsis.

Day 2 further enhanced history taking skills of participants focussing on ENT and respiratory presentations. An additional feature of Day 2 included examination of the respiratory and ENT system with common differential diagnoses explored and documentation of findings.

Day 3 exposed participants to dermatology assessment skills, differential diagnoses, treatments and referral criteria. The afternoon session on Day 3 targeted increasing the confidence of participants when dealing with more acute patients prior to hospital admission.

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Evaluation Methodology

The evaluation comprised 2 phases. Phase one involved exploration of community pharmacists' views using a survey distributed to all attendees prior to Day 1 and further surveys on Day 1, 2 and 3 (Appendix 1).

The initial survey also incorporated a personal development plan (PDP) to be completed prior to Day 1 with on-the-day surveys exploring baseline skills assessment, motivation to join the course and a plan entailing how the participants anticipated the course would change their practice and how they would assess this.

Phase two involved a 15-minute telephone interview that took place a minimum of three months post-training.

Results

January to March cohort

Day 1: 115 attendees

PDP (Pre- Day 1): 85 returned (74% response rate)

Evaluation form: 90 returned (78% response rate)

Day 2: 110 attendees

Evaluation form: 104 returned (95% response rate)

Day 3: 104 attendees

Evaluation form: 99 returned (95% response rate)

Findings from surveys handed out pre-Day 1, Day 1, 2 and 3

For (84 out of 85; 99% of initial survey respondents the main motivator for course attendance was the opportunity to increase skills and improve knowledge. Participants' main aim was to increase confidence in episodic history taking (20 out of 85; 24%) and being able to better support the triage of patients presenting to community pharmacy (21 out of 85; 25%). Out of 80 responses (45 out of 80 or 56%) indicated they did not have a clinical mentor in place to help further their learning when back in their workplace.

Sessions Outcome

Outcomes of the course

Participants were asked to rate if outcomes were met on a 5-point rating scale of not at all, a bit, some, mostly and absolutely. 74% (64/87) of participants found the course met most or all of its specified aims on Day 1. This increased to 92% (94/102) on Day 2 and 87% (86/99) on Day 3 respectively. However, in terms of personal aims, only 67% (58/87) felt that most or all was achieved on Day 1. On a positive note, this figure increased to 91% (93/102) on Day 2 and 97% (85/99) on Day 3. A high proportion (Day 1 - 81% (70/87), Day 2 - 91% (93/102) and Day 3 - 87% (86/99) felt that the content was pitched at an appropriate level and handouts distributed were useful (Day 1 - 90% (78/87); Day 2 - 92% (94/102); Day 3 - 88% (87/99). Further, 62% (54/87) commented that there was mostly a good balance of theory and practice on Day 1. Day 2 fared better with 89% (93/102) but this figure dropped to 67% (66/99) on Day 3. It was reassuring to note that over the three days, on average 96% (275/288) acknowledged that the course helped meet at least some of their learning needs (Day 1 - 95% (83/87); Day 2 - 96% (98/102); Day 3 - 95% (94/99).

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Overall impression of the course

Participants were asked to rate their overall impression of the course. A 5-point rating scale was used to rate impression on whether it was poor, fair, good, very good or excellent. In terms of an overall impression of the course, an average of 94% (269/286) of attendees (Day 1 – 95% (83/87); Day 2 – 93% (91/98); Day 3 – 94% (95/101) rated the course either good or higher. Across the spectrum, a minimum level of good was achieved for all criteria. Average scores over the three days at a level of good and above was 97% (279/287) for tutor, 88% (251/287) for venue, 92% (265/287) for opportunity to participate, 95% (273/287) for opportunity to ask questions, 85% (243/287) for opportunity to practice skills and 89% (254/287) on how to apply learning identified. The only category that had more than 3 participants rating it poor was opportunity to practice skills (Day 3 - 4% (4/101) and opportunity to identify how to apply learning (Day 3 - 4% (4/101). Day 1 and Day 2 had no more than two participants rating any one category as poor. These findings suggest that all three days were well received. A small number of trainees felt they required additional hands on experience in terms of dermatology assessment skills and managing exacerbations on dermatological conditions.

April Cohort

The successful outcome of the main cohort (January to March 2018) led to funding becoming available for a smaller April cohort of 21 pharmacists to undertake a revised curriculum of the initial pilot.

Outcomes of the course

A 5-point rating scale of not at all, a bit, some, mostly and absolutely was used by the pharmacists to rate if outcomes were met. In terms of meeting most or absolutely all outcomes in all categories, over the three days, an average of 71% (41/58) of pharmacists found that the course met its specified aims, 74% (43/58) found that the course met their personal aims and 79% (46/58) agreed that the content was mostly pitched at an appropriate level. More than half (67%; 39/58) of all pharmacists found that there was a good balance of theory / practice, 71% (41/58) expressed that the course helped meet their learning needs and 67% (39/58) found the handouts / material useful.

Overall impression of the course

A 5-point rating scale was used to rate impression on whether it was poor, fair, good, very good or excellent. Over the three days, in all categories with good being the minimum response, an average of 92% (54/59) pharmacists rated the overall impression of the course at least good or higher. In other categories, analysis with similar criteria as above reported 92% (54/59) for tutor, 80% (47/59) for venue, 88% (52/59) for opportunity to participate, 95% (56/59) for opportunity to ask questions, 86% (51/59) for opportunity to practice skills and 83% (49/59) on how to apply learning identified

Findings on training needs

Findings of baseline knowledge on history taking, triage, physical assessment, red flags and recognition of sepsis measured on a Likert 10-point scale showed pharmacists who are independent prescribers (IP) started with a higher baseline knowledge of 6.3 compared to non-prescriber pharmacists (4.6). This may be a reflection of some assessment skills already covered in the IP course. The increase in knowledge post the course in both groups on the same scale was 2.0 (IP) and 2.6 (non-IP). This was not statistically significant.

Pharmacists confidence continued to grow throughout Day 1, 2 and 3. Increase in knowledge of dermatology showed the greatest confidence increase in dermatology red flags and diagnosis. Attendees documented that the biggest anticipated change in practice would be applying history taking skills in their day to day job. Most pharmacists found the material relevant and helpful;

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however, the barriers to uptake were time constraints (70%) and lack of equipment in the pharmacy to support physical examination. Some concerns arose around indemnity and how feasible it was for the training to fit in practice.

Suggestions to help improve the training included use of visually appealing material such as videos to support and enhance physical assessment skills, less didactic learning, re-distribution of material / presentation post the session and a follow up formal assessment to measure skills acquired throughout the three- day course.

Findings from telephone interviews

The telephone interviews explored three main themes namely the event, skills and knowledge and future application. Reflecting on the event, overall it was felt that although the presenters were knowledgeable and good, a large amount of content was crammed into a short period of time. Suggestions for future cohorts included tailoring the topics according to relevance to address common presentations seen by community pharmacists.

Echoing the results of the survey, results from the telephone interview highlighted the greatest increase in knowledge being history taking skills and physical assessment. Dermatology was an area that stood out in terms of positive benefits and this can be linked to its relevance to community pharmacists.

Most pharmacists had shared information with their team post the course; however, there was limited evidence of application of knowledge in the practice setting. Limitation of time, money and indemnity concerns were quoted as the reason for the lack of implementation, Qualified IP were awaiting new services to be commissioned prior to using their skills.

Discussion

This training attracted community pharmacists from a variety of backgrounds and was heavily oversubscribed, indicating that there is a desire to learn new knowledge and skills and implement new learning to drive forward service provision in Community Pharmacy. Overall 136 pharmacists across the two cohorts benefitted from attendance at the 3-day course, covering a variety of new knowledge and skills and supporting existing knowledge and skills.

However, pharmacists were unable to fully implement learning post training. Although lack of time was a common factor, it should also be noted that the absence of a commissioned service to fully incorporate the learning was a significant barrier. It is noted that newly-piloted services such as the Digital Minor Illness Referral Service may positively impact the embedding of learning from courses such as this, alongside indemnity arrangements that allow pharmacists to extend the scope of their practice in traditional settings.

This project provided an example of partnerships working together to deliver outcomes. HEE worked closely with key stakeholders from CEPNs and LPCs across London and South East to deliver this programme, with all representatives contributing to the aims of providing training across the geography rather than just for the pharmacists in their specific areas. If done correctly and cohesively with local commissioners, the output may be generalised to a larger population of patients.

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Lessons Learnt

- Training such as this presents an opportunity for pharmacists to upskill themselves and make a greater contribution to the local population they serve. However, this can only be successful if there are support mechanisms in place to embed learning in the workplace. Additionally:
- Limitations of using a survey to collate information resulted in not all questions being answered by the pharmacists; facilitators were tasked with collecting the surveys at the end of each session and the onus was on the attendees to complete all questions and hand in survey forms at end of each day. Unfortunately, a 100% response rate was not achieved.
- The need to have a mentor to apply learning moving forward was highlighted.
- The small number of interviews (n=10) limited the significance of results obtained
- The course was initially marketed as 'Advanced' Assessment Skills, resulting in confusion that it may lead to Advanced Practice certification and possibly attracting inappropriate interest from participants. This was subsequently amended to 'Physical' Assessment Skills.
- The practical sessions were highly valued but of insufficient length according to feedback, particularly for those pharmacists without the means to fully apply their learning when back at work
- There is a need for stakeholders to work collaboratively to ensure maximum value is obtained from training

Recommendations

Future training programmes should aim to:

- Have a focussed objective applicable to community pharmacy setting, target the right audience and upskill a smaller number of pharmacists based on areas of interest e.g. dermatology, ENT, respiratory etc. rather than including all topics in that time frame
- Link in with local needs and priorities – engagement with stakeholders such as Local Pharmaceutical Committees (LPCs), Local Medical Councils (LMCs), local councils and Clinical Commissioning Groups to identify areas requiring additional service provision. This would prevent duplication of work and creation of a local service directory so healthcare professionals as well as patients are aware that they can consult a community pharmacist with additional skills rather than wait for a GP appointment or go to ED.
- Incorporate multiple delivery models for example hard copy resources, online resources, apps and follow-up refresher courses
- Attract locum pharmacists who represent a large proportion of community pharmacists.
- Incorporate more hands-on activity and practice of physical assessment skills
- Link to further training or methods of accreditation; this was a basic introductory course and so most community pharmacists were reluctant to apply learning in practice on patients as the training was not a formalised qualification, thus potentially leading to indemnity issues
- Consider the need for each pharmacist to have a mentor or clinical supervisor so knowledge gained can be utilised effectively and safely. In addition, work-based assessments ensure services are provided to a high quality
- Be more robust in terms of understanding pharmacists' baseline knowledge level, ability to put skills acquired into practice and have a method of auditing benefits on target populations

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Future workforce-led transformation and associated training needs to:

- Encourage the creation of a network of community pharmacists trained to an advanced level to promote peer learning and minimise the risk of silo working.
- Facilitate closer working between GPs and pharmacists in localities to ensure clear teaching and learning links and mentorship post training, which is crucial to success of the programme. Actively identify local services community pharmacists can support as a result of the course by engaging with local stakeholders.
- Recognise the challenges faced in implementing these services locally and advocate the engagement of local stakeholders including local councils, LPCs, LMCs, NHS trusts, CCGs, UCCs, CEPNs and local pharmacies (independent, small and large multiple chains) as well as insurance indemnifiers to ensure holistic uptake
- Align training with professional pathways and career progression, working with such bodies as the Royal Pharmaceutical Society to ensure professional recognition of training
- Include a formal benefit or economic evaluation in terms of pressure alleviation in other parts of the healthcare system if pharmacists are trained in larger cohorts.
- Review the use of this cohort of trainees as ambassadors and role models in future pilots

1. Background

Community pharmacies play an important yet understated role in the NHS. Despite being one of the most accessible faces of the NHS and approximately 1.6 million people across England visiting a pharmacy every day⁴, community pharmacists were identified as an under-utilised resource able to support the unprecedented demands on emergency services if appropriately upskilled².

The Health Education England Kent Surrey and Sussex Emergency Care Board therefore explored the potential role of community pharmacists across Kent, Surrey and Sussex in relieving pressures in other parts of the healthcare system, with a multi-phase evaluation by Medway School of Pharmacy (MSoP) providing insight into the current and future roles of community pharmacists in easing pressures within the emergency setting³.

The evaluation further identified a requirement for ongoing professional development and training relevant to local needs, in partnership with local stakeholders such as Local Pharmaceutical Committees (LPCs). Independently, all ten Community Education Provider Networks (CEPNs) in North Central and East London had also recognised upskilling their community pharmacy workforce as a priority training area. Therefore, working in collaboration with LPCs and CEPNs across London and South East, HEE LaSE Pharmacy scoped areas for training and up-skilling to equip pharmacists to better deal with urgent referrals.

A number of topics were identified, including three main clinical areas:

- Treatment of acute asthma exacerbations, including paediatric asthma
- Skin conditions
- Infection management and sepsis; spotting the signs for urgent referral

Rationale for each of the clinical areas can be found below.

2. Clinical Areas of Need and Rationale

Asthma

Healthy London Partnerships has been conducting extensive research in asthma management as part of a campaign to raise awareness amongst patients, and to promote the more effective use of community pharmacy to commissioners.

- An estimated 75% of hospital admissions for asthma are avoidable. As many as 90% of the deaths from asthma are preventable.
- The NHS spends around £1 billion a year treating and caring for people with asthma

The National Review of Asthma Deaths (NRAD), published in 2014 has made nineteen recommendations, including:

- People with asthma should have a structured review by a healthcare professional with specialist training in asthma, at least annually.
- All asthma patients who have been prescribed more than 12 short-acting reliever inhalers in the previous 12 months should be invited for urgent review of their asthma control.
- An assessment of inhaler technique to ensure effectiveness should be routinely undertaken and formally documented at annual review and checked by the pharmacist when a new device is dispensed.

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- Non-adherence to preventer inhaled corticosteroids is associated with increased risk of poor asthma control and should be continually monitored.

The NRAD report highlighted the importance of inhaler surveillance as an effective and easy to implement indicator of asthma control. It is highly supportive of the role of the pharmacist in asthma management.

Community pharmacists provide medicine usage reviews (MUR) and new medicine service (NMS) reviews through their national NHS contract. There is no patient age limit on this service. Around 90% of pharmacies in England provide these services, which are commissioned by NHS England. These two services provide a perfect platform for inhaler technique assessment.

Inhaler surveillance

From April 2017, pharmacies are incentivised through the NHS community pharmacy contractual framework quality payments to perform inhaler surveillance, primarily on the number of short acting beta-agonist (SABA) inhalers dispensed over a rolling 6-month period. There is no patient age limit on this service.

Emergency supply of inhalers

Community pharmacies are often open out of hours and often receive emergency requests for inhalers, either as an emergency supply (through the new NHS Urgent Medicines Supply Advanced Service (NUMSAS) or as a private supply) or on an out of hours (OOH) prescription. The Healthy London Partnerships asthma management audit in pharmacies across London highlighted that 25% of the 9500 children surveyed made an emergency request for an inhaler from either their pharmacy, OOH, urgent care centres or A&E in the previous 12 months to help manage their asthma. It also showed that 52% children do not have some form of plan to help manage their asthma

Skin Conditions

A need to better understand the treatment and differential diagnosis of skin conditions was highlighted as a training need by pharmacists across London and the South East.

Although exact data on the prevalence of skin conditions is limited, previous studies suggest that:

- around 23-33% of patients have a skin problem that could be treated at any one time.
- It is estimated that around 54% of the UK population experience a skin condition in a given twelve-month period.
- Skin conditions are the most frequent reason for people to consult their general practitioner with a new problem, with the most common reasons being skin infection and eczema.

Pharmacists are ideally placed to provide support for patients with existing skin conditions requiring long-term support and those seeking advice for more acute issues.

Infection Management and Sepsis

Sepsis is an NHS England priority area. The number of people developing sepsis is increasing, with around 123,000 cases each year in England. An estimated 37,000 deaths are associated with the condition – this is more than the number who die from lung cancer.

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A new NHS England action plan to tackle sepsis identifies and focuses on key areas which would help prevent the 10,000 deaths each year the UK Sepsis Trust estimates could be avoided through prevention or early accurate diagnosis. A number of these areas are relevant to Community Pharmacy:

- Preventing avoidable cases of sepsis – some cases are preventable, particularly in at risk groups including older people, the immunosuppressed, pregnant women and children
- Increasing awareness of sepsis amongst the public and professionals – treatment of sepsis is extremely time sensitive, so improving recognition could help save lives.

Actions include:

- Improving identification and treatment of sepsis across whole care pathway to ensure that patients receive the care they need irrespective of the first point of contact with health services.
- Improving consistency of standards and reporting – much more robust information is needed on the true prevalence and associated burden of sepsis to inform future quality improvement initiatives.

3. Procurement

Having identified key learning areas, HEE LaSE Pharmacy led a robust procurement process to identify suitable providers, after which a training programme run by a partnership between Green Light Pharmacy and Practitioner Development UK (PDUK) was selected.

4. The Training Programme

The training was delivered over the course of three days, with each day separated by a period of two weeks to allow implementation of some of the learning in the workplace. A choice of training days was offered incorporating weekdays and weekends to allow flexibility in attendance.

Pre-requisites / Pre-reading

All pharmacists were expected to have completed and passed the related e-learning and e-assessments for the following two CPPE modules:

- Consultation skills for pharmacy practice
- Safeguarding level 2

Aims and Objectives

Day 1 – Minor illness triage and sepsis essentials

This study day was designed to explore the pharmacists' current understanding of sepsis and minor ailments and build upon this in terms of knowledge and confidence. The specific objectives were:

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- Increased awareness post course on learning needs moving forward with pharmacists' role expansion
- Ability to triage patients effectively and in a timely manner
- Ability to conduct a comprehensive episodic structured history
- Ability to autonomously recognise red flag symptoms based on information collated from a structured history taking
- Increased knowledge thus increased confidence when triaging patients presenting with both simple and complex minor ailments
- Increased confidence and ability to recognise potential septic patients and using knowledge gained to manage them appropriately and refer as appropriate.

Day 2 – Respiratory and Ear, Nose and Throat (ENT) assessment

The specific objectives of the day were:

- Ability to conduct a comprehensive episodic structured history based on the systems covered
- Understand the various differential diagnoses for the systems covered and accurately reach a diagnosis based on comprehensive history taking skills
- Understand the physical assessment skills of systems covered and correctly apply them in practice
- Perform a physical examination of the systems covered on a colleague
- Use the history taking, physical assessment skills of systems covered in identifying red flags, listing potential differential diagnoses, reaching a diagnosis and management of patients presenting with these conditions
- Documenting findings and management plans in a medically and legally appropriate manner

Day 3 – Acute dermatological complaints / Acute asthma presentations

The specific objectives of the day were:

Morning Session:

- Develop dermatology assessment skills
- Recognise and increase awareness and knowledge of common acute skin conditions and various differential diagnoses
- Increase knowledge in evidence-based treatment and management of various dermatological conditions and linking this with best practice
- Increased confidence in dealing with exacerbations of chronic dermatological conditions
- Ability to recognise and refer any dermatological conditions warranting referral

Afternoon Session:

- Review anatomy and pathophysiology of normal lung function and development.
- Discuss and apply the British Thoracic Society (BTS) Guidelines in assessing and managing both adult and paediatric patients presenting with acute asthma
- Understanding the community pharmacists' role in identifying patients (adult and paediatric) presenting with acute asthma to the community pharmacy, using knowledge gained to safely assess the patient and manage appropriately in community (where referral is unwarranted). Thus, avoiding unnecessary hospital admissions

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- Increased confidence and knowledge in effectively dealing with patients that required hospitalisation prior to admission

Course Design / Content

Day 1

- The national context – an overview of the work that has already been done on increasing capacity and capability in community pharmacy and the vision for future services.
- A reflective practice session to reflect on pharmacists' current practice and identify learning needs.
- Introduction to triage
- History taking essentials
- Recognition of the ill adult and child
- Basic assessment including red flags, initial management and proper referral.
- Triage scenarios
- The patient with sepsis
 - What happens and why is it a problem.
 - National drivers
 - Sepsis pathways, sepsis 6 and national guidelines
 - Initial patient assessment including red flags
 - Managing the patient with sepsis in the pharmacy
- Safety netting and managing risk.
- Review of learning needs and identifying the next steps including accessing clinical support in the workplace.

Day 2

- Introductions and review of learning needs
- History taking, red flags and physical assessment skills - ENT
- Common ENT presentations – Differential diagnoses, management and documentation
- History taking, red flags and physical assessment skills - RESPIRATORY
- Common respiratory presentations - Differential diagnoses, management and documentation
- Applying / putting learning into practice in the workplace

Day 3

- Introductions and review of learning needs
- History taking, red flags and physical assessment skills – DERMATOLOGY
- Common acute dermatology presentations - Differential diagnoses (bacterial, fungal and viral infections), management and documentation
- Skin lesions – understanding benign and non-benign (cancerous) lesions
- Understanding of the respiratory function, lung development and events that occur during an asthma attack.
- BTS Asthma Guidelines
- Acute asthma in adults
 - Assessment
 - Differential diagnoses
 - Diagnosis
 - Management
 - In community - for patients that do not require hospitalisation

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- Pre-hospital – for adults presenting with severe acute asthma
- Acute asthma in children (paediatrics)
 - Assessment
 - Differential diagnoses
 - Diagnosis
 - Management
 - In community - for children not requiring hospitalisation
 - Pre-hospital – for children presenting with severe acute asthma
- Applying / putting learning into practice in the workplace

A key emphasis throughout the course was the need for participants to seek further clinical mentorship and support after the training to enhance and embed their initial learning, as the course would provide the basic building blocks but not proficiency in the skills being taught. The positive feedback from the first cohort (January to March 2018) and demand for additional days led to future courses being planned. For the purposes of this report, data from the second cohort who started in April (21 pharmacists enrolled) is included in this evaluation for comparison following suggestions from the first cohort.

Changes to the Course Design / Content

Day 1

- An increase in pre-reading to reduce the amount of didactic content
- Sessions to focus on workshops and interactive sessions to practice skills
- Session on sepsis reduced in length so more applicable to community pharmacy practice

Day 2

- No change

Day 3

- Greater emphasis on dermatology
- Asthma session tailored to focus on asthma review in the GP practice and how community pharmacists can link MURs with asthma review

Participant Recruitment

Local Pharmaceutical Committees (LPCs) and Community Education Provider Networks (CEPNs) in the London, Kent, Surrey and Sussex region worked in partnership with the training provider to recruit cohorts to attend the three-day course.

A total of 120 spaces were available, to be filled on a first come first served basis, across five locations (Euston, Stratford, Ashford, Leatherhead and Crawley) between January and March 2018, with 25 places available at each location. Selection criteria included:

Inclusion criteria:

- Community pharmacist (employed full time, part time or locum)
- Having completed the appropriate expression of interest form

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Exclusion criteria:

- Pharmacists not currently working in the community setting
- Pharmacists not from one of the geographical regions mentioned (London, Kent, Surrey and Sussex)
- Non-compliance with the CPPE pre-requisite e-learning and assessment on:
 - Consultation skills
 - Safeguarding Level 2
 - Urgent Care Distance Learning

Attendance figures:

- **Day 1** - 115/120 - **96%** attendance rate
- **Day 2** - 110/120 – **92%** attendance rate
- **Day 3** - 104/120 – **87%** attendance rate

Research Design

This was a mixed method study conducted in two stages. Stage One involved all participants completing a survey (hard copy) prior to Day 1 (Personal Development Plan (PDP) – Appendix 1) and one survey at the end of each day – Day 1, 2 and 3 (Appendix 1). Stage two involved telephone interviews conducted at least three months post-training.

Ethics Approval

Ethical approval was granted by the Kingston University: Science, Engineering and Computing Faculty ethics committee.

Instrumentation

The PDP consisted of 16 questions requiring free text responses and a 10-point Likert Score to measure knowledge and confidence in the areas covered by the course. The Day 1 evaluation form explored participants' personal objectives, anticipatory practice change, suggestions to improve the day, increase in knowledge, confidence and opportunities identified for further learning. The Day 2 evaluation form was in keeping with the format of Day 1 with the addition of questions on successful implementation and challenges faced in implementation of Day 1 learning. In addition to questions asked on Day 2, the Day 3 evaluation form included questions on linking learning over the three days back to the initial aims and objectives on the PDP, changes in practice, the extent these aims had been fulfilled and future learning objectives.

The structured telephone interview included 14 qualitative, short answer questions. This broadly covered demographic details, extent of training and knowledge prior to event, change in practice post training, whether learning had been shared with colleagues post event, mentorship, maintaining skills post event and if any projects had been implemented post-event with newly acquired skills.

5. Data Collection

The purpose of the surveys was explained by the facilitators and forms were distributed and collected by the facilitators at the end of each training day. Completed forms were then returned to the researcher for data analysis. Response rates were slightly skewed as one group did not hand in the survey forms on Day 1.

Response Rates

Day 1: 115 attendees

PDP (Pre- Day1): 85 returned (74% response rate)

Evaluation form: 90 returned (78% response rate)

Day 2: 110 attendees

Evaluation form: 104 returned (95% response rate)

Day 3: 104 attendees

Evaluation form: 99 returned (95% response rate)

Follow-up interview

Pharmacists were asked to leave contact details for follow up interview. Pharmacists were then phoned to ask whether they would be prepared to be interviewed. Once consent was given phone interviews were completed with the interviews being recorded for verbatim transcription, prior to deletion. In total 10 interviews were completed, as no new themes were emerging. (Copy of interview transcripts in Appendix 2)

Data Analysis

Participant identifiable data on survey forms were paired and entered onto a Microsoft Excel spreadsheet and analysed descriptively. Statistical significance was established using descriptive statistics.

The weighted average of the Likert score rating for knowledge and confidence pre and post-training were calculated.

For all statistical tests, $P < 0.05$ was considered to indicate statistical significance within the reported results.

For follow up interviews, transcriptions were coded to identify themes. Some indicative quotes are included within the report, however full quotes from participants can be found in Appendix 2

6. Results

Part 1 - Surveys

Pre-training and Personal Development Plan (PDP)

85 responses were received. For 99% of initial survey respondents (n=84) the main motivator for course attendance was the opportunity to increase skills and improve knowledge. Participants' main aim was to increase confidence in episodic history taking (24%) and being able to better support the triage of patients presenting to community pharmacy (25%). 45 participants (56% of the total) indicated they did not have a clinical mentor in place to help further their learning when back in their workplace.

Participants (n = 78) anticipated increased skills (26%) and confidence (21%) may guide change in practice post-course attendance. Unfortunately, a high proportion (56%) of attendees (n = 80) did not have a clinical mentor.

Outcomes of the course

January – March (Cohort 1)

Figures 1, 2 and 3 address the outcomes of Day 1, 2 and 3 respectively. In all six categories, the participants rated the course meeting most or absolutely all outcomes.

Day 1 (n=87)

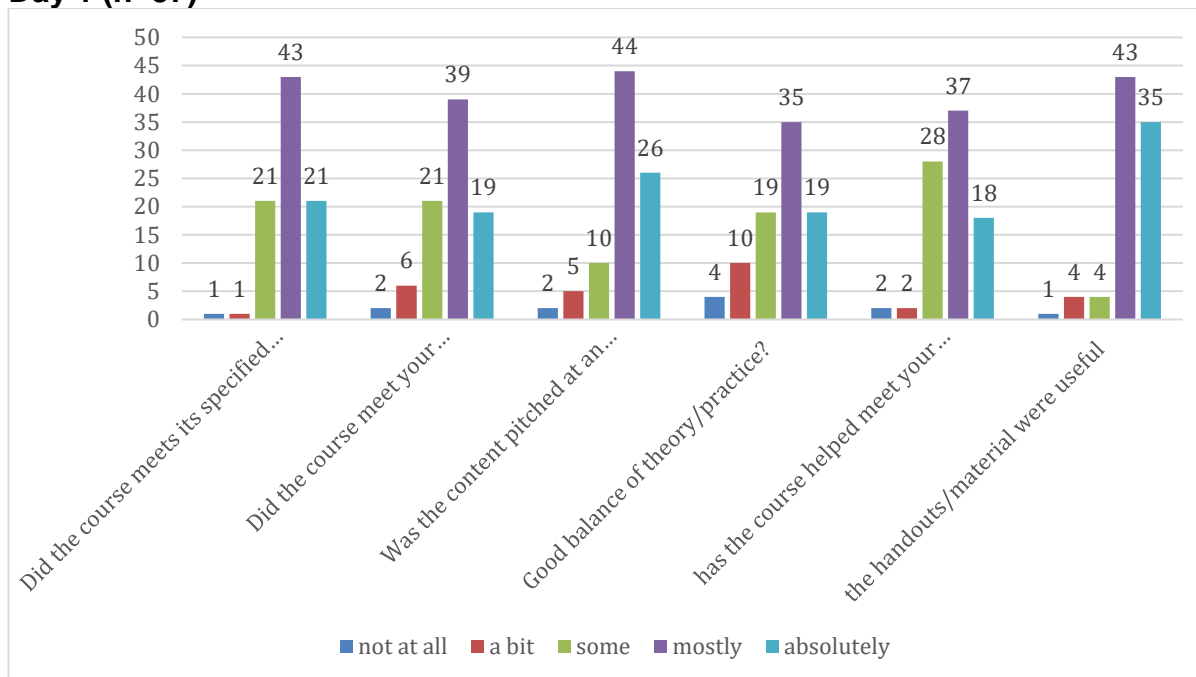


Figure 1: Outcomes of the course – day 1 main cohort

Evaluation of Physical Assessment Skills and Training Course

Day 2 (n=102)

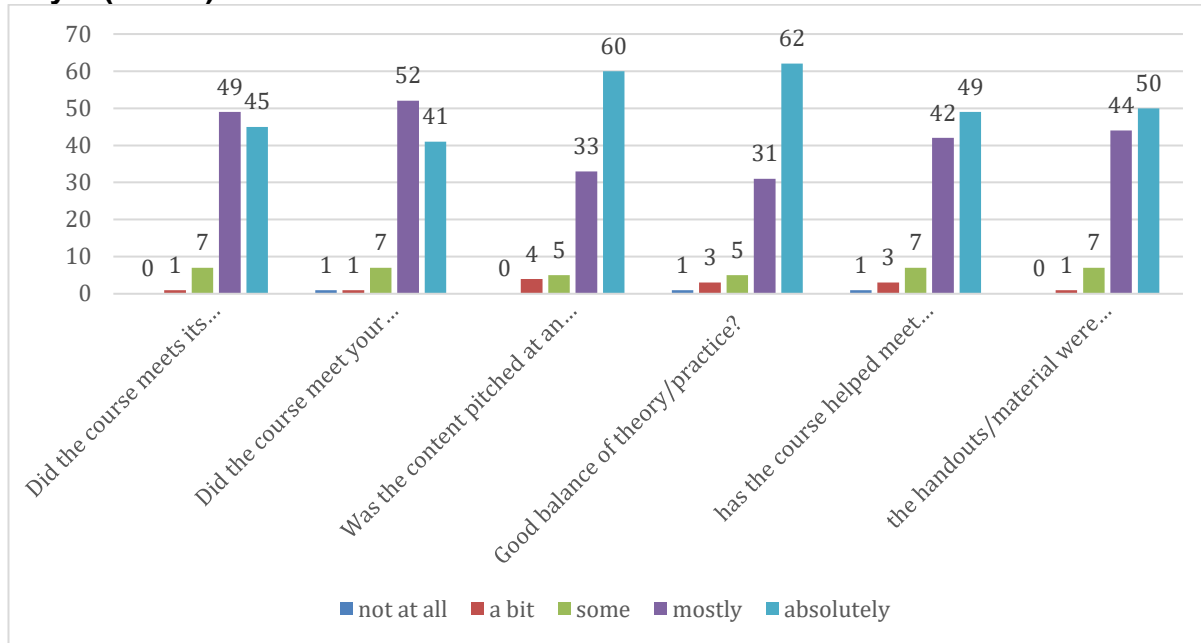


Figure 2: Outcomes of the course – day 2 main cohort

Day 3 (n=99)

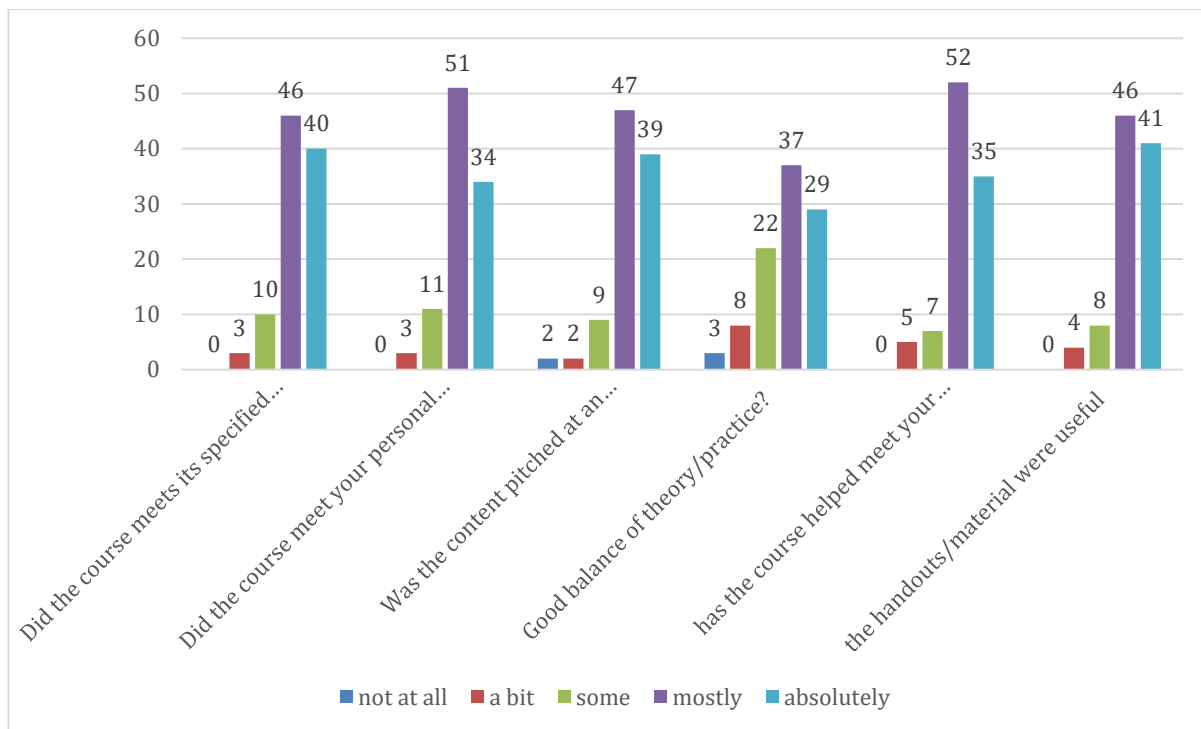


Figure 3: Outcomes of the course – day 3 main cohort

Evaluation of Physical Assessment Skills and Training Course

Overall impression of the course January – March (Cohort 1)

Figures 4, 5 and 6 address the overall impression of the course on Day 1, 2 and 3 respectively. In all seven categories, the participants rated the course at a minimum mid – point level of at least good or above.

Day 1 (n=87)

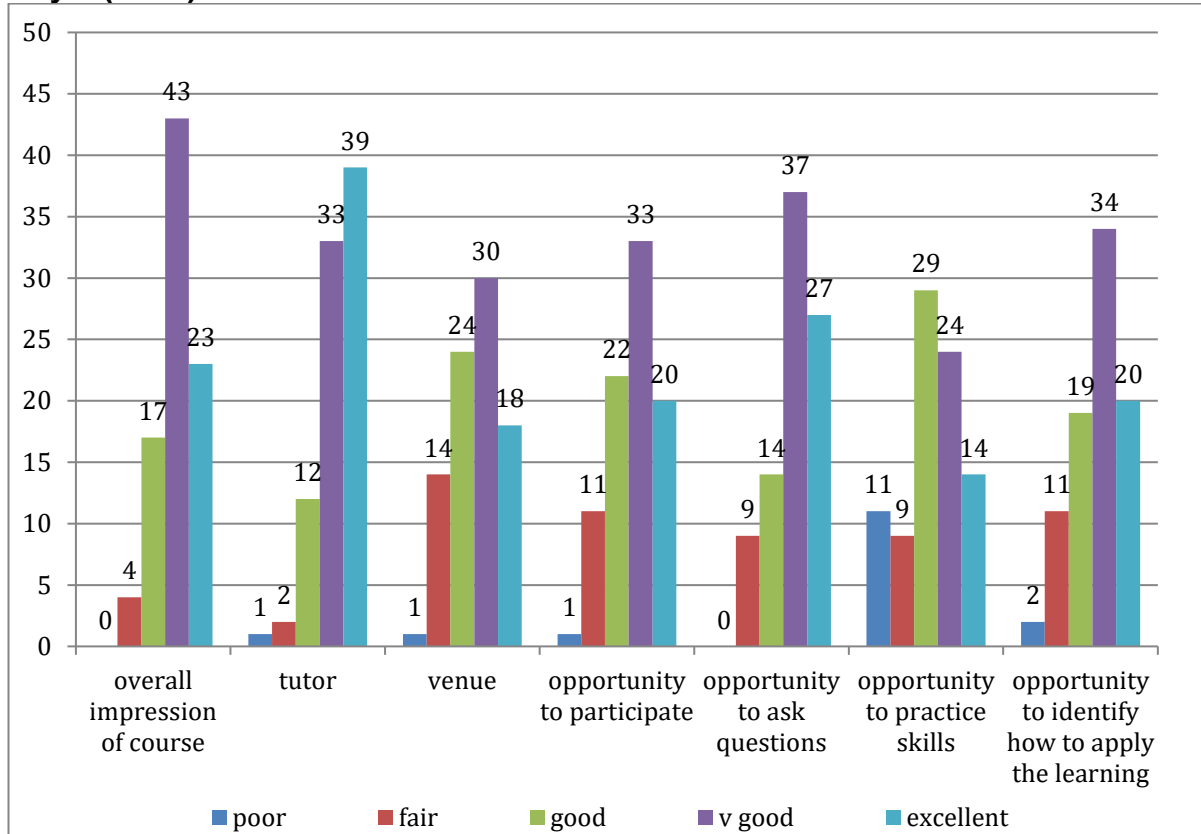


Figure 4: Overall impression of the course – day 1 main cohort

Evaluation of Physical Assessment Skills and Training Course

Day 2 (n=102)

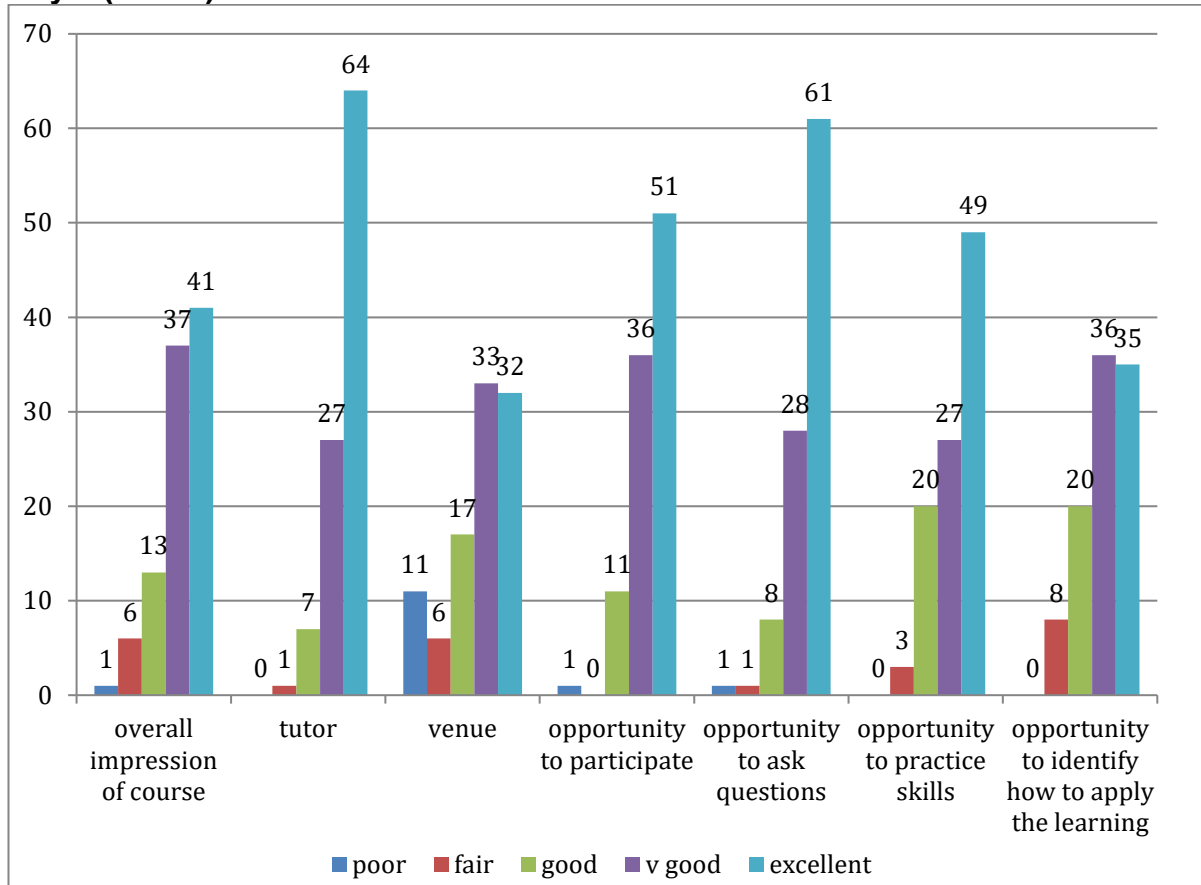


Figure 5: Overall impression of the course – day 2 main cohort

Day 3 (n=101)

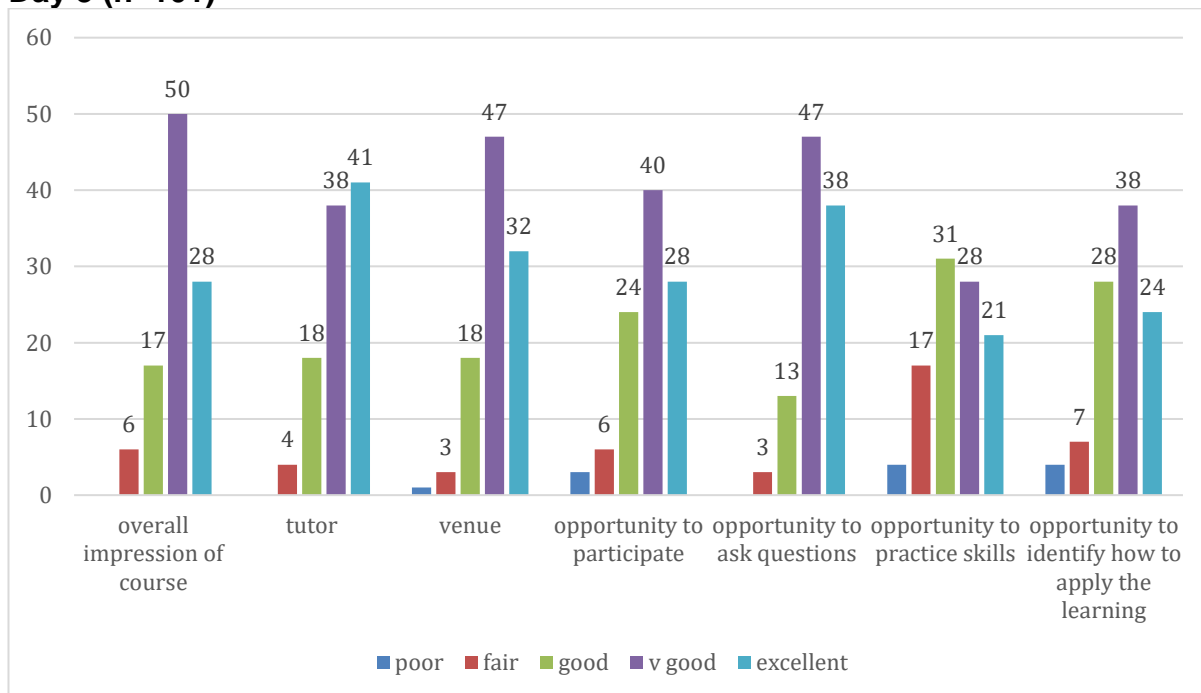


Figure 6: Overall impression of the course – day 3 main cohort

Evaluation of Physical Assessment Skills and Training Course

Outcomes of the course

April (Cohort 1)

Day 1 (n=21)

Figures 7, 8 and 9 outline the outcomes of the course in the April cohort which was a smaller cohort. Across the six domains, over the three days an average of 72% of participants rated each outcome as being mostly or absolutely met.

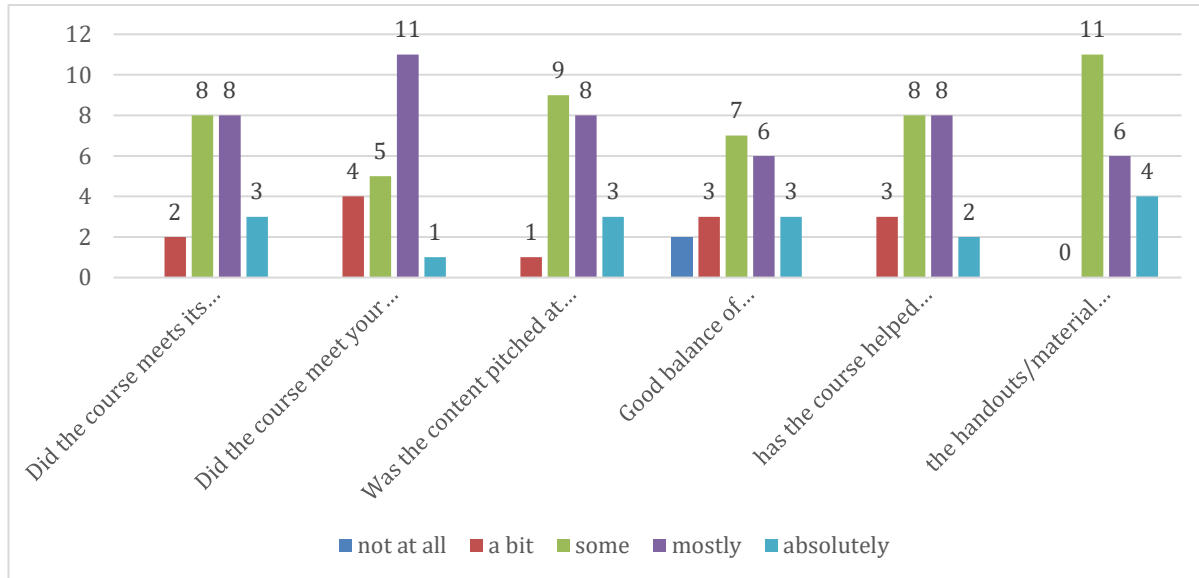


Figure 7: Outcomes of the course – day 1 April cohort

Day 2 – April Cohort (n=19)

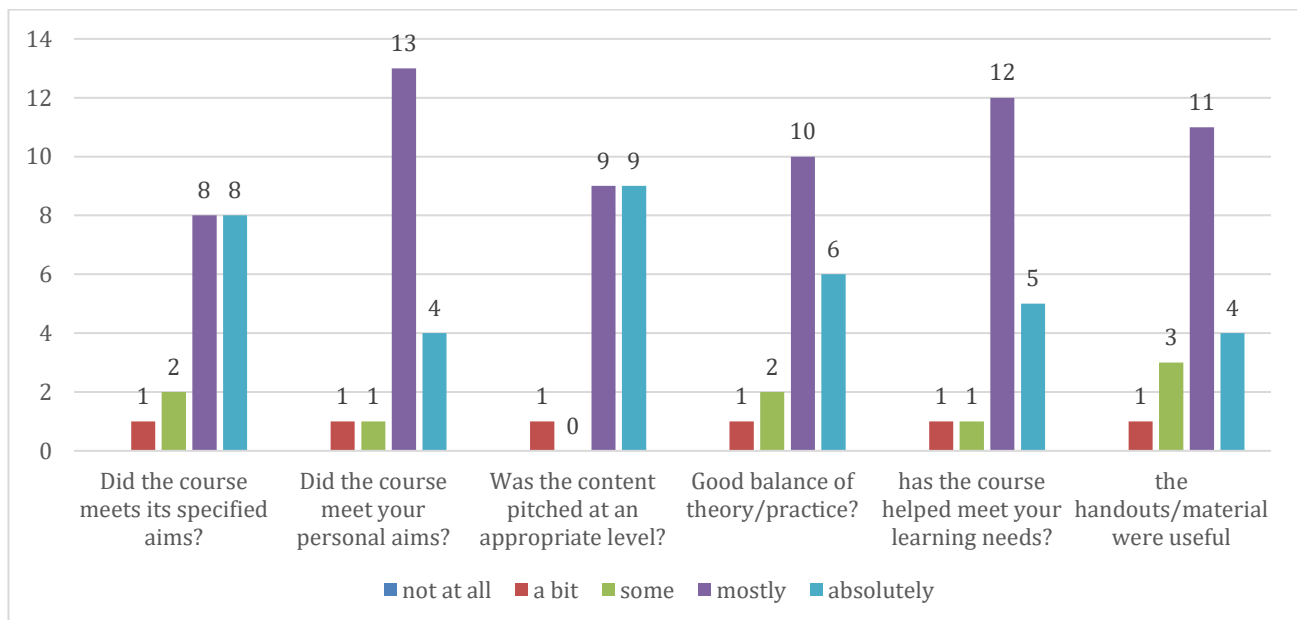


Figure 8: Outcomes of the course – day 2 April cohort

Evaluation of Physical Assessment Skills and Training Course

Day 3 – April Cohort (n=18)

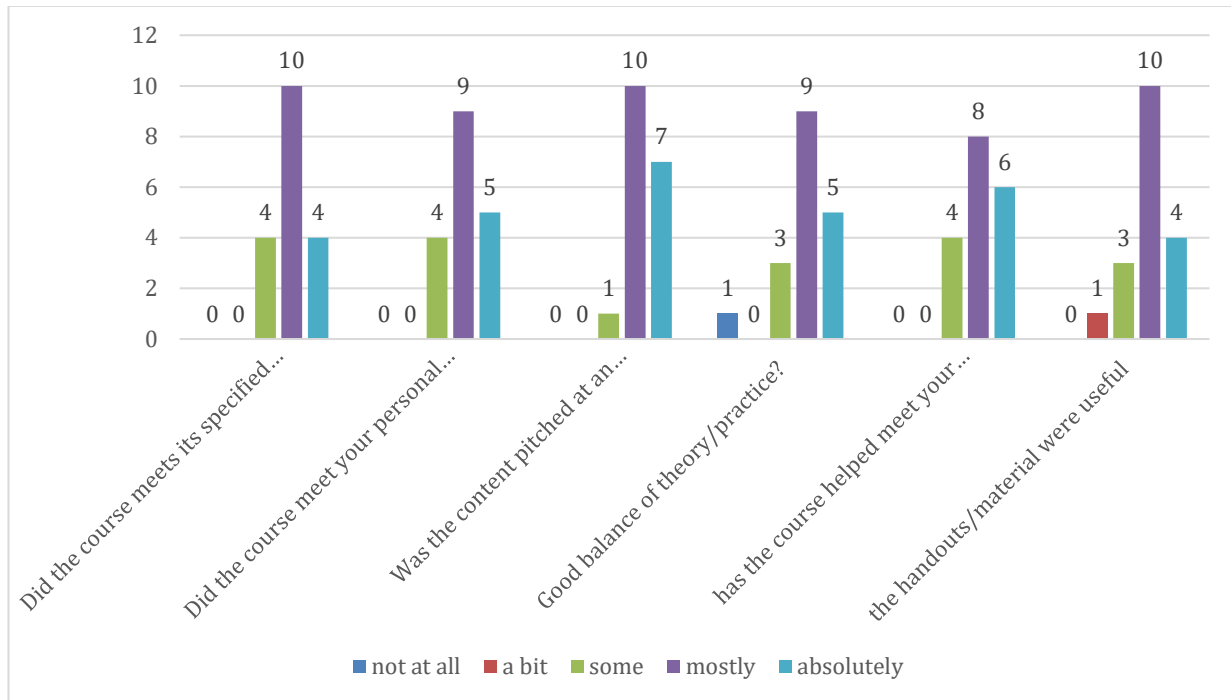


Figure 9: Outcomes of the course – day 3 April cohort

Overall impression of the course

April cohort

Day 1 (n=21)

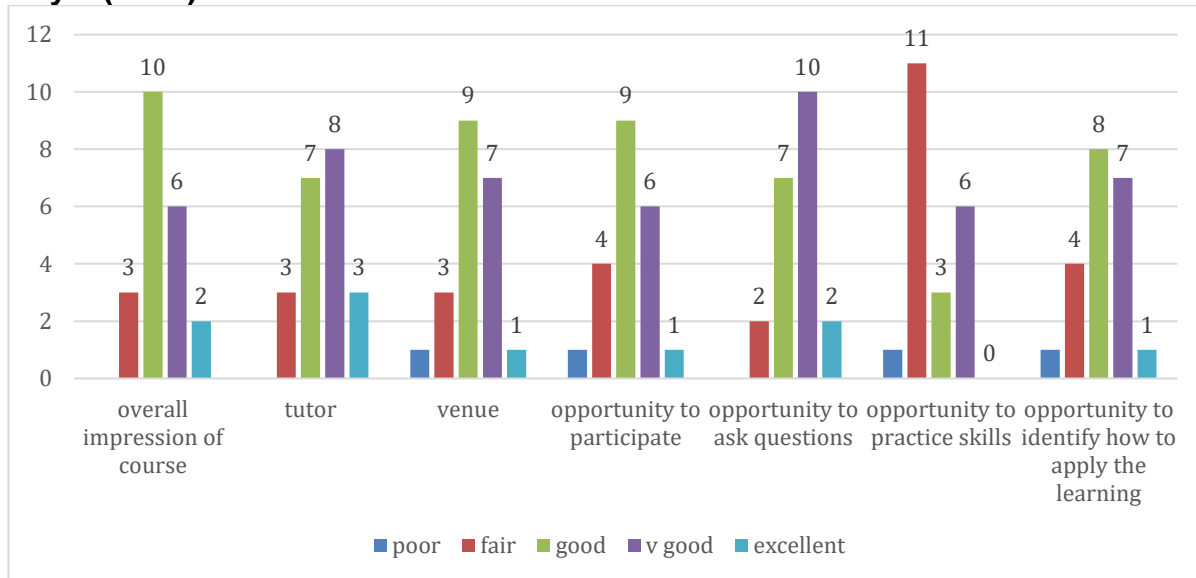


Figure 10: Overall impression of the course – day 1 April cohort

Evaluation of Physical Assessment Skills and Training Course

Day 2 (n=19)

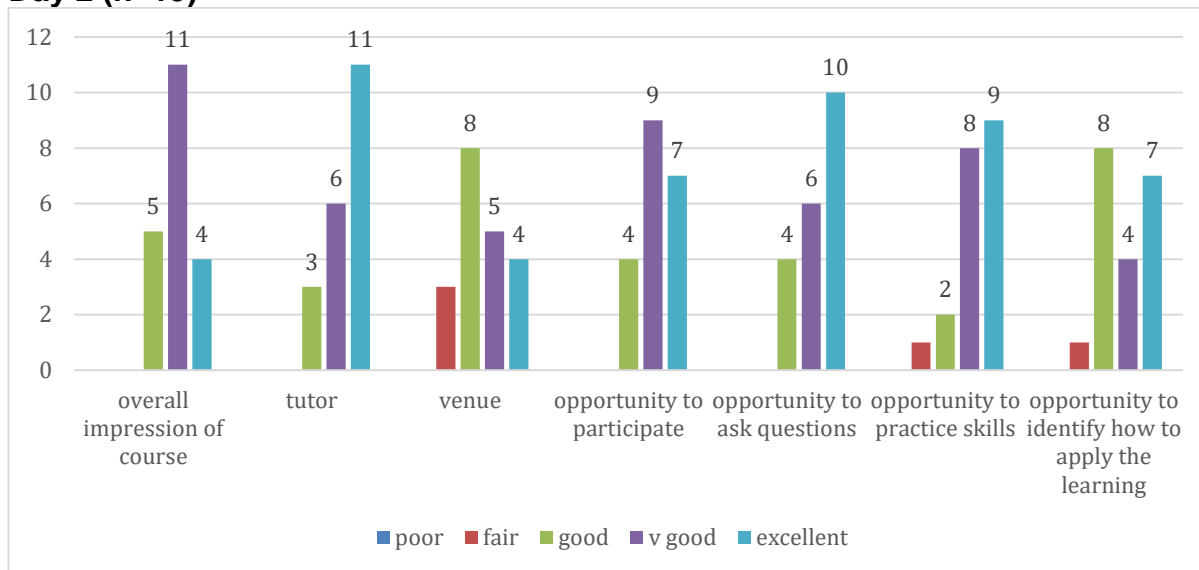


Figure 11: Overall impression of the course – day 2 April cohort

Day 3 (n=18)

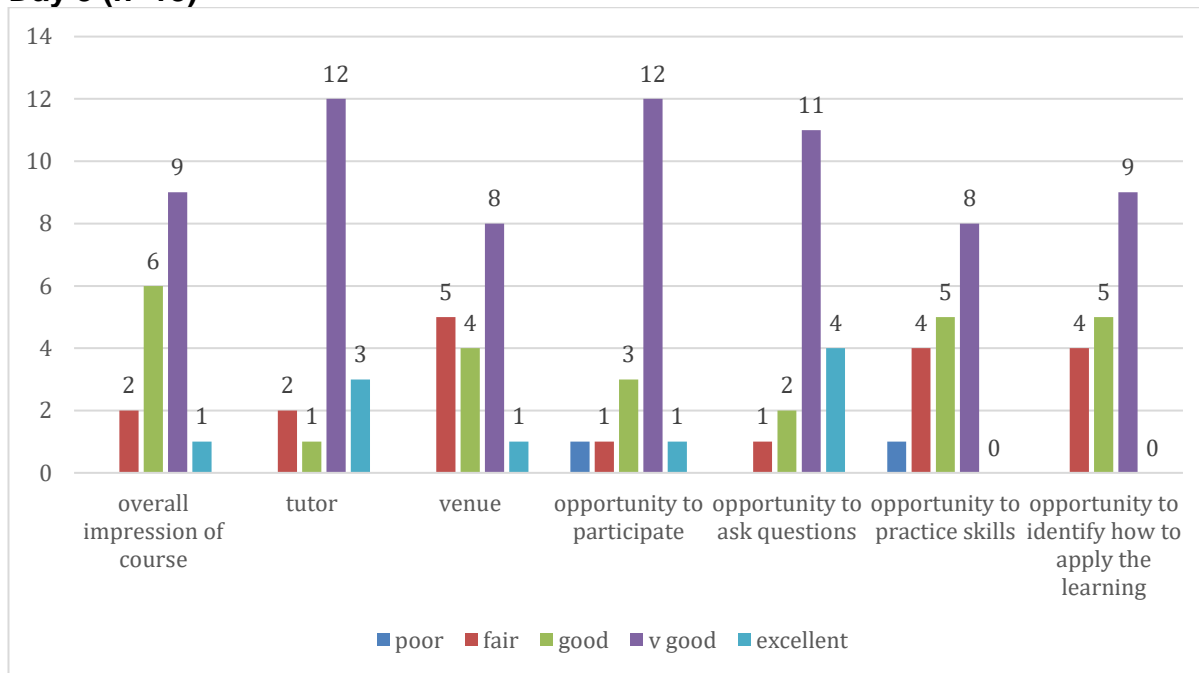


Figure 12: Overall impression of the course – day 3 April cohort

Knowledge and confidence

Participants were asked to rate their knowledge and confidence on a scale of 1-10 (where 1 is low and 10 is high). This was done at the beginning of day 1 and again at the end of sessions. For all topics knowledge and confidence increased after attending the course.

Knowledge

Knowledge increased in all areas from the beginning of the course to the end, although interestingly triage and history taking marginally decreased between days 2 and 3 (figure 13). This may be due to increased confidence in history taking from the first two days resulting in the perception of no further knowledge gained on day three, but this hypothesis was not further explored.

Evaluation of Physical Assessment Skills and Training Course

The biggest increase at the end of the course was seen in skin lesions (increase of 3.6) followed by red flags skin (3.4), physical examination (3.2) and ear assessment (3.1) (figure 14).

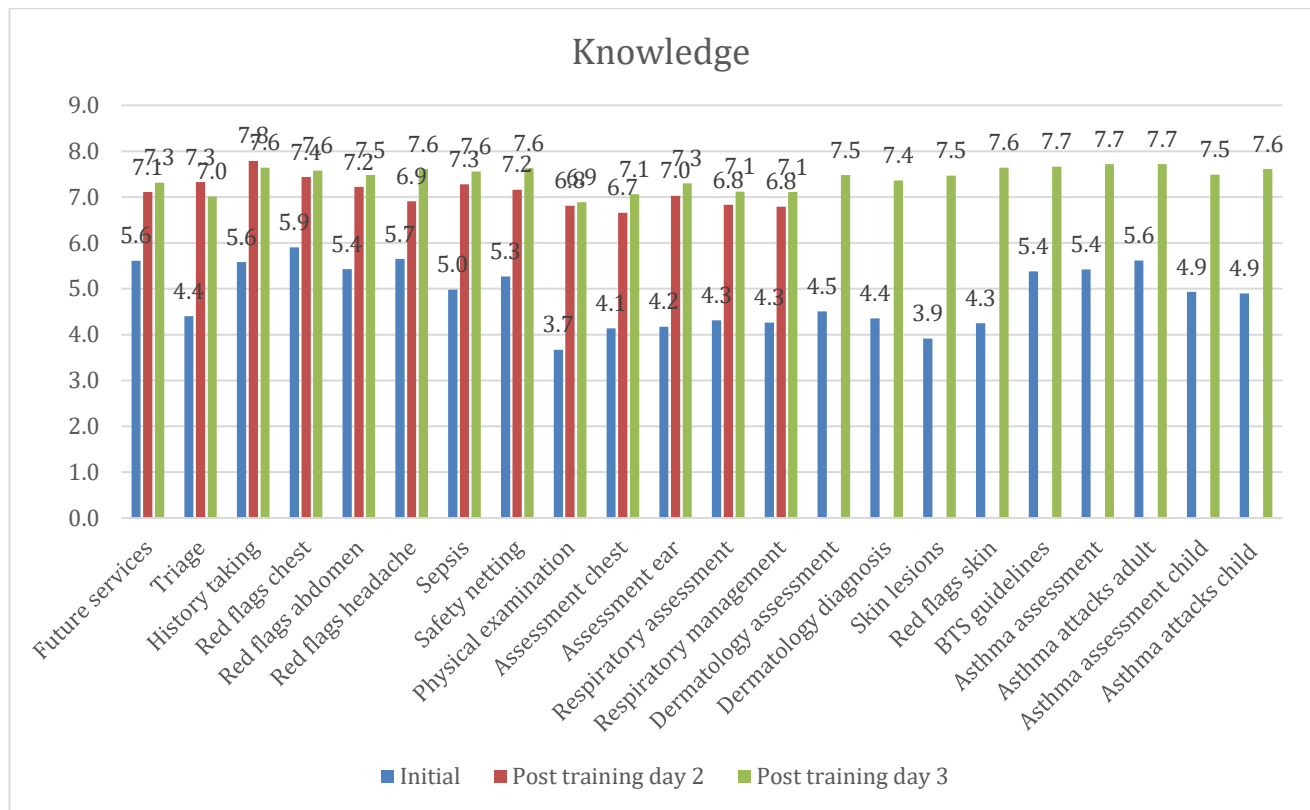


Figure 13: Knowledge of attendees throughout the course

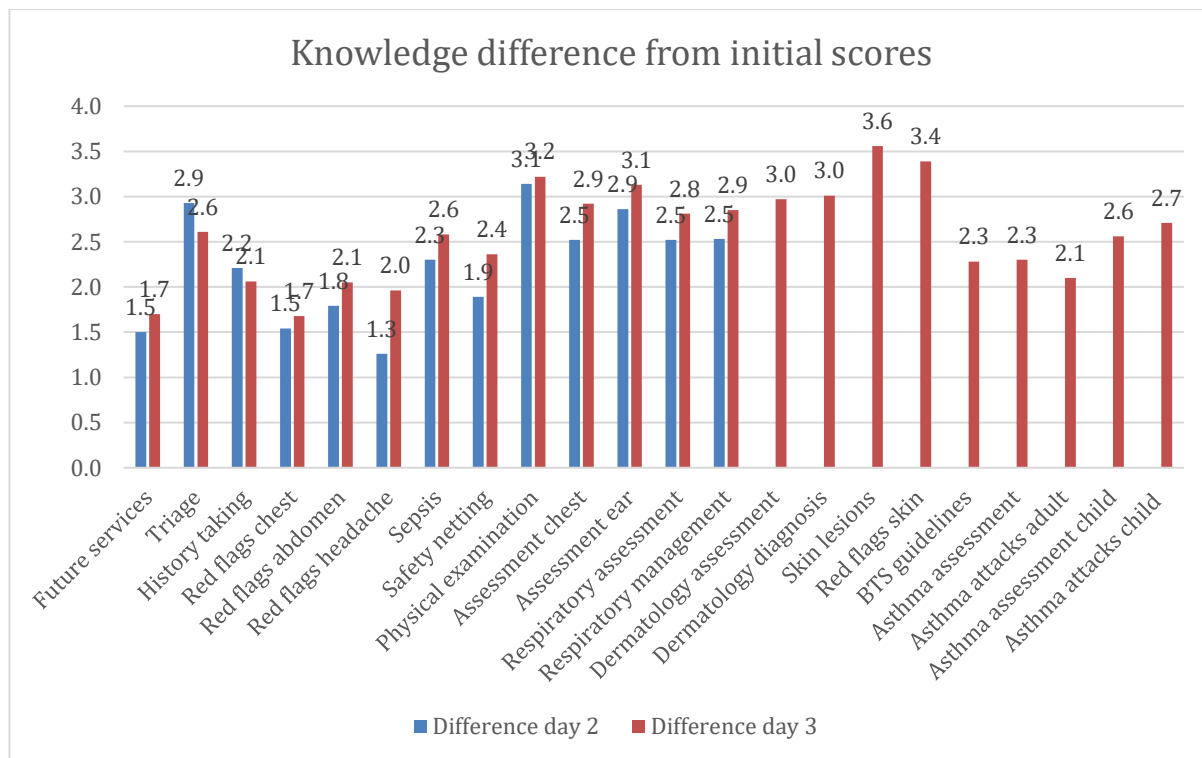


Figure 14: Change in knowledge of attendees throughout the course

Evaluation of Physical Assessment Skills and Training Course

Pharmacists who are independent prescribers (IP) started with an increased baseline knowledge. The average increase in knowledge was therefore less than non-independent pharmacist prescribers. In addition, the more experienced pharmacists noted a steeper increase in knowledge post the course compared to junior pharmacists on the course.

	IP (n=14)	Non-IP (n=68)		1-4 years in practice (n=15)	5-9 years in practice (n=21)	10-19 years in practice (n=22)	20 plus years in practice (n=27)
average knowledge before (overall 4.9)	6.3	4.6		4.9	4.8	5.3	5.1
average knowledge after (overall 7.1)	8.3	7.2		6.9	6.7	7.8	8.0
Difference	2.0	2.6		2.0	1.9	2.5	2.9

Confidence

Confidence continued to grow in most areas throughout the course. Physical examination confidence remained the same after day 3 as it had done at the end of day 2. However, triage saw a decrease between day 2 and the end of the course. (Figure 15).

Similar results in increase in confidence was seen as with increase in knowledge whereby an increase of 3.6 was seen for the skin lesions topic and an increase of 3.3 in red flags for skin. Dermatology diagnosis also saw an increase of 3.1 (figure 16).

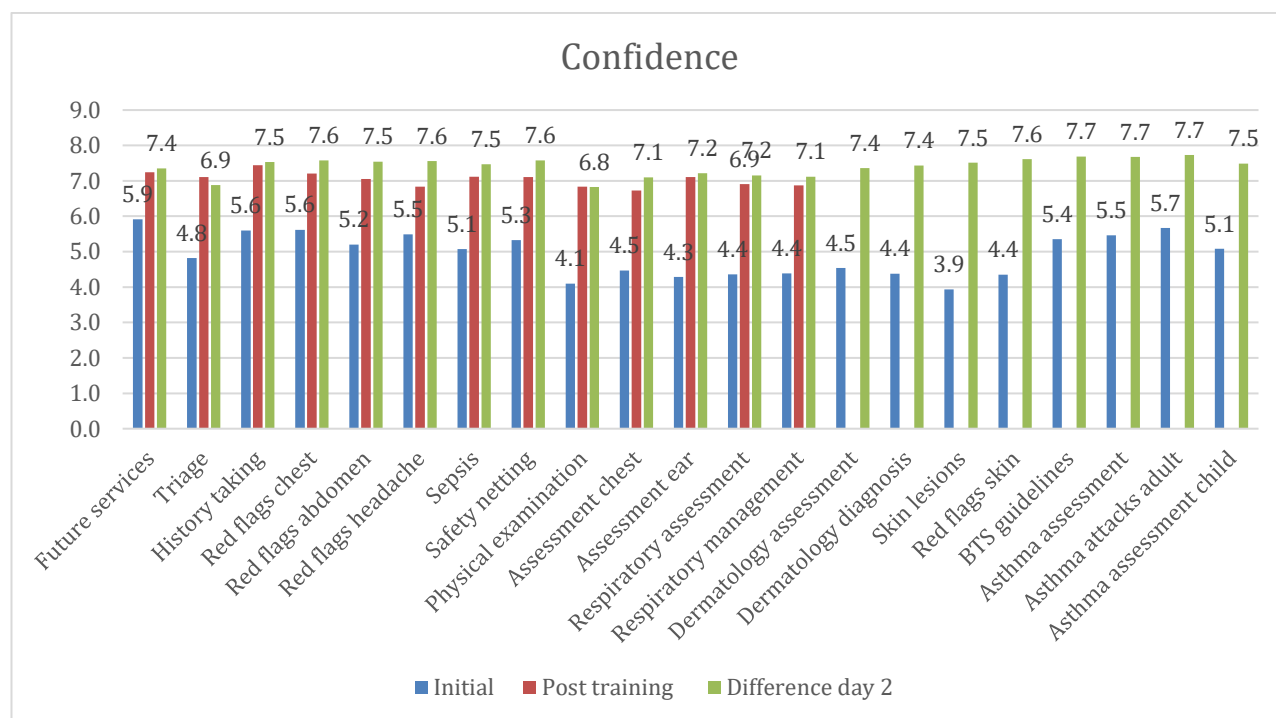


Figure 15: Confidence of attendees throughout the course

Evaluation of Physical Assessment Skills and Training Course

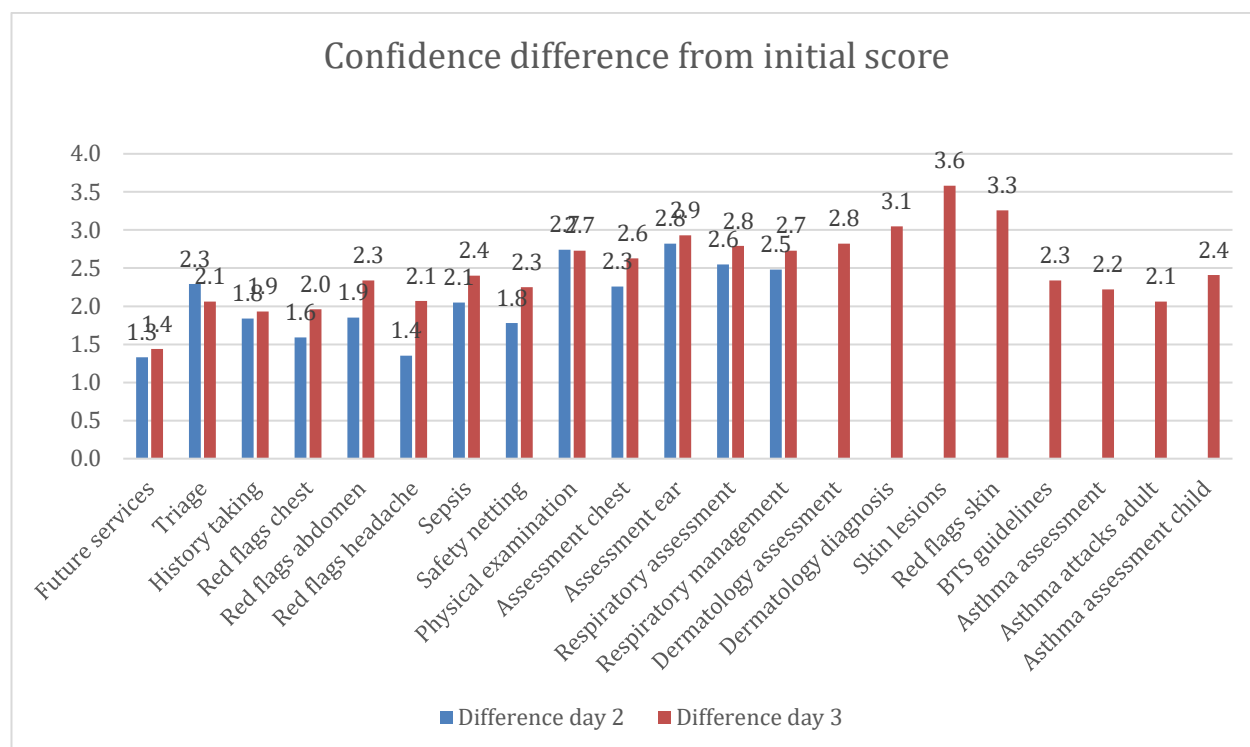


Figure 16: Change in confidence of attendees throughout the course

The results for confidence mirror those seen for knowledge with IPs starting from a higher baseline level. However, in terms of confidence, the more experienced pharmacists (more than 20 years experience) noted the biggest increase in confidence.

	IP (n=14)	Non-IP (n=68)	1-4 years (n=15)	5-9 years (n=21)	10-19 years (n=22)	20 plus (n=27)
average confidence before (overall 4.7)	6.3	4.6	4.7	4.6	5.7	5.0
average confidence after (overall 7.2)	8.1	7.1	7.0	6.5	7.8	8.0
Difference	1.8	2.5	2.3	1.9	2.1	3.0

April Cohort

Day 2 data has not been included for the April Cohort as the previous evaluation form was distributed so only initial knowledge and final knowledge can be measured. This also limits comparisons between the April cohort and the previous cohorts.

Knowledge increased the most for physical examinations ENT (3.5), principles of physical examination (3.3) and management of ENT (3.0).

Evaluation of Physical Assessment Skills and Training Course

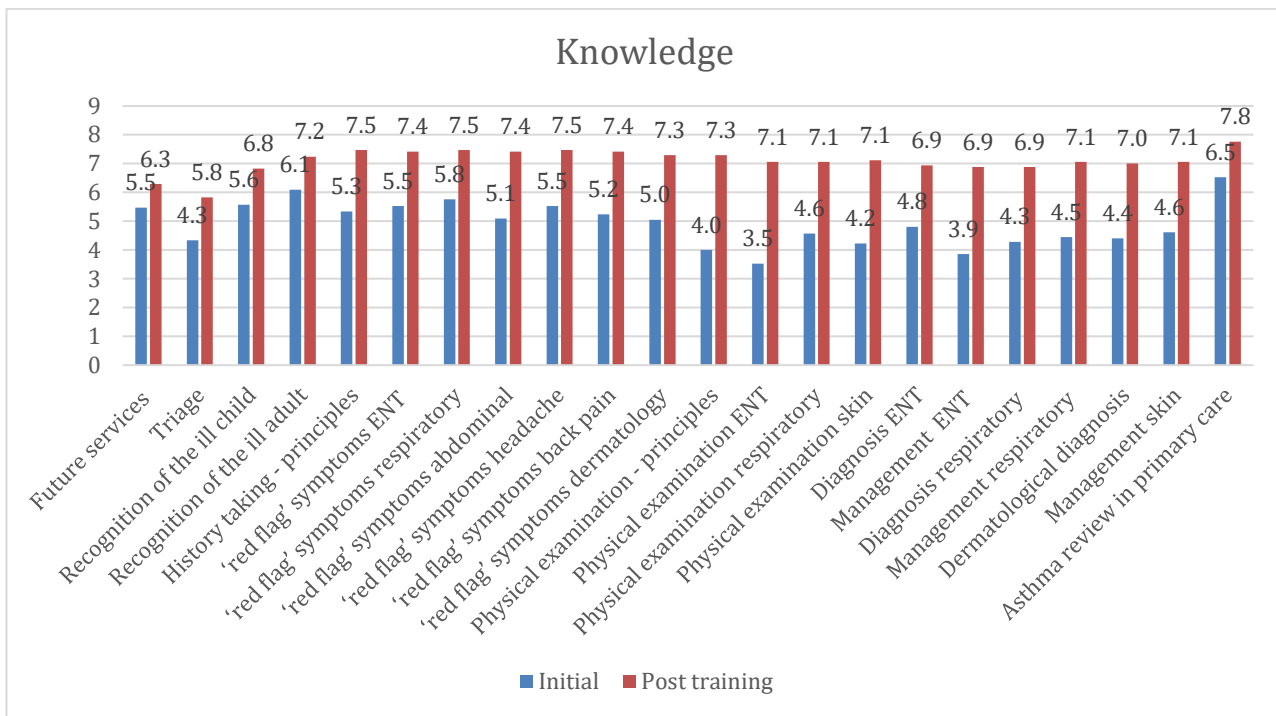


Figure 17: Knowledge of attendees throughout the course – April cohort

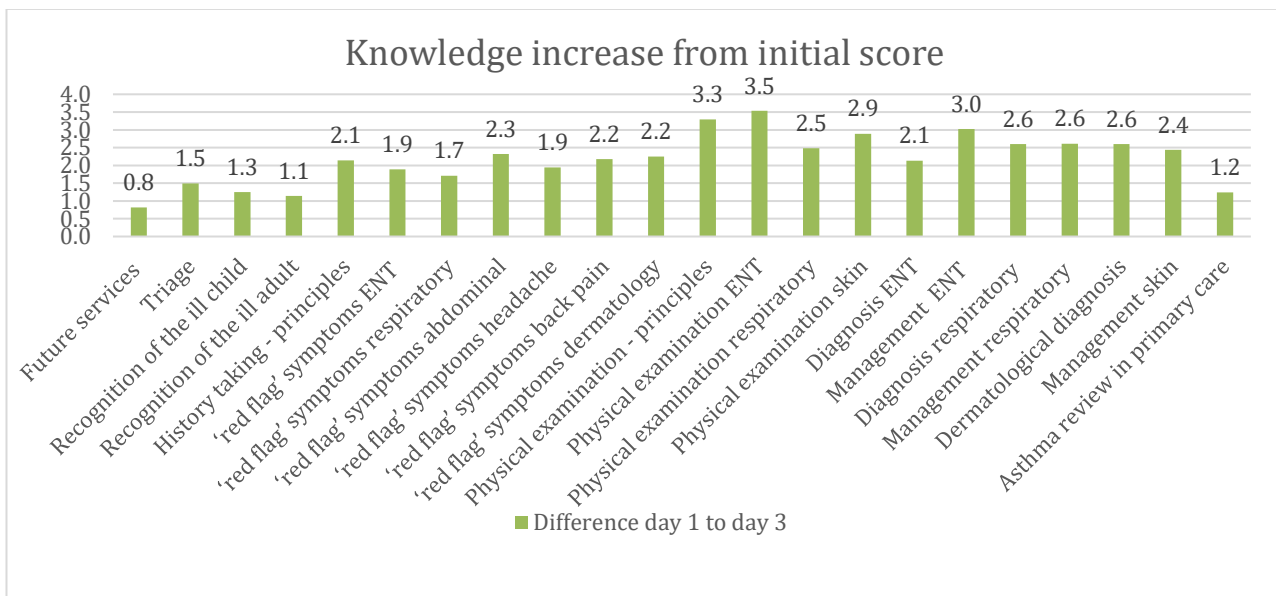


Figure 18: Change in knowledge of attendees throughout the course – April cohort

The top 2 areas having the highest increase of confidence echoed those for knowledge with principles of physical assessment increasing by 3.6 and physical examination ENT increasing by 3.0. Respiratory diagnosis confidence also increased by 3.

Evaluation of Physical Assessment Skills and Training Course

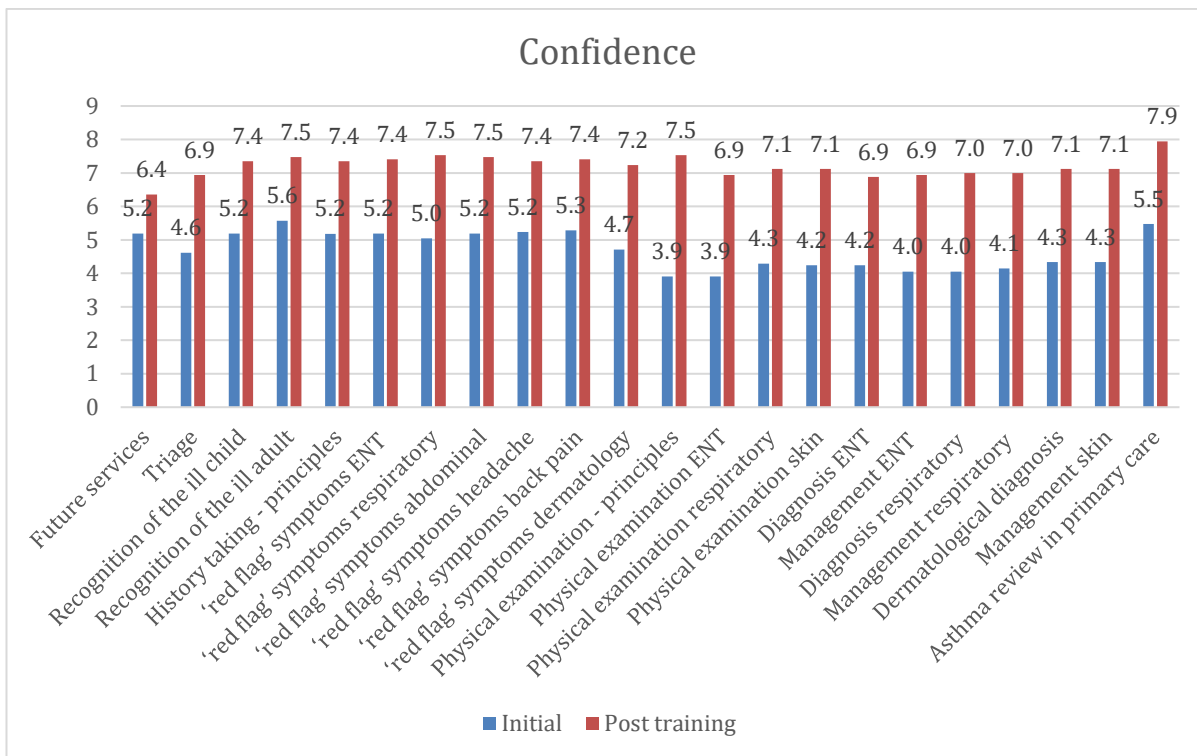


Figure 19: Confidence of attendees throughout the course – April cohort

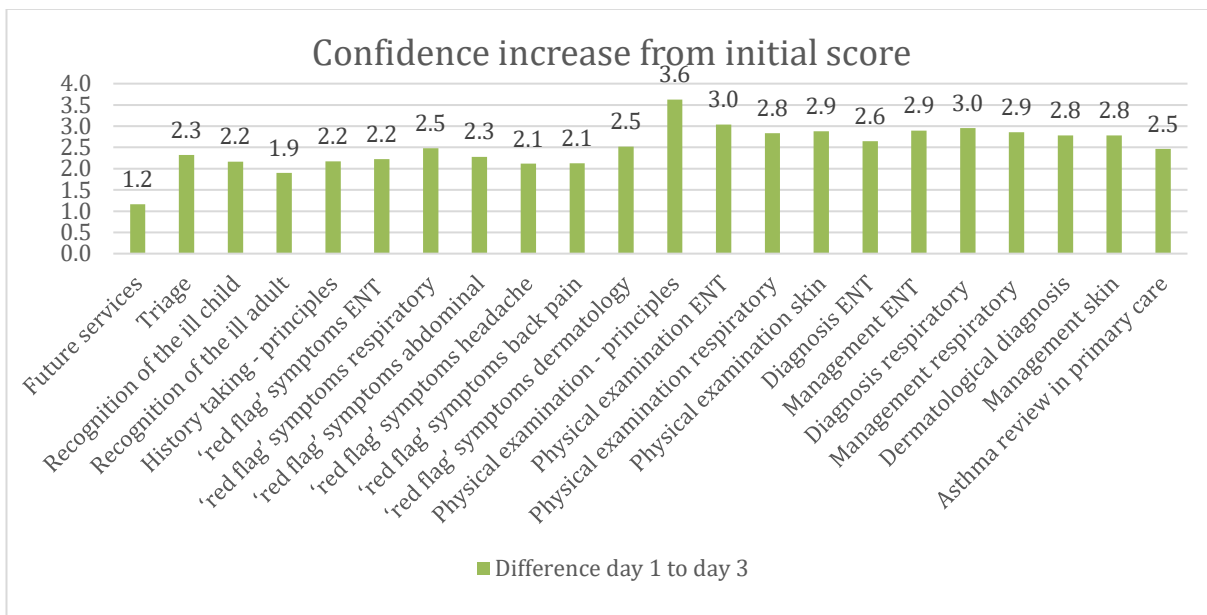


Figure 20: Change in confidence of attendees throughout the course – April cohort

Qualitative Assessment

Overall learnings from the course

Pharmacists' general comments on how practice had changed suggested that confidence increased due to improved skills post the course (Figure 21).

Positive Comments

- Improved ability to take a better structured episodic history from a patient
- Ability to better assess minor ailment patients
- New skill acquired - able to use an otoscope
- Better rapport established when talking to GPs
- Greater confidence in making a diagnosis based on differential diagnoses and discussing red flags with GPs and onward referral
- More holistic care in terms of understanding the patient's journey rather than just treating a symptom
- Improved physical assessment skills compared to those gained during the Independent Prescribing (IP) course
- General increase in confidence when dealing with patients presenting with the symptoms covered during the training course

Figure 21: Comments on how practice has changed since the beginning of the course

History taking and the more hands-on elements of the training were particularly well received, and were perceived to have changed practice in the workplace:

“Do a proper history-taking. Check ears using otoscope. Use stethoscope. More confident”

“Talking to GPs about differential diagnosis will be very interesting. I will be speaking to local GPs about the training I have received and seeing if anything can be implemented with them to use my new skills”

“I think outside of box now i.e. just not help customers relieve symptoms then present. Also try to find out underlying causes and advise accordingly”

This introduction to further develop their skills allowed participants to think about future changes they may wish to undertake (Figure 22):

-
- Improved relationship between community pharmacists, GP's and other healthcare professionals for better multidisciplinary working
 - Enrolling onto the Non-Medical Prescribing course; expanding the scope of practice once registered as an Independent Prescriber
 - Role expansion into urgent care and providing services that are within the scope of practice
-

Figure 22: Anticipated change in future services

Evaluation of Physical Assessment Skills and Training Course

There was a clear appetite to continue upskilling but also a note of caution regarding how this would fit into the community pharmacy landscape:

"I hope to be able to do IP course and use this information"

"Have real interest in development this by doing prescriber course"

"Unfortunately, our profession is not recognised as able to diagnose and prescribe medicines. It must be changed to be enable us to use our skills in full"

Suggested improvements to the course centred around the amount of content delivered and next steps:

Areas for improvement

Time / Duration	<ul style="list-style-type: none"> • A 5-day rather than 3- day course
Course content	<ul style="list-style-type: none"> • less didactic content with more activities / practical activities • A longer session allocated for physical assessment skills • OSCEs incorporated and course run over 4-days to mirror this • Some participants requested that the slides / presentation for the course be distributed to attendees • Increased number of case studies / scenarios
Delivery of learning module	<ul style="list-style-type: none"> • more interactive session suggested • include more hands-on practice elements • more clarity required on how this will be implemented in the community pharmacy setting
Additional comments	<ul style="list-style-type: none"> • assistance with mentorship – to ensure learning and skills learnt up-to-date and accurate • Inform local service providers (GPs, hospitals) about the course so workforce transformation occurs collaboratively to ensure better patient care • Have a social network group set up of all who attended the course so can continue to share learning • Good to have career progression pathways identified and discussed so it is clearer to participants

Figure 23: How can the course be improved - suggestions for the future

Barriers to implementation

Barriers

Time constraint – too much content crammed into a short time

Lack of Patient Group Directions (PGDs) on some of the topics covered thus limiting practice change especially in non-prescribers.

Lack of further funding so unable to progress to Advanced Clinical Practitioner (ACP) level

Lack of clinical supervision / mentorship resulting in difficulty in further developing skills learnt post the course

Figure 24: Barriers to uptake and implementation

Evaluation of Physical Assessment Skills and Training Course

Part 2 – Telephone Interviews

The telephone interviews occurred three months post the course. Pharmacists in various clinical roles, working at pharmacies of different sizes with varying experience were interviewed for the purposes of this evaluation.

Interview	Role	Pharmacy	Years of practice
1	Pharmacist	Small multiple	16
2	Lead pharmacist	Small multiple	7 (attended April course)
3	Superintendent pharmacist	Independent	20
4	Pharmacist	Outpatients hospital pharmacy	5
5	Pharmacist branch manager	Small multiple	5
6	Pharmacist manager	Independent	34
7	Pharmacist	Independent	15
8	Superintendent pharmacist. IP	Independent	25
9	Pharmacy manager	Independent	5
10	Pharmacy manager	Large multiple	18

Figure 25: Clinical role of pharmacists interviewed

Given no new themes were emerging after ten pharmacists were interviewed, no more pharmacists were interviewed. The themes can be further divided into three large themes namely the event, knowledge and skills and future application.

The Training

Participants recalled that various physical assessment skills were completed over three days, with a general feeling that the course content may have warranted a longer period of training. The training was well delivered although some participants found it a bit ‘full on’ and did not anticipate this.

“It was a good training on emergency medicine, a little bit higher level than minor ailments. We had the theoretical aspects of the different disease states and how to identify them and we also did examinations on ourselves for different systems, the chest and nervous system. It was full on actually! It was really good as I have done minor ailments course previously, so this was a refresher and an add-on to what I had previously done which gave me more confidence in what I needed to do moving forward”

Some pharmacists found the presentation pitched at a higher level possibly addressed at a doctor level. The concern one attendee had was that the content was more appropriately targeted towards an advanced clinical practitioner which all attendees were not. A couple of pharmacists acknowledged that they were informed about the content of the three days and realised that it was not always possible to organise the course over a longer period of time.

“The thing is, 3 days, it is such a huge topic and 3 days doesn’t give you justice to it. Really you needed an intensive weeks course or something on it. But in the circumstances, I can understand it is not possible to do that. So, it is sufficient to solve that... It whets the appetite, but it leaves you wanting more. These areas would be brilliant to cover so that you can at least use your skills and support the NHS”

Evaluation of Physical Assessment Skills and Training Course

Knowledge and Skills Learnt

The key skills acquired from the course as mentioned by most pharmacists were history taking and physical assessment skills. Participants also noted an increase in confidence in responding to symptoms and conducting an in-depth asthma review.

“At the time I felt I learnt a lot more about more in-depth questioning approach which I haven’t done before... But it has had an impact definitely on my day to day practice, so, when I see patients, you know, responding to symptoms, I do feel more confident in my decision making and my diagnostic ability, and perhaps give slightly better quality advice to patients.”

The ENT physical assessment skills was well received due to relevance to service provision in a community pharmacy.

“The stuff I really enjoyed was the practical stuff, learning how to use the stethoscope, otoscope, learning how to take a history, a thorough history and we had a bit on asthma on day 3 which was about how to do a good asthma review and what to look out for, that was really good. I mean, all the practical stuff I found it really really useful, that is the sort of stuff I took back with me to the pharmacy.”

Dermatology received praise in terms of increase in knowledge as it was a common presentation in community pharmacy

“I feel more confident about dermatological ones, definitely. I feel more confident about eyes as well... Um, in terms of the questioning, I think the cardiac, they gave us good templates for the questions, and I feel like I have added new questions to the questions I would ask over the counter”

Participants also identified that they are less likely to refer minor ailments that they could manage in the community with the additional skills acquired. In addition, one participant commented on being able to obtain a thorough history in a shorter time frame.

“Definitely more confident when to refer, when to say to people just to monitor, when to say to them to keep an eye out and come back, so I think it is good for my practice, but I need to spend a bit of time with other practitioners as well that do have a pharmacist prescriber, or things like that”

However, some pharmacists felt issues such as indemnity prevented them from applying the physical assessment skills acquired at the community pharmacy where they worked. Having locums on some days did not contribute towards a uniform service as different pharmacists were able to produce different levels of service. Some also lamented the fact that in a community setting, time was limited and not always possible to spend 20 minutes obtaining a history and no additional payments provided for this.

“In our actual practice, to do those sorts of consultations takes a lot of time. You are talking about 20 minutes. To get that, we don’t get it. We are not paid to do anything like that. It is a great idea, it makes total sense on so many different levels, especially when you have an independent prescriber but at the moment, when we do it.”

Evaluation of Physical Assessment Skills and Training Course

Application of Learning in Practice

The overall theme coming through the interviews was that the working relationships post the training did not change much. Most participants already had a good relationship or link with their local surgery/GP. One of participants worked in a hospital outpatient pharmacy, so there was no room for exploring the relationship further.

“We have got a GP surgery a few doors down and we have always had a good relationship with them. Um, I haven’t actually told them I have done this, but do I feel competent in them referring people to me to make a diagnosis, I am not sure. So that is the scary part I guess”

However, the pharmacists did not actively seek a mentor unless they were completing a formalised qualification. Post the course, a majority of pharmacists had shared some information they gained throughout the course with their team. In three cases more than one pharmacist from the same team had gone to the training, so discussions had taken place amongst themselves. There was some learning within staff in the pharmacy which was positive.

“My team, yes. When I came back from the course I told them so basically anyone that comes in that they cannot respond to, even senior members of the team such as dispensers, they refer them all to me. I get people coming to me and saying, ‘I got told I should come to you about this.’ Which is good for me, because the word is spreading that we can give better advice”

Unfortunately, despite some positive uptake, limited application of knowledge had taken place. This was predominantly due to time and monetary pressures. Some pharmacists were also worried about indemnity and could not see a place for these services being commissioned in community pharmacy. PGDs were suggested to outline the scope of practice. Some pharmacists felt that it was still beyond their scope of practice.

“Once this insurance business has been sorted out, then I would definitely like to do more using the otoscope and stethoscope and stuff like that. At the moment I don’t feel that confident to be honest.”

Future Work

A few pharmacists cited independent prescribing as the next step.

“I think the IP is the one. I also saw an email coming through for digital minor ailment referral which is a pilot in London so if it comes to this area I want to be the one to jump the gun and be part of it. So, I think that would be useful”

With the community pharmacy sector facing cuts, it was an uphill task to release staff to go for training if no income was generated as a result of the training.

“I think the actual course is relevant, but I do think that NHS funding is being used so the NHS needs some joined up thinking and commission a service off the back of it.”

“Unfortunately, in community, because of the cuts that are going on now if you are not making money they are not going to release you so lots of people went to that training unpaid or on their day off or on weekend.”

One pharmacist suggested revisiting what was covered during the training, so a refresher course and another four stated they would like to do a follow up module on respiratory.

Evaluation of Physical Assessment Skills and Training Course

Echoing previous comments, overall it was felt the course was beneficial, although it was a shame there was no formal service currently in the pipeline for the skills to be utilised effectively. A refresher course would be needed prior to using the skills, if a new service was to be commissioned

“But if you are evaluating the whole actual thing they need to commission a service off the back of it, or say you know what, work 1 day a week here to actually apply your skills and give back funding or they are not going to go for it.”

7. Discussion

This training attracted community pharmacists from a variety of backgrounds and was heavily oversubscribed, indicating that there is a desire to learn new knowledge and skills and implement new learning to drive forward service provision in Community Pharmacy. A clear passion for Community Pharmacy was seen by the participants, particularly evidenced by the fact that many of them attended by taking leave from their workplace or choosing weekend training. Overall 136 pharmacists across the two cohorts benefitted from attendance at the 3-day course, covering a variety of new knowledge and skills and supporting existing knowledge and skills. The split structure of the 3 days allowed for some embedding of learning in the workplace.

Based on this evaluation, 99% of pharmacists identified a need to increase skills and knowledge as the main reason for attending the course. The benefits of the course included improved history taking, increased confidence in supporting self-care and recognition of red flag signs and symptoms, thus reducing the number of inappropriate referrals. In the first cohort (January to March), participants found that the course met most or all its objectives over Day 1 to Day 3. This was generally echoed by the smaller April cohort. Clinical areas well received included ENT, dermatology and respiratory although participants acknowledged that more practical sessions would have been useful.

However, pharmacists were unable to fully implement learning post training. Although lack of time was a common factor, it should also be noted that the absence of a commissioned service to fully incorporate the learning was a significant barrier. Local commissioning that incorporated pharmacy in service provision would ensure that inherent skills and those newly learnt were fully utilised. It is noted that newly-piloted services such as the Digital Minor Illness Referral Service may positively impact the embedding of learning from courses such as this, alongside indemnity arrangements that allow pharmacists to extend the scope of their practice in traditional settings.

Additionally, this project provided an example of partnerships working together to deliver outcomes. HEE worked closely with key stakeholders from CEPNs and LPCs across London and South East to deliver this programme, with all representatives contributing to the aims of providing training across the geography rather than just for the pharmacists in their specific areas. This collaborative approach contributed significantly to the demand for places, and it is hoped these partnerships will maintain effective working relationships to support the entire workforce across primary care. This may be particularly beneficial for professionals seeking experiential learning; as was demonstrated by the responses to this evaluation, pharmacists were not able to identify clinical mentors when back at their workplaces or indeed effect significant local change in relationships.

It is recognised that community pharmacists work in environments that do not readily allow offsite learning as busy day to day business commitments don't always make it possible for them to attend continuous professional development sessions. Understanding this fact, it is essential that all courses incorporate various modes of teaching and accreditation so as not to disadvantage this cohort of healthcare professionals. If done correctly and cohesively with local commissioners, the output may be generalised to a larger population of patients.

8. Lessons Learnt

Training such as this presents an opportunity for pharmacists to upskill themselves and make a greater contribution to the local population they serve. However, this can only be successful if there are support mechanisms in place to embed learning in the workplace. Additionally:

- Limitations of using a survey to collate information resulted in not all questions being answered by the pharmacists; facilitators were tasked with collecting the surveys at the end of each session and the onus was on the attendees to complete all questions and hand in survey forms at end of each day. Unfortunately, a 100% response rate was not achieved.
- The need to have a mentor to apply learning moving forward was highlighted.
- The small number of interviews (n=10) limited the significance of results obtained
- The course was initially marketed as 'Advanced' Assessment Skills, resulting in confusion that it may lead to Advanced Practice certification and possibly attracting inappropriate interest from participants. This was subsequently amended to 'Physical' Assessment Skills.
- The practical sessions were highly valued but of insufficient length according to feedback, particularly for those pharmacists without the means to fully apply their learning when back at work
- There is a need for stakeholders to work collaboratively to ensure maximum value is obtained from training

9. Recommendations

Future training programmes should aim to:

- Have a focussed objective applicable to community pharmacy setting, target the right audience and upskill a smaller number of pharmacists based on areas of interest e.g. dermatology, ENT, respiratory etc. rather than including all topics in that time frame
- Link in with local needs and priorities – engagement with stakeholders such as Local Pharmaceutical Committees (LPCs), Local Medical Councils (LMCs), local councils and Clinical Commissioning Groups to identify areas requiring additional service provision. This would prevent duplication of work and creation of a local service directory so healthcare professionals as well as patients are aware that they can consult a community pharmacist with additional skills rather than wait for a GP appointment or go to ED.
- Incorporate multiple delivery models for example hard copy resources, online resources, apps and follow-up refresher courses
- Attract locum pharmacists who represent a large proportion of community pharmacists.
- Incorporate more hands-on activity and practice of physical assessment skills
- Link to further training or methods of accreditation; this was a basic introductory course and so most community pharmacists were reluctant to apply learning in practice on patients as the training was not a formalised qualification, thus potentially leading to indemnity issues
- Consider the need for each pharmacist to have a mentor or clinical supervisor so knowledge gained can be utilised effectively and safely. In addition, work-based assessments ensure services are provided to a high quality
- Be more robust in terms of understanding pharmacists' baseline knowledge level, ability to put skills acquired into practice and have a method of auditing benefits on target populations

Future workforce-led transformation and associated training needs to:

- Encourage the creation of a network of community pharmacists trained to an advanced level to promote peer learning and minimise the risk of silo working.
- Facilitate closer working between GPs and pharmacists in localities to ensure clear teaching and learning links and mentorship post training, which is crucial to success of the programme. Actively identify local services community pharmacists can support as a result of the course by engaging with local stakeholders.
- Recognise the challenges faced in implementing these services locally and advocate the engagement of local stakeholders including local councils, LPCs, LMCs, NHS trusts, CCGs, UCCs, CEPNs and local pharmacies (independent, small and large multiple chains) as well as insurance indemnifiers to ensure holistic uptake
- Align training with professional pathways and career progression, working with such bodies as the Royal Pharmaceutical Society to ensure professional recognition of training
- Include a formal benefit or economic evaluation in terms of pressure alleviation in other parts of the healthcare system if pharmacists are trained in larger cohorts.
- Review the use of this cohort of trainees as ambassadors and role models in future pilots

10. Conclusion

Community pharmacists are an under-utilised resource and a group of healthcare professionals that are easily accessible to patients in the community. Any future workforce development and associated training should incorporate this group of professionals to avert unnecessary attendance to the urgent care centre (UCC) or emergency department (ED). With additional physical assessment skills training and a system of support in the workplace, pharmacists working within their scope of practice could potentially provide patients with enhanced levels of care from the community setting; with many pharmacists already possessing or wishing to undertake independent prescribing qualifications this workforce could capably prevent bottle-necks in other parts of the healthcare system and act as an effective first point of triage. It is evident from the over-subscription to the course that community pharmacists have the desire to undertake further training and engage in a more advanced face to face patient contact role. This passion correctly utilised could realise significant cost savings to the NHS and provide patients with effective care at the point of need, freeing up valuable resource in other parts of the system. The implementation of such initiatives as the Digital Minor Illness Referral Service are positively noted.

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This report has been authored by:

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Appendix 1 Personal skills assessment and personal development plan

Thank you for taking the time to complete this form. This should help you to focus on your key skills and knowledge and support your development throughout the programme.

This training has been funded by Health Education England (HEE) and evaluation of the programme is crucial to ensure we can demonstrate the value of the investment and show the potential of this type of training in community pharmacy.

As a participant on this programme there is an expectation that you will take part in evaluation activity.

This form will be collected so your responses can be recorded.

In addition to this workbook you will also be asked to complete evaluation forms at the end of each training day. Day 3 will include reflections on whether your aims for the course have been achieved.

In signing up for the course you have agreed that your contact details can be passed onto the external evaluator. The external evaluator will be in touch after the training days for a 15-minute phone interview to ask about your experiences of the programme.

Please include your name on this form so we can follow you through your journey. Your individual responses to evaluations will only be known to the evaluator and identifiable information will not form part of the data shared with HEE.

If you have any questions about the evaluation process, please contact:

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Demographic data:

1. Name: _____
2. Group attending (delete as appropriate): Euston / Stratford / Ashford / Leatherhead / Crawley
3. Name and address of pharmacy:
4. Preferred contact number for follow up interview:
5. Number of years registered:
6. Current role:

Preparation for course

7. Other than the CPPE courses required for enrolment, please list any other training or courses, including provider, that you have completed prior to enrolling onto Assessment Skills that you think have helped prepare you:

Evaluation of Physical Assessment Skills and Training Course

Current knowledge and confidence

8. On a scale of 1-10, with 1 being no knowledge and 10 being extremely knowledgeable, how would you rate your current **knowledge** in the following areas:

	1	2	3	4	5	6	7	8	9	10
Future services for community pharmacy										
Triage										
History taking										
Recognition of 'red flag' symptoms for chest pain										
Recognition of 'red flag' symptoms for abdominal pain										
Recognition of 'red flag' symptoms for headache										
Recognition of 'red flag' symptoms for back pain										
Sepsis signs and symptoms										
Safety netting										
History taking										
Physical examinations										
Assessment, management and documentation of chest conditions										
Assessment, management and documentation of ear conditions										
Respiratory assessment										
Assessment, management and documentation of respiratory presentations										
Assessment of dermatological presentations										
Dermatological diagnosis, differentials and management										
Recognition of benign skin lesions										
Recognition of 'red flag' symptoms from skin lesion presentations										
The current BTS guidelines										
Assessment and diagnosis of asthma in adults										
Management of asthma attacks in adults										
Assessment and diagnosis of asthma in children										
Management of asthma attacks in children										

Evaluation of Physical Assessment Skills and Training Course

9. On a scale of 1-10, with 1 being not at all confident and 10 being extremely confident, how would you rate your current **confidence** in the following areas:

	1	2	3	4	5	6	7	8	9	10
Future services for community pharmacy										
Triage										
History taking										
Recognition of 'red flag' symptoms for chest pain										
Recognition of 'red flag' symptoms for abdominal pain										
Recognition of 'red flag' symptoms for headache										
Recognition of 'red flag' symptoms for back pain										
Sepsis signs and symptoms										
Safety netting										
History taking										
Physical examinations										
Assessment, management and documentation of chest conditions										
Assessment, management and documentation of ear conditions										
Respiratory assessment										
Assessment, management and documentation of respiratory presentations										
Assessment of dermatological presentations										
Dermatological diagnosis, differentials and management										
Recognition of benign skin lesions										
Recognition of 'red flag' symptoms from skin lesion presentations										
The current BTS guidelines										
Assessment and diagnosis of asthma in adults										
Management of asthma attacks in adults										
Assessment and diagnosis of asthma in children										
Management of asthma attacks in children										

Evaluation of Physical Assessment Skills and Training Course

Evaluation form – day 1

Please fill in this evaluation form as your comments are very important to us.

1. Name _____

2. Pharmacy _____

3. Location of session: (Please delete as appropriate) Euston / Stratford / Ashford /
Leatherhead / Crawley

4. What were your personal objectives for today's course?

5. Please tick the most appropriate response for each of the following statements:

	Not at all	A bit	Some	Mostly	Absolutely
Did the course meet its specified aims/objectives?					
Did the course meet your personal objectives?					
Was the content pitched at an appropriate level?					
Was there a good balance between theory and practical application?					
Has the course helped meet your learning needs?					
The handouts/material given were useful					

6. How effective was the facilitator?

7. How do you anticipate that your professional practice change in response to what you have learned from this course?

8. What were the most useful course elements?

9. What were the least useful course elements?

Evaluation of Physical Assessment Skills and Training Course

10. How could the course be improved?

11. Please tick the most appropriate response for each of the following statements:

	Poor	Fair	Good	Very good	Excellent
Overall impression of the event					
Overall impression of the course tutor(s)					
Overall impression of the venue					
Opportunity to participate in activities					
Opportunity to ask questions					
Opportunity to practice the skills learnt					
Opportunity to think about how to apply the learning into practice					

12. Please write any general comments you have which may help to explain your answers:

13. After attending the course today, on a scale of 1-10, with 1 being no knowledge and 10 being extremely knowledgeable, how would you rate your current **knowledge** in the following areas:

	1	2	3	4	5	6	7	8	9	10
Future services for community pharmacy										
Triage										
History taking										
Recognition of 'red flag' symptoms for chest pain										
Recognition of 'red flag' symptoms for abdominal pain										
Recognition of 'red flag' symptoms for headache										
Sepsis signs and symptoms										
Safety netting										

Evaluation of Physical Assessment Skills and Training Course

14. After attending the course today, on a scale of 1-10, with 1 being no confidence and 10 being extremely confident, how would you rate your current **confidence** in the following areas:

	1	2	3	4	5	6	7	8	9	10
Future services for community pharmacy										
Triage										
History taking										
Recognition of 'red flag' symptoms for chest pain										
Recognition of 'red flag' symptoms for abdominal pain										
Recognition of 'red flag' symptoms for headache										
Sepsis signs and symptoms										
Safety netting										

15. What opportunities have you identified to support your future CPD needs because of attending this workshop?

16. Would you recommend this workshop to others?

Thank you for completing this questionnaire.

Evaluation of Physical Assessment Skills and Training Course

Evaluation form – day 2

Please fill in this evaluation form as your comments are very important to us.

1. Name _____
2. Pharmacy _____
3. Location of session:
4. Please share any examples of how you have implemented your learning from day 1
5. What challenges have you had with implementing learning from day 1?
6. What were your personal objectives for today's course?

7. Please tick the most appropriate response for each of the following statements:

	Not at all	A bit	Some	Mostly	Absolutely
Did the course meet its specified aims/objectives?					
Did the course meet your personal objectives?					
Was the content pitched at an appropriate level?					
Was there a good balance between theory and practical application?					
Has the course helped meet your learning needs?					
The handouts/material given were useful					

8. How effective was the facilitator?

Evaluation of Physical Assessment Skills and Training Course

9. How do you anticipate that your professional practice change in response to what you have learned from this course?

10. What were the most useful course elements?

11. What were the least useful course elements?

12. How could the course be improved?

13. Please tick the most appropriate response for each of the following statements:

	Poor	Fair	Good	Very good	Excellent
Overall impression of the event					
Overall impression of the course tutor(s)					
Overall impression of the venue					
Opportunity to participate in activities					
Opportunity to ask questions					
Opportunity to practice the skills learnt					
Opportunity to think about how to apply the learning into practice					

14. Please write any general comments you have which may help to explain your answers:

Evaluation of Physical Assessment Skills and Training Course

15. After attending the course today, on a scale of 1-10, with 1 being no knowledge and 10 being extremely knowledgeable, how would you rate your current **knowledge** in the following areas:

	1	2	3	4	5	6	7	8	9	10
History taking										
Physical examinations										
Assessment, management and documentation of chest conditions										
Assessment, management and documentation of ear conditions										
Respiratory assessment										
Assessment, management and documentation of respiratory presentations										

16. After attending the course today, on a scale of 1-10, with 1 being no confidence and 10 being extremely confident, how would you rate your current **confidence** in the following areas:

	1	2	3	4	5	6	7	8	9	10
History taking										
Physical examinations										
Assessment, management and documentation of chest conditions										
Assessment, management and documentation of ear conditions										
Respiratory assessment										
Assessment, management and documentation of respiratory presentations										

17. What opportunities have you identified to support your future CPD needs because of attending this workshop?

18. Would you recommend this workshop to others?

Thank you for completing this questionnaire.

Evaluation of Physical Assessment Skills and Training Course

Evaluation form – day 3

Please fill in this evaluation form as your comments are very important to us.

For the initial part of the evaluation form please answer the questions relating to today's session.

1. Name _____
2. Pharmacy _____
3. Location of session:
4. Please share any examples of how you have implemented your learning from day 2
5. What challenges have you had with implementing learning from day 2?
6. What were your personal objectives for today's course?

7. Please tick the most appropriate response for each of the following statements about today's course:

	Not at all	A bit	Some	Mostly	Absolutely
Did the course meet its specified aims/objectives?					
Did the course meet your personal objectives?					
Was the content pitched at an appropriate level?					
Was there a good balance between theory and practical application?					
Has the course helped meet your learning needs?					
The handouts/material given were useful					

8. How effective was the facilitator?

Evaluation of Physical Assessment Skills and Training Course

9. How do you anticipate that your professional practice change in response to what you have learned from this course?

10. What were the most useful course elements?

11. What were the least useful course elements?

12. How could the course be improved?

13. Please tick the most appropriate response for each of the following statements:

	Poor	Fair	Good	Very good	Excellent
Overall impression of the event					
Overall impression of the course tutor(s)					
Overall impression of the venue					
Opportunity to participate in activities					
Opportunity to ask questions					
Opportunity to practice the skills learnt					
Opportunity to think about how to apply the learning into practice					

14. Please write any general comments you have which may help to explain your answers:

15. What opportunities have you identified to support your future CPD needs because of attending this workshop?

16. Would you recommend this workshop to others?

Evaluation of Physical Assessment Skills and Training Course

Review of course and your personal development plans.

For this part of the evaluation form, please share your experiences from all of the days you attended.

17. After completing the course, on a scale of 1-10, with 1 being no knowledge and 10 being extremely knowledgeable, how would you rate your current **knowledge** in the following areas:

	1	2	3	4	5	6	7	8	9	10
Future services for community pharmacy										
Triage										
History taking										
Recognition of 'red flag' symptoms for chest pain										
Recognition of 'red flag' symptoms for abdominal pain										
Recognition of 'red flag' symptoms for headache										
Recognition of 'red flag' symptoms for back pain										
Sepsis signs and symptoms										
Safety netting										
History taking										
Physical examinations										
Assessment, management and documentation of chest conditions										
Assessment, management and documentation of ear conditions										
Respiratory assessment										
Assessment, management and documentation of respiratory presentations										
Assessment of dermatological presentations										
Dermatological diagnosis, differentials and management										
Recognition of benign skin lesions										
Recognition of 'red flag' symptoms from skin lesion presentations										
The current BTS guidelines										
Assessment and diagnosis of asthma in adults										
Management of asthma attacks in adults										
Assessment and diagnosis of asthma in children										
Management of asthma attacks in children										

18. After completing the course, on a scale of 1-10, with 1 being no confidence and 10 being extremely confident, how would you rate your current **confidence** in the following areas:

	1	2	3	4	5	6	7	8	9	10
Future services for community pharmacy										
Triage										

Evaluation of Physical Assessment Skills and Training Course

History taking										
Recognition of 'red flag' symptoms for chest pain										
Recognition of 'red flag' symptoms for abdominal pain										
Recognition of 'red flag' symptoms for headache										
Recognition of 'red flag' symptoms for back pain										
Sepsis signs and symptoms										
Safety netting										
History taking										
Physical examinations										
Assessment, management and documentation of chest conditions										
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Respiratory assessment										
Assessment, management and documentation of respiratory presentations										
Assessment of dermatological presentations										
Dermatological diagnosis, differentials and management										
Recognition of benign skin lesions										
Recognition of 'red flag' symptoms from skin lesion presentations										
The current BTS guidelines										
Assessment and diagnosis of asthma in adults										
Management of asthma attacks in adults										
Assessment and diagnosis of asthma in children										
Management of asthma attacks in children										

19. Looking back at all three days of the course, what were your key learnings?

20. Looking back at your original aims, which you have recorded in your course workbook, how fully do you think they have been achieved? Please give your reasons. If any have not been achieved, please explain why.

Evaluation of Physical Assessment Skills and Training Course

21. How has your practice changed? What can you do now that you couldn't do before the course?

22. How do you anticipate that your practice will change in the future?

23. What are your personal development objectives for the next 12 months in the area of physical assessment skills?

24. Please add any further comments not already covered in this questionnaire

Thank you for your participation in the evaluation of this course.

Appendix 2 Interview transcripts:

Transcript 1:

Please can you tell me what you remember about the events?

So, we sort of, on the first day got a bit of an introduction to what the course would involve and include and ideas for how we could take it forward from Simon. Then the course included some kind of basic structural questions, sort of a proforma of questions we could use to interview patients and assess their symptoms, and that is a universal assessment that you could use for anything really that you were looking at, and then you can tweak it according to which sort of condition you are looking at later on when we did the specific conditions. So, the first one I think it was, oh gosh, I can't remember, I think it was cardiovascular. Um, and then we did I think it was respiratory and then I remember the next day we did the ears, and that was good with the otoscope, and the nose and the chest as part of that respiratory thing. After that we did dermatology, skin and children's skins. That's what I remember.

On returning to your workplace what knowledge and skills do you feel you have gained as a result of the event?

At the time I felt I learnt a lot more about more in-depth questioning approach which I haven't done before. I have just done the basic WWHAM questions and built on that with a bit of knowledge and experience so this really kind of developed, at the time, knowledge, and understanding of the questioning to use and improve my knowledge and understanding of more conditions, so, although I have not really developed it any further from that, unfortunately. But it has had an impact definitely on my day to day practice, so, when I see patients, you know, responding to symptoms, I do feel more confident in my decision making and my diagnostic ability, and perhaps give slightly better-quality advice to patients.

What conditions do you feel confident to manage without onward referral following the training?

Generally, in terms of the communication but also for some of the dermatology things we looked at, that was really helpful, yeh.

I think the barrier to keeping it alive has been time. You know, we are very limited here in terms of, we have a very busy pharmacy, so the main driver is unfortunately, because I don't have a checking technician, is checking prescriptions, dealing with queries, so that takes up most of my time, so in terms of trying to develop a more in-depth service I feel, perhaps I have got the time, but I don't feel like I have.

Please can you describe some patient interaction that you have approached differently after the training?

No one has commented on my approach, but I feel that, maybe it is a biased opinion, but I definitely feel like I am giving more structure and better advice and things like that.

Has your relationship with other local healthcare providers changed in any way as a result of your training?

I don't think so, no, unfortunately.

Do you have a clinical mentor?

No, not really, well in a very informal way. The pharmacy I am in is in a building that is owned by GPs and a GP surgery, so we don't have any formal links other than we rent the space from them, but informally we have a phone system linked with their internal phone, so I let them know I was doing the course and how it was improving my training and I think that quite often they get the receptionists to refer patients to me anyway just to manage their workload so I don't know if it really affected that, but, they all gave positive feedback of 'this is really good' and 'we are pleased you are doing it.' But nothing more than that

Evaluation of Physical Assessment Skills and Training Course

Have you shared your learning from the event? If yes, in what way and with whom? If not, why not?

Yes, I shared. I brought in the work sheets and things and showed them to them and explained them. I also quite often got them to stay with me and observe me in the questioning techniques I was using and thought it was really good, but they did comment that it takes a lot of time!

How are you planning on maintaining the skills learnt and building on them?

Yeh, I would like to go back and revisit the course. I definitely need a refresher. It is amazing how quickly you forget these things if you don't see them every day. So, I need to refresh the skills and knowledge I learnt at the time, so I think an annual refresher course would be good. I would like to be able to refresh and develop the skills, but I suppose it's a bit of a chicken and egg. If you are not going to get funded for a service then there is no incentive to do the training, even if you are offering the training for free for a better quality of service. I suppose there are job opportunities there if you want to become an advanced practitioner, but that's something different. That's a career move, so I haven't really gone down that route yet.

If a future workshop on a similar topic is to be planned, what would you change?

I suppose, I thought the people delivering the course were excellent. I thought the training was very good, maybe the subject matter could be looked at. I am coming from a community pharmacy point of view. I think the dermatology was good and the respiratory was good, but I think perhaps, I can't remember now, was it the first one, cardiology, I don't see stuff like that in community. I mean, hospital, A and E pharmacy maybe, but, something else might be a little more common in community. But other than that, I thought it was very good

If future workshops were planned to help you implement your learning, please provide any ideas you have on topics.

I think probably the communication skills don't really need a refresher but the actual conditions, the detail of that would be definitely good to have a refresher on, and just doing that you will naturally practice and improve your communication.

Do you have any other comments?

I thought it was very good, and I enjoyed it, and it's just a shame that it isn't leading onto anything else, you know, if there was, I don't know. Classic waiting for the next thing to happen but, you try and do it yourself, but it isn't easy.

Transcript 2:

Please can you tell me what you remember about the events?

It was too much, too much overload. The first day, the teaching side of it, I felt it was too much information that I wasn't prepared for, and it was, I think, there was too much information that I was going to take away and I didn't know what to do with that information basically. Very overwhelming.

On returning to your workplace what knowledge and skills do you feel you have gained as a result of the event?

The stuff I really enjoyed was the practical stuff, learning how to use the stethoscope, otoscope, learning how to take a history, a thorough history and we had a bit on asthma on day 3 which was about how to do a good asthma review and what to look out for, that was really good. I mean, all the practical stuff I found it really really useful, that is the sort of stuff I took back with me to the pharmacy. The rest was a bit much, just talking, talking, talking from 9-4. I couldn't take it to be honest.

Please can you describe some patient interaction that you have approached differently after the training?

I mean, the stethoscope and otoscope, I haven't used that yet here, but we have purchased it. The thing is, there is a lot of issues around insurance and stuff like that, so I am a bit sceptical about it, and being confident in saying you don't have an ear infection or something. The thing about the history is, I would normally keep it small, but now when I do a medical history I take a

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really good thorough history and it really helps me put everything together to work out what is going on, and that was really useful, learning about that. I remember going to the doctor and seeing them take a history and never realised there was such a system but that was really useful for us as well.

What are the main conditions that you have referred on after the training?

I think all the ones about the skin, the dermatology ones, that was a bit more, but, again, it was just too much. They could have just concentrated on the common ones. Some of it was, like, clinical, out of my reach. I didn't know where I was. I thought I was a medical student.

What conditions do you feel confident to manage without onward referral following the training?

None of the conditions actually stand out, really all the practical stuff stands out, that is what I remember and am going to find it useful for the future.

Have you shared your learning from the event? If yes, in what way and with whom? If not, why not?

Lots of my colleagues went on the same course so we have discussed it. Yeh. I did a CPD on all the stuff I said was useful.

Has your relationship with other local healthcare providers changed in any way as a result of your training?

Well we are connected to a surgery, so my relationship with them is very good anyway. I mean nothing really have changed to be honest, no.

If you have a clinical mentor, please describe their role? If you have not yet secured a mentor, please explain what you are doing about this

We do in the company for clinical stuff, but for day to day stuff, no. we generally use our colleagues more than anything, and if we are really not sure we use the NPA which has its own information thing.

Did you find it useful going with colleagues?

Not really, no. I wouldn't have minded going on my own. We all went to different dates, so it wasn't together.

How are you planning on maintaining the skills learnt and building on them?

I am going to keep practising my history taking and make it better. We were only shown it. I think, the thing with the training, was, like I have been on other training sessions, and what I really didn't like was it was just talking to us, but not letting us do any group work. We were taught how to take blood pressure and we did that once, that was a good day which is why I remember it, but a lot of the other stuff was just listening, but you didn't go back to groups to discuss it, but like, the history taking I use a lot. Once this insurance business has been sorted out, then I would definitely like to do more using the otoscope and stethoscope and stuff like that. At the moment I don't feel that confident to be honest.

Can you describe anything you have piloted or implemented after the event?

Nothing.

If a future workshop on a similar topic is to be planned, what would you change?

I think less talking, and I think more prepping us before we do it. There was too much detail. Like when they were doing the dermatology stuff it was like the audience was probably medics, who, I don't think they realised the audience was pharmacists who have come out of university 3 years ago, and we are not specialists in dermatology. But the way the presentations were done, it was like, we have lots of knowledge and this was revision for us, but it wasn't. it was a different language sometimes.

If future workshops were planned to help you implement your learning, please provide any ideas you have on topics.

I think the stuff about how we connect the stuff we have learnt back to community. If you are going to teach us, let's say, I went to one the other day on childhood illnesses which was really good. There are millions of childhood illnesses, but what the point of the thing was, it was a

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doctor from the A and E and she was trying to make sure we aren't referring people to A and E for things we can deal with in the pharmacy, so she focused on topics of childhood illnesses that we can deal with, like chicken pox and fever. What are the red flags; when to refer and when not to refer. So, I think that was useful. So, I think with dermatology it could have been with all the topics they did, making the red flags clearer. Like, this is what you see regularly in pharmacy, this is what we don't want you to refer, and this is what we want you to deal with yourselves. Make it clearer for us. It was so much information. I didn't know what to do with it in the end.

Do you have any other comments?

No, other than that it was good.

Transcript 3:

Please can you tell me what you remember about the events?

There was lots of the clinical content I feel I have used, the history taking, I feel like those proformas they gave were really good. So that's something that I have started using in my consultation skills. In terms of the actual course, I know I wrote my feedback, but I found the woman quite condescending and it was all about 'nurses do this and nurses do that, aren't you guys supposed to be doing this'. I found that really put my back up and stopped me from engaging more probably. The first two days this was. Day 3 we had someone different and she a totally different character and really really lovely, and that was really useful, the dermatology session. I think out of all of them the dermatology was the most useful and secondly the practical skills which was a good refresher from IP as I hadn't done IP for a while, it was a year, so it was a good refresher.

On returning to your workplace what knowledge and skills do you feel you have gained as a result of the event?

I did learn new things. It was different to the IP in that it was mainly round physical assessment skills and the diseases around those, I felt it was better than the IP in a way. The IP is a lot of legal stuff. There is a different slant to that. I think it was better although it could have been a lot better.

Please can you describe some patient interaction that you have approached differently after the training?

Probably the skin conditions, for example. I feel I can describe those better using the dermatological language which I have definitely been doing. In terms of the physical assessment skills I am still not using them in the pharmacy, and again, that is an indemnity issue, professional service type issue. If I do it and my locum doesn't, it is kind of a continuity of service, indemnity is stopping me doing it in my pharmacy, but I am working in a GP practice 1 day a week which is when I am using the skills, so I am using them, yes.

What are the main conditions that you have referred on after the training?

What conditions do you feel confident to manage without onward referral following the training?

I feel more confident about dermatological ones, definitely. I feel more confident about eyes as well. There was a good section on eyes we did as well. Um, in terms of the questioning, I think the cardiac, they gave us good templates for the questions, and I feel like I have added new questions to the questions I would ask over the counter. You are going to ask me about specific examples, but I can't think of any, but I know I am using the language we learnt.

Can you describe anything you have piloted or implemented after the event?

I think there is potential for new services, but I haven't done anything in my pharmacy, but in the GP practice definitely it is clear what I can and can't do.

If you have a clinical mentor, please describe their role? If you have not yet secured a mentor, please explain what you are doing about this

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So, I technically have one, who is a pharmacist, but I also have one at the GP who is my clinical mentor and their role is to always be around when I am seeing patients and help me with anything I am not sure of. So last week I had a classic hives, and I said, 'this is hives,' I was quite happy to prescribe fexofenadine. I called the GP in and she said 'no, I think it is a throat strep A type rash you get after an infection.' I still thought it was hives, so she googled images, this is the GP, pictures of hives and the Strep A rash you get, and I was right, it was hives. Oh, that's a good example actually, as I recognised the wheals and different shapes, they are not always the same, so that is something I got from the course that I recognised that. So, my clinical mentors role is to help me if I get stuck clinically. I haven't got stuck on anything I don't know what to do with clinically, the sort of queries I tend to have would be about process around something. How often would you see people, call them back etc. for example, if I had a newly diagnosed diabetic how often do they get seen, that sort of stuff. You need to know practice policy on stuff.

Have you shared your learning from the event? If yes, in what way and with whom? If not, why not?

So, for example, I have shared it with my pharmacy student before his OSCEs on chest pain, so I showed him the paperwork I got on chest pain and stuff like that. Questioning skills. I actually sent my other pharmacist on the CPPE version of the course, so we shared the questioning skills, and generally, yeh. But we are both stuck on how we use it.

How are you planning on maintaining the skills learnt and building on them?

Unfortunately, it is just working in the GP practice. That is the only place we can actually use it, the physical assessment skills, safely. It is the environment it is accepted and normal. I am kinda thinking about winter, and do we just start doing this in the pharmacy. Just phone up our insurers and check we can look in ears and down throats, and is it something we should be doing? I don't know

If a future workshop on a similar topic is to be planned, what would you change?

I think it was very doctor presentation oriented. I think it could be a lot more pharmacy presentation oriented. The patient walks in with heartburn. What are the questions you are going to ask? Decide whether it is heartburn or chest pain, rather than 'this is chest pain.' I just felt that would be really useful. Then, someone coming in with breathing difficulties, cough, you know. How could you then listen to their chest and decide this is just a cough, does this need antibiotics. No, this is a collapsed lung and they need to go to hospital. Do you see what I mean? I felt the scenarios were just plonked and they weren't relevant to pharmacy. And obviously, all these courses you go on – if there is no service or no kind of way you can use it, realistically. It is great knowledge to have, but if you can't use it there is no point.

If future workshops were planned to help you implement your learning, please provide any ideas you have on topics.

I think the chest one if a good one. I think that is the one where we could really make a difference, with all the cases we do see; COPD, constant cough, and really relating that to the condition.

Do you have any other comments?

No, I just think it is a shame there is no service attached to this, and I think that we need to contact local GPs because I think there may be an appetite for things like this, especially in winter periods, if we could look into an ear or down a throat, or would it be something that the local CCG, for example, could commission, and I don't think those avenues have been explored. The LPCs have been great at trying to get training but I don't hear any stories about any services trying to be made as a result of it.

Transcript 4:

Please can you tell me what you remember about the events?

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So, the event was over the three days, and it was for assessment skills, and it was mainly based on the minor ailments and the fact that minor ailments and 111 mainly occur during the weekend so it is quite focused on ENT and regular medication like respiratory which was quite useful. The first day was on assessment skills, history taking and how you should take a detailed history. The second day was mainly dermatology and the third day was on ENT assessment and how to look out for otitis media or how you should look out for some eye conditions, so the three days were laid out that way.

On returning to your workplace what knowledge and skills do you feel you have gained as a result of the event?

So, history taking was definitely a good experience. Just that the practicality of the things I learnt is a bit questionable. Again, in terms of assessment in ENT it was great in terms of learning, but in actual day-to-day working life, I don't get to do that. It was quite in depth and quite varied to complete in three days, so we were aware what the content of the course is, but we all felt there is no plan in place to accommodate that in a community pharmacy setting.

Please can you describe some patient interaction that you have approached differently after the training?

I couldn't use the ENT assessment but the history taking obviously comes in handy so now whenever we are selling any OTC medication or answering patients questions we, I personally go a bit deeper than just asking the usual WWHAM questions. There was a lady who came to collect some ibuprofen and she had a bit of back pain, but lower back, so initially I would have, if I hadn't been through this, I would have given ibuprofen or topical gel, but because I have been to the course I can start to think about differential diagnosis. So, I was like, ok, hold on, where is it and how long, and it was just above the kidney, so I dug into a bit more detail and said if the ibuprofen doesn't work it could be something more than muscular pain and referred to the GP if it doesn't improve in 3-5 days, so I started thinking a bit differently. Put it that way.

Has your relationship with other local healthcare providers changed in any way as a result of your training? Can you describe anything you have piloted or implemented after the event?

Unfortunately, not, because I work in a hospital setting outpatient pharmacy I could not do more than I can.

If you have a clinical mentor, please describe their role? If you have not yet secured a mentor, please explain what you are doing about this

I don't have one yet. In the future the plan is to do independent prescribing or something along those lines, so I am looking for a clinical mentor as this would help.

Have you shared your learning from the event? If yes, in what way and with whom? If not, why not?

Yes, I have a second pharmacist, so I have shared with her what the days were, and how useful it was and encouraged her to attend them in the future as well if there are any. It was definitely worth going to.

What are the main conditions that you have referred on after the training? What conditions do you feel confident to manage without onward referral following the training?

Yes, ENT. Because one of the pre-work before coming to the workshop was read a CPPE workbook and it kind of opened my eyes as to how many minor ENT conditions people come in for. So definitely, I personally looked into more differential diagnosis, like conjunctivitis, bacterial or viral one, sore throat and stuff like that. So, it encouraged me to read more and do a better job.

How are you planning on maintaining the skills learnt and building on them?

Independent prescribing is something, as I said, I am just looking for a clinical mentor, but independent prescribing is the way forward. I have worked in community and now work in a

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hospital so the next step forward is to work as a non-medical prescriber or independent prescriber so that is the way forward.

If a future workshop on a similar topic is to be planned, what would you change?

Again, I guess, I would only attend the course, or advise them to invite people who are already on the independent prescribing course or have a place secured because I kind of learnt detailed history taking and some minor assessments and everything but if I am not putting them into practice, which is unfortunate from my side I can't, then it is sort of a waste of their time, as well as mine. But on the other side, if I were on any such courses and I then come to the workshop it is quite handy and because it is applicable for me, because if it is just for community pharmacists who go to those days and then go back to their routine for another year it is a waste of time and resource.

The number of days depends on the content. I suppose one feedback on a previous question is, rather than going through respiratory, dermatology, ENT etc, if we just focus on a particular condition and go into more detail, because every day we ran out of time. If we break it further down but keep it simple that would help. If you do that they may need a fourth day.

If future workshops were planned to help you implement your learning, please provide any ideas you have on topics.

So, I want to do further clinical update in respiratory, so if that, in-depth then I would like to do it.

Do you have any other comments?

I just want to thank NHS England because I know to run those days would have cost money and resources so thank you for doing those things, and if we can use it in practice it is useful and fruitful to both parties.

Transcript 5:

Please can you tell me what you remember about the events?

Um, it was a while ago! O.k. I remember it was three courses run by the nurse practitioners and it was more in depth how to do physical assessments. I remember like learning how look at sinuses, look at lymph nodes, looking up their nose and in the ear. There was a good session on skin conditions as well, conditions that were difficult to diagnose and there was more on history taking and record keeping as well. In a nutshell that is what I remember. Basically, the practical topics.

On returning to your workplace what knowledge and skills do you feel you have gained as a result of the event?

Um, more so the sessions where they drilled down on history taking, so also, which is difficult in our environment, getting their full history. But I did feel that some of the stuff wasn't really relevant for day to day community pharmacy. Like I think the practical aspects were delivered by a practising nurse which is different to the private sector. The first question you are going to ask in the private sector is 'are you insured to be looking up peoples' noses'? that would be the first question. Secondly, do you have time, especially in a shop environment. People come in and they are not concerned you can do that, they just want their meds, and they are double parked! Literally, that is the reality, so I feel the stuff was clinically useful, but it needed the buy in of the multiples or CCGs, but their question is going to be 'how does this make any money?' Unfortunately, in community, because of the cuts that are going on now if you are not making money they are not going to release you so lots of people went to that training unpaid or on their day off or on weekend.

Please can you describe what you have approached differently after the training?

Not much really, but better history taking. It is different for me too as I am doing a clinical diploma as well, so I am getting clinical diploma stuff, so I know my skills are going up but more so the history taking, because using the machines they use, they are 80 or 90 pounds and you may not be able to use it.

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Can you describe anything you have piloted or implemented after the event?

No, because obviously I work in a CCG which is quite poor so they are not able to commission anything, so I think it was good as a taster and if you want to be an advanced practitioner, that is how I looked at it, and then, I do feel, if they really wanted to expand, for people who have gone on these courses, they need like a PGD outlining what we can assess, this is what you can give out. Or something like that.

What are the main conditions that you have referred on after the training?

What conditions do you feel confident to manage without onward referral following the training?

We haven't really done anything more, because I think pharmacists in this climate don't want to be touching people. It's not the ok thing to be touching people. It's not what we are trained for. And obviously a three-day training is not going to change that behaviour when your employer doesn't know about it, as if you get a complaint they will ask why you are doing this.

If you have a clinical mentor, please describe their role? Has your relationship with other local healthcare providers changed in any way as a result of your training?

Obviously, I am doing a clinical diploma, so I get the support I need from that

If a future workshop on a similar topic is to be planned, what would you change?

I think the actual course is relevant, but I do think that NHS funding is being used so the NHS needs some joined up thinking and commission a service off the back of it. That will spark a lot more interest and that will also engage all the multiples who will be like 'hang on, our pharmacists can do training as it benefits patients.' Because currently, Well, Boots, Lloyds, all the big boys, they aren't really interested in it, so I think, in terms of the delivery it was fine, I can't think. It was really relevant. The first session, I can't remember what it was, that felt rushed. Even the lecturer said it themselves. That session should have been two days. That felt rushed. But other than that, delivery was good, practicality was good. I think the only concern that everyone was saying was literally you are not going to use this, unless you are becoming an advanced practitioner. So, to make it better I think we need joined up thinking, so they say, 'let's train these people to do this' and maybe either commission a service or have a pool of people, so when anything comes up you have this pool and there is more in depth. And then these people can work in minor ailments or in 111 or something, but then they have to pay the employer for the loss of the employee, akin to what they universities do for teacher practitioners. The uni would pay for that person's wages when they are not in the business, so they will pay you to get a locum in.

So, the course was fine, first one was rushed, the nurse practitioners were great, lovely bunch of people. But if you are evaluating the whole actual thing they need to commission a service off the back of it, or say you know what, work 1 day a week here to actually apply your skills and give back funding or they are not going to go for it.

How are you planning on maintaining the skills learnt and building on them?

I have my clinical diploma but also independent prescribing as well. For the actual course though I didn't actually get my certificate. I know a few people didn't. For me personally, because I am doing the clinical diploma the course fit in nicely for me. Literally everything we were doing I was studying it at the same time. So, for me personally it was very relevant, but I am not sure how everyone else feels.

Do you have any other comments?

No, that's it.

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Transcript 6:

Please can you tell me what you remember about the events?

It was a good training on emergency medicine, a little bit higher level than minor ailments. We had the theoretical aspects of the different disease states and how to identify them and we also did examinations on ourselves for different systems, the chest and nervous system. It was full on actually! It was really good as I have done minor ailments course previously, so this was a refresher and an add-on to what I had previously done which gave me more confidence in what I needed to do moving forward.

On returning to your workplace what knowledge and skills do you feel you have gained as a result of the event?

For us as pharmacists, we really don't do examination and we just respond to symptoms. So being able to identify different systems and different red flags and using the equipment and listening to examinations of systems was really good. We had the opportunity to handle the equipment and handle it ourselves, to look in people's ears, to see how it actually felt like to be an examiner, examining a patient and obviously taking a history, taking patient views and what you can and cannot do.

Please can you describe what you have approached differently after the training?

It has given me more confidence. I am just about to invest in a new stethoscope and auriscope, so I am able to look into people's ear, and for us as pharmacists, it has made me go a step further, obviously the patients want this. I think patients are willing for us to use the equipment but quite often because we don't have them we tend to refer them on, so I am going to invest in them now definitely, in readiness for this winter.

Has your relationship with other local healthcare providers changed in any way as a result of your training?

The relationship hasn't really changed because now I can confidently send patients back and say the patient has x, can you take it further and prescribe antibiotics. I have seen a lot of impetigo, quite a lot of cellulitis, quite a lot of eye infections, bacterial. I am a prescriber, but I haven't actually started, because I could have prescribed, but because it isn't a complete setting; I don't have the equipment in place and all of that I am still referring them back to the GP.

If you have a clinical mentor, please describe their role? If you have not yet secured a mentor, please explain what you are doing about this

I did my IP three years ago. I do an anticoagulation clinic and I prescribe there because that is my area of competence but, as a prescriber, unless you are competent then really you shouldn't but I felt the course did actually give me that, I felt more competent, so I could move into new areas of prescribing, minor ailments and things that were mentioned on the courses such as ear infections, but of course I need to look into the ear to know there is an infection there.

Have you shared your learning from the event? If yes, in what way and with whom? If not, why not?

My team, yes. When I came back from the course I told them so basically anyone that comes in that they cannot respond to, even senior members of the team such as dispensers, they refer them all to me. I get people coming to me and saying, 'I got told I should come to you about this.' Which is good for me, because the word is spreading that we can give better advice.

How are you planning on maintaining the skills learnt and building on them? Can you describe anything you have piloted or implemented after the event?

I haven't thought about any more courses at the moment as I am waiting for my equipment to come and see how I actually manage it and decide which clinic I am going to run, which is minor ailments, and see how I perform and I will see where my shortfalls are, and they decide to go on a course in those areas.

If a future workshop on a similar topic is to be planned, what would you change?

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I think it was quite full on and because it was quite full on, retention of all that was taught might be a little more difficult. The first day was really really full on. I think a lot of us got really interested when the examination day came, and we were all going for it, because it is something that is lacking for pharmacists and was really really good, to actually try your hands on. Looking into ears and all of that. Yes, the third day wasn't as full on as we learnt about red flags and knew when to refer and look at the different systems, and it was very full on. I don't really know if it was done over 4 days if that would make a difference, but I'm not really sure.

If future workshops were planned to help you implement your learning, please provide any ideas you have on topics.

I think one of the things we see where I work is pain. And pain is very subjective, because you know, back pain, neck pain, whatever, it is subjective and being able to, we did cover the nervous system, but its really really difficult, and lower back pain, which is a major issue in my community, and I see quite a lot, that's what I would like help with, so I can help when they say they have tried paracetamol and ibuprofen. I think too as I am a prescriber that is why I am going down that line, so I can see what all the different options are and actually offer the patient more than over the counter. And also, the chest area as well to look more in to. I know a little bit about COPD, I know what it sounds like and I can recognise it but when someone is having an exacerbation being able to recognise it, so they can use their rescue pack antibiotics and we do see them coming in, and I can tell something is wrong, but that little bit extra would be good. Pneumonia is another one as well to be able to distinguish.

Do you have any other comments?

It was a great course. I would recommend it.

Transcript 7:

Please can you tell me what you remember about the events?

So, I think we had two days in the leisure centre and 1 day at the federation. We did a lot of different things, using otoscopes, stethoscopes, dermatology, asthma stuff.

On returning to your workplace what knowledge and skills do you feel you have gained as a result of the event?

It was handy. There was a lot we learnt. It was good. I really found stuff like looking down the throat or in the ears, the eyes, the minor complaints stuff we see every day was good. The consultation skills was good. All positives.

Please can you describe some patient interaction that you have approached differently after the training?

In our actual practice, to do those sorts of consultations takes a lot of time. You are talking about 20 minutes. To get that, we don't get it. We are not paid to do anything like that. It is a great idea, it makes total sense on so many different levels, especially when you have an independent prescriber but at the moment, when we do it. I did start doing it, but literally it was almost an hour of my day gone to go through everything properly, which is all good and what we should be doing, but it is almost impossible to do in practice with the current situation, unless you have a second person here and then the pressure is off what is happening in the dispensary. So perhaps more funding or more staff are needed. That's the problem to being able to implement into the community pharmacy current model.

What are the main conditions that you have referred on after the training? What conditions do you feel confident to manage without onward referral following the training?

Definitely more confident when to refer, when to say to people just to monitor, when to say to them to keep an eye out and come back, so I think it is good for my practice, but I need to spend a bit of time with other practitioners as well that do have a pharmacist prescriber, or things like that.

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We have probably been saving referrals rather than referring lots of people. Probably referring only really children when they have danger symptoms and then the majority are what I am actually saving. Any day I could tell you three or four examples. I just had someone who came in and thought she had been stung by a wasp and did she need to be referred. So, I said if there are any signs of infections she may need to go to GP but at the moment to just monitor it. A lady came in this morning with her son saying he had a rash that had just come up, on his face as well. Is he going to die? I said he was happy, no temperature, not droopy. There wasn't anything there that was actually being a problem, so continue with cooling gel and antihistamine. And they had just come back from camping. So, they are the sort of thing we do save. I think we are undervalued on that front.

Has your relationship with other local healthcare providers changed in any way as a result of your training?

My wife actually works in a GP practice, so she loves to tell me she is my clinical mentor! But little things like that she is good on the clinical stuff. She is an independent prescriber, so it is good.

Have you shared your learning from the event? If yes, in what way and with whom? If not, why not?

I haven't shared a massive amount to be honest. It is something we are looking at, obviously increasing roles of the team. We are doing some other training about new symptoms or something, to increase knowledge of oximeters and things like that. That will be the next stage.

Can you describe anything you have piloted or implemented after the event?

No, time and funding.

If a future workshop on a similar topic is to be planned, what would you change?

I think I fed back about the location. The venue, that was why it was changed. I think, obviously, if it is someone who is more knowledgeable about the role of community pharmacy going forward, obviously some of the lecturers were a bit dismissive of what we actually do already which was a bit demotivating to be honest, considering what we do so actually recognising the role and being more positive would make a difference. The content was generally good. I think sometimes, like with the third one we got asked what we wanted because it was two big topics and it wasn't really possible to cover both topics totally well I that time so spread it out a bit more if you want to keep the same topics so 5 shorter days or something, because it did seem a lot was being crammed in to some of the days, and then sometimes stuff was being raced through to say it had been done. I think the actual topics were good, but we ran out of time on them. As we get older it is harder to concentrate!

If future workshops were planned to help you implement your learning, please provide any ideas you have on topics.

Application into practice is the main thing.

Do you have any other comments?

no

Transcript 8:

Please can you tell me what you remember about the events?

The course had fantastic coverage of all aspects of physical assessment skills, going through the cases. It was a very good snapshot of what to expect. The bit I liked most about it was that it covered all the early clinical skills that are needed for physical assessment, the checklist, the things to look out for with disease conditions, the checks you need to do to help identify or even manage the patient.

On returning to your workplace what knowledge and skills do you feel you have gained as a result of the event?

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The clinical assessment was definitely a good one. The cardiac sounds, the chest examinations, the ear examinations. The ENT assessment was brilliant. Basically, I am looking at what is relevant to a pharmacist on a day-to-day basis and what is deliverable in a pharmacy and ENT was fantastic.

Can you describe anything you have piloted or implemented after the event?

Well I am an IP already, so it helped to supplement what I am doing, and I bought an otoscope in the process and now I can actually look at ears in confidence.

What are the main conditions that you have referred on after the training?

What conditions do you feel confident to manage without onward referral following the training?

So, I am able to deal with more now, so rather than send patients off I am actually able to deal with conditions, and it actually enhances my IP skills, so I now feel better in dealing with something stronger.

Please can you describe some patient interaction that you have approached differently after the training?

We had a case where a patient presented with ringing of the ears. She thought it was Meniere's but on examination it actually turned out to be a big wax blob stuck there. Bit of sodium bicarbonate and we were sorted!

Has your relationship with other local healthcare providers changed in any way as a result of your training?

I am based next to a GP surgery. They weren't really aware of the training. They know what we do. They know we will deal with anything so there was no extra appreciation as they already appreciate what we do. We are an integral part of the team and they know they can't cope without us.

If you have a clinical mentor, please describe their role? If you have not yet secured a mentor, please explain what you are doing about this

We have a clinical pharmacist in the surgery, so she is a full partner as well, well in essence we have 3 clinical pharmacists because we have 2 pharmacists next door and myself here.

Have you shared your learning from the event? If yes, in what way and with whom? If not, why not?

My second pharmacist also went on the course and she is not an IP, but I just wanted her to benefit from it, so I told her she couldn't miss it, so I booked her in and she loved it.

If a future workshop on a similar topic is to be planned, what would you change? If future workshops were planned to help you implement your learning, please provide any ideas you have on topics.

The thing is, 3 days, it is such a huge topic and 3 days doesn't give you justice to it. Really you needed an intensive week's course or something on it. But in the circumstances, I can understand it is not possible to do that. So, it is sufficient to solve that. But then you need to be able to have smaller courses added on looking at specific areas, so for example ENT, that is a big area that community pharmacy can deal with and maybe an enhanced ENT course would be useful. So, dermatology is another area that pharmacists see patients with on a regular basis and you can actually recommend stuff you can buy based on that. That would be useful. It whets the appetite, but it leaves you wanting more. These areas would be brilliant to cover so that you can at least use your skills and support the NHS.

How are you planning on maintaining the skills learnt and building on them?

I am open to different courses so if something comes up I am looking. I am looking at the ear cleaning protocols and trying to enhance that now.

Do you have any other comments?

I really appreciate what was laid out as I know it is expensive to do that and the conversations I had at the training, everyone couldn't get enough of it.

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Transcript 9:

Please can you tell me what you remember about the events?

So, it was very clinical. It was spread out over 3 days. Learnt loads. I think I didn't realise how, the nurses, from day 1, she was an ACP and there was just so much information. So much that, if we did ever decide to take up on it, so much that we would have to learn to put it into action. I know it was 6 months of training crammed into 3 days, um, but I think there were a few pharmacists in there, before we even become competent enough to do that role in A and E or other healthcare setting will have to do some sort of refresher training or go back over notes or something along those lines. You can't just be, I know everything from those 3 days, then go and put it into practice. It would be a lot different when, for example, you have someone coming in having a heart attack or heartburn, and you are like, one second, let me go and look at the proforma! The one word I would use to describe it would be 'intense.' It was very interesting, but very intense. And I don't know. Ideally, I would like to say we are ready for that type of role but right now I don't know if we would be. I can't speak for other pharmacists, only about myself but every pharmacist I spoke to was like 'whoa!.' We know a lot about medication and what drugs do but in terms of diagnosing, in terms of visually looking into ear, nasal cavity and things, challenging!

On returning to your workplace what knowledge and skills do you feel you have gained as a result of the event? Can you describe anything you have piloted or implemented after the event?

I think we do a lot of minor ailments and diagnosing over the counter right now. I work where there was a big thing about saying to doctors we only have ten minutes to see the patient, but does the doctor really need to see someone with a bit of an ear ache? Possibly not unless an infection. Lots of it is interlinked but not all. Back ache – I found that really interesting. We could probably diagnose a lot of back aches without having to put the patient on the floor. I took away a lot like that.

Has your relationship with other local healthcare providers changed in any way as a result of your training?

We have got a GP surgery a few doors down and we have always had a good relationship with them. Um, I haven't actually told them I have done this, but do I feel competent in them referring people to me to make a diagnosis, I am not sure. So that is the scary part I guess.

If you have a clinical mentor, please describe their role? If you have not yet secured a mentor, please explain what you are doing about this

I don't have a clinical mentor.

Have you shared your learning from the event? If yes, in what way and with whom? If not, why not?

I told them I went on the course. I have a second pharmacist as well. I have a couple of dispensers who know I went on this training. I haven't actually shared anything in terms of what I have actually learnt, but I told them what it was about, and where we are probably going in the next 5-10 years as a profession but that's about it.

What are the main conditions that you have referred on after the training?

What conditions do you feel confident to manage without onward referral following the training?

I have recognised a few more things, but I think that to do mainly with the training we received at pre-reg and experience. I think in terms of going on this course and making a referral you become a bit more confident. You have definitely got this. Take some rennies or drink some milk for heartburn if no other CV complications or anything like that. Or if a patient comes in saying their stomach is in knots or a bit of chest pain it could be heartburn. Have rennies or avoid fried or spicy food. Counselling has become easier.

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Please can you describe some patient interaction that you have approached differently after the training?

If someone comes in and says 'my ear is really bad' but it is only outer ear, having an otoscope probably could help. They don't need any antibiotics or anything. It could be something linked to, I don't know, toothache. Making a preferential diagnosis.

We have equipment already, but not really using it. Now I know how to use it I am looking for opportunities. Watch this space.

How are you planning on maintaining the skills learnt and building on them?

We have loads going on at the moment. I own the business I work in as well, but we have lots going on at the moment. Ideally, last year I was like, I want to start my IP in oct 2018 but now, I do want to do it, but have to find the time that is right

If a future workshop on a similar topic is to be planned, what would you change?

I wouldn't go into changing anything. I think they are best placed to decide what is covered. I know one of the ladies who ran the course, she is an actual ACP, so she knows best about what she is covering so it is not my place to say what should go in and out. I leave it up to them. It could be longer, but I appreciate that a lot of people on that course work full time, so it is hard. In terms of the amount of information we were given it's a lot. But we were explained to at the beginning before we enrolled that it is normally a 6-month course crammed into 3 days which is fair enough.

If future workshops were planned to help you implement your learning, please provide any ideas you have on topics.

Mainly ENT. I think also spine and back ache. I would be good and academic as I haven't done biology since I was 17! Maybe that

Do you have any other comments?

No. I think it was good. It is nice as a profession to see how they want us to know about stuff like this. We don't need to be stuck in a chemist all day. Your roles can change. It is an ever-increasing role and putting yourself out there I think is great.

Transcript 10:

Please can you tell me what you remember about the events?

I remember about the respiratory one, it was good. We did about the chest one, where we examined someone's chest, and I remember about the nose one as well. I remember about the things we had on the board where we looked at the tongue. A lot of it was about the history taking, there are so many things.

On returning to your workplace what knowledge and skills do you feel you have gained as a result of the event?

The history taking was the key thing I learnt about and then ENT, I also learnt a lot about that one as well, and the eczema part as well for the skin.

Please can you describe some patient interaction that you have approached differently after the training?

So far, I think it is, what I do, especially with the ENT, is I do, although I don't have the otoscope to look in the nose, but I still make sure I do some of the examination and see whether I can get something out of it, and if I have to do a referral, which I have been doing when necessary.

What are the main conditions that you have referred on after the training?

I think the one I do more is eczema, especially the infected ones, yeh. I personally now always refer, yeh.

What conditions do you feel confident to manage without onward referral following the training?

Eczema. I feel confident about that. With history taking, initially I was spending more time taking the history and everything, but the way that pharmacy is designed, we always find it difficult to

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take more time, but I am improving how quick I do it. My staff tell me I am more confident in consultations with the patient and then referring.

Has your relationship with other local healthcare providers changed in any way as a result of your training?

With the GP. I was always close to them before that training. I don't see any difference as we were always very close with our relationships with them saying to see me with minor ailments or other things, so the relationship is the same.

If you have a clinical mentor, please describe their role? If you have not yet secured a mentor, please explain what you are doing about this

Um, I haven't got a clinical mentor there. But, I am thinking of doing the independent prescribing, so I have been speaking to one or two who might be my mentor. That is what I am thinking now. The course is one of the main reasons I want to do the IP.

Have you shared your learning from the event? If yes, in what way and with whom? If not, why not?

Yes, yes. I did. I did tell them. Currently we do, I have one or two pictures that I use here, and I go through with them to help myself remember the things I learnt when I went there.

How are you planning on maintaining the skills learnt and building on them?

I think the IP is the one. I also saw an email coming through for digital minor ailment referral which is a pilot in London so if it comes to this area I want to be the one to jump the gun and be part of it. So, I think that would be useful. I don't know if you have heard about it, the digital minor ailment referral, where the NHS 111 take the call and signpost to the pharmacist as part of it and that is where the clinical skills we learnt will benefit most. You will be the first point of contact where you have to refer back to A and E, the GP. That is what you use the skills for. Of if you have to do the treatment yourself, that's what I think will benefit most from the skills we learnt.

Can you describe anything you have piloted or implemented after the event?

I haven't piloted any new service. The only new service I have organised is the travel clinic, since we started. It was part of the course as well. We didn't do anything specific about travel clinic but one of the things I learnt to implement.

If a future workshop on a similar topic is to be planned, what would you change? If future workshops were planned to help you implement your learning, please provide any ideas you have on topics.

I think, um, the only thing I would think is, probably, the history, but there should be role play a lot, where one of the practice nurse and one of the participant, they can see the video of it, because in real life things are different. In reality the course was only 3 days and I don't know if 3 days is enough including physical examination. Everything was tight. Look at the time we spent for 3 days I don't think is enough for us to grasp it, but if there are any pictorial videos we can take home and build on that, that would help a lot. That is the only thing I can think of. Apart from that, I wouldn't mind coming again for the course. The reason why is I think I need more. Even if they allowed us from the first one to come again, I would put my name first to come back.

Do you have any other comments?

Everything we did was excellent, and I wouldn't mind coming back again to increase my confidence and increasing my learnings again.