

*Developing people
for health and
healthcare*

The CEPN Pharmacy Project
Phase 1 Review
Atif Shamim
Laura McEwen-Smith



A pilot project by Health Education Kent Surrey and Sussex on
behalf of Health Education England

July 2015



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Health Education Kent
Surrey and Sussex
Pharmacy Education

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The CEPN Pharmacy Project

Background

A number of recent publications propose future models of patient care within the NHS that rely in part on robust inter-professional network and communication processes. These include:-

Five Year Forward View¹

This document presents a five year strategy for the NHS and highlights the changes that must be made, in particular much more focus on prevention and public health. The document argues for a “radical upgrade” and a more engaged relationship with carers, patients and citizens. Barriers between healthcare providers need to be broken down, and there are clear opportunities for Community Pharmacies to play an increased role in service provision, especially when dealing with minor ailments. As the most accessible healthcare locations with the most regular contact with many patients, Community Pharmacies are well placed to help the NHS to deliver a number of key priorities set out in the 5YFV, such as moves to empower patients to care for themselves; to provide more care to patients in care homes; and to ensure patients are getting the most appropriate care at the right times.

Transforming Primary Care²

A radical change from the fix-treat-forget model is proposed, with much more emphasis on holistic and preventative care for an increasingly ageing population with complex need. A much greater role for pharmacy within multi-disciplinary teams is advocated, with pharmacists leading on medicines optimisation to prevent unnecessary hospital visits, supporting self-care in the community, and undertaking further qualifications to become prescribers.

Joint RPS/RCGP Statement³

In February 2015 the Royal Pharmaceutical Society (RPS) and the Royal College of General Practitioners (RCGP) issued a joint statement expressing a desire for closer working between the professions, with particular focus on promoting the uptake of general practice-based pharmacists to ease general practice workforce pressures.

Project Introduction

Workstream 1: Trainee placements

Within this national and professional context, the GP and Pharmacy teams within Health Education Kent Surrey and Sussex (one of Health Education England's 13 local education and training boards) are working alongside the Association of Independent Multiple Pharmacies (AIMp) and Local Pharmaceutical Committees (LPCs) to undertake a project in which community-based preregistration pharmacists spend a part of their year in a GP surgery, gaining a deep understanding of how GP surgeries operate and strengthening relationships between pharmacy and general practice in the longer term. Similarly the intention is also for GP trainees to spend some time in a community pharmacy.

The project is part of a larger programme which aims to establish and develop new entities called Community Education Providers Networks (CEPNs). The CEPNs will bring together a range of primary care providers to focus on training the primary care workforce in a well-structured and supportive environment.

Workstream 2: Tutor training

As part of the need to develop the primary care educational infrastructure, the pharmacy project scoped the current training, accreditation and educational appraisal arrangements for preregistration tutors within the partner community pharmacies, in order to establish how the project could support pre-registration tutors. As a result of this scoping work, the pharmacy project has developed and implemented a system which appraises and approves preregistration pharmacist tutors – both as meeting the GPhC standards but also the standards required to train and support trainees across a range of professional backgrounds. Through this system, all pre-registration tutors involved with the project are trained and quality managed as part of the programme, ensuring a high quality and consistent pre-registration experience across participating community pharmacies in Kent, Surrey and Sussex.

Recruited tutors would have pre-registration trainees undergoing GP surgery placements within workstream 1 of the project and-subject to the number of GP trainees available within the target geography-may act as placement tutors for GP trainees undergoing community pharmacy placements as the programme progresses.

Current Status

The first phase of the pilot is now complete and is the subject of this paper. The majority of phase one activity was initially envisaged to consist mainly of scoping exercises surrounding placement and tutor training requirements, as well as the specifics of curriculum design. However, the early identification of a group of surgeries which already employed practice pharmacists provided an opportunity to place trainees in a new environment where they would still be able to receive supervision from a pharmacist who understood the requirements of their training year; in addition it provided the opportunity for trialling both the curriculum and placement format before a wider

rollout, allowing for input from practice pharmacists uniquely placed to offer their feedback on what was required of a successful training programme in GP surgeries.

Key milestones achieved within this initial phase were:

Trainee placements

- A number of GP sites belonging to DMC Healthcare were identified and recruited to provide placements. The majority of the practices employed two practice pharmacists as well as expected surgery staff, meaning that trainees would benefit from supervision from multiple professionals.
- A placement curriculum using the proposed GP placement sites was approved by the GPhC.
- 6 trainees from amongst the partner pharmacies were nominated to undertake the placements.
- Placements were structured for one day per week over a period of eight weeks and were completed in early June.
- Mid and post-placement evaluations were completed by trainees.
- Post-placement evaluations were completed by placement supervisors.

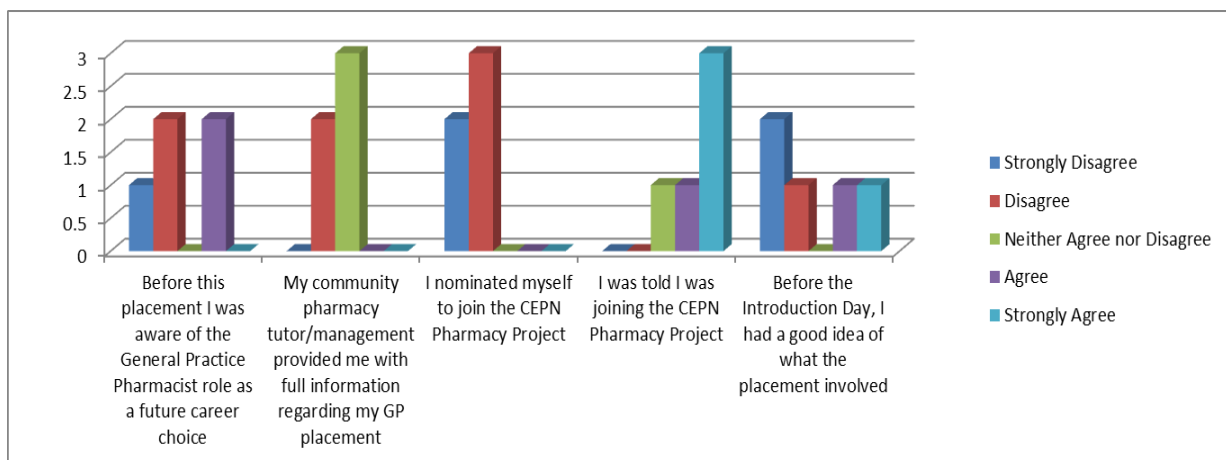
Tutor training

- A scoping exercise was conducted to assess the current level of tutor training provision within the partner pharmacies.
- Tutors were surveyed to determine their requirements of an 'ideal' training programme.
- A regionally-managed tutor training programme was created based on needs identified, consisting of a mix of distance-learning, face-to-face training, and peer review.
- An established provider of community pharmacy tutor training was engaged to provide a bespoke package of training for tutors enrolled on the project.
- E-Learning modules within the package were trialled by a sample of community pharmacy tutors, and amendments made based on their feedback.

Trainee Placements: Feedback from Trainees

Feedback was gathered at week four and after completion of the placements, using a questionnaire consisting of Likert scale and open-ended response questions. Five trainees in total were surveyed, a 100% response rate (one trainee left the programme after two weeks due to personal reasons and did not complete evaluation forms). The purpose of feedback at week four was to identify any potential issues with the curriculum or placements that could be rectified if needed. As no issues were identified, the results shown here are an amalgamation of both week four and end-of-placement evaluations.

Before the Placement



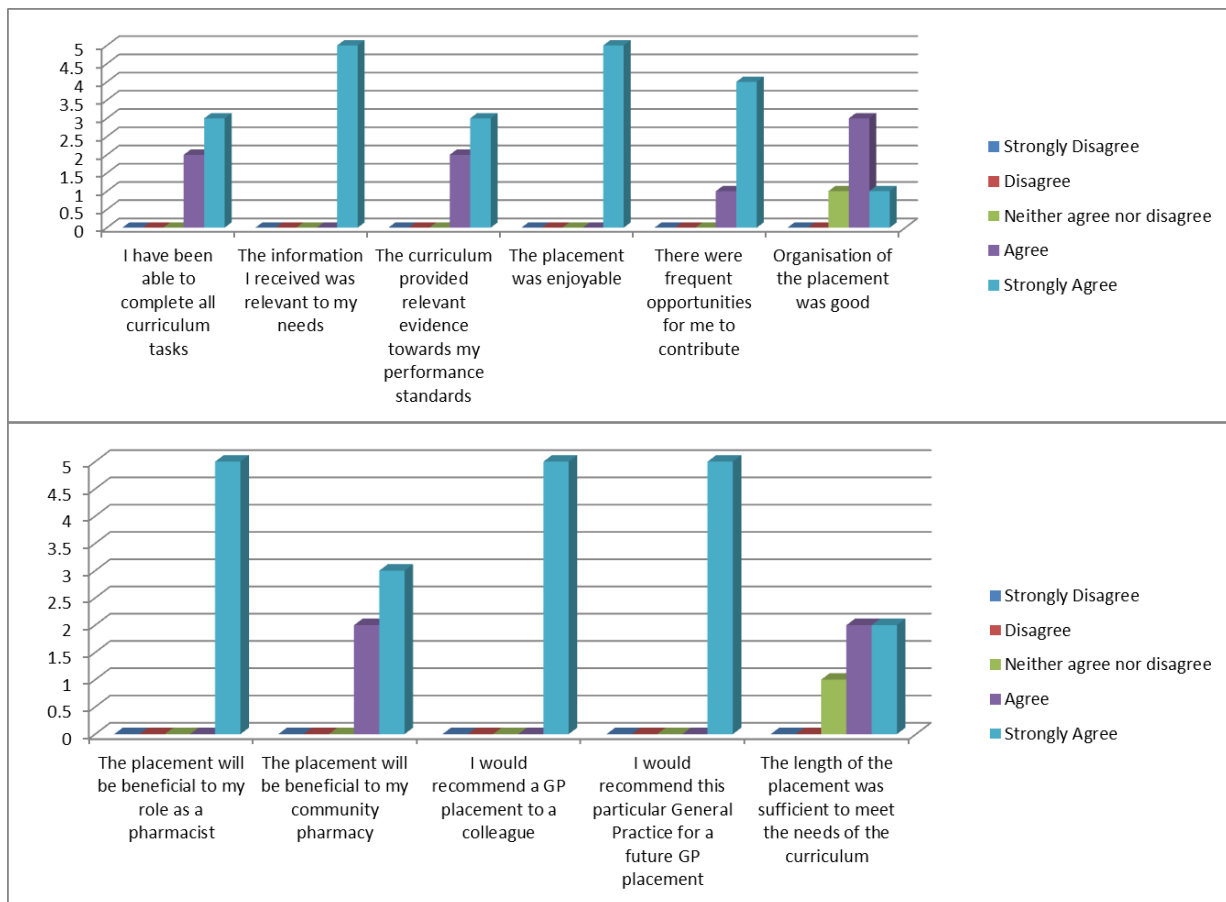
Prior to attending the introduction day, trainees were given little information regarding what the placements entailed, other than being told they would be undertaking them. Typical comments from the trainees were:

“Was not given much information prior to being selected on what the placement was for and intended purpose.”

“Unfortunately my management did not provide me with any information about the project. My tutor was also unaware of it.”

This highlighted a need to cascade information to both tutors and trainees well before phase 2 placements to ensure awareness of what trainees would be undertaking.

Feedback on the Placement

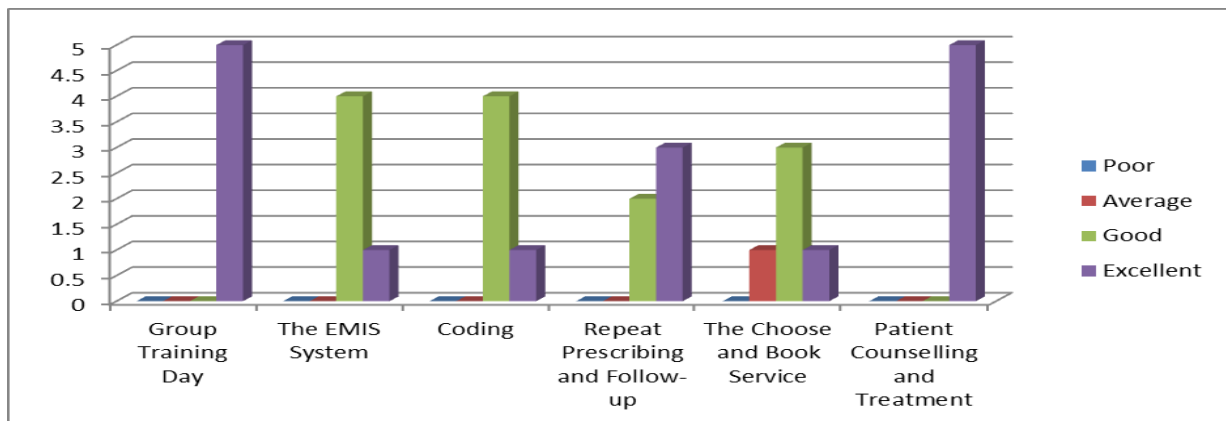


Feedback on the placement and curriculum content was overwhelmingly positive. There were some comments regarding the structure of the placements, with the general consensus requiring a block placement, instead of one day per week.

“Some problems that were identified or seen, I couldn't see them through because when I would go back in it'd all have been dealt with and sorted...”

“Though the length of the placement was sufficient to meet the needs of the curriculum, a greater length would have allowed me to learn more skills”

Feedback on Curriculum Content



All aspects of the curriculum scored highly, with the more interactive elements of the curriculum scoring higher than those more process-driven.

“Considering that I came to the training day with no information at all except that I will be at a GP practice for one day a week for 8 weeks, I found the (introduction) training day amazing. It filled in all the gaps in my knowledge of what I was about to embark on and was provided with all the relevant information. Great way to meet the directors and other participants too.”

“Gaining relevant clinical skills from patient counselling was highly beneficial. By witnessing real life scenarios, was easier to grasp the essential techniques needed as a practice based pharmacist.”

Most Useful Aspect of the Placement

From trainee responses it was clear that they benefitted hugely from their placement, not only in terms of the knowledge gained of the new sector, but how they could translate this to the community setting.

“The benefits I gained from these experiences were immediately noticeable in my daily practice at the community pharmacy. I gained more confidence in approaching, communicating and extracting information from patients in a systematic manner.”

“Shadowing a doctor was also very useful, it showed the time constraints they are under along with how they go about diagnosing or treating patients based on symptoms, especially ones that we would refer from the community pharmacy.”

“I was able to explore and experience all areas of the GP practice....understanding how admin operates and in particular

understanding how the appointments/referrals work as well as understanding how pharmacists positively impact the whole process from reception to repeat Rx requests to providing the right advice and treatment options.”

As the placements progressed, the trainees appeared to be entrusted with increasingly complex tasks more akin to the role that a patient-facing clinical pharmacist would undertake.

“At one occasion, I was given the opportunity to run a consultation with a patient suffering from end-stage renal disease. I took his family history and measured his blood pressure. I also took information about his smoking and alcohol intake...although I did not fully run the consultation, I found it very beneficial as a first-hand experience.”

Areas to be Improved

Comments here related to length of placement and a need for greater information dissemination to the general practice team.

“It would have been better if the placements were daily and of a greater length as I could have learnt more over a greater period.”

“At the beginning of the placement, the administration team were confused in terms of our role in this project and in future if they were more aware would have been useful”

“Other members of staff may not have had the appropriate knowledge as to why (we) were there and therefore may have seen us as a burden”

“8 weeks flew by! More time please!”

Next Steps Post-placement

The benefit of the placement with regards to closer primary care working was plain for the trainees to see. Many could link what they had seen to their community pharmacy, and talked about utilising their skills to enhance local networks.

“Continue on a career path with the aim of working with a GP practice in the long term.”

“Utilise all the clinical and non clinical skills that I have highly benefited from, and make it part of my routine practice. I will teach other members of

staff in community pharmacy and undergraduate students that can also benefit from what I have gained through this project.”

“I can incorporate what I have learnt to community pharmacy, and help build the bridge and improve communication between local surgeries.”

“Incorporate all that was learnt into practice. There is no difference between a primary care pharmacist and a community pharmacist...we share the same knowledge and I strongly believe that (by) changing attitude a little, we can all help each other out. If there is an intervention I can make, I would, rather than saying "see your GP" which tends to be a common phenomenon.”

“For the time being I am going to implement the knowledge I obtained in my working practice. I am also hoping to get a junior pharmacist position at a GP practice and work towards becoming an independent prescriber in the near future.”

Other Training Areas Identified

While the curriculum provided a core set of learning, it was understood that the trainees would be presented with many learning opportunities which could enhance future training programmes. They gave many examples of positive learning, which will help inform the next iteration of placements.

“I always found it difficult to manage situations or provide advice in the community pharmacy for patients who present with minor injuries and wounds. During my placement, I spent a day with a nurse while she provided minor/major wound management. The experience was crucial to my daily practice.”

“I think having a combination of shadowing GP and pharmacists allowed me to understand medical prescriber laws that restricts pharmacists but useful for knowing in general practice and for the registration exam.”

“Definitely shadowing the doctors was very useful.”

“I was able to attend a Children's Safeguarding LPT and it was I thought it was great for networking within the local areas as well knowing where to signpost in case help in such areas was needed. These happen once a month and are on different topics - it was very informative.”

“Giving the trainee a set of patient based problems/tasks to complete. By doing this, the trainees will have a better understanding of how to obtain the correct information using the relevant guidance and sources and choose the right treatment/solution for that particular patient.”

Other Comments

The trainees were given a section to add any other comments they felt were relevant to their placement

“The placement would have been more beneficial if started at the beginning or mid-way through my pre-reg training. I would have had more time to fully integrate my placement into my community pharmacy practice.”

“I would strongly recommend pre-registration training in GP practice to anyone....My short time in the surgery has given me insight to how pharmacists in surgeries can optimise healthcare by working alongside doctors, nurses, administration teams and the wider community.”

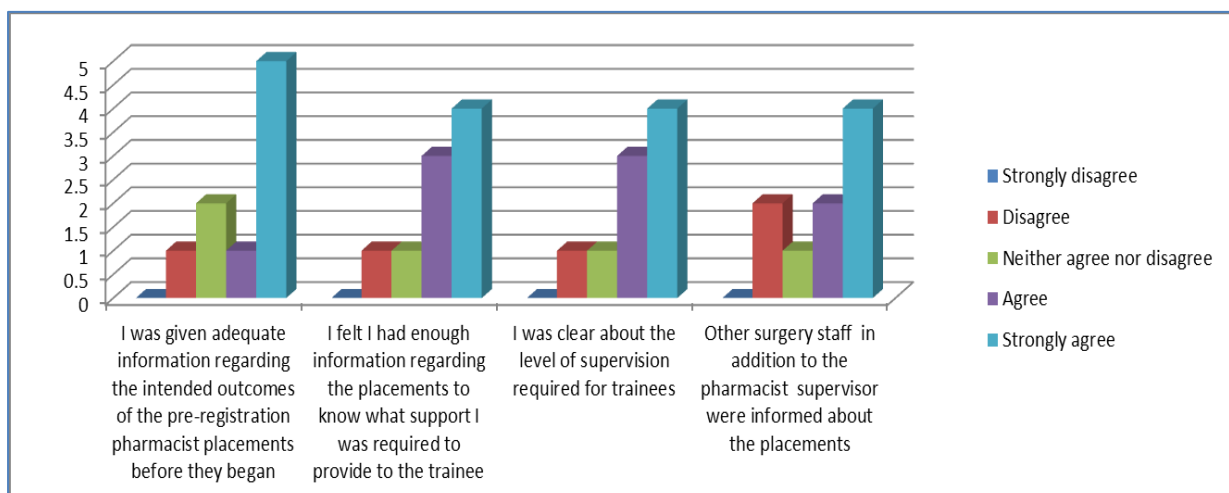
“Overall a very useful and great opportunity for any young aspiring pharmacist. It opens up a lot of doors and can improve you as a whole to become the best pharmacist as you are able to learn new skills or pieces of knowledge that you may not do in community pharmacy.”

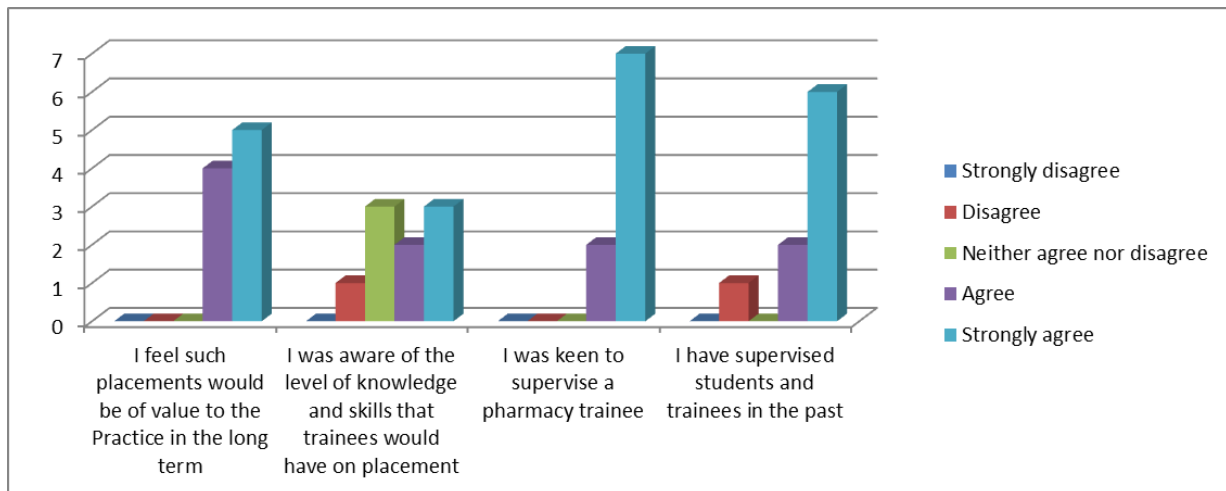
“Overall a great and valuable experience - Thank you!”

Trainee Placements: Feedback from Supervisors

Supervisors were surveyed at the end of the placement using a questionnaire containing a mix of Likert scale and open-ended response questions. Nine supervisors-consisting of eight practice pharmacists and one practice manager-were surveyed; a 100% response rate.

Pre-placement Information





Placement supervisors were in agreement regarding the value of the placements, but the level of information provided beforehand was variable. A more structured approach to information dissemination would be useful for future placements.

“As the placement came about quite quickly after our initial meeting, I was not too sure what to expect with regards to the pre-reg e.g. how they had been selected, what they thought they were going to learn/shadow etc. The document with the GPhC learning points was a useful guide on how to split the 8 weeks into manageable learning points.”

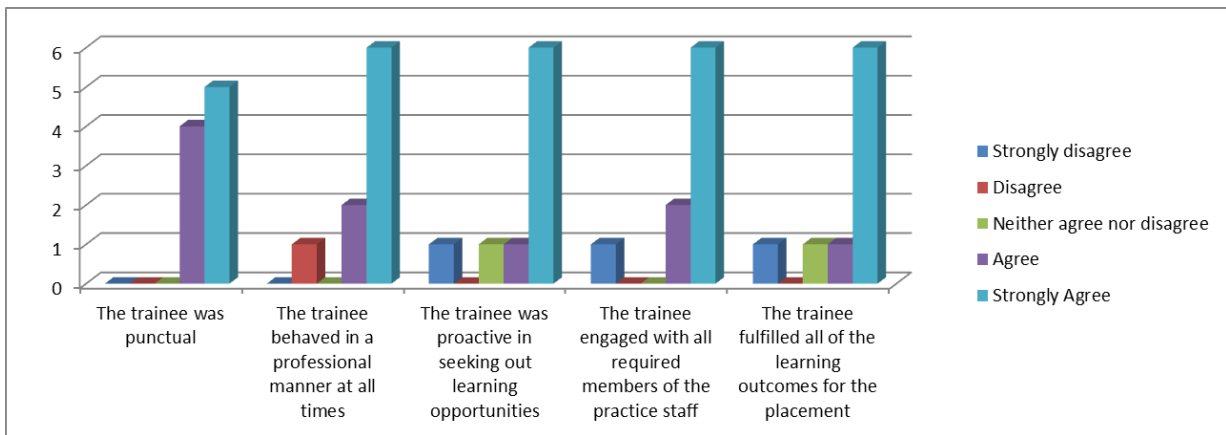
“Didn't feel we were given enough info at the start about who the pre-regs were, how they were chosen, what they had been told, what was expected of us/them. Would have been good to have been informed about the scheme/involved at an earlier stage to have some input on how it was designed (appreciate this probably wasn't possible). Practice manager wasn't aware pre reg was coming.”

“It will be hard to give a structured day to day plan of how the placements will run to every surgery, but maybe writing a couple of tasks that each pre-reg will need to perform or a list of outcomes for them to reach during the placement would give a little bit more structure to ensure they meet the requirements set out in the list or pre-reg competences.”

“Extremely positive placements. The students were all engaged in the project. A great set of students that were chosen. Very much the future of pharmacy and should be rolled out nationally. “

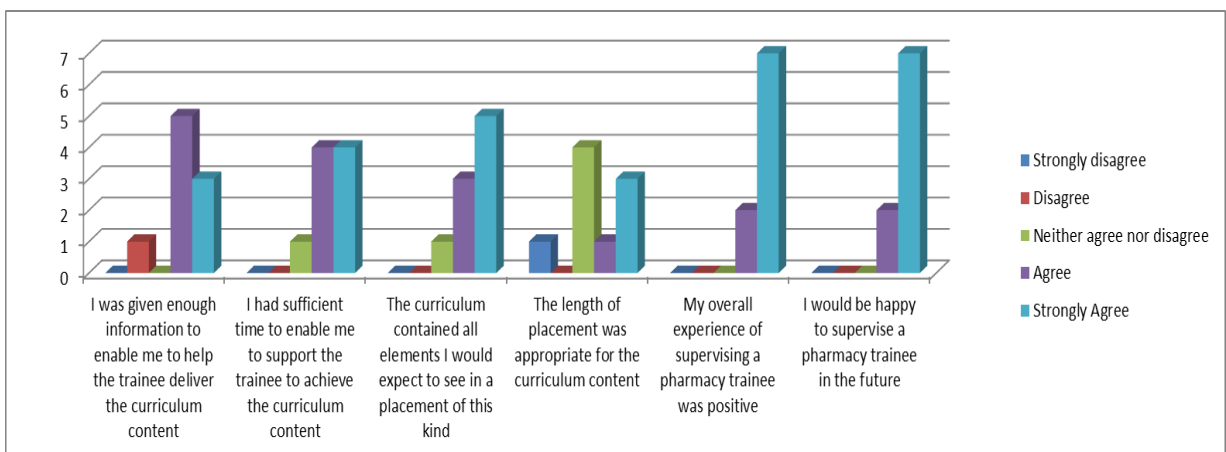
“I think it was thoroughly beneficial for the pre-registration student and practice. I was impressed by the knowledge our student displayed. The role is a distinct entity and it is a good idea to have juniors trained in the area to take up places as more practices adopt pharmacists.”

Regarding the Trainees



Feedback on five of the trainees was extremely positive, with supervisors commenting on their engagement, enthusiasm and knowledge. Feedback on one trainee was less positive, and although trainees had been informed prior to the placements who to contact in case of issues, it was assumed that the supervisors would contact the senior pharmacist at DMC with any concerns in the first instance. Although this did in fact occur, it highlighted the need for a clear system of reporting to be put in place for a wider rollout to ensure clear lines of communication and reporting were established from the outset. This would be particularly important in phase 2 of the project, with trainees undergoing placements in surgeries which had no practice pharmacist and therefore no in-house pharmacy lead to report to. It also placed an onus on the community pharmacies engaged in the project to have their own mechanisms in place to identify trainees requiring support early on their training year, before undergoing external placements.

The Curriculum and Suggested Improvements



The curriculum content and the placements themselves were generally positively reviewed; however their structure was a point of contention, echoing the feedback from the trainees.

“I feel there was consensus in the practice that this type of placement should be one block week, as opposed to split one day a week over 8 weeks. It would

enable the student to get a good idea of what a typical week is like and increase their exposure to the wider multidisciplinary team.”

“I think 1 week would be better than the one day a week for 8 weeks. Would offer more consistency, could follow up on patients and get more involved across a week rather than dipping in and out.”

“I believe that if the placement could be for 1-2 weeks with the days consecutively rather than one day a week that would be better served as it would allow for the pre-reg to see the follow up of certain patients and also see other aspects of working in GP practice such as attending weekly clinical meetings.”

Workstream 1: Conclusion and Next Steps

The placements have been positively received by both trainees and supervisors. The value to both the practices and to community pharmacies has been identified by the participants, and the core curriculum areas to be covered seem appropriate for the placement length.

A few areas regarding the processes surrounding the placements have been highlighted, and should be amended before the start of phase 2:-

- Clear communication to community pharmacy and surgery placement tutors regarding what the placements entail well before the placements begin. This will require engagement of AIMp community pharmacy and GP leads to ensure any information is disseminated to their respective tutors rapidly during phase 2 of the project.
- Identification of a clear process for identifying trainees requiring support whilst on placement and options for providing additional support.
- Identification and remedying of potential trainee issues by AIMp tutors well before phase 2 rotations begin as per individual company protocols, and reporting these to the CEPN Programme Director to ensure awareness.
- Production of a more structured timetable surrounding the curriculum to ensure placement tutors have a clear idea of what is required of the trainees.
- Discussions with the KSS GP Dean and involved practices surrounding amending the timetabling of the placements to a block period rather than individual days (practice workforce issues may mean this cannot occur).

Workstream 2: Pre-Registration Tutor Training and Appraisal Scoping

This piece of work was designed to scope the current training, accreditation and educational appraisal arrangements for preregistration tutors in the partner pharmacies that would have preregistration trainees participating in the pharmacy project. Information gathered was used to inform the development and implementation of a system which appraises and approves preregistration pharmacist tutors supporting trainees on the project, and which could be used as a template for wider tutor participation.

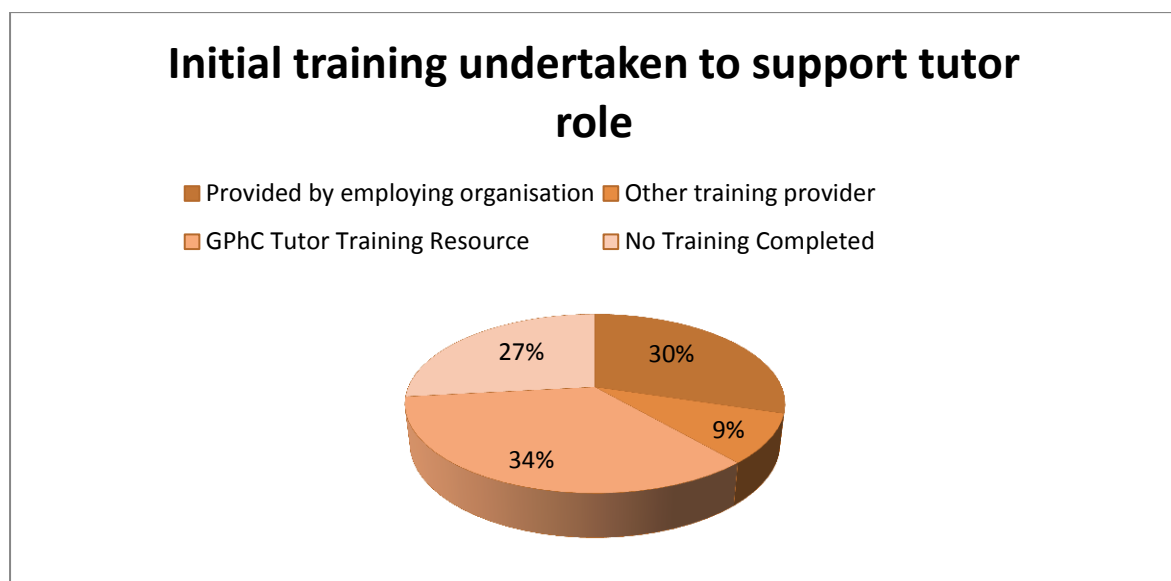
Initially, training leads from the partner pharmacies had the opportunity to provide data over the telephone or via email regarding the current provision of tutor training. This was followed by an online survey for data collection from active preregistration pharmacy tutors, with distribution and weekly follow-up managed by the AIMp regional training leads. Finally, survey results were circulated to AIMp regional training leads and opinions sought on:

- Preferred training model/s
- How preregistration tutor competence could be future-proofed
- How compliance with GPhC guidance could be assured

Pre-registration tutor survey results

36 questionnaires were completed, producing a response rate of 61% from the preregistration pharmacist tutors invited to participate.

With regards to initial training in support of their preregistration tutor role, 61% of the respondents had not undertaken any formal training, with 27% of these having done nothing at all.



For those that had completed training, less than 50% were satisfied that it helped develop their knowledge and skills; with 58% unable to identify any permanent performance improvements as a

result. The most notable gaps in training content were identified as ‘supporting trainees in difficulty’ (25% dissatisfied), equality and diversity (17% dissatisfied) and ‘setting and reviewing training plans’ (14% dissatisfied).

‘My reference has purely been through the GPhC pre-registration manual

‘[The training] only provided help on where to find advice and general information on training planning’.

‘It has always surprised me how easy it is to become a pre-reg tutor with little monitoring or check on suitability or standard of training’

A common view amongst respondents was that a model of appraisal or review should be made available and 87% agreed this should involve a refresher or development session, 93% agreed that trainee feedback should be included, and 71% thought that peer review would be valuable.

50% of respondents currently felt unsupported or only partially supported to carry out their role as a preregistration tutor and, when asked to make suggestions for developing tutor training and appraisal, three key areas for improvement could be defined from the 41% that left comment: “training” with 60%, 40% for “networking” and 15% of comments asked for “better recognition”.

“I would like a structured approach from my employer, meeting towards the end of one year in preparation for [taking on another trainee] the next”.

“CPD protected time provided in recognition of significance. If this is delivered in conjunction with portfolio of evidence then we are on the correct path to tutor betterment”

‘[I would like] a meeting or conference to discuss training procedures and any issues from other tutors or peers. [Also] to give a more professional title to pharmacists and their duties as a community pharmacist tutor’

Employer opinions on tutor training

A recurrent theme in the employer interviews was a need for training to be recognised formally, with a certificate of competency or ‘qualification’ attached.

It was also suggested that the preferred mode of learning or training delivery would be e-Learning. Some employers argued that there would be too many barriers to attending external group sessions or days whilst others suggested that there should be face-to-face opportunities for all tutors, for peer support and networking.

Some felt that preregistration tutor competency should be reviewed annually while others considered that assessment every 2-3 years was appropriate. In all cases, employers reported that

training and development models needed to link in with continuing fitness to practice and a common view was that there was a need for a competency framework based upon GPhC guidance for preregistration tutors.

Scoping work conclusions

The results strongly support the idea that a robust training and development model is needed, one which incorporates:

- Recognition of competency
- Flexibility and accessibility
- Training content which addresses equality and diversity issues and how to effectively support a trainee in difficulty

There are a number of important changes which need to be made in terms of provision and support for ongoing professional development, to include:

- Opportunities for peer review and support
- A structured and supported approach to gathering evidence of ongoing competency
- Opportunities for up-skilling
- Ongoing competency in tutor role to be reviewed as part of organisational appraisal

As this was a small sample size, findings may not reflect accurately the opinions and experiences of tutors across the entire community pharmacy sector however the findings did raise intriguing questions regarding the nature and extent of what is available to preregistration tutors in terms of training and development opportunities.

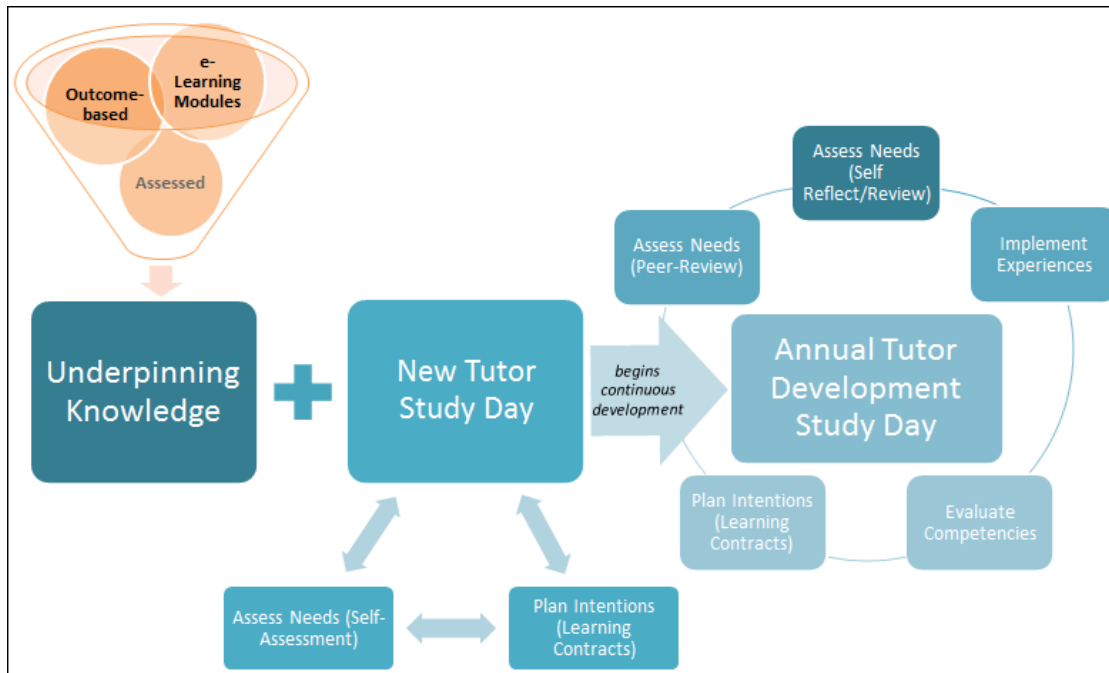
Workstream 2: Conclusion and Next Steps

A regionally-managed tutor training programme has been created based on the needs identified from the scoping work. The programme, consisting of a mix of distance-learning, face-to-face training, and peer review, was approved by the project board for piloting with tutors in phase 2 of the project.

An established provider of community pharmacy tutor training was engaged to provide a bespoke package of training for tutors enrolled on the project. Prior to the pilot, the e-Learning modules within this package were trialled by a sample of community pharmacy tutors, and amendments were made based on their feedback.

The training and development model, as illustrated in Figure 1 below, is currently being piloted by pre-registration tutors in preparation for phase 2 of the project. A robust educational evaluation strategy is in place to establish whether this curriculum in practice is fit for purpose.

Figure 1: CEPN Pharmacy Project Tutor Training and Development Model; Pilot, phase 2 pre-registration tutors



References

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