

An Educational Framework for Training Pre-registration Community Pharmacists in General Practice & GP Registrars in Community Pharmacy

Project Report: 2015-16

Health Education England, North Central and East London
& Green Light Pharmacy, London



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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 View

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 Care

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.

Existing HEKSS project

Within Health Education Kent Surrey and Sussex (HEKSS) a project has been undertaken to develop a programme in which pre-registration Community Pharmacists undertake a structured regional programme which includes a substantial degree of inter-professional learning including being based in a GP surgery. This project was established in May 2014 as a partnership between HEKSS and the Association of Independent Multiple Pharmacies (AIMp). During the placement trainees have the opportunity to learn from all medical and non-medical staff within the Practice, gaining a deep understanding of roles and responsibilities within General Practice and the working processes of a surgery. This also provides an opportunity for Practice staff to learn how pharmacists can play a complementary role in patient care. In addition GP trainees spent part of their training in a Community Pharmacy, learning how pharmacists and their staff contribute to the care of patients in the community by providing over-the-counter advice and counselling, undertaking Medicine Use Reviews and how the New Medicine Service contributes to the safe and adherent use of newly-prescribed medicines. By each trainee gaining deep insight into how their counterpart’s profession operates as well as into the potential issues hindering effective service provision, it was hoped the seeds for complementary working would be sown and existing barriers impeding successful co-working be removed.

In addition the project provided an opportunity to build and strengthen the educational governance related to preregistration pharmacist training in community pharmacy particularly with regard to tutor training. Guidance has been issued by the General Pharmaceutical Council, however currently there is no requirement for tutors to be trained to any particular standard. This means that tutor training within community pharmacy is variable and not always quality-assured. KSS has already conducted a scoping exercise assessing the quality and further requirements of tutor training provision within community pharmacies involved with the project, and has developed and implemented a structured, quality assured and

regionally managed training programme that encompasses tutors working for multiple community pharmacy contractors. The project therefore not only provides opportunities for multi-professional working, but also creates stronger working links within the community pharmacy sector.

To date the KSS project has run in two iterations. Phase 1 placed pharmacy pre-registration students into a GP practice one day a week for eight weeks. Six pharmacy pre-registration students were recruited to take part in Phase 1. The GP practices all employed a practice pharmacist thus the trainees benefitted from supervision for multiple healthcare professionals. Phase 1 of the KSS project achieved:-

- The first cohort of pharmacy trainees have completed their GP-practice placements, working in 5 GP practices that employ a practice pharmacist
- A curriculum for this placement mapped to pharmacy pre-registration training performance standards has been approved by the GPhC
- A second curriculum for placements within those practices without a practice pharmacist is being written
- A curriculum for GP trainees to work within Community Pharmacies is being written in conjunction with the HEKSS School of General Practice.

Learning from Phase 1 was implemented in Phase 2 in KSS which scaled up the number of trainees and GP practices involved in the project to 20. At the same time the project was extended to the Health Education England, North Central and East London (HENCEL) area. The rationale behind the HENCEL project was to:

- Provide a larger initial cohort to learn from and therefore increased likelihood of being able to roll out at scale more quickly
- Test the concept in different demographic and geographical areas to highlight the impact of such variation on the programme more quickly
- Provide information on the potential economies of scale e.g. procurement of tutor training
- Improve collaborative learning and design across the geography

Phase 2 of the KSS project ran in April and May 2016 and took place concurrently with the HENCEL project. This report considers to findings from the HENCEL project. Phase 2 of the KSS project is reported elsewhere.

The Placements

The project aimed to:

- Place 12 pre-registration pharmacists within a few CEPNs in HENCEL in a GP practice one day a week for eight weeks (8 days in total).
- Place 12 GP registrars (trainees) in a Community Pharmacy within North, Central or East London (NCEL) for one day a week for four weeks (4 days in total).
- Deliver a joint training day for GP and Community Pharmacy tutors involved in the placements.
- Enrol the pharmacy tutors onto a structured tutor training programme to ensure quality-assured Community Pharmacy training
- Utilise the pre-registration pharmacists (and where applicable to GP registrars) to work on quality improvement projects to help identify commonalities in working between the two sites, and gain insight into how closer working could avoid duplication as well as enhancing the shared care of patients.

- Begin the process of increasing local dialogue by requiring the trainees to facilitate discussions between the pharmacist and the GP education supervisor (GP trainer).

Pharmacies and GP practices were recruited through promotional flyers sent out via LPC networks, the project steering group and the GP Deanery for NCEL. Those interested in taking part were invited to complete an online expression of interest form, which was then followed up by a phone call to provide further information on the project and to confirm interest. Individual pre-registration pharmacists and GP registrars were recruited, and then paired together based on proximity to each other.

The curriculum developed in Phase 1 of the KSS project was utilised to provide a guide as to the activities that the trainees could undertake during the placements. The pre-registration pharmacists were given a workbook to complete, which contained a series of questions on a wide range of topics and services which can be delivered from a GP practice. The topics included practice management, finance and IT, as well as roles of the various members of staff, including the GP, district nurse, practice nurse and health visitor. The last section of the workbook encouraged the trainee to explore how services were provided by the practice for those requiring palliative care, patients with diabetes and physiotherapy referrals. GP trainees were given a workbook that was closely linked to the GP curriculum, which encouraged trainees to consider which areas of their curriculum they could address through the project. There were a series of statements in the workbook, and trainees had to rate their confidence in terms of knowledge on the various topics, including NHS Structure and Services, The Community Pharmacy, Multi-Professional Working, Population Health, Quality Improvement, Clinical Governance/Patient Safety, Medicines Management and Patient Engagement.

The second half of their workbook then asked them to consider their learning needs, how they were going to address them, and how they would assess their learning.

An initial induction day was held for pre-registration pharmacist tutors and GP trainers in February 2017. The pre-registration pharmacist tutors attended the morning part of the induction day without the GP trainers, as this was an opportunity to provide more information on the tutor training element of the project, provided by 'The Pharmacy Training Company'. The content of their five online modules was explained to tutors, as well as the methods of assessment and the timeframes in which the modules were to be completed.

After lunch the GP trainers joined the pre-registration pharmacist tutors, and the pairs which had been established prior to the induction were placed together in groups. Both sets of tutors then received more detailed information on the project, including the aims and purpose of the project, the timelines, the placement structure and the Quality Improvement Project (QIP). They were also shown the workbooks that their trainees would be completing whilst on placement.

In March 2016, the induction workshop for both sets of trainees took place, in which the trainee GPs met with the pre-registration pharmacists for the first time. The group received more specific information on the project aims and objectives, including timelines, placement structure, the workbooks and the QIP.

A celebration event took place at the end of July 2016, and was an opportunity for all trainees, trainers and external stakeholders to come together and celebrate the successful completion of the project. It was during this event that each pair presented to the group their QIP, the outcomes achieved and any next steps.

Evaluation

The evaluation aimed to capture and explore the experiences of trainees and trainers in both settings and consisted of three stages:

Stage 1 – Pre-placement – to explore expectations of the placements

- A questionnaire completed by GP trainers and pre-registration pharmacist tutors prior to attending the induction day.
- Focus groups with the pharmacy tutors and GP trainers conducted at the end of the induction day.
- A questionnaire (using google forms) to the GP registrars and pre-registration pharmacists prior to commencing their placements in April 2016.

Phase 2 – Immediately post placement – to explore initial perception of placements

- Post placement questionnaire to GP and pharmacy trainees and tutors

Phase 3 – Post placement

- A questionnaire to explore the impact of their QIPs

Results

Nine reciprocal placements were arranged meaning that nine pre-registration pharmacists, nine GP registrars, nine pre-registration pharmacist tutors and nine GP trainers took part in this project.

Feedback from participants

Pre-induction event feedback from GP trainers

A formal face to face induction was developed. Before the induction, all were asked to complete a questionnaire to gauge their understanding of the initiative before the induction briefing and to compare with the post-induction feedback in order to measure the effectiveness of the induction training. Seven GP trainers attended this event and completed a pre-induction questionnaire. The other two GP trainers were not able to attend the event.

GP trainers' expectations of the induction session were to learn more about the project, the mechanism to be used to make collaboration work, the roles of GP and pharmacists, the impact on the registrar, how the project will improve and support inter-professional learning, with one GP trainer interested in longer term benefits for medicines management:

- *How general practice education and pharmacy education can work together. Qualitative benefits to the learning for trainees. Improvements long term to medicine management.*

Four of the seven GP trainers all felt that a key benefit to the project was knowledge transfer (with one GP trainer highlighting the patient journey from prescription to dispensing) and the gaining of a greater understanding about working (primarily) in pharmacies, but also issues such as training and multi-disciplinary working raised. One GP trainer cited that the benefit will be that the placement is a *new experience*, and one GP trainer seeing a benefit in attracting pharmacists to work in GP surgeries:

- *They will get a much better understanding of what is involved from signing a prescription to the patient getting the prescription; also behind the scene when of what is involved in running a pharmacy.*
- *For pharmacists – early exposure to GP – will hopefully increase interest in role of pharmacist within practice.*

The majority of GP trainers thought there were benefits to their practice in taking part in the project in terms of reducing the workload of a GP, utilising the pharmaceutical training to improve aspects of medicines management including medication reviews, and improving communication between the GP practice and the pharmacy. Two GP trainers, however were unsure what benefits there would be to the practice other than understanding what a trainee pharmacist does.

- *Get some idea of what a trainee pharmacist does, but unsure of how it will benefit surgery itself.*

Three of the GP trainers either had no concerns about the placements or were unsure what the concerns might be, however four others cited issues with the time it will take to implement the project and what the impact will be on workload. Five tutors also cited that the time, space and capacity needed for this project might potential disadvantage patients, however, one countered that by the fact the practice is already a training practice so patients need to get used to having trainees in the surgery:

- *Patients may take some time getting used to the system of trainees, but as we are already a teaching a training practice it should be easy to integrate.*

One GP trainer commented on the fact that the pharmacy pre-registration student will spend more time at the surgery than the GP registrars will spend with the pharmacist.

Post-induction event feedback from GP trainers

At the end of the induction session GP trainers were asked to attend a short focus group where they were asked similar questions to those asked in the pre-induction questionnaire.

In response to the question about how placements may improve working relationships and communication between the GP practices and Community Pharmacies involved all the GPs felt that the effect of the project on communication would be positive. There was a particular emphasis on the placements/the project increasing understanding about what each profession does. One GP trainer thought that this activity may, through better working relations and communication, also improve the delivery of patient care, another that a better understanding of the issues facing pharmacy needs to be communicated to practice staff:

- *I think, as you say, communication is key, and also a greater understanding about how we both work. Remembering patient at the centre of this to deliver better care for the community is what I'm hoping for out of this.*
- *I think understanding the challenges in pharmacy a bit better, having a better idea of what their difficulties are. And particularly to roll that information out to our*

teams, our receptionists, because I think that this often where the difficulties appear.

All GP trainers thought that there are benefits to patients as a result of these placements. A very clear theme was the reduction in duplication of effort for the patient and improving the patient journey:

- *Definitely. I think there is a benefit to patients. It is this whole patient journey of patients coming to the reception, and then their experience with the doctor, and then what happens with the prescription afterwards. So, there are definitely lots of gaps there at the moment. So, having a much closer working would improve that patient journey.*

All of the GP trainers thought there are benefits for the trainees who experience these placements, with a greater knowledge of local systems, drug and medication knowledge, how teams operate, etc, and promoting inter-professional learning, all a long term benefit to the areas where they work and across their professional lives. One GP stated that the placements might benefit local workforce issues:

- *I think, first of all, when you get these trainees coming out, having a greater understanding of their local systems and services is going to help them in their future progress. But also tying them down to the local area might help them stick in the local area, and you might actually enhance your local services by retaining workforce in that area.*
- *The future of the NHS is going to be inter-professional learning, so it's not going to be one profession being the harbinger of all knowledge, so it's going to be, giving that exposure, to the trainees a lot early on, enables them to understand each other, and how each of them work, and they can take that forward in their professional lives.*

Post induction, the GP trainers concerns about the project had changed from how they might implement this in their own practice with associated time and capacity issues, to how this project might be rolled out wider and beyond the nine interested practices that were part of this project, i.e. the sustainability of the project:

- *The concern would be, just to follow from this, if there are good outcomes from this, how will this be sustained, how is that spread throughout general practice and pharmacy. I'm concerned about the sustainability in the long run.*
- *I think the main problem will be to get it away from the usual suspect practices and into general practice more widely, because so much of the stuff is now being concentrated in certain practices who are wanting to do this kind of thing, to right across all of the learners. It is then just taking that from those small groups of well-organised practices and spreading it more widely.*

Two GP trainers still have concerns about capacity in their practice and how this might affect patients:

- *You might make an argument that we are taking our trainees out for 4 days. We haven't got the capacity to do that, so there's that. And there's if you roll this out across the board then you could send our trainees for 4 days in diabetes clinic...it's a sense of how do we decide which organisations we should make this sort of partnership with. I think it's a good idea, and we should give it a shot.*

In response to a question about whether they had identified any personal learning objectives as a result of the discussion at the induction event, six of the seven GP trainers indicated that the project will have a positive impact, with some personal learning objectives coming from the desire to develop good, mutually beneficial, networks with pharmacists, from generating ideas to link pharmacies into health projects, etc. Three of the GP trainers acknowledged that some key workforce issues may be resolved through working closely in partnership with pharmacies:

- *Certainly as a practice we have been looking at our mapping of our medicines management and I think that not just with that, but actually exploring how we can make our lives a bit easier by working together. That seems to be something that is echoing through our session today.*
- *Definitely. I mean at the moment we are looking at the health of our patients, at the moment we are piloting hypertension and asthma, so this has given me a lot of new ideas about how/where we can get our pharmacists to fit into that innovative way of working.*

In a final question about any additional topics that should be covered during future induction events five of the GP trainers indicated that there was a need for additional notice (more time) to help them initiate and promote the project, and that the current objectives needed to be clearer. Two of the GP trainers cited the need to look at the long-term objectives of the project:

- *I think that this was started at very short notice and actually when you bring this topic out, it's helpful sometimes to have the discussion before the discussion; and about the awareness of the subject, and not just in general practice, but actually in a wider aspect of this. So that is probably the comment I would make about how you could organise this again.*
- *Yep. I think that you need to be aware that sometimes we have to justify why we are doing these sorts of things to our partners and patients. So, it is really very important to have clear objectives so that we can sell this to other people.*

- *Probably look at long-term objectives – what is it that we are trying to achieve, and is it viable? is it possible for pharmacists to work in GP practices? is it sustainable? So, that sort of stuff.*

The GP trainers raised some interesting comments about the future of these types of placements for different health professionals, as well as the relationship between GPs and pharmacists:

- *I would be interested in whether they will be rolling this out, not just for pharmacy students, but for physician associates, social care, district nursing care, because there are so many aspects here in general practice where we are time poor and we need to use the collaboration with different services. So, if this is happening I'm assuming that there is something else happening that we don't know about. And that's what I want to know about.*
- *I think this complements well the ethos of within my partnership and also the kind of work we are already doing with the pharmacist. I see this as the next step, an evolution having a much closer working relationship.*
- *Probably perhaps development from the pharmacy training course, in the training years to spend more time in the practice so that they are actually prepared for such projects and it's not something new to them.*

Pre-induction event feedback from Pre-registration Pharmacist Tutors

The pre-induction questionnaire asked pre-registration pharmacist tutors about the training they had received to prepare for a role as a tutor. Five out of seven tutors has undertaken some form of training previously, one stated experiential (on the job) training and one pharmacist stated that no previous training had been undertaken. Six of the seven pharmacist tutors were confident that they have the requisite skills to practice as an effective tutor (1 very confident, 3 quite confident and 2 fairly confident), with one tutor stating –

- *I always think that there is some (a lot) room for improvement.*

Pharmacy tutors were asked what they hoped to learn from the induction session. Five of the seven pharmacist tutors hoped to learn more about what is expected of tutors and trainees, with two of these adding that they wanted to learn more about the project. For example –

- *An understanding of the project, why the project is being carried out, expectations of what is required from all parties and what will be the result of the outcome.*

Two of the pharmacist tutors said that they wanted to learn more about how to tutor -

- *Tutoring skills. How to be more involved with the tutoring and the changes facing the pharmacist (and challenges).*

- *Newer ways of tutoring and views from colleagues.*

In response to the question about expected benefits to trainees experiencing the placements the majority of pharmacist tutors said the benefits to trainees will be a good insight into the workings of a GP practice and an understanding of the closer working needed between GPs and pharmacists in the future. Improving working relationships and exploring the bigger picture and the challenges facing pharmacy were also mentioned:

- *It will give them quite a good insight into the workings of a GP practice. Hopefully, this will be the norm going forwards. Also, closer working has between GPs and pharmacists in the future.*
- *The pre-reg. will have a better understanding of how GP surgeries work. Future needs pharmacist and GP to work together.*

One pharmacist tutor also said that a key benefit was that trainees would gain a greater confidence and understanding of the wider context for GPs and pharmacy:

- *A bigger picture. Confidence, facing challenges of the ongoing changes in the pharmacy world.*

Tutors saw the benefits to their practice as the opportunity to build closer ties with GPs and improve working relationships and that this would hopefully improve patient care. Other pharmacist tutors stated benefits such as improving management and learning skills and that it could open up the opportunity of adopting future [new] services. Only one pharmacist tutor responded by saying that they were *not sure* what the benefits were.

The pharmacist tutors identified no disadvantages to patients, trainees or the practice of taking part in the placements. All of the pharmacist tutors saw advantages to patients, trainees or the practice of taking part in the placements:

- *Can only see advantages. As the trainee may be able to see both sides of the coin & explain to practice none of the practical impediments caused by GP practices in patient care within pharmacies.*
- *Both pre-regs and GP trainees are the future of both their respective professions and getting an early insight into each of their practices can only enhance better working relationships in the future for which will translate into better patient care.*

Three of the seven pharmacist tutors stated that time was a concern with the placements with one concerned that the pharmacy pre-registration student would spend more time in the GP surgery than the GP registrar would spend in the pharmacy.

Post-induction event feedback from Pre-registration Pharmacist Tutors

At the end of the induction session pre-registration pharmacist tutors were asked to attend a short focus group where they were asked similar questions to those asked in the pre-induction questionnaire, in addition to some questions about their tutoring skills.

In response to a question about whether they now felt more confident giving their trainees feedback, the response from the group was positive, for example:

- *Definitely. Highlighted my weaknesses. I thought I was going about it in the right way, but hadn't reviewed it in my head...maybe I'm a little bit more negative than I think I am...I managed to reflect with myself to make me be less harsh. And even though sometimes it's called for, but to try and make it more of an open discussion.*

The question about how confident the tutors felt about dealing with trainees in difficulty elicited one positive response:

- *Oh yes, that was very good in terms of directing the conversation, you can categorise it into different areas. You can be very specific about what they want to achieve. Help develop action plans.*

Tutors were asked about their understanding of QIPP and how to implement projects in their workplace. The respondents to this question showed understanding of QIPP, however a key concerns were implementing projects, the ability to control which projects could be implemented, and the amount of work to be done. However, one pharmacist tutor also cited the improvements that can be made through building relationships with GPs and through improved communication -

- *Today we got time to spend with them. And I know that we are just one pharmacy for them. [Their surgery] are my sole...surgery, and now we have a better relationship with them. Pharmacists know all the doctors. And I know [name of Dr] really well, she came in here, but she doesn't know who I am [I am just] one of many pharmacists. And now we have built up that relationship, now it's really good, now I think actually we might have monthly these discussions about all these topics, medication, you know. I think that is what helps, the communication from today, will help us carry out these projects.*

A pharmacist tutor outlined their concern about the whole GP/CP project, because it took pharmacies focus away from their 'bread-and-butter' core business activities:

- *I think the only thing is that, in my perspective, we as community pharmacists would like to help with this sort of thing [QIPP] and to help doctors with this sort of thing. In terms...of the people, we work for business owners, so we do not touch*

on what benefits community pharmacy. It's helping us to become more clinical – better job satisfaction. But in terms of looking for more work, [there is] more workload, but we [as a business] are not benefiting ...we might even be losing out... You're basically just making more work for yourself without actually benefiting.

Another pharmacist tutor counters this with:

- *I think there are some benefits, because you are building better rapport with the surgery, that kind of stuff. Hopefully in the longer term you get better relationships... I know it is not very tangible. You can't measure it. Working for a multiple [pharmacy chain] I might be moved to another store and that relationship then breaks down again. And you kind of [need] to think about how do you keep that going?*

The pharmacist tutors primarily saw the placements as a way to 'bridge' the good working relationship and communication 'gap' between the community pharmacy and GP practice -

- *Just the fact that we got a face to a name helps massively. You've met. You've spoken to. Discussions about similar issues. You have a better understanding. It's easier. You know. If you phone the surgery to say [her name] on the phone....*
- *And I think, a positive is that it is our trainees will be pre-reg...so hopefully going forward those GPs will have a better understanding. Better understanding of pharmacy as well [about community pharmacy] throughout their careers.*
- *I think... communication, or the lack of it, is one of the main problems – where we don't know what's going on. I think just communication in lots of different ways – may be having a hot line, where the doctor and the pharmacist can talk without the receptionist. If they know what we're doing, like MURs, and what those clinical MURs actually mean to us, then they are more willing to take our phone calls –in the middle of seeing patients, or just after, as opposed to a few hours later. Or maybe calling us to their weekly meetings, so we don't need to double do the work. I think all these small parts of communication will definitely increase help increase trust. I think the fact is that doctors and pharmacists don't know what each other do and therefore do not trust what each other do. Because don't see each other enough. Communication can help change all of that.*

The pharmacist tutors cited improved care, efficiency and awareness as the key benefits of the project for patients:

- *If communication is better then things will get done quicker. More seamless. Instead of duplicating services...there will be one service. And instead of having a review with the doctor, or not having a review but an MUR, and their medication being blocked...more seamless service. One of everything.*

In response to a question about tutor's concerns about the project, the timing of the GP/CP project within the pre-registration year was a common theme:

- *I think that's a fair point, if you were taking this project forward in the future. It's the balance of getting in right in between...you're too early, obviously, it's not fair on your patient...pharmacies...puts a lot of pressure on the trainees.*

One pharmacist raised the issues of ensuring that the pre-registration trainee was competent enough to represent the pharmacy profession within a GP practice:

- *My concern of my pre-reg this year is whether he is at a competent level to represent what we do in pharmacy. So he will be going into a GP Practice to represent us as a pharmacist/professional body, and that could also ruin the relationship...we haven't had the choice to choose our pre-reg. They've chosen the tutor and they've chosen me as a pharmacist. But the [surgery] doesn't know what my pre-reg is like. It could backfire as well to a certain degree, because there is only so much control you have when they go in and how they represent. I also have to train them to make sure that they do represent us.*

A further concern expressed was how the pre-reg will be used once in place -

- *I don't want pre-reg being used as a dog's body by the surgery to confirm their audit and tick the box, kind of thing. I'm talking about the QIPP. As long as they're not...there are certain things that they have to integrated...In order to get QoF points. I just wouldn't want that to happen here...I'm not saying it would...*

Focussing on the GP trainees' time in the pharmacy, one pharmacist felt it was important to ensure that the GP trainee gets to see the broad remit of what community pharmacy does:

- *My concern...[of] the GP coming to the pharmacist is that theirs is very much clinical base, you know, where ours is a bit more holistic approach....so it's just about not them seeing it as just a mundane part of what we do is prescriptions. [We want the placement]...to see that there is the wider remit...[the] enhanced services we are doing? What are all the services like anti-coag that we do? Like the 'TV doctor', that we do. Like we do travel clinics; that's all part of it. And we do the prescriptions. So it's about taking on board that we have time constraints and*

we do bits of everything, we are not trained clinically, as they are. And I think that's my main concern, that they understand that.

When asked about disadvantages to practice the conflict between the pharmacy business and the benefits for patients and the profession was again vocalised:

- *Only working for a multiple...[The pharmacy chain owners] Can't see the benefit of me taking part in the project at the moment. They're concerned about the profits.*

The pharmacist tutors were asked by the interviewer how this problem could be mitigated -

- *I think if we had access to the surgery systems, because some of the training could be done in house...[We should be able to access] their records and their systems...we should be able to access their systems, the patient records...have their system stored in our pharmacy.*

However, this was then countered by others in the group who felt that this missed the point about getting a true understanding about how things worked in a GP practice –

- *I think what a GP does and what a pharmacist does, I think they need to go into shadow and see what happens on a day. It's the same if someone was looking into PMR with us they would have no ideas what they are doing...by just looking at a screen.*

Pre-Induction event feedback from Pre-registration Pharmacists

When asked what they hoped to learn from the induction session five of the eight pharmacist trainees responded that they wanted to learn more about the role of the community pharmacist in the GP surgery, two responding that they hoped to learn how this will improve communication between the GP surgery and the pharmacy. Four trainees wanted to learn about the expected positive impact on the NHS and patient care, three trainees specifically cited wanting to learn more about the actual project, and one trainee wanted to learn how the project would benefit them as a pharmacist.

Pre-induction event pharmacy pre-registration trainees perceived the following benefits for trainees taking part in the project:

- How to build good partnerships with the local GP surgeries.
- Better understanding of the role of community/GP pharmacist in building relation with GP practices to ensure better patient services.
- An understanding in different roles in healthcare, mainly an opportunity to collaborate more smoothly.

Pre-Induction event feedback from GP Registrars

When asked what they hoped to learn from the induction session four of the seven GP registrars wanted to learn more about the project, with three trainees qualifying this by saying they wanted to learn the project's aims and objectives. One trainee wanted to understand the role of QIP. Two trainees wanted to learn more about the services available in pharmacy and one qualified this by indicated that this would help to get the best possible care for their patients.

In the pre-induction event questionnaire three GP registrars indicated that they lacked knowledge about pharmacy and did not know their local pharmacist. One knew that pharmacists provided medicines use reviews.

All seven GP trainees perceived a key benefit of the project as being a greater knowledge of how pharmacy works, and a better understanding of roles, responsibilities and services. Some trainees, for example, also saw this as improving efficiency, responding with phrases such as 'cost effective prescribing' and 'could potentially spot improvements...'. Other benefits included better signposting of patients to where their medical needs could be best met, i.e. either by the surgery or the community pharmacy, reduced waiting times, safer prescribing and improvements to the quality of care. One trainee also thought it would give the pharmacy the opportunity to help see more challenging patients, [better] using their expertise. One trainee also saw a benefit as increased business for the pharmacy.

The GP trainees had no overall concerns about the project other than the timing of the placements which coincided with their final exam. Overall they were positive about the future working relationship between GP practices and community pharmacy.

Post Placement Feedback

Feedback from GP Trainers

Three GP trainers provided post placement feedback. The GP trainers valued the opportunity to get to know pharmacy colleagues. This was cited as the best part of the placement:

- *an improved understanding of each other's roles and the different pressures we face. It helped to remove the feeling either party was being unreasonable in their requests*
- *Cross fertilisation of ideas & understanding of GP practice*

Once the placements had taken place limited time and short timescales were seen as the least satisfactory parts of the project. The length of the placement, however, was felt to be about right but needed more lead in time.

The GP trainers would not omit any part of the placements but they would add in a joint session with GP and pharmacy trainers and trainees.

The GP trainers felt that the projects had provided opportunities for interprofessional learning:

- *joint clinics and the ability to get the patients perspective on how they use the two professions*
- *Yes the trainee pharmacy was good at contributing to GPs & our trainee*

It also provided opportunities for GPs to better understand the challenges facing community pharmacy. One GP had even agreed to act as a DMP for a trainee pharmacist independent prescriber as a result of learning more about the pharmacy profession.

The GP trainers did not feel that the project had changed their own practice as such, although two GP practices are now considering employing a pharmacist to support medication review.

Feedback from Pre-registration Pharmacist Tutors

Two pharmacy pre-registration tutors provided post placement feedback. The benefit of the project was the opportunity to form a better relationship with the GPs:

- *Forming a better relationship with the GPs and them understanding our roles better.*
- *GPs and ourselves communicating more to get better outcomes for patients*

Again timescales and the short amount of time in which to fit all the placements was cited as the least satisfactory part of the project. One pharmacist suggested that running the project over four months would allow more time to fit the placements in.

One pharmacist would have liked a section on EPS and repeat dispensing added to the induction session but they would not omit anything from the session.

A benefit of the project to the pharmacist's own practice was cited as:

- *Better tutor and also improved my relationship with GPs so that we can both be more efficient in our roles and better service for patients*

This pharmacist also stated that the GP surgery had instigated an emergency phone line so that the pharmacist can get hold of a GP when they need to.

Feedback from GP Registrars

Five GP registrars completed the post placement questionnaire. The best part of the programme was gaining an increased knowledge of the role of the pharmacist:

- *Getting a better understanding of the role of the community pharmacy team and building stronger relationships.*
- *I have a much better insight into the difficulties that present in a pharmacy.*
- *Much more understanding about role of pharmacist. Would be useful to have some teaching about pharmacy training + what they learn at university.*
- *I always had a high regard for pharmacists and their role in patient care. I now have in addition a clearer perspective of what they do and how their valuable skills could be utilised to meet ever increasing patient demand.*

The timing of the pilot and the location of GP and pharmacy were identified as least satisfactory aspects of the placements:

- *The distance between the GP surgery and the pharmacy meant that the info gathered in each place was not wholly applicable by the [patient] population.*

In addition there was possibly a need for the trainees to meet both supervisors together to ensure the success of the placements:

- *Pre-reg pharmacist was not allocated any time to spend with GP trainee – was expected to do photocopying whilst on shop floor! No involvement from pharmacy trainer.*
- *Would have been helpful at start to have meeting with both supervisors together, but due to timings did not happen.*

Two of the registrars felt that fewer days in the pharmacy were required whilst two GP registrars would not change the length of the placements. They did however, state that the timing was not very good in relation to the GP exam and that a longer lead time was required in order to arrange study leave:

- *Needs to be longer or at least we need more notice to plan for study leave – I need to give 8 weeks' notice to my practice. Also bad timing during the year – GP reg has exams and portfolio + pharmacist also has exams – would be better at start of year – Oct/Nov.*

Two registrars wanted more guidance on what to do in the pharmacy placements:

- *Useful to have list of useful activities to watch at pharmacy.*
- *Other aspects of pharmacy such as methadone programmes in the community which pharmacists are involved in.*

All the GP registrars answered the question about whether the placements had provided opportunities for interprofessional learning and all five thought the programme had provided such opportunities:

- *Yes – learning about each other's notes improved inter-professional learning.*
- *Yes – I had no idea what NMR, MUR was and what they involved.*
- *Yes – learning that pharmacists involved with taking b.p [blood pressure]*
- *I now have a better idea of what the pharmacists do, e.g. MUR, NMS. I hope I have become a better prescriber in terms of interactions, quantities, making cost effective choice. I was able to shape knowledge with the pre-reg on how to manage some basic conditions, e.g. rashes, MSK issues and allergy.*
- *Yes. Better relationship with pharmacists and much more open communication.*

All the GP registrars answered the question about the usefulness of the induction session, and all thought the induction/training was useful:

- *Induction was useful, but I didn't really come away realising I had to do a QIP...! Would suggest induction with trainees + give trainers some supervision responsibilities.*
- *Very useful experience. I feel more able to direct patients to the pharmacy for certain aspects of care. More aware of services that may overlap, which will encourage me to continue to think of ways to adapt a more efficient service between surgery and pharmacy.*
- *Induction was good as we know our aims and met each other before the placements.*

All the GP registrars acknowledged that the project had had an impact on their practice and the way they use community pharmacy:

- *In future, would be more proactive contacting our local pharmacies to solve problems.*
- *Changed the way I prescribe.*
- *More use of community pharmacy.*
- *To be a more conscientious prescriber. To utilise the knowledge and skills of our pharmacy team more often.*
- *More prescribing of medication that's not out of stock, increased pharmacy time a lot more.*

Four of the five registrars cited that the programme improved their professional confidence, particularly in the role of the pharmacist:

- *More confident about role of pharmacists.*
- *More aware of services in the community.*
- *Increased confidence of prescribing and developing professional relationships.*
- *Realised there's a lot to be deemed from each other so very open about my lack of knowledge & ask for help.*

Four of the five registrars cited that the programme had an impact on patient outcomes:

- *Could roll out our QIP to local pharmacies + this would help patient population.*

- *Dosette box, repeat dispensing, encourage patients to do MUR, new roles – pharmacy will do NMR to save GP time.*
- *Asking patient to check b.p. at pharmacy. Using smoking cessation clinic as easily accessible.*
- *Safer prescribing leading to improved patient care.*
- *Difficult to say as qualitative results small. So not sure if had huge impact on patients yet.*

In relation to their future practice, three of the five GP registrars answered the question, with an emphasis on increased working practices with pharmacists:

- *To develop more links with community pharmacist and GP practices.*
- *To continue to develop ideas to improve inter-professional working. To liaise with pharmacy team more often.*
- *To involve pharmacists in our monthly meeting.*

One GP registrar stated that they were keen to engage a pharmacist to work in the practice. All five of the respondents could see the benefit to patients of a pharmacist working in a GP practice:

- *Less jumping around from GP to pharmacy. They save time. Less hassle.*
- *Medication queries. Easy repeat scripts.*
- *Reduce GP workload, medication reviews.*
- *Having expert advice on medications in a consultation that lasts less than 10 minutes.*
- *Up to date knowledge on medication interactions/stock and source of knowledge for GPs.*

Two of the GP registrars plan to continue to work collaboratively across sectors:

- *Yes, to collaborate with local pharmacist nearer to surgery.*
- *For this to be an ongoing scheme with GP and pharmacy trainees spending time in each other's environment, and completing a project with repeat cycles over the course of the year.*

In response to a question about understanding of pharmacy's NHS contract, four of the five registrars cited a greater understanding of the NHS contract with pharmacy:

- *Understand how pharmacy is paid. Helped me pick up a significant event regarding another local pharmacy.*
- *Yes, informed about MUR & NMR.*
- *I am now more aware of how pharmacies are contracted/paid – previously my knowledge was very limited.*
- *Better understanding.*

The GP trainers had the following comments to improve the project in the future:

- *Closer pharmacies to practice. Different time of year. Pre-planned study leave – difficult to plan with little notice.*
- *Involve patient participation groups, larger study.*
- *Have specific questions for each of us to ask. Ask the staff. I did not know what to ask, as no idea about the environment. [question] e.g. How does pharmacy get paid?*

Feedback from Pre-registration Pharmacists

Five pre-registration pharmacists completed the post placement questionnaire. The best part of the programme was an increased knowledge of the role of GPs and the benefits of working closely with them and their practices:

- *Shadowing different roles at the practice and building relationship between pharmacy staff and GP practice staff.*
- *Having the opportunity to work in a GP practice.*
- *Gaining an insight into the day-to-day work of a GP and appreciating their work.*
- *Being able to sit in during GP consultations, nursed led consultations etc, as it was a great way to learn and see how consultations are concluded.*
- *Communicating with a GP; without this project, this is something that would never have happened.*

The placements not only allowed trainees to gain a greater understanding of the role of the GP but also of other roles in the practice:

- *That was a great opportunity to learn about different roles at the practice.*
- *Big impact. I now greatly appreciate the role of the GP.*
- *My understanding has greatly improved and I appreciate the time constraints GPs are under to complete their tasks.*
- *It has improved as I've seen now GP's process repeats [prescriptions] etc.*
- *I did not get a very good understanding of the practice manager's role.*

Pharmacy trainees reported that the placements had an impact on their practice for example understanding the clinical input that a pharmacist can have and improved consultation skills:

- *I have a better clinical input towards practising as a pharmacist. Better understanding of medicines management.*
- *Improved consultation skills. Improved clinical knowledge e.g. understanding how to interpret blood results more effectively.*

The placements had improved the trainees' professional confidence:

- *It has helped me become more confident in being able to talk to patients and talk to other healthcare professionals.*
- *More confidence in querying things with GPs, as I now understand they face the same/similar issues.*

When asked about how the programme had changed their practice trainees were positive, with one stating that they now reiterated GPs messages to patients:

- *Yes, prompting patients and highlighting the importance of attending medication reviews and relaying messages doctors write on medications to pass onto patients.*

In terms of future practice, trainees stated the desire to work more closely with GPs, potentially even working in a GP practice:

- *Getting more involved in GP practices as a pharmacist.*
- *Showed me a new insight to other pathways to the pharmacy career, i.e. working in GP practice.*
- *I can see myself working in a GP practice.*
- *More communication; possible involvement in 'phase 3'.*

The desire to work in a GP practice was reiterated when asked about future plans for interprofessional working:

- *Will definitely strongly consider applying for a future pharmacy job in a GP.*
- *I would definitely like to work more closely with GPs or other healthcare professionals as it's a great way to learn from each other.*
- *Working in a GP practice seems like a worthwhile /useful opportunity.*

Trainees stated a number of benefits of a pharmacist working in a GP practice:

- *Increased patient wellbeing and satisfaction.*
- *GPs will be able to ask more specific questions about drugs before prescribing, which can then minimise prescribing errors, or to find alternatives for out of stock medications.*
- *Could help tremendously, will give pharmacist opportunity to use their clinical knowledge.*
- *Improved patient safety. Could result in stopping medicines that are no longer necessary. Cost savings. Synchronisation of medicines.*
- *Any queries can be dealt with there and then instead of making the patient run back and forth.*

In terms of future collaborative working pharmacy pre-registration trainees stated that the QIP projects offered an opportunity for this:

- *Yes, expanding the QIP project to other GP practices closer to the pharmacy.*
- *Yes, pre-reg can continue with QIP projects that have started in collaboration with GPs. Also, there is an improved relationship between pharmacy and surgery.*
- *Yes – lots of opportunities where pharmacists reduce the workload of GPs – health checks/MUR/NMS.*

Two of the five trainees answered the question about whether the project had improved their understanding of the GP contract:

- *Yes, QoF in particular.*
- *There are lots of services provided by GPs that can be carried out by pharmacists to reduce GP workload and to get pharmacists more involved in patient care.*

Timing of the placements was once again raised as a least satisfactory issue together with organisational issues. Three of the five respondents thought the length was adequate but two thought it should be longer:

- *The lack of organisation of the GP practice Team.*
- *Not long enough. Would extend to 2 weeks (10 working days) in able to see/do everything.*
- *Not enough time to do full day placements.*
- *Lack of meet ups [caused by] fitting time in with work responsibilities.*

When asked what they would change about the placement pharmacy pre-registration students commented on the placement booklet as an area that needed changing:

- *No real need for placement book – interfered with actual learning.*
- *Yes – the GP/Pharmacist trainee booklet as it detracted from the QIP project.*

Pharmacy trainees wanted more involvement of tutors and more meeting up with others involved in the project added into the placement programme:

- *More involvement of tutors, although considering their time pressure I'm not sure how it could happen!*
- *Yes – more organised meet up points (not just between individual groups, because it is easy to lose focus).*

All five respondents thought the programme had provided opportunities for inter-professional learning:

- *Yes, very much. GPs at the practice are now aware of some services run at community pharmacy.*
- *How the role of a pharmacist fits in the GP practice.*
- *Yes, through our respective QIP we have both gained insight into inter-pro learning.*
- *Yes, during a consultation I was asked to demonstrate how to use an inhaler to a patient. Conducting medication reviews as part of the QIP Project was a great way to work with each other.*
- *Definitely. E.g. I shadowed nurses – saw how they used dressings which gave me a better understanding when ordering stock, etc.*

When asked if the induction had prepared them for the placement programme all thought it was useful but one trainee felt the end goal could be better explained:

- *Very useful. It gave us a guide and indication about what QIP was and the types of projects we could do. The workbooks were also very helpful.*
- *Fairly useful, but perhaps the end goal needed more explanation; we weren't too sure on what we were supposed to produce (presentation) at the end. But I expect seeing as the 1st phase is complete, the next group of participants will have more of an idea.*

When asked how the project could be built on for future cohorts four of the five trainees responded. Comments focussed on the need for more meetings and a more structured and defined programme for the placements:

- *A better structured programme in a sense that the GP surgery is ready to have the trainee involved in a lot of activities, as when I started my placement no one had an idea of where I should go or who I should be shadowing.*
- *More meetings.*
- *More meet up points. Set goals by deadlines.*

Quality Improvement Projects (QIP)

Both sets of trainees were asked to complete a short questionnaire about their QIP. Nine trainees responded to the questionnaire. The responses to the questionnaire are shown in table 1 below.

Table 1 Quality Improvement Projects

Respondent number	Focus of QIP	Outcome of QIP	Impact of QIP on interprofessional working	Impact of QIP on patients
1	<i>Joint medication review of complex patients.</i>	<i>Safe + appropriate medication regimes of complex patients.</i>	<i>Improved relations between surgery and pharmacy. Educational for both trainees.</i>	<i>Greater time spent on reviewing medicines, therefore increasing patient confidence in medicines they have been prescribed.</i>
2	<i>Pharmacy asthma reviews + sharing the information with GPs.</i>	<i>Improved communication between professionals. Asthma reviews.</i>	<i>Reduced GP workload.</i>	<i>Better asthma control.</i>
3	<i>Reducing the number of out of stock medication.</i>	<i>Producing regular bulletins to improve knowledge base of out of stock medication. Improving communication between GPs + pharmacists.</i>	<i>Better communication. Better working relationship. Understanding each other's difficulties in the workplace.</i>	<i>Reducing the length of time to get access to the correct medication.</i>
4	<i>Prescribing steroid creams.</i>	<i>Not many patients are aware of why they are prescribed and the side-effects.</i>	<i>Making patients aware of the correct use of steroid creams.</i>	<i>Patients gain a better understanding of the correct use of steroid cream.</i>
5	<i>Changing patients to regular repeat scripts to repeat dispensing.</i>	<i>Ongoing – hopefully to reduce script load to GPs and work for pharmacy.</i>	<i>Happy relationship.</i>	<i>Less visits to GP.</i>
6	<i>Synchronise quantity and numbers of repeats on repeat medication of stable patients.</i>	<i>45% of medications were non-synchronised. From the medications which were synchronised 36% no. of repeats were synchronised, 20% of quantity of medications were synchronised, 16% of medications were removed from repeats; 25% no change after review.</i>	<i>Highlights area which can reduce burden to GPs, community pharmacists and patient time.</i>	<i>Patient only needs to visit GP once in a year for medication review than multiple times.</i>
7	<i>Synchronisation of repeat prescriptions (quantity and number of repeats).</i>	<i>Synchronised repeat prescription.</i>	<i>Increasing patient convenience. Saving time for GPs & pharmacy staff. Saving NHS budget.</i>	<i>Increased convenience.</i>
8	<i>Joint medication review of complex patients.</i>	<i>Safe and appropriate medication regimes for complex patients.</i>	<i>Improved relations between surgery and pharmacy. Educational advantage for both trainees.</i>	<i>They can have increased confidence that more time has been spent reviewing their needs/management plan.</i>
9	<i>Pharmacy asthma reviews and sharing info with GPs.</i>	<i>Improved communication between professionals.</i>	<i>Minimising GP workload.</i>	<i>Better asthma control. [Reduced] need to go to the surgery. May not need to book apt if they can easily go to the pharmacy.</i>

Key findings

The key findings that emerged from the data collected during the evaluation include:

- All parties involved have gained a greater understanding of each other's practice.
- GPs and GP registrars developed a greater understanding of the journey of a prescription through a pharmacy, and the challenges faced by the pharmacy team.
- Pharmacy trainees gained a greater understanding of the roles of all the members of the GP practice team.
- The project has provided GP practices with first-hand knowledge of how pharmacists can help GPs with the patients they share. The project highlighted the benefits of better collaborative working between GP practices and community pharmacies including the potential for a reduction in duplication of effort, an improved patient journey and ultimately, improved patient care.
- The project has improved communication between the GP practices and community pharmacies involved, including some immediate changes to practice such as a direct line for the pharmacist to the GP.
- The project provided enhanced opportunities for collaborative and interprofessional learning, particularly through the Quality Improvement Projects.
- The trainees reported that they would be likely to work on interprofessional projects in the future.
- The placements helped the pre-registration pharmacists to understand the consultation process better and increased their confidence and skills in communicating with patients.
- The project has increased the interest of GPs in having a pharmacist working in their surgery and the potential for pharmacist led medicines management and long term condition support in the surgery.
- The opportunity for a career as a pharmacist working in a GP practice was highlighted to pre-registration pharmacists.

Discussion

This project has provided a valuable experience for both GP and pharmacy trainees and tutors, and has met the aim of increasing local dialogue between community pharmacists and GPs. The project is now being rolled out to a wider group of pharmacies and GPs across the whole of London and the South East, and there is some learning from this project that could be taken forward to ensure the success of this.

This project included a small group of self-selected pharmacies and GPs who have an interest in education and training. Careful thought needs to be given as to how to engage a wider audience and those who might not volunteer so readily. In this project there was very little lead time between recruiting the practices and the trainees starting their placements, and this was commented on by the GP trainers as a concern about the project. It allowed little time to consider how a practice might ensure it has the time and capacity to take on a pre-registration pharmacist. This could potentially create a barrier to participating in the project for a less enthusiastic practice. There is a need to consider the timing and communication of the recruitment process.

In this project both GP and pharmacy trainees were provided with a curriculum to ensure a focus to the placements, but the feedback suggests that this needs to be reviewed in order to provide more guidance and focus to the placements. The objectives of the placements for both pharmacy and GP trainees needed to be clearer with more guidance on the suggested activities to undertake whilst on the placements. Greater clarity and guidance in this respect will help with recruiting pharmacies and GP practices to the project.

The timings and length of the placements were commented on in the responses to the evaluation questionnaires. The placements clashed with the GP registrar examination, and getting study leave from the practice to attend the placements with short notice was also problematic. The GP registrars spent less time in the pharmacy than the pre-registration pharmacist spent in the practice. Comments were also received about the timings of the placements with some feeling that a block placement rather than a day a week would have been more beneficial.

The QIP was a valuable piece of interprofessional learning and resulted in some immediate changes to practice, however there were comments that the benefits of the QIP needed to be clearer for community pharmacy. This could be easily addressed in the induction days and in providing more guidance to the trainees on the projects.

Pharmacy tutors expressed initial concerns that the pre-registration pharmacists might not be competent enough at that stage in their training to represent pharmacy and to be able to articulate the scope of community pharmacy to the GPs. The findings from this project in relation to the self-declared greater understanding by the GPs of community pharmacy can help to allay those fears. A longer lead time between recruitment and the actual placements can also help to reduce this barrier as it will allow the pharmacy tutor more time to prepare their pre-registration pharmacist. It is also worth remembering and stressing to tutors in the induction session that recently graduated pharmacy students have been taught against a new curriculum and learning outcomes, and should be very well prepared to represent the profession in any setting.

One of the aims of the project was to increase opportunities for interprofessional learning. Whilst the project can be said to have met this aim, there were missed opportunities. A number of participants suggested the need for greater communication between the GP trainer and the pharmacy tutor about the placements, to help in the planning of the placements and to increase understanding of each other's practice. In future projects, consideration should be given to including opportunities for all four personnel (i.e. GP and pharmacy trainee and GP and pharmacy tutor) involved in the placement to meet to share expectations for, and learning from the placements.

Conclusion

This project has been successful in opening local dialogue between GPs and community pharmacies to increase collaborative working and improve the patient journey.