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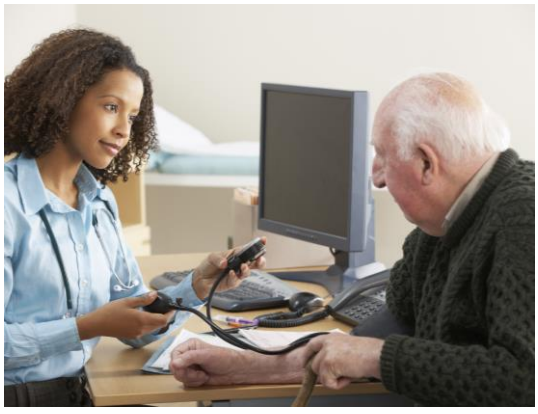
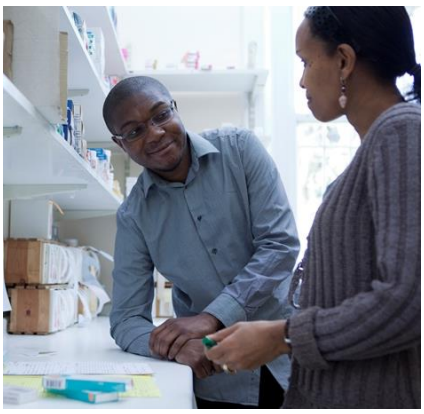
Pharmacy Trainee Placements in General Practice: Executive Summary





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Introduction and summary of key findings from Phase 1

Background

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 the NHS Five Year Forward View, which argues for a "radical upgrade" and a more engaged relationship with carers, patients and citizens as well as the need for barriers between healthcare providers to be broken down.

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 current General Practice workforce pressures. This ambition was followed by the launch of a national pilot to recruit over 400 clinical pharmacists to the General Practice setting and subsequently extended to a further 1,500 via the publication of the General Practice Forward View.

To support the above ambitions, this project aimed to increase multi-professional role awareness amongst primary care colleagues, using the pharmacy trainees as a conduit to enhanced local dialogues and understanding between enrolled surgeries and pharmacies which would continue after the trainees had completed their training.

A key element of developing the primary care team is to have trainees from all disciplines trained in a range of environments. To ensure high quality educational supervision across all settings, and in recognition of the move towards centralised national pharmacy trainee recruitment and associated quality requirements, an allied workstream of regional quality-assured tutor training runs alongside the placements.

Workstream 1: Trainee Placements

Following a successful phase 1 pilot and evaluation[1], the ambition was to grow placements organically in a managed process.

Phase 2 aimed to:

- place 20 community pharmacy trainees in HEEKSS-approved GP training practices located nearby, with a number of GP trainees (depending on availability) undertaking reciprocal placements in pharmacies, with placements to begin in early April 2016
- utilise the pharmacy trainees (and where applicable 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 shared care of patients
- enlist the trainees to undertake mini projects to identify and help overcome perceived or observed issues between the two sites
- begin the process of increasing local dialogue by requiring the trainees to facilitate discussions between the pharmacist and GP educational supervisors (GP Trainers)
- request the trainees to present their findings at a presentation day at the end of the placement programme

Results

The placements were very positively received and perceived to be valuable by GP trainers and pre-registration trainees. GPs involved the whole multidisciplinary team in the placements, which was valued by the pre-registration trainees. The trainees valued the opportunity to learn about what happens in a GP surgery and to describe what pharmacists do and how they could make a positive contribution to patient care. The presence of the pre-registration trainees led to GPs rethinking the role of pharmacists in the practice with recognition of their clinical capabilities. Trainees wanted GPs to have the opportunity to spend time in a pharmacy. The placement demonstrated the benefits of increasing communication between GPs and community pharmacists and examples of how they can better work together. In fact, the placements have triggered projects for future joint working.

Pre-registration tutors valued communication with other tutors, identified a wide range of inter-professional learning opportunities, and gained a good understanding of the roles of GPs and other health care professionals. The programme had a positive impact on their practice and lead to some interesting plans for interprofessional working and recognition of the benefits to patients from a pharmacist working in a GP surgery. They had a number of suggestions for development of the programme for future cohorts.

The placements helped the trainees develop their consultation skills and to focus more on patient-centred care. They increased the trainees' confidence in their own skills and helped them see wider career opportunities.

Conclusions

There were comments from the GP trainers about being impressed with the trainee's clinical and pharmaceutical knowledge. This suggests that pharmacy schools are producing pharmacists with the clinical knowledge to be ready for these new roles, with less extra training than might have been anticipated. The comments from the pre-registration trainees about the positive experience of being able to offer prescribing advice and demonstrate the role of pharmacists marry up with the comments from the GPs in this respect.

The placements were mostly observational in nature, yet even within this context and with such limited placement time, the value of pharmacist input and increased awareness of role amongst the GP staff was noticeable. The fact that some practices are now considering employing practice pharmacists is very positive.

The benefit of utilising the trainees to facilitate local dialogue was also apparent from the post-placement Trainee Presentation Day, where the trainees presented the results of their quality-improvement projects. Again, despite limited contact time they were able to suggest-and in many cases implement-a number of initiatives that would be of benefit to the practice, the pharmacy and patients. It was also encouraging that the placements changed perceptions of supervisors in both settings regarding how the other profession operated.

A number of lessons learnt from this phase could positively affect any future iterations of the project. These are documented in the table overleaf:

Learning Points	Action Points for Next Phase
All induction days were face to face events. Five GP supervisors were unable to attend their induction event in person, and were provided an online induction. There was no difference in the feedback from both versions of GP induction	Investigate the option for online supervisor project induction, rather than face-to-face training
Pharmacy trainees were not always released to attend their placement on agreed days due to workplace issues such as staff sickness or work pressure	Clear understanding from stakeholders that full participation is necessary in all activities, perhaps by the signing of agreements; workplace pressures not to form the basis of non-release of trainees
The list of requirements for a pre-registration pharmacist to undertake their training year is not as extensive as the requirement for medical trainees to undertake a placement in General Practice. Two main identified differences are the lack of a DBS check prior to starting the training and the lack of a requirement for trainees to have had a Hep B vaccination	Equalise trainee placement prerequisites to ensure the easy flow of trainees across multi-professional environments; this may have to be pump-primed initially but in the long term needs to be embedded as a mandatory requirement for all training sites
Information flow between various stakeholders and within organisations was at times inadequate.	Ensure a clear communication strategy both within and without organisations to ensure timely delivery and dissemination of relevant information
GP trainees were invited to undertake placements in community pharmacies. Future rollouts should consider whether pairings of trainees from the outset would be of even greater benefit, with a requirement that they attend each-others' workplaces within the context of structured placements and some aspect of joint quality-improvement mini-projects.	Consider future extension to include GP/Pharmacy trainee pairs from the outset, with clear placement timetables and joint-working project outcomes
General Practice supervisors generally felt that the placements needed to be longer to ensure that trainees gained maximum benefit; some community pharmacy supervisors felt that the placements were already too long. Options to trial longer versions of these placements should be examined in the future.	Seek out and pilot different models of placement, particularly extended-length placements

Workstream 2: Tutor Training

Aim

The primary aim of Workstream 2 was to construct, trial and evaluate a training and development programme which ensured that pharmacy educational supervisors (tutors) supporting the pre-registration trainees on Phase 2 of the CEPN Pharmacy Project had access to quality assured training to support them in their tutor role. Additional Workstream 2 objectives were as follows:

- To ensure pharmacy tutors are trained and competent to provide practical support to trainees from a range of professional backgrounds and across different healthcare settings.
- To trial an approach which provides a route to align with wider context of healthcare education and which has the potential to evolve for the benefit of multi-professional integration

Background

A regionally-managed tutor training programme was developed based on the needs identified from an in-depth scoping exercise in Phase 1 of the project[1] and which builds and strengthens the educational governance related to preregistration pharmacist training.

Results and Discussion

The results of all the data captured via questionnaires and follow-up telephone conversations were analysed and common themes highlighted to form opinions. Several key themes were identified are as follows:

Time pressures

The pressure of working in a busy community pharmacy along with mentoring a trainee prevents the tutors allocating time to training during a working day. 100% of respondents stated that their employer did not give them time away to complete this additional training and all stated it was all done in their own time outside their normal work place.

Quality of the training

A few respondents felt that experienced tutors did not necessary need the same level of training required by a pharmacist new to tutoring.
Overall, evaluation data captured for each of the 5 e-Learning modules indicated agreement that the modules helped develop knowledge and skills appropriately and helped tutors to relate their learning to the GPhC Guidance for Tutors.

Confidence building

The majority of respondents gained more confidence in dealing with their trainees as a result of the training and development programme and had greater knowledge of what to do if something goes wrong. 82% of telephone interview respondents agreed and 9% strongly agreed that the training has given them the confidence to deal with a trainee in difficulty should it arise.

81% of introductory study day attendees and 73% of telephone interviews respondents agreed that the feedback workshop, which included role-play, had given them the knowledge and confidence to give feedback to their trainees:

Reflection and Personal Development

Many respondents felt they had reflected on their training experience and had made positive changes to become better tutors as a result.
Only 62% of respondents rated the Personal Development Planning study day sessions as good in the introductory study day evaluation. However, qualitative data captured in the free-text areas and in telephone interviews indicated that this session had stimulated significant reflection amongst participants. This suggests that learning from this session may take time to embed and may benefit from a pre-coursework element:

Peer Group Learning

In the mid-point telephone interviews it was identified that many respondents got the greatest benefit out of their peer group learning opportunities. There was a sense of shared understanding of each other's needs and great benefit from seeing different ways of dealing with certain situations.

The developmental study day, which marked the completion of the programme cycle, provided participants with an opportunity to take part in a facilitated and structured peer review. 92% of study day participants rated this session highly, many stating it were the most useful part of the study day.

Inter- professional learning

All the telephone interview respondents were very positive about the opportunities for learning that is gained from inter- professional learning opportunities. Many felt that GP staff have limited understanding of what Community Pharmacies do and the pressures they are under. They also recognise that many of the staff working in Community Pharmacies have a limited understanding of what GP staff pressures and constraints are too.

100% of telephone interview respondents said "yes" to feeling more confident if they had to supervise a trainee from a different profession e.g. doctor. 45% of responders however felt they would need additional training on the training requirements of other professions in order to do so.

Workstream 2: Conclusion and Recommendations

Overall, this tutor training and development programme has been successful in increasing knowledge and confidence in the pharmacy tutor role, thus meeting Workstream 2 objectives.

Training programme evaluation and post-GP placement feedback from the pharmacy pre-registration tutors highlighted an increased confidence in pharmacy tutors to approach the multidisciplinary team to engage in joint learning opportunities for both themselves and their trainees. There was a clearly identified need for participants to gain a better understanding of the context of their own and others' educational practice and the associated training requirements and a key recommendation for future tutor training programme development is to provide participants with opportunities to learn with educators from differing professions. By exploring and addressing potential barriers together participants will feel enabled to continue to develop multiprofessional relationships along patient pathways and across

organisational boundaries whilst role-modelling enhanced multi-professional working to a mixed audience of learners.

Further Information

1. Full Phase 1 Evaluation, including qualitative/quantitative data and analysis:

   https://www.lasepharmacy.hee.nhs.uk/dyn/_assets/_folder4/community-pharmacy/CEPNPharmacyProjectReportPhase1Final.pdf

2. Full Phase 2 Evaluation, including qualitative/quantitative data and analysis:

   https://www.lasepharmacy.hee.nhs.uk/dyn/_assets/_folder4/community-pharmacy/TraineePlacementsinGPPhase2FinalReportOct2016.pdf