

Pharmacy Trainee Placements in General Practice: Phase 2 Report



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Introduction and summary of key findings from Phase 1

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 (5YFV)¹

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. This was followed by the launch of an NHS England-funded pilot to place pharmacists into GP surgeries. The funding was subsequently increased to facilitate 403 new clinical pharmacist posts, covering 698 practices in England, supporting over 7 million patients.

General Practice Forward View (GPFV)⁴

Launched in April 2016, the GPFV proposed a further extension of funding to allow the recruitment of an additional 1,500 pharmacists into General Practice by 2020 as well as a number of measures designed to facilitate the creation of the wider primary care team as described in the documents above.

National Pharmacy Trainee Recruitment Scheme⁵

As part of their mandate to reform pharmacy education and recruitment processes, early in 2016 Health Education England (HEE) announced the introduction of a centralised recruitment and selection process for pharmacy trainee posts from 2017 onwards. This process would utilise the IT system Oriel which is already in place for the recruitment of dentists, doctors and

healthcare scientists. It would apply to all hospital preregistration pharmacist posts and would be optional for community pharmacy preregistration posts. Community pharmacies could elect to join the scheme by declaring their interest, an element of which included their acceptance of HEE training quality standards. At the time of writing 1415 expressions of interest had been received, meaning that more community pharmacy posts would be recruited to than hospital posts via the new process. This increased the imperative for community pharmacy sites to have in place markers of quality training, one aspect of which would be the presence of a quality-assured pharmacy tutor (education supervisor).

Project Phase 1

GP and Pharmacy teams within Health Education England, working across Kent Surrey and Sussex (HEE KSS), worked alongside the Association of Independent Multiple Pharmacies (AIMp) and Local Pharmaceutical Committees (LPCs) to undertake a project in which community-based pharmacy preregistration trainees spent time in a GP surgery, with the aim of gaining a deeper understanding of how GP surgeries operate and strengthening relationships between pharmacy and general practice in the longer term. Alongside the placements would run a programme of quality-assured community pharmacy tutor training, with the aim of building a network of tutors equipped to not only provide effective supervision for pharmacy trainees, but also potentially for other healthcare trainees.

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 a range of surgery staff, meaning that trainees benefitted from supervision from multiple professionals. The GPhC approved a placement programme using the proposed GP placement sites. Six trainees from amongst the AIMp pharmacies who joined the project 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 2015. Mid and post-placement evaluations were completed by trainees. Placement supervisors completed post-placement evaluations. Both trainees and supervisors were very positive about the placements. The participants identified the value to both the practices and to community pharmacies and the core curriculum areas covered seemed appropriate for the placement length.

A few areas regarding the processes surrounding the placements were highlighted for amendment before the start of phase two. These included the need for clear communication to community pharmacy and surgery placement tutors regarding what the placements entailed well before the placements begin. This would require engagement of AIMp community pharmacy and GP leads to ensure any information was disseminated to their respective tutors rapidly during phase two of the project.

In addition the development of a clear process for identifying trainees requiring support whilst on placement and options for providing additional support was considered to be important in phase two. Potential issues may be avoided by early identification of trainees requiring support by AIMp tutors well before phase 2 rotations began, to ensure that placements did not interfere with the core pre-registration training programme.

Production of a more structured timetable surrounding the curriculum to ensure placement tutors had a clear idea of what was required of the trainees would also be important.

Finally, following a discussion with the HEE KSS Head of Primary and Community Care Education, the GP School of KSS and involved practices the timetable was reviewed and placements in blocks rather than individual days was recommended.

Further information regarding the background to the project, including a full report of Phase 1 can be found here:

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

Workstream 1: Phase 2

Following the successful phase 1 trial the ambition was to scale up the number of placements across the geography, but this time in surgeries without a practice pharmacist. As surgeries generally have little to no experience of pharmacy trainees it was deemed sensible to grow placements organically in a managed process, learning more from each cohort and increasing awareness and acceptance of such placements as a normal part of the trainees' year.

One key aim of the project was 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. The GP practices invited to participate in phase 2 were KSS approved GP training practices where expertise in supervising and supporting learners was well established. To ensure maximal opportunity for increased awareness, an invitation was extended to any ST3 GP registrars within the recruited practices to work closely with pharmacy trainees and undertake reciprocal placements in the partner pharmacies.

A placement programme was devised for GP registrar placements in community pharmacies by the HEE KSS pharmacy and GP teams.

Therefore phase 2 aimed to:

- place 20 community pharmacy trainees in 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
- 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

Expressions of interest from pharmacies were sought from across the KSS region, and invitations extended to all pharmacy contractors via LPCs. The AIMp companies again

expressed strong interest, along with an independent contractor. A longlist of interested pharmacies was shared between the pharmacy and GP teams, who then sought expressions of interest from GP training practices in the vicinity. This matchmaking process, together with the expected dropouts from both sides due to various circumstances, pared down the longlist until all 20 places were recruited to. Five sites were recruited in Kent, one in Surrey and fourteen in Sussex. Kamsons provided ten sites, Paydens six, Day Lewis three, and Chopra's Pharmacy (independent) one. Whilst the project aimed to have reciprocal placements of the GP trainee spending time in the pharmacy, only five GP registrars visited their partner pharmacies. This was done in an informal manner arranged locally between the GP practice and the pharmacy rather than as part of a structured placement.

In line with the stated aim to learn from each placement cohort, feedback from Phase 1 was addressed and specific changes made accordingly as per the table below.

Feedback from Phase 1	Actions for Phase 2
The need for clear communication to community pharmacy and surgery placement tutors regarding what the placements entail well before the placements begin	<ul style="list-style-type: none"> • Programme Director visits to LPCs to discuss Phase 1 and highlight Phase 2 • Communication from HEE KSS GP team to local practices regarding project • Discussion with AIMp leads and recruitment to project steering group; information to be disseminated within organisations using internal communication structures • Induction day for community pharmacy tutors recruited to project • Induction day for GP educational supervisors recruited to project • Induction day for pharmacy trainees recruited to project
Identification of trainees requiring support pre and during placement	<ul style="list-style-type: none"> • Any trainees identified as requiring support at week 13 appraisals not to be recommended for placements • Tutors to assess suitability of their trainees for inclusion in project as per internal company guidelines • Identification of project Programme Director as contact point for any issues during placement on top of existing intra-organisational reporting procedures
Need for a more structured timetable surrounding the placements	<ul style="list-style-type: none"> • Structured timetable developed by HEE KSS GP and Pharmacy teams, linked to an activity workbook and mapped to GPhC pre-registration Performance Standards
Amending structure to one block period	<ul style="list-style-type: none"> • Intermediate structure of two two-day block placements, followed by single day placements developed, to minimise surgery workload and ensure gradual integration of placement concept

The placement was purposely arranged such that there was more time spent in the GP practice early in the programme to ensure that the fundamentals of working in a GP surgery were covered as much as possible initially. This would give trainees a good grounding in how the practice operated and would allow sufficient time for all parties to become comfortable with the trainee in the practice. After this initial orientation, the remainder of the placement was left open for the two parties to organise internally, allowing for the capacity of the practice and the capability of the trainee to undertake further experiences with both the GP and the wider

practice team. A range of potential activities in the GP practice were proposed: the 'smorgasbord' was accompanied by a workbook which the trainees and supervisors could utilise to initiate discussions (Appendix 1)

Results

Questionnaires were devised to capture information on views of the participants pre and post induction and post-placement (Appendix 2).

Feedback from participants

Pre-induction event feedback from GP Educational Supervisors (GP Trainers)

A formal face to face induction for the GP trainers was developed. Fifteen attended and the remaining five who were unable to attend in person, were offered an online induction consisting of reading material and a telephone discussion with a member of the HEE KSS GP team. 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. Nineteen of the twenty responded.

The majority of responses related to gaining a greater understanding of the purpose of the placement, the benefits it might bring to the practice and patients, the exact nature of the placement experiences, the role of the GP trainer in supporting the placement trainee and the effect the placement might have on the practice.

Before the induction event, only half of the GP trainers agreed that they had sufficient knowledge of the services provided by community pharmacists and adequate processes in place to signpost suitable patients to community pharmacy instead of making a surgery appointment, however fifteen out of nineteen respondents agreed or strongly agreed that they had a good working relationship with their local pharmacist. Twelve out of nineteen GP trainers indicated that they did not know the educational and training arrangements requirements to become a qualified pharmacist. Comments from the respondents included:

- *"I think I could afford to learn a lot more about pharmacy and prescribing processes."*
- *"I am unsure how community pharmacy will integrate with primary care."*
- *"Good relationships with one or two pharmacists, but many are transient."*

The GP trainers were asked what benefits they thought pharmacy trainees would gain from the GP placements. Eighteen respondents answered this question; the majority perceived that the main benefit would be an understanding of the pressures facing general practice, particularly relating to prescribing, the pace and breadth of work undertaken by GPs.

Comments included:

- *“They will see the time, diagnostic and prescribing challenges that we face and the broad range of presentations. Taster of consultation styles.”*

The question “What benefits, if any, can you perceive to your practice from these placements?” was answered by eighteen out of nineteen GPs, who indicated that the placements would lead to a better understanding of how the pharmacist can assist the surgery to gain a better understanding of the pharmacists’ services, so they could signpost patients to them, leading to better multidisciplinary collaboration, improved medicines management and improved time management for GPs.

Comments included:

- *“Risk reduction because of presence of someone able to give time to medicines management potentially reducing mistakes & taking pressure off clinicians...”*
- *“Understanding of how pharmacists can be better utilised to help manage patient conditions.”*
- *“Saving doctors’ time with medicine reviews, and [then] the patient gets benefit from pharmacist.”*
- *“How to act on pharmacy medicines reviews, rationalising polypharmacy.”*

Respondents were asked what benefits, if any, they could perceive to patients from these placements. Seventeen GP trainers could see benefits and identified improved medicines management, better-integrated working and better patient education. Two GP trainers were unsure of the benefits.

Comments included:

- *“Safer medicines management leading to fewer drug interactions, side-effects and proper monitoring of medicines.”*
- *“Better experience of pharmacy/GP interface.”*
- *“More streamlined process for accessing medicines. Better education into function, role and potential problems with medicines.”*

- *“Improved medicines reviews and management. Improved access to alternate clinician for minor illnesses and awareness of using pharmacist as primary point of care for minor illnesses.”*

Fifteen GP trainers had a few concerns about the placements. These included time, which was mentioned by six respondents and workload as illustrated by the comments below. One respondent cited patient safety as a concern.

- *“The impact on my time and the time of the practice teaching and supporting trainees.”*
- *“It depends how well the scheme is managed. If managed well and all the promised materials [arrive], then envisage will benefit all round.”*

The final pre-induction comments were as follows:

- *“Sounds like a good initiative to try to help take pressure off overworked GP practices and reduce risk of errors leading to safer patient care.”*
- *“This presents an innovative opportunity to all concerned.”*

Post-induction feedback from GP Educational Supervisors (GP Trainers)

The post – induction feedback indicated that the participants now had a higher level of understanding of the placement programme, scoring 5 or more on a seven point satisfaction scale from 1 to 7 (where 1 reflected “not well” and 7 reflected “very well”), thought that the workshop did well in terms of addressing questions and was well organised.

The respondents’ key learning from attending the induction workshop was a greater understanding of the placement programme, as well as how best to use and manage the pre-registration trainees’ time for the best outcomes for the team and the trainee in the placement. Three GPs stated that their ST3 trainees could be an important resource to achieve this.

In response to the question about what they would change in the workshop and how they feel it could be improved, thirteen responds had no suggestions and the comments from the other six related to location, refreshments, noise in the room as well as questions about the content of the MPharm, some open discussion on how to tackle various practical aspects of the placements and how this project could be built on in terms of introducing junior pharmacists to GP surgeries. One respondent stated:

- *“I would like to understand where things would go from here in terms of introducing junior pharmacists to GP. I think their experience and risk adversity needs to be nurtured before being able to enter GP and there*

will need to be a lot of support to develop the skills as a GP practice could not fund the input required to develop the knowledge development, consultation skills and risk management.”

Post-induction feedback from pre-registration trainees

Twenty pre-registration trainees provided feedback at the end of their induction study day. As a result of the induction, they felt they understood the placement project well (6 responses) or extremely well (14). They also understood their role during the placement well (6), or extremely well (12) with only one respondent less confident. The trainees felt that the induction day answered their questions well (5) or extremely well (15). They were extremely satisfied (17) or very satisfied (3) with the organisation of this introductory day and extremely satisfied (14) or very satisfied (5) with their knowledge of the immediate action required after the induction day. All trainees stated that they had taken key learning from the induction day. Examples of the learning are listed in the comments below.

- *“Understanding how GP work; demonstrat[ing] [to GP] how pharmacy works and build up relationships [with GPs]; [and] try to solve problem[s] that can be solved through [involving] pharmacy.”*
- *“The future of pharmacy and the importance of the placement in forging relationship and opportunities in primary care.”*
- *“My role in the GP practice during my upcoming placement and the barriers currently affecting the working relationship within primary care.”*
- *“I've had a better insight into the role that pharmacists play in GP surgeries.”*

There were a few areas which the trainees felt were not addressed at the induction day. These are listed below.

- *“What ‘exactly’ [we are meant to do] - I don't want to be a nuisance to the surgery.”*
- *“Minor points about what to actually expect at the surgery level.”*

Overall the trainees felt extremely well prepared (14) or very well prepared (6) for their placements.

Post-placement feedback

Feedback from GP Educational Supervisors (GP Trainers)

Fourteen trainers provided feedback on what they considered to be the best part of the placement programme. They were particularly positive about the experience of meeting the pre-registration pharmacist and getting to know their role and more about pharmacy. The comments reflected a greater appreciation of the skills and knowledge that pharmacists have as a result of the placement. The specific comments were:

- *“Useful to improve communication with one of our local pharmacies and get a better understanding of their working.”*
- *“Participant was committed and interested in learning about GP surgeries, how they operate and how her role could fit in with that.”*
- *“Meeting and getting to know a pre-reg. pharmacist. To understand processes from her perspective and gaining insight into her abilities and knowledge.”*
- *“Meeting the pre-reg. pharmacist and establishing learning intentions. Because meeting new, keen folk is always inspiring. Because we had guidelines, but otherwise a blank sheet to work on, encouraging creativity.”*
- *“My pre-registration trainee was enthusiastic and interested throughout and gave a useful feedback presentation for the partners at a lunchtime meeting at the end of the placement.”*
- *“Making contact with a local pharmacist with an interest in primary care.”*
- *“Pharmacy student question time with partners at practice meeting.”*
- *“Getting to know the role of a pharmacist within the GP setting and understanding how a pharmacist could potentially fit into our daily practice and reduce our workload.”*
- *“Our pharmacy student gave us an insight into the role of the pharmacist. A different outlook on clinical practise. I enjoyed teaching him aspects of my role, clinically & non clinically.”*
- *“The pre-registration pharmacist placed with us happened to be from the pharmacy next door to the practice and this fostered good relationships with the pharmacy team and mutual insight into each other's roles.”*

- *“The opportunity to learn how to try and help each other provide a better service and build a relationship.”*

Twelve trainers identified a least satisfactory part of the placement programme. Their comments are listed below. Time constraints, including programme timing and pre-reg. availability appeared as common themes.

- *“Duration. Far too short and too spread out.”*
- *“Our pre-reg. was unable to attend a couple of the days out I had planned for him because of staff shortages at the pharmacy where is working...even though he is supposed to be supernumerary.”*
- *“It is so busy already in general practice that I did not feel I had the time to plan properly or given enough time to the pre-reg. pharmacist when they were in.”*
- *“I think it was the lack of time spent with the student (one day a week). There were some days we had to organise where I was not present in order for the student to see and meet all the team and clinics. This was not ideal but unfortunately this was the only way to give the student the broad experience she received. “*
- *“We had a very enthusiastic student who was engaged and made some interesting observations – but her thinking was not well organised or structured and this came across in her audit presentation.”*

GP trainers commented on areas of the placement programme that they would omit.

- *“The audit seems very difficult to achieve anything meaningful in 8 weeks. Maybe focus on an exercise in quality improvement.”*
- *“I think there are some sections in the student experience log book that are difficult to organise such as physiotherapist. This is because we do not have access to one in our practice anymore. I do appreciate that other practices may have a physiotherapist on site and that filling the logbook is not compulsory for all sections.”*

There were some suggestions on components that GP trainers would like to see added to the placement programme.

- *“Specific work on prescribing process within the practice could be planned. But needs longer placement for such.”*
- *“More time and opportunity to pursue a more meaningful mini-project.”*
- *“It was very short. It might be beneficial being a little longer to really get an idea of what a job in a GP surgery would be like.”*
- *“I think the placement covered most aspects of general practice.”*
- *“Utilising the skills of a post-reg. pharmacist to get involved with medication reviews.”*
- *“More time for the trainee to do supervised clinics with appropriate patients triaged into these clinics.”*

Seven trainers thought the placement should have been longer and seven thought it was the right length. The comments were as follows:

- *“Not enough time to achieve very much. Ideally would stay at 2 days/week for the whole 6 weeks?”*
- *“It was very short. It might be beneficial being a little longer to really get an idea of what a job in a GP surgery would be like.”*
- *“It was quite brief- almost like an induction period for registrar so difficult to establish relationship over that time and get worthwhile working together.”*
- *The length of placement was satisfactory ... I think perhaps 2 days a week for 3 or 4 weeks then weekly would have given us more time to allow the student to maybe implement a QIP rather than just plan it, plus spend more time talking to patients as we did successfully together and had good feedback from the student.*
- *“The length was fine but perhaps more than one day a week, possibly two for continuity.”*
- *“The length was fine and allowed us to cover a lot of primary care areas.”*
- *“Suitable at this stage.”*

Twelve GP trainers considered that the placement had provided opportunities for inter-professional learning and two thought that it did not.

- *“It would have done if it hadn’t been so rushed – valuable sharing opportunities.”*
- *“Yes – feedback from the pre-reg. pharmacist on her audit – and observations about prescribing processes within the Practice.”*
- *“The people my trainee has spent time with have been able to learn the skills and abilities that pharmacists have. But the duration of the placement kept that to a minimum unfortunately.”*
- *“Yes, I fed back my trainee’s presentation to the rest of the team for discussion. He joined us at break times and this was an opportunity for inter-professional learning, feedback.”*
- *“A little, we did a bit of work on reviewing those on 8 or more medications.”*
- *“We are appointing a clinical pharmacist to the practice, though this decision was taken before the placement but it did get us thinking around that.”*
- *“We discussed how pharmacists and GP surgeries co-exist in a competitive business environment.”*

The trainers were asked to reflect on the usefulness of the induction programme. Only one thought that it had not been useful, but did not elaborate. The other respondents made the following comments.

- *“The induction helped set out the requirements and organise a structured timetable.”*
- *“Useful induction, were the programme to be longer for each pharmacist”.*
- *“It was useful as it gave a clear overview as to what was expected of the practice.”*
- *“Useful, although I was not aware that there were two days per week in the first two weeks and I found out who the pharmacist was very late indeed.”*
- *“I had 1: 1 induction over the phone that took about 1 hour – far more convenient to me and the practice, rather than having to take a half-day out to attend a meeting a one-hour drive away.”*

Eight trainers said that the placement programme had increased their understanding of the roles of other health care professionals; five said it had not done so.

- *“It has made me consider new potential extended roles for pharmacists working with the practice team, e.g. chronic disease reviews.”*
- *“If I think what has come to light is the role of the primary care pharmacist and how they can be incorporated into the GP team by doing med reviews, repeat prescribing and audits – work that we currently do and spend a lot of time doing. This has sparked a debate as to whether we would be willing to employ a pharmacist in the future.”*
- *“It helped me understand the role of the pharmacist better. I liaise with other health care professionals on a daily basis.”*
- *“We need to take pharmacists on board to help our workload.”*
- *“Improved my understanding of the work post-reg. pharmacists have to do.”*
- *“Too limited in time to say. First pharmacist we have had. And I was very impressed with her knowledge clinically as well as pharmaceutically, but not a long enough placement to plan for future work.”*

Ten GP trainers identified specific impacts of the placement programme on their practice.

- *“Probably enhance use of the MURs.”*
- *“It has made me consider new potential extended roles for pharmacists working with the practice team, e.g. chronic disease reviews.”*
- *“We hope to have closer communication with the Pharmacy. Separately we are looking to employ a pharmacist at the practice.”*
- *“I have recognised that a pharmacist would be well placed to manage a repeat prescribing system.”*
- *“We have discussed the possibility of hiring a pharmacist in the future.”*
- *“A move towards multi-disciplinary working.”*
- *“Better understanding of the role of the pharmacist and in their limitations in dealing with clinical problems.”*

Three trainers did not identify any impact on the practice.

Thirteen trainers indicated that the placement programme had no impact on their professional confidence. One trainer indicated the programme did improve their professional confidence:

No impact:

- *“I can't say it has altered my confidence in any way ... It certainly has made me more aware of the role of a pharmacist within the primary care team, and also highlighted some things we do as doctors that generates work for the local pharmacists unnecessarily,”*

Impact

- *“I was able to use my skills of mentorship and this helped build my confidence.”*

Five GP trainers indicated that the programme had changed aspects of their practice to enhance patient outcomes; seven said that the programme had not changed any aspect of their practice in this respect. The comments from the five trainers are as follows:

- *“Clearer understanding of the MURs and being more proactive about integrating this information into patient care.”*
- *“I will now prescribe all medication on paper when a controlled drug is included so they are all dispensed and delivered in one go.”*
- *“I am more aware of the importance of med reviews / changes as a Nurse prescriber. This was good revision for me.”*
- *“We are trying out electronic Repeat Dispensing as a result of the placement.”*

Three trainers described the impact of the placement programme on their plans for future practice as listed below:

- *“We are in talks about considering employing a pharmacist to work with us in our practice.”*
- *“We have good working relationships with our local pharmacy, this placement helped further with this. “*
- *“We would look at post-reg. pharmacists reducing our admin and med review consultation burden.”*

Thirteen GP trainers thought that there would be significant benefits to patients of a pharmacist working in a GP surgery setting, with medicines reviews/optimisation efficiency and patient safety being seen as the main benefits. The detailed comments were:

- *“Huge potential benefits on GP workload, medicines optimisation, patient safety and cost savings.”*
- *“They would be more capable of dealing with minor illness.”*
- *“Improved prescribing protocols.”*
- *“The pharmacist may help to manage long-term conditions, he or she may be able to give specific advice for those with multiple medications and also facilitate better access to health checks.”*
- *“A more thorough review system for patient repeat medications. Work on reducing polypharmacy, especially in the elderly and in residential homes.”*
- *“...we already have a pharmacist working very effectively with us doing detailed medication reviews for patients on polypharmacy in particular.”*
- *“More efficient repeat prescribing. Ad hoc advice and proactive medication reviews.”*
- *“Improved medication reviews.”*
- *“Auditing of medicine use.”*
- *“Smoother system to repeat prescribing and dealing with medication queries. Drug monitoring and organising blood testing when needed.”*
- *“Continuity, efficiency, convenience.”*

Five GP trainers indicated positive change in their opinion of pharmacy since hosting the placement:

- *“I was very impressed with her clinical knowledge and enthusiasm, and would welcome future opportunities to work with her.”*
- *“Very valuable experience for the 2 learners – trainee (ST3) and pharmacy student.”*
- *“Pharmacists are an asset to the community. Busy people like us in GP surgeries! “*

- *“A little. Better understanding of each other’s roles.”*
- *“Better understanding.”*

One of the GP trainers indicated that this project had triggered opportunities for collaboration across sectors:

- *“Yes, networking with local pharmacies, team meetings.”*

GP trainers were asked how their understanding of the other sector’s NHS contract had changed as a result of the project. Nine stated that there was no increased understanding of the other sector’s NHS contract as a result of the programme. One trainer did not understand the question; two trainers agreed that the project had increased their understanding. Twelve of the 14 trainers answered the question “what do you think could be done to build on this placement project for future cohorts?” One trainer felt that the programme was good as it was and three indicated that they had nothing to add at this point. Six trainers highlighted the need to make the programme longer and two focussed on operational aspects.

Examples of the detailed responses were:

- *“Longer placement with aim to move towards undertaking work within the practice (e.g. med reviews / simple illnesses) “*
- *“Longer attachments. Deeper integration. GPs in practice to visit pharmacies and vice versa!!”*

Organisational:

- *“Feedback from pharmacy students and mentors.”*
- *“Using post registration pharmacists.”*

General Comments from GP Educational Supervisors (GP Trainers)

Three GP trainers wanted a shorter feedback questionnaire. One trainer said that in the timescale measurement of actual impact of the programme was ‘unrealistic’. Five trainers were positive about the benefits and merit of the programme.

The detailed responses included:

- *“Overall experience was worthwhile and very insightful.”*
- *“Trying out roles that might actually be done if pharmacist comes to GP practice to work.”*

Feedback from pre-registration trainees

Trainees' responses to the question on the best part of the placement were about the high value of shadowing other health professionals (including picking up consultation skills), seeing how a GP surgery works on a daily basis, and being able to offer advice on medicines that then demonstrated the value of pharmacists to GPs, and to shadow GPs and other healthcare professionals, through this gaining a better understanding of their roles and what a GP surgery does and to showcase their pharmacy skills and offer prescribing advice on medication, demonstrating the contribution that community pharmacy can bring:

- *“I really enjoyed being able to shadow various GPs during my placement. It gave me the opportunity to see how each of them structured the appointments differently and the questions they used to get the relevant information from the patients. This was very useful as I am still training and lacking a bit of confidence when speaking to patients and seeing how each of them organised their consultations helped.”*
- *“Sitting in on consultations – whether that was with nurses, GPs or HCAs. It was great to see how the health care professional communicated with the patient and allowed an agreement on medicinal options.”*
- *“The learning experience from the GP surgery and what they do on a daily basis. It's a different perspective to what we see in the pharmacy.”*
- *“For me the best part of the placement programme was being able to give prescribing advice to GPs. I think GPs really appreciate how helpful a Pharmacist can be with medicine queries.”*
- *“[Inter-disciplinary working was]...the best part, because it allowed me to discuss any other options that might not have been considered and help diagnose and offer advice on side effects or contra-indications. We had three-way conversations improving patient centred care and it also improved my skills on diagnosing within the pharmacy and my general clinical knowledge.”*

Five trainees did not identify any “least satisfactory” parts of the placement programme. One trainee commented that the least satisfactory part of the programme was “experiencing first-hand the lack of knowledge about what pharmacists do, leading to the under-

utilisation of pharmacy by GPs.” Other comments were on organisational issues, length and timing of placement.

Unsatisfactory organisational issues:

- “I felt the placement could have been more organised. I understand that the ‘smorgasbord’ was for our own benefit to be able to choose how and where we spent most of our time, but in reality it meant people who had perhaps not agreed to the placement, felt obliged to let me sit in with them or show me what they did when they'd rather just be getting on with their job.”
- “There was lack of instruction what to do in the surgery, so it caused a bit of confusion in the beginning of the placement.”
- “Having to sit on reception when there was nothing that I could do to help as I am not trained on their system and did not understand their protocols.”
- “Shadowing an older senior partner [I was] asked to make him coffee! Wasn't really sure why I was there.”
- “I wasn't happy with the fact that my pharmacy was short staffed and so my surgery day was cancelled and I missed out on important learning...”

Length of the placement:

- “The length of the programme it should have been longer.”
- “Not enough time at the GP practice. Being part of the practice developed my knowledge and confidence in a short space of time.”

Too close to the exams:

- “It is quite close to the exam, so ideally it would have been less stressful further away from the exam.”
- “I would have preferred it to be significantly earlier in the pre-reg year.”
- “Self-organising and work associated with the placement, especially relatively near to exam time.”

Thirteen trainees said that they would not omit any of the placement programme components. Those who would omit parts of the programme identified the following components and reasons:

- *“Work booklet – a lot of questions weren't that relevant (in my opinion) and I did not use it very much during the placement.”*
- *“I spent a few hours each day shadowing the different healthcare professionals/ receptionists but I didn't spend the whole day there, I felt like I picked up on the different aspects of the surgery running without spending the whole day shadowing.”*

The additional components which could be added to the programme were identified by ten of the trainees are listed below:

- *“GP outreach–GPs to visit pharmacy, this might include a session (1 trainee suggests a joint project) in pharmacy with a GP registrar; or GPs observing a pre-arranged MUR carried out by a pharmacist with their patients.”*
- *“Networking opportunity – with other trainees during the placement phase of the programme.”*
- *“Awareness raising – with pre-reg. and GP staff, so “...they are more aware of the placement.”*
- *“Within the programme itself, I would have liked the opportunity to actually utilise the computers and put prescriptions through rather than observe.”*
- *“I feel than an additional hour of two a day set aside for evaluating the day whilst in a setting where you are able to raise any queries with those concerned would allow you to action your reflections in a more timely and effective manner. “*

Five trainees thought the placement should have been longer and twelve thought it was the right length but had some suggestions about how the time could be split.

Longer placement:

- *“Seemed long time at the beginning, but wish it was longer! Maybe do it slightly earlier in the year and do it 2 days per week for multiple weeks?”*

- *“I think it needs to be longer. A total of seven days was a great experience and great fun but in order to see all aspects and the surgery gain a feel for it, it needs to be at least two to three weeks long with complete weeks out-not a day a week.”*

The right length of placement, with suggestions re splitting the time:

- *“Good length of time to work with everyone. Good idea to have it across 6 weeks rather than a week block.”*
- *“I think the placement was the right length, though it would be better to have the days split so that the whole day is not spent at the surgery and the sessions are half-day sessions.”*

All trainees said that the placement provided opportunities for inter-professional learning:

- *“Yes, especially during shadowing of GPs/ nurses, and when the Registrar – came to the Pharmacy, they were really impressed by MURS and how they improve medicines management and polypharmacy.”*
- *“I believe the placement has provided opportunities for IPL, because the GPs have expressed appreciation for the little contribution I made during the placement. I learnt a great deal sitting in the clinics with the GPs and nurses.”*
- *“Yes. When I was sitting in clinics and GP appointments, I was asked for my thoughts on certain issues and medication. I also had the chance to ask the staff questions that I had as well.”*
- *“I was involved in NICE guidance interpretation and implementation within the practice and patient medication review”.*
- *“Yes, registrar came to my pharmacy and learnt about MURs and other services we provided as well as me seeing each member of the team’s role.”*
- *“Yes. Educating others about different healthcare settings in a mutual way has allowed a greater appreciation of how each interact, their limitations, and what we can reasonably expect of one another.”*

Two trainees thought that the induction programme was not useful and fourteen thought it useful (but with most qualifying of their answers).

Useful:

- *“Very useful- the induction allowed me to see how pharmacy is changing and how it is being integrated into GP surgeries.”*
- *“I could see more of what happened in specific clinics such as all the checks in a diabetes clinic and the paperwork they have to do.”*
- *“I think the induction was a good base, although it was mainly based around improving connections and communication. I improved this. However, I am one pharmacy out of several in my area so it would only make a difference to the pharmacy. Gatwick is quite a journey, and many of us travelled from East Sussex/Kent.”*
- *“It gained me a good understanding of the aim of the project; however the instruction of what to do in the surgery was unclear.”*
- *“I have a better understanding of their roles and of the time constraints surrounding GP practice.”*
- *“I do think it was useful as we were not going into the placement 'blind"... it was good to meet with the other pre-reg. trainees and see what they thought of pharmacists in GP surgeries”.*

Not useful:

- *“It wasn't as useful as I thought it would be as I was still uncertain about what was going to happen during the placement and the outcome. I would suggest introducing the placement earlier on in the pre-reg. year and giving more information out prior to the induction day.”*

All trainees said that the placement programme increased their understanding of the roles of other health care professionals.

- *“I definitely have a greater appreciation of how valuable nurses are in GP surgeries and how much they can help GPs in certain areas; e.g. diabetic and asthma clinics.”*
- *“Greater knowledge of how a GP does their job – i.e. diagnosing, looking at conditions and prescribing thoughts they have. Greater knowledge of how nurse works – clinics, more patient centred care (in my opinion), try to find out more about social/home habits in relation to their condition. Healthcare assistants – role in stop smoking, blood tests etc. Receptionists – all the jobs they have to do (a lot!).”*
- *“The placement has enabled me to learn about the roles of other health care professionals, which I didn't fully know before the placement. For example, I didn't know about the different clinics carried out by nurses and GPs”.*
- *“I now thoroughly understand the roles of most healthcare professionals within a GP practice. I was surprised how much...conducted and how much nurses did as well with regard to dressings, blood tests and prior examinations before the patient saw their doctor. I didn't realise how much paperwork the surgery and GPs dealt with and there were numerous reception staff; all of which were constantly dealing with something and there was a rota so they mixed it up throughout the week.”*

All trainees indicated that the placement programme had a 'positive' impact on their practice:

- *“Being able to provide insight into how the GP surgery work has definitely helped the pharmacy. I am also currently working with the surgery at introducing repeat dispensing prescriptions to eligible patients which should streamline services.”*
- *“I think the rapport between practices has improved, it is nice to know who is speaking on the other side of the phone, and queries are usually dealt with a lot quicker!”*

- *“Seems to improve my practice, especially when dealing with OTC queries that may need referral. I feel more confident in terms patients and more confident and providing OTC advice and medicine for conditions previously I wouldn't be happy with. Additionally, helped me to see health care from a patient point of view, as in the pharmacy I rarely look at the effect of conditions to the patient but rather look at the medicine only. Therefore, helped me with patient centred care.”*
- *“My practice has changed for the better. I now speak to patients with a lot more confidence and improved my consultation skills to ask a wider range of questions to diagnose the underlying problem as well as allow them to choose their treatment options. I still refer patients when necessary though. I have a better way of communicating with receptionists over the phone and don't put all the work load onto them when appropriate e.g. it might be easier to fax something rather than phone up. I also have an improved awareness on when a patient might discontinue their own treatment and explaining why they shouldn't as well as side effect profiles on certain drugs.”*
- *“I have more confidence in informing patients of how things work in the surgery and what the staff are able to help them with as compared to what we in pharmacy are able to do.”*
- *“As a result of the placement I feel like I have become more understanding of GP's and the workload that practices face so whilst in practice I try to be more conscious of that. I also now understand more how they deal with prescriptions and feel more able to offer possible explanations as to why patient prescriptions might not be ready.”*
- *“The placement has enabled me to learn about the roles of other health care professionals, which I didn't fully know before the placement. For example, I didn't know about the different clinics carried out by nurses and GPs.”*
- *“There are clinical points such as the NICE criteria for antibiotics in ENT examinations and what to look for in tonsillitis that have been reiterated & I have used, so can refer or reassure more confidently in certain areas. Also*

I have learnt clinical skills that I can use in future practice such as listening for respiratory sounds.”

All but one of trainees indicated that the placement programme had a ‘positive’ impact on their professional confidence:

- *“Watching the GPs during their own consultations definitely helped me gain confidence when talking to patients. I was able to get a good idea how to conduct myself and what questions I should be asking.”*
- *“During pre-reg. I haven't had many opportunities to talk to different health care professionals. This placement has enabled me to talk to a wide range of health care professionals that has improved my professional confidence.”*
- *“My professional confidence has improved, as above and regarding how I can now communicate with others and patients regarding OTC advice and complaints.”*
- *“I understand more about the role of other health care professionals, I am more confident to tell patient more information and refer them to the most appropriate person to help them.”*
- *“I feel more confident in discussing practice points and patients clinically, having had to discuss these aspects with varying HCPs in the team.”*
- *“Huge growth in confidence. GP has confidence in me made me think actually I know more than I thought. I am of value.”*
- *“It has definitely improved my confidence for when I build relationships with other professionals. I think I will be more confident in my future career...”*

Thirteen trainees answered the indicated that the placement programme had (will have) a ‘positive’ impact on patient outcomes. Four did not respond.

- *“Yes, we are currently in the process of introducing electronic repeat dispensing prescriptions. This should decrease the number of urgent requests we get from patients that can be a burden on both us and the GP surgery as well as delay the patient receiving their medication.”*

- *“Being more aware of polypharmacy especially in the elderly when they can be on so many different medications, these patients definitely need more attention.”*
- *“Being more aware of the patient's general care rather than looking at just their medicines and what it's used for. No direct examples to show, however feel much more confident with patient queries, which help reassure the patient and lead to better health care.”*
- *“Identifying quality improvement processes for my presentation would enhance patient outcomes. For example, informing GPs about products being unavailable and being able to recommend appropriate alternatives – giving as much information as possible to GPs saves their time and ultimately decreases the likelihood that patients go without medication.”*
- *“Yes. One example is a NOMAD patient has recently been discharged from hospital and we needed to know his changed medications. I spoke to a receptionist and asked but she didn't really know. Instead of getting a bit impatient and asking her to read it out, I asked if it would be easier for her to print the discharge summary and then I'd fax a note through, if I had any questions or if any other medication needed ordering. She was happy that I suggested that, agreed, and we got it sorted a lot more quickly within the same day.”*
- *“By understanding how the surgery works. I can more accurately explain to the patient what is likely to happen to them once they go to their GP as well as working better with surgeries.”*

Sixteen trainees reflected on the impact of the placement programme on their plans for future practice, with two trainees indicating that it has not had an impact on their plans for future practice. Fourteen trainees indicated that participation in the placement programme had had an impact on their plans for future practice, with a predominant theme from trainees being the future intent to work in or with GP practices:

- *“Heavily looking to GP pharmacy roles or roles with a MDT aspect to it.”*
- *“I loved my placement, and my ambition now is to work in a GP practice.”*

- *“I am probably slightly more open to the idea of working in a GP surgery in the future.”*
- *“This placement has opened my eyes to the vast opportunities for pharmacists input in the future. I was a bit down about the future of pharmacy prior to the placement...I am extremely excited to know that pharmacists can have an impact in primary care (General Practice).”*
- *“Want to work in a GP practice as a pharmacist to use my clinical knowledge to try to prevent ill health to patients, optimise the use of medicines within the NHS and reduce medicine wastage.”*

Thirteen trainees answered the question about the impact of the placement programme on your plans for future inter-professional learning.

- *“I [now] know who’s who, and what works, and how it works, and what to do, and where to go, [and that] we are all in it [together] as primary care professionals.”*
- *“I feel more comfortable working with other health care professionals due to the time I have spent working in this placement...”*
- *“Communication with my pharmacy and the surgery I was placed with was already very good, but nonetheless it has still improved since my placement. Going forward I will feel a lot more confident when talking to other healthcare professionals as I now have a better understanding of their roles.”*
- *“The placement allowed me to understand more about other healthcare professionals’ workloads that make me more respect each other job and by understand the way they work. The way I work in pharmacy can be adjusted in order to improve the quality of care to the patient.”*
- *“I would definitely like to apply for future jobs in GP surgeries & train as a prescriber. Feel more confident in talking to HCPs in primary care about patients now that I know about their roles.”*

All but one of the trainees identified benefits to patients of a pharmacist working in a GP surgery setting.

- *“Pharmacists could carry out consultations and give advice on minor or chronic illnesses increases the availability of appointments for patients. In addition to this pharmacists focussing on medicines management could help tweak and improve patients’ drug regimens.”*
- *“Medicines management- especially those on >5 or more medicines. During a ten minute GP appointment there is little time to review medicines and if the patient is adherent or not, especially patients with co-morbidities: I think this area is where pharmacists can help with a lot.”*
- *“From speaking to patients about this project and what could happen in the future it is apparent that there are many benefits. Firstly, the GP could easily get advice from the pharmacist and vice-versa. It frees up GP time and patients could spend a bit more time speaking about their medication, what they would like to do with their care and coming to agreed decisions. The pharmacist could also complete some of the paperwork and annual reviews.”*
- *“Safer, fewer medication errors. Free up GP's time to see more urgent patients.”*
- *“NICE guidance interpretation and implementation within the practice, patient medication review, [and] repeat prescription review. Clinical audits and associated recommendations, Clinical switching programmes, preparing practice formulary, [and] clinics for long-term conditions.”*

Three trainees indicated no change in their opinion of the GP sector as a result of the placement, saying they had already had a high opinion of GP practices. Thirteen indicated some ‘positive’ change in their opinion of GP practices since undertaking the placement:

- *“I already had a great respect for the staff working in a GP surgery, but this placement allowed me to see all extra things they do which I had never thought of.”*

- *“A lot more goes on behind the scenes of a GP surgery; the administrative team are the backbone of a well-run Practice. It is very difficult to stick to a ten minute consultation and talk about medications ...”*
- *“Understand the pressures that GPs are under, much more than when I started.”*
- *“Opinion changed to the better, before very unsure about how GP surgeries were (a lot of negative views from patients), however now given me positive view of GP surgeries.”*
- *“It has made me appreciate all of the different roles within the practice.”*

Five of the trainees indicated that this project had triggered opportunities for collaboration across sectors:

- *“GP is conducting a quality improvement project. I understand I will be assisting somehow.”*
- *“Improved communication when discussing patients i.e. blister packs.*
- *“We are looking at joint training sessions and being invited to GP surgery...meetings”.*
- *“Yes, engaging the palliative care pharmacist I work with into the palliative care MDT meeting that takes place monthly at the GP surgery”.*
- *“My GP surgery and I are going to work together to try and trial repeat dispensing in a few patients so the pharmacy will identify a few good candidates to pilot this trial”.*

Thirteen of the seventeen trainees answered the question that asked how their understanding of the NHS contract for GPs had changed as a result of the placement. All thirteen respondents agreed that some increased understanding of the other sector's NHS contract as a result of the programme:

- *“Yes. I have a greater understanding of how GP surgeries get paid for the services they provide and how the CCG makes decisions.”*
- *“Yes, I have more of an idea about their contract and how practices are kept running.”*

- *“I understand more about how they get paid for their services & the stresses they are under compared to ours.”*

Fourteen of the seventeen trainees answered the question about what they thought could be done to build on this placement for future cohorts. One trainee felt that the programme was good as it was. Two trainees highlighted the need to make the programme longer. Eleven trainees focused on organisational issues.

Duration:

- *“I think the placement should definitely be longer. I think the pre-reg trainee could be more useful if they undertook triaging or actually had their own consultations booked in whilst under supervision. My GP practice hadn't done the project before and we agreed that had they known they would have created some time slots for patients to come in and speak to me rather than seeing the doctor (but my GP supervisor would have observed).”*

Organisational:

- *“More clear instruction on what to do in the surgery will be good, a letter to practice manager to inform them what the pre-reg. will be doing in the surgery since they are the one who arrange timetable for doctors and nurses.”*
- *“Using the same GP practices will make the placement more effective for pre-regs. Initiating with GP trainees at start of their training as opposed to at the end.”*
- *“I think it would be nice to talk to the other trainees maybe halfway through! The placement, to see how each other is doing and maybe get ideas on what else we could do on placement.”*
- *“The surgery next door attached to our pharmacy would have been more beneficial as we have stronger links there. The surgery I went to we only do a small number of scripts from them, so harder to build that relationship.”*

All trainees were positive about the benefits and merit of the programme, including in terms of career development, partnership working and increased understanding of health care. Key words being – valuable, fantastic, recommend, educative, enjoyable, and worthwhile.

- *“It was a valuable and educative experience [and] I would recommend it to be a permanent part of pre-registration training.”*
- *“Make sure each day is planned before that day to avoid running around after doctors to see who’s free each day. I would 100% recommend a pre-reg. pharmacist to have this experience to build relationships, rapport, consultation skills & confidence.”*
- *“Very worthwhile placement and a great thank you for you and your team for organising this pilot scheme for me to undertake. It has given me a lot of valuable experiences and networking opportunities that I hope will help improve my career prospects in pharmacy!”*
- *“I had an unforgettable experience. My surgery was kind and took me in so well - I had fun, learnt a lot and look forward to potentially working in a GP practice in the future. Thank you for conducting this project and giving me this opportunity!”*
- *“The placement been a precious experience, much appreciate to be participate into this placement and a big thanks for everyone who was involved in the planning of this project.”*

Post-placement feedback from pharmacy pre-registration tutors

There were nine responses from the pharmacy pre-registration tutors.

Comments on the best part of the programme reflect benefits in terms of understanding roles and communication and included:

- *“Pharmacy pre-regs were able to see what happens in a GP practice and understand its structure.”*
- *“Talking to the pre-reg. about what they observed and hearing things from the doctors’ perspective.”*
- *“Sowing the seeds of a MDT approach to care which includes pharmacy. Further clinical learning.”*
- *“The ability to build relations with the local surgery. Meeting with the GP and explaining what pharmacy can do.”*

In addition, communication between tutors was considered to be valuable:

- *“The ability to share experiences with other tutors.”*
- *“It was good to have the opportunity to talk with other tutors and hear their views.”*

Least satisfactory parts of the programme were identified as:

- *“I think the trainee might have benefitted if the placement was slightly earlier in the year – further away from the upcoming exam, which would enable to focus more on the one topic.”*
- *“It would have been nice to have a trainee GP visit the pharmacy so that we could open their eyes to what we are able to offer. I believe that a newly qualified GP would be more susceptible to change in their practice to work more closely with a pharmacy.”*

Respondents would omit/amend the following from the programme

- the work booklet (*“contained a lot of irrelevance, booklet could not be used by trainee very much at all”*),
- the brain storming elements on the last day (*“felt it would be better if we all went round to each individual and they then had a comment to share as it became repetitive.”*)

“Common issues between pharmacy and GP practices to work through” was the only subject suggested as an addition to future programmes.

Opinions varied on the length of the GP placement, from *“about right”* which was the majority response to *“a couple of days too long”*.

A number of inter-professional learning opportunities were identified as follows:

- *“I was able to explain to the GP trainee about ETP which as her practice had not gone live, she found very useful. I gained insight into the problems the GPs have with prescribing for blister packs.”*
- *“I already have a good relationship with the surgery but I think they then found it helpful to have the pre-reg. on board as they had another name to ask for when dealing with queries. It was nice that the pre-reg. could address some of our concerns personally with the surgery.”*
- *“CPR training, management of medical emergencies, able to advise medical and nursing staff, learning about various conditions.”*
- *“The placement has allowed us to explore each others’ strengths and abilities. We talked about services and a particular GP was unaware of the new medicines service.”*
- *“We have close learning links with the surgery anyway so Interprofessional learning is continuous..... a MDT to discuss patients of high risk and who may need extra help. These patients can be raised by any of the team....”*
- *“Opportunities limited from tutor perspective as GP wished to limit the contact to one phone call.”*

The programme had an impact on understanding of the role of health care professionals as illustrated by the following comments:

- *“It established what impact each health care professional has on delivering the service to patients.”*
- *“My understanding of the roles of health care professionals has improved. The biggest factor limiting the roles is finance. Health care professionals of all types are capable of a lot more with the appropriate training.”*
- *“Increased first hand knowledge of role of GPs, practice nurses, health care assistants and receptionists.”*

The impact of the GP-placement programme on the tutoring pharmacists' own practice to enhance patient outcomes and confidence as follows:

- *“It further reinforced our relationship within the surgery.”*
- *“I found the SWOT analysis module particularly invaluable in enabling me to identify and address my weaknesses and be proud of my strengths.”*
- *“The impact of the placement has changed the way I think about issues. Changing my mind to me more open to feedback.”*
- *“My professional confidence has grown and I have more knowledge about mentoring and coaching styles.”*
- *“Helped in learning to undertake NMS and MUR services and also advising patients.”*

The placement triggered the following plans for future practice and inter-professional working:

- *“I think the programme has illustrated to me how important it is to be able to encourage the pre-reg. and give guidance without actually doing it for them. In addition, I feel that outlining a plan regularly to help them achieve their learning plans is extremely helpful for both tutor and tutee.”*
- *“Very interested in MDT work.”*
- *“I feel that inter-professional learning is the key component to future development in the health care setting.”*

Tutors identified the following potential benefits to patients of a pharmacist working in a GP surgery setting:

- *“Better patient outcomes in terms of medication knowledge and accuracy of prescriptions. Also, less chance of errors and wastage.”*
- *“Pharmacists have more of an idea of what products and medications are available.”*
- *“Better medication management and ensure safer medication handling. It offers support for both the GPs and the junior GPs in ensuring best prescribing.”*

Opinions changed on the GP surgeries as a result of the project and opportunities for cross-sector working were identified as described below:

- *“I felt the placement surgery was more innovative and proactive than I had previously thought.”*
- *“My opinion of a GP practice has changed. I have a little more understanding about the stress finances can cause.”*
- *“I always had a high regard for GPs but I think their regard for us has got stronger and stronger.”*
- *“The GP was impressed that we offered NMS and MURs which they are then able to refer patients to us for. Also with regards to common ailments, GPs would be able to triage a patient over the phone and direct them to the pharmacy.”*
- *“More co-operation and understanding of each other’s roles in providing blister packs to vulnerable patients.”*
- *“My understanding of the contract has changed slightly, with finances controlling most of the services and processes.”*

Finally, tutors suggested the following could be done to build on this placement project for future cohorts:

- *“Enable more students and tutors to experience placements.”*
- *“Possibly a training day where GP trainees and pre-reg. students get together and a training day where the two tutors get together might be useful.”*
- *“I think the planning of the placement could be slightly smoother as I felt the GPs were unsure of what the end goals were.”*
- *“It would be really useful if tutors could spend time in the surgery, we would then have a better understanding of what the trainee was experiencing.”*
- *“It would be nice to have different team members from the surgery come over and see how a busy dispensary runs. It was good for the GP to come for one afternoon as that was more than enough time to show everything but the repeat prescription staff could benefit far more.”*

Pharmacists supporting trainees on this project completed a tutor training and development programme as part of a separate project workstream. Evaluation results from this workstream are summarised in detail from Page 41.

Post-placement feedback from GP registrars who visited the community pharmacy

Two GP registrars provided feedback on their experience in a community pharmacy.

The best part of the placement programme was considered to be the opportunity to meet a newly qualified pharmacist and discuss issues regarding pharmacy/primary care interaction and to see how the pharmacy is run. In addition, the respondents commented that they were able to learn how to work together to enhance patient care and build a relationship.

There were no areas that they would suggest were omitted in future programmes.

One suggestion for a component that could be added was an understanding of the finances and how GPs and pharmacists could work together to make savings.

Both respondents indicated that the appropriate length of the placement depended on the expected outcomes. One of the registrars stated:

- *“A few days are enough to experience primary care. Longer is needed to consider any more formal training or to make plans for more integrated care.”*

One respondent thought the induction could have been better.

- *“I think the induction could have been better. A discussion with my trainer (a GP) to me did not do it justice as she is a GP facilitating the programme at the surgery but was not necessarily involved in setting it up.”*

The placement had impact in terms of understanding the role of the community pharmacy team.

- *“I have learnt how things work at a pharmacy level – however it was rather a “whistle stop tour” so I cannot comment on confidence with respect to this. I am confident to contact the pharmacy and ask questions anyway.”*
- *“It has helped my understanding of pharmacy care.”*

They were asked what they thought could be the benefit to patients of a pharmacist working in a GP surgery setting. The responses were:

- *“Patient safety and education would improve.”*
- *“It would benefit the particular pharmacy. It would make it easier for doctors and pharmacists to communicate and learn from each other, although my experience from practices with pharmacies attached goes against this. Patients would benefit due to ease of access.”*

Interestingly, the latter comment possibly demonstrated a misapprehension that a pharmacist in a GP surgery was the same as close proximity of the surgery and the pharmacy.

Both registrars commented that future cohorts would benefit from more information at induction.

- *“More detailed induction with clear instructions as to what is expected from either party.”*
- *“Greater clarity re expectations of the placements.”*

Summary

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 induction was considered to be useful. The placements themselves needed to be longer and in a block rather than one day per week, according to the feedback from GPs, but were either of appropriate length or too long according to pharmacy tutors.

Some trainees felt that more organisation of the placement by the surgery would have enhanced their experience and greater clarity of the specific activities that they were expected to undertake. 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 is a real step forward and also 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; this can only be of future benefit as we look to a more integrated model of working in primary care. It is hoped that the dialogue between sites will now continue and that participants will participate in future placement opportunities (indeed, the Programme Director has already been approached by participants from both sectors asking when the next round of placements is occurring). The presentations can be viewed here: <https://www.lasepharmacy.hee.nhs.uk/primary-care/trainees-in-general-practice/trainee-presentation-day/>

Learning points

- All induction days were face to face events. However five GP supervisors were unable to attend their induction event in person, and were therefore provided an online induction. There was no difference in the feedback from both versions of GP induction, and therefore this will be an important cost-saving consideration when contemplating scaling-up of the project.
- Community pharmacies signed up to the project and agreed to provide their trainees for GP placements. However it was apparent that in some cases the trainees were regarded as members of staff rather than supernumerary trainees, and the staffing of the pharmacy was prioritised when last-minute staff sickness or work pressure occurred. This meant that the trainees were not always released to attend their placement on agreed days. In future iterations of the project, this must not be allowed to recur. It is essential that all parties understand the importance of honouring placement activities, particularly where the focus is on developing relationships between professions.
- 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. This was identified as a cause for concern by a few GP trainers and practice managers, and could potentially limit the number of surgeries who decide to take part in the placement programme. Two main areas were:
 - The lack of a DBS check prior to starting the training
 - The lack of a requirement for trainees to have had a Hep B vaccination

In order for multi-disciplinary placements to be rolled out at scale this is an issue which needs to be remedied, as there is a risk that pharmacy trainees may be excluded from placements as result. Considering that there is a national drive for increasing multi-professional working, there is perhaps a case for this to be given consideration by national regulatory bodies.

- Although the project was promoted widely at local, regional and national level, there was an assumption that once pharmacies were recruited intra-organisational communication would be robust enough that messages from the Programme Director to company leads would be effectively filtered through to their staff members, and vice versa. However it was seen that this was not always the case and essential information was either not delivered or was significantly delayed both up and down internal channels.
- The overall ambition should not only be about pharmacists gaining a deeper understanding of the GP setting, but also about GPs understanding the pharmacy workplace. For this project, GP trainees were invited to undertake placements in community pharmacies. Although some did, this was done in a very ad-hoc manner. 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.

- There was an interesting difference of opinion between GP and pharmacy supervisors regarding the length of the placement. The general consensus amongst general practice supervisors was that the placements needed to be longer to ensure that trainees gained maximum benefit, and that there was sufficient time to allocate to quality-improvement projects/audits. However a number of community pharmacy supervisors felt that the placements were already too long; this perhaps is a reflection on how training and the role of the trainee in the workplace is viewed differently by the two primary care sectors. Options to trial longer versions of these placements should be examined in the future.

Action Points For Phase 3

- Investigate the option for online supervisor project induction, rather than face-to-face training
- 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
- Equalise trainee placement prerequisites (such as DBS checks and Hep B immunisation) 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
- Ensure a clear communication strategy both within and without organisations to ensure timely delivery and dissemination of relevant information
- Consider future extension to include GP/Pharmacy trainee pairs from the outset, with clear placement timetables and joint-working project outcomes
- Seek out and pilot different models of placement, particularly extended-length placements

Workstream 2: Phase 2 Evaluation of Pre-Registration Tutor Training

Aim

Pharmacy educational supervisors with the correct skills are essential to ensuring a continuum of success for trainees' professional and academic achievement. 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

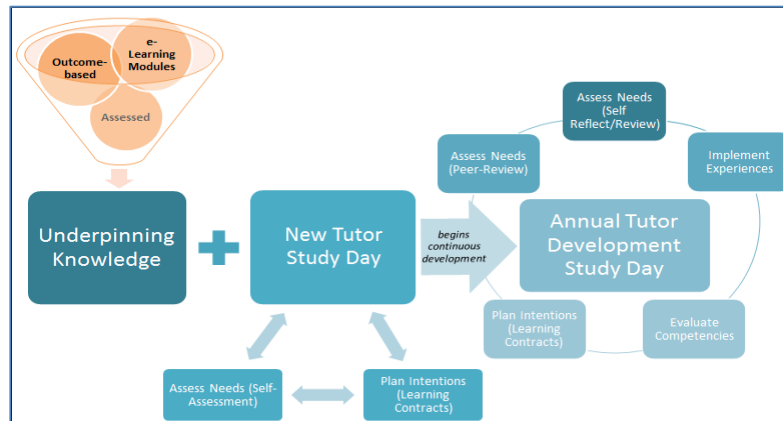
17 registered pharmacists enrolled onto the Phase 2a Cohort (15 allocated pre-registration trainees) in May 2015, completing the programme cycle in May 2016. All pharmacists in this cohort were tutors to pre-registration trainees on the CEPN Pharmacy GP placement programme. Cohort participants had broad variation of experience in their roles as pre-registration tutors, ranging from less than 2 years to more than 30 years. The most common length experience for respondents was 6-10 years (41%).

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

(https://www.lasepharmacy.hee.nhs.uk/dyn/_assets/folder4/community-pharmacy/CEPNPharmacyProjectReportPhase1Final.pdf), and which builds and strengthens the educational governance related to preregistration pharmacist training.

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



The resulting programme structure and content was approved by the project board for piloting in Phase 2 of the project:

1. An introductory face-to-face training workshop for pharmacy tutors with practical sessions dedicated to self-assessment, setting and reviewing personal development plans and giving educational feedback
2. Five e-learning modules, undertaken over a period of 12 weeks, delivered by an established provider of preregistration pharmacist tutor training. The module objectives are mapped to and cover all standards set out by the GPhC Guidance for Tutors and learning is assured through summative assessment:
 - Module 1: Essential knowledge – pre-registration scheme and GPhC Guidance
 - Module 2: Expectations – of regulators, professional bodies and employers
 - Module 3: Evidence – what it is and how to assess a trainees written evidence
 - Module 4: Problem Solving – when training isn't straightforward
 - Module 5: Final Steps – preparing a trainee for registration assessment and registration
3. Space and opportunity to embed learning in practice through inquiry and developing capability, supported by regular organisational appraisal
4. An end of year face-to-face reflection day consisting of advanced skills training and portfolio of evidence presentation, to include facilitated professional peer review.

The timing of programme delivery was such that tutors would have undertaken core training and assessment prior to receiving their pre-registration trainee.

A study commissioned by the London Professional Support Unit (<http://www.faculty.londondeanery.ac.uk/role-mapping-tool/study-of-the-views-on-teaching-and-learning-within-healthcare-qualifications-in-england>) was key to informing the development of the programme curriculum which is largely based upon the idea of a process-model, with teaching and learning approaches designed using constructivist theory. However, to ensure that evidence of a baseline competency against GPhC standards can be measured, outcome-based and competency-based approaches have been incorporated into the online training element.

Evaluation Methods

Questionnaires

Tutors were asked to complete questionnaires to capture participants' reactional evaluation for four components of the programme:

- The Introductory Study Day (94% response rate)
- The Self-Assessment Tool (100% response rate)
- The e-Learning Modules (mean response rate 47%)
- The Developmental Study Day (86% response rate)

Each questionnaire used a combination of open and Likert-style questions.

Semi-structured telephone interviews

In addition telephone evaluations were conducted between 25th February and 4th March 2016 with all tutors on the Phase 2a Cohort, for the purpose of exploring behaviour change and the practicalities of implementing any learning. An agreed list of questions was used for the telephone evaluations using a mixture of open and Likert-style questions and the tutors were invited to expand on their answers where appropriate. Interviews ranged from 8 to 22 minutes to complete depending on the individuals being interviewed. Tutors who could not be contacted between these dates were sent a copy of the questions via email and asked to complete by 31st March 16. There were 17 tutors who had completed the CEPN tutor training and development programme in the Phase 2a Cohort and who were contactable for this evaluation. Two had left their respective workplaces at the time of the evaluation reducing the sample size to 15. A total of 11 responses were received representing 73% response rate.

Results and Discussion

The results of all the data captured were analysed and common themes highlighted to form opinions. Several key themes were identified are as follows:

Time pressures

Whilst the majority (73%) of respondents to telephone interviews felt the 12 weeks allocated to the five e-learning modules and the nine months dedicated to the personal development cycle was sufficient, all respondents undertook the majority of this training in their own time. 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. One respondent said in their development day (final study day) evaluation:

“I find it difficult to relate this learning to practice due to time restraints”

Data captured through study day evaluation and post-placement feedback from pre-registration tutors suggested that, with time as an on-going pressure, priority may be given to opportunities for practical experience to support development, over the more conveniently accessible but lengthy e-Learning.

“The coursework for the tutors at the beginning was a bit intense re timescales.”

“[It took a long] time to complete the course, although it was very interesting and useful.”

“I do not think that [essays] illustrates to anyone that as a tutor you are well armed. I feel that shadowing a tutor in practice would be more beneficial to show an adherence to standards.”

“Observed practice and practical scenarios may be slightly better and easier”

“[More practical training] as opposed to reams of written work may be helpful.”

Quality of the training

All respondents at the mid-point telephone interviews were very happy with the quality of training provided on the programme. A few respondents felt that experienced tutors did not necessarily need the same level of training required by a pharmacist new to tutoring. The majority of the comments raised regarding overall quality and content were regarding the information that updated them on the recent changes made to the pre-registration training programme. 55% of respondents agreed and 9% strongly agreed that as a result of this training they are now fully aware of all aspects of the pre-registration training programme:

“The training has increased my awareness of changes to pre-reg programme that I was not aware of”

“It helped me breakdown the pre-registration year, i.e. what to do when, I have a timeline of what GPHC wants and when”

“It has updated me on the procedures for the year, reminded me of the skills I need as a tutor and allowed me to reflect on my style as a tutor”

“Early part of modules was of little value to me as an experienced tutor. Found it frustrating repeating training I was fully confident with, I wanted to learn new material”

“I believe the training is sufficient but might depend on individual each tutors experience”

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.

The highest ratings in terms of permanent performance improvements as a result of completing the e-learning module evaluations were associated with Module 3 (85%), Module 2 (75%) and Module 5 (71%), indicating that these modules were most valuable in stimulating behavioural change for tutors regardless of their previous experience.

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.

“It taught me the pathway to dealing with problems. I now know that I need to deal with things early before they become a problem”

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:

“I really enjoyed being an observer on the introductory day as I was able to learn what good/bad feedback looked like, so I learned lessons for others”

“Role playing when practicing my feedback [was the most useful part of the day] as I have not had someone observing before”

Only one telephone interview respondent (9%) felt that this part of the training was of no benefit to them.

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. There were a number of comments demonstrating changes to behaviour as a result of the training:

“I found the training helpful and I have changed some aspects such as undertaking more frequent reviews with my trainee”

“I undertake weekly as well as quarterly feedback now”

“It has updated me on the procedures for the year, reminded me of the skills I need as a tutor and allowed me to reflect on my style as a tutor”

“It has increased my confidence with pre-reg student and I am better able to give constructive feedback”

“The training has prompted me to do more with my tutee”

“It has reinforced good practices as a tutor”

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:

“Personal development plans [were least useful part of the day], I found it difficult to think of personal development needs on the spot”

“PDPs [were least useful part of the day] – maybe because it is the aspect I need to get my head around the most”

“Exploring PDPs and refreshing knowledge of SMART objectives [was the most useful part of the day]. Increase in my own confidence as a result”

“I plan to use the developmental templates to identify gaps in my skill set and put into procedure when my new pre-reg starts”

“Need to develop my approach to PDPs. Have not received as guidance on them before”

The self-assessment questionnaire was generally recommended by the tutors with the majority (82%) stating in the evaluation of the tool that it should be further explored. Suggestions for improvement included providing examples of evidence that could be used to demonstrate competency in the different GPhC Guidance areas. With regards to re-visiting the self-assessment activity at the development day, one respondent said:

“Good to compare where we have come from i.e. compared to last year”

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.

“It has increased my knowledge and developed support network through contact with other tutors”

“Encouraged me to develop professionally”

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:

“Good exchange of experience and ideas/solutions”

“I enjoyed hearing about other tutors experiences and how they dealt with difficult situations”

“Helps to feel all are in the same boat and have similar thoughts and struggles”

“Being able to discuss with fellow pharmacists – which doesn't [happen] much in the real world”

“Affirmed what I was doing was right and gave me some other ideas”

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. Benefits that were mentioned of this tutor training as part of the pre-registration pharmacist GP placement programme included:

“Placements in GP practice are giving opportunity to improve teamwork”

“Improved awareness of what each other does, improves communication, increased awareness of each other's work loads, able to learn from each other”

“Increased perspective of each other’s profession and what each other’s obstacles are to achieving goals”

One respondent expressed frustration with the tutor training programme in this sense, stating:

“I have difficulty in marrying the two up: the placements and the [tutor] training. Don’t understand relevance to the job and how it relates to the placements”

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. Comments worthy of note are:

“I would need insight into their training programme and knowledge of their learning objectives”

“Would need information about their training schedule”

“Not sure on their training objectives or outcomes of their placements”

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.

In initial scoping, we recognised a number of important changes which need to be made in terms of tutor training provision and support for ongoing professional development. These were incorporated into programme delivery and evaluation suggests that their inclusion has impacted positively upon application of learning to practice:

- 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

A 2014 analysis of trainee satisfaction published by the GPhC

(<http://www.pharmacyregulation.org/resources/research/pre-registration-survey-2014>)

suggested that pharmacist trainees who completed their training in the community sector (approximately two thirds of pharmacy trainees) are more likely to be dissatisfied with the experience. Those who trained in England –particularly London - appear to have the lowest levels of satisfaction. Therefore, moving forward, the ambition is to roll-out this tutor training and development programme to pharmacy tutors, particularly those in the community sector

and for those involved in developing new ways of working for pharmacy i.e. CEPN's, Sustainable Transformation Programmes, National Pre-Registration Recruitment Scheme.

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.

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4. The General Practice Forward View; NHS England, 2016 <https://www.england.nhs.uk/wp-content/uploads/2016/04/gp-fv.pdf>
5. HEE National Pre-registration Trainee Pharmacist Recruitment 2017 <https://www.lasepharmacy.hee.nhs.uk/national-recruitment/>

Appendix 1

Placement Timetable

Placement Timetable							
Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Block Week 1 (to run consecutively)		Block Week 2 (to run consecutively)		1 day per week/four weeks			
AM Introduction to the Practice: Roles of various staff. Protocols. Info about surgery (patient population/demo graphics/key target groups etc). Confidentiality	AM Shadow admin on front desk Repeat Rx processes Ordering Rx's Patient triage	AM Pathways of Care: action Clinical skills: BP checks/temp checks/foot checks/FEV1/p peak flow/pulse and what the results mean	AM Medicines Management: How does a GP deal with repeat prescribing/acute prescribing/long term condition prescribing?	AM Smorgasbord Tutor Networking Session	AM Smorgasbord	AM Smorgasbord	AM Trainee Joint Overview session
PM The Practice Patient-access system EMIS/Docman and coding and how surgery is paid: QOF	PM Repeat prescribing and follow-up appointments/ choose and book/pathways of care: training	PM Clinical skills: Consultation skills and medicines management	PM Primary Care Integration Write-up and presentation preparation	PM Smorgasbord	PM Smorgasbord	PM Smorgasbord	PM Trainee joint overview session

Smorgasbord

You will experience a number of placement activities from the list below, depending on availability of staff and opportunity during the latter part of your placement. Discuss with your practice supervisor and/or practice manager which of these activities can be undertaken during days 5-7, and plan them in to your timetable overleaf. The list is not exhaustive, and you or your practice may identify other opportunities during your time in the surgery, which you can include in the spaces below. You should use the introduction sessions to identify which practice staff you will need to spend time with to facilitate your learning.

Shadowing GPs in surgery	Shadowing Practice Nurses in specialist clinics: Diabetes Respiratory(COPD/Asthma) Coronary Heart Disease/Stroke	Home visits with GPs
Home visits with District Nurses	Visit to residential home with GP	Visit to nursing home with GP
Attending MDT meetings	Case reviews of patients on multiple medications	Attending CCG meetings
Placement with Physiotherapist	Bespoke surgery placement	Bespoke surgery placement

You will be given a workbook to help guide your learning during your placement, but you will gain more if you are pro-active in the tasks you undertake and participate fully in this unique experience.

Appendix 2

Post-Placement Questionnaire Template

Evaluation of Feedback from Participants in the Preregistration Pharmacist GP Placement Project

Thank you for providing feedback on your experiences. This will be valuable in the evaluation of this project and our planning for the next one. Please complete the following questions and return the questionnaire electronically to ashamim@kss.hee.nhs.uk

Are you a pre-reg. trainee/pre-reg. tutor/GP registrar/GP trainer/practice manager? Please circle as appropriate.

1. What was the best part of the placement programme and why?

2. What was the least satisfactory part of the placement programme and why?

3. Would you omit any of the placement programme components? If so, which elements and why?

4. Are there any components you would like to have added to the placement programme? Please describe these components.

5. What is your opinion on the length of the placement?

6. Has the placement programme provided opportunities for inter-professional learning? If so, please can you describe example(s)?

7. Now that you have come to the end of the placement programme, on reflection, how useful was the induction/training for the placement programme? Would you suggest any changes?

8. What is the impact of the placement programme on your understanding of the roles of other health care professionals?

9. What is the impact of the placement programme on your own practice?

10. What is the impact of the placement programme on your professional confidence?

11. Has the placement programme changed any aspect of your practice to enhance patient outcomes? Please

describe any examples.

12. What is the impact of

the placement programme on your plans for future practice?

13. What is the impact of the placement programme on your plans for future inter-professional working?

14. What do you think could be the benefit to patients of a pharmacist working in a GP surgery setting?

15. How has your opinion of the sector in which you/your tutee undertook the placement changed?

16. Has this project triggered opportunities for collaborative working across sectors? If so, please describe an example.

17. How has your understanding of the other sector's NHS contract changed as a result of the placement programme?

18. What do you think could be done to build on this placement project for future cohorts?

19. Any other comments?