

An Educational Framework for Training Pre-registration Community Pharmacists in General Practice and GP registrars in Community Pharmacy



Phase 3 Project Report: 2016 - 17

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Background

Future models of patient care rely on robust inter-professional network and communication processes. The proposals for the 'radical upgrade' of the NHS presented in the Five Year Forward View are now becoming a reality. In primary care the Pharmacy Integration fund is being utilised to develop the primary care pharmacy workforce including integrating community pharmacy into the national urgent care system and deployment of pharmacy professionals into care homes. HEE have been commissioning training to support these services including independent prescribing, and educational grants for community pharmacists to access postgraduate clinical education and training courses up to diploma level. Pharmacists will have a much greater role within the multi-disciplinary team and, for this to be successful, the multi-disciplinary team needs to develop a greater understanding of the pharmacists' role. Barriers between the healthcare providers need to be broken down.

A project was established in 2014 within Health Education England, Kent Surrey and Sussex (HEE KSS), to develop a programme in which pre-registration pharmacists training in community pharmacies undertook a structured regional programme which included a degree of inter-professional learning through a placement in a GP surgery. In addition, GP registrars spent part of their training in a community pharmacy, learning how pharmacists and their staff contribute to the care of patients in the community. By each trainee gaining deep insight into how their counterpart's profession operates as well as into the potential issues hindering effective service provision, it was hoped the seeds for complementary working would be sown and existing barriers impeding successful co-working be removed. The KSS project ran in two iterations: Phase 1 in 2014-15 and Phase 2 in 2015-16. Achievements in Phase 1 of the KSS project included:

- The first cohort of pharmacy trainees completed their GP-practice placements, working in 5 GP practices that employ a practice pharmacist.
- A placement programme mapped to pharmacy pre-registration training performance standards was approved by the GPhC.
- A second programme for placements within those practices without a practice pharmacist was initiated.
- A placement programme for GP trainees to work within Community Pharmacies was written in conjunction with the HEE KSS School of General Practice.

Learning from Phase 1 was implemented in Phase 2 in KSS which scaled up the number of trainees and GP practices involved in the project to 20. At the same time the project was extended to the Health Education England, North Central and East London (HEE NCEL) area. The HEE NCEL project paired nine pre-registration pharmacists and GP registrars for reciprocal placements. The key findings from the evaluation of this HEE NCEL project were that:

- All parties involved gained a greater understanding of each other's practice.
- The project provided GP practices with first-hand knowledge of how pharmacists could help GPs with the patients they share. The project highlighted the benefits of better collaborative working between GP practices and community pharmacies including the potential for a reduction in duplication of effort, an improved patient journey and ultimately, improved patient care.
- The project improved communication between the GP practices and community pharmacies involved, including some immediate changes to practice such as a direct line for the pharmacist to contact the GP.
- The project provided enhanced opportunities for collaborative and interprofessional learning, particularly through conduction of trainee-led Quality Improvement Audits.

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A third iteration of the project was commissioned by HEE London and the South East in 2016-17 to take place in London, Kent, Surrey and Sussex. The objectives of this iteration were to:

1. Roll out a programme of placements for pre-registration pharmacists and GP registrars that can be delivered at scale (possibly nationally, in due course).
2. Provide an opportunity for better mutual understanding of the other sector's systems, procedures and challenges.
3. Provide an opportunity for a better mutual understanding of the services offered in each setting.
4. Provide an opportunity for increased communication between pharmacists and GPs.
5. Provide an opportunity to identify actions to strengthen working relationships between community pharmacies and GP surgeries.
6. Provide trainees with an insight into development opportunities at an early stage in their career to develop the pharmacy and GP workforce.
7. Develop ideas about joint strategies which could improve patient care via a Quality Improvement Audit.
8. Provide an opportunity to work on reducing duplication of services and care via a Quality Improvement Audit.
9. Develop Inter-Professional learning which reduces profession based silo working
10. Identify opportunities for future collaboration.

The aim was to recruit 110 pairs of trainees across London, Kent, Surrey and Sussex. Pre-registration pharmacists and GP registrars attended a face to face induction event to explain the purpose of the placements and the Quality Improvement Audit. Pharmacy and GP tutors completed an on-line induction. Pre-registration pharmacists spent eight days in a GP practice and GP registrars spent four half days in a community pharmacy. At the end of the placements a joint celebration event was held for pharmacist and GP trainees to share their learning from the placements and the joint Quality Improvement Audits (QIA).

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

During 2016-17 an alternative cross sector pharmacy pre-registration training programme was piloted where two pre-registration pharmacists undertook split placements in community pharmacy and a GP practice. Each pre-registration pharmacist spent three months in one setting before swapping to the other and then back again. Each pre-registration pharmacist therefore experienced a total of six months in community pharmacy and six months working with a practice pharmacist in a GP setting. A tutor in each setting supported the trainees. This cross sector training programme was evaluated together with the pharmacy/GP reciprocal placements and the findings are presented in this report

Evaluation

This evaluation took a quantitative approach and to build on the qualitative evaluations of the previous iterations of the project. The evaluation aimed to provide some quantitative evidence of the benefit of the placements, and make comparisons between the views of the different groups' trainees and tutors. The aim was to recruit 110 pairs of trainees and their respective tutors making a quantitative analysis feasible.

The evaluation consisted of three phases:

Phase 1

Post induction questionnaire administered via google forms to all trainers and trainees. The questionnaire was designed to gather views on the induction session and, in addition, focussed on gathering views of what each profession thinks about the other profession's practice using the findings of the previous iterations of the placements to develop the questions. Respondents were asked to respond to the statements using a five point Likert scale. Trainees were asked to complete the questionnaire after they had attended the induction event. Trainers completed an on-line induction. The link to the google form questionnaire was included at the end of the on-line induction and trainers were required to complete the questionnaire in order to obtain a certificate of completion for the training.

Phase 2

Post-placement questionnaire to all trainers and trainees. This included statements based on the findings from the previous iterations of the project, with Likert scale responses. Questions mirrored those asked in phase 1 in order to allow some comparative statistical analysis. The questionnaires were administered via google forms and were e-mailed to participants with a request to complete the questionnaire after the placements. In addition, hard copies were supplied to the trainees at the celebration event and so some trainees completed a hard copy of the questionnaire.

Phase 3

Post QIA (Quality Improvement Audit) questionnaire to all trainees. This was a short questionnaire to gather data on the impact of the joint QIA, given out in hard copy at the celebration event. This, together with the presentations by the trainees at the celebration events, provided information on the QIAs.

In addition, a log was maintained by the project manager throughout the duration of the project, recording 'lessons learnt' as the project progressed. This was analysed as part of this evaluation.

Alternative model

A questionnaire was devised containing open questions and was distributed via e-mail to the two pre-registration pharmacists and the two tutors.

Results

Recruitment

Initially 120 pharmacies signed up to the placements and only 17 GP practices. GP numbers increased to the extent that by the time of the induction events thirty-nine pre-registration pharmacists and 27 GP registrars attended. Prior to the placements commencing it was anticipated that there would be 32 pairs (pre-registration pharmacists and GP registrars) and ten pre-registration pharmacists undertaking the placement without a GP registrar to pair with.

At the end of the project 25 pre-registration pharmacists had undertaken placements in a GP practice; five of these did so without a GP registrar to partner with. Twenty-one GP registrars had undertaken placements in a community pharmacy; two of these went to the same pharmacy at the same time.

There were nine pairs of trainee GPs and CPs, plus another five pre-registration pharmacists who were supposed to go a GP practice who signed up to the project, attended the induction, but did not attend the celebration event nor provided any updates. They most likely never went ahead with the placements but are counted here as lost to follow up

The Induction Session

Thirty-nine pre-registration pharmacists attended the induction events in March 2017. Sixteen of these responded to the post-induction questionnaire (41% response rate). Twenty-seven GP registrars attended the induction event. Eight responded to the post-induction questionnaire (29.6%). Table 1 details the expectations of the induction workshops.

Table 1 What did you hope to achieve by attending the induction workshops? (Pre-registration pharmacist and GP registrar responses)

Statement	Response rate (n=16) Pre-registration Pharmacist	Response rate (n=8) GP registrar
To understand more about the purpose of the placements	16 (100%)	8 (100%)
To understand more about my role during my placement in the GP practice <i>To understand my role during my placement in a community pharmacy</i>	14 (87.5%)	7 (87.5%)
To understand the role of the pharmacy and GP tutors during the placements	8 (50%)	2 (25%)
To understand the roles and expectations of the GP registrar whilst on their placement in the pharmacy <i>To understand the roles and expectations of the pharmacy pre-registration trainee whilst on their placement in the surgery</i>	5 (31.3%)	5 (62.5%)
To find out more about the training that a GP has to undertake <i>To find out more about the training that a pharmacist has to undertake</i>	5 (31.3%)	3 (37.5%)
To find out how the placements will support interprofessional learning	10 (62.5%)	6 (75%)

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One pre-registration pharmacist added the additional comment that they wanted to 'Learn more about the clinical aspects of diagnosis and treatment (i.e glucose test strips/ types needles/ determine insulin units as per requirements etc).'

Eighteen responses were received from pharmacy tutors and 16 from GP tutors. The induction event was provided on-line and it was not possible to access data on how many tutors accessed the training so the nineteen who completed the questionnaire are the only tutors known to have completed the training. Table 2 details the expectations of the tutors completing the on-line induction workshop.

Table 2 What did you hope to achieve by attending the induction workshops? (Pharmacy tutor and GP tutor responses)

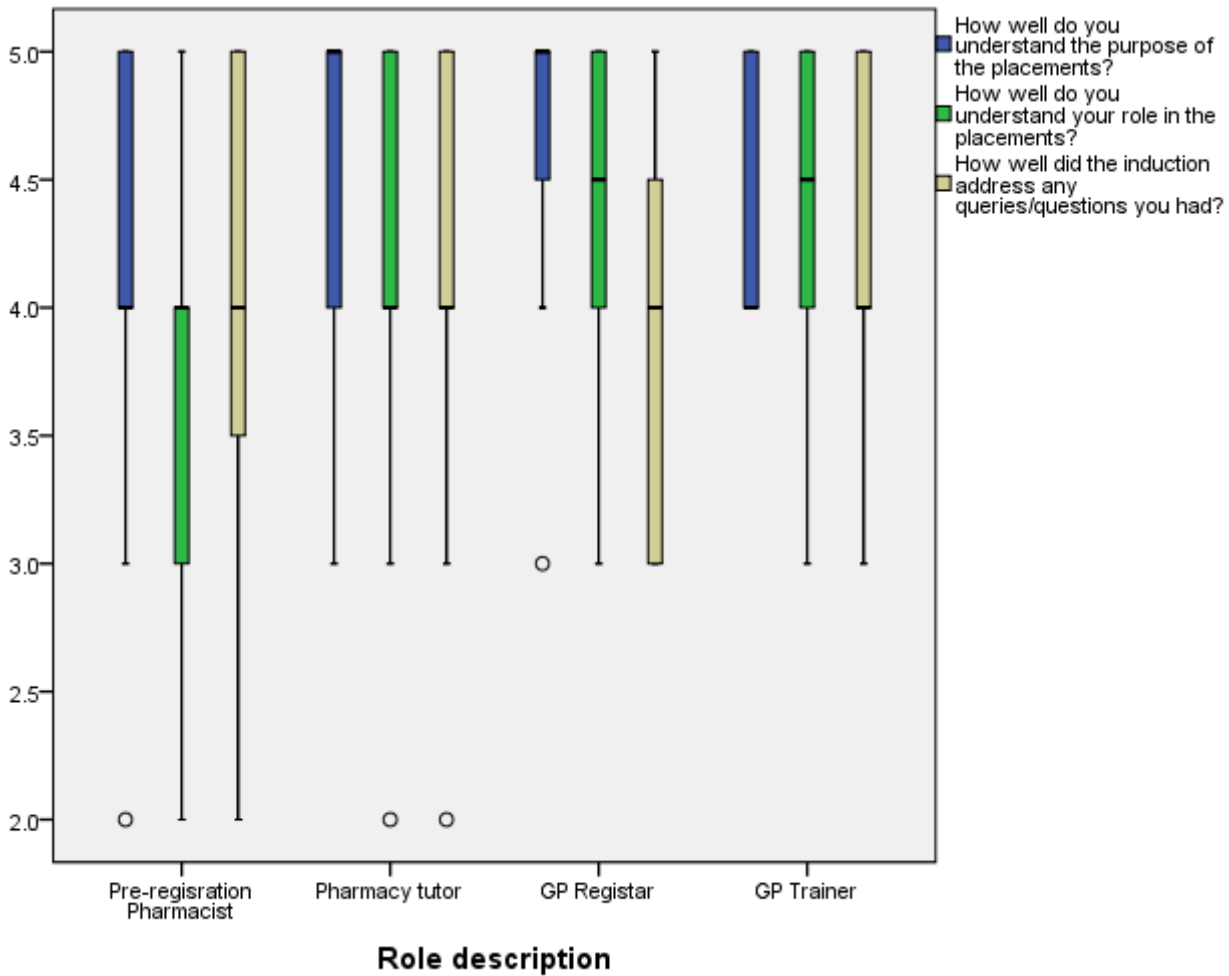
Statement	Response rate (n=18) Pharmacy Tutor	Response rate (n=16) GP tutor
To understand more about the purpose of the placements	13 (72.2%)	14 (87.5%)
To understand more about the practicalities of hosting a GP registrar in the pharmacy <i>To understand more about the practicalities of hosting a pharmacy pre-registration trainee in the practice</i>	13 (72.2%)	14 (87.5%)
To understand the role of the pharmacy tutor during the GP registrar's placement in the community pharmacy <i>To understand the GP and the practice's role during the pharmacy pre-registration trainee's placement</i>	14 (77.8%)	13 (81.3%)
To understand the roles and expectations of the pharmacy pre-registration trainee whilst on their placement in the surgery	13 (72.2%)	13 (81.3%)
To understand the roles and expectations of the GP registrar whilst on their placement in the community pharmacy	15 (83.3%)	9 (56.3%)
To find out more about the training that a GP has to undertake <i>To find out more about the training that a pharmacist has to undertake</i>	11 (61.1%)	5 (31.3%)
To find out how the placements will support interprofessional learning	12 (66.7%)	9 (56.3%)
To further develop my tutoring skills (Pharmacy tutor only)	12 (66.7%)	N/A

One pharmacy tutor asked for feedback from the GP registrar in order to help them improve the quality of their work.

Figure 1 below shows the median response and the range of responses to questions about the induction workshop comparing responses between the different trainees and trainers. A five point Likert response scale was used with 1=not well and at all and 5=very well. GP registrars felt they understood the placements and their role in the placements slightly better than pre-registration pharmacists. All four groups felt equally prepared to undertake the placements (median = 4 for all four groups).

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Figure 1 Participants understanding of the project following completion of the induction training



Themes from the open responses from the trainees exploring key learning from the induction session included:

- Meeting fellow trainees in the other profession and having an opportunity to discuss the issues affecting each profession. *'Mostly being able to sit around a table with fellow trainee pharmacists and GP registrars and exploring the issues our sectors face...this discussion makes me realise the similarities between challenges both sectors are facing'*. (Pre-registration pharmacist)
- Understanding the background behind the project and the purpose of the placements, including that the placements are observational.
- Understanding the expectations of the trainee during the project, including the need for the QIA project.
- Understanding the importance of interprofessional learning and multiprofessional working. *'Working together will ultimately benefit us all. This requires open channels of communication'* (GP Registrar). *'How I can contribute for a better relationship between sectors to benefit the public'* (Pre-registration pharmacist)
- Better understanding the requirements for the QIA. *'Knowing that I have to conduct an audit was something I was unaware of and having more insight into this was very helpful including how to approach it.'* (Pre-registration pharmacist)
- The importance of having a face to face induction session: *'Really useful doing this face to face - more impact than maybe being sent the slides to read'*. (GP Registrar)
- The timing of the placements. *'Would have been more convenient earlier in the year as quite close to pre-registration exam'* (Pre-registration pharmacist)

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'As they expect you to start in April and it is now April it's not really enough time, my sessions in GP are already set for the next month so getting time to go to pharmacy will be very hard' (GP Registrar)

One pre-registration pharmacist provided the following comment about the induction session which summarises the importance of sessions like this:

'I was quite surprised as to what some GPs understanding was of pharmacists and what they are able to do in practice. This helped me understand why GPs may not see pharmacies as a port of call for certain patient groups since they may not be aware of all the services we can provide and what we can provide to patients. I also liked that there was a workbook and rough structure which may apply to some GP practices. Furthermore I have had exposure as to pressures GPs feel and how we might be able to work together in mutual benefit for each other's practice and in essence patients. I also did not realise the payment system for GPs and what they had to work towards. It was a good introduction and learning experience.' (Pre-registration pharmacist)

Another pre-registration pharmacist summarised the objectives of the placements:

'I believe the placement will give a greater insight to the workings of the practice, the role of all team members and whom to refer to when there are queries and how these may be minimised. This may be reciprocal for the practice when they see which patient cohort they can refer and in which instance it can be appropriate to refer to the pharmacy/pharmacist to increase efficiency at the practice.' (Pre-registration pharmacist)

Key themes from the open responses from the tutors exploring key learning from the induction session included:

- Gaining an overview of the project.
- Learning from the testimonials and past experiences on the project. *'The testimonials were very good. It gave a good idea of what will happen.'* (Pharmacy tutor)
'The videos were very informative.' (GP tutor)
- The role of the tutor on the placements. *'The expectation from me, as a tutor.'* (Pharmacy tutor)
'Treat the pharmacy reg like a new GP trainee induction and get feedback about the workflow and working conditions of a pharmacist.' (GP tutor)
- The expectations of the trainee on the placement. *'What is expected of GP trainees in a pharmacy placement and how as a pharmacy tutor I can best help them to meet their learning objectives.'* (Pharmacy tutor)
'Gaining an insight into how to effectively integrate a GP registrar into the working practices of the pharmacy and ensuring they receive a well-rounded experience.' (Pharmacy tutor)
'Possible timetables and how to structure placement. Also what QIP would be appropriate.' (GP tutor)
- Improving relationships between GPs and Pharmacists. *'Performing the QIA will be helpful in building strong relationships between pharmacy and GP practice.'* (Pharmacy tutor)
'The increased integration of the GP registrar in the training.' (GP tutor)
'Identifying the QIA early; both GP and pharmacist trainee can work together on this.' (GP tutor)
- Usefulness of the induction. *'I am confident that the induction has allowed me to reflect enough hints and tips on how to make this exchange a useful one of both trainees involved.'* (Pharmacy tutor)
'I thought there would be a lot more to the induction session but I am sure the placement workbook is enough to go by for expectations of the pharmacy tutor and GP trainee.' (Pharmacy tutor)
'Well written with useful links.' (GP tutor)
'Good that the online induction was available – difficult as a GP to get away to seminar type sessions.' (GP tutor)
- The need to look at the trainee workbook. *'Good to look at through the trainee pharmacist's workbook so you have an idea of the areas they need to cover.'* (GP tutor)

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- Practical aspects of the organisation of the placements. *'Need to ensure that the organisation of placement is appropriate as we have a number of learners already in the building.'* (GP tutor)
'It is pretty time intensive and ambitious. This is not reflected in the payment.' (GP tutor)

Once the placements were completed participants were asked to reflect back on the induction session and how well they thought it had prepared them for the placements. The responses are shown in table 3.

Table 3 **How well did the induction session prepare you for the placements?**

Participant	It did not prepare me at all	Not well prepared	Indifferent	Somewhat prepared	It prepared me very well
Pre-registration Pharmacist (n=17)	5.8%	11.8%	17.6%	47%	17.6%
GP Registrar (n=13)	0	0	10%	60%	30%
Pharmacy Tutor (n=2)	0	0	0	100%	0
GP Tutor (n=7)	14.3%	0	28.6%	28.6%	14.3%

Once the placements had been completed some GP registrars commented that the induction session was very thorough and they could not think of anything else that needed including. Likewise some pre-registration pharmacists felt the induction covered everything that was needed. In addition, one stated that they were able to access support from previous pre-registration pharmacists and the project manager:

'I think the induction provided sufficient information. The previous pre-reg also offered me any assistance that I required. Simon was also easily available if I had any problems/queries.' (Pre-registration pharmacist)

Timing of the induction session was raised as an issue by the GP registrars:

'Further notice of the induction dates (so that I could have adequate time to book off work as my clinics are booked one month in advance).' (GP registrar)

Another GP registrar commented that more detail of the project was required particularly as they found the website examples of the previous projects did not open. One registrar felt that the pharmacy staff needed to be briefed before the placement:

'More structure to time in the pharmacy and what trying to achieve. Make all staff aware before GP arrival.' (GP registrar)

One pre-registration pharmacist felt there needed to be more purpose to the placements:

'Implement a goal in the induction for pharmacist to look forward to, just sitting and shadowing can be hard if have something to work towards then would not get bored as 8 days were too much time to just shadow.' (Pre-registration pharmacist)

Two pre-registration pharmacists wanted more support at the induction with the QIA:

'Give more examples of the different types of audits that could have been carried out.' (Pre-registration pharmacist)

The placements

Respondents were asked to rate their agreement (using a five point Likert scale with 1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5=strongly agree) with statements about the placements. They rated their agreement prior to completing the placements and then again after the placements. Tables 4 to 7 show the median response to each statement for the different respondents.

Table 4 Pre-registration pharmacists' median response to statements about the placements

Statement	Median Response	
	Before the Placements (n=16)	After the Placements (n=17)
(As a result of the placement) I have sufficient knowledge of the services provided by the GPs in my area	3	5*
(As a result of the placement) I have (a better) knowledge of the educational and training requirements to become a GP	3.5	4*
All trainees will gain (I have gained) a greater understanding of the patient journey from obtaining a prescription to having the medicine dispensed	4	5
All trainees will gain (I have gained) a greater understanding of each other's working environment and the pressures they each face	4.5	5
The placements will (have) encourage(d) multidisciplinary team working	4	5
The placements will attract pharmacists (I am attracted to) work in a GP surgery	4	5
There are (I found) no benefits to the placements	1	1
GP trainees will (The GP registrar that I worked with has) learn(t) more about how drug dispensing works	4	4
All trainees will gain (I have gained) a greater understanding of local services and systems	4	4
Pharmacy trainees will (I) understand the scope and complexity of GP consultations	4	5*
Pharmacy trainees will gain (I have gained) greater confidence to face the ongoing challenges in the pharmacy world	4	4
The placements will (have) facilitate(d) improved communication between my community pharmacy and my local GP practices	4	4
The placements will lead to (as a result of the placements I have) a better understanding of how the two professions can work more closely together to improve patient care	4	4
The placements will lead to (As a result of the placements I have) a better understanding of how pharmacists can be utilised to manage patients' conditions	4	5
The placements will lead (have led) to better team working with my local GP practices	4	4
I am unsure about the benefit of the placements on my practice	2	2
Patients will have (as result of my learning on the placements patients now have) a much more streamlined experience to accessing medicines	3	4*
Patients will have (as a result of my learning on the placements patients now have) improved access to and awareness of the pharmacist for minor illnesses	4	4
I am unsure if there are any benefits to patients of the placements (I am unsure if patients have experienced any benefits as a result of the placements)	2	3
The placements will have (had) a negative effect on my time	2	2
The placements will have (had) a negative impact on my training as they took me out of the community pharmacy	1	1
I am unsure if there are any (I am unsure if I experienced any) disadvantages to the placements	3	3

*Difference in response statistically significant, Mann Whitney-U test, $p < 0.05$

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Table 5 GP Registrars' median response to statements about the placements

Statement	Median Response	
	Before the Placements (n=8)	After the Placements (n=13)
(As a result of the placement) I have sufficient knowledge of the services provided by the community pharmacies in my area	2	5*
(As a result of the placement) I have (a better) knowledge of the educational and training requirements to become a pharmacist	3	5*
All trainees will gain (I have gained) a greater understanding of the patient journey from obtaining a prescription to having the medicine dispensed	4	5
All trainees will gain (I have gained) a greater understanding of each other's working environment and the pressures they each face	4	4
The placements will (have) encouraged multidisciplinary team working	4	4
The placements will attract pharmacists work in a GP surgery	4	3*
There are (I found) no benefits to the placements	2	1
GP trainees will (I have) learnt more about how drug dispensing works	4	4
All trainees will gain (I have gained) a greater understanding of local services and systems	4	5
Pharmacy trainees will (better) understand the scope and complexity of GP consultations	4	4
The placements will lead to (as a result of the placements I have) a better understanding of how the two professions can work more closely together to improve patient care	4	4
The placements will lead to (As a result of the placements I have) a better understanding of how pharmacists can be utilised to manage patients' conditions	4	4
The placements will lead (have led) to better team working with my local community pharmacies	4	4
I am unsure about the benefit of the placements on my practice	2	2
The placements will (have) facilitate(d) improved communication with my local community pharmacies	4	4
Patients will have (as result of my learning on the placements patients now have) a much more streamlined experience to accessing medicines	4	3
Patients will have (as a result of my learning on the placements patients now have) improved access to and awareness of the pharmacist for minor illnesses	4	4
I am unsure if there are any benefits to patients of the placements (I am unsure if patients have experienced any benefits as a result of the placements)	2	2
The placements will have (had) a negative effect on my time	2.5	1*
The placements will have (had) a negative impact on my training as they took me out of the GP surgery	2	2
I am unsure if there are any (I am unsure if I experienced any) disadvantages to the placements	3	3.5

*Difference in response statistically significant, Mann Whitney-U test, $p < 0.05$

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Table 6 Pharmacy tutors' median response to statements about the placements

Statement	Median Response	
	Before the Placements (n=18)	After the Placements (n=2)
(As a result of the placement) I have sufficient knowledge of the services provided by the GPs in my area	4	3.5
My pharmacy has adequate processes in place for communicating with the local GPs about a patient	4	4.5
I currently have a good (The placements have improved my) working relationship with my local GP practices	4.5	4
(As a result of the placement) I have (a better) knowledge of the educational and training requirements to become a GP	3	4
All trainees will gain (have gained) a greater understanding of the patient journey from obtaining a prescription to having the medicine dispensed	5	4.5
All trainees will gain (have gained) a greater understanding of each other's working environment and the pressures they each face	5	4.5
The placements will (have) encouraged multidisciplinary team working	5	4
The placements will attract pharmacists work in a GP surgery (As a result of the placements pharmacy trainees have been attracted to work in a GP surgery)	4	4.5
There are (were) no benefits of the placements to either GP or pharmacy trainees	1	1
GP trainees will (The GP registrar that I worked with) learnt more about how drug dispensing works	4	3.5
All trainees will gain (have gained) a greater understanding of local services and systems	4	4
Pharmacy trainees will understand (My pharmacy trainee has a greater understanding of) the scope and complexity of GP consultations	4	4
Pharmacy trainees will gain (My pharmacy trainee has greater) confidence to face the ongoing challenges in the pharmacy world	4	4.5
The placements will facilitate (facilitated) improved communication between my community pharmacy and my local GP practices	4	4
The placements will lead to (as a result of the placements I have) a better understanding of how the two professions can work more closely together to improve patient care	5	4.5
The placements may lead (have led/will lead) to more services being provided through my community pharmacy	4	2.5
I am unsure about the benefit of the placements on my practice	2	3
Patients will have (as a result of my learning on the placements patients now have) a much more streamlined experience to accessing medicines	3.5	4
Patients will have (as a result of my learning on the placements patients now have) improved access to and awareness of the pharmacist for minor illnesses	4	3
I am unsure if there are any benefits to patients of the placements (I am unsure if patients have experienced any benefits as a result of the placements)	2	3
The placements will have (had) a negative effect on my time	2	2.5
The placements will impact (The placements had a negative impact on) the pharmacy's capacity to deal with our workload	2	2.5
I am concerned about the long term sustainability of the placements	2	3.5
I am concerned that the GP registrars will only see (The GP registrar only saw) the dispensing side of what we do and will (did) not see the other services we offer	2	1.5
I am unsure if there are (were) any disadvantages to the placements	3	2

Comparative statistical analysis was not performed due to low sample numbers

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Table 7 GP tutors' median response to statements about the placements

Statement	Median Response	
	Before the Placements (n=16)	After the Placements (n=7)
(As a result of the placement) I have sufficient knowledge of the services provided by the community pharmacists in my area	4	4
My practice has adequate processes in place to signpost suitable patients to community pharmacy instead of making a surgery appointment	3.5	4
I currently have a good (The placements have improved my) working relationship with my local community pharmacists	4	3*
(As a result of the placement) I have (a better) knowledge of the educational and training requirements to become a pharmacist	3	4*
All trainees will gain (have gained) a greater understanding of the patient journey from obtaining a prescription to having the medicine dispensed	4	4
All trainees will gain (have gained) a greater understanding of each other's working environment and the pressures they each face	5	4
The placements will (have) encouraged multidisciplinary team working	4	4
The placements will attract pharmacists work in a GP surgery (As a result of the placements pharmacy trainees have been attracted to work in a GP surgery)	4	3
There are (were) no benefits of the placements to either GP or pharmacy trainees	2	2
GP trainees will (My GP trainee has) learnt more about how drug dispensing works	4	4
All trainees will gain (have gained) a greater understanding of local services and systems	4	4
Pharmacy trainees will understand (The pharmacy trainee has a greater understanding of) the scope and complexity of GP consultations	4	4
The placements will facilitate (facilitated) improved communication between my GP practice and my local community pharmacy	4	3
The placements will lead to (As a result of the placements I have) a better understanding of how the pharmacist can assist the surgery	4	4
The placements will lead (have led) to a better understanding of how pharmacists can be utilised to help manage patients conditions	4	3
The placements will lead (have led) to better team working with my local community pharmacies	4	3*
I am unsure about the benefit of the placements on my practice	2	2
Patients will have (as a result of my learning on the placements patients now have) a much more streamlined experience to accessing medicines	4	3
Patients will have (as a result of my learning on the placements patients now have) improved access to and awareness of the pharmacist for minor illnesses	4	3
I am unsure if there are any benefits to patients of the placements (I am unsure if patients have experienced any benefits as a result of the placements)	3	3
The placements will have (had) a negative effect on my time	3	2
The placements will have (had) a negative impact on the practice in terms of the time required to teach and support the trainees	3	2
The placements will be (were) a distraction from my GP work	3	2
The placements will impact (impacted on) the practice's capacity to deal with our workload	3	2
I am concerned about the long term sustainability of the placements	2	2
I am unsure if there are (were) any disadvantages to the placements	2	3*

*Difference in response statistically significant, Mann Whitney-U test, $p < 0.05$

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Participants were asked what was the best part of the programme and why, and what was the least satisfactory, and why. The following themes were identified within the comments received:

The majority of the comments received from all respondents related in some way to the benefit of better understanding the way each profession works and relating that to the patient experience. The tutors understood the broad benefits of the placements for their trainees but did not relate this back to how their own practice or the practice of their trainees might change.

'Understanding the workings of a GP practice' (Pharmacy tutor)

'GP trainees and pharmacist trainees gaining more understanding of how each other works.' (GP Tutor)

The trainees described the more specific areas of practice where they had gained a greater insight. Some pre-registration pharmacists identified gaining a better understanding of the GP practice team and the processes relating to prescribing.

'Being able to observe different members of the GP practice and knowing everyone's role.' (Pre-registration pharmacist)

'Understanding how the administrative team works.' (Pre-registration pharmacist)

'Why a prescription request takes so long to process' (Pre-registration pharmacist)

Pre-registration pharmacists identified that the opportunity to sit in on different types of consultations and learning how to communicate with patients during a consultation was beneficial. The focus of their comments was more on their own development rather than the wider benefits to their practice.

'Learning and gaining experience on how GP practitioners communicate with patients and steps to follow when making a differential diagnosis.' (Pre-registration pharmacist).

'Being able to sit in with patients for consultations, travel clinics and baby clinics. As the pharmacy where I worked do not provide travel vaccinations it is very helpful to be in the travel clinics, seeing how nurses provide advice to patients etc.' (Pre-registration pharmacist).

'The best part was listening to practice pharmacists doing medication review and phone consultations.' (Pre-registration pharmacist).

Some pre-registration pharmacists focussed on the patient but in terms of gaining a better understanding of the patient from the GPs point of view rather than understanding the patient experience.

'Being able to see patients from the GPs point of view. This helped with problem solving.' (Pre-registration pharmacist).

'Understanding more about patients who are already known to the pharmacy. Getting to learn about the GPs perspective on patient care.' (Pre-registration pharmacist).

One pre-reregistration pharmacist described gaining experience of how the GP practice works with the CCG as giving them a broader perspective.

'Participating in the CCG meeting the GP had with the CCG pharmacist. It gave me a broader perspective on the work between local commissioning body and primary care.' (Pre-registration pharmacist).

In contrast, GP registrars were able to describe the benefits of the placement in terms of the wider implications on GP practice and community pharmacy services, and interprofessional working.

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'Spending some time with the local pharmacy and getting a detailed insight into the workings of a community pharmacy, the services they provide and how we can work to improve relations.' (GP registrar)

'Getting to know how a community pharmacy is run and what they offer and how this can mutually benefit the services we offer.' (GP registrar)

'Fostering of close working relationships between pharmacy and GP surgery.' (GP registrar)

One registrar described gaining teaching experience as being the best part of the placement.

Whilst trainees and tutors provided comments about the positive aspects of the placement experience in terms of benefit to their development and their practice, there were some practical aspects of the organisation that were not so satisfactory. These included the timings of the placements which both trainees found to be too late in the training year.

'Timing of the placement which seemed to be at a time when the pharmacy trainee is preparing for examinations, also occurs too late for the GP trainee to incorporate the QIP into the workplace based assessments and so ended up doing two QIPs. This maybe one reason a GP trainee may not want to be involved in the placement.' (GP Tutor)

In addition some commented that the amount of time spent in each placement was too long.

'Placement was a brilliant idea and I have learnt a lot. However after 4 days I thought I was just here for the sake of fulfilling time as GP staff are busy and having someone for 8 days can be hard for them to arrange something each time for us.' (Pre-registration pharmacist).

'The main issue is the dilemma our practices have between service provision and using the registrars to provide a lot of this service, and our training needs. There is a fair amount of time away from the practice, which from an individual perspective I think is beneficial to my training, however for the practice, it is hard for them to organise services when we are away for an induction, 4 half days and a celebration event' (GP Registrar)

The location of the pairings between the pharmacy and GP practice were described as an unsatisfactory part of the placements. GP trainees were not always paired with pre-registration pharmacists working in their area. This was seen as a limiting factor to the possibilities of developing future working relationships to improve local services.

'If my trainee had been placed with a local pharmacy it may have impacted on our local relationships. The benefit was for the trainees involved. It could have been more if the pharmacy placement was local.' (GP tutor)

'It was unfortunate (but understandable) that my paired pharmacist and I worked so far apart that we did not share any patients.' (GP registrar)

There were comments from the trainees that a lack of understanding in the placement setting of the purpose of the placements and the role of the trainee impacted on the experience the trainee had in the placement.

'Pharmacy did not seem sure of what I was meant to be doing (initially pre-reg pharmacist was away). I had to lead them on what I needed to do.' (GP registrar)

'Poor understanding of the scheme by members of the practice, therefore lack of response from other HCPs except for the GP trainee and mentor who were involved. Some though it was a burden to have me shadow them on the job.' (Pre-registration pharmacist)

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GP tutors and registrars commented that the pre-registration pharmacist was not as experienced as they had expected. The pre-registration pharmacists commented that this meant they were not able to participate as much as they might have wanted to during their placements in the practice.

'Trainee was not experienced enough to bring any useful service component with her.' (GP Tutor)

'Finding the knowledge and consultation skills of pharmacists were not as good as I had previously thought.' (GP registrar)

'Not being able to help much in the practice apart from information.' (Pre-registration pharmacist)

Overall, the placements were thought to be beneficial.

'Would definitely recommend to other pre-reg tutor and pre-reg to join this in order to improve communication and the relationship between GP and pharmacies.' (Pre-registration pharmacist).

'I am certain that the knowledge and understanding of pharmacies' ways of working that I absorbed insidiously whilst being there will remain relevant and indispensable throughout my career, benefitting me, my patients and my local pharmacies.' (GP registrar)

Quality Improvement Audit

Trainees were invited to a celebration event at the end of their training year and were asked to present the outcomes and benefit of the QIA projects. Examples of the QIA included improving communication about manufacturing problems, undertaking asthma reviews in community pharmacy, raising awareness of pharmacy minor ailments schemes, streamlining the monitored dosage system service, auditing prescribing in specific patient groups, reviewing electronic prescribing, making better use of pharmacy and GP smoking cessation services and monitoring prescribing errors.

Benefits of undertaking the QIA included:

- A potential income of £1816 per year for pharmacists and a 61 hours of GP contact time diverted to those in more need through the promotion of the pharmacy minor ailments service.
- Pharmacy led asthma reviews with the potential to ease GP workload and free up nurse and GP time whilst helping the surgery meet their QoF targets. The benefits for the pharmacy include promoting the clinical role of the pharmacist to patients, increased patient loyalty and increased income from NMS and MUR. For both professions increasing joint working was seen as beneficial. Patients had improved access to asthma review services and a greater appreciation of the skills of the community pharmacist to deal with the clinical management of their condition. Overall this initiative could reduce hospital admissions and save the NHS time and money.
- The potential to reduce the risk of a serious incident and reduce medicine wastage through the monitoring and recording of prescribing errors by the pharmacy and the use of a feedback system to share learning with the GP surgery. This will build a culture of communication between the pharmacy and the surgery and improve the patient experience.

Lessons learnt log

The project manager kept a log of the lessons learnt throughout the project. There are summarised in table 8 below.

Table 8 Lessons learnt during the operationalisation of the project

Theme	Lesson learnt
Tutor engagement	<ul style="list-style-type: none"> • The lack of a face to face induction with pharmacist tutors and GP tutors may potentially have caused a lack of engagement. Most pairs who dropped out involved engaged trainees at the induction, who then couldn't get time out for their placements. Better tutor engagement and involvement may reduce this. • The key person to engage with is the tutor or trainer, as they are instrumental to making the placements happen i.e. if they are not committed to the project, they don't seem to support their trainee in the arranging of this.
Recruitment	<ul style="list-style-type: none"> • Memorandum of Understanding (MoU) to be completed by all tutors and trainees. • Aim to recruit greater than number needed, due to last minute cancellations. • Recruit pairs of CPs and GPs rather than individuals in the first instance – although this has proved much more difficult than expected due to difficulty in finding suitable GP training practices.
Communication	<ul style="list-style-type: none"> • Send regular updates during recruitment phase, as those who sign up at the beginning may not receive any correspondence for several months (i.e. Oct-Feb). • Prepare full briefing for potential participants, before asking for them to sign up. • Tailor marketing to the audience i.e. presentation and briefing documents plus highlight benefits to recruit GPs.
Organising the placements	<ul style="list-style-type: none"> • Greater support is needed to coordinate placements, as they are often beginning later than expected due to lack of communication between the two settings. This process needs to be facilitated to ensure momentum is kept going. • GP trainees working part time are not entitled to the same half day study leave per week, and so may find it more challenging to find time for the pharmacy placements. • For those GP surgeries who book patient appointments 8 weeks in advance, it will be challenging for their GP trainees to arrange their placement dates i.e. if they attend an induction workshop at the end of March, and are then expected to carry out their placement in April and May, however they have patient appointments booked up until the end of May, this will delay the process. Could consider holding the induction workshop one month in advance of the placement start date.
Networks	<ul style="list-style-type: none"> • Work closely with GP Deans and Associates to ensure promotion of the project is happening from an early stage. • Involve CCG (Meds Man Pharmacist) to help with promotion to GPs and CPs.

Alternative cross sector pharmacy pre-registration training programme

Both trainees and both tutors completed the evaluation questionnaire. The quotes below are from both trainees and both tutors. The overall response to the placements was positive. The placements were beneficial in developing the trainees' clinical knowledge and confidence, developing interprofessional communication, and improving patient care. The exposure to clinical scenarios in the GP practice enhanced their clinical knowledge, giving them a more rounded perspective to draw on when problem solving.

'I have been exposed to a lot of clinical knowledge.' (Pre-registration pharmacist 2)

'I am very confident in how to deal in several clinical scenarios and how to suggest and implement solutions with ease.' (Pre-registration pharmacist 1)

'Working at the GP has been great. The nicest aspect of the year has been doing medication reviews with patients. It a great way to learn, since patients ask questions of you that you wouldn't even consider. It's helped me grow professionally. And it genuinely feels like you are making a difference.' (Pre-registration pharmacist 2)

The exposure to more clinical scenarios, and a wider professional group within the multidisciplinary team gave the trainees greater confidence.

'It has made them more confident and able them to interact in a multidisciplinary team' (Pharmacy tutor 1)

'They have reported feeling like they have received a more well-rounded training year - preparing them for the different sectors that they can go into work for.' (Pharmacy tutor 2)

'I have also had a lot of interaction with GPs and feel confident communicating with them in a collaborative way' (Pre-registration pharmacist 2)

The tutors noted an improvement in the interprofessional relationship between the GP practice and the community pharmacy. This had tangible benefits in improving care for patients with diabetes and has been recognised by the RCGP as innovative multi-disciplinary work.

'The relationship has grown in strength - communication and the relationship has become stronger and more fluid.' (Pharmacy tutor 2)

'The trainees carried out several audits - one was antibiotic prescribing and reported back to the GP colleagues which improved overall antibiotic prescribing. They also took part in a "first of its kind" one stop shop diabetic clinic - working with GP's, nurses and pharmacists - seeing a significant improvement in diabetes care and in fact we are presenting our findings to the RCGP later in the year - having been shortlisted for a prize in innovative multi-disciplinary work.' (Pharmacy tutor 2)

Both tutors and trainees cited examples of how learning from one placement had benefitted the other. For example, the community pharmacy experience benefitted the GP practice placement through the practical knowledge of medicine formulations, and the procedural knowledge of community pharmacy systems.

'I had learnt about the different types of inhalers whilst at the community pharmacy. I applied this at the GP when conducting an asthma review. Also I was working on a clinical letter from a respiratory team that asked the GP to prescribe MDI inhalers for a patient so she could use them with a spacer. However they recommended the seebri breezhaler. I had learnt from the pharmacy that was not an appropriate inhaler to be used with a chamber.' (Pre-registration pharmacist 2)

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'Several examples come to mind: Emergency prescriptions: If a patient requested an emergency supply of medication, this could be arranged quickly, safely and efficiently with appropriate communication with their community colleagues. Product shortages: If the trainee knew of a shortage, she was able to communicate this quickly with her GP colleagues to prevent any unnecessary delays in prescribing and delivery of a prescription. BP checks: If the trainee knew that a patient was due a BP check, this could be arranged quickly on site and the information communicated efficiently and appropriate follow up arranged if needs be.' (Pharmacy tutor 2)

Examples of how learning from the GP placement benefitted the community pharmacy placement include:

'Pattern recognition in prescribing like following NICE guidance or CCG recommendations. Greater confidence in clinical interventions and perhaps when not to intervene from experience. Better confidence in communicating with patients or prescribers. Spotting side effects, contraindications and clinical indications. Recommendations associated to monitoring for patients' (Pre-registration pharmacist 2)

'Understanding the monitoring and parameters needed for various medications and being able to follow this up in community pharmacy, relaying information from the GP colleagues to the pharmacists in community - improving relationships. Patients having a better understanding of the pharmacists' roles as they would see the trainee across both sites.' (Pharmacy tutor 2)

Both trainees and tutors felt that the learning across both placements, ultimately, leads to better patient care.

'I think the presence of pharmacists in the surgery in general has had an impact. There was a lot of follow up with patients on how they were getting on with their medications, and I sensed that this was not something that happened before. Patients were always very thankful that we had taken the time to get in touch with them.' (Pre-registration pharmacist 2)

'When patients have needed to liaise between the GP practice and the pharmacy - having a common person that they are familiar with who has worked in both areas has really helped - they feel more confident in the system and I feel that the patients have a better service as they are able to access the trainee and wider pharmacy team more easily and therefore also reduce the burden of work to the GPs.' (Pharmacy tutor 2)

'More aware about services each offer to help the patient. More aware about how services run and likely delays to receipt of a prescription. Explaining to patients reasons why they may have a delay instead of just referring them back to the GP.' (Pre-registration pharmacist 1)

'Better working practices and communication between both practices which has helped the patient care.' (Pharmacy tutor 1)

'It has developed my understanding of patient experience especially in critical scenarios such as discharges from hospital and changes to their medication. This will allow me to liaise better with primary and secondary care to ensure patient experience is easy and their medication is actually used helping them with the understanding of their medication and optimise their care.' (Pre-registration pharmacist 1)

The tutors saw the benefit to their own practice, partly through the learning that the pre-registration pharmacist was bringing from the other placement. It was also rewarding for the tutors to see the pre-registration trainees develop and grow in confidence.

'The opportunity to teach pre-registration students and learn from the questions they posed! To also see them grow and develop into well rounded pharmacists.' (Pharmacy tutor 2)

'Learning new practices from the GP via the trainees.' (Pharmacy tutor 1)

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'Ultimately my understanding has grown and developed over the year - I am now more confident to ask a variety of healthcare professionals for their support.' (Pharmacy tutor 2)

'My practice has invariably improved - making myself a more thorough pharmacist, especially in my documentation and rationale I use to come to a clinical decision.' (Pharmacy tutor 2)

The trainees felt that the placements have given them a wider perspective on the role of the primary care pharmacist and the various career options open to them. The problem solving skills they learnt could be used in different settings.

'It has enabled me to be a better problem solver which I can apply to scenarios for different professions such as requests for prescriptions and explaining the procedure to staff why delays have occurred.' (Pre-registration pharmacist 1)

'I believe now how valuable primary care pharmacists can impact the community and liaise with queries.' (Pre-registration pharmacist 1)

'I feel well informed about the pharmacy career options available. I am more likely to try to work towards GP pharmacy as a result of this experience. I think it was more rewarding than my hospital cross sector placement as there was more patient involvement.' (Pre-registration pharmacist 2)

Both tutors and one of the pre-registration trainees felt that the four three month placements worked well. The trainee felt they were more confident in the second placement and the tutors could see them using the experience they had gained in the previous placement to inform their current placement.

'This went well because the trainees were able to advise the pharmacy staff how things work in the surgery and who is the appropriate person to contact if there is any problem or issues.' (Pre-registration tutor 1)

'I think this worked very well - it gave them the opportunity to put the training that they had received in the previous 3 months at one site into practice in the second site and vice versa. It was really interesting to see them use their community experience to inform the decisions and clinical decisions they took in GP practice.' (Pre-registration tutor 2)

One of the pre-registration pharmacists would have preferred two six month splits as they felt that each time they started a placement they had to spend time remembering the systems.

All respondents agreed that this pre-registration programme should continue in the future. Trainees wanted to incorporate more placements into the programme.

'More places with perhaps joint with hospital and more places with joint placements at larger chains' (Pre-registration pharmacist 1)

The tutors want support from HEE and funding to secure the future of this programme.

'It took quite some time to arrange reimbursement for having trainees. Currently it is not recognised by the GPhC as a model and so funding had to be acquired via the community pharmacy - which took a lot of time and good will to arrange. Hopefully if this becomes more common place, then a more robust reimbursement framework could be put in place.' (Pharmacy tutor 2)

'More support from HEE. We had no support from HEE. This training year happened due to the enthusiasm of the practice pharmacist and the community pharmacist.' (Pharmacy tutor 1)

Key findings

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

- For GP registrars and pre-registration pharmacists the placements are an effective method of raising awareness and understanding of each other's working environments and the challenges they each face.
- Trainees reported that the placements provided a valuable learning experience that would be indispensable throughout their careers.
- This brief placement has impacted current practice and provided the foundations for greater collaboration in the future.
- The opportunity to work on a joint quality improvement audit has demonstrated the benefits to the GP practice, the community pharmacy and to patients of greater collaboration between community pharmacists and GPs.
- The quality improvement audits have shown that existing services such as minor ailments services, smoking cessation and MURs could have a greater impact on patients, healthcare professionals and the wider NHS with better communication and collaborative working between the pharmacy and the GP practice.
- Topics chosen for the quality improvement projects linked to wider NHS strategy.
- Trainees experiencing the placements reported greater benefits to their practice than the tutors reported to their own practice.
- The difficulty in creating pairings based on location may have limited the benefit for tutors.
- GP registrars and pre-registration pharmacists are at different stages in their development and this may have impacted on the GPs views of the pre-registration pharmacists. Expectations about what a pre-registration pharmacist can be expected to do need to be managed.
- Tutors need to be supportive of the scheme in order to facilitate the organisation of placements.
- The whole team needs to understand the purpose of the placements in order for the trainee to experience the most benefit.
- There are challenges to scaling up this project that include: recruitment, in particular engaging GPs in this project; the logistics of arranging the placements at times that fit in with both trainees' training programmes; and ensuring local pairings between GPs and community pharmacies to provide maximum benefit to current practice.
- The longer placements where the pre-registration pharmacists spent six months of their pre-registration training (in three month blocks) in GP practice were beneficial in developing the trainees' clinical knowledge and confidence, developing interprofessional communication, and improving patient care.

Discussion

This project met the objectives set out at the start of this report. It provided trainees and tutors with an opportunity for better mutual understanding of the other sector's systems, procedures and challenges and the services offered in each setting. The QIA provided opportunities to identify actions to strengthen working relationships between community pharmacies and GP surgeries and for increased communication between pharmacists and GPs. The QIA also helped GPs and pharmacists to work on reducing duplication of services and develop joint strategies to improve patient care. There is now a group of trainees entering the profession with an insight into opportunities at an early stage of their career to develop the pharmacy and GP workforce through interprofessional learning and the reduction of profession based silo working. These trainees are key to identifying and realising opportunities for future collaboration. They are the conduit to join primary care together and implement change that will meet the aims of the Five Year Forward View for the NHS. The challenge now is to harness the enthusiasm of these trainees to bring about change in primary care.

The second challenge is in extending these placements to grow the workforce who have experience of working jointly. The placements and QIA are a relatively time efficient way of making a significant impact on perceptions: GP trainees spent only four half day sessions in the pharmacy and yet they recognised the value in *'Getting to know how a community pharmacy is run and what they offer and how this can mutually benefit the services we offer.'* The placements should become normal practice during GP and pharmacy training. In order to make this happen, careful thought is required about how the project is promoted to GP tutors. A less than enthusiastic tutor could be a potential barrier to trainees participating in the placements as their support is needed to enable the reciprocal placements. This evaluation has shown the value of the joint QIA to the GP practice and the placements should be marketed as a way for GP practices to improve their services and help meet their targets. The lessons learnt log suggests that the wider local GP network including GP deans needs to be involved in promotion of this project and recruitment of trainees. Until a critical mass of people who have experienced the placements and understand and who are willing to organise the placements on their own, is reached, experience in the three phases of the project shows that trainees do require support to organise the placements. This is support in finding the reciprocal placement, and support to co-ordinate the actual placements themselves. Support was provided by the project manager in this iteration of the project.

The project manager played an essential role not just in the organisation of the placements, but in 'selling' the placements at the induction event. Comments were received in this project about the lack of experience of the pre-registration pharmacists. Pre-registration pharmacists are not in the same stage of their training as GP registrars who are fully qualified doctors and are likely to have a lot of experience in hospital medicine. Pre-registration pharmacists are recent graduates and have not yet qualified. It is essential to manage the expectations of the GP registrar and GP tutor about what they can expect from the pre-registration pharmacists on the placements as there is a danger that, if expectations are not met, the placements will have a negative effect on GPs perceptions of pharmacists. The induction session is key to this expectation management. The GP and pharmacy tutors were provided with an on-line induction rather than face to face. Not all tutors completed it. Attendance at a face to face induction with the trainees may have been more effective in managing the expectations of the tutors and getting their buy in for the project, however, this needs to be balanced with the practicalities of tutors being released from the workplace in order to attend a face to face induction.

This project aimed to recruit 110 pairs of trainees but, at the end of the project, only 25 pre-registration pharmacists and 21 GP registrars had taken part in a placement. Although 120 pharmacies originally expressed an interest in the project, a large number dropped out when it came to committing to the induction event and arranging the placements. Barriers to participation were reported as the timing of the placements and the timescale between attending the induction event and arranging the placements. This was particularly true for GP registrars who may have patient appointments booked up to 8 weeks in advance. There needed to be a longer lead time into the project and between the induction event and the placements to allow for this. The demographics of the trainees signing up to this project led to some pairings not sharing a local geography. This limited the benefit of the project on current practice. The

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most impactful placements were those where the community pharmacy and the GP practice were local to each other and could work collaboratively to solve a local problem.

This iteration of the evaluation was designed to allow some quantification of the benefit of the placements using questionnaires with Likert response questions. The numbers undertaking the project were lower than anticipated and in addition the response rate to the evaluation questionnaires was low which resulted in low numbers in each of the groups of respondents. This limited the analysis that could be performed. This lower response rate could be a result of using on-line questionnaires which are easier to ignore than paper handed out at a face to face event with the requirement to hand back in before you leave. The questionnaires, although kept as succinct as possible, still required some time and thought to complete which may, again, have limited the response rate as respondents may have felt 'over evaluated.'

The objectives of this iteration of the project included developing interprofessional learning and identifying opportunities for future collaboration. It is not possible to measure these objectives fully in the timescale of this project. The trainees need time to develop their own practice and use their learning from the placements. It is hoped that they will use their enthusiasm and experience to bring about change in primary care but a longitudinal study is required to follow the trainees as they begin their careers in order to truly evaluate the impact of these placements. Such a study would also provide commissioners with information about further support required for these trainees to become change agents in primary care and help meet the aims of the Five Year Forward View.

Conclusion

This project is now in its third iteration and the evaluations have consistently shown that these brief placements can positively impact GPs' perceptions of community pharmacy and vice versa. The small scale quality improvement audits gave a focus to the placements and demonstrated to trainees the impact that collaborative working could have on their practice, patient care and the wider NHS. The challenge is now twofold: (1) harnessing the enthusiasm of the small group of GPs and pharmacists who have experienced these placements to carry forward their learning and continue to instigate change in practice and increase collaborative working in order to meet the needs of the NHS; and (2) how to roll out the placements on a larger scale in order to grow the workforce who have experienced the benefits of collaborative working and are able to take this forward to instigate change in practice.