.

HEE LaSE Short Duration (Taster) Placements for Trainee Pharmacists

**General Practice Workbook**



**Foundation Training Year 2022/ 2023**

**Supporting educational training partnerships and cross-sector training development between pharmacy sectors**

# Contents of the General Practice Workbook

This short duration (Taster) placement GP practice workbook should be used **in conjunction** with the HEE LaSE Short Duration (Taster) Placements for Trainee Pharmacists Guide. It has been created to enhance your experience and help you to maximise opportunities from your short duration placement in General Practice. It is recommended that you work through this workbook with your placement supervisor and your Designated Supervisor (as required).

Trainee Pharmacists (TPs) should use this workbook to identify your learning needs, refer to suggested learning resources and activities, and to map their evidence to the [GPhC Interim Learning Outcomes for Foundation Training Year](https://www.pharmacyregulation.org/education/pharmacist-foundation-training-scheme/foundation-training-year-2021-22) to save to your portfolio or upload to your HEE e-portfolio. TPs should also link this evidence to their Personal Development Plan (PDP).

This workbook is divided into 3 sections:

* **Section A:** Trainee Pharmacist **Pre- Placement** Preparation
* **Section B:** Resources, activities, and tasks to support you **during** the placement
* **Section C:** **End of placement** activities.

Please refer to the **HEE LaSE Short Duration (Taster) Placements for** **Trainee Pharmacists Guide** for:

* Information about placement supervision and Trainee Pharmacist responsibilities during the placement
* Leave arrangements and working hours.
* Pre-placement Preparation guidance including the Trainee Pharmacist Pre-Placement Preparation Checklist

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## Acknowledgements

This workbook has been adapted from the HEE LaSE Trainee Pharmacist Programme Guide for Educational Programme Leads and Designated Supervisors 2022-23, HEE LaSE Foundation Training Year Handbook 2022-23 (available through HEE Moodle) and the [HEE Trainee Pharmacist in General Practice Foundation Training Handbook](https://www.hee.nhs.uk/our-work/pharmacy/trainee-pharmacists-general-practice) 2022-23.

# Section A: Pre-placement Preparation for General Practice Placements

Please refer to the **HEE LaSE Short Duration (Taster) Placements for** **Trainee Pharmacists Guide** for general pre-placement preparation guidance, including the Trainee Pharmacist Pre-Placement Preparation Checklist.

## Placement Learning Objectives

You can use the suggested placement objectives in Table 1 below to help you consider your learning objectives for this placement. Bear in mind that not all will be possible to achieve or cover during a short duration placement. The placement supervisor will review the objectives to see which of these suggested objectives can be achieved during the placement.

**It is the Trainee Pharmacist’s responsibility to identify their key learning needs and agree these as placement objectives with the placement supervisor before the start of the placement.**

**Remember!**

This is a short *introduction* to General Practice. It will **not be possible** to cover all the suggested objectives in Table 1 or all the GPhC learning outcomes you would like to complete during this time.

|  |
| --- |
| **Table 1: Suggested Placement Learning Objectives that may be included in a GP practice or PCN short duration placement** |
|  | **Placement supervisor to tick box to indicate included objective.** | **Include in placement?****(Supervisor)** | **Date completed (TP)** |
| **1** | Understand the fundamentals of GP practice and the role of pharmacy in a practice and Primary Care Network (PCN). |  |  |
| **2** | Understand and be able to describe the roles and responsibilities of different pharmacy models employed in primary care and how they work together:* + GP practice pharmacist
	+ PCN pharmacist
	+ ICB prescribing advisor pharmacist (CCG)
	+ Pharmacy technicians in primary care (where applicable).
 |  |  |
| **3** | Understand the role of the pharmacist in managing long-term conditions (LTC) and in patient-facing clinics in GP practice and PCN.*See* [*Section B 4.3*](https://healtheducationengland.sharepoint.com/sites/PEC-LON/Shared%20Documents/Training%20Programme%20Directors/4.%20Sectors/Taster%20Placements%20Work/Templates%20and%20Resources/Taster%20Placements%20-%20DRAFT%20AND%20TEMPLATE%20DEVELOPMENT/GP/Archive/HEE%20LaSE%20Short%20Duration%20%28Taster%29%20Placement%20-%20General%20Practice%20WORKBOOK%20-%20FINAL%20Sept%202022.docx#_4.3_Topics_to) *for suggested tasks to support this objective.* |  |  |
| **4** | Understand the roles of the wider GP practice team and how they work with pharmacy roles to provide coordinated patient care – reception team, practice manager, nursing team, district nurse, social prescriber, etc. |  |  |
| **5** | Have a broad awareness and understanding of how NHS GP contracts support GP practice/PCN pharmacist service activities:* + PCN DES, Investment and Impact Fund (IIF)
	+ QOF
	+ ICS-level and local ICB medicines incentives schemes
	+ Other relevant contracts e.g., local enhanced service contracts (LES).
 |  |  |
| **6** | Awareness of how the IT systems in GP practice support pharmacist activities such as medicines optimisation and medicines leadership to improve patient care. |  |  |
| **7** | Understand how medication audits are completed in GP practice and why they are used in medicines optimisation. |  |  |
| **8** | Understand repeat prescribing, how this is managed in the GP practice, and how this links to community pharmacy repeat dispensing services. |  |  |
| **9** | Increase awareness of medicines information resources that support day to day professional practice and medicines queries. |  |  |
| **10** | Understand the process for GP practice referrals to community pharmacy and insights into the GP practice perspective of community pharmacy service provision e.g., CPCS.*See* [*Section B 4.2*](https://healtheducationengland.sharepoint.com/sites/PEC-LON/Shared%20Documents/Training%20Programme%20Directors/4.%20Sectors/Taster%20Placements%20Work/Templates%20and%20Resources/Taster%20Placements%20-%20DRAFT%20AND%20TEMPLATE%20DEVELOPMENT/GP/Archive/HEE%20LaSE%20Short%20Duration%20%28Taster%29%20Placement%20-%20General%20Practice%20WORKBOOK%20-%20FINAL%20Sept%202022.docx#_4.2_Primary_Care) *for suggested tasks to support this objective.* |  |  |
| **11** | Understand the communication processes and working relationship with community pharmacy from GP Practice perspective (GPs, nurses, and GP and PCN pharmacists). |  |  |
| **12** | Understand the discharge and communication processes from acute hospitals to GP practice, referrals from GP practice to secondary care, and working relationship with hospitals from GP Practice perspective (GPs, nurses, and GP and PCN pharmacists). |  |  |

## Placement Activities

Table 2 lists a range of suggested activities that could be undertaken by a Trainee Pharmacist to enable completion of the chosen placement objectives, mapped to the [GPhC interim learning outcomes 2022-23.](https://www.pharmacyregulation.org/education/pharmacist-foundation-training-scheme/foundation-training-year-2021-22)

You can map evidence from your placement activities and tasks to these and save them in your portfolio or upload to your HEE e-portfolio.

|  |
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| **Table 2: Potential placement activities in General Practice mapped to the GPhC Interim Learning Outcomes 2022-23 and Short Duration (Taster) Placement Objectives.***(Adapted from HEE Trainee Pharmacists in General Practice Handbook 2022 - 23).* |
| **Clinical & Patient Facing Activities** | **GPhC Learning Outcomes** | [**Taster Placement Objectives**](https://healtheducationengland.sharepoint.com/sites/PEC-LON/Shared%20Documents/Training%20Programme%20Directors/4.%20Sectors/Taster%20Placements%20Work/Templates%20and%20Resources/Taster%20Placements%20-%20DRAFT%20AND%20TEMPLATE%20DEVELOPMENT/GP/Archive/HEE%20LaSE%20Short%20Duration%20%28Taster%29%20Placement%20-%20General%20Practice%20WORKBOOK%20-%20FINAL%20Sept%202022.docx#_Placement_Objectives) |
| Reception duties  | 1, 3, 4, 6, 7, 10, 14, 39, 49, 52  | 5, 9, 12 |
| Liaison with community/hospital pharmacy  | 3, 4, 10, 14, 15, 27, 39  | 11,12 |
| Responding to medicines queries – patient and HCP  | 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 14, 16, 17, 18, 21, 30, 31, 34, 35, 54  | 3, 4, 5 |
| Medicines reconciliation  | 3, 7, 14, 15, 18, 39, 49  | 3, 4, 12 |
| Supported interpretation of medical history, physical, biochemical, and other clinical assessments  | 10, 12, 13, 14, 16, 18, 21, 26, 27, 28, 30, 31, 34, 35, 46, 48  | 3, 4, 5, 12 |
| Observe and reflect on acute and chronic disease clinics conducted by a range of healthcare professionals  | 4, 11, 13, 38, 53  | 2, 3 |
| Undertake medication review or chronic disease consultations (with appropriate supervision) Complete two Supervised Learning Events (SLEs) such as mini-CEX, MRCF, DOP or case-based discussion/debrief with supervisor.Reflect on how you would improve future reviews and any learning needs from this. | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 28, 30, 33, 34, 35, 36, 37, 38, 41, 42  | 2, 3  |
| Undertake appropriate infection risk management processes before, during and after any patient contact  | 15, 18, 19, 28, 44, 48  | 3 |
| Observe a smoking cessation clinic and/or weight management clinic  | 1, 2, 3, 6, 7, 9, 10, 11, 14, 17, 18, 27, 33, 41  | 3 |
| Observe experienced healthcare staff undertaking physical assessments | 1, 3, 4, 5, 6, 7, 8, 9, 10, 14, 17, 34  | Clinical assessments skills - only where agreed with placement supervisor and appropriate supervision and capacity  |
| Develop and undertake with appropriate supervision and be assessed undertaking physical assessments relevant to pharmacy practice. |
| Supervised visits to care homes to undertake medicines reconciliation\* and medication review  | See medicines reconciliation and medication review above  | 3, 4, 12 |
| Undertake appropriate infection risk management processes before, during and after any patient contact  | 15, 18, 19, 28, 44, 48  | 3 |
| Directing individuals to appropriate information and services to support them in improving their health  | 2, 5, 17, 42, 46  | 3, 4, 12 |
| Contribute to a smoking cessation clinic and/or or weight management clinic  | 1, 2, 3, 6, 7, 9, 10, 11, 14, 17, 18, 27, 33, 41  | 3 |
| **Personal Development & Progression**  | **Learning Outcomes** | **Taster Placement Objectives** |
| Completion of reflective records of evidence  | 53 | Meds optimisation reviewsEnd of placement review |
| Reflecting on performance and producing SMART objectives for further development  | 53 | Meds optimisation patient reviews End of placement review |
| Undertakes multisource feedback | 51, 52 | Meds optimisation patient reviews  |
| Managing own timetable  | 52 | N/a |
| **Supplying Medicines Activities**  | **Learning Outcomes** | **Taster Placement Objectives** |
| Observation/working with staff managing repeat dispensing process (Reception staff, clerks, pharmacy staff)  | 17, 18, 19, 26, 27, 31, 34, 36, 37, 38, 39, 49 | 5, 9,11 |
| **Healthcare Quality and Improvement**  | **Learning Outcomes** | **Taster Placement Objectives** |
| Completion of audit/ QI project  | 47, 48, 49, 55 | 8 |
| Prepare and deliver an educational session for the practice team  | 3, 4, 14, 45, 46, 51, 53, 54 | 13 |
| Undertake patient satisfaction survey  | Undertake patient satisfaction survey | N/a |
| Participate in public heath campaigns  | 11, 33, 42, 46 | N/a |
| Identification and escalation or resolution of risk issues | 3, 6, 15, 16, 17, 18, 19, 20, 31, 45, 47, 48, 49, 50, 51, 52 | Meds optimisation patient reviews 3, 5, 7, 10, 11, 12  |

## Pre-placement Learning

The following documents and websites are **suggested learning** to help you prepare for your short duration (Taster) placement in GP practice.

**You should check with your placement supervisor if there are any additional resources you should read or complete before the start of the placement**.

You may wish to write a reflective account or evidence on the completed e-learning and save any certificates in your portfolio or upload under ‘Miscellaneous Evidence Upload’ in your HEE e-portfolio.

|  |  |
| --- | --- |
| **Table 3: Suggested Pre-placement Learning** | **Source** |
| [Working in a GP Practice (rpharms.com)](https://www.rpharms.com/resources/pharmacy-guides/working-in-a-gp-practice)Role of pharmacist in GP practice and PCNs | RPS |
| [Primary care networks explained | The King's Fund (kingsfund.org.uk)](https://www.kingsfund.org.uk/publications/primary-care-networks-explained) | Kings Fund |
| [GP funding and contracts explained | The King's Fund (kingsfund.org.uk)](https://www.kingsfund.org.uk/publications/gp-funding-and-contracts-explained) | Kings Fund |
| [NICE Medicines Optimisation Guidelines](https://www.nice.org.uk/guidance/NG5/chapter/1-recommendations) (2015) and Quality standards | NICE |
| [NICE Medicines Adherence Guidance](https://www.nice.org.uk/guidance/cg76) (2009, reviewed 2019) | NICE |
| [RPS medicines optimisation resources](https://www.rpharms.com/resources/pharmacy-guides/medicines-optimisation):[RPS Medicines Optimisation: What does it mean for me - Primary Care Pharmacy](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/MO-primary-care-briefing.pdf) | RPS |
| Primary Care Common Conditions in GP Practice *Trainee Pharmacist to consider knowledge of the common conditions in primary care and update this prior to placement using NICE and local guidelines and CPPE training available.* | NICECPPENICE CKS  |

## Self-assessment Quiz

You should complete the self-assessment quiz **before the start** of your placement and again at the **end of your placement** to see what you have learned from the experience. This should then be saved in your portfolio or uploaded to the ‘Miscellaneous Evidence Upload’ section in your HEE e-portfolio.

|  |
| --- |
| **Table 4: Self-assessment Quiz in GP practice** |
| **Statement** | **Prior to placement****Yes/No** | **At end of placement****Yes/No** |
| I understand and can describe the role and responsibilities of a GP practice pharmacist. |  |  |
| I understand and can describe the role and responsibilities of a PCN pharmacist. |  |  |
| I understand and can describe the role and responsibilities of a pharmacy technician in GP practice (if applicable for the practice). |  |  |
| I understand and can describe the roles of the wider GP Practice team and how each profession works with the pharmacists’ role. |  |  |
| I understand and can describe the scope and boundaries of practice for pharmacists within GP practice and PCN. |  |  |
| I am aware of and can briefly describe how GP practices are paid and what is meant by QOF, PCN-DES, Medicines Incentives schemes and other local and national measures for medicines optimisation. |  |  |
| I understand the process of repeat dispensing – GP Practice perspective |  |  |
| I understand how pharmacists use GP and PCN IT systems to support medicines optimisation activities. |  |  |
| I know what a medicines audit is, how to complete one and why these are important to support medicines optimisation in primary care. |  |  |
| I know what a medicines formulary is and where to find local formularies and guidelines used in the locality/borough. |  |  |
| I understand and can describe the role of an ICB medicines optimisation pharmacist or prescribing advisor (CCG) and their role in supporting GP practice and PCNs. |  |  |
| I am aware of the process used by the GP practice to refer patients to other healthcare sectors including community pharmacy, acute and rehab hospitals, mental health and community health services. |  |  |
| I understand the challenges that may impact the working relationship between the GP practice and community pharmacy teams and understand the importance of the relationship between the two. |  |  |
| **End of Placement - Further Learning Needs Identified can be recorded here:** |
|  |

# Section B: During the Placement

## Induction Checklist

At the start of your placement, the following induction checklist should be discussed with your placement supervisor. This list is not exhaustive - additional lines have been included for any further points to be added. See the **Short Duration (Taster) Placement Trainee Pharmacist Guide** for further details.

|  |  |
| --- | --- |
|  **Table 5: Induction checklist** | **Tick if completed** |
| 1. **Introductions**:
* Placement supervisor
* The pharmacy team including other Trainee Pharmacists (if applicable)
* The wider MDT team (if applicable)
 |  |
| 1. Expectations from the **Placement Supervisor** - to be agreed prior to the placement and revisited at the start of the placement
 |  |
| 1. Expectations from the **Trainee Pharmacist** - to be agreed prior to the placement and revisited at the start of the placement
 |  |
| 1. Key responsibilities during the placement and desired outcomes discussed - to be agreed prior to the placement and revisited at the start of the placement (refer to self-assessment quiz)
 |  |
| 1. Agree any key Foundation Training Year Interim Learning Outcomes to focus on and achieve (if possible) during the placement (refer to placement objectives and placement timetable)
 |  |
| 1. Check and discuss local changes to the workbook e.g., placement timetable
 |  |
| 1. Working hours and study time – including any tea and/or lunch break(s)
 |  |
| 1. Leave requests and planning during the placement
 |  |
| 1. Sickness reporting procedure – for placement provider and the employing organisation
 |  |
| 1. Dress code - to be shared with the Trainee Pharmacist in advance of the placement.
 |  |
| 1. Fire safety protocol, fire exits and First Aid
 |  |
| 1. Pharmacy/ placement environment layout (toilet, break room, consultation rooms, etc)
 |  |
| 1. ID Badge
 |  |
| 1. Smartcard and IT access (if required)
 |  |
| 1. IT system training (if applicable)
 |  |
| 1. Mandatory training required/ completed e.g., information governance
 |  |
| 1. COVID-19 Risk Assessment completed (refer to local requirements) – see Table 6.
 |  |
| ***Additional induction requirements:*** *to be added by placement supervisor* |  |
|  |  |
|  |  |

A COVID-19 Risk Assessment Template has been included in Table 6. This is not mandated to be completed but may be adapted as necessary to fit local needs, or a local COVID-19 risk assessment could be used instead.

|  |
| --- |
| **Table 6: COVID-19 Risk Assessment Template – to be adapted to meet local requirements (if necessary)** |
|  **Item**  | **Details** | **Tick if completed** | **Action/Follow up needed** |
| [**Risk Assessment**](https://www.nhsemployers.org/articles/risk-assessments-staff)[**Who is at higher risk**](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus/)[**Pregnancy and Coronavirus**](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/pregnancy-and-coronavirus/)[**COVID-19: understanding the impact on BAME communities**](https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities) | Risk factors include age, ethnicity, gender, underlying health conditions, pregnancy, BMI.  |  |  |
|  **Covid-19 Vaccination**  | If required, confirm the TP vaccination status.Seek advice from Occupational Health department if any concerns.  |  |  |
| **Discussion about adjustments which may be needed to reduce risk.**  | Adjustments may include reducing patient-facing activities, redeployment to lower risk areas, amendments to travel to and from work.  |  |  |
| **Personal protective equipment**  | TPs must understand the employer’s policy on PPE and have access to the relevant equipment.  |  |  |
| **Lateral flow testing to be completed and recorded.** | Placement site to confirm requirements and reporting process and advise Trainee Pharmacist on induction. |  |  |

*Source: Adapted from HEE Trainee Pharmacist in GP Practice Programme Handbook 2021-22.*

## Sample Timetable for a 2-week Placement in General Practice

A sample 2-week placement timetable (Table 7) has been designed with suggested activities that link to the placement objectives. The sample timetable is **designed to be fully flexible** so it can **be adapted** by the Placement supervisor to meet the local services and structures, supervisor’s availability and the TP’s requirements.

As the placement is short in duration, much of the training may be observed. However, where possible and under appropriate supervision, TPs should also **be given opportunities to do tasks** to help them demonstrate their learning outcomes and gain experience of completing GP pharmacist role tasks.

**During the placement, the Trainee Pharmacist should attend the following if held during the placement dates:**

* In-house training sessions including GP Practice Clinical Teaching sessions
* MDT case review sessions
* Federation, GP practice or PCN pharmacist teams meetings or networks
* CCG pharmacist meetings or networks

**Table 7. General Practice Sample Placement Timetable – To be adapted by the placement supervisor to meet GP practice capacity and placement objectives**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WEEK 1** | **AM** | **Who** | **PM** | **Who** |
| **Mon/ Day 1** | **Introductions with placement supervisor** |  | **Practice Patient IT systems and how they support medicines optimisation:*** EMIS, DocMan, clinical coding
* IT system training session (as required)
* IT systems and applications that support medicines optimisation e.g., Scriptswitch, Drug interactions
 |  |
| **Induction Checklist*** Induction checklist review
* COVID risk assessment and processes
* IT system access
* Protocols and SOPs
 |  | **Practice Manager time*** Role of Practice Manager
* How a GP practice works
* GP contracts overview for the practice
* Patient size, population needs, and service priorities.
 |  |
| **Introductions to Practice Team and Roles*** Introductions to lead GP, Placement supervisor, GP Pharmacy team, and Trainee Pharmacists
* Introduction to GP Practice Team
* Introduction to wider team
* Wider area partners – other community pharmacies, other service providers
* Primary Care Network partners
* How roles work together
* Integrated care systems
 |  | **Overview of Role of Pharmacy Team and Pharmacist within GP practice and/or PCN**Roles of other pharmacists in the area and how they work with the GP practice pharmacist and team: * Pharmacy Technician(s)
* CCG prescribing advisors
* PCN vs GP employed pharmacists
* GP Federation
* Community Pharmacy
* Local hospitals
 |  |
| **Tues/ Day 2** | **Role of Pharmacist within GP practice and/or PCN**Local Formularies overview and signposting.Patient care pathways in wider ICS. |  | **Reception team time*** Shadow admin on front desk
* Repeat Rx processes
* Ordering Rx’s
* Patient triage
 |  |
| **Wed/ Day 3** | **GP contracts and payments**Medicines optimisation and pharmacist role related to GP contracts and services.Practice Manager, GP, and Pharmacist perspectives. |  | **Repeat prescribing experience****GP referrals to Community Pharmacy services e.g., CPCS, DMS**How do these happen and what is covered |  |
| **Primary Care Common Conditions in GP Practice** |  | **Primary Care Common Conditions in GP Practice** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Thurs/ Day 4** | **Primary Care Common Conditions in GP Practice** |  | **GP Pharmacist LTC clinics and Medicines Optimisation Reviews**Complete at least 2 medicines optimisation reviews during placement and evidence using case-based discussion templates.  |  |
| **Fri/ Day 5** | **Nurse Practitioner shadowing** |  | ***Optional*: Physical Assessment Skills activities**Completed during patient-facing clinics.BP, temp, pulse, peak flow/FEV1 and foot checks. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WEEK 2** | **AM** | **Who** | **PM** | **Who** |
| **Mon/ Day 6** | **GP & PCN pharmacist Non-patient facing tasks*** Role of pharmacist in non-patient facing tasks
* Medicines Reconciliation
* Patient safety alerts management and tools e.g., PINCER
 |  | **Shadow other non-medical and ARRS roles**  e.g., social prescriber, physio |  |
| **Update with Placement Supervisor:**Review objectives achieved Update objectives and week 2 plan |  | ***Optional:* Physical Assessment Skills activities**Completed during patient-facing clinics.Observe physical assessments processes for BP, temp, pulse, peak flow/FEV1 and foot checks. |  |
| **Tues/ Day 7** | **GP run clinics:**Observe GP clinical patient-facing sessionsDiscuss role of pharmacist with GPDiscuss role of community pharmacy |  | **Medicines Audits Experience**High-risk drugs medicines optimisation through audit process |  |
| **Wed/ Day 8** | **GP Pharmacist LTC clinics and Medicines Optimisation Reviews**Complete at least 2 medicines optimisation reviews during the placement and evidence using case-based discussion templates during placement.  |  | **Medicines Optimisation Cases Debrief** Review and debrief with the Placement supervisor or clinic supervisor (GP, nurse practitioner). |  |
| **Thurs/ Day 9** | **GP Pharmacist LTC clinics and Medicines Optimisation Reviews**Structured Medication Reviews (SMRs) |  | **Residential/Nursing home experience:*** Shadow GP and/or practice pharmacist residential or nursing home visit.
* Support and/or complete medicines optimisation activities during the visit.
 |  |
| **Fri/ Day 10** | **GP Pharmacist LTC clinics and Medicines Optimisation Reviews** |  | **Placement review and feedback**One-to-one with the GP placement supervisor Reflections and lessons learned.Placement FeedbackComplete placement evaluation form |  |

## Placement Resources

Table 8 signposts to resources and e-learning you may find useful to explore before and during your placement and as part of your professional development. These are suggested resources to help support your placement and wider foundation training. They are **not mandated**, and **you are not required to complete or read all of the resources before or during the placement.**

Additional lines can be added to include any additional e-learning you plan to cover or for your placement supervisor to add recommended resources to be completed.

You may write a reflective account or evidence on the completed e-learning and save any certificates to your portfolio or upload under ‘Miscellaneous Evidence Upload’ in your HEE e-portfolio.

|  |
| --- |
| **Table 8: Resources to support short duration (Taster) placements in GP practice and professional development** |
|  | **Source** | **Add date if completed** |
| [Answering medicines-related queries in practice](https://www.cppe.ac.uk/programmes/l/amrqp-p-01/) (2 hours) | CPPE |  |
| [Medicines reconciliation resources gateway](https://www.cppe.ac.uk/gateway/medsrecon) A hub containing information, resources, learning and tools to support medicines reconciliation skills development*.*Includes [Medicines Reconciliation e-learning module](https://www.cppe.ac.uk/programmes/l/medsrecon-e-01/) (1.5 hours) | CPPE |  |
| Structured Medication Reviews (SMRs) Guidance[Overview | Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes | Guidance | NICE](https://www.nice.org.uk/guidance/ng5) | NICE |  |
| RPS Guidance on Polypharmacy [Polypharmacy: Getting our medicines right (rpharms.com)](https://www.rpharms.com/recognition/setting-professional-standards/polypharmacy-getting-our-medicines-right) | RPS |  |
| [Consultation skills resources gateway (Foundation)](https://www.cppe.ac.uk/gateway/consultfound)A hub containing information, resources, learning and tools to support consultations skills development. | CPPE |  |
| [Primary care common conditions:](https://healtheducationengland.sharepoint.com/sites/PEC-LON/Shared%20Documents/Training%20Programme%20Directors/4.%20Sectors/Taster%20Placements%20Work/Templates%20and%20Resources/Taster%20Placements%20-%20DRAFT%20AND%20TEMPLATE%20DEVELOPMENT/GP/Archive/HEE%20LaSE%20Short%20Duration%20%28Taster%29%20Placement%20-%20General%20Practice%20WORKBOOK%20-%20FINAL%20Sept%202022.docx#_Primary_Care_Common) NICE Clinical Knowledge Summaries ([NICE CKS](https://cks.nice.org.uk))Summaries for primary care of the current evidence base and practical guidance on best practice for a range of clinical topics. | NICENICE CKS |  |
| [Primary care common conditions:](https://healtheducationengland.sharepoint.com/sites/PEC-LON/Shared%20Documents/Training%20Programme%20Directors/4.%20Sectors/Taster%20Placements%20Work/Templates%20and%20Resources/Taster%20Placements%20-%20DRAFT%20AND%20TEMPLATE%20DEVELOPMENT/GP/Archive/HEE%20LaSE%20Short%20Duration%20%28Taster%29%20Placement%20-%20General%20Practice%20WORKBOOK%20-%20FINAL%20Sept%202022.docx#_Primary_Care_Common) BMJ Best Practice – BMJ *Best Practice* is a point of care tool designed to give answers to clinical questions based on the latest evidence. <https://bestpractice.bmj.com/>**Note**: You will need an NHS mail and Open Athens password and access via <https://openathens.nice.org.uk/Hub/Resources>  | BMJ |  |
| [Clinical assessment skills and history taking (workshop)](https://www.cppe.ac.uk/programmes/l/consult-e-00) (3 hours) | CPPE |  |
| [PCPA | Open Access Resources - PCPA](https://pcpa.org.uk/open-access-resources.html)Open access for non-members available covering [complexity, multimorbidity & polypharmacy in long-term conditions](https://pcpa.org.uk/play-covid-webinar.html?ResourceID=2114).Additional resources are also available to Trainee Pharmacists who are PCPA members. [Primary Care Pharmacist Association (PCPA)](https://www.pcpa.org.uk/join-pcpa.html?MembershipType=PreReg) | PCPA |  |

**Additional GP practice pharmacist resources to support Professional development**

If you have an interest in the role of the pharmacist in **GP practice** and want to continue to develop your knowledge and skills in this area of practice outside of this placement, see [Appendix 1: Additional Resources for Further Professional Development](#_Appendix_1:_Additional) for further resources and networks that can support this.

Signposting to additional resources is also included in the [HEE Trainee Pharmacists in General Practice Handbook](https://www.hee.nhs.uk/our-work/pharmacy/trainee-pharmacists-general-practice) under Resources for Trainee Pharmacists.

## Placement Activities and Tasks

The guidance, activities and tasks in this section should support you to lead the placement objectives and activities in the placement timetable. You are encouraged to explore topics and roles beyond these questions and activities to gain full benefit from this placement.

Your placement supervisor will review the activity resource sections, tasks and topics with you and should use the list in Table 9 to indicate in the right-hand column which topics are relevant to the placement. They could share this list with you before the start of the placement or during the induction.

**Remember:** There is **no requirement** to cover all the suggested TP activities, tasks or topics during the placement.

|  |  |
| --- | --- |
| **Table 9: Placement supervisor to indicate which topics are applicable to the placement objectives and placement timetable.**  | **To be used in Placement?**Placement supervisor to tick |
| **4.1. Medicines Optimisation and Primary Care Common Conditions in GP Practice** |  |
| **4.2. Primary Care Referrals to Community Pharmacy Services** |  |
| **4.3. Topics to Support Placement Learning** |  |
| 4.3.1 GP Practice - Introduction |  |
| 4.3.2 Role of the Pharmacy Team in GP practice and PCNs |  |
| 4.3.3 The Role of the GP |  |
| 4.3.4 The Role of the Practice Nurse |  |
| 4.3.5 The Role of the GP Practice Manager |  |
| 4.3.6 The Role of the GP Practice Reception Team and Patient Triage |  |
| 4.3.7 GP Practice and PCN NHS contracts |  |
| 4.3.8 Repeat Dispensing |  |
| 4.3.9 Coding and IT systems in GP practice |  |
| 4.3.10 Formularies in General Practice |  |
| 4.3.11 Local Pathways of Care |  |
| 4.3.12 Medicines Information Resources in Primary Care |  |
| 4.3.13 GP practice services to Nursing/Residential Homes |  |
| 4.3.14 Common Clinical Conditions in Primary Care: Cardiovascular Disease*Can be used to support medicines optimisations reviews tasks.* |  |
| 4.3.15 Common Clinical Conditions in Primary Care: Diabetes*Can be used to support medicines optimisations reviews in tasks.* |  |
| 4.3.16 Communication with Community Pharmacy |  |

## 4.1 Medicines Optimisation and Primary Care Common Conditions in GP Practice

The following long-term conditions are regularly managed by clinical pharmacist teams in GP practice and PCN roles:

* Hypertension – see under Common Clinical Conditions in Primary Care
* Anticoagulation for Atrial Fibrillation - see under Common Clinical Conditions in Primary Care
* Asthma or COPD review including inhaler technique
* Type 1 and/or Type 2 Diabetes - see under Common Clinical Conditions in Primary Care
* Polypharmacy and multi-morbidity

Long-term condition priorities may differ between local areas depending on the local population. You should speak to your placement lead and ICB medicines optimisation team (CCG) about local area long term condition priorities.

**Suggested Trainee Pharmacist Tasks to support learning:**

You should aim to complete the following tasks during your taster placement:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Task** | **Date Completed** | **Supervisor Check** |
| **1** | Aim to complete **medicines optimisation reviews** for at least 2 of the above common conditions.This can be done in various environments including: multidisciplinary (MDT) clinics or meetings, individual patient reviews, long term condition (LTC) clinics, medicines reconciliation tasks, or medicines use and high-risk drugs audits during the placement. |  |  |
| **2** | Aim to complete at least 2 medicines optimisation reviews **prior** **to** clinic consultations.Identifying the key issues and medicines optimisation actions required for the patients. Note: successful completion of this task may depend on the timing of your placement in foundation training year. Discuss with your placement supervisor before starting. |  |  |
| **3** | Use relevant assessment tools and SLEs to complete evidence to demonstrate your learning from completing medicines optimisation reviews, Task 1 & 2 above.Reflect on all your medicines optimisation reviews, the processes you used and patient outcomes. Identify ways you could change or improve your medicines optimisation review process for your next patient review.Supervised Learning Event formative assessment tools that can be used to complete evidence such as mini-CEX (mini clinical evaluation exercise), CbD (case-based discussion) or reflective account evidence templates, available in HEE e-portfolio.Map this to the GPhC interim Learning outcomes, as appropriate. |  |  |
| **4** | Discuss and review (also known as a debrief) your medicines optimisation reviews and recommendations with your placement supervisor or the supervising clinician or healthcare professional for that patient. |  |  |

## 4.2 Primary Care Referrals to Community Pharmacy Services

Aim to understand the GP practice/PCN perspective of the following community pharmacy referrals processes:

* CPCS referral
* NMS
* Minor ailments
* DMS.

**Questions to consider during your placement:**

1. What community pharmacy services can a GP practice refer a patient to?
2. In what situations would they complete these referrals?
3. What is the referrals process in practice?
4. What are the barriers to GP practices referring to community pharmacy services?
5. What are the GPs, practice managers and GP pharmacists’ perceptions of community pharmacy services and referrals pathway?
6. How does this affect your perception of the services as a community pharmacy Trainee Pharmacist?
7. OTC referrals to community pharmacy: Patients may be referred to their Community Pharmacy by the GP practice to purchase P or OTC medicines. Are the GPs, Pharmacy team aware of common licensing restrictions for the products they frequently refer patients to purchase?
8. Does the practice or local area ICB (CCG) have a prescribing policy for OTC and P medicines? What is it and how is it managed in practice?

**Suggested Trainee Pharmacist Tasks to support learning:**

|  |  |  |
| --- | --- | --- |
|  | **Task** | **Date Completed** |
| **1** | Reflect on how communication processes between your GP Practice placement and community pharmacies could be improved? |  |
| **2** | Reflect on how understanding the issues to effective communication between GP practice and community pharmacy will change your professional practice.  |  |

## 4.3 Topics to Support Placement Learning

**The following sections contain questions to help prompt conversations during the placement and to enable you to get the most from the placement experience.**

Your placement supervisor can advise which sections are applicable to your placement objectives and placement timetable.

**Use the additional notes section under each topic to document key information or knowledge and any learning needs you may identify for that subject.**

|  |
| --- |
| 4.3.1 GP Practice - Introduction |
| 1. What roles make up the GP practice team at your placement practice?
2. What are the population demographics and size for your practice? Why is this important to know?
3. What is a PCN and what is its purpose? How many practices are in the PCN that your practice is in?
4. How does your GP practice work with other practices in the PCN to deliver patient services?
 |
| **Record GPhC interim LO evidence and mapping (if applicable)** |
| **Additional Notes:**  |

|  |
| --- |
| 4.3.2 Role of the Pharmacy Team in GP Practice and PCNs |
| 1. What is the role of the practice pharmacist at the GP practice?
2. What is the role of the pharmacist in a Primary Care Network (PCN)?
3. What is the role of the ICB (CCG) prescribing advisor/medicines optimisation pharmacist at your placement practice?
4. How do these roles work together or differently in your GP placement practice?
5. What is the role of the pharmacy technician at the practice? (If applicable)
6. How do these roles work together for the patients’ and practice’s benefit?
7. How do these roles work collaboratively with other professions in the practice?
8. How do the different roles in the practice communicate effectively to ensure no duplication of work?
9. What is the role of the pharmacist in long-term conditions clinics?
10. What are prescribing audits, how are they used at your practice, and what do they tell us?
11. How does the pharmacist manage polypharmacy, especially when the guidelines or formulary do not fit their patients?
 |
| **Record GPhC interim LO evidence and mapping (if applicable)** |
| **Additional Notes:** |

|  |
| --- |
| 4.3.3 The Role of the GP |
| 1. How does the GP ensure safe prescribing?
2. How does the GP ensure ethical prescribing, including responding to patient demands for prescriptions when these are unwarranted?
3. How does the GP role work with pharmacy professionals in the team?
4. How does the GP manage polypharmacy, especially when the guidelines do not fit their patients?
5. What are the GP perceptions regarding the role of pharmacists in primary care?
 |
| **Record GPhC interim LO evidence and mapping (if applicable)** |
| **Additional Notes:** |

|  |
| --- |
| 4.3.4 The Role of the Practice Nurse |
| 1. What is the role of the practice nurse in your practice?
2. How is a patient assigned to a practice nurse instead of a GP?
3. What services do practice nurses’ offer to patients? What is similar and what differs from pharmacists’ role?
4. What is the difference between a practice nurse and a district nurse?
5. How does the practice nurse role work with the role of the pharmacist?
 |
| **Record GPhC interim LO evidence and mapping (if applicable)** |
| **Additional Notes:** |

|  |
| --- |
| 4.3.5 The Role of the GP Practice Manager |
| 1. What is the role of the practice manager?
2. How do they support and work with the GP practice and PCN pharmacists?
3. How do practices manage patient complaints?
4. How do practices use significant learning event meetings to review their processes?
5. How does the practice manage patient and data confidentiality? What policies are in place to manage confidentiality of data?
 |
| **Record GPhC interim LO evidence and mapping (if applicable)** |
| **Additional Notes:** |

|  |
| --- |
| 4.3.6 The Role of the GP Practice Reception Team and Patient Triage |
| 1. What is the role of the GP Practice Reception Team?
2. How are patients triaged, and decisions made about which type of appointment is needed?
3. How is a decision made about which member of the primary health care team should handle the appointment, including phone calls, practice-based appointments, and home visits?
 |
| **Record GPhC interim LO evidence and mapping (if applicable)** |
| **Additional Notes:** |

|  |
| --- |
| 4.3.7 GP practice and PCN NHS contracts |
| 1. What is the Quality and Outcomes Framework (QOF)? How and why is it important to practices?
2. What is the PCN-DES? How and why is it important to practices?
3. What other GP contracts influence medicines optimisation services and pharmacist’s role at the practice?
4. What IT integrated processes support GP contract related medicines optimisation?
 |
| **Record GPhC interim LO evidence and mapping (if applicable)** |
| **Additional Notes:** |

|  |
| --- |
| 4.3.8 Repeat Dispensing |
| 1. What are the practices’ repeat dispensing process and who manages this?
2. How does the practice monitor its repeat prescribing protocols?
3. How does the pharmacist support repeat dispensing processes at the practice?
 |
| **Record GPhC interim LO evidence and mapping (if applicable)** |
| **Additional Notes:** |

|  |
| --- |
| 4.3.9 Coding and IT systems in GP practice |
| 1. What is clinical coding and what is its purpose for the practice?
2. How do you read code disease diagnoses and medicines?
3. Why is the correct clinical coding important for the practice in diagnoses and medicines?
4. Why is the correct clinical coding important for the patient?
5. What IT integrated processes support medicines optimisation?
 |
| **Record GPhC interim LO evidence and mapping (if applicable)** |
| **Additional Notes:** |

|  |
| --- |
| 4.3.10 Formularies in General Practice  |
| 1. What is a formulary?
2. There are several purposes for having a medicines formulary – what are they?
3. How does the GP practice implement and support local formulary adherence?
4. What challenges does a formulary present for general practice?
5. What local, ICS and regional formularies does the practice work to and why is this important for the patient?
6. Where can you find information on these to check prescribing status of a medicine?
7. What is the medicines governance process for the borough/ICS?
8. What is the role of the ICB (CCG) medicines optimisation team in GP practice?
9. Where are local prescribing decisions agreed?
 |
| **Record GPhC interim LO evidence and mapping (if applicable)** |
| **Additional Notes:** |
| 4.3.11 Local Pathways of Care |
| 1. How does the pharmacist at the practice make referrals?
2. What are the pathways of care and referrals within primary care that the GP practice pharmacist commonly use?
3. Consider the reasons why a referral is needed in some cases but not in others.
4. What specialist services are available locally to avoid secondary care referrals? What conditions do they support?
 |
| **Record GPhC interim LO evidence and mapping (if applicable)** |
| **Additional Notes:** |

|  |
| --- |
| 4.3.12 Medicines Information Resources in Primary Care |
| 1. What medicines information resources are available in primary care?
2. Which resources does your practice pharmacist use regularly and recommend for their role?
3. Which resources are new to you?
4. Consider where the GP/PCN pharmacist accesses medicines information advice for use of medicines in reduced renal and liver function, specialist conditions, pregnancy, breastfeeding.
 |
| **Record GPhC interim LO evidence and mapping (if applicable)** |
| **Additional Notes:** |

|  |
| --- |
| 4.3.13 GP practice services to Nursing/ Residential Homes |
| 1. What is the difference between a residential and nursing home?
2. How are standards of care monitored?
3. Describe the safety protocols and governance involved in giving patients their medication.
4. What is the role of the doctor and pharmacist in prescribing patients’ medication in nursing homes and residential homes?
5. What are the medicine management processes in place in the nursing home to reduce excessive wastage of medication?
6. How can a pharmacist support residential and nursing homes to ensure appropriate use and administration of medicines e.g., to reduce medicines waste.
 |
| **Record GPhC interim LO evidence and mapping (if applicable)** |
| **Additional Notes:** |

|  |
| --- |
| 4.3.14 Common Clinical Conditions in Primary Care: Cardiovascular Disease |
| 1. How are patients with cardiovascular disease managed by the practice team? Who sees them and what do they review in the scope of their role?
2. What is the role of the pharmacist in managing risk for patients with cardiovascular disease?
3. How are patient’s cardiovascular risks assessed, reviewed, and managed in the practice? Who completes these tasks?
4. What regional and local guidelines and referral pathways does the practice use to manage different types of cardiac conditions?
5. What are the core medicines optimisation aspects to remember when completing a medicines reconciliation review for a patient discharged from hospital after MI or ACS event? How does the GP practice pharmacist manage and plan follow-up for these patients?
6. What follow up will the patient need in primary care, particular for new medicines started during the admission, how often will they need to be seen, and how is this indicated through their GP system record?
7. How are anticoagulants prescribed, monitored and the need for anticoagulation assessed at the practice?
8. Who is responsible for or manages each part of this process?
9. What lifestyle advice and support should you give patients and local resources can you signpost patients to for cardiovascular disease in both the practice and local area?

**Task**: Look at how hypertension, atrial fibrillation (AF) and anticoagulation, lipids, acute coronary syndrome/myocardial infarction (ACS/MI) or stroke are reviewed and medicines optimised, if possible during your placement. |
| **Record GPhC interim LO evidence and mapping (if applicable)** |
| **Additional Notes:** |

|  |
| --- |
| 4.3.15 Common Clinical Conditions in Primary Care: Diabetes |
| 1. What is the definition of diabetes?
2. What are the common types of diabetes and patient populations seen in your placement practice?
3. How is diabetes diagnosed and what action would you take on diagnosing a new diabetic patient? Who should be involved in this process?
4. How do the GP, Nurse Practitioner, GP Pharmacist and Hospital roles differ in ongoing care of patients with diabetes?
5. What is the local treatment guideline and pathway for managing diabetes in the practice area?
6. Where can you find local guidance for management of diabetes including which cost-effective medicines to use?
7. What lifestyle advice and support is available for patients with diabetes in the practice and local area?
8. When should a dietician be consulted?
9. When should insulin be considered for a patient with type 2 diabetes? What support is available for patients who are newly started on insulin?
10. What biochemical values should be aimed for with regards to HbA1c, TC, LDL and TGs?
11. What is the QOF for diabetes? Are there any additional local targets for diabetic patients in your practice area e.g., CCG medicines incentives?
12. What additional contracted services or agreements are there with the GP practice for managing diabetes?
 |
| **Record GPhC interim LO evidence and mapping (if applicable)** |
| **Additional Notes:** |

|  |
| --- |
| 4.3.16 Communication with Community Pharmacy |
| 1. Identify which local pharmacies the GP practice work directly with. Does this include your foundation year pharmacy?
2. How does your GP practice communicate patient care issues or queries with their local pharmacy team?
3. What are the challenges the GPs and practice team feel with the existing community pharmacy communication process?
4. How does the local pharmacy team communicate prescription or patient care issues with the GP practice team (GP, pharmacist, or reception team)? Is this effective at the GP practice?
5. What is the GP team member’s perception of how community pharmacy queries are communicated and managed?
6. What are your observations on how patient prescription queries are handled between GP practice and community pharmacy? Note both good practice and suggestions for improvement.
7. Will these change the process of how you handle prescription queries with GP practice going forward in your placement?
8. If there are challenges with effective communication, how could these be improved? Describe any ideas for how to improve these. How would you change your professional practice?
 |
| **Record GPhC interim LO evidence and mapping (if applicable)** |
| **Additional Notes:** |

# Section C: End of Placement

At the end of your placement, you should:

* Review your **learning objectives** (Table 1) to see which objectives you have met
* Ensure you map any evidence against the GPhC interim Learning Outcomes
* Review and save any completed SLEs, assessments and evidence to your portfolio
* Complete the **Self-assessment Quiz** (Table 4) to identify further learning needs and development opportunities.

These may support you to complete an end of placement reflective account that should be discussed with your placement supervisor, together with the placement supervisor end of placement feedback form.

## 1. Reflection

Complete an end of placement reflective account evidence to save in your portfolio or to complete using the tab in your HEE e-portfolio.

## 2. End of Placement Feedback

Discuss your placement outcomes with your placement supervisor as part of your end of placement meeting.

As part of this, identify any GPhC learning outcomes you have completed and any areas for further development.

Ask your placement supervisor to complete the **End of Short Duration (Taster) Placement** **Feedback Form** below so that you can save this in your portfolio or upload this as an attachment to your HEE e-portfolio reflective account evidence for the placement.

## End of Short Duration (Taster) Placement - Supervisor Feedback Form

|  |  |
| --- | --- |
| **Trainee Pharmacist Name:** |  |
| **Placement Supervisor Name:** |  |
| **Placement Sector:** |  | **Placement Duration:** |  |
| **Placement supervisor feedback on Trainee Pharmacist’s development during the taster placement** |
|  |
| **Placement supervisor feedback on areas the Trainee Pharmacist could further develop, or additional learning needs identified during placement.** |
|  |
| **Agreed learning action points with Trainee Pharmacist (using SMART objectives)** |
|  |
| **Placement Supervisor Signature & Date** |  |
| **Trainee Pharmacist Signature & Date** |  |

# Evaluation

The HEE LaSE short duration (Taster) placements are pilot cross-sector placement resources. It is important that HEE gain feedback from stakeholders, supervisors and Trainee Pharmacists who use the guides and workbooks. Stakeholder feedback will enable HEE LaSE to continuously improve the guides and workbooks and ensure the resources support Trainee Pharmacist foundation training year and organisations.

All placement supervisors and Trainee Pharmacists who complete a short duration (taster) placement will be asked to provide feedback through HEE evaluation process through the HEE website.

# Further support and points of contact for Short Duration (Taster) placements

For further support and guidance on the HEE LaSE resources, templates, and advice for setting up short duration (taster) placements, please contact the HEE LaSE Early Careers team: lasepharmacy@hee.nhs.uk

# Glossary & Abbreviations

|  |  |
| --- | --- |
| **CPPE**  | Centre for Postgraduate Pharmacy Education  |
| **DS** | Designated Supervisor(s) responsible for having oversight of the Trainee Pharmacist’s training and for signing off their competence at the end of the Foundation Training Year. They will work with placement partners to support the TP in meeting the learning outcomes. Overall responsibility and sign off for the foundation training year remains with the employing organisation DS. |
| **e-LfH** | e-Learning for Health |
| **GPhC**  | General Pharmaceutical Council, the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain.  |
| **HEE LaSE** | Health Education England London and South East |
| **iLO** | GPhC Interim Learning Outcomes for foundation training year |
| **PDP**  | Personal Development Plan. Trainee Pharmacists should complete a Learning Needs Analysis that will form the basis of their personal development plan (PDP) and help them to develop smart objectives. |
| **Placement supervisor** | Lead pharmacist supervisor for short duration (taster) placements. They will be responsible for acting as point of contact for TPs on placement, reviewing the TP learning needs, organising TP induction, setting placement objectives, activities, and placement timetable, and providing feedback on tasks and activities completed by the Trainee Pharmacist. |
| **RPS**  | Royal Pharmaceutical Society, the professional membership body for pharmacists and pharmacy |
| **SLEs** | Supervised learning events are structured assessment tools that TPs and their supervisor(s) may use to record and reflect on performance of a practice-based assessment activity e.g., patient consultation, to record which GPhC iLOs it provides evidence for, and agree next developmental steps. |
| **TP** | Trainee Pharmacist who is undertaking their foundation training year  |

# Appendix 1: Additional Resources for further professional development

For those with an interest in **GP practice** who wish to continue to develop their knowledge and skills outside of the taster placement experience, the following resources and networks are available.

|  |  |
| --- | --- |
| **Table A1: Additional Reading and e-learning available to support Foundation Pharmacist training in GP practice** | **Source** |
| HEE Trainee Pharmacists in GP Practice Handbook – Resources for Trainee Pharmacists[Trainee Pharmacists in General Practice | Health Education England (hee.nhs.uk)](https://www.hee.nhs.uk/our-work/pharmacy/trainee-pharmacists-general-practice) *Signposting to various resources that support pharmacist training and professional development in GP practice.* | HEE |
| CPPE General Practice resources: [General practice (cppe.ac.uk)](https://www.cppe.ac.uk/gateway/genpract) | CPPE |
| [Primary](https://www.rpharms.com/resources/pharmacy-guides/working-in-a-gp-practice) Care Essentials e-learning course10 learning units @8-10 hours per unit*Further information available on CPPE website and in the HEE Trainee Pharmacist in GP Practice Handbook.* | CPPE |
| Integrated Care Systems (ICS) explained[Integrated care systems explained | The King's Fund (kingsfund.org.uk)](https://www.kingsfund.org.uk/publications/integrated-care-systems-explained) | Kings Fund |
| Medicines Complete (subscription required, can be accessed by RPS members via RPS website) *Multiple online medication information resources, providing expert and unbiased knowledge to enable make the best clinical decisions on the use and administration of drugs and medicines.* [*https://about.medicinescomplete.com/*](https://about.medicinescomplete.com/) | RPS |
| [Specialist Pharmacy Service](https://www.sps.nhs.uk/)*Access to medicines information resources and guidance including drugs in pregnancy and swallowing difficulties administration advice.* | SPS |
| [Medicines Learning Portal](https://www.medicineslearningportal.org/p/about_3.html)*Provides knowledge about medicines and covers basic principles of medicines safety. Topics covered include administration of medicines, prescribing in children, renal disease, liver disease, incompatibility, and interactions. Provides tutorials on professional skills as well, such as critical evaluation and decision making.* | MLP |
| [NHS England » Medicines optimisation](https://www.england.nhs.uk/medicines-2/medicines-optimisation/) | NHSE |
| QOF: Quality Outcomes Framework[Quality and Outcomes Framework - NHS Digital](https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data) | NHSE |
| [The 2020/21 update to the GP contract explained | The King's Fund (kingsfund.org.uk)](https://www.kingsfund.org.uk/publications/202021-update-gp-contract-explained) | Kings Fund |
| PCN DES contract<https://www.england.nhs.uk/primary-care/primary-care-networks/network-contract-des/>  | NHSE |
| GP contracts [GMS contract and PMS agreement differences (bma.org.uk)](https://www.bma.org.uk/advice-and-support/gp-practices/funding-and-contracts/gms-contract-and-pms-agreement-differences) | BMA |
| STOPP/START Tool [toolkit-general-practice-frailty-1.pdf (england.nhs.uk)](https://www.england.nhs.uk/wp-content/uploads/2017/03/toolkit-general-practice-frailty-1.pdf) | NHSE |
| [Primary Care Pharmacist Association](https://pcpa.org.uk/)*Provide open-access (see below) and members only webinars and training events to support primary care pharmacists and Trainee Pharmacists.**Also offer training specific to support Trainee Pharmacist members.*PCPA Open access Resources <https://pcpa.org.uk/open-access-resources.html>* [Swallowing difficulties](https://pcpa.org.uk/play-covid-webinar.html?ResourceID=2114): Mind the medication gap
* [The role of the PCN/GP practice pharmacist in implementing the GP referral pathway to NHS Community Pharmacist Consultation Service (CPCS)](https://pcpa.org.uk/play-covid-webinar.html?ResourceID=2123).
* NHS Confederation, NPA, PCPA: Working collaboratively in an ICS – Freeing up opportunities in community pharmacy (2021).
* Overprescribing review.
 | PCPA |
| PCPA Foundation Year Webinars – members only[PCPA Webinars and Podcasts Hub - PCPA](https://pcpa.org.uk/spotlight.html) | PCPA |
| NHS Scotland Managing Multiple Medicines Guidance, resources, hot topics, and case studies:<https://managemeds.scot.nhs.uk/for-healthcare-professionals/>  | NHS Scotland Managing Multiple Medicines website and app |
| Welsh guideline on undertaking effective polypharmacy review – ‘Medication review for patients on 10 or more repeat medications’: [Polypharmacy: Guidance for prescribing - All Wales Medicines Strategy Group (nhs.wales)](https://awmsg.nhs.wales/medicines-appraisals-and-guidance/medicines-optimisation/prescribing-guidance/polypharmacy-guidance-for-prescribing/)Includes the following practical guides and tips:* [A practical guide to stopping medications in the elderly](https://awmsg.nhs.wales/files/guidelines-and-pils/polypharmacy-figure-2-a-practical-guide-to-stopping-medication-in-the-elderly-pdf/)
* [Key consideration for prescribing in frail adults](https://awmsg.nhs.wales/files/guidelines-and-pils/polypharmacy-figure-1-key-considerations-for-prescribing-in-frail-adults-pdf/)
* [Patient information leaflets to support patient consultations](https://awmsg.nhs.wales/medicines-appraisals-and-guidance/medicines-optimisation/patient-information-leaflets/)
 | All Wales Medicines Strategy Group (AWMSG) |

# Appendix 2: Accessing e-Learning for Health (e-LfH)

Trainee Pharmacists can register and access e-LfH via the Centre for Pharmacy Education (CPPE) website, which can be found at [e-Learning for Healthcare learning modules CPPE](https://www.cppe.ac.uk/programmes/l/leaders-e-00/)

Once you have a CPPE account, you can access the e-learning by doing the following actions:

1. Log in to the CPPE website.
2. Navigate to the e-learning portfolio.
3. Click on the 'e' icon next to e-Learning for healthcare learning modules and you will be taken to the HEE e-LfH Portal.
4. Click 'Launch HEE e-LfH Learning Management System' in the left-hand menu.
5. You will be taken to the HEE e-LfH Learning Management System where you can access the e-learning content.



Enrol on to the program and complete the relevant e-learning that you are required to. Once you have done this, you should be able to access your certificates of completed learning, which you will need to present on the first day/ during your placement. These can be printed or presented electronically. You may wish to write reflective account/ evidence on the completed module and save the certificate in your portfolio or upload to your HEE e-portfolio or under ‘Miscellaneous Evidence Upload’.

Please be aware each module may take some time to complete, so allow yourself plenty of time to complete them before/ during your placement.

**END**