

An Evaluation of the Green Light Preparation for General Practice Course for Pharmacists



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May 2017

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Introduction

The Royal Pharmaceutical Society (RPS) and the Royal College of General Practice (RCGP) pledged to work together in 2015 to promote the use of pharmacists in GP surgeries to help relieve the pressure on the GP service and increase capacity to improve patient care¹. This has since been followed by a national three year programme funded by NHS England to evaluate the role of clinical pharmacists working in general practice². Alongside this an increasing number of local initiatives that are not part of the national pilot have been established where clinical pharmacists undertake consultations with patients in GP practices.

There seem to be a variety of practice models for these initiatives in how the pharmacists are employed and the specific roles they undertake. In some initiatives (including the national programme) pharmacists are employed directly by the practice, whilst in others the pharmacists are employed by a Clinical Commissioning Group (CCG) or specific services are provided by pharmacists employed by community pharmacies or NHS Trusts. Similarly, in some initiatives pharmacists run clinics for review of people with particular long-term conditions, whereas in others the pharmacists see patients with complex medication regimes or medicines-related needs, and some initiatives involve pharmacists managing repeat prescription services or undertaking telephone triage of patients. Subsequently, pharmacists may have a variety of training needs to undertake these roles, depending on factors such as the nature of the role and their previous training and experience.

A recent Training Needs Analysis of Pharmacists in General Practice commissioned by Health Education England London and South East (HEE LaSE)³, identified a need for educational support for pharmacists wishing to pursue a career in General Practice. It was felt by the working group that a course to support baseline knowledge and prepare pharmacists to work effectively at the start of their journey as a pharmacist working in General Practice could effectively help address initial training needs. This would also help to support the ambitious target of recruiting the 1500 pharmacists proposed in the GP Forward View.

In order for successful recruitment into these new roles and to ensure ongoing sustainability and viability of the pharmacist in a General Practice setting, it is essential that any pharmacist wishing to practice in this arena is equipped with core knowledge. This will enable them to not only be an effectively contributing member of the Practice team at an early stage, but also give them the baseline understanding of General Practice to confidently apply for such roles. This should help embed the role as an essential component of the Practice team, and ensure this initial cohort act as an effective example of multi-professional working, paving the way for role longevity and succession planning.

In 2016, Green Light Healthcare Ltd were commissioned by HEE LaSE to deliver training to up to 200 pharmacists looking to work in the General Practice sector. Green Light Healthcare has extensive experience of delivering training within the pharmacy profession. They had previously delivered a two-day introduction to GP practice to pharmacists, funded through the Camden Community Education Provider Network and so were able to build on this experience to deliver the two-day course to 200 pharmacists for the HEE LaSE commissioned work. This included recruiting pharmacists to the course and delivering the two-day introduction to GP practice programme eight times, with a maximum of 25 pharmacists attending each session. The two-day sessions ran from January to March 2017. A flyer was developed to promote the training which was cascaded through Community Education Provider Networks (CEPNs), Local Education and Training Boards (LETBs), Higher Education Institutes (HEIs), hospital chief pharmacists, the Primary Care Pharmacy Association (PCPA), the Royal Pharmaceutical

Society (RPS), United Kingdom Clinical Pharmacist Association (UKCPA), and social media including Twitter, Linked-In and Facebook. Applicants who had been qualified over two years were accepted, from any sector of practice.

Evaluation

An evaluation of the training was undertaken by an academic team at Keele University and University of Portsmouth. The aim of the evaluation was to gather feedback from the participants on the Preparation for Practice training days, in particular the impact of the training on their confidence to work in a GP practice, and how they are using the learning from the training days.

The evaluation was conducted in three stages, described below. Each stage consisted of a questionnaire. The questionnaires were developed based on previous evaluations of the training and reviewed by the project team and a wider stakeholder group.

Stage 1

A baseline on-line questionnaire using Google forms was completed to express interest in attending the study days. The form collected information including:

- Current role
- Any previous training undertaken to work in a GP practice
- Previous experience of working in a GP practice
- Whether they are a qualified independent prescriber
- Identification of learning needs
- Expectations of the training
- Current level of confidence to apply for a job in a GP practice or work in a GP practice

Stage 2

At the end of the second study day, attendees were given a paper copy of a questionnaire and asked to complete it and hand back to the study day organiser before leaving the venue. The questionnaire was designed to gather views on the quality of the training provided and asked questions such as what sessions the attendees found most and least useful, and why; their confidence to apply for a job in a GP practice after attending the study days; how they have used their learning from day 1; their further learning needs to work in a GP practice; and how the study days could be improved.

Stage 3

A follow up questionnaire was distributed electronically (via google form) to all those who attended the training, allowing a minimum of 1 month between completing the training and receiving the questionnaire. Data collected included:

- Current role and whether it had changed since completing the training

- Future opportunities to work in a GP practice
- Impact of training on confidence to work in a GP practice
- Opportunities to put their learning into practice
- Future learning needs
- Current level of confidence to apply for a job in a GP practice or work in a GP practice

Data from the questionnaires was entered into a database created using IBM SPSS Statistics software and a descriptive analysis undertaken on the quantitative data collected. Common themes were identified from the responses to the open questions and these are presented with examples from each theme and a count of the number of respondents making a comment within that theme.

Findings

Stage 1 - Baseline Data

203 pharmacists initially signed up for the Preparation for General Practice Course and completed the baseline data questionnaire. Seven of these were on the reserve list to attend the training if others dropped out and no baseline data was collected for these pharmacists and so they have not been counted in the figures presented below.

120 of the pharmacists who initially signed up worked solely in community pharmacy, 15 worked solely in hospital pharmacy, 10 for CCGs and 11 for general practice in a patient facing role. Thirteen worked in both community pharmacy and general practice. Nine worked in both community pharmacy and hospital pharmacy. Three worked in community pharmacy and academia and two in community pharmacy and CCGs. Five worked in hospital practice and another sector and four stated 'other' for their sector of practice.

99 (50%) of the pharmacists signing up for the Course had been qualified for over ten years; 58 (30%) for over five years and 39 (20%) for over two years. 51 (26%) of the pharmacists had previous experience of working in a GP practice. Pharmacists were asked to describe their previous experience of working in a GP practice and this is shown in table 1 below.

Table 1: Previous Experience of Working in a GP Practice

Theme	Example	Frequency of response
Medicines Optimisation activities (including as a CCG employed pharmaceutical Advisor)	Including medication reviews, audit work, formularies, looking at ePact data	14
Work shadowing	Either as part of their MPharm degree or as part of training to become an Independent Prescriber	10
A patient facing role, running clinics		7
Quality Assurance work	Undertaking Quality Improvement Projects.	3
Part of the NHS Clinical Pharmacist in GP practice pilot scheme		2
Part of a pilot for other services		3
Other experience	Care homes, prison work, providing training to GP practices, Out of hours service, Ministry of Defence	5

23 (12%) of the pharmacists were currently studying on an Independent Prescribing for Pharmacists Preparatory Course, 28 (14%) were already qualified as Independent Prescribers and the remaining 145 were not qualified nor were they currently studying a course to prepare them to be an Independent prescriber. The previous training undertaken by the pharmacists to prepare for working in a GP practice is detailed in table 2 below. 78 of the pharmacists had previously received no formal training.

Table 2: Previous Training to work in a GP Practice

Theme	Example (where applicable)	Frequency of response
No formal training		78
Training provided by CPPE	Polypharmacy focal point, consultation skills, Minor Ailments, Fundamentals of General Practice, various clinical e-learning packs	36
Work shadowing in a GP practice		16
Self-directed through own CPD focusing on working in a GP practice	e.g. Reading PJ on-line articles. MOOC on Coursesites, RPS event, motivational interviewing	16
PG Certificate or Diploma course		15
Independent Prescribing Training		14
Training for a role as a primary care or CCG pharmacist	e.g. clinical medication review workshop, New models of Care training, training on e-PACT, training to use GP software such as EMIS	12
Training to provide services in community pharmacy	MUR, Flu vaccination, Health Checks	8
Working with GPs as part of routine practice	Regular meetings with local GPs to discuss patient cases and local issues	4
Advanced Practitioner Training		3
Training provided by Green Light	Introduction to working in General Practice	3
HENCEL funded programme for integration of GPs and Pharmacy		2
Previous experience working in hospital pharmacy	Running patient facing clinics	2
Training provided as part of the NHS pilot employing pharmacists to work in GP practices		1

Table 3 shows the pharmacists' main training need to prepare themselves to work in General Practice. The most common need was to develop an understanding of the role of the pharmacist in the general practice, including how they can support GPs and patients, together with a need to increase clinical knowledge in relation to real life cases.

The majority of the pharmacists hoped they would gain knowledge about the role and responsibilities of a GP pharmacist from the study days (table 4). Thirty-five pharmacists hoped they would gain confidence and 26 develop the skills required for the role.

Pharmacists were attracted to the specific training to for a variety of reasons. The most common reason was the desire to develop further and gain knowledge and skills to prepare for a role in practice. The reputation of the training provider was a frequent response for what attracted the pharmacists to this particular training (table 5).

Table 3: Pharmacists' Main Training Need to Prepare Themselves to Work in General Practice

Theme	Example (where applicable)	Frequency of response
Understanding the role of the pharmacist in a practice	Day to day responsibilities, the scope and limitations of what a pharmacist can do in a GP practice to help the practice, how to do the role, teamworking, interprofessional working, How to guide the GP in the utilisation of a practice pharmacist	59
The clinical management of the patient	Clinical case studies, applying guidelines, therapeutic knowledge, delivering holistic care, role play with clinical scenarios, medication review, chronic disease management, specific clinical areas such as diabetes or hypertension, minor ailments, vaccinations	59
Understand how a GP practice works	Roles in the GP practice, protocols and systems, how to run a clinic, QOF requirements, legal aspects, terminology used, clinical governance, Prescribing policies, guidelines and processes, read coding, GP funding	46
GP Computer systems	e.g. EMIS	30
Patient assessment	Clinical assessment skills, interpreting blood results, monitoring, diagnosis and differential diagnosis, pathology,	28
To find out more about how to train as an Independent Prescriber		16
Consultation skills	e.g. Motivational interviewing, history taking	15
How to deliver effective medicines optimisation	Pharmacotherapy, polypharmacy	10
Placement/experience in practice	Arrange work shadowing for a practice pharmacist	8
Repeat prescribing	How it works in a GP practice and how to work with community pharmacy	7
Using/analysing prescribing data	E-Pact data	5
To know my limitations	The limitations of the role	4

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Theme	Example (where applicable)	Frequency of response
Getting a role in a practice	How to approach the GPs about working in a practice initially, preparing your CV and preparing for interview	4
How to develop the role	How to provide a service across a network of practices, how to develop services to help patients	2
To understand the role in order to better direct my CPD		2
No idea		2
Leadership and management skills		1
Undertake a PG Diploma		1

Table 4: What pharmacists hoped to gain from attending the training days

Theme	Example	Frequency of response
Knowledge of role and responsibilities, understanding and experience	<i>'A clear understanding of the role of a GP Pharmacist'</i>	120
Increase confidence to work in a GP practice		35
Develop skills and competence	<i>'Learn and develop my clinical skills do that I can work within a primary care setting.'</i>	28
Help to improve outcomes / to benefit (pts/ GPs - e.g. reduced referrals and admissions)	<i>'Ability to offer better help or answers to NHS/GPs/patients needs'</i>	20
Improve job opportunities and career progression	<i>'Gaining insight on how to approach GP surgeries'</i>	22
To demonstrate practical application of knowledge		8
Networking (including meeting/ connecting with others and vicarious learning)		7
Identifying further training needs		6
Improve teamwork skills		5
Interview tips/ CVs		5
To obtain information on prescribing course and up-to-date information		2
To show others the value of pharmacists		2
Understanding when to refer patients		1
Peer review and feedback		1

Table 5: What attracted pharmacists to attend this specific training

Themes	Frequency
Want to develop further / IPE / gain knowledge and skills / prepare for practice	47
Opportunities with jobs / future roles	44
To provide insight/ understanding of role	28
Details about content covered	24
Reputation/ high standard of training / recommended by a friend or HEE and local LPC/ training from experienced peers	21
Funded course	13
Networking with colleagues/ GPs	10
Discussed benefit (patient / 'be the best GP pharmacist I possibly can)	9
To support current role in GP practice	8
Structured/ comprehensive, current/ good dates	6
Face to face training	5
Tailored to skill level' / 'assumes no previous experience'	2
Bespoke' / 'unique' training	2
Location / local advert	2
Easy	1

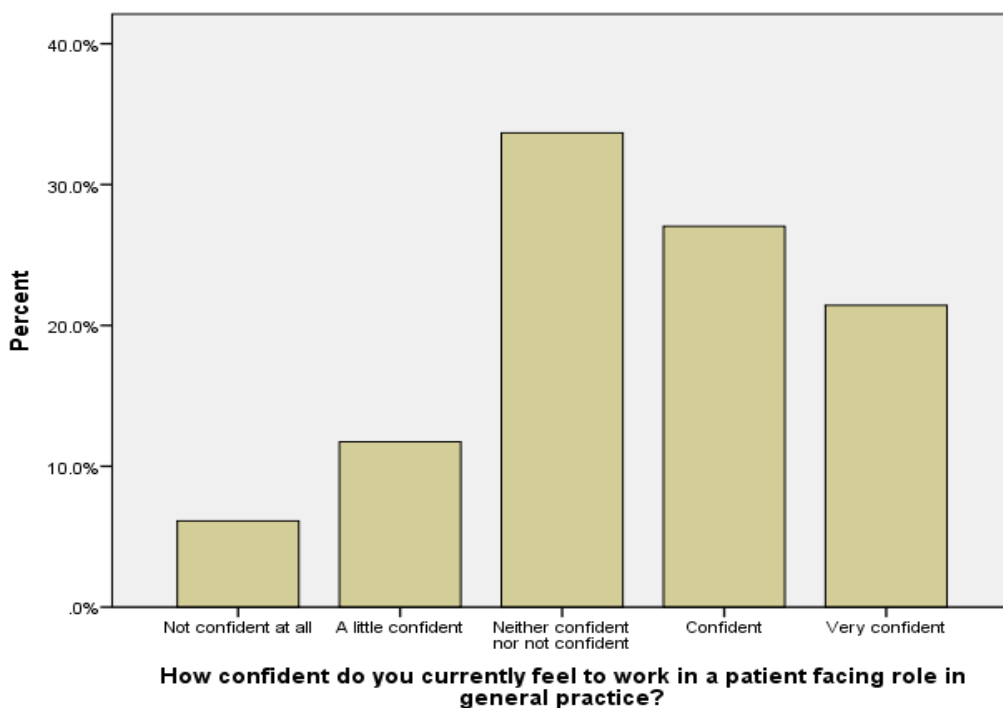
The most common source of information about the course was through the Local Pharmaceutical Committee (LPC) or the CCG, closely followed by word of mouth (Table 6).

Table 6: Sources of information about the Course

Theme	Frequency of response
LPC / CCG	57
Colleague / friend	48
Email / website / other network / forum	36
Social media (Twitter, Facebook, WhatsApp, LinkedIn)	25
Greenlight representative	17
UKCPA	6
GP practice / MMT	2
Miscellaneous (named individuals)	1

Pharmacists were asked to rate their current confidence to work in a GP practice, when completing the baseline data form to register their interest in the training. 47.4% of the pharmacists registering their interest in the course rated their confident level as 'confident' or 'very confident' (see figure 1).

Figure 1: Pharmacists' baseline confidence to work in a patient facing role in general practice



Stage 2

Evaluation of the study days

In total 152 pharmacists (76% of the pharmacists who initially signed up) attended day one of the training and 134 (86% of those eligible to attend) attended day two of the training. Those that did not attend day one were not eligible to attend day two and therefore did not complete the evaluation questionnaire which was handed out in hard copy at the end of day two. 133 pharmacists completed the end of study day evaluation form. Of these 133 pharmacists, 30 had some previous experience of working in general practice. This experience included: permanent role as a clinical pharmacist in a GP practice; working as a CCG medicines management pharmacist; time spent in a practice during an independent prescribing course; placements or work shadowing in General Practice either as part of an undergraduate or postgraduate course, or as part of pre-registration training.

Figure 2 shows the pharmacists perceived confidence to work in a patient facing role in general practice before they attended the study days, as rated in the evaluation questionnaire i.e. after they attended the study days.

Figure 2: Pharmacists' confidence to work in a patient facing role in General Practice, prior to attending the study days

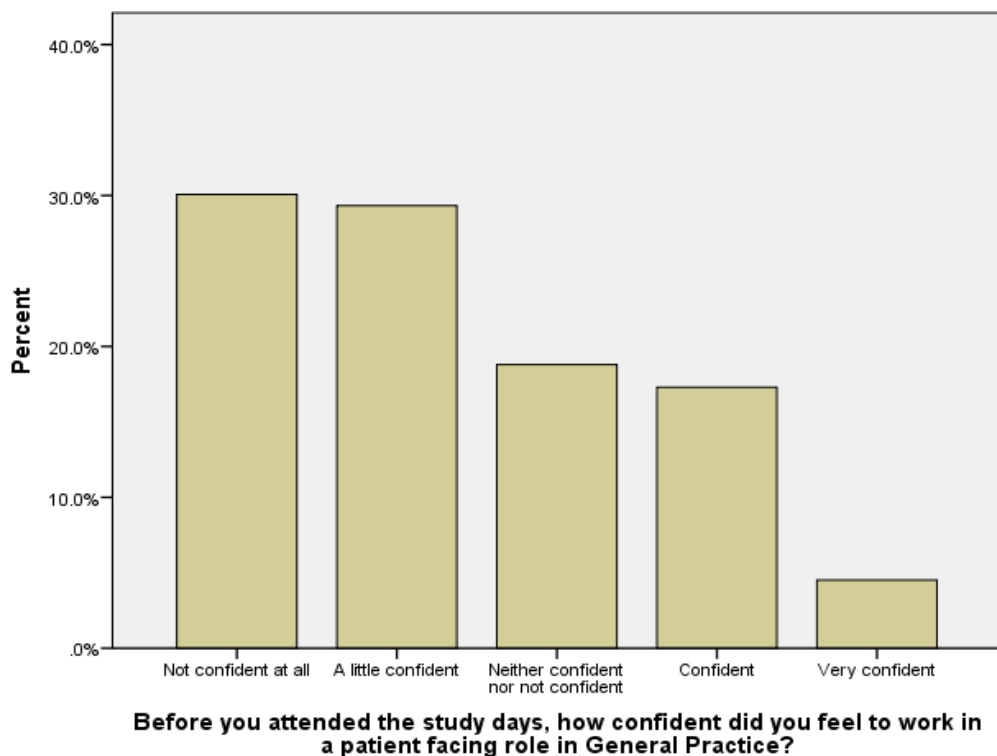


Figure 3 shows the confidence after attending the study days and Figure 4 shows a comparison of the median of the before and after confidence ratings. Pharmacists rated themselves as more confident after the study days (median score = 4 (confident)) than before the study days (median score = 2 (a little confident)). This difference was significant ($p=0.000$).

Figure 3: Pharmacists' confidence to work in a patient facing role in General Practice, after attending the study days

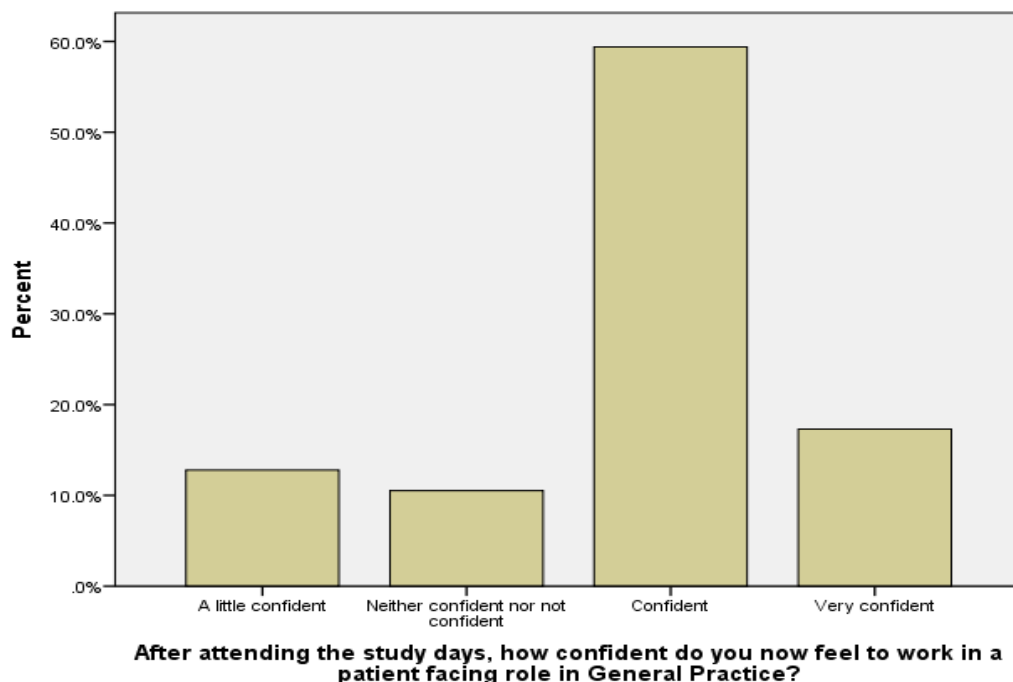


Figure 4: Median confidence to work in a patient facing role in General Practice, prior to and after attending the study days

(1= not confident, 2=a little confident, 3= neither confident nor not confident, 4= confident, 5=very confident).

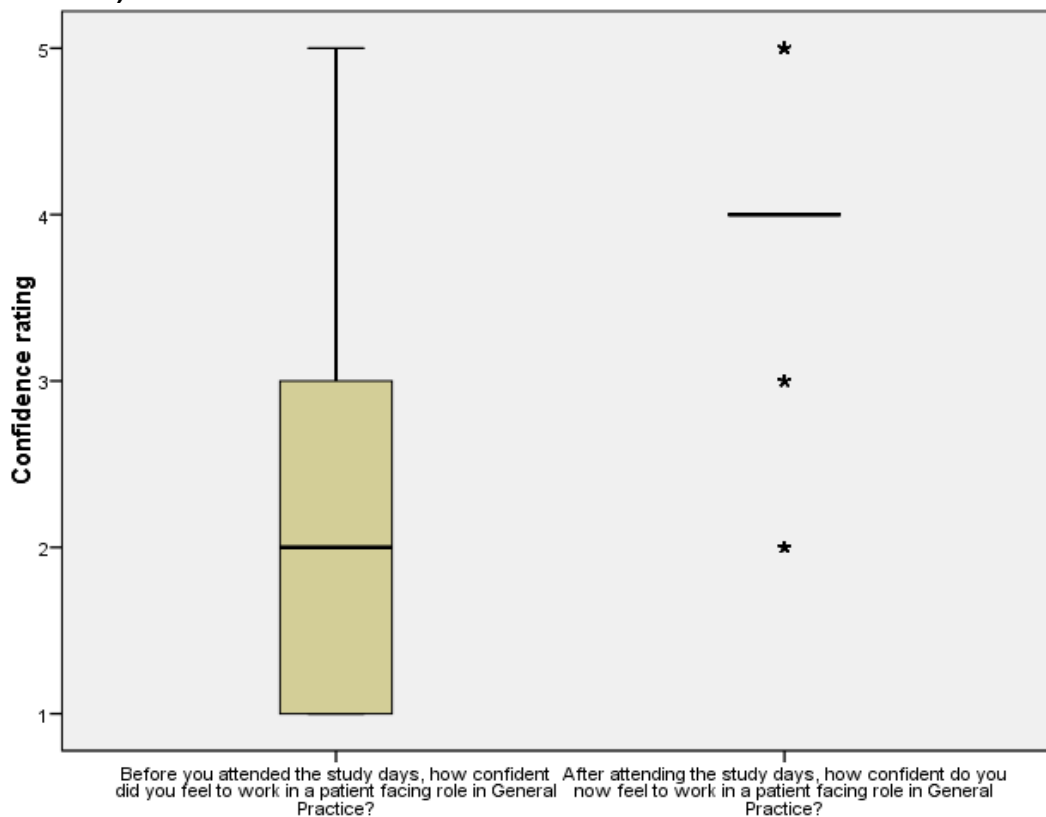


Table 7 shows the expectations of the respondents of the study days. The most common expectations were to gain a better understanding of the role of the pharmacist in GP practice (91% of pharmacists) and to understand more about the skills that are needed to be able to work effectively in a GP practice (84% of pharmacists). Pharmacists described some additional expectations including: learning more about becoming an independent prescriber; sharing best practice; what training is required; where to get support; networking; to learn how to better support the GPT practice. 132 pharmacists stated that their expectations had been met, and one that they had been partially met as the training was not aimed at pharmacists already in a role in General Practice. Two pharmacists stated that, although their expectations had been met, they would have liked some additional clinical case studies.

Table 7: Expectations of the training days

Expectations	% respondents with this expectation (N=133)
To better understand the role of the pharmacist in a GP practice	91 (n=121)
To understand and learn more about the skills that are needed to be able to work effectively in a GP practice	84 (n=111)
To have an awareness of the administrative processes that a pharmacist can undertake in a GP practice e.g. dealing with clinical post	68 (n=90)

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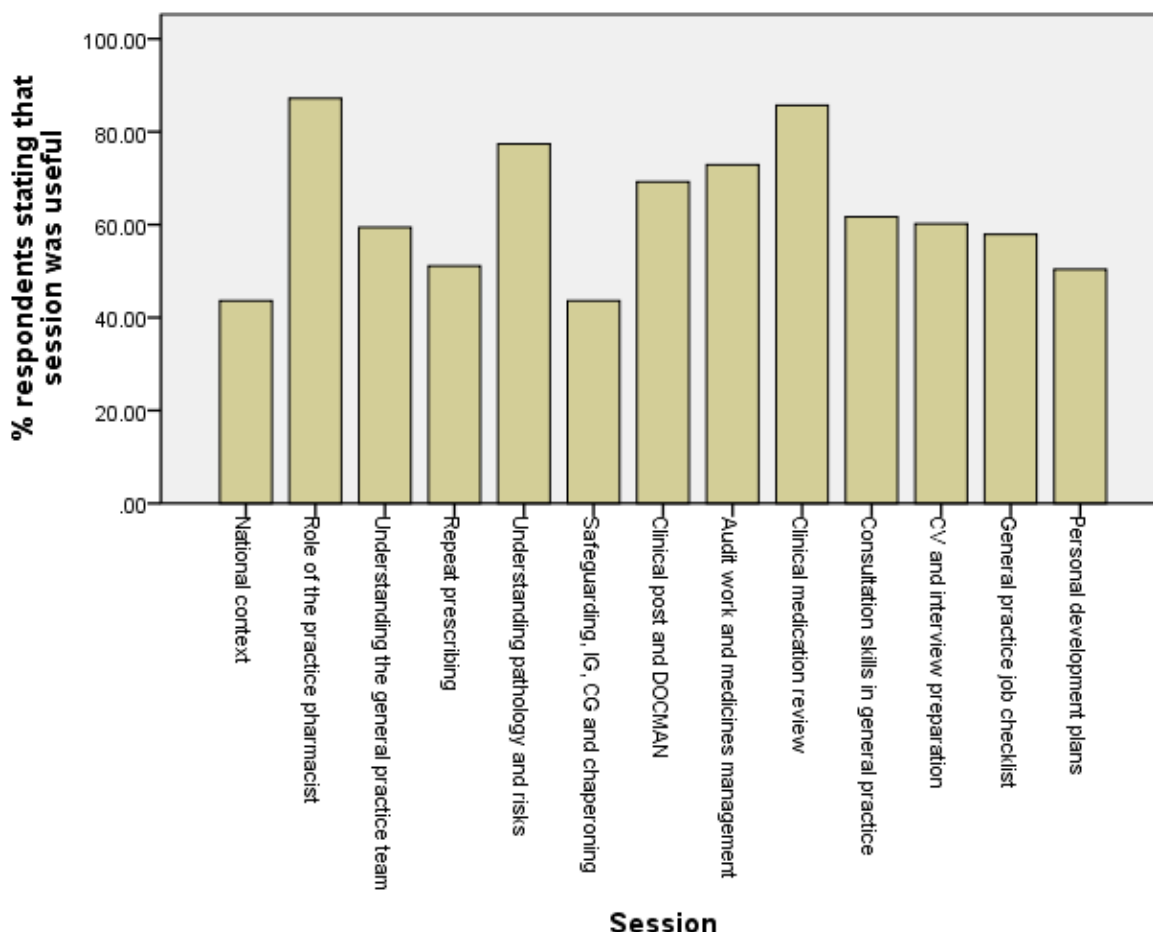
Expectations	% respondents with this expectation (N=133)
To improve my clinical skills and knowledge	66 (n=88)
To understand how a GP practice operates	61 (n=81)
To learn how to conduct a medication review in a GP practice	58 (n=77)
To be able to get a job in a GP practice	53 (n=70)
To have an insight into how practice software works	49 (n=65)
To learn how to structure a consultation	43 (n=57)
To learn about the different staff roles in a GP practice	41 (n=54)
To learn how to provide the repeat prescription service in a GP practice	31 (n=41)

The most useful sessions were the role of the practice pharmacist (87% pharmacists found this useful) and clinical medication review (86% of respondents). Figure 5 shows the sessions at the study days and the percentage of pharmacists who found the session useful. The majority of the pharmacists (62) stated that they found all the sessions useful because they provided an insight and overview of the role of the pharmacist in the GP practice. Sixteen pharmacists stated that the training was most useful as it helped them to evaluate what they already knew and identify areas for development, as shown in the following quote:

“All areas covered were insightful and eye opening to those new roles and also showed me where some of the strengths I have are but I was not aware of what areas I need to develop to prepare for these roles. The Green Light training was excellent and most useful to prepare for these roles.”

Areas also highlighted as most useful included how to apply for a job and prepare a CV (7 pharmacist); Clinical knowledge including pathology tests and medication review (7); consultation skills and taking a holistic approach to how patients are treated (5); networking and opportunities for discussion (4). Five pharmacists also specifically stated that the training had boosted their confidence in this area.

Figure 5: Most useful sessions



The least useful sessions were safeguarding (20.3%) and CV writing (16.5%). Figure 5 shows the sessions at the study days and the percentage of pharmacists who found the session least useful. Pharmacists generally stated these sessions as being less useful as they had covered it previously, particularly safeguarding, which, as shown below was stated as being mandatory in the NHS and something that is done as part of their current roles:

“Already done safeguarding etc. as mandatory in NHS.”

“Safeguarding least useful as we all do safeguarding as part of our services”

CV writing was something that was highlighted in the comments as being less useful:

“Already has knowledge regarding CV writing”

The sessions on DOCMAN and EMIS were also highlighted as being less useful because it was difficult to see the screenshots. Comments were received that it would have been more useful to have a live demonstration of these:

“I feel like it’s difficult to see how DOCMAN works and the systems the GP practice use from slides. Would be better to see it on a computer screen and play around with a test patient.”

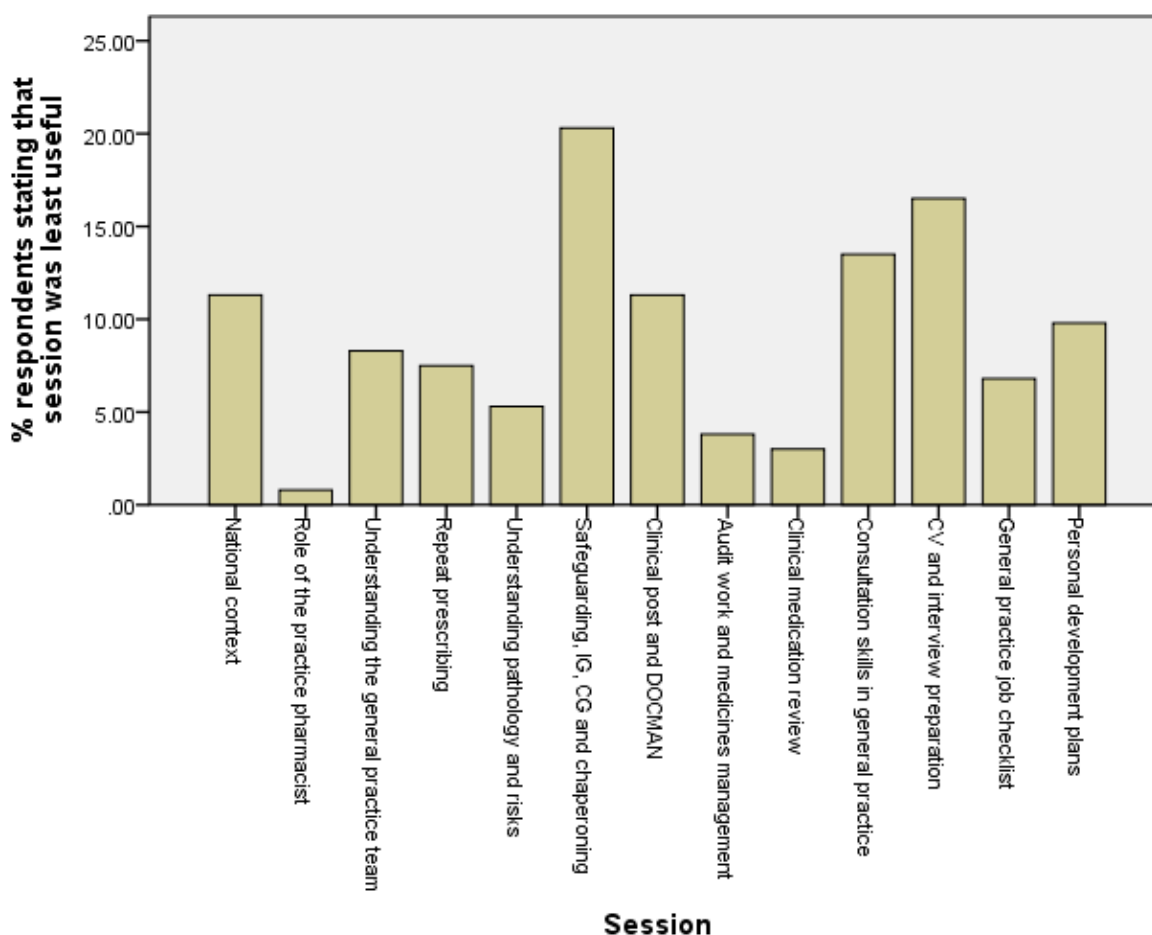
“The session on EMIS was least useful because the screen couldn’t be seen properly.”

Eighteen pharmacists stated that there was nothing about the sessions that was least useful:

“All the sessions were helpful to me. The opportunities to meet and discuss with like-minded individuals and discuss their differing roles.”

“They were all useful but a lot was covered and maybe signposting to other courses would help to focus the course into creating a network for all to start working together and share good practice. Nevertheless, excellent introductory course to general practice.”

Figure 6: Least useful sessions



Pharmacists were asked how the course could be improved. Suggestions included providing a video of a practice pharmacist in a surgery, or even arranging a smaller group study day within a GP practice in order to see the pharmacist in action:

“Maybe arranging smaller group study days within a GP practice to shadow or observe a practice based pharmacist to see what they do in a typical day.”

There was also a call for more real life case studies applying clinical knowledge and exemplifying the role of the pharmacist in the GP practice in order to generate more group discussion.

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A further suggestion was to get GPs and CCGs involved in the training in order to gain support from these people into the role of the pharmacist in the GP practice, and to understand how the CCG can work with the pharmacist in the GP practice.

Finally, pharmacists wanted more opportunities to network after the session in order to provide continued support

Pharmacists' further learning needs, having completed the course, were mostly around clinical knowledge including the clinical assessment of the patient, pathology, clinical guidelines and reviewing long term conditions (60 pharmacists). Sixteen pharmacists planned to undertake training to become an Independent Prescriber and six wanted to look further into studying for a Clinical Diploma. Fifteen identified the need to arrange some work shadowing in the practice in order to better understand the role, thirteen specifically identified to need to study a course provided by the CPPE (e.g. consultation skills, and Fundamentals of Working in GP Practice). Six identified the need to improve their consultation skills and three stated that they would be looking at improving their CV.

Pharmacists were asked how they have used their learning from the study days. Twenty-six stated that the course has helped them to identify areas that they need to develop. Twenty felt that the course had given them a greater understanding of what the role entails so that they felt confident to approach the GP surgery to discuss how the pharmacist and GP can work more closely together. Table 8 shows all the themes identified from the responses about how the pharmacists have used their learning.

Table 8: In what ways have you used your learning from the study days?

Theme	Example	Frequency of response
Identified areas for further development	<i>'Identified gaps in my knowledge and skills and I am working to fill these gaps.'</i>	26
Have approached the GP practice to explain the role and suggest areas where the pharmacist could help	<i>'Able to explain to GPs how they can benefit from having a pharmacist in their practice'</i> <i>'I have approached my local surgeries and arranged to do a presentation around this learning.'</i> <i>'I have been able to contact the practice based pharmacist and discuss issues between community pharmacy and surgery including how to better use repeat dispensing'</i>	20
Incorporated specific learning into practice	MUR skills, consultation skills, clinical review of the prescription, clinical knowledge. <i>'Improved my clinical review of prescriptions, I spend more time on them and am trying to take a proactive view when I contact the GP surgery and have contact with administrators of GP'</i>	17
Have applied their understanding of repeat prescribing to practice		7
Have used the learning in relation to an independent prescribing course	Either to help them with their application to study, and to find a medical practitioner to support them, or they have applied the learning whilst on the course	6

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Theme	Example	Frequency of response
Informed other pharmacists about the opportunities for pharmacists in GP surgeries		4
Used the learning to help to prepare a job application		2
Has clarified their career aspirations	<i>'It enabled me to decide that I definitely want to process on the GP pharmacist career'</i>	1

Pharmacists were given the opportunity to provide any other comments on the course. The comments were overwhelmingly positive. Sixty three of the 75 comments received were positive about the course, thanking the trainers and HEE for funding the course. The remainder of the comments were suggestions for improvement that have already been reported, and comments about the venue or the food. A sample of comments received is shown below.

"A very comprehensive training session which covered all aspects of working in a GP practice"

"Fully enjoyed the two study days. Learnt a lot regarding how GP surgeries work and different staff roles and how I can approach practices to show how I can help. It helped to dispel a lot of the myths about working in a GP practice."

"I thought the course was very good. I was curious about working in General Practice. I felt before the course it probably was not for me. I know now community pharmacy is a better fit for me but I still found I learn a few things I can bring to my role as a community pharmacist."

"One of the most beneficial courses I have attended"

Stage 3

Follow up questionnaire

Forty-seven out of the 134 pharmacists who attended both days of training, completed a follow up questionnaire. The majority of respondents (37) worked in community pharmacy; five worked in hospital pharmacy; seven in a GP practice in a patient facing role; three in a GP practice without a patient facing role; five for CCGs and four in other roles.

Five pharmacists stated that they had changed their role since registering for the course. One had moved from hospital to a patient facing role in a GP practice; one was starting an INR clinic; one community pharmacist was also working for a CCG as a prescribing advisor; one had had an interview for a role in a GP surgery and stated that the course had helped them to prepare for the interview.

Figure 7 shows that, at the time of the follow up questionnaire, the majority of pharmacists (74.5%) felt confident or very confident to work in a patient facing role in General Practice. None of the pharmacists stated not feeling confident. Table 9 summarises the quotes received from the pharmacists about the impact of the training on their confidence. An increase in confidence was mostly attributed to an increased understanding of the scope of practice in a GP surgery.

Figure 7: Confidence to work in a patient facing role in a General Practice from the follow up questionnaire

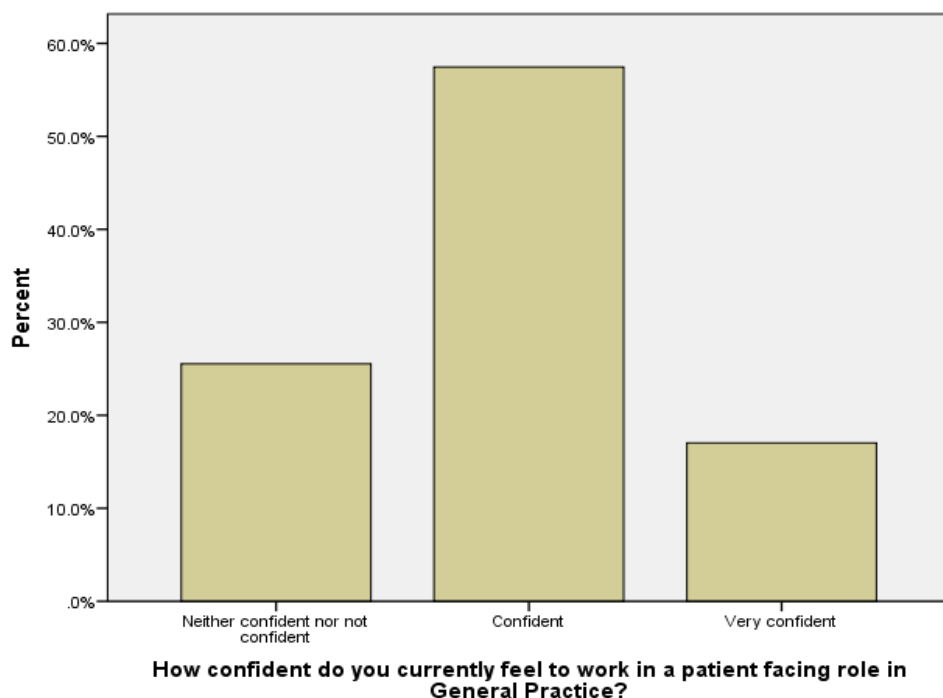


Table 9: Impact of training on confidence to work in a GP practice

Theme	Example	Frequency of response
Increased confidence	'Has increased my confidence greatly'	16
Increased understanding/ knowledge/ scope of practice		16
Identified further training needs / development		4
Improved engagement with GPs / offered job/ seeking job opportunities		3
Improved motivation		2
Now understand the value of role of a pharmacist in a GP surgery		2
Improved competence	'Seeing other pharmacists who are competent made me realise I can be as well'	1
Developed skills	'More clinical'	1

Twenty three pharmacists stated that they had had an opportunity to put their learning in to practice. These opportunities are described in Table 10 below.

Table 10: Opportunities to put their learning into practice

Theme	Example	Frequency of response
Patient-facing work	'Answered clinical questions and telephone consultations with patients to answer any med queries' 'In MUR with diabetic patient..'	5
Using ICT	'Using Emisweb more effectively and efficiently'	4
Pursuing development of learning (e.g. CCPE course, updating knowledge in field, portfolios)		4
Non-patient facing work	'I have looked at some audits and clinical post in the surgery'	3
Put knowledge and understanding into practice		3

Table 11 shows the themes relating to the impact of the training on current practice, at the follow up questionnaire. The themes did not differ from those identified immediately after the training, with 'Provoked consideration of career options/further study' being the most comment theme. Table 12 shows the future learning needs to work in a GP practice identified by the respondents.

Table 11: Impact of training on current practice at follow up

Theme	Example	Frequency of response
Provoked consideration of career options/further study		8
Increased confidence		7
Better understanding of role (pharmacist / GP)		7
No impact (to date)		7
Developed learning	'I have become more clinical and effective in my patient consultation'	6
Non-specific, positive comments on training	'Brilliant, please let me know of any more' 'Helped to analyse the prescribing framework for effectively'	3
Better patient care outcome		1
Better liaison and communication with GP surgery		1

Table 12: Future learning needs in order to prepare candidates to work in a GP practice

Theme	Example	Frequency of response
Attending a prescribing course		13
Developing skills / clinical knowledge	'Focus on consultation skills' 'Skill up on my clinical knowledge'	10
Attend a course / training days (other than prescribing course)	'Course on minor ailments' 'Diabetes workshop'	7
Review / read guidance (including NICE)		4
Emis training / learning		2
Apply for job/ prepare for job		2
Networking with others similarly employed		1
Shadowing/ voluntary work in GP practice		1
More peer mentoring		1

Thirteen respondents stated that they knew of an opportunity that might arise for them to work in a GP practice in the next six months. Of these three stated that they had had concrete job offers, four were speculative based on making contact with GPs and the increase in job opportunities, two cited the NHS

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pilot to get clinical pharmacists into GP surgeries. The remaining four cited specific roles in the surgery such as:

“A clinical pharmacist role involved with triage of phone calls, clinical audits, running flu and travel health clinics, Medicines reviews and helping to meet QOF points”

A number of further comments were received on the follow up form regarding the Preparation for General Practice course. All of the comments provided were very positive (n=30). Comments included ‘*excellent course*’ and ‘*well-organised*’ were provided by the candidates.

In addition (n=7) constructive comments were provided. These quotes are provided below:

IT related:

“I would like more IT training to use GP computers”

“Touch more on how to use the common GP computer systems’ and ‘I would have liked to have had a practical session on Emis and Docman”

Further constructive quotes:

“It would be very helpful for the candidates to be connected to GP practices to start the engagement process”

“Very good course, more clinical information and education will be helpful”

“Vital ops training may be useful in the future”

“To have opportunity to practice what I learned in the General Practice Course even if part-time, will be helpful”

Discussion

Key findings from this evaluation are that local networks seemed to be the most effective way of promoting the course and that pharmacists reported mostly positive perceptions about the impact of the course on their learning needs and expectations, and on their role and confidence in working in general practice. Pharmacists' main training needs appeared to be around understanding the role of the pharmacist in a GP surgery followed by clinical management of the patient. Their responses suggested that their training needs around understanding the role of the pharmacist in the GP surgery had been met, but that they had wanted more course content on clinical management of patients. The course appears to have increased the confidence of these pharmacists who reported being less confident to start with. However, comparison of confidence ratings before and after the course suggests that either the ratings given in the stage 1 baseline questionnaire (Figure 1) by those who did not attend at all or dropped out after the first day (i.e. they did not complete the stage 2 evaluation questionnaire) had skewed the data towards a higher median confidence, or that a substantial number of those who attended the course had revised their baseline confidence scores down in subsequent questionnaires.

The course provided an opportunity for pharmacists to evaluate their current skills and identify areas for continuing professional development. This appeared to help pharmacists to clarify their career expectations and plan their career trajectory, and in a few instances the course was reported to have helped pharmacists to obtain a role in a GP surgery. The course also provided opportunities for networking and discussion, but it would seem that this was not continued following the course. However, the course appears to have changed practice even for pharmacists who were not working in the GP surgery, since it was reported to have encouraged them to talk to their local GPs about joint working and in some instances this appears to have changed how they approached some tasks in their everyday practice, for example Medicines Use Reviews, patient consultations and clinical checks of prescriptions.

The findings of the evaluation also identified areas of the training that could be developed by removing or amending content or by introducing additional courses to allow pharmacists to choose training content based on their learning needs. The safeguarding element could be removed as this is mandatory in all areas of work, but highlighting its importance to the role of the pharmacist in general practice and signposting to resources might still be useful. The sessions on EMIS and DOCMAN could have been improved by using a live system, rather than screenshots. Elements of the course that were rated as being less useful by respondents (e.g. CV writing) could be run as separate courses or study days, as the perceived usefulness seemed to be dependent on the pharmacists' prior experience. Similarly, pharmacists wanted more clinical case studies and more real life case studies exemplifying the role of the pharmacist in the GP practice, which could be provided in separate courses. Pharmacists also identified the need to gain some experience of working in GP surgeries through work shadowing and placements and this too offers opportunities for further course development.

Summary of recommendations

1. Consideration should be given to how to maintain a network of pharmacists interested in getting a role in a GP practice to provide continued support
2. Remove the session on safeguarding
3. The course could be divided into a suite of interlinked courses that pharmacists can choose depending on their prior experience and learning needs. These could include a separate course on CV writing and preparing for a job in a GP practice, and sessions focussing on specific clinical topics.

References

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