Health Education England

Foundation Pharmacist Programme Development Network: LASE NHS Trusts

Key Headlines and Action Log

Wednesday 2nd October 2019

Aim

The network has been developed to update stakeholders on the vision of a Foundation Pharmacist Programme and open conversations about the development of the programme and how collaboratively we ensure it fits the needs of both stakeholders and the service needs of organisations.
Full list of participants on the 2nd October can be found in appendix 1.

Introduction

The network began with an update on the principles of foundation pharmacist training and the drivers for a future Foundation Pharmacist Programme.

There were questions and concerns raised about the operationalisation of the programme and the impact on organisations on service provision, workforce capability, development, succession planning and educational burden. It was discussed that the programme will be built in collaboration with organisations taking into consideration issues raised, and it is the purpose of network days such as this event to enable that.

Foundation Pharmacists: Getting them Service ready

There were two activities to get the participants thinking about service delivery by the Foundation Pharmacists and the skills required. The first of which asked participants to outline the service delivery in their organisations by newly qualified pharmacists, and which services they perceived to be suitable for first or second rotations. The full list of rotations/services listed by participants can be found in appendix 2.

This activity highlighted that the service delivery by newly qualified pharmacists varied greatly across the region dependent on (but not limited to):

- Local services provided
- Service demand (e.g. admissions rotations)
- Support availability / infrastructure

Within an open feedback session, we attempted to gather a consensus of the suitable services that we would expect a newly qualified pharmacist to cover (see box 1). Within this session there was not universal agreement on the list, which aligns with the differences in individual responses noted (appendix 2). There was a brief discussion on the ability to do on-call and when is should occur within the foundation programme (first vs second rotation / year).

The second activity asked participants to outline the skills required to enable Foundation Pharmacists to deliver the service. There was a comprehensive list of skills outlined in the table 1.

Box 1: Services suitable for newly qualified pharmacists (from open feedback session)

1. Medicine rotation i.e. Care of the Elderly (low turnover)
2. Surgical rotation (low complexity but high turnover)
3. Dispensary / Patient Services or clinical screening rather than dispensing & checking as dispensaries should be technician led
4. Medicines Information
5. Aseptics
6. Stroke wards
7. Obstetrics and Gynaecology wards
8. Clinical Trials
9. Acute admissions
10. Oncall / weekend working

Red text: not universal agreement

1	Communication and consultation	16	Patient centred care
2	Prioritisation	17	Professionalism / Role model
3	Know limitations and refer	18	Resilience
4	Time management	19	Dispensing
5	Information gathering and analysis	20	Biochemistry
6	Medicines reconciliation and screening	21	Being adaptable and flexible
7	Clinical decision making	22	reflective skills
8	Team working / basic leadership	23	influencing
9	Problem solving skills	24	Positive work ethic
10	Autonomous working	25	probing /inquisitive
11	Interpersonal skills	26	Computer literacy
12	Checking	27	Ability to following SOP
13	Accuracy and consistency / attention to detail	28	Common sense
14	Resource utilisation	29	Assertiveness
15	Medicines Optimisation	30	Self-directed
Table 1: Skills required of Foundation Pharmacists			

Within the activity participants were asked how these skills would be assessed, and groups suggested the majority could be assessed via use of Supervised learning events/work-based assessments and other tools such as 360-degree feedback. Some groups suggested many of these skills could be assessed within the pre-registration training.

A third activity was given to identify system resilience to the introduction of a new programme. The fictious scenario given is in box 2 below. The group were then asked and responded to the following questions:

How do you make this achievable?

- Review what is available to support trusts from the regional programme, including types of rotations are available across the region.
- Review roles back at base
- Prepare educational and practice supervisors
- Develop a buddy system for foundation pharmacists
- Have a regional induction aims, expectations, socialisation, ability to adapt to role, service provision, protected time, frameworks
- Local inductions: clinical specialties, expectations, supervisors, introduce to key people, individual TNAs, base line assessments

How do you ensure they have the 10 skills?

- Base line or induction assessments
    - OCSEs/Tests
    - Clinical screening pack
- Need to be a discussion regarding what evidence will be acceptable?

What else do they need (other than mandatory training)?

- Mentorship
- Buddy system
- Supervisor training
- Motivation
- Shadowing
- Peer support
- Network days
- Ensure the wellbeing of FP and those supporting them
- How will FPs be recruited?
- Consider the education burden placed on organisations

Box 2: Foundation Pharmacists: Getting Service Ready Activity 3

A story…… there is an NHS trust who is participating in a newly formed Foundation Pharmacist Programme. The pharmacy department is preparing to take on a new batch of 10 newly qualified pharmacist who will be with them for 6 months only, in August. The trainees are from a variety of backgrounds but keen and apprehensive. The department is desperately short staffed and need these trainees to be up and ready ASAP. You form a task group of highly experienced education leads to help you in your quest to review and plan to make this achievable

When asked what activities could be undertaken regionally the following activities were suggested:

- Support, resource and costs should be investigated and invested in.
- Basic induction standardised across the region including Logs and passport system
- Mandatory training requirements standardised across the region
- Regional programme orientation including e-portfolio and SLE training
- Induction assessment with access to medicine learning portal / SCRIPT for support
- Standardisation of the review of evidence e.g. SLE requirements: to be included in a passport system
- Recruitment resources to be shared
- Regional TRAS and training pack for support
- SCRIPT package for pharmacists to support clinical learning and self-development
- Regular feedback workshops to feed into and get update of national programme development.

Foundation Pharmacist Programme: Issues arising

During the day participants were asked to contribute to a “can of worms” flipchart, outlining any potential issues they could see with the development of a foundation pharmacist programme that was not discussed within the main activities. These comments will be considered in future work.

Contributions to the flip chart included:

- Consider impact of staff well being
- Consider the return on investment of training / service delivery
- Dealing with reluctant trainees
- System differences and orientation / JAC / Cerner / Ascribe
- Educational Burden
- Impact of PRP
- Consider assessment at interview e.g. HEE FPP clinical assessment (like F1 PSA)
- “standardisation of induction across patch &/ region”
- “Do we need standardisation of basic / entry / skills / tasks across the region? Therefore, best able to improvement / utilise the passport system”
- “In a 2-year programme you may only see one band 6 for 1 rotation. How do you deal with constant turnover of staff? Trainer Fatigue”
- “I’m a band 6 pharmacist and I want to travel the world to discover myself – can I have leave for 3 months?”
- Is there a chance that a “difficult” or struggling trainee could get moved on to their next sector rotation without issues ever being properly addressed? TRAS trainees need lots of help and consistency
- Affect on workforce of FP who are certain of what sector they want to work. May not want to work cross site? Loss of trainee choice?
- Several of the attendees today have said they will leave E&T if it goes ahead.
- Concerns of the quality of pharmacist from other sectors of training sites. Will they have the understanding / skills for the role?
- Need to ensure all FP have had all the necessary items ie Network access, IT, ID card, SCR cards etc (logistics of starting always adding delay).
- What happens if there is a vacancy in B6 rotation? Where does it sit?
- Ensure that there is QA in the process
- Expectation of academic recognition
- Single sector only option
- End of training – what skills will trainee have?
- Not wanted by trust, not wanted by FPs. Not equal numbers in each sector so numbers controlled by sector with largest capacity. Two tier system – some doing this some not. If the only reason for all of this is to that a b6 know what happens in the other sectors, then surely a much shorter time could be spent to find out. Crazy to train a pre-reg for a year and then lose them. When they come back, they will surely be working at a lower level than we currently have.

Actions Arising

		Responsible	Due date
1	Investigate support and resource requirements for FP training for service delivery	KR *(Via workshops and scoping)*	March 2020
2	Develop a workstream to develop induction standards	KR to organise NHS to participate and develop standards	January 2020
3	Mandatory Training Requirements review	KR to organise NHS to participate and develop requirements	April 2020
4	Assessment development (Training needs assessment on induction)	KR to organise and coordinate development	January 2020
5	Standardisation of SLE requirements	KR to organise and coordinate development	April 2020
6	Recruitment resource sharing	KR to organise NHS to participate	January 2020
7	TRAS development	KR to organise and coordinate development	April 2020
8	Investigate SCRIPT / Medicines Portal	KR	January 2020

Appendix 1: Participants

In attendance:
Katie Reygate - KR (Chair) HEE LaSE
Pam Bahia HEE LaSE
Sharmeen Ajaz, Ashford and St. Peters Hospitals NHS Foundation Trust
Syeda Akhtar, Ashford and St. Peters Hospitals NHS Foundation Trust
Jennifer Chan, Barking, Havering and Redbridge University Hospitals NHS Trust
Joanne Williams, Barking, Havering and Redbridge University Hospitals NHS Trust
Jane Monba, Barnet, Enfield and Haringey Mental Health NHS Trust
Fateha Al-Emran, Barts Health NHS Trust
Alice Conway, Brighton and Sussex University Hospitals NHS Trust
Samantha Lippett, Brighton and Sussex University Hospitals NHS Trust
Reema Patel, Central and North West London NHS Foundation Trust
Judith Barr, Chelsea and Westminster Hospital NHS Foundation Trust
Abbas Alidina, Croydon Health Services NHS Trust
Karen Slevin, Dartford and Gravesham NHS Trust
Diane Long, East Kent Hospitals University NHS Foundation Trust
Simmy Daniel, East London NHS Foundation Trust
Audrey Haddon, East Sussex Healthcare NHS Trust
Iram Naseem, Epsom and St Helier University Hospitals NHS Trust
Eva Bayerkoehler, Imperial College Healthcare NHS Trust
Paul Bains, King's College Hospital NHS Foundation Trust
Jennifer Guffie, King's College Hospital NHS Foundation Trust
Kate Pine, King's College Hospital NHS Foundation Trust
Richard Pudney, Lewisham and Greenwich NHS Trust
Julie Featherstone, Maidstone and Tunbridge Wells NHS Trust
Niksha Patel, Medway NHS Foundation Trust
Wendy Cossey, Royal Brompton and Harefield NHS Foundation Trust
Steve Giddings, Royal Brompton and Harefield NHS Foundation Trust
Gaurang Purohit, Royal National Orthopaedic Hospital NHS Trust
Emma Bond, Royal Surrey County Hospital NHS Foundation Trust
Karen Shuker, Surrey and Borders Partnership NHS Foundation Trust
Mary Challis, Surrey and Sussex Healthcare NHS Trust
Jules Haste, Sussex Partnership Trust
Caroline Ashton, University College London Hospitals NHS Foundation Trust
Amandeep Doll, University College London Hospitals NHS Foundation Trust
Dereck Gondongwe, University College London Hospitals NHS Foundation Trust
Robin Offord, University College London Hospitals NHS Foundation Trust
Adam Radford, Western Sussex Hospitals NHS Foundation Trust
Danielle Brightman, Whittington Health

Appendix 2: Service provision by Foundation Pharmacists. Suitable first and second Rotations

1st Rotation

Aseptics
Dispensary
COTE
Admissions
Surgery
Orthopaedics
Medicine Acute
Elderly/Stroke
Basic mental health Rotation
Health Skills (Suicide prevention)
Dispensary: OP and COTE
Acute ward
Surgery
T&O
Dispensary: IP and COTE
Endocrine
HF
Technical Service: Production and QA
Clinical: Medicine (EO/AMU/Long term conditions)
Clinical: Surgery (Short span/ gyne / H+N
Patient Services: Outpatients and inpatients
Dispensary
Counselling skills (MH)
On-call
Medicine
Dispensary
Surgery
MI
Dispensary/Operations
Medicines information
Mental Health
Physical Health Rehabilitation
Clinical-Orthopaedics 50% / Dispensary 50%
Clinical-Care of the Elderly
Risk and surgery 50% / (gynae/LMS/Max-fax) 50%
Aseptics with 1 ½ hr clinical
Paediatrics 50% / Dispensary 50%
Clinical (Surgical or admissions)
Surgery (Gastro/ orthopaedic)
Women's (Maternity)
Stroke
Tech Services
Medicines intro
Care of Elderly Medical/surgical
MI + COE
Oncology (Ward + dispensary Outpatients)
Clinical to surgical rotation (COE / Admissions)
Medicines Information (Integrated into ward services)
Clozapine (Integrated into dispensary routines)
Dispensary (Integrated into clinical rotations)
Clinical Ward services: Process + Meds Rec
On call (Remote access to dispensing)
AMU
Clinical Trials and Dispensary
Surgery
COOP (Care of Older people)
Dispensary
Medicine (Gastro + cardiology)
Inpatient: Mental health services
Care of elderly
Adult mental health wards
Forensics (Based on each hospital services)
Clinical Ageing and Health
Clinical Medicine
Clinical Surgery
MI with W+C + Guidance
General medical/Surgical.
Dispensary/discharge
Patient services and + Respiratory Clinical
Commitment
Elective Surgery
Frailty
Combined Patient services
1st Clinical (Medicine, AMU or surgery)
Patient Services
Respiratory
Care of elderly
MI
Endocrinology
Surgery
Respiratory
Stroke
Admissions/antimicrobials
Surgery
Older Patients
General Medicine (Admissions)
On call lates and weekends, Dispensary
Women's + Children's
Neuro Rehab
Care of Elderly
MI
In-patients: Dispensing / Labelling / Checking
Cardiology
Out – Patients (As part of the dispensing)
Out patients: Clinical Trials / Fertility / Private Chemo
Admission
On call Weekend
Paediatrics
Weekends Sur+ Sum
Oncall, Residential + Non-residential
Aseptics
Surgery / T+O
Stroke
Surgery
Medicine [RCSP/Gastro/endo]
COE/ frailty

2nd Rotations

HIV
Neuro science
Clinical Trials EPN
Paediatrics
Advanced surgery
Endocrinology/one
Cardiology
Medicine (gastro/rheumatology)
Medicine (respiratory)
Lates/oncall/ and weekends
Cardiothoracic Paediatrics
WACH
MI
Surgery
Cardiology
E+T
Oncall/Lates/weekends
Mental Health
Clinical respiratory /Cancer
Community mental health services
Clinical Cardiac/Renal/ Critical Care
Oncology/ Dispensary
Admissions
MI
Aseptic focus
Clinical Admissions
Anticoagulation
Homecare and Rheumatology
Antimicrobials and ORAT
Acute Medicine
Cardio/Endo
Gastro
On call
Dispensary
7 day working
Lock up
Women's and children's
2nd Aseptics, WTCS or community hospitals or move advanced clinical e.g ITV
Adult medicine and (Element of Patient services)
Perioperative Medicine
Endocrinology
AMU
TIS (Surgical/TPN/chemo)
Women's and children
Specialist wards e.g Cardiology / Respiratory / Gastro
Community mental health services (Ordering repeat depots)
Antimicrobial Rotations
Dispensary (Late duty)
Home treatment teams
ICU
Oncology
Women's and children
Antimicrobial
Frailty (Acute)
Specialist Clinical e.g. Upper GI surgery PN/NMP, Cardiac /Gastro / Stroke/ Reparatory/admission

AMU
Medicine (Resp/gastro/cardio)
HCOOP /frailty
Surgery/T+O
Stroke
Education and Training
MI
Governance / Pead's /Renal
Mental Health
Antimicrobial
Patient services
Aseptics
Community mental health
Eating disorder
Mental health -Acute Adults
Mental health - older age Psychiatry
MI
CAMHS
Forensics
Stomp LD
Physical Health monitoring
MI (MH)
Triage (MH)
Picu (MH)
EIS (MH)
CAMHS (MH)
Inpatient services (MH)
Community Teams (MH)
Formulary and medicines information
Clinical Paediatrics
Critical care
Aseptics
Respiratory
Gastro
Stroke
Cardiology
Medicines information
Paediatrics
Admissions A&E
Oncology
MI
Patient services
Medicine
Paediatrics/maternity
Aseptics
On call
Weekends
Late duty
Discharge service
Liver
Acute medicine
Gastro
Med Safety
Home Treatment Teams (Rapid Response and Older Adults)
Surgical admissions
Gastro/ Endocrinology
Respiratory
Cardiology