

Foundation Pharmacist Programme Development Network: LASE NHS Trusts

Key Headlines and Action Log

Wednesday 15th January 2020

Aim

- Review work to date and prioritise workstreams moving forward.
- Start developing key pieces of work from last development network
- Provide an update on National and Regional Work.

Full list of participants on the 15th January can be found in appendix 1.

National Foundation Update

KR working with North to look at infrastructure and scoping how many learners and how will across sector training programme will work.

What is the ask – this is what we will inspire to get to. Totally cross sector training.

How do we, within our current programmes, offer cross sector training and experience in prep for new programme (September 2020).

££ and Timelines – unsure at mo. But by completing these tasks we will be in a better place to offer.

RPS Oversight Board: oversees FPP. Principles for this new qual comes from this group.

RPS will be working on the curriculum with HEE input – needs to be formalized, waiting for news from RPS.

Actions and activity since last meeting








Several Foundation Pharmacist Rotation workshops have been undertaken since the last development network meeting. Overview and findings from each of the workshops was presented. It was identified across the groups that there are skill sets that can be placed within the pre-reg training year. A summary table of the actions arising from these meetings was shared with the group, who was then asked to discuss and prioritise them.

From discussions it was agreed the following should be prioritised:

- Training Needs Analysis (see activity later)
- **Networks**; to share resource. Moodle will be utilised for now, as a trial to see who accesses and why. 6 months and feedback to network. Discuss/scope other networks to tap into i.e. UKCPA
- Oncall Work: Initial group to be approached and generate, extend invitation wider, Possibly link in with UKMi
- **E-learning**: for Work based assessments and access to SCRIPT
- **Trigger List for LaSE** Task and Finish Group to generate this. Barts and SASH have something in place – possible to utilize and work with UKMi, MSO - SPS/UKCPA
- Leaving this for now as this is quite big item – T&F
- KPIs for Foundation Pharmacists KR to approach Chief Pharmacists
- Mental Health Training Pack Set up small Task and Finish group, Need non-MH representatives/trusts within this group
- Workbook across sectors
- Supervisor training
- Passport for all sectors VTS
- Minimum standards in rotations The networks (see item 2) Aim of this group will be to agree on minimum standards required across the patch
- Dispensary rotational Clinical leadership Supporting FP activities and objectives Make Dispensary Sexy

Commented [KR1]: More detail from pictures

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 Oncall FPPD Workshop 15.10.19 Act	 Admissions FPPD Workshop 15.10.19 Act	 Medical and Surgical FPPD Workshop 22.10	 Mental Health FPPD Workshop 5.11.19 Act
 Paediatrics FPPD Workshop 21.11.19 Act	 Dispensary FPPD Workshop 21.11.19 Act	 Hospital Only Interim FPP TFG 17.12.2019 Act	

Training Needs Analysis / Assessment Tool for Induction

In the previous foundation development day it was decided that a Training Needs Analysis (TNA) and or Assessment Tool for Induction would be beneficial. **To assist the participants focus on the skills, to focus on they were asked when it would be best to test the 30 skills required of Foundation Pharmacists,** located in table 1 (generated at the last network event). The four options included:

- Assessed during recruitment
- TNA on induction
- Training on induction period
- Development during programme

The participants were divided into 4 groups, their decision regarding skills to be assessed at which stage can be seen in appendix 3.

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

There was not a consistency approach,

- *Unsure on model to provide*
- FP to conduct their own TNA initially
- During Induction – self assessment
 - o Use of a competency pack
 - TNA embedded into the pack
 - End assessment
- Needs to be updated/reviewed as programme progresses
 - o Use of an e-portfolio
- Clinical Screening test (Barts)

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- Base level
- Conducted on week one
- End of rotational/sector appraisal/review forms
 - Useful for TNA for next rotation/sector
 - Self-assessment
 - Feedback from supervisors – they may need support in completing this document
 - Supervisor QA
- Set inductions: generic for all staff
 - May amend to remove PRP programme/specific previous training programmes

Summary of next steps

4: Next Steps

Moodle Set-Up: Katie will check with Business admin. Network to sign agreement for GDPR.

PB: Check notifications bit and alerts – feedback to KR ASAP.

DONM: April 2020 (ish)

Recruitment Resource Sharing: move to next meeting



Actions Arising

Health Education England

	Actions	Responsible	Method	Due date
New	January 2020			
1	Set up moodle: areas for discussion, sharing of resource and signposting	HEE set up moodle NHS to engage with Moodle	Moodle	April 2020
2	On-call work to be a priority: 2 nd task and finish group with extension to UKMi	HEE to organise NHS to participate and develop materials	Face to face T&F group supported by Moodle	June 2020
3	Develop TNAs and share resources	All	Moodle	June 2020
4	Development of region wide trigger list (linked to On-call TBC)	HEE to organise NHS to participate and develop materials	Face to face T&F group supported by Moodle	
5				
6				
7				
	October 2019			
1	Investigate support and resource requirements for FP training for service delivery	HEE (<i>Via workshops and scoping</i>)	Moodle and T&F groups	March 2020 Ongoing
2	Develop a workstream to develop induction standards	HEE to organise NHS to participate and develop standards	Moodle and T&F groups	January
3	Mandatory Training Requirements review	HEE to organise NHS to participate and develop requirements	Moodle	April 2020
4	Assessment development (Training needs assessment on induction)	HEE to organise and coordinate development	Moodle	January 2020
5	Standardisation of SLE requirements	HEE to organise and coordinate development	Moodle and T&F groups	April 2020
6	Recruitment resource sharing	HEE to organise NHS to participate	Moodle	January 2020
7	TRAS development	HEE to organise and coordinate development	Moodle and T&F groups	April 2020
8	Investigate SCRIPT / Medicines Portal	HEE	SCRIPT access	Info to follow in April 2020



Appendix 1: Participants

In attendance:

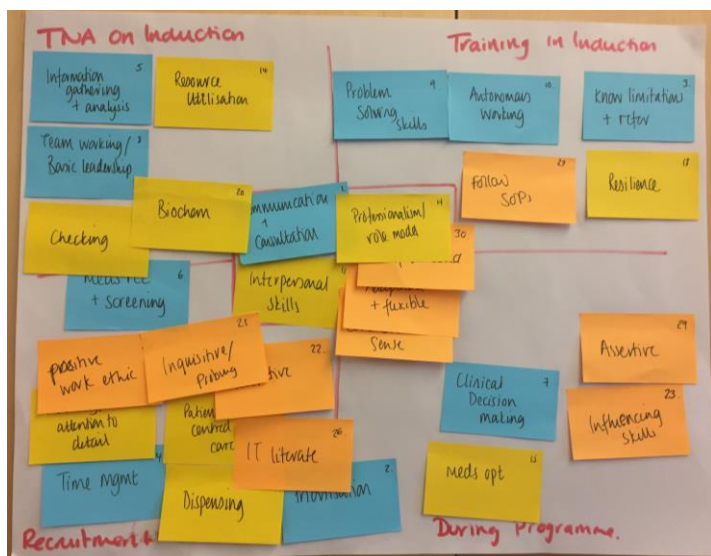
Katie Reygate - KR (Chair) HEE LaSE
Pam Bahia HEE LaSE
Sharmeen Ajaz, Ashford and St. Peters Hospitals NHS Foundation Trust
Fateha Al-Emran, Barts Health NHS Trust
Alice Conway, Brighton and Sussex University Hospitals NHS Trust
Reema Patel, Central and North West London NHS Foundation Trust
Judith Barr, Chelsea and Westminster Hospital NHS Foundation Trust
Dimitrios Kavaykounis, Croydon Health Services NHS Trust
Simmy Daniel, East London NHS Foundation Trust
Rosie Furner, East Sussex Healthcare NHS Trust
Eva Bayerkoehler, Imperial College Healthcare NHS Trust
Kate Pine, King's College Hospital NHS Foundation Trust
Jennifer Guffie, King's College Hospital NHS Foundation Trust
Zena Uppal, King's College Hospital NHS Foundation Trust
Richard Pudney, Lewisham and Greenwich NHS Trust
Satvinder Bahra, North East London NHS Foundation Trust
Dean Selway, North Middlesex University Hospital NHS Trust
Wendy Cossey, Royal Brompton and Harefield NHS Foundation Trust
Emma Bond, Royal Surrey County Hospital NHS Foundation Trust
Aarti Shah, The Royal Marsden NHS Foundation 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
Adam Radford, Western Sussex Hospitals NHS Foundation Trust
Vicki Lean, Western Sussex Hospitals NHS Foundation Trust
Danielle Brightman, Whittington Health

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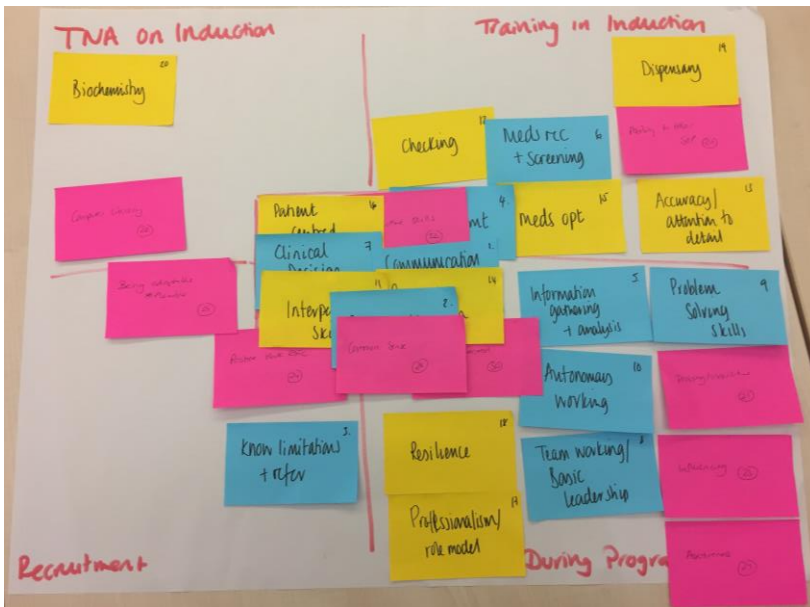
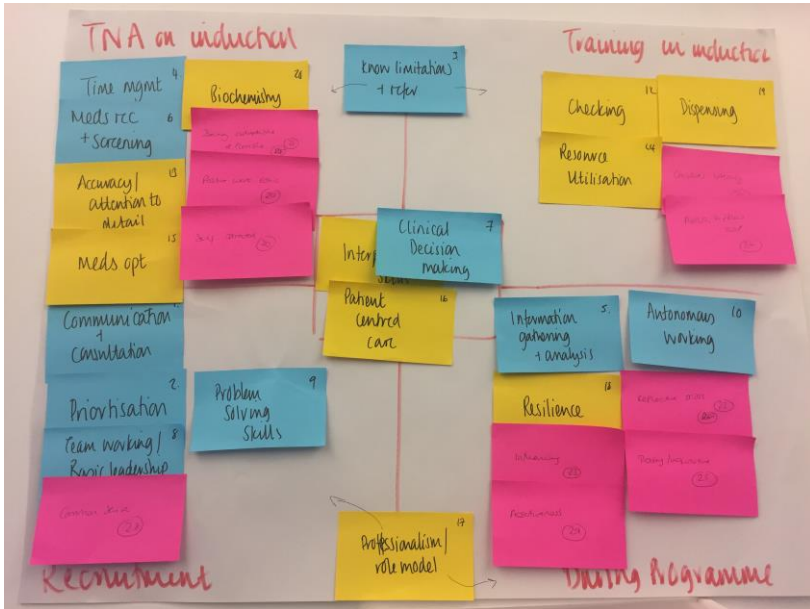
Appendix 2: Actions arising from Foundation Pharmacist Engagement Event

Admissions Workshop	Development of a regional network for admissions pharmacists
	Development of a Training Needs Analysis (TNA) to identify and streamline development to enable effective service delivery by foundation pharmacists.
	Ward assessments; training and uptake across Foundation Pharmacist Programmes to be reviewed.
	E-learning / signposting materials /learning experiences; to assist Foundation Pharmacist understand the wider context of the NHS and patient journey, including ambulances, care homes etc
	E-learning for Foundation Pharmacists / Pharmacists on how to deal with coroners cases
On-call Workshop	Develop an FP lead workbook for development of on-call; containing scenarios and signpost further learning
Medical Surgical Workshop	Networking and sharing of resources across the specialist areas within medicines and surgery e.g. neurology, stroke, elderly care, respiratory etc
	Key performance indicators for Foundation Pharmacists: Local consideration and regional scoping for rotations.
	One trigger list pan-region
	Signposting of resources for self-directed learning, across various platforms, organisations
	Prioritisation OSCE for pre-registration pharmacists and possible scenario for practice for use in house
Mental Health Workshop	Creation of a regional mental health training pack
	Review of SCRIPT modules
Paediatric Workshop	Access to Paediatric SCRIPT
	Signposting document to assist local supervisors
	Training videos and additional materials to be developed
Dispensary Workshop	Evidenced based standardisation of requirements e.g. logs
	Creation of regional dispensary requirements
	E-learning &/ signposting clinical areas to add Dispensary services
	Regional Risky guide for PRP and foundation pharmacists
Network Meeting October 2019	Investigate support and resource requirements for FP training for service delivery
	Develop a workstream to develop induction standards
	Mandatory Training Requirements review
	Assessment development (Training needs assessment on induction)
	Standardisation of SLE requirements
	Recruitment resource sharing
	TRAS development
	Investigate SCRIPT / Medicines Portal

Appendix 3:



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Scenario One (SA Table): Resource Utilisation as a TNA

Before and After induction

Before: Survey asking questions like have you ever had any... training/which of these resources can you confidently use/list the resources that....

After: Check – Parkinson's, dosing neonates, vaccinations, who in the organization could you ask (escalation can be covered here too)

- All agreed that this will be useful to have
- C&W have an MI workbook very similar to above questions to be asked. Notes base line resources that the FP should be able to access

AP: Table to type up scenario and send to KR – Further discussions with UKMi

Scenario Two (RP Table): Pinch Fateha's idea

Unsure what this scenario was??

Scenario Three (AR Table): OCSE type with range of topics

Include MDT.

Base line to be conducted: Areas: Prioritisation, clinical skills, communication, dealing with conflict, systems

FP to undertake a self-assessment and identify the gaps.

Previous PRP to not repeat the scenario if staying on as FP.

AP:

Scenario Four (JG Table): Prioritisation and assess these skills

Real life ward planners noted with patient issues/concerns. What would the FP do – prioritisation

Counselling – med rec/counseling exercise which is observed. Conducted early into programme.

FP is aware of this taking place. May have completed an e-learning package and prepare for this observation.

Do we need to generate TNA or do we have the resources already available which can be shared within the region i.e. Induction to be robust, WBA, CBDs etc?

CP FPs starting in Hospital – TNA most needed i.e. MI items and resources availability.

Generic tool required to help test assumptions on Day 1 of FP into new sector.

Task and Finish Group from within this network – will be done virtually.

- Derek
- Emma
- Richard
- Fateha
- Jenny
- Simmy
- Julie

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