

Foundation Pharmacist Programme Development Workshops: Admissions: 15th October 2019

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Overview of Event and Findings

Aim

Each of the workshops aimed to:

- Identify common induction requirements and activities for each rotation
- Identify pre-requisite requirements needed for Pharmacists to be able to work
- Create a minimum standard for each clinical rotation that would be acknowledged across organisations and reduce training burden
- To formulate the minimum content requirements of a regional vocational Foundation Pharmacist Programme.
- Discuss the barriers and enablers required for this approach to work across the region
- Identify further work streams required and next steps.

List of Participants can be found in appendix one.

Reviewing Service Delivery, Foundation Pharmacist Capability & the Developmental Gap

During this section of the workshop there were three activities used to encourage discussion and debate. The first activity asked participants (across two groups) to consider what the Foundation Pharmacist (FP) are expected to deliver as part of the admissions rotation and on reflection what knowledge, skills and experience is required to enable delivery. The group discussed the following:

<p>Knowledge: Understanding of the role (and expectations, including key performance indicators) Understand the processes vital to the role: medication reconciliation and discharge processes Medicines management including minimum requirements and information sources for history taking. Patient pathway and flow between: - secondary and primary care - within secondary care Endorsements and medical clerking Awareness of different services and backgrounds Trigger List Common Scenarios Medicines adherence Long term plan Understand notes and medical terminology Knowledge and utilisation of different information sources</p>	<p>Skills: Ability to effectively talk and consult with the patient Decision making Ability to prioritise and escalate Attention to details Documentation Team working Confidence to question decisions regarding patient care IT skills: electronic prescribing, bloods How to document interventions and handover. Effectively manage stock Ability to work with the multi-disciplinary team Effectively contribute to ward rounds and bed meetings Ability to critic and analyse information</p> <p>Experience It was discussed that admissions rotation is seen as a first rotation for many trusts and that the practice supervisors are accepting of this, on the basis that this gives the opportunity to develop the foundation pharmacist to their expectations.</p>
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The second activity required participants to discuss the preparation of Foundation Pharmacists to deliver the service in admissions, including:

- How do you best prepare them for service delivery?
 - When / how?
- How can you assess they are ready / safe?
- Would you accept a passport system?
- Is there training that could be done earlier in their training journey?

The group suggested the following:

- Setting basic expectations at the beginning; FP vs Trust expectations.
- Reevaluating expectations again halfway through a rotation.
- Hospital exposure at Pre-registration or university would reduce the orientation burden
- Objectives given to the FP prior to the rotation e.g. handbook / passport / pre-reading
- Baseline assessment on working knowledge of terminology used (? Centralised teaching?)
- Mock scenarios, that can be used in rotation, formatively not summative. Or OSCEs
- Workshop to set expectations and prepare FPs for upcoming rotations
- Survey FP needs i.e. getting needs and objectives anonymously and feeding it to the education and training team.
- Self-directed learning and intervention logs. To include case-based discussion, intervention presentations etc
- Be aware of national policies
- Learning and developing from incidents – including how to investigate (root cause analysis) and having a band 7 buddy and / mentor.
- Admissions module in undergraduate pharmacy degree.
- Learning contract with the rotations.
- Ensuring FP understand and can demonstrate resilience, well-being, self-care, raising concerns, knowing the limitations and escalation.
- Medicines reconciliation development should be completed in the undergraduate degree, they should fully comprehend the difference between history taking and medicines reconciliation.
- Willingness to learn from others including other pharmacy staff and multi-disciplinary team.
- Ability to build rapport and demonstrate effective consultation skills.
- Dealing with medicines concordance in practice.
- Understanding roles of allied health professionals and medical profession.
- Understanding common condition (online learning packages)
- Local orientation of systems
- Cost effectiveness – understanding local formulary

In the third activity it was discussed, in practice when are the FPs ready – and if not, what is the biggest barrier to being service ready?

- Foundation pharmacists need to transition from focusing on processes to learn to provide holistic patient care, e.g. medicines reconciliation should incorporate more than a list of medications.
- Support systems for foundation pharmacists is variable / lacking.
- Time taken for foundation pharmacists to be service ready is variable, however a trainee's needs analysis should be considered to excel this.
- Lack of resource and space within service.
- Variation in time to train and support foundation pharmacists; with short cuts made to the detriment of FP development. There was also a discussion regarding levels of training and knows how / shows how / does and how framework for skills fits in.
- Newly qualified pharmacists starting in August is bad timing.
- Bed pressures and turnover of patients make admissions a challenging rotation. However it was noted that ward assessments can assist the development of skills for dealing with this.
- Lack of opportunities for follow up on interventions, which impacts on FP perceptions of their impact to patient care.

Developing Foundation Pharmacists in current climate

The participants were asked to reflect on current training provision and discuss what is done well and what can be improved, whilst considering

- Is there any good practice that can be shared?
- Are there any shared weaknesses that can be resolved collaboratively?

Good Practice	Improvements
<ul style="list-style-type: none"> • Monthly ward visit (1-hour max), used to review work-based practice, good and bad and offer developmental feedback. • Face to face induction specific to FPs • Departmental Meetings, where there is feedback on service delivery, wider system working / understanding and educational content. • Handbook, that has objectives, with specific disease states and common interventions. • Shadow different roles, e.g. prescription clerking, on-call doctor, medicines administration, paramedic. • Trigger list – helps develop questioning / referral skills for specific clinical / medications seen in practice (e.g. Barts) • Trigger tool for prioritisation. • Contribution list of daily practice (excel). Helps FP understand risk and understand development from 6 to 7. • Case based discussions embedded to learning at lunch. 	<ul style="list-style-type: none"> • Lack of structure to identify and support trainees requiring additional support (TRAS). • Lack of orientation to the organisation • Limited time on the ward, which impacts on FP development and service contribution. • Setting expectations: <ul style="list-style-type: none"> ○ Develop FP to prioritise and get the most from their time on the ward. ○ FPs should <u>not</u> aim for perfection; they need to understand what the safe minimum standard is, know their limitations and how to escalate, be able to handover effectively (including how to document in the medical notes effectively), and how to be resilient. • Managing and preventing burnout of FP and practice supervisors.

Reflections of discussion and actions arising

The participants were asked to reflect on individual and collaborative group actions from the work shop the following actions were discussed:

	Admissions Workshop 15.10.19	Responsible	Due date
1	Development of a regional network for admissions pharmacists	Collaboration facilitated by HEE	March 2020
2	Development of a Training Needs Analysis (TNA) to identify and streamline development to enable effective service delivery by foundation pharmacists.	Collaboration facilitated by HEE	March 2020
3	Ward assessments; training and uptake across Foundation Pharmacist Programmes to be reviewed.	Collaboration facilitated by HEE	March 2020
4	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	Collaboration facilitated by HEE	March 2020
5	E-learning for Foundation Pharmacists / Pharmacists on how to deal with coroners cases	Collaboration facilitated by HEE	March 2020

Next Steps

Actions from workshops to be discussed at the next Foundation Pharmacist Programme Development Network on 15th January 2020 with educational leads.

Creation of further working groups and timelines to be decided in January 2020.

Appendix One: Participants

May Al-jawadi, Lead Pharmacist - Acute Medicine/Frailty, Lewisham and Greenwich NHS Trust

Emma Bond, Education and Training Pharmacist, Royal Surrey County Hospital NHS Foundation Trust

Sophie Bromley, Lead Pharmacist- Acute Medicine, Royal Surrey County Hospital NHS Foundation Trust

Nicola Lewis, Highly Specialist Pharmacist- Urgent Care, Barts Health NHS Trust

Sairah Mukhtar, Lead Acute and Emergency Pharmacist, East Kent Hospitals University NHS Foundation Trust

Ravijyot Saggu, Lead Pharmacist for Medicine, emergency services and Respiratory, University College London Hospitals NHS Foundation Trust

Zeeshan Shafiq Highly Specialist Pharmacist - Admissions & Emergency Care, Barts Health NHS Trust

Inderjit Takher, Clinical pharmacist - acute medicine, Barking, Havering and Redbridge University Hospitals NHS Trust