

Foundation Pharmacist Programme Development Workshops: Dispensary Services 21st November 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 to consider what the Foundation Pharmacist (FP) are expected to deliver as part of a dispensary service and on reflection what knowledge, skills and experience is required to enable delivery. The group discussed the following:

<p><u>Skills:</u> Screening skills Dispensing Accuracy checking Managing a team / people Problem solving / prioritisation skills Leadership skills Attention to detail Communication skills Medicines information Prioritisation / time management skills Audit</p>	<p><u>Knowledge</u> Legal and professional requirements including responsible pharmacist, controlled drugs, Unlicensed medications, foundation doctors prescribing rights Orientation Trust Policies – formulary Clinical Trials Limitations and how to refer Awareness of key performance indicators and measures Training programmes basic Governance – incident reporting and complaints procedures</p>
<p><u>Experience</u> Of local prescribing / dispensing systems and other IT systems Previous pre-registration experience in dispensary General clinical experience Working in a team Patient interaction</p>	

It was acknowledged that the services provided within the dispensary service can be diverse and exposure of FPs to screen these prescriptions is varied within the region. Services examples included:

- Frailty clinics
- Hospice discharges and inpatient requests

- Emergency department prescriptions
- Ambulatory care prescriptions: Immunoglobulins, high cost drugs including cytokine modulators (mab's)
- Clinical Trials
- Ward Discharge prescriptions
- Ward inpatient screening
- Outpatient clinics e.g. HIV, sleep disorder, specialist clinics
- Day cases for rheumatology or TB
- Oncology for oral chemotherapy regimes
- Homecare prescriptions for antibiotics or oncology.

The second activity required participants to discuss the preparation of Foundation Pharmacists to deliver service within dispensary services, 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 1 suggested:

- Induction programme
- Orientation
- Clear rotation plan (training plan) with timescales
- Competency assessment – with mid and end rotation reviews
- Regular 1:1 session
- Practice supervisor, meetings at the beginning of rotations
- Magic wand request:
 - Centralised outsourced training of specialised areas by HEE creating standardisation.
 - Standardised competency areas for majority of trusts to focus on and have additional customised areas locally decided.

Group 2 suggested:

1. Integrated pre-registration pharmacist programme
2. Complete review of the MPharm degree – inclusion of more placements of pharmacy practice, get rid of less needed practice
3. Consideration of apprenticeships (level 6)
4. Standardised regional screening and other protocols (fully electronic)
5. Access to medicines information logins (vs bootleg logins)
6. Everyone having a tablet and access to 5G Wi-Fi
7. E-training accessible before and during rotations
8. Practice supervision
9. Standardised rotational competences and objectives with post graduate diplomas or further qualification

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?

- There is a repeat of pre-registration pharmacists to get FP ready.
- There is a deficit in training and experience for being a responsible pharmacist
- Low numbers of pharmacy technicians impacting on workload.
- Responsible pharmacist legislation and the application to secondary care
- Induction process – time for logins, and time for logs (variation) e.g dispensing items requirements range 0-200 and checking range 100-250.
- Time and resource
- Induction covers all areas and experience in clinic areas.

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
SASH Risky booklet (high risk medications) Clear rotational objectives and training plans Robust induction Training needs analysis (TNA) Range of opportunities to undertake specialist screening Senior support Some trusts do not duplicate logs for FPs that transition from PRP internally.	Level of supervision Consistency of what is done well PRP training needs to support transition Using time after the PRP exam better to prepare them for professional practice Standardising of logs and numbers Perception of dispensary “not sexy” needs to change the view – better public relations 360 feedback

Reflections of discussion and actions arising

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

- Evidenced based standardisation of requirements e.g. logs
- Objectives for patient services
 - need to make it more attractive for pharmacists
 - Pick and mix dependent on services: template, structure, TNA (APEL)
 - Leadership
 - Management
 - Responsible pharmacists
 - Reflection
- E-learning &/ signposting for:
 - Responsible pharmacists
 - Risky drugs
 - Specialist screening areas
- Regional risky guide for PRP and foundation pharmacists ; focusing on questioning skills and use of local procedures / policies
- Reflection on supervision and role models in dispensary services.

	Dispensary Workshop 21.11.19	Responsible	Due date
1	Evidenced based standardisation of requirements e.g. logs	Collaboration facilitated by HEE	March 2020
2	Creation of regional dispensary requirements	Collaboration facilitated by HEE	March 2020
3	E-learning &/ signposting clinical areas to add Dispensary services	Collaboration facilitated by HEE	March 2020
4	Regional Risky guide for PRP and foundation pharmacists	Collaboration facilitated by HEE	March 2020
5	Review of supervision and role models in dispensary services.	Participants	Locally set date

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

Biju Chacko, Dispensary Operations Manager, Lewisham and Greenwich NHS Trust
Niall Donohoe, Lead Pharmacist Patient Services, Brighton and Sussex University Hospitals NHS Trust
Sunny Patel, Lead Pharmacist Patient Services, University College London Hospitals NHS Foundation Trust
Jacqueline Ricketts, Operational Site Lead Pharmacist, Barking, Havering and Redbridge University Hospitals NHS Trust
Tomi Tommy-Uffang, Operational Site lead Pharmacist, Queens Barking, Havering and Redbridge University Hospitals NHS Trust
Carmel Walters, Senior Pharmacist, Maidstone and Tunbridge Wells NHS Trust
Jane Allen, Associate Chief Pharmacist, Surrey and Sussex Healthcare NHS Trust
Diane Long, Education, training, learning and development pharmacist, East Kent Hospitals University NHS Foundation Trust