Health Education England

Foundation Pharmacist Programme Development Workshops: Medical and Surgical Rotations: 22nd 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 to consider what the Foundation Pharmacist (FP) are expected to deliver as part of a surgical or medical rotation and on reflection what knowledge, skills and experience is required to enable delivery. The group discussed the following:

Skills

The participants within the room discussed the skills from the perspectives of tasks and softer skills. Common themes noted across all tables included:

- Medicines reconciliation
- Communication Skills
- Time management
- Prioritisation
- Knowing their limitations and how to escalate
- Patient flow
- Basic Clinical Screening

"Ability to challenge / advocate and escalate"

Experience

The group expressed that cross-sector experience within the pre-registration pharmacy as a desirable experience.

For surgical leads a previous experience within hospital and surgical ward exposure is desirable.

Local Orientation Knowledge

- Standard operating procures/ protocols, procedures and polices
- Processes for escalation and referral
- Antibiotics guidelines
- Formulary
- Types of charts
- Common medications used in the areas
- Multi-disciplinary team and how that works
- Medical notes and documentation
- Patient flow within the hospital and the wider system
- Stock management and ordering process

Pharmaceutical and patient care Knowledge

- Types of patients
- Common medicines and guidelines associated with clinical area e.g. analgesics, antibiotics, anticoagulation etc
- Basic screening e.g. allergies, bloods, obs, interactions
- Accountability
- Knowledge of the wider aspects of care that can affect the care of a patient.

The second activity required participants to discuss the preparation of Foundation Pharmacists to deliver service within surgical and medical rotations, 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 there training journey?

In an ideal world the group suggested the following:

- Standard induction that includes:
  - Medicines reconciliation
  - On-call
  - Multi-disciplinary team
  - Basics to be included in the portfolio.
- Easy access to standard operating procures/ protocols, procedures, polices and guidelines
- Assess baseline competence +/- offer training in basic pharmacy processes (inc. shadowing)
- Key learning objectives and curriculum / syllabus
- Pan – regional specialty standardisation of rotations.
- If FP are 0.7 WTE in rotations (to assure the FP gets exposure in the specific rotation) with the 0.3WTE allocated to wider team needs – to consider wider team requirements such as covering sickness, leave, on-call, and weekends.
- Awareness of prioritisation through assessment of learners e.g. HEELASE OSCE
- Medicines reconciliation: training currently too technical, FPs not referring to notes or talking to patients: consider the CPPE medicines reconciliation and consultations packages
- Standardised assessment and training e.g. using work-based assessments and 360-degree feedback from wider team – as ensuring quality of them – guidance on who can carry them out. Overarching oversight to be provided by ES / Tutor.
- Core objectives that are service and patient safety focused.
- Each FP to have a mentor (a named person) who supports the FP holistically (including well-being and not just clinical). This should not be the line manager. Examples of buddying were shared such as band 6 with band 7 pharmacists.
- Placement / shadowing where the FP is supernumerary and there is backfill for the supervisors (consider the potential burnout of supervising staff)
- A training needs analysis and baseline assessments to direct training.

As for evidence required it was suggested that communication, prioritisation, time management organisation and documented through evidence of assessment and validation via existing portfolio.

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

- Lack of confidence and self- doubt. It was questioned if this has been exacerbated by the spoon-feeding culture.
- Lack of exposure within the MPharm degree
- FP, unlike foundation doctors are autonomous, which leads to a further period of support.
- Inability to accept constructive feedback
- Levels of staffing and support for Foundation Pharmacists on the ward.
- Numbers of competency and training packs to be completed.

There was a discussion of the definition of being ready, which the group agreed was a FP who can “competently manage low complex patients autonomously and escalate when appropriate”. The question of whether pre-registration pharmacists are trained to this definition within organisations was asked and there was a mixed answer.

It was raised whether the mindset of supervisors and clinical leads should be “ready until proved otherwise” as currently it is opposite leading to increase educational burden.

Finally, there was a conversation regarding the lack of key performance indicators (KPIs) and therefore inconsistency in the expectations of what the FP should be delivering. It was felt clear KPIs (e.g. regarding new patients, items ordered, medicines reconciliation, discharges, datix) with signposted self-directed learning, clear lines of support (included trigger tools) would be beneficial.

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?

Good Practice	Improvements
• 3 month and 6 Month rotations • Rotation plans – objective setting, mid rotation review and end of rotation review, progress and support by a named practice supervisor. • Structured rotations help support escalation by FPs • Validation of initial training • Training provision • Robust inductions • Reflective practice feeding into team meetings and personal feedback • Buddy systems with F1s – multi-disciplinary working • Relationship with department and wider MDT • Opportunities to develop competencies and skills when given more responsibilities • Triggers for patient / chart review and escalation	• Supervision requirements – what is enough or too much? • Ward-based capacity / assessment / training and standards • Staffing resources available for FP support verses organisational priorities in some trusts • Increase workload for same or less staff levels – balancing act for achieving objectives and training. • Staff satisfaction, well-being • Confidence in communicating with the MDT • Solving complex clinical cases • Prioritisation to manage clinical caseload “thinking outside the box” • Trigger tool available to all • Lack of monitoring use of training pack and review of knowledge levels

Reflections of discussion and actions arising

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

Individuals shared there actions they wished to persue post workshop:

- As other groups there was a strong desire to collaborate with other Trusts to share and align practice.
- Share and use of the Barts trigger tool (and or others)– was desired
- Understand the Barking, Havering and Redbridge University Hospitals NHS Trust, KPI tools and investigate further

Regional request:

- To help faciliate the network development of the groups including respiratory, care of the elderly / Stroke.
- Develop a region wide trigger list, and supportive materials to help Foundation (and wider) pharmacists develop wider.
- To develop a priortisation OSCE station for Pre-registration Pharmacists and for use in trusts.

	Medical Surgical Workshop 22.10.19	Responsible	Due date
1	Networking and sharing of resourcees across the specalist areas within medicines and surgery e.g. neurology, stroke, elderly care, respiratory etc	Collaboration facilitated by HEE	March 2020
2	Key performance indicators for Foundation Pharmacists: Local consideration and regional scoping for rotations.	Participants Collaboration facilitated by HEE	Locally set date March 2020
3	One trigger list pan-region	Collaboration facilitated by HEE	March 2020
4	Signposting of resources for self-directed learning, across various platforms, organisations	Collaboration facilitated by HEE	March 2020
5	Prioritisation OSCE for pre-registration pharmacists and possible scenario for practice for use in house	HEE LaSE Assessment Lead	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

Kathrin Narvaez-Vega, Lead Pharmacist - General Medicine, Royal Surrey County Hospital NHS Foundation Trust
Mike Skerratt, Advance specialist pharmacist - general medicine, East Kent Hospitals University NHS Foundation Trust
Agnes Niemet, Senior Clinical Pharmacist - acute admissions & Emergency services, University College London Hospitals NHS Foundation Trust
June Minton, Lead HIV/GUM and Infectious Diseases Pharmacist, University College London Hospitals NHS Foundation Trust
Dimitrios Karagkounis, Lead Pharmacist, Croydon Health Services NHS Trust
Joela Mathews, Lead Pharmacist – neurosciences, Barts Health NHS Trust
Kevin Cahill, Lead Pharmacist, Barking, Havering and Redbridge University Hospitals NHS Trust
Aziza Patel, Highly Specialist Pharmacist- Stroke and Elderly Care, Barts Health NHS Trust
Ameet Vaghela, Lead Respiratory Pharmacist Whittington Health
Joseph Tooley, Lead Pharmacist - Intensive Care, Royal Surrey County Hospital NHS Foundation Trust
Saw Keng Lee, Senior Pharmacist - Critical Care & Surgery, Barts Health NHS Trust