

Foundation Pharmacist Programme Development Workshops: Mental Health Rotation 5th 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 (PF) are expected to deliver as part of the mental health rotation and on reflection what knowledge, skills and experience is required to enable delivery. The group discussed the following:

| | |
|--|--|
| <p><u>Skills:</u> Communication skills – empathy – difficult conversation / situations Influencing skills – motivational interviewing Promoting adherence Information gathering and analytical Medicines information Able to work at interface of Acute / Primary care Problem solving skills Inquisitive Confidence in their work and working within a multidisciplinary team. Autonomous work Know your limitations and referral Risk assessment Application to practice of advance directives, Mental Health Act + Mental Health capacity act</p> | <p><u>Knowledge</u> Clozapine Lithium valproate Rapid tranquilisation Depot Physical health monitoring – Physical as well as MH conditions High dose antipsychotic Understands the system – interface issues Deprescribing Plasma level monitoring (TDM) Side effect monitoring and understanding of importance in mental health treatments Substance misuse Mental Health Act + Mental Health capacity act Covert machination Dementia Advance directives Suicide prevention Triger list – High risk drug Understanding of miss dose / switching/starting and stopping medication Medication Reviews – In depth history (beyond medicines reconciliation)</p> |
| <p><u>Experience</u> General medical background – need to understand the patient holistically Know how to work on the ward</p> | |

There was a discussion regarding the limited exposure of FPs to mental health and the educational burden of pre-registration pharmacist training. It was felt that there would be better outcomes if the mental health training could be centralised, with pre-registration and foundation pharmacists seeking to holistically review mental health patients in the acute sector.

It was also suggested that Mental health rotations should ideally be the 2/3/4th rotation in the programme.

The second activity required participants to discuss the preparation of Foundation Pharmacists to deliver service within mental health 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?

The group suggested:

- Work based assessments / supervised learning events
- Passport system of learning.
- Resilience – consider wider wellbeing of FPs
- A training package that includes:
 - Baseline training needs assessment on induction that includes screening exercise
 - Standard trigger list for referral (high risk drugs) – e-learning
 - Top 10 MH – Top 10 LD- Tips for acute – By Ray Lyons
 - Prior- e-learning- high dose
 - Prior MH act learn
 - Reginal workshop on induction that includes simulation–
- Sharing resourcing
- Clinical Supervision – for training

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?

The barriers are variable and person specific but includes common issues such as

- The support required
- Hospital background FPs are seen to have strengths in:
 - Ability to challenge
 - Team working
 - Med rec skills
 - Pre-registration experience
 - System awareness
 - Confidence
 - Insight
- Community background FPs are seen to have strengths in:
 - Autonomous
 - Understand primary care
 - Efficient – Task driven
 - Communication with patient
- Education burden
- 1:1 support
- Group work

Reginal Moodle platform for sharing learning would be helpful.

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"> • Expert mental health patient and senior Mental health pharmacists undertake discussion in Workshop • Recovery college run at ELFT • Case studies* / screening – CNWL • *Self-directed learning in some places • Mental health Quiz -SLAM • Psycho –Physical Health ELFT • Psycho-pharmacological Health ELFT • Work based assessment one a month | <p>Collaboration – one pack with resources including:</p> <ul style="list-style-type: none"> • Core clinical objectives • Trigger list/points • TNA – training needs analysis <ul style="list-style-type: none"> • Screening • Mental health Quiz • Core induction requirements – e.g. DOL's • Work based assessment – MRCF, CBD, Mini-CEX 1 per month • Rotational requirements • ACAT/Ward tools |

It was felt that there could be collaboration across the system to develop a regional pack, which would aid with consistency and setting expectations. It was requested if HEE could provide a platform for sharing and creating resource.

There was a discussion around the use of SCRIPT for doctors and its expansion to Pharmacy. It was highlighted that there was a lack of mental health modules and that creation of some would assist both medical and pharmacy trainees understand and treat mental health conditions more effectively.

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:

| | Mental Health Workshop 5.11.19 | Responsible | Due date |
|---|--|----------------------------------|-----------------|
| 1 | Creation of a regional mental health training pack | Collaboration facilitated by HEE | March 2020 |
| 2 | Review of SCRIPT modules | Collaboration facilitated by HEE | March 2020 |
| 3 | Seek sharing and collaboration Platform | 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 group and timelines to be decided in January 2020.

Appendix One: Participants

Siobhan Gee, Principal Pharmacist, psychiatric liaison, South London and Maudsley NHS Foundation Trust

Nicola Greenhalgh, Lead pharmacist mental health, North East London NHS Foundation Trust

Karen Shuker, Acting Deputy Chief Pharmacist, Surrey and Borders Partnership NHS Foundation Trust

Reema Patel, Pharmacist, Central and North West London NHS Foundation Trust

Simmy Daniel, Clinical Lead & Education and Training Lead, East London NHS Foundation Trust

Allison Whyte, Advanced Specialist Pharmacist - Learning and Development, Camden and Islington NHS Foundation Trust