

# Foundation Pharmacist Programme Development Workshops: Paediatrics Rotation 12<sup>th</sup> 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 paediatric rotation and on reflection what knowledge, skills and experience is required to enable delivery. The group discussed the following:

<p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Communication with health care professionals and member of the multidisciplinary team.</li> <li>• Communication with children/parents/teenagers</li> <li>• Ability to deal with challenging prescribing practice</li> <li>• Knowing limitations and when to refer (Framework when to refer- Neonatal and Paediatrics Pharmacist Group (NPPG) workbooks)</li> <li>• Where to find info and interpretation of it.</li> <li>• Medicines information skills e.g. breast feeding</li> <li>• Prioritisation skills – patient needs and flow vs hospital pressure)</li> <li>• Complexity of patients: calculations, formulation, and dealing with grey areas</li> <li>• Ability to be a paediatric generalist</li> <li>• Maths / Calculations</li> <li>• Inquisitive - never to assume</li> <li>• Attention to detail</li> <li>• Ability to understand and apply knowledge of dosing including dose rounding, administration, consideration of practicalities of administration.</li> </ul>	<p><b>Knowledge</b></p> <ul style="list-style-type: none"> <li>• Understanding of unlicensed (off label) medication use</li> <li>• Difference in pharmacokinetics in paediatrics</li> <li>• Common paediatric issues</li> <li>• Adult dosing maximums</li> <li>• Nasogastric tube administration and Nil by mouth</li> <li>• “to crush or not to crush”</li> <li>• Excipients / palatability / % alcohol</li> <li>• Resources <ul style="list-style-type: none"> <li>○ RCPCH</li> <li>○ Medicine portal</li> <li>○ NPPG</li> <li>○ CPPE – child health</li> </ul> </li> </ul> <p><b>Experience</b> Previous hospital or ward experience, ideally a second-year rotation</p>
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The second activity required participants to discuss the preparation of Foundation Pharmacists to deliver service within paediatric 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:

- Induction plan and accompanied training / supervision for 2-4 weeks
- Neonatal and Paediatrics Pharmacist Group (NPPG) Foundation Paediatric Pharmacy Workbook / RPS resources
- Attendance at medication administration round
- Attendance MDT meetings
- Ward assessments
- Access to materials for sign off and support for supervisors
- Passporting systems
- Training needs analysis
- Online resources – e.g. videos, e.g. patient journeys that cross primary, secondary and tertiary care.
- Scenarios and OSCEs

It was noted that development of paediatric care skills can be developed in primary care including community pharmacy and general practice as well

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 understanding of hospital sector
- Calculation skills to be developed
- Building confidence, can take up to 3 months, most are able within one month but most fear complex patients and dealing with risks. Also issues with acceptance of continuous learning.
- Development of a comprehensive problem-solving strategy (Hierarchy). Trainees need to be curious and have self-sufficiency.

### Developing FPs 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?

<b>Good Practice</b>	<b>Improvements</b>
<ul style="list-style-type: none"> <li>• NPPG) Foundation Paediatric Pharmacy Workbook adapted locally</li> <li>• Tertiary centre – specialist area training packs available e.g. Renal – general for FPs</li> <li>• Local orientations for wards, which outlines responsibilities and escalation</li> </ul>	<ul style="list-style-type: none"> <li>• Development of training needs analysis and sign off (ward assessment)</li> </ul>

### 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:

	<b>Paediatric Workshop 12.11.19</b>	<b>Responsible</b>	<b>Due date</b>
1	NPPG adapted locally	Participants	Locally set date
2	Access to Paediatric SCRIPT	Collaboration facilitated by HEE	March 2020
3	Signposting document to assist local supervisors	Collaboration facilitated by HEE	March 2020
4	Training videos and additional materials to be developed	Collaboration facilitated by HEE	March 2020

### Next Steps

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

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

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### Appendix One: Participants

David Annandale, Lead pharmacist Women's and Children's Brighton and Sussex University Hospitals NHS Trust

Chew Phang, Lead Pharmacist Children & Young People, Lewisham and Greenwich NHS Trust

Alice Lo, Service Lead Pharmacist - Women's and Children's, Barts Health NHS Trust

Deborah Hopper, women and children divisional pharmacist, Ashford and St. Peter's Hospitals NHS Foundation Trust

Nanna Christiansen, Associate Chief Pharmacist GSTT, Children's Services Guy's and St Thomas' NHS Foundation Trust

Nashreen Maudarbacus, Principal Pharmacist, Women's and Children Services, Epsom and St Helier University Hospitals NHS Trust