Training Programme Short Life
Working Group

Training the pharmacists for the future

Alwen Jones Nicholson
Education and Training Pharmacist BCUHB
SLWG Membership & meetings

- Alwen Jones Nicholson (E&T Sub group WCP) (Chair)
- Elen Jones RPS Wales (Principal Policy Advisor)
- Julie Down (AlMp – Sheppards Pharmacy)
- Kate Francis (CSPPS ACD)
- Laura Doyle (WCPPE)
- Lynwen Jones (Primary Care)
- Dr Mathew Smith (CSPPS)
- Michaela Probert (CCA- Well Pharmacy)
- Michele Sehrawat (AWPPET)
- Ross Burrows – (ABM) Pharmacist (Foundation Year 2)
- Sarah Jones (Hospital - E&T Sub group WCP)

Meetings:
- 26th October 2016
- 15th November 2016
- 13th December 2016
- 3rd January 2017
- 24th January 2017
- 21st February 2017

Networking
- NES
- RPS Pre Foundation
Aims & Objectives of SLWG

Aim: The aim of the training programme short life working group is to describe the content and structure of a single training programme to be followed by pre-registration trainees in Wales.

Objectives:
- To define the ‘out of workplace’ training programme to be followed by pre-registration trainees in Wales;
- To make recommendations regarding the most appropriate method(s) for delivering ‘out of workplace training’;
- To make recommendations regarding the most appropriate means to assess trainees suitability to sit the GPhC’s pre-registration examination;
- To make recommendations in relation to the requirements for trainees to undertake a practice research project; and
- To provide advice on any matters that in the opinion of the group are related to the pre-registration training programme in Wales.
Where are we currently?

- Inconsistency in placement providers & training programmes
- Success is employer driven
- Pre-registration trainees driven by registration assessment

- Sector specific training - potential narrow range of experience
- Not currently able to deliver cross sector care
- Lack of understanding of patient journey

- Unique model of training compared to other HCP
- Single sign off - limited number of role models
- Regulator does not distinguish between sectors – training programmes do
Drivers for change

• GPhC Pre Registration Pharmacist Survey
• Registration Assessment Outcomes
• Prudent Healthcare
• Welsh Government Primary Care Plan

..working as a coordinated and integrated team
..service redesign across the integrated system
..create better integration between professions
..wider range of care from different professionals
..we must look at working differently
..I can speak to a health professional who knows about me
The Vision- The programme must support the development of a competent and confident Day 1 Pharmacist to work in any area of practice

- Opportunity to experience and deliver pharmaceutical care in a range of patient centred settings
- Competent and confident and well prepared to work in any area of practice as a well rounded day one pharmacist
- Complete understanding and experience of the total patient journey and how they interlink

Delivery must be:
- patient centred
- maximised outcomes

Development:
undergraduate

professional
Journey of the group

1. What should a day one pharmacist look like
2. Identified key documents around expectations, standards and outcomes
3. Links to RPS framework, GPhC standard 10 outcomes, Performance Standards and practice
4. Consulted with individuals in various sectors and collated the must haves and nice to haves
5. Identified a set of learning opportunities across the sectors recommendations for consideration by Programme Board
### 1. Patient and Pharmaceutical Care

<table>
<thead>
<tr>
<th>RPS Foundation Framework</th>
<th>Identified Skills &amp; Qualities required by the day 1 pharmacist</th>
<th>Opportunities available in work area to work towards achieving the required skills &amp; qualities</th>
<th>Offsite training</th>
<th>Competency Assessment</th>
<th>GPhC Standard 10</th>
<th>GPhC Performance standards</th>
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<tbody>
<tr>
<td>Transfer of care</td>
<td>Ensuring patients safety when they are transferred between care providers</td>
<td>Electronic discharge Communication with community e.g. DMR, MDS, Methadone Medicines Reconciliation &amp; Drug history Use of Welsh Clinical Portal eg test results Long term Residential/Nursing care providers</td>
<td>Hospital: Exposure to DMR service. Community: Providing medication history to secondary care when a patient has been admitted. Methadone patients transferring to hospital/prison. Transferring between GP surgery - eg Care homes, MDS Primary Care: Identify &amp; resolve Interface issues Medicines Reconciliation – discharge from hospital to community, admission to care homes, specialist clinics, hospital to home systems. Offsite training: Undertake Intra- and Inter-professional learning Currently focus on the relevant frameworks e.g. DMR but the patient journey needs developing. Goal here is to identify and rectify issues around ‘frequent fliers’ care home residents, elderly frail etc.</td>
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- Mandatory pass of ‘Consultation Skills’ assessment & Tutor sign off of achieved competency in practice
- Implied by a number of standards eg
  - 10.1.h (does)
  - 10.2.1.e (shows how)
- A1.1 A1.2
- A1.5 A1.6
- A1.7 A2.2
- A2.3 A2.4
- A4.6 A4.7
- B1.1 B1.2
- B1.4 B1.5
- B1.6 B1.7
- B1.8 B1.11
- B2.1
Principles – Programme Development

• Learning must be outcome driven – progressive development
• Range of learning environments
• Meaningful experiences from each sector
• Underpinning formal training which incorporates formalised blended learning
• Quality offsite training which underpins the knowledge and skills which meets the learning outcomes by experiential learning
• Inter Professional Learning - where possible
• Instil self development through reflective practice
• Practice based Research Project undertaken
• Underpinning skills which will support clinical pharmacist development e.g. Consultation skills
Principles – Programme Development

• Range of assessments constructively aligned to learning outcomes (including recognised accreditations) spaced throughout the year
• Timing of assessments to support GPhC progress reports
• Delivery must be at Quality assured training sites
• Tutors / trainers committed to training
• Move away from single sign off to GPhC for registration
Patient’s Journey

Day 1
Routine
Patient requested repeat supply of regular medicines from GP
80 year old woman who lives independently
Supply will be ready for pick up in 5 days time from her Community Pharmacy

Day 4
Patient collapsed
Blood Pressure
Heart rate
Serum Sodium
Admitted to hospital
Own medicines available
Drug History
Medicines Reconciliation

Day 4 - 9
In patient investigations & monitoring
Changes to medication

Lercanidipine
Bisoprolol

Stop
Omeprazole

New
Ranitidine

Patient stabilised
Clinical & Medicines management
Patient education
Supply new medicines

Interface:
- Medicines reconciliation
- Patient Education - changes to medication new medicines
- Organise discharge medication & supply new medicines
- Contact GP - repeat prescription - changes to medication
- Contact Community Pharmacist - changes to medication (repeat supply awaiting collection)
- Contact Practice Pharmacy Team - changes to medication & follow up

Day 9 - Discharge to own home
Bunol Bethel Priyayi Setai Cylchau University Health Board

Partneriaeth Cydwasaanaethau NHS Wales Shared Services Partnership
Comments from trainees

Let’s hear from the pre-registration trainees on the integrated programme
## Questions for the Board:

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<tbody>
<tr>
<td><strong>1</strong></td>
<td>Does the Board accept the principles and recommendations made for a single training programme for Pre Registration Pharmacists in Wales?</td>
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<td><strong>2</strong></td>
<td>What further actions does the Board recommend be taken to develop and implement a single training programme for Pre Registration Pharmacists in Wales?</td>
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<td>Agree the next phase of the work</td>
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<td>What should the formal training programme look like?</td>
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<td><strong>3</strong></td>
<td>Would the Board expect a phased approach or a full implementation of a new programme?</td>
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<td><strong>4</strong></td>
<td>Should the future programme in Wales ensure that the Pre Registration Pharmacist delivers Enhanced Services and is Independent Prescriber ready on registration?</td>
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Final thoughts

“A new approach to pharmacy training and education will be taken forward building on a pilot to bring together the hospital and community based programmes into one integrated pre registration programme”

Vaughan Gething AM Cabinet Secretary for Health, Well-being and Sport