

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 (AIMp – 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

What should a day
one pharmacist
look like

Identified key
documents around
expectations,
standards and
outcomes

Links to RPS
framework, GPhC
standard 10
outcomes,
Performance
Standards and
practice

Consulted with
individuals in
various sectors
and collated the
must haves and
nice to haves

Identified a set of
learning
opportunities
across the sectors
recommendations
for consideration
by Programme
Board

1. Patient and Pharmaceutical Care

RPS Foundation Framework		Identified Skills & Qualities required by the day 1 pharmacist	Opportunities available in work area to work towards achieving the required skills & qualities				Competency Assessment	GPhC Standard 10	GPhC Performance standards
			Hospital	Community	Primary Care	Offsite training			
Transfer of care	Ensuring patients safety when they are transferred between care providers	<p>Understands Patient journey</p> <p>Identify & eliminate risks</p> <p>Communicate across multiple interfaces to ensure patient safety</p>	<p>Electronic discharge Communication with community e.g. DMR, MDS, Methadone</p> <p>Medicines Reconciliation & Drug history</p> <p>Use of Welsh Clinical Portal eg test results</p> <p>Long term Residential/Nursing care providers</p>	<p>Exposure to DMR <u>service.</u></p> <p>Providing medication history to secondary care <u>when a patient has been admitted.</u></p> <p>Methadone patients transferring to <u>hospital/prison.</u></p> <p>Transferring between GP surgery - eg Care homes, MDS</p>	<p>Identify & resolve Interface issues</p> <p>Medicines Reconciliation – discharge from hospital to community, admission to care homes, specialist clinics, hospital to home <u>systems.</u></p> <p>Use of GP practice and GP portal systems</p>	<p>Undertake Intra- and Inter-professional learning</p> <p>Currently focus on the relevant frameworks e.g. DMR but <u>the patient journey needs developing.</u></p> <p>Goal here is to identify and rectify issues around 'frequent fliers' care home residents, elderly <u>frail etc.</u></p>	<p>Mandatory pass of 'Consultation Skills' assessment & Tutor sign off of achieved competency in practice</p>	<p>Implied by a number of standards eg</p> <p>10.1.h (does)</p> <p>10.2.1.e (shows how)</p>	<p>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</p>

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
<p>Patient requested repeat supply of regular medicines from GP</p> <p><i>80 year old woman who lives independently</i></p>
<p>Supply will be ready for pick up in 5 days time from her</p> <p>Community Pharmacy</p>

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

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Date: 02/06/15
 GP Details:
 Patient Details:
 D Number: 161311935
 DOB: 16/3/1935
 Ward on Discharge:
 Hospital:
 Consultant:

DRUG	DOSE	FREQ	ROUTE	DURATION	SUPPLY
Atenolol	50mg	OD	PO	reduced due to bradycardia	10
Bisoprolol (Aber revalud)	5mg	OD	PO	reduced due to bradycardia	10
Acetylsalicylic acid	75mg	BD	PO		10
Atorvastatin	20mg	OD	PO		10
Carvedilol	6.25mg	BD	PO		10
Lercanidipine	10mg	OD	PO		10
Omeprazole	20mg	OD	PO	reduced	10
Ranitidine (NHS)	150mg	BD	PO		10
Warfarin	5mg	OD	PO		10
Aspirin	75mg	OD	PO		10
Diuretic	20mg	OD	PO		10
Insulin	10 units	BD	SC		10
Paracetamol	1g	PRN	PO		10

Prescriber's Name: [Signature] Disp. No.: [] Date: 02/06/15

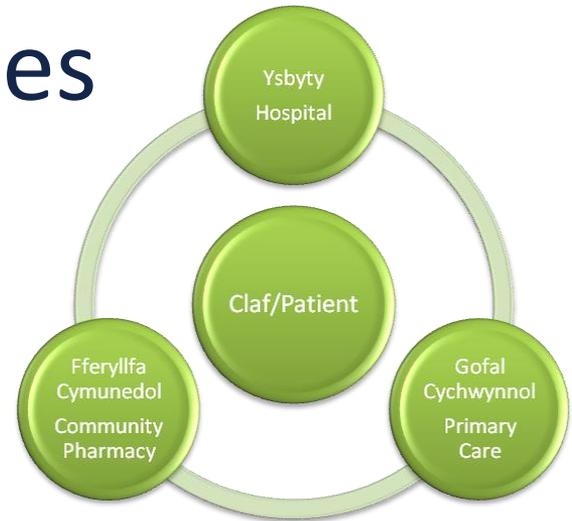
Pharm. Initials: [] Transcriber: [] Prof: [] Disp. Check: []

Comments / Allergies or Adverse drug reaction during admission:
 Discontinued Medication:
 Omeprazole (due to hypotension)
 TTD Verified by Pharmacist | Not Verified by Pharmacist | Verified by []
 Date and time verified: []
 Internal Use Only: []

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Comments from trainees

Let's hear from the pre-registration trainees on the integrated programme



Questions for the Board:

▶ 1	Does the Board accept the principles and recommendations made for a single training programme for Pre Registration Pharmacists in Wales?
▶ 2	What further actions does the Board recommend be taken to develop and implement a single training programme for Pre Registration Pharmacists in Wales?
	<ul style="list-style-type: none">◀ Agree the next phase of the work◀ What should the formal training programme look like?
▶ 3	Would the Board expect a phased approach or a full implementation of a new programme?
▶ 4	Should the future programme in Wales ensure that the Pre Registration Pharmacist delivers Enhanced Services and is Independent Prescriber ready on registration?

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