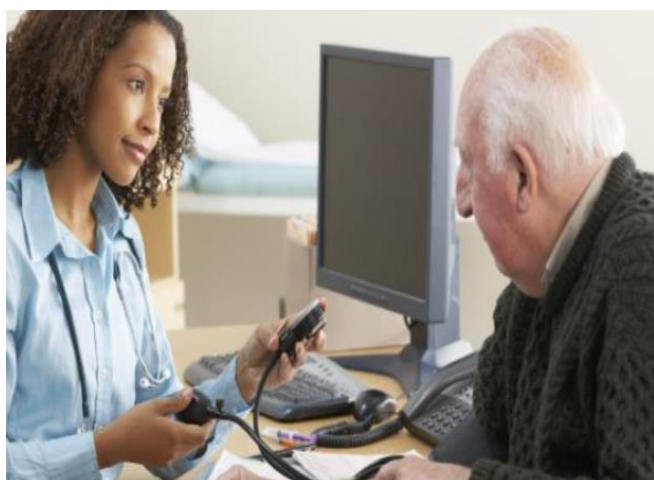


Review of Integrated Care Boards Medicines Optimisation Placements in Foundation Training Year



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Executive Summary

Purpose and background

The Initial Education and Training of Pharmacists (IETP) reforms and integrated prescribing training requirements will necessitate trainee pharmacists to spend more time during the Foundation Training Year (FTY) in a patient-facing role to meet the General Pharmaceutical Council (GPhC) learning outcomes.

As part of the HEE LaSE development of resources to support short duration placements in the FTY, the Early Careers Steering Group requested a review of the viability of CCG (now ICB) placements to meet IETP reforms. A CCG Placement working group was established with CCG leads from the EC SG to make recommendations for integration of CCG medicines optimisation within early careers.

Terminology Note:

The term CCG and ICB will be used interchangeably as this review was initiated when Clinical Commissioning Groups (CCGs) were still in place and completed when CCG medicines optimisation teams moved into Integrated Care Boards (ICB).

Aim

To understand where CCG/ICB medicines optimisation placements and experience fits in early careers training and professional development with a focus on foundation training year placements (FTY).

Methodology

An Early Careers (EC) CCG placement stakeholder working group was established to scope existing joint programmes, collate feedback from CCG lead pharmacists, 2022-23 CCG joint programme placement stakeholders and HEE LaSE foundation programme leads, and to understand the impact of the system changes from CCG to ICB on training.

Outcomes and Discussion

For 2021/22 FTY, 13 CCG joint programmes (3 months or longer) were identified within the London & South East region. Anecdotally, many LaSE FTY programmes include short duration CCG placements of between 1-4 weeks.

Feedback from joint programme CCG placement stakeholders found that current placements support Trainee Pharmacist (TP) awareness of the role and function of the CCG medicines optimisation teams and understanding of medicines optimisation at a system level. All agreed that PCN/GP practice joint programmes could enable ICB medicines optimisation team exposure as part of the training programme. However, the ability of TPs to reach the 'doing' level of the GPhC learning outcomes needed for registration, as well as the ability of ICB placements to support more patient-facing experience and completion of independent prescribing learning in practice

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hours in future cohorts is a concern. All recognised that the sustainability of 3 month or more ICB placements is unlikely once independent prescribing is integrated into the foundation training year.

The group agreed the importance of understanding wider medicines optimisation, system level formulary and guideline development, principles of cost-effective use of medicines and the role of ICB medicines optimisation teams. This is a key requirement for early careers pharmacists to support effective prescribing under the IETP reforms in order to meet service delivery needs. The EC CCG Placement Working Group highlighted pharmacists' lack of awareness of the ICB role, function and job opportunities among TPs who had not undertaken a placement in the CCG thus impacting effective patient care and contributing to future recruitment challenges.

However, as there is currently no direct career pathway from foundation training into newly qualified pharmacist roles, specific ICB experience is most applicable in cross-sector post-registration job roles. Suggested models of where ICB experience and placements would fit in early careers were proposed, including agreement that ICB rotational placements should be more closely aligned with post-registration training.

It was also recognised that the appropriateness, capacity, and ability to provide ICB specific placements against other foundation training priorities will be different within localities and system organisations.

Recommendations

Ensuring an understanding of strategic medicines optimisation, such as guidelines, formulary, and the role of the ICB medicines optimisation teams for all TPs through foundation programmes was agreed at HEE LaSE EC Steering Group. Consideration of training models and sustainability of existing CCG placements to meet the GPhC learning outcomes including independent prescribing, as well as ensuring early careers pharmacists are aware of the new ICB pharmacy roles, is needed.

Next Steps

Further work is to be undertaken to explore this for 2023-24 FTY programmes:

- HEE EC Team to discuss with HEE LaSE programme leads to review existing programmes' learning requirements and identify if there are opportunities to further integration of strategic medicines optimisation learning into the regional FTY and GP joint programmes, as well as the short duration placement resources.
- HEE LaSE EC Team to review the need for and develop networking opportunities for ICB educational leads, where a need is identified.
- PCN/GPs hosting a joint sector TP rotation should be encouraged to ensure TPs gain experience working with their local medicines optimisation teams as part of primary care placements.

Background

The Initial Education and Training of Pharmacists (IETP) reforms and integrated prescribing training into the Foundation Training Year (FTY) will necessitate trainee pharmacists (TPs) to spend more time in a patient-facing role to meet the General Pharmaceutical Council (GPhC) learning outcomes.

Since 1 July 2022, responsibility for commissioning healthcare services has been transferred from clinical commissioning groups (CCGs) to the Integrated Care Boards (ICB). With these system changes, a review of the delivery of FTY ICB placements is needed in the context of changing roles of the medicines optimisation team within the ICB.

In addition, as part of the HEE LaSE development of resources to support short duration (1-4 weeks) placements in the FTY, the Early Careers Steering Group requested a review of the viability of ICB placements to meet IETP reforms. Assurance is needed that ICB placements can provide training that enables TPs to meet the new GPhC interim learning outcomes.

A review of the delivery of current and future FTY ICB placements and joint programmes is needed in the context of these changes.

Aims

The aim of this review was to:

- Identify where ICB medicines optimisation placements and/or experience fits in early careers training and professional development through undergraduate, FTY and newly qualified pharmacists.
- Scope the current provision of training in existing CCG joint programme placements in FTY 2022-23.
- Scope stakeholder feedback on the impact of the IETP reforms on future ICB placements.
- Identify the impact of the move from CCG to ICB and the changing roles of medicines optimisation teams on TP training experience.
- Understand how FTY placements link with the ICB role workforce development pipeline.

Methodology

An Early Careers (EC) CCG stakeholder working group was established to:

1. Scope existing CCG joint programmes placements.
2. Collate feedback from existing placement stakeholders.
3. Identify the impact of the move from CCG to ICB on the role of medicines optimisation teams and the impact on pharmacist training from undergraduate, FTY to newly qualified pharmacists.
4. Develop recommendations on future ICB placements for the HEE LaSE EC Steering Group.

Members of the CCG Placement working group were:

- Neveen Soriel, Associate Director for Medicines Optimisation, West Sussex – Sussex ICB

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- Rachel McKay, Workforce lead, Associate Director of Pharmacy and Medicines Optimisation, Guildford & Waverly ICP - Surrey Heartlands ICB
- Sedina Agama – Workforce lead and Associate Director Medicines Optimisation (Chief Pharmacist) Merton & Wandsworth – SWL ICB

Outcomes

1. Scope existing CCG joint programmes within the Foundation Year

For 2021/22 FTY, there were 13 CCG joint programmes (3 months or longer) advertised nationally through ORIEL, of which 11 were in secondary care and 2 were with community pharmacy partners. Within LaSE region, there were 4 joint programmes in Oriel, see Table 1 below.

Anecdotally, many LaSE FTY programmes also include short duration CCG placements, usually of 1-2 weeks duration, in their training year plan.

Table 1: CCG Joint Programmes on Oriel 2021/22 within London and the South East (LaSE)

LASE Region 2021-22 CCG Joint Programmes	CCG Placement Duration	No of Places	Filled 2021/22
Guy's and St Thomas' NHS Foundation Trust/ NHS Southwark CCG	6 months	2	2
SG Barai Community Pharmacy/ NHS Sutton CCG joint post	6 months	2	1
University Hospital Sussex East /HEE GP/Royal Sussex County Hospital /Brighton/East Sussex CCG	3 months	1	1
University Hospital Sussex East /HEE GP/Royal Sussex County Hospital/Brighton/Brighton & Hove CCG	3 months	1	1

2. Scope Feedback from Stakeholders

The following groups were approached for feedback on existing CCG joint programmes and placements:

1. HEE LaSE Trainee Pharmacist Programme Lead – Foundation Training Year
2. HEE Trainee Pharmacist in GP Practice Programme - LaSE Lead Facilitator
3. EC CCG Placements Working Group CCG Leads from Sussex, South West London and Surrey Heartlands Integrated Care Systems (ICS)

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4. LaSE region CCG Educational Programme Directors (EPDs) and leads for existing joint programmes (see Table 1 above).

Key points regarding CCG placements raised by these groups were:

- To enable effective prescribing under the IETP reforms, the importance of understanding wider medicines optimisation, system level formulary and guidelines development, principles of cost-effective use of medicines, and the role of ICB medicines optimisation teams was identified as a key requirement for early careers pharmacists.
- EPDs noted that CCG placements were found to support TP awareness of the role and function of CCG medicines optimisation teams and understanding of medicines optimisation at a system level, as well as supporting the understanding of primary care, the wider system and public health.
- Some models of good educational governance were evident to ensure the success of the placement. These included CCG pharmacists attending the TP host site Local Faculty Group and joint TP progress meetings with DS from both sectors.
- EPDs stated that specific GPhC interim learning outcomes could be met during CCG placements. However, they were aware of the need to adapt training for 2025-26 with the introduction of independent prescribing (IP) and there were plans to consider reducing placement duration.
- Some placement providers recognised that the sustainability of programmes in their current format and duration was not possible under IETP reforms.
- Programme leads raised concerns around the viability of CCG placements to achieve the 'doing' level of the GPhC learning outcomes within short duration placements (1-2 weeks), particularly that there may not be sufficient time for a TP to reach the 'doing' level needed for some CCG tasks.
- Programme leads and EPDs noted that the ability of ICB joint programmes to facilitate TPs independent prescribing supervision requirement from 2025-26 as a possible risk.
- The relevance of CCG placement experience in FTY was raised when most CCGs do not have newly qualified pharmacists as part of their existing workforce structure and there is no direct route into CCG from FTY. The majority of CCGs recruit from band 7/8a equivalent and above.
- The Early Careers CCG placement working group raised concerns around the recruitment challenges within the CCG for senior pharmacist roles and the development of the workforce pipeline for future ICB roles. They indicated that early careers pharmacists' lack of awareness of the ICB role, function and job opportunities among TPs who had not undertaken a placement in the CCG impacts effective patient care and contributes to future recruitment challenges. However, they also recognised that although TPs may gain experience of this sector in their FTY, there is currently no continuity of professional developmental from foundation year placement to CCG roles, as stated above.
- Building on the points above, there is concern that time in an ICB placement may take away from the TP focusing on tasks that help them achieve registration. However, the EPDs/DS for existing joint programmes did not feel TPs were currently disadvantaged in terms of the registration assessment by undertaking a CCG joint programme. This was not clarified for shorter duration placements.
- All agreed that sustainability of 3 month or more ICB placements is unlikely to be feasible with the new GPhC learning outcomes once independent prescribing training is integrated into foundation training.
- A lack of a peer support network with other CCG EPD leads was identified.
- EC CCG Placement working group were unable to identify immediate significant role or function changes that would impact current provision of training experience or placements. ICB medicines optimisation team roles will remain strategic and are likely to incorporate further population health medicines management, and so the ability of a TP to gain patient-facing experience that support clinical skill development is low unless they are combined with GP/PCN placements.

Discussion

There is a need for awareness and understanding of medicines optimisation team roles at a strategic level within the wider system and the importance of engagement with these functions to support patient care. This was recognised as a core requirement for early careers experience and to support future prescribing roles. However, it was recognised that there is no continuity of professional development from foundation year placement to newly qualified pharmacist in an ICB as there is no current direct career pathway from foundation training into ICB job roles.

The ability of TPs to reach the 'doing' level of the GPhC learning outcomes needed for registration, as well as the ability of ICB placements to support completion of independent prescribing learning in practice hours in future cohorts is a concern.

It was recognised that the appropriateness, capacity, and ability to provide ICB specific placements against other foundation year training priorities will be different within localities and system organisations.

Consideration of the impact of the GPhC foundation training year learning outcomes, capacity, and sustainability of programmes to integrate ICB experience into programmes, and integration of the CCG into the ICB will be needed moving forward, specifically in relation to job roles, supervision capacity & resources to support training or specific placements.

All agreed that GP Practice split programmes were the most appropriate foundation training programmes to combine ICB exposure through direct working experience with medicines optimisation teams and/or placements.

Recommendations

1. Early Careers CCG Placement Working Group

The following were the key outcomes from the CCG Placement Working Group.

Potential models to enable ICB medicines optimisation role awareness and learning across early careers are presented in Table 2:

- A need to integrate an understanding of strategic medicines optimisation knowledge, skills and experience into the Foundation Year was agreed. This will ensure that exposure is equitable across all TPs.
- The direction of travel for foundation year training is system level working through multisector experience and developing prescribing competency. An understanding of ICB medicines optimisation roles is key to this and should be integrated into training to support this development.
- Experience of working directly with the ICB medicines optimisation team e.g., within a GP practice, or where locally feasible, an ICB placement, will enable some TPs to gain this knowledge. This should be easily achievable as either a GP/PCN joint programme or a short duration placement. There is a need to identify how to ensure this core awareness and knowledge is gained across all TPs.
- There is a need to develop networking opportunities for ICB educational leads.

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Table 2 Potential Models to enable ICB and strategic medicines optimisation learning.

Early Careers Point	Objective	Model
Years 1-4	<p>Introduce strategic medicines optimisation and pharmacy roles in the ICB.</p> <p>Address early careers pharmacist lack of awareness of ICB role.</p> <p>Develop clinical decision-making skills and knowledge of cost-effective prescribing, formulary and guidelines required for effective prescribing.</p>	<p>Integrate and enhance strategic medicines optimisation learning and system/role awareness into MPharm programmes.</p> <p>Undergraduate 2-week placements could be hosted by ICBs and aligned with system level project work.</p>
Year 5	<p>Integrate and enhance strategic medicines optimisation learning and system/role awareness into all sector FTY programmes.</p> <p>Short duration placements could be considered, but only where local need and capacity is identified, and these must enable the TP to meet the GPhC Interim Learning Outcomes.</p>	<p>Integrate and enhance strategic medicines optimisation learning and system/role awareness into all sector FTY programmes.</p> <p>Short duration placements could be considered, but only where local need and capacity is identified, and these must enable the TP to meet the GPhC Interim Learning Outcomes.</p>
Post-registration (Band 6/7 or equivalent experience)	<p>Support workforce pipeline into ICB and strategic medicines optimisation roles in ICS.</p>	<p>Integrate ICB placements as part of rotational experience to develop strategic and system medicines optimisation knowledge and skills and support workforce pipeline into strategic and ICS-level medicines optimisation roles.</p>

2. Early Careers Steering Group

The outcomes from the CCG Placement working group were presented to HEE LaSE Early Careers Steering Group for discussion and agreement of next steps.

The EC steering group agreed that ensuring understanding of strategic medicines optimisation and ICB team roles in foundation training is key, rather than the specific need for an ICB placement. This will ensure that exposure is equitable across all TPs, not just those who currently are on cross-sector programmes or are in areas where placements are feasible.

- TPs across all sectors should be aware of the ICB strategic medicine optimisation team roles and functions within a system.

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- PCNs/GPs hosting a foundation year joint programme placement should be encouraged to develop opportunities for TP exposure to their local medicines optimisation teams and to implement activities that a TP could complete in collaboration with ICB pharmacy teams. ICB placements may be considered where there is local capacity. Exposure could be through a short duration taster placement of 1-2 weeks and also through collaborative working with the ICB medicines optimisation team within PCN/GP joint TP programmes.
- Where a placement is not feasible, understanding of strategic medicine optimisation (e.g., formularies, guidelines, and the role of the wider system-level medicines teams) should be integrated into FTY programmes, where they are not already included.
- Integration of an ICB placement in other programmes will not be achievable for all providers as this is dependent on local capacity to support a placement.
- ICB placements must demonstrate that they enable TPs to meet the interim GPhC learning outcomes and consider how they can ensure that future placements will meet the prescribing competency requirements and the viability of the placement in the context of the full training year, once implemented.
- It was agreed that ICB placement experience would add more value at post-registration stage as part of a rotation or multisector training programme, to support the pipeline from newly qualified pharmacist into ICB e.g., by increasing ICB rotation opportunities at band 6/7.
- Integrating medicines optimisation principles within the undergraduate MPharm and consideration of ICB undergraduate placements was raised and further work is needed to explore the requirement for Years 1-4 exposure to medicines optimisation.

Next Steps

Further work is to be undertaken to explore this for 2023-24 FTY programmes:

- HEE EC Team to discuss with HEE LaSE foundation training programme leads to review existing programmes learning requirements and identify if there are opportunities to further integrate strategic medicines optimisation learning into the regional FTY and GP joint programmes, as well as the short duration placement resources.
- HEE LaSE EC Team to review the need for and develop networking opportunities for ICB educational leads, where a need is identified.
- PCN/GPs hosting a joint sector TP rotation should be encouraged to ensure TPs gain experience working with their local medicines optimisation teams as part of primary care placements.

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Table 1 CGG Joint Programmes on Oriol 2021/22 within London and the South East (LaSE)

Table 2 Potential Models to enable ICB and strategic medicines optimisation learning