

Executive Summary

Background

There is a national drive to change the training of newly qualified pharmacists, currently referred to as foundation pharmacists, across the UK.

South East London Foundation Pharmacist Vocational Training Scheme

To investigate possible models of foundation training, Health Education England London and the South East (HEE LaSE) Pharmacy commissioned the South East London Foundation Pharmacist Vocational Training Scheme (SEL FP VTS). SEL FP VTS was a three-year multi-sector programme integrating community, hospital, NHS London Procurement Partnership, and GP practice placements, and an independent prescribing course. The programme was underpinned by an RPS accredited Foundation Pharmacy Framework (NHS Education for Scotland, NES), and workplace portfolio, which consisted of workplace-based assessments (supervised learning events), evidence and assessment of practice (peer review and appraisals).

Towards the end of Year 2/ beginning of Year 3, SEL FP VTS pharmacists started 6 month placements in general practice, where they were supported by a general practice based pharmacist and a general practitioner (GP). Additional supervision was provided by the SEL FP VTS peripatetic educational supervisor and the training programme director to ensure foundation pharmacists received educational support. Guidance and a handbook containing educational support materials were provided to GP host sites.

The aim of this study was to evaluate implementation of general practice placements for foundation pharmacists on the SEL FP VTS pilot, and to identify the enablers and barriers to a successful vocational foundation training placement in general practice.

Methods

The evaluation consisted of a **qualitative study design** to identify the views of foundation pharmacists and pharmacist and GP supervisors who took part in the SEL FP VTS. This evaluation focused specifically on foundation pharmacist placements in general practice. Semi-structured interviews were conducted by telephone, between April and July 2020. Data collection involved detailed interviews (up to 45 minutes) with all foundation pharmacists followed by focused interviews (up to 15 minutes) with pharmacist and GP supervisors.

Interviews covered expectations of GP placement participation, and trainees' learning and practice experiences, knowledge and skills gained, as well as competence and confidence to apply these in the general practice setting. Data were analysed thematically.

Main findings

All eight foundation pharmacists involved in the SEL VTS FP took part. Of the 15 supervisors approached, 13 consented to take part in the study.

Initially, foundation pharmacists were mainly involved in administrative work and progressed to shadowing pharmacists and other clinical staff (i.e. GPs/nurses) in clinics before eventually running their own clinics. Application of learning to practice was supported by a supervision model which allowed for

gradual development of competence. Initially, foundation pharmacists needed direct supervision in all/most activities. Supervision became more at arms-length as placements progressed, with foundation pharmacists working independently in non-patient-facing activities with one-off queries and feeding back to their tutors when necessary.

Foundation pharmacists benefited from having two supervisors. GPs provided formal teaching/educational based support, while pharmacist supervisors provided more informal day-to-day training and supervision. Interprofessional learning within the multidisciplinary team (MDT) was viewed as essential to foundation pharmacists' learning and allowed for access to a broader range of healthcare professionals who provided learning opportunities. It also allowed foundation pharmacists to understand the roles of different clinicians which enabled them to refer patients to the most appropriate healthcare professional.

The main challenge for foundation pharmacists initially was identifying their role and limitations in terms of scope of practice. All foundation pharmacists reported needing to assert their position in general practice to be given more clinical opportunities. Nonetheless, the transition to the GP sector went well. GP site preparedness, structured induction and GP staff understanding of foundation pharmacists' capabilities were important factors to facilitate transition.

Foundation pharmacists and supervisors agreed that 6 months was the minimum duration required for a GP placement, to allow foundation pharmacists to settle in, play an active role and provide clinical services. Most suggested that a longer placement (6-9 months) would allow foundation pharmacists to further build on their skills and become more autonomous in delivering services.

The main benefits of the GP placements were seen as providing a good understanding of the patient journey between primary and secondary care; and consolidation of learning especially consultation/communication skills. All participants thought foundation pharmacists' consultation skills and ability to work effectively within the multidisciplinary team significantly improved as a result of their GP placements. All participants also reported notable improvements in foundation pharmacists' interactions with patients and clinical decision-making. While foundation pharmacists believed their clinical skills developed considerably as a result of the GP placement, supervisors had conflicting views regarding the extent of this improvement.

All participants felt that foundation pharmacists became a valuable asset to the general practice team, contributing to relieving medicines-related workload pressures at the GP site. GP supervisors perceived that the requirements for supervising foundation pharmacists were reasonable but had reservations around the amount of time worth investing in training a foundation pharmacist, given that it was a one-off placement. Pharmacist supervisors felt that the time and effort required to supervise foundation pharmacists was worthwhile because foundation pharmacists were able to help them with their workload towards the latter half of the placement. Concerns around continuation of service provision when the foundation pharmacists finished a placement were raised, despite the placement being supernumerary.

Foundation pharmacists considered resources and support provided by HEE contributed greatly to the success of the GP placement. Moving forward, supervisors wanted more guidance around competency levels expected of foundation pharmacists to ensure consistency in placements, particularly to upscale GP placements on a national level.

Recommendations emerging from our evaluation findings are provided in the full report.