

# Executive Summary: Evaluation of the Pre-registration Pharmacists in General Practice Project

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## Background/ Introduction

Pharmacists, in the main, complete a four-year Master of Pharmacy (MPharm) degree, followed by 12 months of work-based pre-registration training where they are supervised by a pharmacist tutor.

## Pre-registration Pharmacists in General Practice Project

In 2019/2020, the Pharmacy Integration Fund (PhIF) funded pre-registration training that incorporated between 3 to 6 months in general practice (GP), alongside their base placement in either hospital or community pharmacy. Delivery models varied and included single or multiple blocks, weeks or days split between base sector and general practice. Trainees had pharmacist tutors at their employing (base) organisation (hospital/ community pharmacy) and in general practice.

The **aim** of this study was to evaluate implementation of cross-sector GP/community and GP/hospital pre-registration placements, and identify barriers to and enablers of a successful implementation.

## Methods

Qualitative study design, with semi-structured telephone interviews conducted January-March and June-July 2020. Purposive sampling was used to capture variation in:

- Pharmacy base: community and hospital
- Number of pre-registration pharmacist trainees in base sector doing a rotation in GP setting
- Length of GP placement: 13 weeks vs. 26 weeks
- Organisation of GP placement: block vs. split week
- Geographical spread

Interviews explored the contribution of GP placements to pre-registration learning objectives and outcomes.

## Main findings:

Eleven study sites were recruited, each involving the trainee and one or both of their pharmacist tutors (base and GP). Five study sites were from GP/hospital and six from GP/community pharmacy.

All participants considered pre-registration pharmacist placements positively overall. They identified a range of factors as contributing to this, with a lack of these factors impacting negatively:

- good operational planning of GP placement (induction, contingency plans, alternative healthcare professionals supporting trainee in GP environment if GP tutor unavailable);
- collaborative supervision (grounded in effective communication and working relationship between base and GP tutors);
- GP supervisors supporting trainees' transition to general practice (regular contact; planned activities; reflection and identification of learning needs);

- integration of GP placements within training year (access to specific learning/training activities at base during GP placement); and
- learner-centred workplace culture / learning environment.

Adding a GP rotation produced a well-rounded pre-registration pharmacist who could work in two settings (hospital/community pharmacy and general practice). Cross-sector experience facilitated a better understanding of patient pathways and the importance of holistic patient care. All participants agreed that **consultation and clinical skills** improved significantly as well as trainees' ability to work within a **multidisciplinary team**. Despite some GP sites being training sites, pharmacist trainees did not report having inter-professional learning opportunities.

Trainees completed a wide **spectrum of activities** and gradually moved from more technical and administrative (e.g. medication queries, medication reconciliations) to clinical tasks (e.g. medication reviews, basic clinical assessments). They gradually built up confidence to undertake patient-facing activities and consultations.

More direct **supervision** was required initially and was gradually replaced with less direct supervision using pre- and de-briefing, allowing trainees to develop as independent/ autonomous practitioners.

Whilst some trainees were sceptical about the relevance and/or importance of shadowing **non-clinical staff** at the start, they subsequently recognised the benefit later, as this was important for understanding GP systems (including IT) system, processes and staff roles.

All models of **placement structure and duration** (block/split) supported trainees' learning and development, although split days may be more challenging.

**Thirteen weeks in general practice** was considered an **appropriate minimum duration**; trainees and tutors with a community pharmacy base felt that 26 weeks in GP provided more opportunities for clinical and consultation skills learning. There was some resistance in reducing time in hospital in favour of more time in GP.

All **tutors** felt their time **commitment** was comparable to that of single sector placements. Initial supervision time was offset later, as pre-registration trainees were able to deal with administrative tasks and queries which helped reduce GP staff workload. For base sectors, having a pre-registration pharmacist undertake GP placements **improved cross-sector understanding** and communication, which resolved some transfer of care issues between the paired base and GP sites.

Whilst the amount of support provided by HEE was considered good and appropriate, base and GP tutors felt that clarity on which **competencies** should be achieved in GP would be valuable. Furthermore, an overarching **governance framework**, stipulating certain expectations and assessments, would help to ensure standards and consistency of learning experience.

All trainees, base and GP tutors in this study perceived pre-registration pharmacist placements as a positive and enjoyable learning experience. All tutors were willing to supervise pre-registration trainees again, and trainees were motivated to work in general practice in the future, but highlighted the lack of cross-sector training after registration.