

How hospital pharmacists are trained for future practice across the world

Roger Tredree reports from a session organised by the Hospital Pharmacy Section and the Academic Pharmacy Section

Jennifer Marriott, senior lecturer in clinical pharmacy at Monash University, Melbourne, Australia reviewed the skills needed by pharmacists in hospital practice, such as communication, patient assessment and problem solving, and discussed how these can be developed in undergraduates. Students practise these skills in experiential placements, where they also gain workplace knowledge and see clinical activities first hand. In addition, they can be exposed to a range of specialist activities, such as manufacturing, clinical trials, research activity and distribution services.

Dr Marriott said that experiential learning, where learning is contextualised in a variety of practice settings, is one of the major innovations in pharmacy teaching. Professionals can act as teachers or preceptors providing support for these novice professionals. They act as role models who demonstrate proper attitudes and behaviours.

Within their placements students can interact with individual patients, and this is considered to be particularly valuable because it develops students' abilities to work with patients to ensure that they understand their medicines, said Dr Marriott.

Residency training in the US

Marianne Ivey, corporate director of Health Alliance Pharmacy Services, Cincinnati, Ohio, described the US experience in residency training and its importance in the development of hospital pharmacists. Residency programmes are conducted to meet high quality training standards set by hospital pharmacy practitioners. The American Society of Health-System Pharmacists audits the residency programme and compares it with the published standard.

A resident is mentored under the guidance of an experienced preceptor in an organised, directed postgraduate training programme. The student focuses on direct patient care and practice management over a one-year period, which can be followed by a second year. The first year builds knowledge, skills and abilities to enhance competencies in managing medication use systems and providing optimal medication therapy outcomes for patients with a broad range of disease states. To be eligible the student must have PharmD or BS with experience. They are paid \$30,000 to \$45,000. The second year provides advanced training in a focused area of pharmacy practice building on skills acquired in the first year.

Core outcome competencies are developed for each student and they are given

weekly evaluation and feedback. They are encouraged to self evaluate and reflect on their actions. During this time the preceptor acts as a model and mentor and can give particular training to accelerate learning. Interactions with other disciplines and with real patients are key components.

Residents become self-motivated and open-minded — characteristics necessary for leaders for tomorrow. They learn to function as team members, can implement change, can evaluate and improve systems, and are patient-centred. Residencies create practitioners for the future who are confident, motivated and who will continue to develop professionally.

In-house training in Ghana

Rebecca Nordor, from Ghana, tackled the in-house training needs from a developing country perspective. Mrs Nordor emphasised the need for hospital pharmacists to update their knowledge and skills to match changing trends in health care delivery. However, this can be hampered by limited resources to provide training outside the institution, so structured in-house training must be provided. In developing countries there is usually an inadequate health budget so it is difficult to provide the minimum care for patients and medicines budgets are under pressure. In Ghana there is a four-year bachelor of pharmacy degree, during which undergraduates gain experience in work placements.

A two-year master of science in clinical pharmacy degree by distance learning has been introduced and hospital pharmacists can be sponsored for this programme. The West African Postgraduate College of Pharmacists supports a programme for practitioners with at least five years' experience, for a duration of three to five years, leading to an award of fellowship of the college.

Mrs Nordor said that with the introduction of these initiatives there has been a dramatic paradigm shift from traditional roles to patient-centred delivery of care. These courses are provided as internships, the goals are to provide future pharmacists who can deliver quality pharmaceutical care and es-

pouse good ethical behaviour. Mrs Nordor described a sophisticated in-house training curriculum which is similar to that provided in developed countries.

Continuing education for pharmacy staff is provided at a half-day weekly meeting. Update lectures are targeted at pharmaceutical sciences and disease conditions. There is no funding for outside speakers so members of the department make a financial contribution to provide honoraria for them.

Adherence counselling is important in developing countries, especially where there is a high incidence of HIV/AIDS. So FHI — a non-profit international public health organisation — has started training key health personnel, including pharmacists, on voluntary counselling.

Specialisation in Europe

Jacqueline Surugue, from France, and president of the European Association of Hospital Pharmacists, spoke on the new directive relating to hospital pharmacy specialisation in Europe — Directive 2005/36/EC on the recognition of professional qualifications. This consolidates and modernises the rules currently regulating the recognition of professional qualifications and replaces the 15 existing directives in this field. Its aim is to harmonise training and give automatic recognition of professional titles throughout the European Union. A basic diploma is required with a minimum duration of studies (five years). The directive defines the acquired knowledge and skills, the activities the basic diploma gives access to, the course of training for pharmacists and the evidence of formal qualifications.

Previous proposals for specialisation in hospital pharmacy have been dropped because consensus could not be achieved. There are two ways forward, said Mrs Surugue. The first is to use the concept of a "common platform", defined as "a collection of criteria on professional qualifications able to bridge the substantial differences between the training conditions in the different member states." Secondly, there may be "the possibility to present proposals for recognition based on minimum common training in view of a future directive".

Mrs Surugue explained the various stages involved in taking these ideas forward, including an overview of current training for specialisation in hospital pharmacy across Europe. The apparent disparities indicate the complexity of the task ahead in finding common ground when the working groups begin next year.

