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Assessing junior doctors

— how pharmacists can be prepared

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Following changes to the training of junior doctors, hospital pharmacists may now be asked to play a formal role in their assessment. This article describes the tool that pharmacists will use to do this, and how one pharmacy department is taking steps to prepare pharmacists for this role



Junior doctors will seek feedback from other health professionals

Recent changes in junior doctor training and assessment have presented opportunities for hospital pharmacists to develop their relationships with medical teams. As part of their training, junior doctors must now ask their colleagues, who may include pharmacists, to complete an assessment, scoring the trainee on their progress.

— New curriculum for doctors

Training for newly-qualified doctors was revised last year and now consists of a two-year foundation programme that is linked to the General Medical Council's "Good Medical Practice" guide.¹ It incorporates the pre-registration house officer year and the first year of senior house officer training. Junior doctors are now known as "F1" (foundation year one) or "F2" (foundation year two) trainees. The terms "junior house officer" and "senior house officer" are being phased out accordingly. The foundation programme curriculum consists of core competencies that trainees will be formally assessed against, and a syllabus that sets out the specific knowledge, skills and attitudes to

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be developed. A number of assessment tools have been developed for use in the foundation programme, including multi-source feedback (ie, input from a number different colleagues), direct observation of the doctor-patient interaction and case-based discussion. One assessment tool, called the Mini-Peer Assessment tool ("Mini-PAT"), is already being used by pharmacists to assess junior doctors, and is an example of multi-source feedback.

— The Mini-PAT

The Mini-PAT is a method of assessing competence by facilitating feedback from different members of the health care team. It is a shortened and adapted version of the original Sheffield Peer Review Assessment Tool², and it is mapped to the core objectives of the foundation programme curriculum.

The trainee doctor will nominate six to eight assessors from the health care team to complete a questionnaire. This involves scoring the trainee against 16 competencies by ticking relevant boxes on the form. An example of this is shown in Figure 1 (p293). Additional space is also provided should the assessor wish to include constructive feedback. Although the assessor's responses are submitted anonymously, their demographic details are recorded. The Mini-PAT will eventually be completed electronically.

The same questionnaire is used by the trainee for self-assessment. Feedback is collated electronically at an assessment centre and is presented on a chart showing the trainee's self-ratings, mean assessor-rating and the national mean ratings. From this, a professional development plan can be agreed between the trainee and their educational supervisor.

— Pharmacy involvement

Last September, the local medical deanery invited health professionals at the Chelsea and Westminster Healthcare NHS Trust,

Further information

Further details about the foundation programme for junior doctors, the reform of pharmacy postgraduate education in the south and the PowerPoint presentation given to pharmacists at the Chelsea and Westminster Hospital, entitled "Foundation year training for junior doctors", can be accessed via *PJ Online* (www.pjonline.com/links/hp). The presentation is also available on the London Clinical Pharmacy Services website (www.londonpharmacy.nhs.uk/clinical) (login required) or by email from the author (barry.jubraj@chelwest.nhs.uk).

Ability to diagnose patient problems	Below expectations for F1/F2 completion		Borderline for F1/F2 completion	Meets expectations for F1/F2 completion	Above expectations for F1/F2 completion		Unable to comment
	1	2			3	4	
Tick							

Figure 1. A section of the Mini-PAT questionnaire that pharmacists may be asked to complete

including pharmacists, to a meeting to discuss the assessments for the foundation programme. The deanery said that in order to obtain a wider view, professionals other than doctors should be encouraged to complete the assessments. This stimulated some debate, including some local consultants asking whether doctors would have the opportunity to assess other professionals in this manner. Some of the competencies for junior doctors now focus on working with other professionals. For example, one of the core competencies at F1 level is “Listens to other health care professionals and heeds their views”.

Following the meeting, we considered participation in the assessments to constitute both an opportunity and a risk. There is the opportunity to further integrate pharmacists into the ward-based team, to promote better relationships and to aid our clinical governance and medicines management roles. However, assessments completed inappropriately or badly could

pose a risk to pharmacists’ relationship with the doctors and to the reputation of the department.

We decided to restrict assessors to those pharmacists of band seven or above and to provide guidance to pharmacists in anticipation of requests for assessments.

— Preparing pharmacists

The first step was to review the foundation programme curriculum and syllabus to identify which areas pharmacists could meaningfully assess.

Areas of the curriculum relating to pharmacy were then mapped to appropriate criteria in the Mini-PAT. Likewise, a master copy of the Mini-PAT questionnaire was marked with curriculum area numbers for easy cross-reference. Panel 1 shows examples of the mapping process.

The next step was to notify stakeholders that we were restricting pharmacy assessors to those of band seven or above and to

Panel 1: Examples of how the Mini-PAT is mapped to the curriculum

Mini-PAT criteria	Specific Mini-PAT skills within the criteria	Mapped to which syllabus area(s) or competency(ies)
Maintaining good medical practice	Technical skills (appropriate to current practice)	<p>Competency 1.1. (iv) — Understands and applies principles of therapeutics and safe prescribing Example: Uses the BNF, pharmacy and computer-based prescribing decision support to access information about drug treatments including drug interactions</p> <p>Competency 7.0. (ix) — Safely and effectively uses common analgesic drugs Example: Prescribes opioid and non-opioid analgesic drugs safely</p>
Working with colleagues	Ability to recognise and value the contribution of others	<p>Competency 1.1. (iv) — Understands and applies principles of therapeutics and safe prescribing Example: works closely with pharmacists to ensure accurate, error-free prescribing</p> <p>Syllabus area 4.0 (ii) — Working with colleagues Knowledge required: Roles and responsibilities of team members and other professionals in patient care Skills required: Seek to involve other professionals in the management of patients and their illnesses where appropriate</p>

Panel 2: Feedback on using the Mini-Peer Assessment Tool

The following comments were received from pharmacists at the Chelsea and Westminster Healthcare NHS Trust after completion of Mini-PAT assessments.

“It took me no more than five minutes... it was brief and easy to use. The close working relationships... as a result of our team-based system places [pharmacists] in an ideal position to assess... and may even work in our favour to enhance our role.”

“I enjoyed [the] opportunity to feed into the review process... I feel there has been a tangible improvement in my relationship with the F1s as a result.”

“I am involved in teaching them about prescribing and monitoring... I can also assess how effectively they deal with recommendations regarding drug therapy... The benefits to pharmacy are that it is another way of reinforcing the pharmacy contribution to junior medical staff training.”

reassure the pharmacists about the volume of work involved in completing the assessments. The deanery had assured us that a Mini-PAT should only take ten minutes to complete, and that assessment should only be against parts of the foundation programme curriculum that are familiar and relevant to the assessor. The benefit of the mapping system is that assessors can now quickly identify the areas relevant to pharmacy, without needing to be familiar with the entire training curriculum.

We then created a PowerPoint presentation to explain the curriculum, the mapping process, and guidance on completing a Mini-PAT. This was sent to the local deanery and the postgraduate medical centre consultant for comments, and was then circulated throughout the pharmacy department.

A small number of Mini-PAT assessments have been completed by pharmacists so far, and some interesting feedback has been received (see Panel 2).

The future

We anticipate that as familiarity with the foundation programme increases, adequately trained hospital pharmacists will have the opportunity to become more involved in the training and assessment of junior doctors. In addition to providing the immediate assessment and feedback needs of the trainee doctor, the assessment process provides an opportunity to enhance the profile of the pharmacy department and to develop better relationships with medical teams.

In addition, a major reform of pharmacy postgraduate education in the south of England, led by five schools of pharmacy in conjunction with NHS Trusts, is to include assessments using the Mini-PAT, so pharmacists will benefit from being familiar with the tool.

ACKNOWLEDGEMENT: Thanks go to the pharmacists who gave feedback on the use of Mini-PAT.

References

1. General Medical Council. Good Medical Practice. London: GMC, 2001.
2. Archer JC, Norcini J, Davies HA. Use of SPRAT for peer review of paediatricians in training BMJ 2005; 330:1251-4.