

An evaluation of the South Essex integrated preregistration programme for community and hospital training

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AIM • To review preregistration trainees' and tutors' opinions of an integrated preregistration training programme undertaken in community and hospital pharmacy.

DESIGN • An evaluation by qualitative methods using in-depth interviews.

SUBJECTS AND SETTING • Four preregistration trainees and four tutors working in South Essex.

OUTCOME MEASURES • Trainees' reasons for choosing the integrated scheme; roles of the tutors in the two sectors; achievement of the required competencies; procedures undertaken to enhance integration; benefits arising from the scheme; organisational aspects of the integrated programme.

RESULTS • Trainees benefited from contact with two different tutors, different working environments and different aspects of pharmacy practice. The nature of the integrated scheme, with trainees changing from one sector to the other, created some tensions. However that carried with it the benefits of developing skills of adaptation and trainees capable of bringing transferable skills from one sector of the profession to another.

CONCLUSIONS • The integrated scheme met the need recognised by the Royal Pharmaceutical Society's Council that, for pharmacists of the future to be effective practitioners, they need to possess a balance of skills obtained from both main sectors of practice. The findings of this pilot project should be used to the benefit of future preregistration trainees, the profession and the public.

In 1987 the working party on education and training set up by the Pharmaceutical Society of Great Britain published a report on preregistration experience and vocational training.¹ The working party recommended that preregistration experience should comprise two periods of six months, one in a community pharmacy and the other in a hospital pharmacy environment. The basis for its recommendation was recognition of the strengths of both experiences.

The Council of the Society decided not to move towards implementation of a mandatory six-month split training year at its meeting in April 1996. It concluded that the overriding aim of any amendment to the preregistration training structure or programme should be enhancement of patient benefit and to this end, all objectives of training needed to be directed at producing pharmacists "fit for practice".² The Council did recognise, however, that for pharmacists of the future to be effective practitioners, they would need to possess a balance of skills obtained from both main sectors of practice, allowing the development of both clinical

and advisory skills. It recognised that such duality of experience would also promote seamless care and better co-operation within the profession.

The Council recognised that requiring all preregistration training programmes to be structured in a certain way, such as two separate six-month periods in hospital and community pharmacy, could be limiting and would not necessarily result in the desired objectives being achieved. It therefore agreed that it would be better to be clear and specific about the desired outcomes of training, in terms of the skills and knowledge required of newly registered pharmacists. Once these outcomes were defined it would be for training providers to ensure that the outcomes were achieved, but the process of doing so would not be prescribed by the Society.

It was against this background that in South Essex a novel form of joint preregistration training was proposed for four trainees from August 1998.³ Initial discussions were between the directors of pharmacy at the South Essex Health Authority, Basildon and Thurrock General Hospitals NHS Trust, and Southend Hospital NHS Trust.

The idea was taken forward as a tripartite co-operative venture with representatives from the two trusts and the South Essex Local Pharmaceutical Committee, which proposed a training programme that would be provided in four three-month periods within hospital and community pharmacy. The aim was to provide a more

integrated form of training that fitted future pharmacists for practice in both hospital and community pharmacy.

The scheme received approval from the Royal Pharmaceutical Society as a pilot project subject to an evaluation of preregistration trainees' and tutors' opinions.

The aim of this evaluation was therefore to undertake a review of the preregistration trainees' and tutors' opinions. More specific objectives were to:

- explore the background to the scheme
- explore the trainees' reasons for choosing the integrated scheme
- investigate the roles of the tutors in the two sectors
- assess whether the required competencies could be met by the scheme
- identify procedures undertaken to enhance integration
- identify any benefits arising from the scheme
- identify organisational aspects of the integrated scheme
- make recommendations for the future of integrated schemes

METHOD

To achieve the aims and objectives of this evaluation, qualitative methods were chosen. They have the advantage of providing richly descriptive reports of individuals' perceptions, attitudes, and views.⁴ From a practical point they are of value to obtain the views of a small number of respondents, in

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this case four preregistration trainees and four tutors.

In-depth interviews were carried out with the preregistration trainees at the start of each of the three-month periods. Interviews with tutors were held after the first change over of preregistration trainees. An interview guide was used to direct the focus of the interviews. The interviews were held at work locations, in private. Interviews were tape-recorded with the consent of the respondent, and later transcribed. The interviewer (AA) had no involvement with the preregistration training process and maintained independence from the trainees and tutors during the evaluation.

The data were analysed to identify themes and issues raised during the interviews. To minimise the effects of single researcher bias, a second independent researcher read the transcripts to check the validity of the findings.

Some of the verbatim quotes from the interviews are used to illustrate the issues relevant to the evaluation. Whether the quote was from a trainee or a tutor is indicated. Because of the small number of individuals involved a unique identifier has not been used. An indication is given of which month of the preregistration year the comment was made (01 = first month, etc).

RESULTS

The background to the scheme — recruitment and retention Within the hospital sector the impetus for setting up the scheme was to improve recruitment and retention in the area. From the trainees' perspective the year did engender feelings that could be beneficial to retention expressed by two of the trainees in their concerns that if they left the area they would be "letting them down" (trainee, 10). Three of the four trainees have stayed in the Essex area.

Trainees' reasons for choosing the integrated scheme The scheme had been advertised to students using the phrase: "Hospital or community preregistration? Undecided? Then why not try both?"

The trainees appeared to have chosen the scheme not because they were undecided, but because they recognised the potential advantages of the scheme to offset the perceived disadvantages of training in a single sector. The "best of both worlds" was a phrase used by the trainees. They based their decision to do the integrated scheme on past experiences and perceived orientations of the two sectors of the profession. Hospital pharmacy was seen as more clinically oriented and community pharmacy more management oriented. Reservations were expressed that a complete training might not be achieved in either. Vacation experience of working in community pharmacy had led two of the trainees to express the "boredom" which they experienced in that sector.

One of the trainees had initially started training on a full hospital year but converted to the integrated year when a vacancy became available in the first few weeks:

"I was thinking of the future, maybe it would be good if I had both experiences." (Trainee, 03)

The roles of the tutors in the two bases The experience gained by the trainees in the two sectors highlighted differences between the nature of the contact with the two tutors. In community pharmacy, trainees were in daily contact with a tutor, whereas in hospital pharmacy the tutor worked at a distance from their daily activities. The trainees identified the benefits of having two tutors:

"Having two tutors you get the benefit from both sides. . . . You get two sides. You are better off really compared with someone who's done just one." (Trainee, 08)

The trainees wanted to see the links between themselves and the tutors strengthened to improve both communications and the appraisal process. It was recognised that this would put increased pressure on the time commitment of the tutors.

One of the hospital tutors, who had experience of other split preregistration schemes such as the Bradford scheme and the industry/hospital split, perceived benefits for the integrated scheme by comparison with these other schemes. The different nature of the relationships between the tutors in each sector and the trainees was also identified:

"We're in an advantage compared to the Bradford scheme, in that [in the Bradford scheme] you don't know the [other tutor]." (Tutor, 01)

The community tutors, who were both new to the role of preregistration tutor perceived their roles as complementary to the hospital tutors in a similar way as perceived by the trainees. The advantage of two tutors was also recognised as having shared responsibilities:

"I think they [tutor's roles] are different totally. Principally because [the hospital tutor] is much more distant from the trainee and the day-to-day training is being done by his staff rather than himself." (Tutor, 05)

Achievement of the required competencies within the scheme A programme of sector competencies was drawn up for each trainee detailing what would be covered in each 13 week block in each sector. There was recognition by one of the hospital tutors that the integration of competencies was more difficult than for a continuous 12 months in hospital, partly due to organisational issues. However it was easier than a hospital/industry split year.

The trainees seemed to be satisfied that all the major competencies required had been achieved, although it was recognised that some were difficult to achieve within the span of the year. However, this observation was not associated with the integrated programme:

"I'm sure I have [covered competencies]. They said that no matter how many months you spend they are very difficult to get. Things like 'resolve

conflicts between colleagues' and things like that. Unless you've got a really tensed up atmosphere I think that's very hard." (Trainee, 10)

Procedures to enhance integration Liaison between the tutors was perceived by them as being more necessary for the three-month splits than for a six-month split. One of the tutors expressed the view that they had a "vested interest" in ensuring that liaison was good as they would be getting the trainee back again.

From the trainees' perspective there were some difficulties attributed to the lack of continuity or integration between the blocks. These may relate to a developing preference for a particular training base:

"It took me time to adjust to things again and I think it took me time to adjust to people, it took them time to adjust to me. . . . It was easier to adjust to community because it's just one pharmacy, one or two persons you work with, same computer. . . . Here you see different people on different days and you do different rotations as well." (Trainee, 10)

"You've got to start all over again so you feel as though you're in the first month of your [preregistration training] all over again" (Trainee, 12)

The integration of the training in the two sectors is essential for the benefits of the scheme to be realised and several recommendations are made (see below) to enhance the integration.

Because of lack of integration between the two sectors two of the trainees would have preferred the training to be in two six-month blocks. This seemed to outweigh the perceived benefits of the three-month split:

"Initially I thought it would be more interesting and less boring to have four blocks of three, it is less boring but in a way it could be detrimental. I would actually now say if I had the choice I would go for two blocks of six months." (Trainee, 10)

"I think it would be a lot easier to settle somewhere for six months and then go to a completely new place for six months. When I did this scheme I thought, well, its going to give me variety because I know I'm going to get bored easily, which is one of the major advantages of the system. You do three months, you go away and you do completely different things for three months. You come back and you're all refreshed to come back to a completely different field." (Trainee, 10)

The other two trainees preferred the three-month blocks, expressing benefits in terms of interest and improving on skills when returning to the sector. The trainees who had a preference for the three-month periods both began their training in hospital pharmacy, whereas the two preferring six months started in community pharmacy. With such small numbers it is difficult to draw conclusions from this but it is worthy of note.

It may be that those starting in the smaller environment found the change to a larger organisation more difficult to handle:

"For me it has been all good [doing three-month splits], compared to six months and six months. I think it was better. You have the time for going back to that section. It was more interesting." (Trainee, 10)

"If you were doing the six months continuously you wouldn't have the second chance to come back and improve on what we didn't do so well. You get a time to digest it when you're away in hospital. When you come back for the next three months you sort of have a go at the things you didn't do well. It gives you the chance to correct things." (Trainee, 10)

The hospital tutors both justified the three-month split as necessary to avoid a preference towards one sector or the other simply based on time factors:

"The idea was that, with a six-month one way and a six-month the other, the [trainee] is more likely to be orientated towards the one they've just been to at the end of their year. We wanted it to be a little more of a true integrated scheme. We thought it was a bit more likely to be an even year in terms of experience of those two sectors." (Tutor, 03)

The community tutors also recognised the advantages of the three-month split in terms of a progression:

"The thing that I think is important is the revisiting back. That is the key to it, the fact that you are actually going back and revisiting what you've done before. If you have a standard six-month block you complete the community bit or the hospital bit and its done. If you do your three months you get up to speed and you've got time to move on. . . . That to me is the greatest advantage." (Tutor, 05)

One of the hospital tutors, at the start of the scheme, had expected that the trainees might not feel part of the team:

"The only thing I suppose . . . would be that the students don't feel quite as much a part of the team in the hospital. . . . Because they're not here for the whole time they may miss out on some of the things in the three months that's gone by. . . . They might feel — oh, I've been out for three months — but I hope that's not the case." (Tutor, 04)

This concern was borne out by some of the trainees' experiences:

"I feel as though I'm floating in and out and nobody knows what I'm doing or really cares what I'm doing. That kind of put me off a bit when I first came back here. They think I'm here for another three months and then I'm gone so it doesn't really matter to them." (Trainee, 10)

"You're not like a full [preregistration trainee]. You're going to go away and come back. I felt I belonged more in community pharmacy. I think mainly because I had more contact with people there. The pharmacist and the shop assistants, I worked with them on a daily basis." (Trainee, 10)

Benefits arising from the scheme One of the major benefits identified from the scheme was the opportunity for the trainees to gain experience of each sector and to be able to use transferable skills in the pharmaceutical care of patients:

"It crossed over quite a bit both ways from community to hospital and hospital to community and when I went back to community there were a lot of things that I learnt in hospital that I put back into practice in community." (Trainee, 10)

One of the hospital tutors recognised perceived benefits being brought into the hospital base:

"They're bringing in some of the things that they've learnt in the community, things that I haven't come across, some of the OTC stuff or some counselling that perhaps they've done in community" (Tutor, 04)

The trainees recognised potential advantages for the examination over those who had done all their preregistration year in one sector:

"I think I have an advantage over other [trainees] because I've seen both parts. When I look at the syllabus I think, well, I've done that and I've done that so it shouldn't be a problem. Its just a matter of sitting down and going through everything because I'm familiar with it." (Trainee, 08)

The trainees also recognised personal benefits in their own confidence. This seemed to be enhanced by the envy of their peers who perceived the integrated scheme as being of benefit:

"It develops the person. . . . I think I'm really lucky to have got this place. All my friends are envious." (Trainee, 02)

"I see myself as being in a better position. It has more to do with benefiting me." (Trainee, 02)

"One of the pharmacists, based in the hospital, she said it was a good idea. She said she wished they'd had that chance." (Trainee, 10)

"Most people when I tell them what I'm doing would prefer to do the same." (Trainee, 12)

The benefits of the integrated scheme for preparing the trainees for their future careers were counterbalanced by the dilemmas that were created by the choice available

"It's an advantage because I've got a choice of what I could do in the future. I was talking to one of the principal pharmacists. He asked me what I wanted to do. I told him the same thing. I'm still biased towards community pharmacy but if I get a hospital job I can do it." (Trainee, 08)

"I'm kind of stuck in a real dilemma. . . . It's quite hard to make a decision right now. . . . If I hadn't known any better I would have probably stuck to community or stuck to hospital but knowing the two differences and knowing how

much they do differ you have to make a decision. It's around this time of making a decision that you think, oh I wish I didn't know anything about the other side." (Trainee, 08)

The ability of the scheme to create a flexible workforce, which would be an advantage to the profession, was recognised by one of the hospital tutors.

"You've got people who can move between different sectors so I think you've got more flexibility." (Tutor, 04)

Benefits to the public could be attributed to the scheme from improving the interface between primary and secondary care, an area of potential problem for the patient. The tutors identified potential benefits, recognising the difference between knowledge and skills in this area:

"I think that some of the [trainees] will feel more comfortable talking to some of the patients . . . on things like health promotion. . . . They may feel more confident than a fulltime hospital [trainee] who should have learnt it for the exams, but may feel less confident than someone who's been doing it for three months." (Tutor, 04)

The integrated scheme could impact on the future practice of the trainees through the increased opportunities it provided for them to identify role models. The traditional community training provides an opportunity to work alongside one person in community pharmacy, who may or may not be a good role model. This contrasts with the hospital training where trainees come across more pharmacists and can therefore follow aspects of good practice from a wider choice. However the opportunity to identify role models may be harder because of the short time spent with each pharmacist.

Another major advantage of the integrated scheme was the opportunity that it provided particularly through the experience in the community sector for the preparation of the trainee for their responsibilities as a pharmacist. This seemed to be a benefit that was not so easy to attain in the hospital sector due to the rotational nature of the training:

"That transition should be like a process. . . . I find that with [community tutor] a lot of progression towards becoming a pharmacist — 'I'm the technician you're the pharmacist what would you do?' That's helps with making decisions." (Trainee, 10)

RECOMMENDATIONS

The scheme has been well-received outside Essex and interest in the scheme and hope of its future extension into other parts of Britain has been expressed, in particular in Manchester and Oxford. Since this evaluation, the Council of the Royal Pharmaceutical Society has agreed in principle to revise the requirements for the preregistration year so that all trainees would spend some time in both hospital and community pharmacy. The lengths of the two periods would

be flexible, subject to a specified minimum period in the secondary field of employment.⁵ The Society's preregistration advisory group is drawing up guidelines for the secondary periods, to include indicative content and an indicative period.⁶ Training providers would have the flexibility to arrange placements to suit their trainees.

We offer eight recommendations (see Panel) which we believe should be considered in the development of preregistration schemes similar to that in South Essex and which will provide an equal amount of training in the two sectors.

CONCLUSION

Trainees undertaking an integrated preregistration year have the benefit of contact with two different tutors, different working environments and different aspects of pharmacy practice.

Because of the nature of the integrated scheme, with trainees changing from one sector to the other, it invites constant comparison between the two. This may be beneficial from the viewpoint of helping the student identify their personal preference, but it can create some tensions. However, it carries with it the benefits of developing skills of adaptation and trainees capable of bringing transferable skills from one sector of the profession to another.

The integrated scheme fulfilled the requirement to produce pharmacists "fit for practice". It met the need recognised by the Royal Pharmaceutical Society's Council that for pharmacists of the future to be effective practitioners, they would need to possess a balance of skills obtained from both main sectors of practice, allowing the development of both clinical and advisory skills.

We believe that the findings of this pilot project should be used for the benefit of future preregistration trainees, the profession and the public.

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RECOMMENDATIONS

We believe the following recommendation should be considered in the development of preregistration schemes similar to that in South Essex and which will provide an equal amount of training in the two sectors

1. Schemes should be advertised positively, emphasising the benefits rather than trying to appeal to the undecided.
2. The integration between the two sectors needs to be strong. Possible mechanisms to achieve this include:
 - Projects which span the two sectors
 - Specific duties to link trainees, eg, patient admission and discharge liaison
 - Meetings of all tutors and trainees
 - Ensuring trainees develop a responsibility to keep in touch with each other both formally and informally.
3. To encourage a team identity for the trainees on the integrated scheme, a common induction programme through joint meetings and an information pack should be developed.
4. The timetable for training in each sector needs careful consideration and should be sufficiently flexible to recognise opportunities experienced in each sector.
5. In the hospital sector mechanisms need to be strengthened to increase the level of responsibility given to trainees as they progress towards becoming pharmacists. A common thread of practice within the dispensary and in their clinical work to run alongside the compartmentalised rotations might help to achieve this.
6. Staff working within the different sectors must be made aware of the programme. Their commitment to the scheme is important to ensure integration.
7. Trainees need to be made aware of the advantages of exposure to different working environments and organisational structures. They need to be able to adapt to make the most of these experiences. Additional training and mentor support may be necessary to help achieve this.
8. The administrative arrangements made by the Royal Pharmaceutical Society for the preregistration year need to be adapted to take account of integrated schemes.

ing from the South Essex Education and Training Consortia. Virginia Wykes, preregistration education officer, Royal Pharmaceutical Society, provided background information. All are thanked for their contributions.

FURTHER DETAILS Information on the funding arrangements and the timetabling of sector competencies can be obtained from Steve Nice, Director of Pharmacy, Southend Hospital, prittlewell Chase, Westcliffe-on-Sea, Essex SS0 0RY.

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