

# On-Call Training Provision Exploratory Report



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## Background

The GPhC Standards for the Initial Education and Training of Pharmacists<sup>1</sup> encourages cross-sector training to develop adaptable pharmacists and many training providers have moved to this model for the foundation training year<sup>2,3</sup>. Out of hours and on-call service provision is a core skill for many newly qualified pharmacists working in secondary care services.

This work has arisen from concerns raised by several stakeholders within the HEE Pharmacy London and South East regions that introducing a cross-sector programme and reducing time spent within secondary care services during the foundation training year would impact on pharmacists' preparedness to provide on-call services at the point of registration. Alongside this, there have been historical concerns about the quality assurance and standardisation of the provision of on-call training. This report summarises the findings from initial engagement with regional stakeholders who provide on-call services.

## Aim

This exploratory report looks to:

1. Understand the current provision of on-call training in London & South East region and at which point in early career development it takes place.
2. Understand if on-call leads are planning changes to on-call training provision because of cross-sector placement foundation year programmes.
3. Explore support, training and governance arrangements around on-call services.

## Methodology

Two short surveys were developed using JISC<sup>®</sup> survey software: one for completion by on-call training leads and one for completion by on-call pharmacists.

The survey links were emailed to Educational Programme Directors (EPDs) within the HEE Pharmacy London and the South East contact list, who were asked to forward to on-call training leads and pharmacists providing the on-call service within their organisations.

## Survey results

### Part 1: On-call lead survey

#### Respondent Demographics

Responses were received from 12 organisations' pharmacist on-call leads within London and the South East. There are 45 acute trusts within the region, providing a 27% response rate:

- 7 responses were received from acute hospital trusts.
- 4 from mental health trusts
- 1 from a tertiary centre.

#### **1. What current training and support exists within your department to prepare pharmacists for providing an on-call service?**

The provision for this question was that on-call induction is provided by either the on-call lead pharmacist or a senior on-call pharmacist, this was mentioned in 6 of the responses. 5 on-call training leads stated that they ask pharmacists who are new to the on-call service to complete the e-Learning for Health (eLfH) assessments for on-call pharmacists<sup>4</sup>. Review of on-call record logs was included by 2 respondents. WhatsApp groups and buddy systems were also stated as part of the training and support mechanisms within their departments, particularly for the first time a pharmacist is on-call.

There was wide variation in the level of detail provided ranging from description of a 6-week induction course for prospective resident pharmacists to no formal training provision but induction and senior support through the initial period.

Full on-call lead survey responses to this question can be found in Appendix 1.

#### **2. Is this training or preparation delivered within the foundation training year, or is it provided post registration?**

All respondents stated that training took place post registration for pharmacists, with 2 of the 12 organisations offering additional training towards the end of the foundation training year.

#### **3. With the increase of cross-sector programmes for the foundation training year (i.e., trainees spending 39 weeks or less in their hospital setting as opposed to the full 52 weeks) do you anticipate any issues in relation to on-call preparedness?**

Most pharmacy on-call leads did not anticipate issues with on-call preparedness due to cross-sector training in the foundation training year (9/12 respondents). They detailed that there is delay after qualifying to joining the on-call rota, usually until completion of the probation period and on-call training is delivered during this time (approximately 4-6 months). Those with historical experience of providing cross-sector foundation training programmes felt that this was sufficient in maintaining quality of their on-call service. One on-call lead highlighted that it "would be good to develop system links to deliver on-call training collaboratively".

**4. If yes, what adjustments do you plan/have you made to your foundation training year or the post registration on-call training to accommodate? Please provide details of these adjustments, if any.**

8 training leads responded to say they have no plans to adjust on-call training. 3 training leads mentioned steps they are taking to adjust on-call training provision:

- “Reduced on-call training group numbers to 1-2 people, to give more time and a more focused session”.
- “Delay joining the on-call rota for 6 months, this allows newly qualified pharmacists to gain experience and develop skills within hours to then transfer to out of hours calls”.
- “Consider carrying out practice on-call queries to gauge how foundation pharmacists respond”.

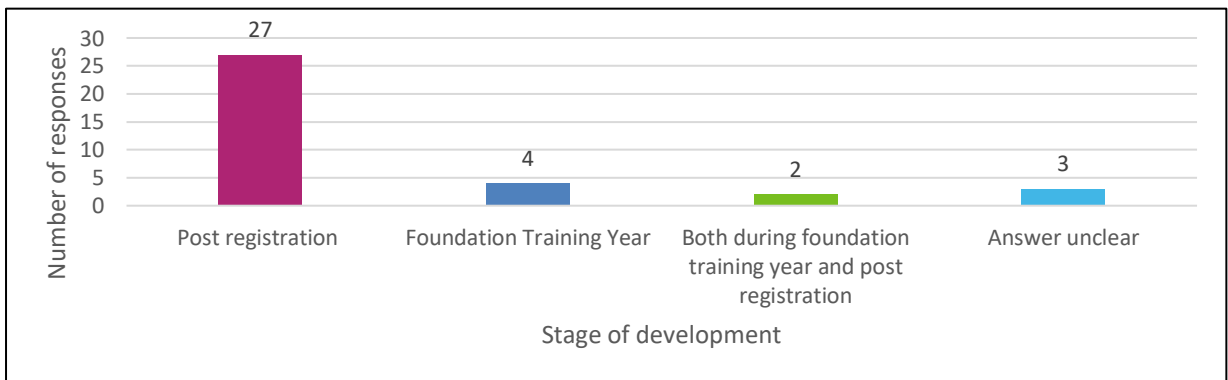
**Part 2: On-Call Pharmacists’ Survey**

Responses were received from 36 pharmacists providing an on-call service within the London and South East region. 32 responded from acute hospital trusts, 3 from mental health trusts and 1 from a tertiary centre. 4 pharmacists who responded received on-call training in acute hospital trusts outside of the London and South East region.

**1. Was on-call training provided during your foundation training year or post registration?**

Most on-call pharmacists stated they had received on-call training post-registration (N=27, graph 1). 4 respondents stated that their on-call training occurred during their foundation training year.

There appeared to be some confusion with the terminology of ‘foundation training year’. Respondents may have been more familiar with previous terminology i.e., ‘pre-registration training year’ and this may have accounted for the unclear responses which have been represented in Graph 1, though it was not possible to fully determine the reason in advance of this report.



Graph 1: On-Call Pharmacists’ response to when they had received on-call training.

## **2. What element(s) of your on-call training did you find best prepared you or was the most helpful?**

Analysis of responses resulted in the identification of 4 themes:

- Speciality training provided by Trust specialists and clinical rotations.
- Training on prioritisation, practicalities of accessing items and resources.
- Learning from others previous experience and example queries.
- Colleague support, shadowing and back up pharmacists.

2 individuals were unable to recall specifics about their on-call training provision. One comment was made that back-up pharmacists did not receive on-call training. Another mentioned that their on-call training was so brief that they could not define elements within it.

Further detail of the themed responses provided for this question can be found in Appendix 2.

## **3. Do you feel there were any elements missing from your on-call training that would have better prepared you for on-call?**

Responses from 7 on-call pharmacists indicated there were no elements missing from their on-call training with 1 specifically mentioning they felt their training had been “really good”.

In contrast, 4 pharmacists mentioned that they had no or very little on-call training within their organisation.

Comments made regarding **missing elements** can be broadly themed into 4 categories:

- Example scenarios, simulation and colleague support (9 responses)
- Practical training (14 responses)
- Clinical training (6 responses)
- Equipment provision (1 response)

One respondent could not remember the on-call training they were provided.

Further detail of the themed responses provided for this question can be found in Appendix 2.

## Summary and Next Steps

Most on-call training leads did not feel that trainee pharmacist participation in cross-sector programmes during their foundation year would negatively impact their ability to take part in an on-call service on registration, and consequently they are not planning to adjust their training provision.

Key Findings	Next Steps
<p>Some organisations are hesitant to introduce cross-sector training as they feel this would limit clinical exposure and on-call service quality. However, this conflicts with the views of organisations successfully running cross-sector foundation training.</p>	<p>NHS England – Workforce, training and education directorate, Pharmacy London to circulate this report to chief pharmacists and educational programme directors, for wider distribution to on-call service leads, to share learning from other organisations</p>
<p>The survey identified significant variation between organisations in the approach to delivering on-call training, the perceived usefulness of these differing approaches, and the need for collaboration in delivering training.</p>	<p>Chief pharmacists and on-call lead pharmacists should consider reviewing the full feedback provided in the appendices within this report to identify potential areas for improvement and to further develop bespoke training suited to the on-call service provision within their organisation.</p> <p>Organisations with similar service provision to consider collaboration to standardise training provision and governance procedures.</p> <p>NHS England – Workforce, training and education directorate, Pharmacy London to consider these report findings alongside the e-LfH Assessments for On-call Pharmacists evaluation<sup>2</sup> to further develop this e-learning resource.</p>
<p>There was limited reference to on-call documentation or logs review and feedback of on-call query responses, particularly as a quality assurance measure.</p> <p>The on-call pharmacist respondents felt this would be a useful learning resource.</p>	<p>Where this is not already part of standard practice, organisations should seek to incorporate a system to monitor the quality of on-call responses as part of the governance of on-call service provision and aim to share learning from these in a standardised manner.</p>

## Limitations

- A small sample size of respondents limited the reliability of results.
- The survey was inclusive of all on-call pharmacists including those with experience and newly qualified and therefore the time elapsed since receiving training would have been considerably different among the sample.
- The level of data captured for demographics was limited so authors were unable to link feedback to level of service provided.
- Quality assurance procedures were not specifically asked as part of this survey and instead conclusions were drawn from ad hoc information within the responses therefore some detail may have been missed and may not be conclusive.
- The surveys were formed of open questions so did not force respondents to categorise their replies or consider specific information, this was purposeful as exploratory rather than complete capture.

## References

1. General Pharmaceutical Council, 2021. Standards for the initial education and training of pharmacists. Available from: <https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-initial-education-and-training-of-pharmacists-january-2021.pdf> (Accessed 28/03/2023).
2. Health Education England, 2023. Outcome Report 2022 – 2023 - National Foundation Pharmacist Recruitment. Available from: [https://www.lasepharmacy.hee.nhs.uk/dyn/assets/folder4/recruitment/national\\_recruitment\\_scheme\\_2022\\_outcome\\_report.pdf](https://www.lasepharmacy.hee.nhs.uk/dyn/assets/folder4/recruitment/national_recruitment_scheme_2022_outcome_report.pdf) (Accessed 29/6/23)
3. Health Education England, 2022. Outcome Report 2021 – 2022 - National Foundation Pharmacist Recruitment. Available from: [nrs\\_2021\\_outcome\\_report.pdf \(hee.nhs.uk\)](https://www.hee.nhs.uk/nrs_2021_outcome_report.pdf) (Accessed 29/6/23)
4. Health Education England, 2022. Assessments for on-call pharmacists. Available from: [Assessments for on-call pharmacists – e-learning for healthcare \(e-lfh.org.uk\)](https://www.e-lfh.org.uk/assessments-for-on-call-pharmacists) (Accessed 28/3/23).



## Appendix 1 – Responses from On-Call Training Leads

Responses to question below are provided as direct quotes.

### 1. What current training and support exists within your department to prepare pharmacists for providing an on-call service?

"Initial induction ~ 2.5 hours to go through structure, plan and possible queries. Also trained in wards and basic screening which pharmacists do daily. Also, weekly on-call meetings to check in, provide training and go through past queries."

"Brief on-call induction, direction to previous on-call query logs, support from on-call pharmacist WhatsApp group."

"IT training, robot training, fridge system training. We expect our on-call pharmacists to be undertaking a clinical rotation prior to starting on-call rota so that they have had some experience with dealing with queries on wards. They are provided with a buddy for their first on-call weekend and set of weekdays. This is an experienced on-call pharmacist."

"One week of afternoon teaching sessions from clinical specialties varying from surgery, medicine, critical care to MI, COVID treatment group, aseptics, intrathecal etc. Also, session on "operational aspect" and "complex clinical queries"

"We provide a comprehensive 6-week induction prior to undertaking residency. This encompasses a variety of training provided directly by the various specialist pharmacists and teams. We host training sessions specifically focused on enquiring answering, resources, problem solving. We have also offered the HEE Module this year which was new too. We also facilitate a period shadowing with experienced resident pharmacists first as well as mandatory completion of the Resident Workbook. We also have a large number of Resident SOPs to be read and understood which relate to many out of hours processes/situations/enquiries. We also have an extensive support system in place in terms of how we structure the service as well as backup provision. We have a daily rota for back up pharmacists within some specialist areas like oncology, paediatrics and ICU in addition to the traditional 'back up' pharmacist."

"We have adapted the checklist from the medicines learning portal to include some local niche guidelines etc, as a specialist cancer hospital. Pharmacists joining the on-call rota have an induction with the on-call lead and complete the reading checklist and outstanding accreditations. They would also have brief inductions with specialist areas (e.g., critical care, or how to use Tutela). Those without prior on-call experience would also complete the e-LfH on-call pharmacist module."

"Training session with nominated senior on-call pharmacist to go over policies, resources, contents of on-call bag, how to use phone etc. Asked to arrange sessions with lead ICU and paediatric pharmacist which include TTO screening and background reading. Asked to complete HEE on-call assessments prior to starting and send certificate to lead."

"Induction and the HEE on-call (*e-LFH assessment for on-call pharmacists*) was sent out to staff".

“Induction and face to face training session with on-call lead”

“Review of on-call resources available with E&T lead and back up pharmacist for first on-call”

“Fifteen-minute induction with a senior, signposted to e-LfH on-call pharmacist assessment, regular on-call staff meetings and an on-call pharmacist WhatsApp group.”

“No formal training. Just induction. Experienced on-call pharmacist support new joiners closely in the initial period.”

## Appendix 2 – Responses from On-Call Pharmacists

Responses to the questions below have been grouped into themes (N=36).

### 2. What element(s) of your on-call training did you find best prepared you or was the most helpful?

#### **Speciality training provided by Trust specialists and clinical rotations (N=4)**

Speciality specific training and quizzes e.g., paediatric, IVIG

Rotations through all specialties

Specialty based presentations.

#### **Training on prioritisation, practicalities of access and resources (N=11)**

Practical elements- Alarm codes, keys, opening up/locking up department,

Review of key resources and passwords/access information for these

Highlighting key standard operating procedure (SOPs)

Familiarity with stock and location of stock lists

Systems training e.g., stock locators

Training and guidance on prioritising calls

Out of hours contact details

Availability of Trust On-Call policy and guidance on remit of on-call responsibilities and when to refer to day team.

#### **Learning from others' previous experience and example queries (N=9)**

Electronic on-call database in shared location to review previous enquiries and response

Sharing of first-hand experience from those already providing the service.

#### **Colleague support, shadowing and back up pharmacists (N=9)**

A WhatsApp group and/or support system from colleagues

Opportunity to practice on-call with a colleague before leading alone

Back-up senior pharmacist for first on-call

Shadowing a late night.

**Nil training provision or unable to remember (N=4)**

**Additional comments**

“N/A - on-call training was 1-2 hours so there were no specific elements”

**3. Do you feel there were any elements missing from your on-call training that would have better prepared you for on-call?**

**Example scenarios, simulation and support (N=9)**

Examples of past on-call queries and exploring different scenarios of different calls.

Practice/ simulations of hard queries or calls with a senior pharmacist

A practice late shift

Assurance from specialist pharmacists that they could be contacted out of hours for advice in certain circumstances

A presentation of common or complex examples of on-call.

**Practical training (N=14)**

More training on practical issues rather than clinical support

Some exercises on how to find the location of stock out of hours

Electronic system training e.g., EPMA, stock locators

Good knowledge of operations and pharmacy stores

Highlighting relevant documents e.g., High-risk medicines, IVIg protocol, Critical medicines protocols out of hours, rarely used medicines list, obtaining medicines for community patients out of hours

Procurement procedures e.g., stock/antidotes/critical medicines not stocked at the trust from other organizations.

Location of certain emergency medicines

Emergency procedures in major incidents.

Other training e.g., Lone working training, managing conflict/pressure/prioritisation, medicines information portal and questioning style

Clear guidance on expectation and responsibility of on-call service i.e., identifying if a supply is required and inappropriate requests.

### **Clinical training (N=6)**

Specific specialities and clinical topics mentioned included managing enquiries from haematology, oncology and chemotherapy, intensive care unit (ICU), IVIG for paediatrics and total parenteral nutrition (TPN).

### **Equipment provision (N=1)**

Provision of a laptop for on-call pharmacists is essential.

### **No training, significantly lacking or unable to remember (N=5).**

### **Additional comments**

“I was well prepared for my first on-call. I think if we had been paid as an on-call pharmacist for the shadowing sessions and were given the same time off in-lieu it would have been better as often I was over tired and not focused because of the pressure of being in early the next morning. If I knew I had a rest period, I would have probably absorbed more information.”