



# Pharmacy Workforce Transformation Training Programme

## End of Programme Report

### April 2023

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## Introduction

The programme, commissioned by Health Education England (HEE) and delivered by Maudsley Learning (ML), aimed to provide added value by targeting and supporting the community pharmacy group within primary care workforce. This group is often neglected in training provision, unsure exactly how to connect with the wider healthcare system, and often not supported directly to work with mental health.

### SCOPE

This programme sought to develop a mental health training programme of complementary resources to support the treatment, prevention and promotion of skills for the pharmacy workforce and meet learners' needs through online simulation training, masterclass, and digital resources. The original target was to deliver training resources to 208 pharmacists across London, Surrey, Sussex and Kent through Simulation session delivered over 4 dates and Masterclass sessions delivered over 4 dates.

The training programme aimed to support the following areas of the specification:

- Upskill the pharmacy care workforce in awareness, identification and prevention of mental illness, severe mental health and better support people with their mental health and wellbeing.
- Deliver mental health and workforce transformation training to support c.208 pharmacists to develop new models of integrated primary and community care for adults and older adults with mental health and severe mental health illnesses.
- Developing pharmacy teams' knowledge and awareness around suicide prevention

### Masterclass Training Day – Delivered on 4 days training

All participants who booked onto the Masterclass session had access to a one-day masterclass which was deployed as a way of upskilling pharmacists and community pharmacists in mental health awareness, severe mental health and suicide prevention.

### Simulation Training Day – Delivered on 4 days training

All participants who booked onto a Simulation session were involved in a series of simulated scenarios focusing on the identification of a variety of mental health and wellbeing needs including both prevention mental health conditions, severe mental health (including suicide prevention) and awareness of mental wellbeing.



## PHARMACY WORKFORCE TRANSFORMATION

### Programme Flow and Management

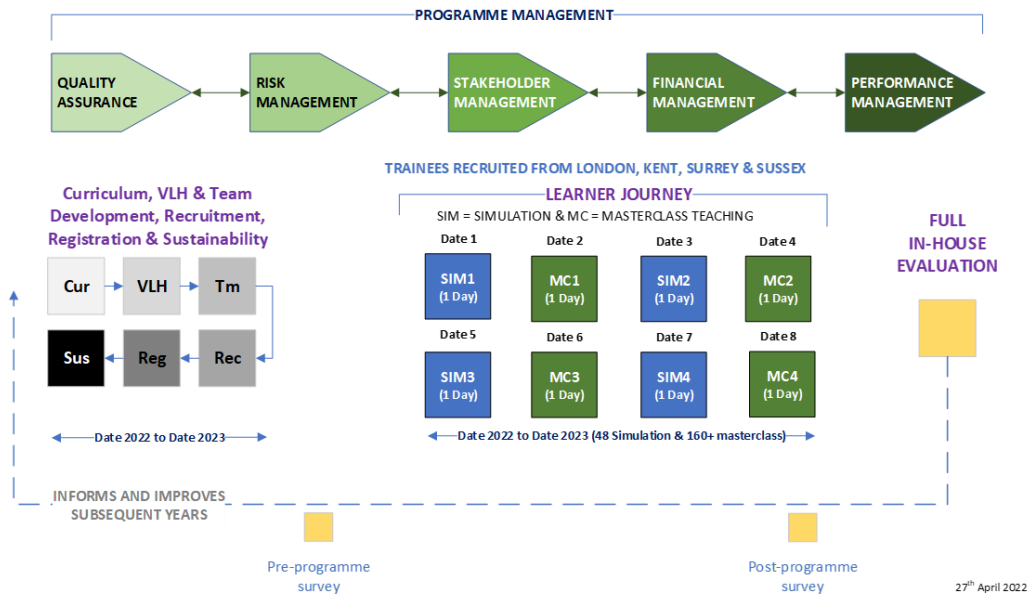


Figure 1. Programme flow and management diagram

## Performance Monitoring Requirements

We have provided steps taken to meet the performance monitoring requirements and key outputs as set by HEE below:

- **Regular highlight reports** for the transformation Team, a template will be provided and will be expected to be updated monthly dependent on activity.
  - Quarterly highlight reports were produced and shared with the HEE transformation team to ensure transparency with progress, potential risks and mitigation plans throughout the programme.
- **Attendance at regular project review meetings** to provide information on progress of the project
  - Regular review meetings were scheduled with Fateha and Lauren throughout the lifecycle of the programme.
- Any **mitigations or risks to be recorded within the highlight report** as a minimum, with additional exception reports to be used to provide additional or detailed information/context.

- All progress, risks and mitigation steps were recorded and discussed as appropriate during review meetings.
- **Draft (full) evaluation report** for review and editorial changes by the HEE Transformation Team to be produced within 12 months of the contract award
  - Evaluation report to be shared with the HEE transformation Team.
- **At least one full press release**, suitable for public facing media and marketing
  - ML's marketing team shared comms resources and flyers with HEE for circulation and advertising the course via social media and Twitter in particular. The HEE transformation team also displayed the course on a bespoke web page.
  - The course was advertised on ML website, newsletter and social media pages.
- **At least one poster/abstract submission to a regional/national conference and/or a peer-review article submitted for publication in a UK or international journal of good standing.**
  - An abstract was submitted and accepted to the 2023 SESAM conference in Lisbon where an oral presentation of the abstract will be given. This submission focusses on the Simulation aspects of the training course and preliminary findings as it was submitted part way through the project, the final presentation will include an overview of all the data collected as part of the project.

## Course Curriculum and content

### Masterclass

Following discussion with a local pharmacy consultant and other external experts in the area we compiled a list of appropriate cases to base the teaching upon. We used videos of an interaction between a patient and a professional to bring the teaching to life and stimulate conversation within the group. Various conditions were outlined to participants and appropriate medication information was presented with regular opportunity for group discussion and questions.

### Simulation

Following expert review of previous course scenarios, a day of simulation was delivered. The course begun with an outline of simulation and its ethos in addition to an icebreaker



activity and introductions in order to establish psychological safety. Five scenarios were then conducted based on the following themes:

- Self-Harm
- Health anxiety
- Domestic violence
- Alcohol misuse
- Work related stress and burnout
- Insomnia
- Schizophrenia

The 'Modified Pendleton's Model' was then used to facilitate a debrief discussion which drew out a variety of learning outcomes.

## Trainee Recruitment

Each course within the programme was advertised widely across networks and potential trainees were asked to book each course on the ML website. During the booking phase trainees were asked to confirm their region and job role to allow ML administrators to confirm their eligibility for the programme.

Bookings data is displayed in Table 1 and Figure 2 below. The data shows that 66% of target bookings were achieved across the two courses. Where a trainee gave their region of 'Other' the programme administrator directly contacted the trainee to confirm their eligibility for the course, so it can be confirmed that all trainees who booked onto the programmes came from London, Surrey, Sussex and Kent.

Course	Bookings
Masterclass	91
Simulation	47
Grand Total	138

*Table 1. Total bookings across Masterclass and Simulation Course*

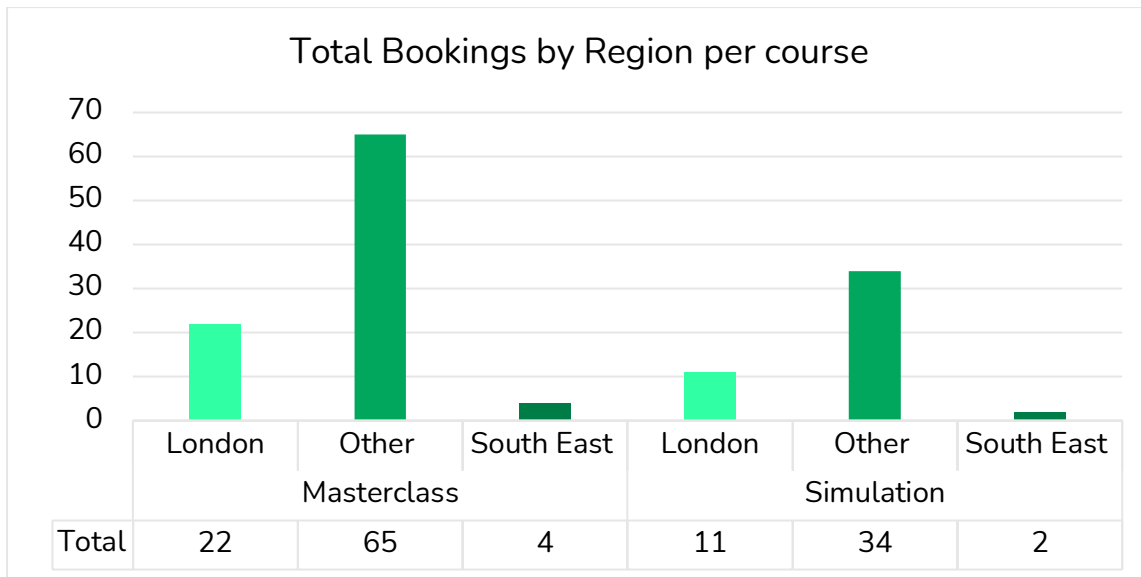


Figure 2. Chart to show total bookings by region across courses

## Marketing

A key part of the project was getting awareness about the course out to the correct audience through a variety of networks.

The ML internal Marketing team utilised a number of networks to promote the two training courses, including:

- Primary Care Networks
- Existing Maudsley Learning contacts
- Subject matter experts and their contacts in community pharmacy:
  - Kai Locke (Education and Training Lead, Pharmaceutical Sciences Clinical Academic Group, King's Health Partners)
  - Dr Siobhan Ghee (Principal Pharmacist, Liaison Psychiatry, South London and Maudsley NHS Foundation Trust)
  - Rory Donnelly (Principal Teaching Fellow in Clinical Pharmacy Education, Department of Pharmacy, King's College London)
- Twitter
- LinkedIn
- Maudsley Learning Newsletter and website



Through consistent interaction with HEE, the training courses were also promoted through channels that HEE were able to provide, such as:

- HEE Twitter account
- HEE – transformation page
- LPC – leads and newsletter
- HEE Early careers team and training hub leads for further dissemination as appropriate

### Risk management strategy

By their nature all projects carry risk and this one was no different. The project team set out to identify, analyse and mitigate any risks during the planning stage of the project and would hold regular meetings to discuss risk and their mitigations where possible. Table 2 outlines the risks identified on this project and the mitigating actions taken or prepared by the project team.

Potential Risks	Mitigating Actions
Service pressures impact on attendance at course	To relieve some of the service pressures and to accommodate our trainees, we offered the flexibility of being able to attend 4 different available dates for both Simulation and Masterclass.
Recruitment shortages	Strong, widespread, and early communication was disseminated across pharmacy networks within the regions of London, Kent, Sussex and Surrey. Senior pharmacists’ connections were utilised alongside a marketing strategy with our experienced internal ML marketing and advertisement team.
Failure to engage in sessions	We ensured regular communications and reminders about training dates, instructions and who to contact for questions, issues or support. Participants who failed to attend were followed up with to try and accommodate them on another date or support with any technical issues that interfered with attendance.





<p><b>Communication failures</b></p>	<p>Like all other Maudsley Learning (ML) projects, we offered:</p> <ul style="list-style-type: none"> <li>• A dedicated website for the programme with guidance and resources;</li> <li>• A VLH which includes pre, on-the-day and post training day academic and in-house resources and guidance, videos and audio recordings;</li> <li>• A marketing plan including social media outreach for recruitment</li> </ul>
<p><b>Lack of quality assurance</b></p>	<p>Quality Assurance of the programme was supported across:</p> <ul style="list-style-type: none"> <li>• Curriculum formulation, development and delivery using experienced academics, senior clinicians/pharmacists and subject matter experts to review content and update as necessary;</li> <li>• The management of technology whether it is maximising the features and functionality of Zoom and the Virtual Learning Hub or simply through the use of information gathering tools, such as Qualtrics;</li> <li>• Engagement of experts such as senior pharmacists acting as subject matter experts who have assisted with the development of the curriculum and delivery of training</li> <li>• Communication via email (turning around queries within 24-48 working hours); Pharmacy Workforce Transformation programme webpage on our ML website; delegate guidance on the usage of Zoom and the VLH; and</li> <li>• Project Team management to develop and quality assure the programme with input from sponsors external to the program, subject matter experts and curriculum lead.</li> </ul>
<p><b>Inadequate learning opportunities to inform programme improvement</b></p>	<p>The use of regular post-session surveys and evaluation exercises are examples of how learning opportunities and programme improvement was at the heart of our quality assurance programme. Feedback from senior pharmacists and subject matter experts during curriculum development and prior to delivery helped ensure content and learning was of relevance and high quality, with adjustments made and feedback implemented, as appropriate.</p>



<b>Lack of programme governance</b>	The programme was directed and governed by a project team of experienced and diversely skilled managers and support staff to oversee all operational and tactical aspects with regular meetings to ensure necessary action is followed through.
<b>Risk of slippage</b>	A Gantt chart was maintained and regularly reviewed as part of the project team's tools. Each task and activity were checked for risk and, where necessary, risk mitigating action.
<b>Lack of risk management systems and processes</b>	A 'Risk Log' was maintained and shared with HEE during each quarterly highlight report and at regular programme review meetings. Tasks and milestones were also regularly reviewed for progress, risk and potential risk mitigation.

*Table 2. Table showing the risk management strategy across the project*

## Training Day Attendance

### Masterclass

Date	Booked	Attended
01/12/22	33	17
16/01/12	9	
06/02/23	20	
02/03/23	20	8
06/03/23	9	
<b>Total</b>	<b>91</b>	<b>25</b>

### Simulation

Date	Booked	Attended
17/11/22	13	9
15/12/22	9	
23/01/23	8	6
20/02/23	13	5
13/03/23	4	
<b>Total</b>	<b>47</b>	<b>20</b>

*Table 3. Shows training day attendance across the Masterclass and Simulation days. Highlighted rows indicate cancelled sessions due to very low attendance or very last minute drop-outs*

As discussed with HEE in regular catchups and highlight report and as can be seen in Table 3 the attendance at the training sessions was not as high as was hoped. Of the 8 sessions that were due to run 2 were cancelled and rearranged and in total delivery of 5 sessions took place. All those sessions that were cancelled were due to either low number of bookings or low number of participants that attended on the day where the low numbers were not sufficient to create a learning environment that would be beneficial to learners.



## Mitigations

As the programme wanted to run as many sessions as possible and the risk of low numbers was identified, the team looked to take mitigating action. This included:

- Regular email reminders to all participants booked onto the course
- Phone calls on the morning of the course to participants who booked, but did not then attend
- Moving of dates from early January to early March to facilitate and increase in booking numbers outside of busy winter months and to allow for a longer period of recruitment to give participants more time to schedule sessions
- Regular communication with HEE about participant numbers and discussion around mitigating action and input with advertising the course

## Delegate Feedback and Surveys

### Course satisfaction

All participants who responded to the questionnaire (n=15) said they would recommend the course to their colleagues, as well as Maudsley Learning as a training provider. Additionally, 100% of participants agreed at some level that the course met their learning needs and would be useful for their clinical practice.

100% of participants who completed post course evaluation also rated facilitators as excellent on the categories shown below.

How would you rate the following about our speakers/facilitator(s)	Excellent	Good	Satisfactory	Poor	N/A
<b>Their knowledge of the subject</b>	15	-	-	-	-
<b>Encouraging you to participate and reflect</b>	15	-	-	-	-
<b>Clearly explaining things</b>	15	-	-	-	-
<b>Enthusiasm</b>	15	-	-	-	-
<b>Engaging you in the content</b>	15	-	-	-	-

Table 4. Shows participants satisfaction with course speakers and facilitators

A snippet of the open-ended feedback from participants has been included below:

**“Which activities did you find helpful? Were any unhelpful? - please give an example”**



- *Case studies were helpful*
- *Case studies, topics on ADHD and EUPD. It is also a good recap for me for things like depression, anxiety, schizophrenia however I enjoyed the practical advice that you can apply to real patients.*
- *All of it, from case studies group discussion to evidence-based practices*
- *it was really good to have breakout sessions and then a teaching after*
- *The video/ case studies were very useful*
- *Everything, great refresher and helped fill in a lot of gaps in knowledge from a theoretical and practical angle*

#### **“What will you do differently in the workplace after having participated this course?”**

- *More confidence in choosing treatment*
- *I will reflect on my practice and apply what I know to my work.*
- *More empathy with MH patients. Audit against monitoring guidelines*
- *Change my practice more comfortable to talk about suicide*
- *understanding of MH medications more, useful for meds op*
- *how to approach different patients and pathway*
- *signpost patients for appropriate support*
- *deal with MH patients in a different angle in sense that PD or identifying ARMS*

Please see the **full Evaluation Report** for further participant feedback, learning outcomes and data analysis.

## Quality Assurance

Quality assurance of the programme was key in this programme and is at the heart of the following sub-workstreams:

**Curriculum formulation, development and delivery** using experienced academics, senior clinicians, subject matter experts;

**The management of technology**, whether it is maximising the features and functionality of Zoom or simply through the use of information gathering tools, such as Qualtrics;



**Engagement of pharmacy and community pharmacy experts** such as senior pharmacists and subject matter experts who have assisted with the development of the curriculum and delivery of training;

**Communication** email inbox (turning around queries within 24-48 working hours); website; delegate guidance on the usage of Zoom; Dedicated administrators to take phone calls; and

**Project Team** to develop, quality assure and manage the programme.

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