

# Local Post Registration Multisector Training Collaboration Supporting Workforce Development

*Sarah Purdy, Alice Conway*

Pharmacy . East Sussex Healthcare NHS Trust



## Background

- ❖ 3-year Health Education England funded pilot in 2018 until May 2024 East Sussex Healthcare NHS Trust (ESHT), as lead employer, hosted 21 Pharmacists into 2-year East Sussex Multisector Foundation to Advanced (ESMFtA) Vocational Training Scheme (VTS)
- ❖ Programme partner rotations within primary and secondary care ( acute, mental health, intermediary care, care homes, commissioning with the integrated care board and Primary Care Networks (Transferable skills of clinical governance, research, education, leadership and prescribing skills traversed across patient care sectors)
- ❖ Blended funding model utilised partner vacancies and non-recurring funding.
- ❖ Partner funding challenges and untenable risk to lead-employer prevented programme expansion and programme ceased in 2023

## Objectives

- ❖ Measure retention & progression of multisector pharmacists (MSP) relative to local integrated care system (ICS)
- ❖ Identify positive and negative programme themes
- ❖ Quantify independent prescriber (IP) annotation success amongst former MSP

## Method

- ❖ On-line programme exit survey sent to MSP
- ❖ Tailored questions used combination of qualitative free-text answers and 5-point Likert scale questions (strongly disagree to strongly agree)
- ❖ MSP asked to identify up to 3 positive and negative programme aspects which were thematically analysed
- ❖ MSP prescribing course enrolments were tallied from ESHT list of external course nominations
- ❖ Progression to IP annotation with was counted based on searching the GPhC public facing register
- ❖ Ethics approval was not required

## Results

- ❖ Survey response rate was 90% (19/21) with 79% (15/19) confirmed appointments (substantive and/or temporary workforce) in the local ICS
- ❖ 40% (6/15) remained ESHT (lead employer) partners gained 20% (3/15) in mental health, 7% (1/15) care homes, 7% (1/15) ICB & 20% (3/15) PCN
- ❖ Thematic analysis showed strong positive trends in “networking and sharing expertise including mentoring”, “learning and skill development” and “career progression”. Negative trends were in “workload”, “job planning” and specific “rotational plan” and were progressively cited less
- ❖ 62% (13/21) had IP prescriber course applications initiated whilst on ESMFtA
- ❖ By August 2024 66% (14/21) of previous ESMFtA pharmacists are independent Prescribers annotated with GPhC
- ❖ Limitations -small programme cohort, but results obtained sufficient to highlight trends.

## MSP Quotes from exit questionnaires demonstrating value and outputs of Multisector Pharmacist Training



## Conclusions

- ❖ ESMFtA collaboration offered high level of retention meeting goal to develop local workforce for unfilled posts
- ❖ Data collated demonstrates achievement of programmes' aim to develop a workforce that could work flexibly and be retained within the ICS delivering optimised transfer of care for patients.
- ❖ Despite programme closure, recommendations are to continue the development of multisector training programmes and embed these in workforce plans for other pharmacy staff groups to ensure future funding is considered.
- ❖ MSP unanimous that skills and knowledges of ESMFtA offered significant contribution to professional development. Challenges were identified with embedding multisector posts across sectors with the need for clear job planning to enable programme objectives to be completed and a manageable workload.
- ❖ High levels of success with IP annotation could enhance Designated Prescribing Practitioner capacity to support foundation pharmacist training from 2025.

## References

1. Health Education England London and South East Pharmacy. HEE Pilot programmes. <https://www.lasepharmacy.hee.nhs.uk/pharmacists/post-registration-pharmacists/> (last accessed 14/6/24).
2. GPhC Register of Pharmacists <https://www.pharmacyregulation.org/register> (last accessed 02/9/24).

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