



Medicines & People
Turning Knowledge Into Know-How

The Pharmacy Practice Research Trust

Research Bulletin

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Issue 1

Welcome

The Pharmacy Practice Research Trust, established in 1999 by the RPSGB, is an independent research charity whose aim is to support and promote the professional practice and performance of pharmacists.

This is the first edition of the Trust's biannual research bulletin highlighting current research activity under-taken by the Trust under its *Medicines and People* Programme.

The Trustees are committed to disseminating the results of our commissioned research to ensure that the knowledge is used to inform evidenced based changes to policy, practices and services.

The Trust plans to publish this bulletin twice a year to keep both those who work within the profession of pharmacy and wider stakeholders informed of current research, forthcoming events and key news items that we feel will be of value.

We are particularly interested in developing the concept of *knowledge brokering* across health care professions, particularly as pharmacists integrate further into existing care pathways.

If you would like to know more about specific items in the bulletin or would like to advertise an appropriate event or publication that you feel would be of interest, please contact the editorial team on 020 7572 2278 or e-mail: practiceresearch@rpsgb.org.

We hope you find this first edition enlightening.

Best wishes,

Marshall Davies
Chair
Pharmacy Practice Research Trust

National Evaluation of the Community Pharmacy Contract

Professor Alison Blenkinsopp and her team presented their findings on the first national evaluation of the new community pharmacy contractual framework (CPCF) at the British Pharmaceutical Conference in Manchester. The CPCF was introduced in April 2005 and the intention was to enable community pharmacists to deliver a broader range of services to improve patient choice and convenience in accessing medicines through;

- reducing demand on GPs and other primary care staff, for example, through repeat dispensing, supplementary prescribing and pharmacist led clinics;
- supporting those with long-term conditions on long-term medication, for example, through pharmacists undertaking medicines use reviews (advanced services);
- reducing health inequalities and improving health, for example, through services for drug misusers, stop smoking advice and general health promotion (enhanced service);
- better value for money by reducing wastage of medicines.



Above: Alison Blenkinsopp at BPC 2007.
Photo taken by Craig Strong on behalf of the Pharmaceutical Journal

The research demonstrates that positive progress had been made in consolidating existing services and moving towards providing a wider range of pharmacy services in primary care.

However, there are also areas of the new contract that require more commitment and investment.

More inside...

Sharing Knowledge: Ethics in healthcare

The Trust hosted an evening reception and dinner to present the findings from a programme of research on ethics in healthcare particularly focussed around pharmacy.

Presentations were given by Dr Ailsa Benson whose PhD research formed the primary focus of the evening with co-presenters Professor Nick Barber and Professor Alan Cribb. The study entitled '**Respect for medicines and respect for people: mapping pharmacist practitioners' perceptions and experiences of ethics and values**' suggests that current values and ethics of pharmacy practitioners provide a solid base for practice, with pharmacy emerging as a highly responsible and conscientious profession.

The research report can be downloaded from the Trust's pages on the RPSGB website:

<http://www.rpsgb.org/informationresources/downloadsocietypublications/>

More inside...

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National Evaluation of the Community Pharmacy Contract continued...

Professor Alison Blenkinsopp of Keele University reported that the evaluation showed substantial changes have occurred since the introduction of the contract. Community pharmacists are providing more services across the three tiers in the contract. Advanced services (Medicine Use Reviews (MURs)/Prescription Interventions) are provided by 60% of pharmacies. Almost 90% of pharmacies are providing at least one enhanced service, such as smoking cessation services, and over 40% more than three. Around 20% more enhanced services are being commissioned by Primary Care Organisations and pharmacists valued the increased patient contact and a better relationship with patients.

Most participants in the evaluation thought that CPCF had the potential to increase the integration of community pharmacy into primary care. However in practice CPCF has had little effect on inter-professional working between community pharmacists and GPs so far. Over 80% of pharmacists said that there had been no change in their contact with GPs since the new contract and this was the case for a similar percentage of pharmacists providing MURs.

GPs identified some areas where they saw opportunities for closer working with community pharmacists, particularly around pharmacists enquiring about compliance and making changes to make repeat prescription supplies more efficient and less wasteful. GPs also expressed concern about the potential for increased workload if pharmacists did not assume greater responsibility for completing episodes of care. In the majority of cases the pharmacist communicates with the GP about MUR recommendations through the documentation rather than personal contact. While this is perhaps inevitable, it provides no opportunity for inter-professional discussion about patient needs. Pharmacists' lack of access to patient records diminishes the potential value of some interventions and means there is no shared understanding with the GP of the relevant patient history.

"Issues in relation to integration with general practice continue to be a key barrier," said Alison Blenkinsopp, "particularly to achieving the potential of new services such as Medicine Use Reviews and the Department of Health's objective of reducing demand on GPs and increasing community pharmacy input in the care of long-term conditions. These need to be addressed."

The report goes on to make further recommendations for key stakeholders including community pharmacists themselves. For a copy of the executive summary please contact 020 7572 2278 or visit our webpages to download: <http://www.rpsgb.org/pdfs/pharmcontracteval.pdf>

Sharing Knowledge: Ethics in Healthcare continued...

The research identified two core values – respect for medicines and the patients' best interests – as central to the way the ethical components within professional activities are managed and understood. However, this second value is closely aligned with paternalism which the authors suggest can sideline consideration of respect for patient autonomy as a result of limited involvement of patients in care decisions

This can allow practitioners to introduce preconceived notions about individual patients into care (bias) and lead to failures in considering the wider public good. The report suggests that this core value of pharmacy practice be slightly reoriented to *respect for people*.

The event was attended by leading academic ethicists, chief executives of healthcare regulatory bodies plus Trust and Society guests.

'Maintaining the confidence of both the patient and members of the clinical team can be challenging' commented Harry Cayton, Chief Executive of the Council for Healthcare Regulatory Excellence, *'and pharmacists may have to struggle to move away from their normally comfortable, paternalistic nature.'*

The research is part of a portfolio of research commissioned in this area and the need to disseminate the results to professional colleagues is paramount.

Ann Lewis, recently retired Secretary and Registrar of the RPSGB, speaking at the dinner went on to say that *'as pharmacists become more involved in complex patient care pathways and a widening professional team, they may be faced with having to make an increasing number of ethical decisions which will affect both patient and professional colleague relationships'*.

Photos taken by Jon Terry



Learning from Innovation in Pharmacy Education

August saw the publication of a compendium of abstracts on *Learning from Innovation in Pharmacy Education* which are now available to download from the Trust pages at: <http://www.rpsgb.org/pdfs/learninnovpharmeduc.pdf>

These research projects contribute to the sharing of innovation in pharmacy education provision among schools of pharmacy and academia as a whole. Each of the individual studies addresses different challenges in the learning and assessment environment and contributes towards a growing body of innovative research in education. As a collective, the projects demonstrate the benefits of embracing new technology to support traditional teaching methods; that patient safety and safe working practice remain essential skills; and that there is an increased need for sustained support.

Considering these abstracts in the wider context of research capacity building, we would like to draw attention to one particular study within this compendium, a study by Professor David Mottram *et al* which evaluates the current and future provision of undergraduate research projects in UK Schools of Pharmacy. The research project – an integral part of the MPharm, is for many, their first experience of undertaking research and should provide important grounding for all future pharmacists whether they be taking those skills further to evaluate their professional practice (across all sectors) or whether they intend to hone their skills to pursue a career in academia.

Evaluation of the Current and Future Provision of Undergraduate Research Projects in UK Schools of Pharmacy

David Mottram, Jennie Day, Phil Rowe

Introduction: Evidence suggests that there have been significant differences in the way that undergraduate research projects have been operated and assessed in UK Schools of Pharmacy. The present study was designed to explore: current thinking within UK Schools of Pharmacy regarding the provision of undergraduate research project modules; whether undergraduate projects are meeting the educational requirements of all students and providing the appropriate knowledge and skills for the profession of pharmacy; the issues that impact on running undergraduate projects; and whether they should still form an integral part of the M.Pharm. curriculum.

Results: Projects provide a valuable component of education and training in which generic skills are reinforced and unique skills, particularly associated with research methodology, are developed. Projects were seen by academic staff as an educational tool and not as a means of generating research publications. In general, academic staff considered project supervision to be one of the more rewarding modes of teaching and valued the opportunity to form closer relationships with students.

(i) *Mode of delivery:* The majority of schools run projects in the fourth year, however, there is increasing debate about running projects in year three of the programme. The number of credits and/or hours within the curriculum devoted to projects varied significantly.

(ii) *Practice based research:* There is variability in the extent to which schools have developed links with external organisations, particularly with respect to practice-based projects. A constraining factor is the requirement to comply with the regulations of Ethics and Research Governance Committees. To overcome this there is a trend towards designing undergraduate projects that did not require full ethical approval such as audits or systematic reviews.

(iii) *Integration of the project into the overall programme of study:* The type of research conducted in schools demanded different work patterns. For example, laboratory-based projects often require concentrated blocks of time, whereas practice-based projects lend themselves more to a longer-thinner period of data collection. Compromises often had to be reached in schools.

(iv) *Student choice:* All schools offered projects in a variety of research areas, the titles of which reflected the research interests of the staff. The extent of choice varied and, in the main, reflected the available expertise of staff and, on occasion, their willingness to participate in project supervision. Staff, at times, felt overstretched and undervalued for the time and effort that they put into supervision. Overall, there did not seem to be a consistent, compelling argument to suggest that the introduction of group projects was the panacea for accommodating increasing numbers of students nor for enhancing rates of publication arising from undergraduate projects.

(v) *Resources:* Resource issues were not extensively highlighted as a problem for running undergraduate projects. A significant constraint on the numbers of projects within certain research areas and on the timing of projects was experienced by most schools in terms of accessibility of laboratory space and equipment.

A balance between equality and diversity

Overall, interviewees were positive towards the concept of a research project as a major component of M.Pharm. degree programmes. However, there were many aspects of the provision, delivery and assessment of projects where significant differences existed. Whilst diversity should be applauded, there should be a degree of consistency to ensure that all students completing a UK M.Pharm. degree will have had an equivalent academic experience. Those responsible for the accreditation of pharmacy degree programmes, may need to address this issue.

BPC Research

Below are just some of the studies, funded by the Pharmacy Practice Research Trust that showcased their research at the British Pharmaceutical Conference this year:

What kinds of pharmacy careers do pharmacy graduates want and are choices stable over time? Willis S, Hassell K (2007)

Immunosuppressive drugs: what do kidney transplant patients think about the risks and benefits? Widmann JD, Noyce PR, Parrott NR, Ashcroft DM (2007)

Effects of the community pharmacy contractual framework on integration in primary care: findings from the national evaluation. Blenkinsopp A, Celino G, Bond CM, Inch J, Gray N (2007)

General practitioners' experiences of medicines use review: qualitative findings from the national evaluation of the community pharmacy contractual framework in England and Wales. Celino G, Gray N, Blenkinsopp A, Bond C, Inch J (2007)

Workforce patterns and job satisfaction among community pharmacists: changes since the introduction of the new community pharmacy contractual framework. Inch J, Bond C M, Blenkinsopp A, Celino G (2007)

Community pharmacists' experience of providing Medicines Use Reviews – findings from the national evaluation of the community pharmacy contractual framework. Blenkinsopp A, Celino G, Bond CM, Inch J, Gray N (2007)

Awards & Bursaries

The Trust makes annual awards as part of its objective to increase research capacity in pharmacy. The award application process will be announced in January 2008.

Research Training Bursary Scheme

Intended to specifically support community pharmacists who have an interest in developing their skills in conducting research relating to everyday practice. The Pharmacy Practice Research Trust has £40,000 to annually fund a number of projects. Bursary funds are available for three levels of work:

Level 1: Funding to undertake research modules and a small-scale project.

Level 2: Funding to upgrade a Diploma in Clinical/Community Pharmacy to an MSc.

Level 3: Funding to undertake a non-pharmacy MSc that has relevance to and benefits the world of pharmacy.

Practice Research Awards

Awards are available for:

- those requiring funding between PhD and post doctoral grants
- those requiring funding to go from MPhil to PhD
- practitioners new to research
- PhD students requiring 'research costs' to enhance their PhDs

The awards can also be used to fund new areas of research, for example, pre-pilot and feasibility studies that would not be considered by other funding bodies. For detailed information on Awards and Bursaries please visit our webpages at: <http://www.rpsgb.org/worldofpharmacy/research/pharmacypracticeresearchtrust/> or contact Beth Allen (020 7572 2466 or beth.allen@rpsgb.org)

Forthcoming Publications

The role of the Welsh language in community pharmacy service provision in Wales. Hughes, L.(2007)

Investigating factors influencing user choices to visit either general practitioners or community pharmacists in the management of minor ailments – piloting a discrete choice experiment. Hughes, D. (2007)

A qualitative investigation of the underlying causes of drug-related morbidity in primary care, resulting in hospitalisation. Howard R (2007)

Factors underpinning the work patterns of female community pharmacists over the age of 30, Gidman, W. (2007)

Watch this space: Future Commissioning

The Trust will shortly be releasing calls for proposals in three key areas:

- Professionalism in Pharmacy Practice
- The role and impact of community pharmacy in community cohesion
- Multi-professional Practice Grants: Supporting initiatives in Public Health or in the care of patients with long-term conditions

Further details to follow...