

# Exploring General Practitioner and Practice Manager perceptions of the post-registration Foundation Pharmacist role in primary care

Martin K, Davies H, Bowen J

Presented at the Cwm Taf Morgannwg University Health Board Research and Development Conference, 2024

## Introduction

- In 2014, Advanced Pharmacist roles in Welsh general practices (GP) became more widespread, as part of a strategy to address workforce issues.<sup>1</sup>
- As a result, the role of an Advanced Pharmacist within this sector is well-established and growing.
- On the contrary, the post-registration foundation or newly qualified Pharmacist (NQP) role within GP sectors in Wales appears relatively sparse.
- The initial education and training of Pharmacists is changing; in 2026, Pharmacists will qualify as an independent prescriber.<sup>2</sup>
- To meet additional competencies in preparation for 2026, more pharmacy placements from undergraduate to foundation year are being arranged.
- Without ongoing NQP roles routinely available in the GP sector, training momentum within this sector is then lost.
- This could lead to workforce shortages further down the line. With care being moved closer to the patient's home, ensuring training pathways continue is vital.

## Aims and Objectives

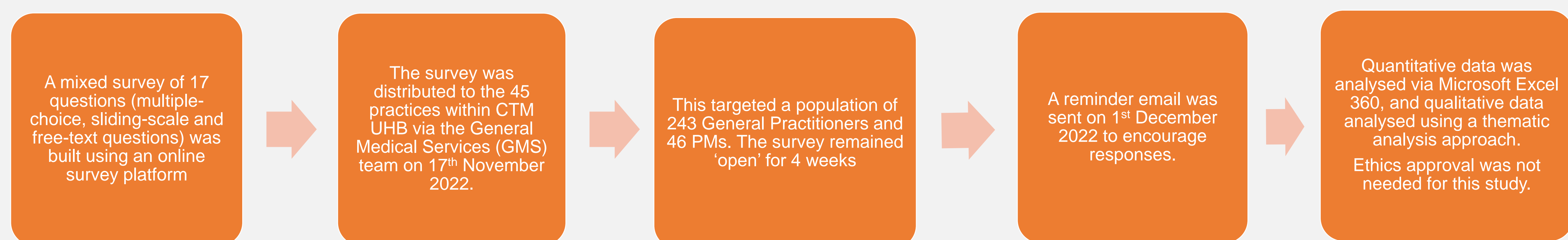
### Aim

- Explore how GPs and practice managers (PMs) within Cwm Taf Morgannwg University Health Board (CTM UHB) perceive the NQP role.

### Objectives

- To clarify communications needed around the level of knowledge and experience of these Pharmacists.
- Establish the level of support NQPs need in the GP sector.
- Identify infrastructure GP practices need to develop and host NQP posts.
- Ascertain the appetite of GP practices to employ NQPs.

## Method



## Results

Responses were received from 9 General practitioners and 3 practice managers, all of whom have experience of the Pharmacist role within the GP sector.

- 58% (n=7) thought a NQP would be valuable addition to the practice team.
- Half of the total respondents stated they were unlikely to employ a NQP within the next 18 months.
- Several barriers to employing a NQP were identified, the main being: financial, space/infrastructure, capacity to mentor/train



Most common identified enablers for employing a NQP: 90% of participants felt they would benefit from grant support, 64% selected structured training programmes

*"If newly qualified, likely to have a lot of questions and we are already so pressed for time"*

*"a newly qualified pharmacist will need supervision, but by working in primary care after qualification, they will develop a broad range of skills that will help them, were they to choose to work in primary care in the future"*

There were a variety of responses as to how much primary care experience NQPs would have when beginning a new role in primary care. Likewise, responses of likely tasks that could be performed by NQPs varied.

## Discussion and conclusions

- Recognised limitations – single Health Board and low response rate. Survey timing unfortunately coincided with a streptococcal A outbreak. Despite the limitations, some interesting themes were captured. Larger qualitative studies needed across more Health Boards to increase validity.
- All clear about advantages a practice Pharmacist can bring, but lack of knowledge around the training NQPs have already had reinforces the assumption that practices have only experienced advanced roles to date. It also possibly exposes the risks of placing NQPs into practices without managing expectations in terms of capability and competence.
- The suggestions of training grants and structured training programmes as key enablers to hiring NQPs potentially highlight that current workforce pressures within the GP sector are perhaps not conducive to a nurturing environment. In addition, one study suggests that a General Practitioners' overall workload and job satisfaction did not improve when practices employed other clinicians.<sup>3</sup>
- There's a risk that momentum of training gained within the GP sector at undergraduate and foundation level is lost, leaving a sector without sufficient succession planning strategies.
- Growing the workforce within the GP sector is preferable to employing advanced Pharmacists from other sectors, which not only destabilises their workforce of the other sectors, but damages relationships between sectors moving forward.<sup>4</sup>
- Enablers to develop and support the NQP role were identified; perhaps an additional solution is to continue multisector rotational programmes managed by the Health Board, to reduce the onus on over-stretched GP teams.
- The introduction of funded primary care academies will also play a crucial role in maintaining NQP development, with interprofessional education and multidisciplinary training forming key solutions to primary care development overall.

### References

1. Welsh Government. A Planned Primary Care Workforce for Wales Approach and development actions to be taken in support of the plan for a primary care service in Wales up to 2018. Available at: <https://primarycareone.nhs.wales/files/primary-care-roles-resources/planned-primary-care-workforce-2015-pdf/>. [Accessed 11 January 2023]
2. General Pharmaceutical Council (GPhC) 2021. New standards for the initial education and training of Pharmacists introduced [Online] Available at: <https://www.pharmacyregulation.org/news/new-standards-initial-education-and-training-pharmacists-introduced> [Accessed: 28 January 2023]
3. Ibrahim, A., Barry, H. and Hughes, C. (2022) "GPs' overall workload and job satisfaction did not improve when practices employed other clinicians." Available at: [https://doi.org/10.3310/nihrevidence\\_54851](https://doi.org/10.3310/nihrevidence_54851) [Accessed 14 January 2023]
4. Pharmacist Defence Association (PDA) 2022. The workforce impact of pharmacists working in primary care – what does the data tell us? [Online] Available at: <https://www.the-pda.org/workforce-impact-gp-pharmacist-roles/> [Accessed: 12 February 2023].