

Work Package 4 Protocol: Training needs analysis

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Background

This protocol is to undertake one work package within an NIHR programme grant to evaluate pharmacist independent prescribers assuming responsibility for medicines management in care homes. The service will involve the pharmacist working closely with the residents' GPs to develop pharmaceutical care plans (which outline the therapeutic aim of therapy and identify monitoring criteria for both effectiveness and safety) and authorisation of monthly repeat prescriptions using the agreed care plans. In addition, and depending on the outcomes from other work packages, they may support medicines ordering, storage, administration and reconciliation when residents transfer between care settings. This work package is to identify a competency framework for pharmacists, and their associated training needs, to allow them to deliver this role effectively and efficiently. It involves only healthcare professionals and therefore ethical approval through the University is being sought. Patient and public involvement will be achieved through the Project Management Committee which meets every three months and will oversee the progress of the project.

Literature review

In 2012, care homes in the UK provided accommodation for almost half a million residents in beds registered for either residential or nursing care.(1) The transfer from one's own home to a facility which provides 24 hour care is usually as a result of being unable to live independently and this is frequently due to a deterioration or change in health. Consequently care home residents are frail, have multiple morbidities and are therefore prescribed a significant number of regular medicines. Unfortunately age-related complex morbidity renders them particularly vulnerable to medication problems and errors.(2) The Care Quality Commission identifies the management of medicines as one area of care in care homes which regularly requires review and continues to fall below the expected standards.(3)

The landmark UK-based Care Homes' Use of Medicines Study (CHUMS) published in 2009, which observed 256 residents in 55 care homes, found that almost 70% of care home residents experienced at least one medication error on any given day.(4,5) One hundred residents (39.1%) were identified as having one or more prescribing errors. For 20%, no strength or route of medicine was specified; for almost one quarter, a medicine was deemed to be unnecessary. Dose/strength errors accounted for 14.4% and omissions 11.8%. Out of 218 potentially harmful medicines which required biochemical monitoring, 32 (14.7%) had an error and this was most frequently due to a failure to request blood tests. Fifty-seven (22.3%) residents had a total of 116 administration errors (i.e. errors on the drug round), nearly half of which were omissions and more than one fifth the wrong dose. Carers were observed using inappropriate techniques when administering medicines such as inhalers and problems with medicines ordering and stock holding led to omissions. Hospital discharge letters were also criticised for being unclear, delayed, missing or not adequately incorporated into the residents' clinical records. The researchers noted that the main method of communication regarding medicines was the medication administration chart and this was often inaccurate.(4)

Many of these medication-related problems were confirmed in a more recent systematic review by Alldred et al.(6) which considered interventions to optimise prescribing for older

people in care homes. Problems highlighted were prescription of medicines which were no longer indicated, medicines which interacted negatively with concurrent medication, sub-optimal doses, inadequate monitoring and inappropriate duration. The inappropriate prescription of anti-psychotic medicines in care homes is well documented(7) and is known to be related to poor quality of life, falls and increased mortality(8). Other medicines which are known to be prescribed inappropriately in care homes with potential for long-term harm are benzodiazepines, non-steroidal anti-inflammatory drugs and proton pump inhibitors.(9) Consequently, interventions to monitor and discontinue therapy in an effective fashion are required. Inadequate monitoring can result in sub-optimal dosing, over-treatment or the unintentional treatment of side effects which are incorrectly identified as a new age-related morbidity.

The CHUMS report stated that the fundamental failing in care homes was the lack of a healthcare professional with overall continuing responsibility for medicines management,(4) and recommended that a pharmacist should adopt this role working with a lead general practitioner (GP) within each home. The DH Immediate Action Alert arising from CHUMS required primary care organisations, GPs and pharmacy contractors to establish effective joint working strategies to address the identified concerns. (10) The resultant predominant model of care is that of a pharmacy team undertaking medication reviews in care homes on a yearly or biannual basis. Two recent Cochrane reviews conducted by Hughes (11) and Alldred (6) suggest that this model is sub-optimal and more effective approaches to medicines optimisation in this setting are required.

Recent changes in UK legislation, enabling suitably trained pharmacists to prescribe(12), provides an opportunity for pharmacist independent prescribers (PIPs) to assume the proposed central role in the care home environment. Evidence from the UK, led by Bond and involving Wright and Holland, suggests that pharmacist independent prescribers can prescribe safely and provide patient benefit.(13) Such a model would be similar to that of nurses who manage patients with diabetes on behalf of the GP. It would also be similar to that mandated in the USA, whereby a pharmacist is required to be an integral part of the care home team where they develop, implement and monitor individualised medicines-focussed (pharmaceutical) care plans (14). However, they are not responsible for prescribing.

To achieve prescribing status, pharmacist independent prescribers (PIPs) are required to demonstrate competency against the National Prescribing Centre Competency Framework which consists of those competencies which are generic to all prescribing activities. During the training and accreditation process, PIPs are also expected to identify their clinical area of defined practice and develop the cultural knowledge (knowledge of operating effectively within the specified environment) and codified knowledge (that which is known or published specific to that area) and then only practise within these boundaries.

To prepare and potentially accredit PIPs for practice within care homes and standardise this for the purposes of the programme grant, we need to develop a care home-specific competency framework which enables pharmacists from a wide variety of experiences to develop their prescribing competency for use in care homes as a new clinical area of defined practice. This will be achieved by identifying the training needs and preferred training methods for use for preparation for practice within this environment. We are assuming that prescribers have the requisite underpinning generic prescribing skills (practical knowledge)

and that we need to identify what is particular to this environment which is in addition to that which is already known and commonly practised.

Aim & objectives

The aim of this work package within the CHIPPS programme is to develop and validate a pharmacist independent prescribing competency framework for used within the care home environment and to identify how best to support pharmacists to meet the criteria.

The objectives of this work package in the context of care homes are to inform the development of a competency framework by identifying the additional:

- codified knowledge required to underpin evidence based prescribing decisions
- practical knowledge required to underpin prescribing practices and medicines management
- cultural knowledge required to work effectively with carers, medical practitioners and nurses

Additionally identify:

- preferred methods of training and assessment for PIPs
- most appropriate approaches to addressing the different identified learning needs

Method

Approval for the project will be sought from the UEA Ethical Committee and local R&D departments prior to commencement.

Rapid review to underpin development of competency framework

A rapid review of the literature will be undertaken to identify the codified and cultural knowledge which has previously been identified as required for practice by pharmacists working within care homes for older people.

All research papers from Cochrane reviews which are deemed to be relevant to this project will be obtained and included in the data extraction process.

Studies involving pharmacists in care homes for older people providing medicines management services and which include an element of education or training and meet the following inclusion and exclusion criteria will be identified.

Inclusion criteria

- Pharmacist provided services
- Based within care homes
- Involving medicines management
- Allude to education or training

Exclusion criteria

- Focussed on palliative care services, children services or HIV
- Not primarily based within the care home setting

- Focussed on determining effectiveness of an individual drug

A summary of the search terms used and databases searched is provided within Appendix 1. Data will be collected from the systematic process to enable completion of a PRISMA flow diagram.

Titles of identified papers will be reviewed by two people independently, decisions compared and consensus on which papers to obtain abstracts for achieved.

Abstracts obtained for all papers identified post title screening will be reviewed independently by two people, decisions compared and consensus on which full papers are required will be achieved.

The same process will be undertaken for the full papers to ensure that data is only extracted from those papers for which both individuals agree are relevant to the review. A third person will be used for disagreement

The number of titles, abstracts and papers identified at each stage will be recorded as will the level of consensus by the two independent reviewers i.e. PRISMA flow chart will be maintained.

All identified papers (Papers from Cochrane reviews which are relevant to the service being developed and those identified from the literature search) will be used to identify the common areas of practice (therapeutic and process specific) and the methods and sources of training employed. The papers will also be reviewed to determine what approaches were used to prepare pharmacists for practice within care homes and to identify any gaps in cultural development which are reported within the discussion of the paper.

The following will be recorded on database by two independent data extractors:

- Year study reported
- Study design
- Location e.g. country
- Setting e.g. home type with or without nursing
- Therapeutic area(s) of focus e.g. antipsychotics
- Intervention focus e.g. medicines reconciliation
- Training methods used for codified, practical and cultural knowledge development
- Deficiencies in training identified from discussion

Results will be compared and again agreed by consensus by two independent reviewers. As a rapid review where we are identifying commonly occurring themes will be no quality review of the papers.

Development of competency framework

The data from the systematic review will be synthesised by DW & NN to produce a draft competency framework for use by pharmacists working in care homes to provide a comprehensive medicines management service. They will also use the evidence to describe the different methods and approaches used for addressing training needs.

The competency framework will be developed by combining the identified specific codified, practical and cultural knowledge into competency statements e.g. if the following were identified as specific needs within care homes:

Codified knowledge: Guidelines regarding antipsychotic prescribing

Practical knowledge: Effective approaches to discontinuing antipsychotic medication

Cultural knowledge: Care home staff are a barrier to antipsychotic medication discontinuation

The related competency within the framework may be:

‘Demonstrate an ability to effectively review antipsychotic prescribing and implement discontinuation strategies which take into account resident and care staff needs.’

We anticipate that there will be areas of uncertainty at this stage of the process however and will record these for discussion by the Project Management Committee (PMC) who will review the draft framework and agree the content and format for use within focus groups and interviews.

Four uni-professional focus groups and a number of interviews will be undertaken to develop the competency framework. These will include the following professionals and be located as follows:

- Primary care pharmacists (Leeds)
- General practitioners (Aberdeen)
- Community pharmacists (Norfolk)
- Care home staff (Northern Ireland)

Within each site (Aberdeen, Leeds, Norfolk and Northern Ireland) an appropriate healthcare professional with significant local care home experience regarding medicines management i.e. a local expert, will be identified and recruited for telephone interview to ensure that the availability of local training courses and locality based needs e.g. CQC standards or equivalent, are identified.

Principal investigators at each site will use local networks to purposively identify potential participants. Interested individuals will be sent a participation information leaflet [Appendix 2] and consent form [Appendix 3] which will be collected before the focus group or interview.

Before each focus group and interview the draft competency framework will be sent to all participants to read in preparation.

Focus groups and interviews will be located in a neutral location at a time deemed to be most convenient for the professional group attending. Refreshments will be provided, attendance time will be paid based on NHS rates, as will any incurred travel expenses.

A study researcher will telephone all participants the day before the groups, to remind the participants of the venue details to optimise attendance.

On the day of the groups, the study researcher will ensure the venue is ready:

- Chairs suitably arranged in a circle

- Provision made for food and drinks
- Participant Information Sheets and Consent Forms
- Forms for participants to claim back expenses with stamped addressed return envelopes
- Appropriate Topic Guides
- Recording equipment and spare batteries

Participants will be greeted and welcomed on arrival, and given some refreshments; the study researcher will then ensure informed consent has been received for all participants, and issue them with name badges, before the group begins.

The focus groups will be chaired by NN and moderated by DW. Interviews will be undertaken by DW.

All will be recorded using a digital recorder and transcribed verbatim.

The chair will facilitate the focus groups by firstly welcoming the participants and giving them housekeeping information, such as where the toilets are situated. They will then explain the ground rules of participating in a focus group, such as:

- Explaining there are no right or wrong ideas, but that it is the participants' views that are of interest
- Participants should try to talk one at a time
- Everything said must be considered absolutely confidential
- Participation in the group will in no way reflect on one's work (in the case of care home staff members)
- Explanation of the recording and note taking and data protection
- The group can be stopped at any time should a participant request it

The chair will aim to facilitate participants' free expression of views in an open, spontaneous, free flowing discussion, generating as many different ideas as possible, from as many of the participants as possible. The chair and moderator will be alert to the dynamics of the group and try to ensure that all participants who wish to contribute to the discussion are able to do so; they will also be alert to any participants who may be vulnerable or becoming distressed and take preventative action.

The moderator will be responsible for recording the group discussion and taking notes as well as assisting in facilitating the group.

In the case of telephone interviews with the experts at each site, participants will be asked to return the completed Consent Form by email or post to UEA, upon receipt of which, an interview date and time will be arranged. The study researcher will phone the participant at the agreed time, and conduct the interview based on the appropriate topic guides.

The suggested topic guide for the focus group and interview will consist of the following [Appendix 4]:

Stem question	Probes / follow-ups
You will have received a copy of the draft framework before this focus group/interview.	Any gaps

What are your initial thoughts on the framework?	Any language which requires clarification, simplification or improvement
Are there any therapeutic areas in which you believe pharmacists managing medicines in care homes will need additional training?	How would you suggest that we train pharmacists in that?
Are there any processes in which you believe that pharmacists managing medicines in care homes would need additional training?	How would you suggest that we prepare / support pharmacists in that?
What is it about working in care homes and with care staff and residents that pharmacist independent prescribers need to know to be able to be effective in a prescribing and medicines management role?	How would you suggest that we prepare / support pharmacists in that?
What is it about working with doctors that you think pharmacists need to know to be able to be effective in this role?	How would you suggest that we prepare / support pharmacists in that?
Is there anything else that we need to add to the framework or training of pharmacists for this role which we haven't considered?	Any additional guidance / regulations do they need to demonstrate awareness of?

A thematic analysis will be undertaken by DW and validated by NN. This process will be supported by Fiona Poland who is the qualitative lead on the Programme grant.

Where possible, consensus on how best to amend and enhance the framework and support pharmacists to achieve competency will be identified within the focus groups. Where consensus is not clear then the Project Management Committee will be used to finalise the framework and agree approach to training support. The finalised competency framework and plans for providing training support will then be presented at each of four consensus days to be held as part of another work package (for which separate ethical approval has been obtained) for validation.

The transcriptions and recordings will be destroyed at the end of this study.

References

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6. Alldred D, Raynor D, Hughes C, Barber N, Chen T, Spoor P. Interventions to optimise prescribing for older people in care homes. . *Cochrane Database of Systematic Reviews* 2013(2).
7. Parsons C, Johnston S, Mathie E, Baron N, Machen I, Amador S, et al. Potentially inappropriate prescribing in older people with dementia in care homes: a retrospective analysis. . *Drugs Aging*. 2012;29:143-55.
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9. Ryan C, O'Mahony D, Kennedy J, Weedle P, Byrne S. Potentially inappropriate prescribing in an Irish elderly population in primary care. *British journal of clinical pharmacology*. 2009;68(6):936-47.
10. Department of Health: The use of medicines in care homes for older people DH ALERT (2010) 001. 2010.
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12. Improving patients' access to medicines: A guide to implementing nurse and pharmacist independent prescribing within the NHS in England 2006.
13. Bruhn H, Bond C, Elliott A, Hannaford P, Lee A, McNamee P, et al. Pharmacist-led management of chronic pain in primary care: results from a randomised controlled exploratory trial. *BMJ Open*. 2013.3(4) 3:e002361 doi:10.1136
14. Hughes C, Lapane K. Administrative initiatives to reduce inappropriate prescribing of psychotropics in nursing homes: how successful have they been? . *Drugs and Aging* 2005;22:339-51.

Appendix 1. Search terms and Electronic database search strategies

The search terms used were generated using keywords and MeSH (Medical Subject Headings) terms and used using the PICOS search strategy. The search strategies have been summarised alongside the list of databases searched.

1. *Ovid MEDLINE(R) and EMBASE, OvidSP*
2. *Cochrane Database of Systematic Reviews, Cochrane Reviews, (Issue 6 of 12, June 2015)*
3. *CINAHL (Cumulative Index to Nursing and Allied Health Literature), EbscoH*
4. *International Pharmaceutical Abstracts (OvidSP)*

	How does it apply to our scenario?	Alternative Search Terms (NB: some terms can be pluralised)
P (patient/population)	<p>Search terms for 'care home' limited to be searched within TITLE and ABSTRACTS.</p> <p>Search terms for 'elderly' searched in ALL FIELDS.</p>	<p>Home OR centre OR center OR facility</p> <p>AND</p> <p>Care OR convalescent OR nursing OR residential OR skilled nursing OR intermediate nursing OR assisted-living OR aged care OR for the aged OR healthcare OR group home OR longterm OR long term OR long-term OR life OR continued OR extended OR healthcare OR health care OR rest</p> <p>AND</p> <p>Older OR elderly OR vulnerable OR geriatric* OR gerontology OR ageing OR aging OR senior OR old* OR age OR late* OR life OR veteran OR frail OR retired OR mature OR senior</p>
I (intervention)	<p>Search term for 'pharmacist' and 'pharmacy services' limited to be searched within TITLE and ABSTRACTS.</p>	<p>Pharmacist OR Pharmacy OR chemist OR drug store OR drugstore OR community pharmacy OR community pharmacist OR retail pharmacy OR retail pharmacist OR clinical pharmacist OR druggist OR apothecary</p>

		<p>OR</p> <p>Pharmaceutical services OR service OR pharmaceutical OR pharmacy OR pharmaceutical OR medication therapy management OR management OR drug regimen review OR drug utilisation review OR drug utilization review OR pharmaceutical care OR medication strategy OR medication review</p>
Focus	<p>Education and training and elements for pharmacists to complete this role.</p> <p>Search terms for 'training' searched in ALL FIELDS.</p>	<p>Training OR trained OR curriculum OR curricula OR short-term courses OR short term courses OR teaching OR education OR coaching OR discipline OR instruction OR practice OR learning OR tutoring OR learning OR study OR literacy programs OR workshops OR CPD OR continuing professional development OR professional development</p>
Exclusion Criteria	<p>NOT</p> <p>Children OR adolescents OR minors OR child OR adolescence OR adolescent OR paediatric OR maternal OR pregnancy</p> <p>NOT</p> <p>non-human animals OR nonhuman primates</p> <p>NOT</p> <p>Telemedicine OR telehealth OR eHealth OR mHealth OR poison OR palliative OR end of life</p> <p>NOT</p> <p>Herbal OR natural OR alternative OR complementary OR traditional</p> <p>NOT</p>	

((Pipe OR cigar OR cigarette OR hookah OR tobacco OR waterpipe)
AND smoking) OR Smoking OR smoker OR cigarettes OR tobacco

NOT

HIV OR HIV-1 OR HIV1 OR HIV-2 OR HIV2 OR AIDS Virus OR
Acquired Immune Deficiency Syndrome Virus OR Acquired
Immune Deficiency Syndrome Viruses OR HTLV-III OR human
immunodeficiency virus OR human immunodeficiency viruses OR
Human T Cell Lymphotropic Virus Type III OR Human T
Lymphotropic Virus Type III OR Human T-Cell Leukemia Virus Type
III OR Human T-Cell Lymphotropic Virus Type III OR Human T-
Lymphotropic Virus Type III OR Immunodeficiency Virus, Human
OR Immunodeficiency Viruses, Human OR LAV-HTLV-III OR
Lymphadenopathy-Associated Virus OR Virus, Human
Immunodeficiency OR Viruses, Human Immunodeficiency

NOT

News OR press release OR announcement OR broadcast OR
bulletin OR statement OR notice

Appendix 2 Participant information leaflet

Pharmacist Independent Prescribers (PIPs): Training needs analysis

Care Homes Independent Pharmacist Prescribing Service (CHIPPS):

Development and delivery of a cluster randomised controlled trial to determine both its effectiveness and cost-effectiveness

Participant Information Sheet

We would like to invite you to take part in this research study. The study is being run by the University of East Anglia, together with the University of Aberdeen, Queen's University Belfast and the University of Leeds. The study is funded by the UK National Institute for Health Research. Before you decide whether you would like to participate, we would like you to understand why the research is being done and what it would involve for you.

What is the purpose of the study?

We are developing a new service in which pharmacist independent prescribers (PIPs) will become part of the care home for older persons team, working alongside general practitioners, to improve the use of medicines and the care of residents.

To prepare and potentially accredit PIPs for practice within care homes, a care home specific competency framework will be developed. This will enable pharmacists with prescribing rights from a wide variety of backgrounds to develop their prescribing competency specifically for supporting medicines management in care homes for older people.

Data from a systematic review will be used to synthesise a draft competency framework and evidence will be used to identify the most appropriate methods/approaches for addressing training needs.

In this study we wish to explore the views of stakeholders to develop and validate this competency framework and proposed training plan.

Why have I been invited?

We are inviting pharmacists (community and primary care), general practitioners, care home managers and staff with an interest in care homes because their experiences are most appropriate for helping us with developing our competency framework and training processes.

Do I have to take part?

You are not obliged to participate. It is up to you to decide to join the study, or not. If you agree to take part, we will ask you to sign a consent form. You are free to withdraw from the study at any time, without giving a reason.

What will happen to me if I take part?

We are asking you to take part in either a focus group or an interview.

We will undertake focus groups with community pharmacists, primary care pharmacists, general practitioners and care home managers separately so opinions are not constrained by others with different interests or authority. The focus group and interviews will be led by researchers.

Before each focus group or interview, the draft competency framework will be sent to you to read in preparation.

The focus group will be held at a venue within your area and should last for about an hour. If you are interested in taking part but unable to participate in the group we may conduct an interview with you either in person or over the phone which should last between 20 to 30 minutes.

Refreshments will be provided at the focus group and time and travel costs will be reimbursed.

We will ask you about your initial thoughts on this framework, where you think there may be gaps and how you think we should train and support pharmacists for working in care homes.

You will not be asked to talk about anything that you do not wish to talk about. However, if for any reason you do not feel comfortable at any point during the interview or focus group, you are free to stop without giving a reason. We would not wish you to expose yourself to a risk of inadvertent disclosure of issues which may affect your employment or criminal liability.

The focus group or interview will be recorded on a voice recorder. This is so that your thoughts and experiences are accurately recorded. Only a member of the research team will listen to the recording. The recording will be securely stored and then destroyed at the end of the study. The interview or focus group recording will be transcribed so that we have a written record. In that transcription, names and other individual characteristics will be changed so that people taking part will not be identified in any way in the results. Any specific information which may identify you or other people to anyone reading the results will not be used when reporting the findings of the research.

What are the possible benefits of taking part in this study?

You will assist in the development of this research programme and therefore may be helping to improve treatment services in the future.

What disadvantages are there?

We do not think there are any disadvantages of taking part beyond the time taken to participate.

What happens when the study comes to an end?

The findings of this study will inform the development of this research programme. The findings from this study will be formally published. In research journals and report to the funding body

Confidentiality – who will know information about me from this project?

Everything you tell us will stay confidential; we will not tell your employer organisation or any other what you personally say. You will not be identified in any study reports/papers.

However if you do disclose anything which researchers consider to present the possibility of a risk to yourself or to others, or a personal or professional offence, this will be disclosed through the study sponsor to the relevant responsible authority, but we will tell you if we think this is the case.

What if there's a problem?

If you have any concerns about the study, you should raise them first directly with the researcher. If you have further concerns please contact the Sponsor's representative Clare Symms, Research Governance Manager, Norfolk & Suffolk Primary & Community Care Research Office, Hosted by South Norfolk CCG, Lakeside 400, Old Chapel Way, Broadland Business Park, Thorpe St Andrew, Norwich, NR7 0WG Direct Dial - 01603 257020

Who has reviewed the study?

The study has been approved by University of East Anglia Faculty of Medicine and Health Research Ethics Committee.

Further information and contact details

If you would like further information, please contact:

Annie Blyth/Viv Maskrey, Programme Co-ordinators,

University of East Anglia, Norwich. NR4 7TJ.

Tel: [REDACTED] / [REDACTED], Email: [REDACTED] or [REDACTED]

Appendix 3 Consent form

Pharmacist Independent Prescribers (PIPs): Training needs analysis

Care Homes Independent Pharmacist Prescribing Service (CHIPPS):

Development and delivery of a cluster randomised controlled trial to determine both its effectiveness and cost-effectiveness

CONSENT FORM

Participant role

Participant number

Please initial each box

I confirm that I have read the Participant Information Sheet Dated (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I agree to take part in the study	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected	
I understand the interview or focus group will be tape recorded so that what I say will be accurately recorded. I understand that the interview is confidential and that I will not be individually identified in any way in the report	
I agree to my anonymous quotations being used for the research report and publications	
I understand that the records of my participation in this study are maintained in accordance with the Data Protection Act and I have the right to access this record at any time in accordance with the Freedom of Information Act	

Name of participant:

Role of participant:

Signature:

Date:

Name of researcher:

Signature:

Date:

Appendix 4 Topic guide

Pharmacist Independent Prescribers (PIPs): Training needs analysis

Care Homes Independent Pharmacist Prescribing Service (CHIPPS):

Development and delivery of a cluster randomised controlled trial to determine both its effectiveness and cost-effectiveness

WORK PACKAGE 4

Topic Guide

Focus Groups/Interviews

Care home staff, GPs and Pharmacists (Primary care and Community)

1. Introduction. Introduce yourself and explain:

2. The purpose of the research

More older people, often with more health needs, are living in care homes and it is important that NHS and social care resources for them are used efficiently. Providing medicines as part of care to residents in care homes, can sometimes lead to errors and other problems which in turn, can undermine treatment or even cause harm.

Over the next five years we are developing a programme of research leading to a multi-site trial to test if making 'pharmacist independent prescribers (PIPs)' part of the care home team, working alongside general practitioners, affects both how medicines are used and residents' care.

It is anticipated PIPs will use individualised pharmaceutical care plans (PCPs) in care homes, to communicate decisions and plans about prescribing, between different members of the care team. e.g. nurses, GPs.

We want to identify how best to prepare pharmacists for this role

Data from a review of the literature was used to create the draft competency framework which you were sent and evidence used to identify the potentially most appropriate methods/approaches for addressing training needs.

In this study we wish to explore the views of stakeholders to develop and validate this competency framework and proposed training plan.

3. Who is funding the research

'The research is funded by the NHS through the Nation Institute of Health Research'

2. The digital recorder

i. Stress confidentiality

◊ *everything said in the group is in confidence*

◊ *the digital recording will be deleted after being transcribed*

◊ *no one will be identified individually in any report*

◊ *we will not tell your employer organisation, or any other, what you personally say*

'However if you do disclose anything which researchers consider to present the possibility of a risk to yourself or to others, or a personal or professional offence, this will be disclosed through the study sponsor to the relevant responsible authority, but we will tell you if we think this is the case.'

ii. Set ground rules

◊ *we are hoping for a discussion rather than a Q&A session*

◊ *everyone's views are valued*

◊ *please do not interrupt another person*

◊ *people can disagree*

◊ *there are no right and wrong answers*

◊ *while it can help if you can give examples from your own or others' experiences, please do not mention personal details about yourself or a resident*

◊ *do not share details of information you hear in this group with other people*

- *Ask if there are any questions*

4. Background. Introductions (around a table)

◊ *name*

◊ *role (job role)*

◊ *where based*

◊ *current involvement in care home prescribing/medications*

Stem question	Probes / follow-ups
<p>You will have received a copy of the draft framework before this focus group/interview.</p> <p>What are your initial thoughts on the framework?</p>	<p>Any gaps</p> <p>Any language which requires clarification, simplification or improvement</p>
<p>Are there any therapeutic areas in which you believe pharmacists managing medicines in care homes will need additional training?</p>	<p>How would you suggest that we train pharmacists in that?</p>
<p>Are there any processes in which you believe that pharmacists managing medicines in care homes would need additional training?</p>	<p>How would you suggest that we prepare / support and assesses pharmacists in that?</p>
<p>What is it about working in care homes and with care staff and residents that pharmacist independent prescribers need to know to be able to be effective in a prescribing and medicines management role?</p>	<p>How would you suggest that we prepare / support pharmacists in that?</p>
<p>What is it about working with doctors that you think pharmacists need to know to be able to be effective in this role?</p>	<p>How would you suggest that we prepare / support pharmacists in that?</p>
<p>Is there anything else that we need to add to the framework or training of pharmacists for this role which we haven't considered?</p>	<p>Any additional guidance / regulations do they need to demonstrate awareness of?</p>

THANK YOU VERY MUCH FOR TAKING PART