Pharmacy Education (2023) 23(1) 205 - 207
https://doi.org/10.46542/pe.2023.231.205207

SHORT REPORT

Developing a feasible model for delivering quality hospital-based experiential learning for pharmacy undergraduate students funded by the healthcare education and training tariff

Ben Hindley[1], Sally Wright[1], Mark Peasley[2]

[1] Liverpool John Moores University, Liverpool, England, United Kingdom
[2] Liverpool University Hospitals NHS Foundation Trust, Liverpool, United Kingdom

Keywords
Entrustable professional activity
Experiential learning
Hospital placement
Pharmacy education

Correspondence
Ben Hindley
Liverpool John Moores University
Liverpool
England
United Kingdom
b.hindley@ljmu.ac.uk

Abstract

The Department of Health and Social Care (UK) provides funding to support clinical placements for healthcare students in England through their education and training tariff, which is administered by Health Education England (HEE). From September 2022, undergraduate pharmacy students became eligible for this funding to support their experiential learning. Development of quality, feasible experiential learning for pharmacy students within the context of the tariff proved challenging for both higher education institutions (HEIs) and hospital placement providers. Barriers to delivery were identified and addressed, such as no HEE published strategy for placement delivery, as well as the financial constraints of the tariff payments which made placements unattractive to providers. Pharmacy school inexperience of arranging longer placements and a substantial administrative burden added to the challenge. This report outlines the developmental process behind the experiential learning that is now delivered by Liverpool John Moores University and the local hospital providers.

Introduction

The importance of experiential learning (EL) is recognised by the General Pharmaceutical Council (2021), and the pharmacy undergraduate degree must include real-life practical experience to enable students to develop their competence. It is expected that EL is progressive and increases with complexity as the student moves through the course (General Pharmaceutical Council, 2021). The benefits of EL on students' confidence and communication have been demonstrated in numerous studies, and practising pharmacists appreciate the importance of EL in undergraduate pharmacy education (Hendry *et al.,* 2016; Winn & Turner, 2016).

The existing provision of EL varies; Jacob and Boyter (2020a) found that placement hours over the four-year MPharm programme varied between 54 and 496 hours across different UK higher education institutions (HEIs). HEIs have identified several challenges to the provision of EL, the most cited being: obtaining and retaining hospital placement sites, financial support and quality assurance of workplace tutors (Jacob & Boyter, 2020a).

The Department of Health and Social Care education and training tariff (the tariff) offers a standard reimbursement for all providers offering high quality, participative placements enabling learners to develop the required skills and knowledge to meet their professional competencies. Following confirmation that undergraduate pharmacy placements would be included in the list of professions eligible for the tariff from September 2022, HEIs began planning for funded placements as part of the undergraduate degree (Department of Health and Social Care, 2022). This

provided a fresh opportunity to engage with placement providers, develop their approach to EL, and overcome the perceived barriers. However, the limited funding available may negatively impact the willingness of EL providers to offer placements (Burns, 2022).

Development of placement activities

Historically, local placement provision was limited to several days, but this will substantially increase to enable students to meet updated GPhC learning outcomes (2021). Initial expectations from local placement providers were that Health Education England (HEE) would offer guidance on how EL should be delivered within the structure of the tariff system, including a list of agreed entrustable professional activities (EPAs). EPAs are widely accepted in postgraduate medical education and gaining popularity in entry-level medicine as well as other professions, including pharmacy, and have many benefits, including reducing the mismatch between expected and actual performance of trainees and improving the workplace-based assessment processes (Bradley & McKenna, 2021). Despite initial expectations, a suite of EPAs was not forthcoming, and the current position of HEE is that they are "working in collaboration with the Pharmacy Schools Council to develop resources and approaches that support placement activities that are participative. This includes the exploration of Entrustable Professional Activities or EPAs" (Health Education England, 2022).

In lieu of a standardised approach, local hospitals developed their own model to facilitate placements within the financial constraints of the tariff payment, which is not sufficient to release pharmacists for direct supervision of students. Although many pharmacists appreciate the benefits of EL (Hendry et al., 2016; Winn & Turner, 2016), it is accepted that it can be a burden, given the lack of protected time and increase in workload, resulting in limited time to engage with students (Jacob & Boyter, 2020b). To overcome these barriers, a placement structure was developed; it permitted students to attend hospitals and engage in activities and provided them with an opportunity to put their knowledge and skills into practice without requiring constant direct pharmacist supervision.

A workbook was developed to provide students with a structured approach. It contained a series of practical tasks with stepwise instructions, which mimicked the process of the pharmaceutical review of a newly admitted patient. The workbook consisted of four sections: patient consent, data collection, analysis, and recommendations, with several appendices designed to support students' learning. Singh, Morrissey and Ball (2021) have found that supervising pharmacists appreciate the use of structured activities within an EL setting, which supported our approach. Some tasks included a component of peer assessment and a focus on reflection and self-directed continuing professional development. The hospital pharmacy placement guidance document, containing detailed information about the tasks can be seen in Supplementary material 1. The hospital pharmacy placement patient booklet, to record the findings from each task outlined in the guidance document can be seen in Supplementary material 2. The workbook was piloted at one hospital with foundation pharmacist trainees, followed by level six pharmacy undergraduates, and refinements were made based on the experience. There was a close collaboration between stakeholders throughout the development process. Pharmacy education leads from participating hospital providers held a series of meetings with HEI staff to agree on the proposed format of the placements and the content of placement materials. The final agreed placement model was informed by feedback from the pilots.

Students received a pre-placement briefing and were signposted to prior learning that would benefit them whilst on placement. HEE e-learning for healthcare accounts were created, and each student was enrolled on a healthcare students e-learning package to satisfy the requirements of the key statutory and mandatory training skills of the UK Core Skills Training Framework (Skills for Health & Health Education England, 2021) and overcome the need for students to attend Trust-specific training. However, access to individual hospitals' IT systems was needed to participate in placements and students were required to undergo in-house training to facilitate this. IT hardware, primarily laptops, were ordered by providers to enable student involvement in placement activities.

A significant administrative burden was encountered during the implementation of placements, including contracts between the HEI and providers. The issue of students with criminal convictions on their disclosure and barring service certificate also required consideration, and although a satisfactory resolution to this was not reached prior to the start of the placements, a temporary solution was employed for this academic year.

Whilst on placement, students were allocated to wards along with a nominated supervising pharmacist and worked in pairs to complete the booklet for each patient they were assigned. Students would require approximately one day to comprehensively review a single patient. Although assistance and light-touch supervision were available, students were expected to

work autonomously and present one of their cases to their supervisor towards the end of their placement to receive verbal feedback.

Conclusion

The inclusion of pharmacy undergraduates in the tariff has provided an opportunity for the provision of longer and more participative EL. Numerous barriers to offering EL in hospitals arose, primarily the administrative burden, a lack of clarity on the format and delivery of placements, and the funding constraints of the tariff. This model of structured activities supported by light-touch supervision offers potential solutions to some of these barriers. Feedback will be sought from both providers and students at the end of the academic year, with the view of expanding the suite of activities in which students participate.

References

Bramley, A.L., McKenna, L. (2021). Entrustable professional activities in entry-level health professional education: a scoping review. *Medical Education,* **55**(9), 1011-1032. DOI: https://doi.org/10.1111/medu.14539

Burns, C. (2022). Undergraduates may struggle to secure clinical placements owing to low payment tariff, say pharmacy schools council. *The Pharmaceutical Journal,* 309 (7966). https://doi.org/10.1211/PJ.2022.1.167098

Department of Health and Social Care. (2022). Education and training tariffs: tariff guidance and process for the 2022 to 2023 financial year. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064526/Education-and-Training-Tariff-Guidance-2022-23.pdf

General Pharmaceutical Council. (2021). Stands for the initial education and training of pharmacists. Retrieved from https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-initial-education-and-training-of-pharmacists-january-2021.pdf

Health Education England. (2022, October). Clinical tariff for the pharmacy profession: frequently asked questions. Retrieved from https://www.hee.nhs.uk/sites/default/files/documents/Clinical%20tariff%20for%20pharmacy%20FAQs%20-%20October%202022.pdf

Hendry, G., Winn, P., Wiggins, S., Turner, C.J. (2016). Qualitative evaluation of a practice-based experience pilot program for Master of Pharmacy students in Scotland. *American Journal of Pharmacy Education,* **80**(10), 165. https://doi.org/10.5688/ajpe8010165

Jacob, S.A., Boyter, A.C. (2020a). Nationwide survey of experiential learning in MPharm programmes in UK universities. *International Journal of Pharmacy Practice,* **28**(2), 121-129. https://doi.org/10.1111/ijpp.12521

Jacob, S.A., Boyter, A.C. (2020b). Survey of undergraduates' perceptions of experiential learning in the MPharm programme: the TELL project. *Pharmacy Practice,* **18**(2), 1856. https://doi.org/10.18549/PharmPract.2020.2.1856

Singh, A., Morrisey, H., Ball, P.A. (2021). Structured experiential learning placement for pharmacy undergraduate students – a pilot study. *Journal of Advanced Pharmacy Education and Research,* **11**(4), 1-6. https://doi.org/10.51847/bWUeWOINce

Skills for Health, Health Education England. (2021, June). Core skills training framework (England). Statutory/mandatory subject guide: version: CSTF (England) v1.1. Retrieved from https://www.skillsforhealth.org.uk/wp-content/uploads/2021/07/CSTF-Eng-Subject-Guide-v1.1.pdf

Winn, P., Turner, C.J. (2016). Description and evaluation of an MPharm practice-based experience pilot program. *American Journal of Pharmacy Education,* **80**(9), 151. https://doi.org/10.5688/ajpe809151