What is vocational training?

Vocational training helps junior pharmacists to acquire the knowledge and skills necessary for them to participate fully in their post as a 'general' hospital pharmacist. The emphasis is on developing competence (the ability to perform consistently to the required standard) using activities in the workplace and a structured training rotation. Vocational training has been mapped to the KSF. Trainees develop in the main, CPD records as 'evidence' along with feedback forms and some other forms of evidence. There is no longer a requirement to develop lengthy reports.

What is the purpose of the hospital vocational training (VT) scheme?

The purpose of the training scheme is to provide a structured, work-based training experience for junior hospital pharmacists, enabling them to deliver safe and effective pharmaceutical care. Completing the training scheme ensures that pharmacists achieve a 'well rounded' 'general', structured training within their first two years of starting within the hospital setting. Some trainees have indicated that by undertaking the training they have been able to gain experience in some areas that they may not have been able to visit had they not been part of the training scheme.

Who can register for the hospital vocational training scheme?

The training scheme is open to all junior pharmacists who are working as a hospital pharmacist within NHS Scotland. To register as a trainee for the scheme complete the registration form that is available at www.nes.scot.nhs.uk/vocational training.

Trainees must have a tutor who is registered as a tutor with the scheme (i.e. who have registered as a tutor with NHS Education for Scotland from 2005).

Once registered you will receive the two folders that you need to complete the training scheme-

- Framework & modules folder and the workbook.
- The Framework and modules provides detailed underpinning knowledge and has a series of questions at the end of each section. Discussing the questions with your tutor when you have completed the section will help consolidate your knowledge. Some of this information may form the basis of evidence for your portfolio.
- The folders are provided free from NHS Education for Scotland. Your tutor should already have a copy of the Answers Booklet.

What are the benefits of the hospital vocational scheme for individual pharmacists?

Completing the training scheme ensures that pharmacists achieve a well rounded 'general', structured training within their first two years of starting within the hospital setting. The scheme will also help pharmacists to meet their Continuing Professional Development (CPD) requirements. It is compatible with the CPD process with reflective practice being encouraged. Since 2009,
trainees have been completing CPD records as evidence instead of reports.

Completing the training scheme will gain pharmacists exemption from certain university postgraduate programmes e.g. the first year of the Queens’ Diploma and Masters Programme in Clinical Pharmacy, for Strathclyde University the case studies are assessed on completing Stage 2. If acceptable trainees are exempt from the first 2 weeks of the MSc in Clinical Pharmacy course.

What are the benefits of the hospital VT scheme for hospital pharmacy?

The training scheme provides a framework which can be used to structure and target work-based training and experience for junior hospital pharmacists efficiently and effectively.

What do I need to do once I am registered as part of the training scheme?

Once registered you should meet with your tutor and plan which area you are going to work on first.

- Your tutor should ensure that you have a structured rotation so that you can plan on a monthly basis which competencies you are going to tackle.
- You should set up folders within your GPhc CPD record which will form your ‘portfolio’.
- Remember to reference the folders in line with the reference codes within the Stage 2 competency framework.
- Develop a CPD record for each section that you start, identifying your training needs for the area.
- Trainees generally get ½ a day per month to work on their evidence for Stage 2, but this is at the discretion of their local health board area. At the outset plan the time for Stage 2 and discuss with your tutor and your trainer for the section that you are working in.
- Quality not quantity is the key. Remember that your tutor/assessors need to easily mark your evidence.

There are locality tutors, tutors, mentors and trainers within the scheme what is the difference?

The locality tutors are experienced senior pharmacists who are responsible for the trainees within a defined area within Scotland. They may host an event where trainees meet to discuss their evidence or they may visit trainees and their tutor at some stage throughout their training.

Tutors are experienced pharmacists within the hospital setting. They will facilitate your training but will not observe your practice on a daily basis. You are expected to meet with them on a regular basis [one per month] and record the meetings within your portfolio. They are required to register with NHS Education for Scotland as part of the training scheme. The criteria for tutors is under development however within their application they are required to detail their professional journey/experience to date, their training/mentoring experience, their commitment to CPD (for which they may submit a Significant Event Analysis) ([www.nes.scot.nhs.uk/cpd](http://www.nes.scot.nhs.uk/cpd)). Tutors are retrained approximately every 3 years when they come together receive an update about the scheme and review evidence to ensure that they are ‘calibrated’ with other tutors.

Trainers are experienced technicians and pharmacists within the hospital setting who may sign off activities whilst the trainee is within their section. Trainers are not currently registered with NHS Education for Scotland, nor do they routinely attend training however, any trainers are welcome to attend any of the training days. Details of which can be located at [www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk)

Mentors are pharmacists who have recently completed the training scheme. They may informally advise new trainees and may share their experiences of completing the training scheme.
What will the in-practice training entail?

The in-practice training provides trainees with the opportunity to gain knowledge, skills and experience in the following key rotational areas of:

- Dispensary
- Aseptic services
- Clinical Pharmacy
- Medicines Information

For each rotation there are a specified set of **competencies** and **behavioural statements** which are used to plan, conduct and evaluate the trainee's performance.

There are also rotational practice **activities** which the trainee must complete, which will help them to develop and demonstrate their competence in the rotational competencies and behavioural statements.

The rotation is also supported by a series of ‘modules’ that help the trainee develop underpinning knowledge for their rotation.

Competence is also required to be demonstrated in some ‘wider’ areas e.g. medical gases, procurement and formulary management. This helps the trainee gain an insight into the ‘wider’ practice of pharmacy which should, as the trainee progresses complement their practice.

How long will the trainee spend in each rotational area?

The workplace rotations are intended to be flexible to accommodate individual learning needs and service requirements. For example, experienced trainees moving into hospital practice from another area of pharmacy, such as community pharmacy, may be able to demonstrate their competence in some rotations in a shorter time than a newly qualified pharmacist. In such instances the previous experience should be recorded in the paperwork with ‘gaps’ identified and targeted as part of their rotation.

What happens if I haven’t trained as a pre registration pharmacist in hospital and don’t have e.g. aseptic experience?

Some community pharmacists join the training scheme and don’t have aseptic experience as they haven’t completed their pre registration training in hospital. In this case, the trainee should discuss with their locality tutor and aim to complete some simulations of the different products (where possible).
What type of evidence will trainees need to collect?

Trainees are expected to collect evidence as they progress and then verify the evidence by obtaining a feedback form. The FBF may be completed by another healthcare professional. They should not be completed by other Stage 2 colleagues.

Evidence may be in the form of a care plan, a prescription, a training plan, a CPD record etc.

Where a case study is requested ensure that you use the correct format, write approx 2,000 words, include an executive summary of the case on the front page, include the ‘desired pharmaceutical care outputs’ as opposed to just listing the patient’s progress and remember to include some key references [Vancouver style] to back up you care issues and outputs. Remember that care plans don’t need to be perfect! Stage 2 is about learning from experience. If on discussing with your tutor there are points that you have missed, put them in as part of your reflections.

Evidence should be cross referenced where possible with the reason for the cross reference being clearly stated.

Vocational training is a progression over a two year period and as such we expect to see your progression through the increasing quality of your evidence in your portfolio.

The basis of Stage 2 is about learning from experience and reflecting on your work. So remember to reflect as part of each piece of evidence. [What did you learn? What would you do differently next time and why?]

If I have completed a hospital pre registration year what evidence can I transfer to the vocational training scheme?

If you have completed your pre registration training in the hospital sector then you will have completed some evidence that you may wish to reflect on and develop further for vocational training. This will be at the discretion of your vocational training tutor and your locality tutor.
**What assessments will there be for trainees?**

There are two types of assessment associated with the VT programme:

- **Formative assessments** *(to aid the trainee’s development, generally this type of assessment is occurring when the trainee meets with their tutor)*
- **Summative assessments** *(to check that the trainee has met the required standard, this is the portfolio assessment and the face to face panel assessment).*

At the start of each rotation, the workplace tutor should use the rotational competencies and behavioural statements to help the trainee to identify their learning needs and to develop a CPD plan for that area. The tutor and trainee should meet regularly to monitor progress.

The trainers, who are the staff leading the specific area of practice, should be involved in this discussion or they should in fact facilitate this discussion when the trainee starts within their area.

At the end of each rotation, the workplace tutor will use the rotational competencies and behavioural statements to carry out a summative assessment, which will check that the trainee has met the required standard. Evidence should be reviewed, competencies signed off and any ‘gaps’ for further training identified.

Deadlines for submission of portfolios for review are generally undertaken every SIX months. Assessments are generally held every SIX months.

When the trainee has successfully completed the portfolio they will be invited for a final assessment. For this final assessment the trainee should prepare a short presentation. The final assessment lasts approximately ONE hour and is generally held at NES, Glasgow.

The topic for this presentation is something from their portfolio with the learning points and reason for the choice of topic explained as part of the presentation. 10minutes is allocated to the presentation, plus 5 minutes for questions. Trainees who run over their allocated time may be penalised and will be asked to summarise the final slides.

The trainee’s approach to development of the presentation, their communication skills and their approach to answering questions by the panel is assessed at this stage. The trainee then has to detail their approach to FOUR workplace scenarios. The approach of the trainee is assessed as it their response to questions from the panel. The outcome from the assessments is communicated to the trainees verbally when they are given feedback and then confirmed via an email. The trainees also receive a certificate of completion.

**What happens on successful completion of the training scheme?**

On successful completion of both parts of the external assessment process (portfolio and panel interview), the pharmacist will be issued with a Certificate of Completion. This certificate will enable them to gain exemption from the first year of certain university Diploma/Masters programmes e.g. the Queen’s University Diploma/Masters programme in Clinical Pharmacy.

**What happens if I am not successful at assessment?**

The assessment process for the scheme is generally split into two parts. In some cases when portfolios are reviewed, trainees are requested to submit a small amount of further information/clarify information. The trainee is expected to bring this to the final interview and may be asked to discuss aspects of their work to ensure that the competency has been met. In exceptional circumstances trainees may be given a date after the final assessment to submit their evidence. At portfolio assessment, if the information that is required for clarification is deemed to be too much to prepare prior to the final assessment, the trainee will be asked to defer and resubmit at the following set of assessment.

Should a trainee be unsuccessful at the panel assessment, then the trainee will be given feedback, support from the Locality Tutor and the opportunity to represent at the next set of assessments.
How long will it take the trainee to complete the full training scheme?

The full VT programme is intended to take two academic years (approximately 20 months) to complete. This will depend on the individual and the needs of the service, and some trainees will take longer than this. There may also be some trainees coming from other areas of pharmacy, such as community, who already have experience and evidence of competence in some aspects who may complete the programme in a shorter time. This will be dealt with on an individual basis.

Deadlines for submission of portfolios for review are generally undertaken every SIX months (currently 31st January and 31st July) With assessments being held every SIX months. Generally in May and November. Portfolios are assessed prior to trainees being invited for their final assessment. Trainee's portfolios need to be submit in April and October for assessment in order to qualify for the May and November respectively.
How do pharmacists enrol on the Vocational Training Scheme?

Pharmacists wishing to register for the training scheme must complete and submit an application form (available at www.nes.scot.nhs.uk/vocational training). They must have the support of their designated line manager prior to application.

Who can be a workplace tutor for the training scheme?

The criteria for tutors, is currently under review. The workplace tutor should be a pharmacist with experience in supporting and assessing trainees, who is competent to take on the role. They must complete a registration form in which they should detail; their number of years experience, mentoring/tutoring experience, how they meet their CPD requirements, membership of professional organisations and details of any posters or publications.

The registration form is available at www.nes.scot.nhs.uk/vocational training.

What is the role of the tutor for the hospital training scheme?

The tutor has a supportive role, and is involved in facilitating the trainee’s learning and assessing their development. They do this by:

- helping the trainee to identify their development needs
- supporting, advising and encouraging the trainee during their training
- undertaking
  - I. formative assessments (to monitor and review the trainee’s progress)
  - II. summative assessments (to check that the trainee has met the required standards)

Tutors are will not be expected to observe the trainee’s practice on a day-to-day basis; they will be aided by local trainers in this.

Who can be a workplace trainer for the hospital training scheme?

The trainer can either be a pharmacist or an experienced technician in charge of an area of service. The trainer is not a tutor, but is welcome to attend training sessions to increase their knowledge about the scheme.

What is the role of the workplace trainer for the hospital training scheme?

The role of the trainer will be to identify the trainee’s training needs for the rotation, then plan, conduct and evaluate their training. They will also be responsible for signing off their rotational practice activities.
Hints and tips on completing a Stage 2 portfolio

General

- Identify training needs for each section prior to starting in the section and plan with the ‘trainer’ for the section how some identified training needs and therefore competencies will be achieved.
- Draft a CPD plan to cover identified training needs. This can be in the form of a word document or a CPD record.
- When planning activities that are going to be completed identify if the final CPD record that will form the evidence will be in the form of a reflective or action page.
- Code each piece of evidence with the appropriate competency code and further sub codes depending on the number of pieces of evidence for the competency.
- Organise the evidence so that it, is by the relevant competency section e.g. have all evidence for Section B, together appropriately coded so that the assessors can easily assess the evidence against the competency standards.
- Plan to complete evidence and submit evidence to your tutor on a monthly basis. Remember they will need several days prior to your monthly catch up meeting to read the evidence and give you feedback. Do not give tutors evidence at the meeting and expect to receive feedback there and then.
- In each piece of evidence you need to reflect on what you have learnt and what you need to improve on. This is your reflections. Stage 2 is based on reflection and experience in the workplace.
- In all cases you need to link what you have actually done in the workplace with the theory e.g. prescriptions that have been collected need to have an explanation as to how they have met the competency. Ensure that you detail your personal involvement in achievement of the competency by using the piece of evidence included in your portfolio.
- Anonymise all pieces of evidence. Delete patient details, CHI numbers, doctor’s names. Anything that could trace back to evidence to the patient. Hospital logos on headed notepaper do not need to be deleted.

Section A Personal competencies

- Complete this section last. Cross reference evidence to other parts of the portfolio. Make cross referencing clear. Ensure that assessors will understand why each piece of evidence meets the competency.

- Equality and diversity competency. – show your involvement in equality and diversity issue. e.g. counselling a patient. Read the local E and D policy. There is no need to include it as part of your evidence. Include a feedback form as evidence of you performing tasks.

- A23 ‘Interacts with colleagues, staff and peers.’ Include a few pieces of evidence, only asks for one CPD record.
Section B Aseptic services

- Focus on professional role of the pharmacist.

- B22 Intrathecal injections. Complete local training programme if intrathecals are not made at your site. If you do not receive actual preparation experience, state this up front.

- B23 & B24 Include a mix of prescriptions as detailed. Link theory with your own experience. Include your reflections. What have you done? How would you do it differently. Draft a CPD record that outlines what you have done for each sample script and what you would do differently.

- B24 One report for TPN and one for chemotherapy/CIVAS (with examples of RXs). Explain why you think it is important. Include reflections.

- Technical role as pre reg. If this has not been achieved be up front in your portfolio. Generally trainees achieve some sort of experience by simulation exercises and discussion of theory. If you can gain technical experience and can complete pre reg competencies then this would be ideal.

Section C Clinical Pharmacy

- Care plans: Use Care plan on NES Pharmacy website as opposed to local care plans that have been shortened. You need 12. Include pharmaceutical outputs and not just a diary of medical colleagues actions! Include a summary of the case at the front of each care plan so that assessors can understand quickly the case [about a paragraph]. For 4 of the care plans you need a full case study.

- Case study: As detailed on the NES Pharmacy website guidance. Choose simple cases rather than complex cases. Think about all issues, not just the ones detailed in the case notes. Case studies need to be ~2,000 words long. Don’t get hung up on the actual number of words, just ensure that they are ‘full’ enough and that they include a discussion that describes the disease state and your input to the case. Reflections are important. Include references [Vancouver style] and know the content! Do a para as a front page that give summary. This helps assessors.

- The training is progressive. All case studies will not be perfect unless they are completed at the end of your training. Get the specialist to sign off your case studies. They are the expert. When the clinical specialist reviews your case studies, if you have missed something put this in your reflections.

- Refer to ‘local guidelines’ as opposed to NHS Lothian guidelines.

- Anonymise data [as described previously].
- Relevant medical and drug history: try and match up e.g. if list hypertension, then the medication on that line should correspond with hypertension. Drug history to contain doses.

- Clinical management: include acute and long term issues. E.g. Asthma-Confirm asthma controlled and no changes to medication required.

- Current meds: Include all that the patient was taking on admission.

- Pharmaceutical Care Plan: See example. Include pharmacy care issues identified, the actions that you undertook to address the issue and the output. Did the care reflect current guidelines?

**Section D Clinical Governance**

- **SEA** - required to submit a SEA (form on NES website – CPD section) to NES for peer review. Returned with feedback from NES trained peer reviewers. Generally takes about 4 weeks to get feedback. Look at samples of SEA on NES website e.g. Lithium SEA. This shows the level of detail required. Remember this is an analysis of an event that was significant to you, that you were involved in. Give the reviewers detail as to the situation. Was the ward busy? What type of ward was it? Why do you think the event happened? Remember the reviewers are national peer reviewers and may be based in community pharmacy as opposed to hospital pharmacy. Detail any changes made to prevent the event happening again. What was the impact? The event doesn’t have to be negative. NES receive some positive events for peer review. The idea of getting feedback from others is to highlight any issues that you may not have considered to ensure that the event has been analysed fully and therefore will not happen again.

- **Audit** – use form on NES website. Must include criteria and standards, where possible reaudit if there is time. Keep simple! Perhaps think of auditing implementation of a SIGN Guideline.

- **Standing Operating Procedure**: Need to actually write a SOP – ask around department for ideas. Don’t just comment on a SOP!

**Section E Cost Effective Use of Medicines**

- **E22** Need an example of all the different types listed under the competence but can just be one CPD record. Again link theory with practice. Look thro’ the Standing Financial Instructions and think how they would relate to practice. Be warned they are generally a long wordy document. So just get an idea of what they are and why they are in place.

**Section F Dispensing**

- As Section B. Link theory with your practise and show what your involvement was.

- Keep information anonymous [as described before]

**Section G Education and Training**

- Need 4 different situations

- Develop a one page plan for your training for each situation and detail learning objectives for the training
• National training includes participating in the training of IV Nursing programme, teaching junior doctors.

• Include power point slides if used. If they are not your own but have been developed by someone else, recognise this.

• Get some feedback, in the form of a ‘feedback form’ for each of the training sessions. Use the generic ‘feedback form’ that you have been using for Stage 2. No need to develop an official evaluation form unless you wish to.

• Reflect on the training. What would you do differently?

Section H Medical Gases

• Ideally you should attend a medical gas test. However there is a presentation by Lynn Morrison, Regional QA Pharmacist, on the NES website. Complete the MCQs and then e mail pharmacy@nes.scot.nhs.uk for the answers.

Section I Medicines Information

• Ideally gain some experience in a Medicines Information Centre. However some of the MI enquiries that you need to submit as evidence could be ward based.

• You need some complex and some simpler enquiries.

• Include the answer.

• Keep all info anonymous!

• Complete UKMi workbook. No need to include as part of your evidence.