



# **PRE-REGISTRATION PHARMACY PROGRAMME**

## **HANDBOOK 2018-2019**

**Centre for Professional Development  
and Lifelong Learning**

**(CPD4ALL)**

**School of Pharmacy, Keele University, ST5 5BG**



## Pre-registration Programme

Dear Colleague,

I am very pleased that you have chosen to undertake your training in the West Midlands and I would like to welcome you to the region.

Your pre-registration year is arguably the most important year in your formal pharmacy education. You are now embarking on a period of training where you will be given the opportunity and experience of applying in practice, perhaps for the first time, the knowledge you have acquired during your undergraduate course. Depending on the University where you completed your Pharmacy degree, you will probably find that some of the topics covered on the Keele study days are not new to you. This is important for reinforcement of your learning so far, and to help you meet the General Pharmaceutical Council's (GPhC) requirements. You will also acquire new skills and knowledge which will develop your competence and increase your confidence in your abilities to fulfil your future professional role.

Although you have chosen to undertake your pre-registration training in hospital, you will find that the programme includes elements relevant to pharmacy practice in the community and in primary care. As well as achieving a satisfactory level of competence in areas of direct relevance to hospital pharmacy, it is important that you appreciate pharmacy in its wider context.

The elements of your pre-reg year that focus on aspects of practice in community pharmacy and primary care contribute to a complete training experience, including any cross-sector training that you participate in during the year. This is important for your future career planning and will be viewed favourably by potential employers.

Please refer to the diary page to identify where each study day will be held. I hope you find the days useful, not only to work through the programme but also to network with fellow pre-registration pharmacy colleagues. We expect you to dress on the study days to reflect the professional image that you would wish to project.

I wish you well in the coming year and urge you to take full advantage of the opportunities that this year offers. Your positive attitude to all aspects of the training will ensure that you reap the rewards of a unique year in your pharmacy career.

Yours sincerely

Mrs Sharon Warren  
Regional Pre-registration Facilitator for West Midlands

Centre for Professional Development and Lifelong Learning  
Pre-Registration Study Day Programme 2018/2019

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## Introduction

This handbook should be read in conjunction with the [pre-registration trainee manual](#) produced by the General Pharmaceutical Council (GPhC). This handbook provides you with **essential** information about the study days organised by the Centre for Professional Development and Lifelong Learning (CPD4ALL), School of Pharmacy, Keele University, for pre-registration trainee pharmacists working in hospitals in the West Midlands. Please read the requirements for each day so that you can come prepared. You will be required to complete some reading/tasks before some study days. It is essential that you do this so that you and your colleagues get the most out of the days.

### CPD4ALL Website ([www.cpd4all.co.uk](http://www.cpd4all.co.uk))

We use the CPD4ALL website to allow you easy access to further resources throughout the year. You will be provided with a username and password for the 'Pre-registration trainee programme resources' area on the website following the first study day.

### Study Days

There is approximately one to two study days each month, held at various venues in the West Midlands region. Attendance is compulsory and please note that a register is taken at each study day to allow us to inform your pre-registration tutor of any gaps that may occur in your training. It is your responsibility to ensure that you arrive in plenty of time for the start of each study day. If you are unable to



attend any study day, please inform your pre-registration tutor **and** Linda Foster, the pre-registration administrator at Keele University on 01782 734117. If you are unable to attend a study day it is your responsibility to arrange for a colleague to pick up the relevant handouts for you.

The study days cover various aspects of pharmacy practice which have been chosen in order to help you fulfil the GPhC's performance standards for the pre-registration year. As you know, you are also required to sit an examination at the end of the pre-registration year. The examination and the performance standards cover a wide variety of topics which would be difficult for you to cover at the base hospital, or by means of self-study. Therefore, these study days provide another vehicle to enable you to cover some of the essential elements of the training programme.

The study days normally take the form of short presentations followed by participatory workshops where you have the opportunity to problem solve in small groups. Please bring a current BNF and calculator to every session. Aims and objectives are provided in the handbook for each of the study days. **The relevant GPhC performance standards and the registration assessment framework that the study days encompass are highlighted in italics. Obviously, you are expected to demonstrate performance standard A1.1 ('Behave in a manner consistent with membership of the profession') and B1.2 ('Behave in a polite and helpful manner') at all times.**



Due to reasons beyond our control please note that the content of study days and speakers outlined in this programme may be subject to change without notice.

Refreshments, including a light sandwich lunch (with a vegetarian choice) are provided. Please feel free to bring your own refreshments and lunch if you prefer. If you have any special dietary requirements please let Linda Foster, the pre-registration administrator know before the first study day in August. Linda's number is 01782 734117.

### **Car Parking**

There is ample room for car parking adjacent to the NMC Venue.

### **Pre Study Day Reading**

You are expected to read any pre-study day reading material, where indicated. This will either be highlighted in the handbook, available on the CPD4ALL resources area and/or emailed to you. Please note you need to be a member of the Royal Pharmaceutical Society to access the Pharmaceutical Journal. If you are not a member, then it is your responsibility to obtain the article(s). Please ask your local MI centre for further advice.

### **Case Presentation Day**

For the case presentation study day (6th February 2019) you must prepare and present a clinical case based around an intervention that you have made. Your



pre-registration tutor will help you identify a suitable case. Further guidance for the case presentation is provided in Appendix 1.

## **Project**

It is a requirement of the performance standards (GPhC competency A4.8) that a pre-registration trainee pharmacist successfully engages in a quality improvement process (this could be achieved, for example, by carrying out a small audit assignment, or completing a PDSA cycle). This project will normally be set and supervised by your pre-registration tutor. You are strongly advised to explore topics with your tutor as early as possible. The principles of quality improvement projects and audit (including the audit cycle) will be discussed on one of your study days.

All students will be expected to present their project, in the form of a poster presentation. This will take place on the final study day on Wednesday 3<sup>rd</sup> July 2019. You must email your poster in *pdf* format to Linda Foster at [l.j.foster@keele.ac.uk](mailto:l.j.foster@keele.ac.uk), no later than Friday 19<sup>th</sup> April 2019. It is the responsibility of each student to ensure that they seek their own IT support in converting their work into *pdf format* before submitting to Keele. Further guidance for the pre-registration audit project is provided in appendix 2.

## Diary Page

Study days will be held at various venues around the West Midlands, as stated.

Tuesday 14 <sup>th</sup> August 2018	-	NMC, West Bromwich Making the Most of Your Pre-registration Year
Wednesday 5 <sup>th</sup> September 2018	-	NMC, West Bromwich Community Pharmacy Practice
Friday 14 <sup>th</sup> September 2018		Good Hope Hospital Medicines Information
Wednesday 17 <sup>th</sup> October 2018	-	NMC, West Bromwich Calculations and QIP/Audit <i>You should bring your project title along to this study day</i>
Wednesday 21 <sup>st</sup> November 2018	-	NMC, West Bromwich Clinical Pharmacy for General Practice/ Getting a job in the NHS
Wednesday 28 <sup>th</sup> November 2018	-	NMC, West Bromwich Clinical Practice
Wednesday 9 <sup>th</sup> January 2019	-	NMC, West Bromwich Specialist Services <i>You should hand in your case presentation title at this study day</i>
Wednesday 6 <sup>th</sup> February 2019	-	NMC, West Bromwich Case Presentations
Wednesday 1 <sup>st</sup> May 2019	-	NMC, West Bromwich Practice Pre-registration assessment
Wednesday 3 <sup>rd</sup> July 2019	-	NMC, West Bromwich Audit Poster Presentations

### Other Key Dates

Friday 19<sup>th</sup> April 2019 - posters to be emailed to Keele –

[I.j.foster@keele.akeele.ac.uk](mailto:I.j.foster@keele.akeele.ac.uk)



## **Principal Pre-Registration Course Tutor**

Mrs Sharon Warren  
Regional Pre-registration Facilitator for West Midlands  
Centre for Professional Development and Lifelong Learning, School of Pharmacy,  
Keele University

s.l.warren@keele.ac.uk

## **Pre-Registration Course Administrator**

Ms Linda Foster  
Regional Pre-registration Administrator for West Midlands  
Centre for Professional Development and Lifelong Learning, School of Pharmacy,  
Keele University

01782 734117  
l.j.foster@keele.ac.uk



## **Pre-registration Programme Facilitators**

Ms Harjinder Ajula  
Teacher Practitioner Pharmacist  
Birmingham Women's and Children's NHS Foundation Trust

Mr Noell Aslett  
Deputy Chief Pharmacist  
Dudley and Walsall Mental Health Partnership NHS Trust

Ms Sonia Chand  
Lead Pharmacist  
Walsall Healthcare NHS Trust

Ms Sarah Connop  
Lead Pharmacist - Gastroenterology  
Worcestershire Acute Hospitals NHS Trust

Mr Nick Duncan  
Clinical Pharmacist  
University Hospitals Birmingham

Mr Lewis Fisher  
Advanced Clinical Practitioner (Advanced Specialist Pharmacist) – Emergency  
Department  
University Hospitals of North Midlands NHS Trust

Ms Lisa Gilbert  
Pre-registration Training Facilitator  
GPhC

Mr Peter Golightly  
Director  
Medicines Information at Trent & West Midlands Medicines Information

Ms Shazmeen Hansrod  
Clinical Scientist (Radiopharmacy)  
Sandwell and West Birmingham Hospitals NHS Trust

Miss Vicky Ho  
Specialist Clinical Pharmacist – General Medicine (Diabetes) and Teacher  
Practitioner  
University Hospitals Birmingham

Mr Dave Millett  
Pharmacist Team Manager (Education and Training)  
Shrewsbury and Telford Hospital NHS Trust



Mrs Anne Noott  
Teaching Fellow  
CPD4ALL, Keele University

Mr Geoff Phipps  
Principal Pharmacist - Operational Services (Retired)  
The Dudley Group NHS Foundation Trust

Mrs Michaela Probert  
Academic Postgraduate Clinical Educator  
CPD4ALL, Keele University

Ms Jyoti Saini  
Prescribing Advisor and Independent Prescriber at Walsall CCG  
Sessional Tutor at Keele University

Mr Robert Saunders  
Teaching Fellow, Prescribing  
University of Keele

Mr Alex Sweeney  
Clinical Lead Pharmacist  
University Hospitals Coventry & Warwickshire NHS Trust

Miss Bijal Tailor  
Specialist Clinical Pharmacist – General Medicine (Respiratory) and Teacher  
Practitioner  
University Hospitals Birmingham

Ms Alison Tennant  
Clinical Director of Pharmacy  
Royal Wolverhampton Hospitals NHS Trust

Ms Julie Wilkinson  
Principal Pharmacist for Infection  
South Warwickshire NHS Foundation Trust



## **West Midlands Pre-Registration Pharmacist Advisory Committee**

Representative from  
Health Education, West Midlands  
St Chads Court  
213 Hagley Road  
Edgbaston  
Birmingham  
B16 9RG

Mrs Sharon Warren  
Pre-registration Manager  
Centre for Professional Development and Lifelong Learning, School of Pharmacy  
Keele University  
Staffs  
ST5 5BG

Mrs Daxa Knowles  
Clinical Pharmacy Programme Manager  
School of Pharmacy  
Keele University  
Staffordshire  
ST5 5BG

Mr Dave Millett  
Pharmacist Team Manager (Education and Training)  
Pharmacy Department  
Shrewsbury and Telford Hospital NHS Trust  
Mytton Oak Road  
Shrewsbury  
SY3 8XQ

Ms Gaenor Feelie  
Principal Pharmacist Surgical, Critical Care and Women and Children's Services  
University Hospitals Birmingham NHS Foundation Trust, Heartlands, Good Hope  
and Solihull Hospitals  
Pharmacy Department  
Bordesley Green East  
B9 5SS

**Study Day One**  
**Tuesday 14<sup>th</sup> August 2018**  
**NMC, West Bromwich**

**Making The Most Of Your Pre-Reg Year**

- 9.00 – 9.30 am      Registration  
Refreshments available
- 9.30 – 10.45 am    Welcome and introduction to the pre-registration year  
*Mrs Sharon Warren*
- 10.45 – 11.15 am   Welcome from the Regional Pharmacy  
Support Network  
*Ms Alison Tennant*
- 11.15 – 12.00 pm   Question and Answer Session: GPhC and your pre-reg year  
*Ms Lisa Gilbert*
- 12.00 – 12.15 pm   Royal Pharmaceutical Society: role of the RPS  
*RPS Representative*
- 12.15 – 1.15 pm    Lunch
- 1.15 – 3.00 pm      Gathering evidence for your portfolio to meet the GPhC's  
competencies  
*Mr Geoff Phipps / Ms Sarah Connop*
- 3.00 – 3.10 pm      Evaluation of the day  
*Mrs Sharon Warren*

## Aims and Learning Outcomes Study Day One

### Aims:

- To provide you with the opportunity to get to know the Course Tutors from Keele, the Regional Pharmacy Support Network and the other pre-registration trainees working in hospitals in the West Midlands
- To provide you with an understanding of how to collect and document evidence for your portfolio (A5.6)
- To encourage you to plan an audit project at your base hospital (A4.8)
- To provide you with the opportunity to meet a representative from the GPhC
- To provide you with the opportunity to meet a representative from the RPS

### Learning outcomes:

At the end of Study Day One, you should be able to:

1. Identify who the Course Tutors are and the Regional Pharmacy Support Network
2. Identify the other pre-registration pharmacists in the West Midlands.
3. State what is appropriate 'evidence' for your portfolio
4. Have a clearer understanding of the pre-registration year, what you need to document, and what is expected of you

**Study Day Two**  
**Wednesday 5<sup>th</sup> September 2018**  
**NMC, West Bromwich**

**Community Pharmacy Practice**

**It is essential that you have completed any pre-study day reading/tasks for this study day**

**You will need to bring a copy of your BNF**

9.00 – 09.15 pm	Registration Refreshments available
09.15 – 04.15pm (inc. Refreshments)	Community Pharmacy Practice <i>Mrs Michaela Probert &amp; Mrs Sharon Warren</i>
12.00 – 12.45 pm	Lunch
4.15 – 4.20 pm	Evaluation of the day <i>Mrs Sharon Warren</i>

## Aims and Learning Outcomes Study Day Two

### Aims:

- To provide you with the opportunity to work through and engage with pharmacy activities related to community pharmacy practice (C2.1, C2.8, Registration Assessment Framework 10.2.2, 10.2.4)
- To introduce the concept of ethical decision-making, liability, accountability and professional responsibility(Registration Assessment Framework 10.1)

### Learning outcomes:

At the end of Study Day Two, you should be able to:

1. Identify conditions that need referring to another healthcare professional
2. Identify conditions that may be treated by non-prescription medicines
3. Provide appropriate information and advice to patients on OTC medicines
4. Discuss the legal and ethical problems that may be encountered by pharmacists

**Study Day Three**  
**Friday, 14<sup>th</sup> September 2018**  
**Education Centre, Good Hope Hospital**

**Medicines Information**

9.00 – 9.30 am	Assemble and register
9.30 – 10.00 am	Introduction to Medicines Information
10.00 – 11.15 am	Group Work – Session 1
11.15 – 11.30 am	BREAK
11.30 – 12.45 pm	Group Work – Session 2
12.45 – 1.30 pm	LUNCH
1.30 – 2.45 pm	Group Work – Session 3
2.45 -3.00 pm	BREAK
3.00 – 4.15 pm	Group Work – Session 4
4.15 pm	Depart

## Aims and Learning Outcomes Study Day Three

### Aims:

- To provide an understanding of the practical skills and resources essential to the provision of medicines information (A4.6, A4.7, B1.4, B1.5, B1.11, C2.1, C2.4, C2.11)
- This will form the foundation for further training during the pre-registration year based on the UKMi Workbook and local/regional medicines information centre rotations.

**Study Day Four**  
**Wednesday 17<sup>th</sup> October 2018**  
**NMC, West Bromwich**

**Calculations and Audit**

**It is essential that you have completed any pre-study day reading/tasks for this study day (if applicable). Please bring a calculator and your project title along to this study day.**

9.00 – 9.30 am                      Registration  
   Refreshments available

You will be split in to 2 groups for this study day

**Group 1**

9.30 – 12.00 pm  
(inc. Refreshments)

Preparing for your QI/audit project  
*Mr Alex Sweeney*

**Group 2**

12.45 – 3.15 pm

**Group 2**

9.30 - 12.00 noon  
(inc refreshments)

Calculations  
*Mrs Sharon Warren*

12.45 – 3.15 pm

12.00 – 12.45 pm

Lunch

12.45 – 3.15 pm

Groups swap over

3.15 – 3.20 pm

Evaluation of the day  
*Mrs Sharon Warren*

## Aims and Learning Outcomes Study Day Four

### Aims:

- To encourage you to plan a quality improvement project at your base hospital (A4.8, Registration Assessment Framework 10.2.5)
- To provide you with the opportunity to practice pharmacy calculations (C1.5, Registration Assessment Framework 10.2.3)

### Learning outcomes:

At the end of Study Day Four, you should be able to:

1. Demonstrate an understanding of the purpose and process of quality improvement and its application in improving pharmacy practice
2. Carry out a small, planned quality improvement or audit project
3. Accurately perform calculations affecting patient care

**Study Day Five  
Wednesday 21st November 2018  
NMC, West Bromwich**

**Clinical Pharmacy for General Practice/Getting a job in the NHS**

**It is essential that you have completed any pre-study day reading/tasks for this study day (if applicable)**

**You will need to bring a copy of the BNF**

9.00 – 9.30 am	Registration Refreshments available
9.30 - 11.00 (inc refreshments)	Getting a job in the NHS Mr Dave Millett
11.00 – 12.00 pm	Clinical Pharmacy for General Practice <i>Mr Bob Saunders</i> <i>Mrs Jyoti Saini</i>
12.00 – 12.45 pm	Lunch
12.45 – 3.15 pm	Clinical Pharmacy for General Practice (Continued) <i>Mr Bob Saunders</i> <i>Mrs Jyoti Saini</i> <i>Ms Anne Noott</i> <i>Mrs Sharon Warren</i>
3.15 – 3.20 pm	Evaluation of the day <i>Mrs Sharon Warren</i>

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## Aims and Learning Outcomes Study Day Five

### Aims:

- To provide you with a brief overview of pharmacy career pathways within the NHS
- To provide you with an understanding of the recruitment process for pharmacy within the NHS
- To provide you with an overview of the pharmacist's role in medicines optimisation within primary care
- To allow you to practice performing patient assessment skills applicable to pharmacists working in General Practice (Registration Assessment Framework 10.2.4)

### Learning outcomes:

At the end of Study Day Five, you should be able to:

1. Describe the role of the pharmacist working within General Practice
2. Discuss the purpose and principles of medicines management and optimisation in primary care
3. Describe the recruitment process for pharmacy within the NHS (including job specifications, person specifications, job adverts and interviews)

**Study Day Six**  
**Wednesday 28<sup>th</sup> November 2018**  
**NMC Venue, West Bromwich**

**Clinical Practice**

**It is essential that you have completed any pre-study day reading/tasks for this study day (if applicable).**

**You will need to bring a copy of the BNF to this study day.**

9.00 - 9.15 am	Registration Refreshments available
9.15 – 12.30 pm (inc refreshments at 11.00)	Clinical Pharmacy Cases - workshops <i>Ms Sonia Chand, Ms Harjinder Aujla, Mr Noel Aslett</i>
12.30 – 1.15 pm	Lunch
1.15 – 4.15 pm	Clinical Pharmacy Cases – workshops continued <i>Ms Vicky Ho, Miss Bijal Tailor, Ms Julie Wilkinson</i>
4.15 – 4.20 pm	Evaluation of the day <i>Mrs Sharon Warren</i>

## Aims and Learning Outcomes Study Day Six

### Aims:

- To develop your clinical medicines optimisation skills

(Performance standards covered in this study day include C1.2, C1.3, C1.4, C2.1, C2.2, C2.3, C2.4 and C2.7. Registration Assessment Framework 10.2.1, 10.2.2)

### Learning outcomes:

At the end of Study Day Six, you should be able to:

1. Apply your clinical knowledge to real-life patient scenarios
2. Demonstrate problem solving skills when faced with real life patient scenarios
3. Provide appropriate information and advice to patients on their treatment and consider alternative ways of delivering the advice.

**Study Day Seven**  
**Wednesday 9<sup>th</sup> January 2019**  
**NMC Venue, West Bromwich**

**Specialist Services**

**It is essential that you have completed any pre-study day reading/tasks for this study day (if applicable)**

09.15 – 9.30 am	Registration Refreshments available
09.30 – 10.45 am	The role of the Emergency Department pharmacist <i>Mr Lewis Fisher</i>
10.45 -11.00 am	Refreshments
11.00 – 12.15 pm	The role of the specialist pharmacist in nutrition support Speaker <i>TBC</i>
12.15 - 1.00 pm	Lunch
1.00 – 2.15 pm	The role of the specialist pharmacist in Radiopharmacy <i>Ms Shazmeen Hansrod</i>
2.15 – 3.30 pm	The role of the specialist haematology / oncology pharmacist <i>Mr Nick Duncan</i>
3.30 – 3.35 pm	Evaluation of study day <i>Mrs Sharon Warren</i>

## Aims and Learning Outcomes Study Day Seven

### **Aim:**

- To provide you with a broad understanding of specialist services in the hospital.

### **Learning outcomes:**

At the end of Study Day Seven, you should be able to:

1. Describe the role of the specialist pharmacist in haematology / oncology.
2. Describe the role of the specialist pharmacist in nutrition support.
3. Describe the role of the specialist pharmacist in radiopharmacy.
4. Describe the role of the specialist emergency care pharmacist.
5. Have an awareness of the role of a pharmacist prescriber in the NHS.

**Study Day Eight**  
**Wednesday 6<sup>th</sup> February 2019**  
**NMC Venue, West Bromwich**

**Case Presentations**

09.00 – 09.30 am	Registration Refreshments available
09.30 – 12.00 am (inc. refreshments)	Case Presentations
12.00 – 1.00 pm	Lunch
1.00 – 3.00 pm	Case Presentations
3.00 – 3.05 pm	Evaluation of study day <i>Mrs Sharon Warren</i>

*This day will be supported by Pre-registration Tutors from the region*

## Aims and Learning Outcomes Study Day Eight

### **Aim:**

- To provide you with a forum to present a clinical case of your choice and to witness case presentations by fellow colleagues (B1.1. C2.1.C2.2, C2.3, C2.7)

### **Learning outcomes:**

At the end of Study Day Eight, you should be able to:

1. Develop a deeper knowledge of the drugs used in a particular disease state
2. Learn the importance of background reading and research, especially current relevant publications and critical appraisal.
3. Develop presentation skills to enable effective communication of clinically orientated information.
4. Develop skills in the selection and extraction of relevant information from case notes.

**Study Day Nine**  
**Wednesday 1st May 2019**  
**NMC Venue, West Bromwich**  
**Practice Pre-Registration Assessment**

08.30 – 09.00 am	Registration Refreshments available
09.00 – 9.15 am (inc. refreshments)	Introduction to the assessment
9.15-11.15 am	<b>Paper 1 – Calculations</b>
11.15-11.30 am	Refreshments
11.30-12.15 pm	Paper 1 feedback
12.15 –1.15 pm	Lunch
1.15 –3.45 pm	<b>Paper 2</b>
3.45 – 5.15 pm	Paper 2 feedback
5.15 – 5.20 pm	Evaluation of Study Day

## Aims and Learning Outcomes Study Day Nine

### Aim:

- To provide practice in exam technique and revision support

### Learning outcomes:

At the end of Study Day Nine, you should be able to:

1. Outline your strengths and weaknesses as they relate to the GPhC registration exam framework
2. Devise an effective revision programme for yourself



**Study Day Ten**  
**Wednesday 3rd July 2019**  
**NMC Venue, West Bromwich**

**Project Poster Presentations**

The day will consist of poster presentations throughout the day.



## Aims and Learning Outcomes Day Ten

### **Aim:**

- To provide a forum for presenting your Quality Improvement/Audit Project



## MAPS

National Metalforming Centre (NMC), West Bromwich

Good Hope Hospital

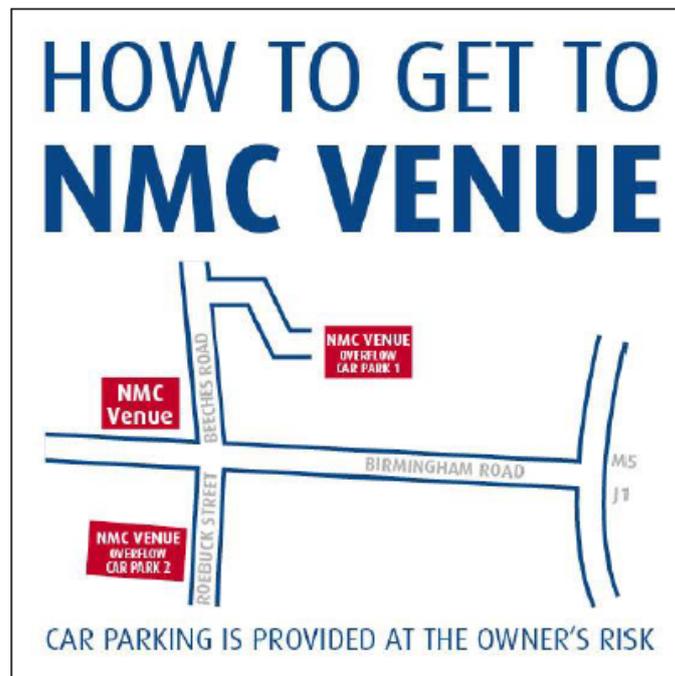
## National Metalforming Centre (NMC Venue) car parks

The National Metalforming Centre (NMC Venue) may be quite busy during the day your event is due to take place. If our main car park is full when you and your delegates arrive, we have following arrangements in place for additional, free car parking:

1. The Beeches Road Community Enterprise, 1 Beeches Road, B70 6QE.  
This car park is opposite of the NMC Venue and less than a minute walk to the NMC Venue.
2. The Roebuck Street overflow car park, Roebuck Street, West Bromwich, B70 6RB.  
This car park is on the opposite side of Birmingham Road and about a minute walk to the NMC Venue.

There is also on street parking available should all car parks be full.

Please note that disabled parking at the NMC Venue.

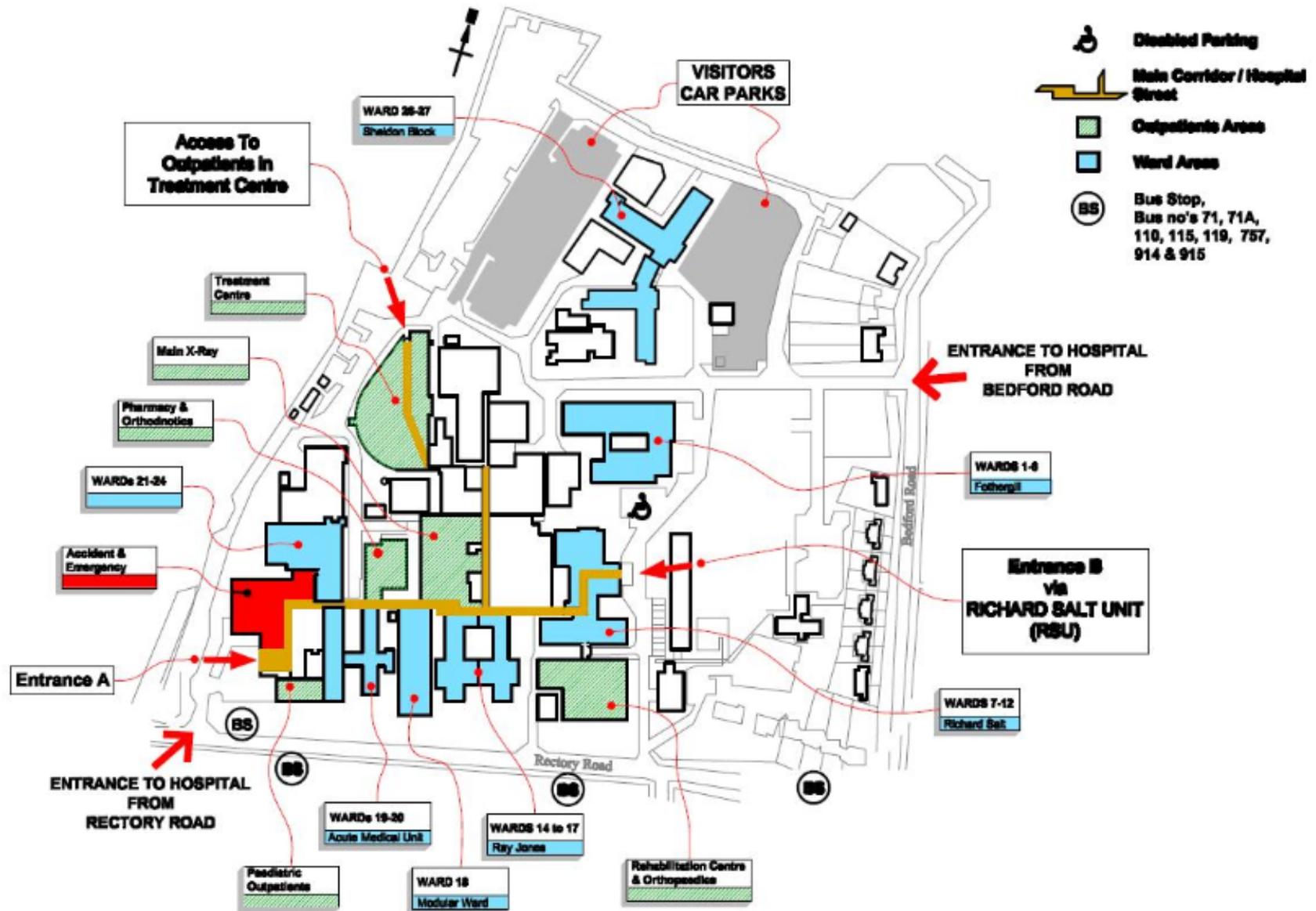


**How to find us:** We are on the corner of Birmingham and Beeches Road, the entrance to the building is in Beeches Road. The SatNav users should use the following post code: B70 6QE. Our telephone number is: 0121 601 6350.

**Please let your delegates know in advance about the parking facilities.**

# GOOD HOPE HOSPITAL

Heart of England NHS Foundation Trust



# **Appendices**

## Guidance for Case Presentations

For the case presentation study day you must prepare and present a clinical case based around an intervention that you have made or observed (with the help of your pre-registration tutor or another clinical pharmacist you have worked with) and the intervention should be the focus of your presentation and discussion. You should read the current literature relating to the drug therapy, and use references from scientific publications in your presentation (**see Appendix 3 – for guidance on how to cite references using the Vancouver style**).

During your Case Presentation you should:

- discuss the presentation, symptoms and management of a disease state by relating it to your patient. You should place particular emphasis on the role of drug therapy in such management.
- critically appraise all available drug therapy including side effects, efficacy, patient acceptability and cost; to justify your recommendations. You should support your argument with recent references (i.e. within the last two years) wherever possible, and ensure you discuss the references in detail.
- relate the knowledge gained to the actual treatment of the patient involved in your intervention especially the drugs used and the response to therapy.
- explain any terminology, procedures or tests used.

An understanding of the diagnosis and disease state is necessary, but the majority of your discussion should centre around drug therapy. The following questions may help you in preparing your presentation when considering the drug(s) involved in your intervention:

- Why has this drug been prescribed?
- How does it work?
- What harm can it do?
- What good will it do?
- Is there an alternative?
- What are your recommendations?

There may be no clear cut answer, but it is important to discuss this in your presentation. The case does not have to be a rare or complicated one as long as the drug therapy has been comprehensively discussed.

### Oral presentation

It is not necessary to present an in-depth discussion of the disease or pharmacology of the drugs unless something particularly interesting or difficult arose. It is recommended that you distribute handouts on the day of the presentation. Slides should be used to highlight the important points. A laptop and LCD projector will be provided. Please bring your presentation along to the study day on a pen drive/memory stick. Your talk should last approximately ten minutes and should not last longer than fifteen minutes. **It is strongly advised that you discuss your presentation with your pre-reg tutor / another senior clinical pharmacist and present your case presentation at your base hospital prior to the study day as a practice run.**

*Checklist of a successful oral presentation.*

- Pick out the salient points – emphasise your intervention
- Make use of visual aids – keep them clear and simple
- Make it interesting
- Speak clearly – make sure your audience can hear and understand you
- Stick to the time: your talk should take approximately ten minutes
- Discuss up to date, relevant evidence for drug therapy used and relate this to your patient.

**Question and discussion time**

Your talk should inspire questions and discussion from the rest of the group. Make sure that your research includes rationale of treatment, alternative treatments available and progress of the patient so that you are ready to answer these questions. Approximately 5 minutes will be allocated for questions.

**Feedback for case presentations**

A pre-reg tutor will be present during the case presentations who will facilitate the session but will not be providing any individual feedback. Your colleagues will provide you with feedback using the peer assessment form below. You will also have the opportunity to peer review fellow colleagues' presentations, using the feedback form.

**GPhC's performance standards**

You will be able to meet some of the GPhC's professional standards by completing the case presentation. The pre-reg tutor allocated to your group on the day would be happy to sign a testimonial as evidence.

**Clinical Case Presentation - Peer Assessment Form**

<b>Part 1: Please indicate how much you agree or disagree with the statements listed below by placing a tick in the appropriate box.</b>				
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
<b>Understanding</b>				
The presentation was clear and easy to understand				
Medical terminology was defined				
Reasons for tests were explained				
Questions were answered clearly and confidently				
<b>Critical Appraisal</b>				
All drug therapy was discussed including alternatives				
The reasons for the students recommendations were clear				
References were discussed and commented on eg size of study, validity				
<b>Intervention</b>				
The intervention was fully discussed				
The intervention was focal to the presentation				
The intervention was appropriate				
The intervention was effective e.g. accepted by medics/nurses/patient				
<b>Presentation Skills</b>				
Visual aids were clear and uncluttered				
Visual aids enhanced the presentation				
The pharmacist spoke clearly and fluently				
The length was OK (10-15mins)				
The presentation was well organised				
<b>Part 2: Please comment below on one aspect of the case presentation that you thought was particularly good and one area that the presenter could improve on.</b>				

### Guidelines for the Pre-registration Project

In the West Midlands, all pre-registration pharmacists are encouraged to undertake a quality improvement (QI) or audit project during their training year. Students will derive a number of benefits from this work and will, at the same time, be able to cover some of the performance standards required by the GPhC.

These are general guidelines for your audit or quality improvement project. You will have a presentation and workshop on your project on your study day on 17<sup>th</sup> October 2018. You will be required to present your QI/audit project as a poster on 3rd July 2019. Please note that this poster must be emailed to Linda Foster in PDF format by 19th April 2019. It is your responsibility to seek help from your internal IT department to ensure that your poster is in pdf format 'prior' to emailing to Keele.

In conducting an audit it is essential that you:

- identify accepted standard(s) of care or best practice in relation to the topic of your audit
- compare performance within the hospital where you work against the standard(s)
- identify any changes or improvements that you would make
- produce an implementation plan for the changes or improvements that you have identified

In conducting a quality improvement project you should:

- clearly identify and assess the problem and analyse the causes
- clearly describe the intervention and strategy for change
- explain how you will measure the improvement
- describe the effects of the change
- draw conclusions stating what was learnt from the process and what could have been done differently
- clearly state the next steps

The GPhC performance standard explicitly states PDSA as one tool. The following link provides further information on PDSA cycles:

- [Plan, Do, Study, Act \(PDSA\) cycles and the model for improvement](#)

Further tools are available on the [NHS improvement website](#).

### Format for the Poster

The size of the poster board is 2m x 1m, double-sided. You will, however, be given only **HALF of one side of a board**. Therefore, the space allocated to each presenter is 1m (length) and 1m (height). The poster should be A1 size printed in PORTRAIT format. Alternatively, the poster should comprise 8 sheets of A4, including the title of project (but note space restrictions). N.B. If you prefer, the poster may be laminated.

Text should be generated by PowerPoint, Word (or similar), not hand-written.

### Poster Format/Layout

- ❑ Title of project
- ❑ Name of presenter and hospital
- ❑ Background / introduction
- ❑ Aim and Objectives
- ❑ Measures (for QIP) or Audit standards (if conducting an audit)

- ❑ Method
- ❑ Results
- ❑ Discussion / conclusions and implications for practice
- ❑ References (up to four) – cited using the Vancouver convention – see Appendix 3 of the Pre-registration Pharmacy Programme Handbook

Keep material brief; only the key points should be given. Additional information may be provided in handouts.

The names and addresses of all authors should be included in any handouts.

The recommended font size is 20-25 point. Titles should be in text not less than 2.5 cm. high. Remember that the poster will need to be read from a distance of 1.5 -2 metres.

Charts and graphs, tables etc. need to be clearly understood and not overburdened with information.

The poster should be contained within the given area. The number of words required will depend on the text size and the number of tables, figures etc.

Materials should be restricted to items that can be mounted on the board plus any handout material.

Posters can be attached to the poster boards with Velcro pads. **You should bring your own Velcro pads.** Also bring along some suitable pens, liquid paper, paper and adhesive to correct errors (if any).

Presenters should be in attendance at times specified by the organisers and be prepared to provide information or answer questions on the project.

#### **Recommended reading:**

Malson G. Preparing a research poster for a conference. *Clinical Pharmacist*, April 2015; Vol 7, No 3, online | DOI: 10.1211/CP.2015.20068193 Available from: <http://www.pharmaceutical-journal.com/publications/previous-issues/cp-march-2015/preparing-a-research-poster-for-a-conference/20068193.article> <accessed 18/7/2018>

**Although you do not need to submit your final audit report to Keele, it is advisable that you write up your report (up to 3000 words). A suggested format is detailed below.**

The presentation should be clearly arranged in a logical sequence of:

- Abstract
- Background and/or introduction, appropriately referenced (see Appendix 3)
- Aim(s), objectives (plus audit standards for audits)
- Method(s)
- Results
- Discussion, appropriately referenced (see Appendix 3)

- Conclusion
- References

Charts and graphs, tables etc need to be clearly understood and not overburdened with information.

## GUIDELINES ON HOW TO CITE REFERENCES

For this Postgraduate Programme, we ask you to use the **Vancouver style**, which is used in the British Medical Journal and in the Pharmaceutical Journal.

### Indicating references in-text

This is done by placing a citation number in the text. This also applies to references in tables and figures.

- Number references consecutively in the order in which they are first mentioned in the text. Ensure that the same numbers are reused each time that specific reference is cited.
- Use arabic numbers e.g. 1,2
- Identify numbers by either:
  - Superscript e.g. ...fatalities have been reported.<sup>1</sup>

OR

- Brackets e.g. ...fatalities have been reported.(1)

Choose any style but be consistent throughout.

- Multiple references are cited:
  - If inclusive numbers; joined by hyphen e.g. (2-5)
  - If non-inclusive: separated by commas e.g. (2,5,8)

### Citing sources

Generally you need to cite the following information for books/journals:

- Author(s)'s or editor(s)'s surname with initials of forenames; or the group, body/organisation responsible. List all authors. If more than six authors, list the first 6 and add "et al". If there are no authors listed leave blank or you can use the abbreviation for anonymous i.e. Anon.
- Title of article or chapter. Do not use italics or underlining.
- Name of journal or book. For journals use the universally recognised abbreviated name. A list of abbreviations can be found at <http://www.ncbi.nlm.nih.gov/sites/entrez?db=journals>
- Edition (if applicable). Only if other than first edition.
- Publisher's name (if applicable e.g. for book). Write out in full.
- Place of publication (for book).
- Year of publication
- Volume number (for journal)
- Issue number (for journal). Do not need issue information for journals such as the Pharmaceutical Journal and British Medical Journal, which have continuous page numbering through volume.
- Page numbers

Students are reminded that they should not use any references (e.g. those listed at the end of a paper they have read) without reading and checking the facts in that paper. If this was not done and there was an error in the citation this would be attributed to the student and not to the person who had first cited the article.

### Examples of Vancouver style citation

A citation/reference is made by putting together all the details from a source of information in a specified order. The order of the details and punctuation can vary depending on the source of information. Some examples are shown below. Remember to be consistent in your approach.

### **Journal article**

Author's surname Author's initial(s). Title of article. Title of journal (abbreviated) Year of Publication; Volume Number(Issue Number):Page numbers of article.

Note the use of the semi-colon (;) and colon (:) in the above example.

Duffy M, Hughes S. Gout clinical features and diagnosis. Clin Pharm 2012; 4: 73-6

Current issues in the drug treatment of asthma. MeReC Bulletin 2008; 19(2): 1-6

### **Book**

Author's surname Author's initial(s). Title of book. Edition (if not first). Place of publication: Publisher's name; Year of publication.

Ashley C, Currie A editors. The renal drug handbook. 3<sup>rd</sup> ed. Oxon: Radcliffe Publishing Ltd; 2008

Khanderia S, exec. ed. British National Formulary. 66<sup>th</sup> ed. London: BMA & RPS; 2013

### **Chapter in a book**

Author's surname Author's initial(s). Title of chapter. In: Editor's surname Editor's initial, editor. Title of the book. Edition (if not first). Place of publication: Publisher's name; Year of publication. p. page number of chapter.

Wynne HA, Edwards C. Laboratory data. In: Walker R, Whittlesea C, editors. Clinical pharmacy and therapeutics. 5<sup>th</sup> ed. Edinburgh: Churchill Livingstone; 2011. p.76-95.

### **Secondary citation**

In the majority of cases, primary sources should be cited. However, occasionally, you may wish to quote a reference that you have read within another author's work. In case such as these you should quote the original source (which the author will have cited)

**AND** the reference where it was found. For example:

Chapuy MC, Arlot et al. Vitamin D3 and calcium to prevent hip fractures in elderly women. NEJM 1992; 327: 1637-1642. Quoted in: Jerram P. Supplementation with calcium and vitamin D: Isle of Wight PCT strategy. Pharm J 2004; 273: PM2

### **Report**

Author's surname Author's initial(s). Title of report. Place of publication: Publisher's name; Year of publication

National Institute for Health and Care Excellence. Rheumatoid arthritis: the management of rheumatoid arthritis in adults. Clinical Guideline 79. London: NICE 2009

### **Other**

Enbrel 50mg solution for injection in pre-filled syringe. Summary of Product Characteristics. Pfizer Ltd; Oct 2013

### **Journal article on the internet**

Author's surname Initials, Author's surname Initials. Title of article. Abbreviated Title of Journal [serial on the Internet]. Year of publication Month day [cited Year Month Day]; Volume Number(Issue number): [about number of pages or screens]. Available from: URL

- Only cite month/day if applicable

- Can list **either** pages or screens

Rosendaal FR. Statins and venous thrombosis: a story too good to be true? PloS Med [serial on the Internet]. 2012 Sept 18; [cited 2013 November 25]; 9 (9): [about 5 screens]. Available from:

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001311>

### **Book/Monograph on the Internet**

Imboden B, Hellmann DB, Stone JH.eds. CURRENT diagnosis and treatment: reumatology, 3e [monograph on the internet]. Columbus: McGraw-Hill Global Education Holdings; 2013 [cited 2013 Nov 28]. Available from:

<http://accessmedicine.com/resourceTOC.aspx?resourceID=809>

### **Web site / homepage**

Author/Editor/Organisation's name. Title of the page [homepage on the Internet]. Place of publication: Publisher's name; [updated yr month day; cited yr month day]. Available from: (url)

HeartCentreOnline [homepage on the Internet]. Boca Raton, FL: HeartCentreOnline, Inc.; c2000-2004 [updated 2004 May 23; cited 2004 Oct 15]. Available from:

<http://www.heartcenteronline.com/>

### **Web Site/part of a Homepage:**

- Add number of screens and title of page

American Medical Association [homepage on the Internet]. Chicago: American Medical Association; c1995-2013 [cited 2013 Nov 28]. Accelerating Change in Medical Education; [about 2 screens]. Available from: <http://www.ama-assn.org/ama/pub/about-ama/strategic-focus/accelerating-change-in-medical-education.page>

### **Article with a Digital Object Identifier (DOI)**

Several journals have started publishing articles electronically before they become available in paper form, for example BMJ Online First and J Clin Endocrinol Metab. When citing these, the entire number should be used as well as the date of publication

Massie J, Castellani C, Grody WW. Carrier screening for cystic fibrosis in the new era of medications that restore CFTR function. Lancet 2013 August 30; [http://dx.doi.org/10.1016/S0140-6736\(13\)61092-2](http://dx.doi.org/10.1016/S0140-6736(13)61092-2)

### **For students who are studying modules on KLE.**

References to messages on KLE:

In your assessments(s) you are required to draw on relevant on-line discussions in your Tutor Group. This is to encourage you to participate actively in your Tutor Group on KLE and gain reward by integrating the discussions into your assessment(s). When you quote from or refer to messages, you should use the following style:

- a) In the assessment report

For example:

In our discussions in Activity 1, Jean Green (M5 JG Activity 1 18 April 2002) made an interesting point about the public's perception of community pharmacies as outlets for health promotion.

i.e. insert the following in parenthesis after the contributor's/author's name: (Module number Tutor's initials Activity number Date of entry of message with the month spelled out)

b) In the reference list, number the reference as usual and type as:  
Green, J. M5 JG Activity 1 18 April 2002-06-19

If you are referring to different messages contributed by the same person on one day you should put a, b, c etc after the date to distinguish between the messages.

### **Reference list and bibliography**

A reference list should contain all sources you have directly quoted or paraphrased, listed in numerical order at the end of your written work, but before the appendices.

A bibliography list should contain all sources consulted regardless of whether you used that material directly quoted or paraphrased, listed in alphabetical order by author. The bibliography list should immediately follow the reference list.

### **Example**

#### References

1. Duffy M, Hughes S. Gout clinical features and diagnosis. Clin Pharm 2012;4:73-6
2. Current issues in the drug treatment of asthma. MeReC Bulletin 2008;19(2):1-6
3. Khanderia S, exec. ed. British National Formulary. 66<sup>th</sup> ed. London: BMA & RPS;2013

#### Bibliography

Enbrel 50mg solution for injection in pre-filled syringe. Summary of Product Characteristics. Pfizer Ltd;Oct 2013

National Institute for Health and Care Excellence. Rheumatoid arthritis: the management of rheumatoid arthritis in adults. Clinical Guideline 79. London: NICE 2009

Wynne HA, Edwards C. Laboratory data. In: Walker R, Whittlesea C, editors. Clinical pharmacy and therapeutics. 5<sup>th</sup> ed. Edinburgh: Churchill Livingstone;2011. p.76-95

This guidance is based on a tutorial that is available at:

<http://www.lib.monash.edu.au/tutorials/citing/index.html>. Further guidance with more examples is provided also on the National Library of Medicine website [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html) and <http://www.ncbi.nlm.nih.gov/books/NBK7256/>