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# Appendix A

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Royal Pharmaceutical Society of Great Britain

ITEM 07.07/EPB/39

English Pharmacy Board 18 July 2007

**PUBLIC BUSINESS**

## Simulated Patient Project

### Purpose

To agree, in principle, that the work on this project can be progressed

### Strategic objective domain

- The public recognise and use pharmacists as the professionals with expertise in medicines
- Influencing the development of the pharmacist to play a more inclusive part in healthcare, public health and social care

### Action required

The English National Board is asked to discuss the paper and decide whether or not to carry out additional work to progress this project

### 1. Background

In the autumn of 2006 Aberdeen University were commissioned to undertake a project which addressed the following questions:

- Are pharmacists giving safe advice in relation to the supply of OTC medicines?
- Is it possible to identify pharmacist's training / personal development needs in relation to the supply of OTC medicines through an interactive *in situ* intervention?
- Is the simulated patient approach a suitable methodology for work in community pharmacy?

They produced their final report in the early part of 2007, the executive summary of which is included below.

### Executive Summary

#### Aims

The aims of this pilot study were to: assess whether pharmacists' advice in relation to the supply of an OTC medicine is safe<sup>1</sup>; identify pharmacists' training and personal development needs in relation to the supply of OTC medicines; and, determine whether the use of simulated patient methodology is suitable for use in British community pharmacies.

#### Method

A prospective study, using a randomised controlled trial design, was conducted to compare the acceptability and effect of simulated patient visits followed either by feedback from the simulated patients (SPs) or from pharmacy educators (PEs), as a method for improving the quality of consultations for OTC medicines in community pharmacies. Each pharmacy was

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<sup>1</sup> The Outline Call emphasised the supply of "safe" advice. Previous research has shown that pharmacists and their staff are risk averse with regard to the supply of OTC medicines<sup>2</sup>. However, as with all medicines whether prescribed or OTC, a safe recommendation is one which ensures the right medicine, for the right person at the right time. It is not enough to "do no harm", the advice provided by pharmacists and their staff in relation to the supply of OTC medicines should represent a balance of safety and effectiveness, and be evidence based where possible.

randomised to receive three covert visits (Cycles 1, 2 and 3) from simulated patients who presented with three different scenarios: a request for ibuprofen; a request for omeprazole; and, a request for advice for indigestion. The purpose of the Cycle 1 visits was to collect baseline data. These were followed by the first feedback visit, which was provided either by a simulated patient or a pharmacy educator, depending upon the group to which the pharmacy had been randomised. The purpose of the Cycle 2 visit was to measure any effect arising from feedback after the Cycle 1 visit. Feedback was also provided after this Cycle 2 visit, in the same manner as for Cycle 1. A third cycle visit was made to each pharmacy for the purpose of data collection i.e. to measure the effect of feedback following Cycle 1 and 2 feedback. No feedback was given after the Cycle 3 visits. Each cycle of visits was conducted approximately two weeks apart. Quality of pharmacy practice was assessed using a range of outcome measures including the; use of WWHAM; extent of information gathering; extent of information/advice provision; appropriateness of outcome (defined by a consensus group); and, whether a minimum standard of practice had been achieved (also defined by the consensus group). The acceptability of the method to pharmacists and their staff was also assessed using quantitative and qualitative techniques.

### **Results**

In total, 24 pharmacists and 34 MCAs consented to participate from the 20 community pharmacies that were recruited from a local primary care research network. Sixty SP visits were completed across the three visit cycles, and were well-received, particularly by the pharmacists. Most visits resulted in an appropriate outcome. However, few visits achieved the minimum standard of practice specified by the consensus group and often insufficient information was obtained and inadequate advice provided. Similar results were shown across both study groups in terms of information gathering and information/advice provision during consultations. There was strong support for this method to be used in future for education and training of pharmacists and support staff regarding the supply of OTC medicines.

### **Discussion**

The outcome of most consultations (i.e. product supplied) was appropriate according to the criteria established by the consensus group. However, the process by which pharmacists and their staff derived their recommendations, in terms of information gathering, need to be improved. The results from the questionnaire, interviews and focus groups suggest that the use of SP visits with feedback is acceptable to pharmacists as a method of improving the quality of consultations for OTC medicines. The results suggest that feedback should ideally be provided by the person who made the SP visit but that this person should be fully trained. However, the core discipline of the PE remains open to debate. Some pharmacists stated a preference for a pharmacist to provide these visits, whilst others felt that this would be too intimidating or judgemental. Other participants suggested that other health professionals could be used in this role.

### **Conclusion**

- The SP visits with feedback demonstrated that whilst the outcome of most SP visits for OTC medicines was appropriate, most consultations failed to achieve minimum standards of practice. Improvement is required with both information gathering and information/advice provision by pharmacists and their staff.
- SP visits followed by feedback can be used to identify pharmacist and pharmacy support staff training and personal development needs. This includes not only their needs with regard to clinical topics but also communication skills, which are an essential component to engaging effectively with consumers during consultations for OTC medicines.
- The results of this pilot study demonstrate that the use of SP methodology is acceptable to pharmacists and their staff and is a suitable method to be used in British community pharmacies.

## **2. Next steps**

RPSGB and NPA have undertaken further discussions to see how this work could be progressed. Ideally, this service should be available nationally to all community pharmacists and pharmacy staff who would wish to participate in it. If such a service were to be rolled out it would be:

1. A service for pharmacists to judge their practice in P medicines supply and advice on minor ailments and improve it
2. A service which could be used to monitor trends in quality of service, at a national level, in order to demonstrate the value of pharmacy in non-prescription medicines supply chain and to identify national training or support needs
3. A feedback service to manufacturers to help them understand pharmacy's learning needs and improve their training to support the shift of POM to P medicines.

The service would be voluntary and would be a supportive and facilitative process, completely segregated from regulation and fitness to practice. Individual results would not be published and would remain confidential to the team involved in the service. However, trends and anonymised results would be reported / published.

The project would need to recover costs and there are a number of options which would need to be considered including industry sponsorship, adding a cost to the service, involvement of multiples, a mixture of all of these.

### **3. Further work**

In order to proceed with this project a number of steps need to be undertaken:

- The service needs to be properly costed out
- Robust market research needs to be undertaken to determine whether or not such a service would be welcomed by pharmacists and their teams and if participants would be willing to pay for such a service
- A business plan would need to be developed
- A small advisory group would need to be established
- A project manager would need to be appointed

### **4. Risk Implications**

It is likely that consumer groups will continue to target the quality of OTC sales. If we do nothing, we run the risk of being unable to counter claims of poor practice or to improve practice when we know there are issues.

There are financial risks if the service is developed and fewer pharmacies than expected volunteer to participate. This would need to be a consideration during the costing process and a risk assessment of the worst case scenario would need to be included in the business plan.

### **5. Resource Implications**

There will be significant resource implications, which would be shared between NPA and RPSGB. However, the aim of the project would be, at the minimum, cost neutral and at best income generation.

### **Action required**

The English National Board is asked to discuss the paper and decide whether or not to carry out additional work to progress this project

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