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The pharmacy profession's aim to deliver integrated patient-centred care at its highest standard provides ongoing challenges for pharmacy educators. I am passionate about sharing innovative education practice from academia between Canada and Scotland in order to enhance pharmacy education in Scotland.

L'objectif de la profession de pharmacien, qui consiste à offrir des soins axés sur le patient selon les normes les plus élevées, représente un défi permanent auquel les enseignants en pharmacie sont confrontés. C'est avec passion que je partagerai les pratiques novatrices du milieu universitaire en matière d'éducation entre le Canada et l'Écosse afin d'améliorer l'enseignement destiné aux futurs pharmaciens écossais.

Interprofessional student-run primary health care clinics: Implications for pharmacy education in Scotland

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ABSTRACT

Introduction: Interprofessional student-run primary health care clinics have been a flagship model of health professional education in Canada for many years. The purpose of this study was to determine if there is support for implementing this educational model in the United Kingdom and to highlight the implications for pharmacy education in Scotland.

Method: A cross-sectional postal survey of 3000 randomly selected citizens of Aberdeen city and shire, Scotland, aged 18 years and older.

Results: Of the 824 questionnaires that were returned (response rate 27.5%), more than half of the respondents (62.4%; $n = 514$) would consider accessing health care from a student-led, walk-in service. The range of services they expect to see includes general health checks (60%; $n = 494$), help for sexually transmitted diseases (57.5%; $n = 474$), weight management (56.8%; $n = 468$), smoking cessation (54.4%; $n = 448$) and drug misuse services (47.2%; $n = 387$). Concerns raised pertained to student ability, suitability for children and accessibility. Many comments pertained to the improvement of the current system by offering after-hours care.

Discussion: The positive response from the general public towards an interprofessional student-run primary health care clinic in Aberdeen suggests that this Canadian model of interdisciplinary health professional education would likely be a successful addition to the pharmacy curriculum in Scotland. *Can Pharm J (Ott); 2015; 148:156-159.*

Introduction

Current pharmacy student experiential learning provision in the United Kingdom

The pharmacy profession in the United Kingdom has seen dramatic changes over the past decade.¹⁻³ Most recently, the Scottish government has set out its vision for the delivery of high-quality patient-centred pharmaceutical care in the aptly named document "Prescription for Excellence."⁴ The emphasis of this vision is firmly on the integrated delivery of care in collaborative partnership with all health care professionals to provide high-quality pharmaceutical care to all patients regardless of age and setting.

These fast-paced changes to the profession provide challenges for pharmacy educators at both the undergraduate and postgraduate levels. In the United Kingdom, the undergraduate pharmacy education program is based on a 4-year Master of Pharmacy (MPharm) degree followed by 1 year of experiential learning (preregistration year). To ensure the quality of all courses, the General Pharmaceutical Council (GPhC) has set out very clear education standards for the MPharm degree.⁵ Within these standards, emphasis is placed on interprofessional education and practical experience of working with patients, caregivers and other health care professionals.

Furthermore, these practical, interprofessional experiences should increase year to year and may include off-site student placements with direct exposure to real patients, simulations and integration of real patients, caregivers and other health care professionals in class.

The challenges associated with providing adequate interprofessional learning experiences for pharmacy students are similar among all health professional degree courses in the United Kingdom. These challenges include geographical location, cohort size, access to good teaching facilities/environments, attraction of volunteer patients or authentic practice sites, lack of resources for adequate reimbursement and a process to ensure a high-quality student experience.^{6,7} Consequently, the interprofessional, experiential learning opportunities that currently exist for pharmacy students in the United Kingdom are limited by the breadth of disciplines involved, the limited availability to all students and the fact that most opportunities do not provide exposure to authentic patient care scenarios. Therefore, the development of a sustainable, quality-assured model, which provides authentic, interprofessional, experiential learning opportunities on a continuous basis, such as the interprofessional student-run primary health care clinics in Canada,⁸ would be invaluable to pharmacy education in the United Kingdom.

Benefits of interprofessional student-run primary health care clinics to UK pharmacy students

The structure, function and educational benefits of interprofessional student-run primary health care clinics have been described by Pammett and colleagues⁸ in this issue. Crucially, these clinics do not just serve an educational purpose but also provide an essential clinical and social service to the general public by contributing direct health care and social programming to the community. The concept of an interprofessional student-run primary health care clinic has not yet been developed or implemented in the United Kingdom.

In Scotland, medical treatment and prescriptions are free of charge under the National Health Service (NHS). The economic downturn has resulted in many cuts to the NHS in recent years and a restructuring of health service provision to the general public. "After-hours" access in particular has seen changes, as primary care physicians are unavailable after 6 pm on weekdays

KNOWLEDGE INTO PRACTICE

- Primary health care clinics run by interprofessional students have been a model of health professional education in Canada for many years.
- We were interested in determining whether there is support for implementing this educational model in the United Kingdom and to highlight the implications for pharmacy education in Scotland.
- Respondents were generally positive about the institution of such clinics in Scotland.
- This research shows how innovative pharmacy practices can lead to knowledge transfer and improved pharmacy education across international borders.

and not at all at weekends. This has resulted in an increased demand for community-based primary care services, particularly those that are available after-hours. Consequently, it would be logical to presume that the establishment of interprofessional student-run primary health care clinics in Scotland would offer a valuable additional service that communities within the United Kingdom would likely value and use. In addition, it would offer vital experiential learning opportunities for students.

The purpose of this study was to determine if there is support for implementing this educational model in the United Kingdom and to highlight the implications for pharmacy education in Scotland. To gauge the general public's views and expectations of such a clinic, we conducted a cross-sectional postal survey across Aberdeen city and shire.

Methods

Questionnaire development

A questionnaire, along with a cover letter describing the aim of the study, the concept of a student-run medical clinic and assurance of confidentiality, was developed by a team of research-experienced academics at Robert Gordon University, Aberdeen, in accordance with best practice applicable to surveys of health service recipients and survey design.^{9,10} The questionnaire comprised information on demographics, respondents' use of health care services, their views on a health care student-led walk-in service and their personal opinion about such a service. Five-point Likert scales, semantic differentials and open/closed questions were used as response options.

MISE EN PRATIQUE DES CONNAISSANCES

- Les cliniques de soins de santé primaires exploitées par des étudiants interprofessionnels représentent un modèle de formation des professionnels de la santé au Canada depuis de nombreuses années.
- Nous avons voulu déterminer s'il existait un soutien à la mise en œuvre de ce modèle de formation au Royaume-Uni et mettre en lumière les incidences sur l'enseignement destiné aux pharmaciens en Écosse.
- De manière générale, les participants ont formulé des commentaires positifs concernant l'établissement de ce type de cliniques en Écosse.
- Ce projet de recherche montre comment les pratiques pharmaceutiques novatrices peuvent aboutir à un transfert de connaissance et améliorer l'enseignement dans ce domaine au-delà des frontières internationales.

Questionnaire distribution

Questionnaires were mailed to 3000 randomly selected members of the general public across Aberdeen city and shire between June and August 2013. Nonresponders were mailed up to 2 reminder questionnaires at 4-week intervals.

Data analysis

Data were analyzed using descriptive statistics, cross-tabulations and parametric analysis of variance ($p > 0.05$) using SPSS (version 20; SPSS, Inc., an IBM Company, Chicago, IL). Content analysis was performed on the responses to the open question.

Ethics

The study was approved by the Ethical Review Panel of the School of Pharmacy and Life Sciences at Robert Gordon University, Aberdeen, Scotland.

Results

A total of 824 questionnaires were returned, giving a response rate of 27.5%. The majority of respondents were 60 years or older (54.6%; $n = 450$), male (49.5%; $n = 408$), holding either a secondary school (53.3%; $n = 439$) or college (23.4%; $n = 193$) degree and being in either full-time employment (36.4%; $n = 300$) or retired (43.1%; $n = 355$); 66.4% ($n = 547$) were prescribed regular medication and described their health as good (33.9%; $n = 279$) or fair (20.9%; $n = 172$).

More than half of respondents (62.4%; $n = 514$) would consider accessing health care from an interprofessional student-led walk-in service. Younger respondents (aged 18-29 years) were

more likely to consider accessing the student-led walk-in service (70.6%; $n = 24$) compared with older (60 years or older) respondents (49.5%; $n = 253$) ($p = 0.002$). The range of services they expected to see included general health checks (body mass index, blood pressure, blood glucose, carbon monoxide and cholesterol monitoring) (60%; $n = 494$), help for sexually transmitted diseases (57.5%; $n = 474$), weight management (56.8%; $n = 468$), smoking cessation (54.4%; $n = 448$) and drug misuse services (47.2%; $n = 387$). Most encouragingly, the majority of respondents had a positive attitude toward such a service (62.4%; $n = 514$). This is illustrated by the following quote from one respondent's questionnaire: "An excellent idea. Go for it!! . . . a great chance for students to learn" [P-2131].

Answers to the open question highlighted some concerns over student ability, suitability for children and accessibility of such a service. Many comments pertained to the improvement of the current system of out-of-hours care.

Concerned that advice or care may not come from a totally qualified, experienced or fully trained professional. [P638]

I think for people with problems of getting around, i.e., walking, walk-in services should be nearer home. To travel 120 miles round trip is very hard. [P707]

This is health care on the cheap as usual, getting students to do the work of professionals. [P-55].

Discussion

The generally positive response towards an interprofessional student-run primary health care clinic suggests that this Canadian model of interdisciplinary health professional education would likely be successful and would be a valuable addition to the pharmacy curriculum in Scotland. Encouraged by the public's positive attitude, future projects will focus on surveying other key stakeholders (i.e., health professional educators, students, various health professionals, health board leads) regarding their views on implementing an interprofessional student-run primary health care clinic in Aberdeen. This is a prime example of how innovative pharmacy practices can lead to knowledge transfer and improved pharmacy education across international borders. ■

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