

RPS Antimicrobial Stewardship Training

National Programme

*A behaviour change and quality
improvement workforce intervention*

Background

In response to the urgent need for action to tackle the effects of antimicrobial resistance on the healthcare system, we are delivering training to support pharmacists to drive the Antimicrobial Stewardship (AMS) agenda in their workplaces.

This training supports key actions from the UK AMR 5-year action plan (2019-2024) for optimising antimicrobial use in humans.

Strengthen stewardship programmes

Promote evidence-based guidance and interventions

Supports learners to contribute to system-wide interventions

Supports learners to test and implement behaviour change interventions

Builds a local and regional evidence base with learner projects from different levels and contexts

This training will help pharmacists from primary and secondary care across England to develop their practice using RPS frameworks, knowledge guides and assessments.



About the training

We have worked with local, regional and national AMS experts from across the profession to develop a training programme to build knowledge and skills in AMS.

Through 1:1 feedback and peer support, learners will be able to apply this learning in their day-to-day practice and undertake an improvement project that contributes to the UK Antimicrobial Stewardship plan.

Aims

This training aims to:

- Help learners develop core Antimicrobial Stewardship knowledge and skills that are applicable across settings
- Support learners to become confident in leading Antimicrobial Stewardship interventions
- Provide an opportunity for learners to develop and demonstrate Advanced Practice competencies

Outcomes:

By the end of training, learners will:

1. Be able to outline how AMS strategies can be used to mitigate the risk of AMR in general and in their workplace (APF 1.1,4.1)
2. Be able to assess pharmaceutical practice against the principles of antimicrobial management and make recommendations to improve practice (APF 1.1)
3. Be able to describe the usual clinical presentations and identify appropriate management strategies for common infectious conditions (APF 1.1)
4. Be able to analyse problems and design interventions using behaviour change theory and a systems approach (APF 1.1,1.3)
5. Have led a team-based approach to an improvement intervention in their workplace using PDSA methodology (APF 1.1,1.2,1.4,2.1,2.2,3.4,3.6)

Learning topics

There are 20 'Essential' topics that need to be covered by the end of training, as outlined by the programme's Knowledge and Capability Guide.

Learners can also individualise their development plan by drawing from additional topics in the guide, for example if they have previously developed certain 'Essential' areas. They can also continue to use the guide and supporting resources after the training.

Areas of learning

- Antimicrobial Stewardship and Antimicrobial Resistance
- Principles of infection management
- Management of infectious syndromes
- Infections and special populations
- Antimicrobial medicines
- Communication, leadership and management

How are learners supported?



Face to face training day

A full day of presentations, workshops and discussions to get started.



Self-directed learning

The Moodle e-learning page will guide learners through their training tasks. There is a quiz, a learning library, and an upload area for their training portfolio.



Group learning

Learners are allocated a group led by one of our expert Tutors. Join online sessions, learn, network and collaborate as a group.



Learner support

Further support is available from dedicated Tutors or the RPS, if required.

Who is involved?

Tutors

We work with the UKCPA Pharmacy Infection Network to find experienced specialists in Antimicrobial Stewardship who will be on hand to support learners with any queries throughout the training. Learners will meet their Tutor and learner group on the training day, and again during online group sessions. Tutors will be contactable throughout the training to help support learners.

RPS Co-ordinator

A member of the RPS Education team will be on hand throughout the training to support learners with getting started, accessing our tools and resources.

Assessors

The end of programme assessment is a 1:1 professional discussion with one of our AMS assessors, who are all recognised leaders in the field of Antimicrobial Stewardship! They will review the training portfolio and discuss learning over the course of the programme.

Lead Expert



Dr Diane Ashiru-Oredope, Lead AMR Pharmacist at Public Health England is our lead expert for the programme, and will ensure that our training programme is up to date, of high quality and aligned to national AMR priorities. She brings a wealth of experience and leadership to the programme.

The workplace

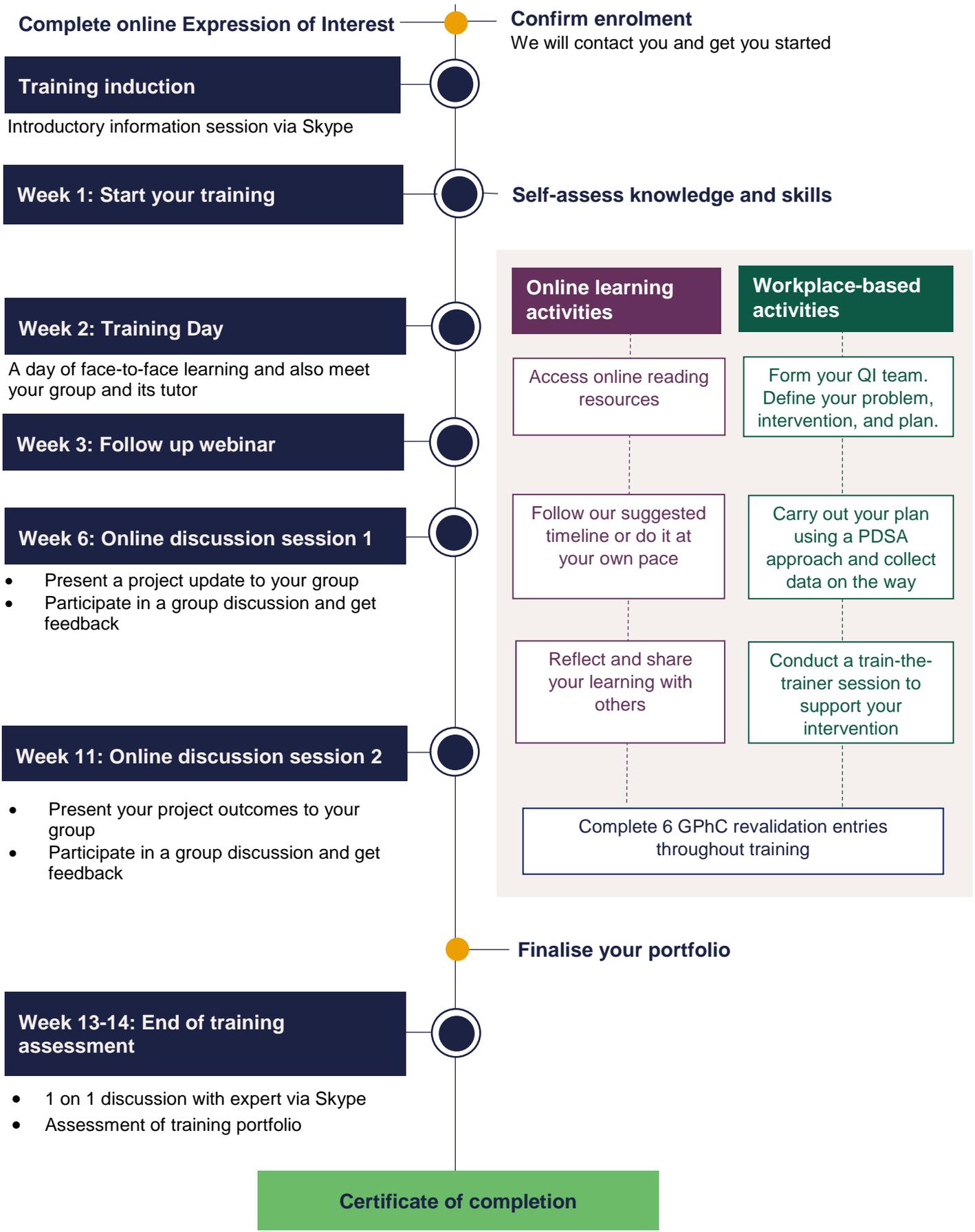
Learners will need to engage peers and other stakeholders in their workplace complete their training activities.

This may include consulting and involving stakeholders for the design and delivery of their improvement project. Collaboration is the key to success with improvement initiatives!

Learners may also engage with their workplaces to find opportunities to apply learning into practice, as a part of CPD activities included in the training.

This is a great opportunity for pharmacists to develop their Collaborative Working Relationships and Leadership clusters of the Advanced Pharmacy Framework!

Training outline



Improvement projects

Wondering what projects might you be working on? Here are some examples.

Examples of topics	Examples of interventions
<ul style="list-style-type: none">• Guideline compliance for common infections (e.g. Urinary tract infection, upper respiratory tract infection, community acquired pneumonia)• Long term repeat antimicrobial prescriptions• Time to antibiotics• Inappropriate requests to GPs for antibiotic prescriptions• Share, reuse or improperly dispose of antimicrobials	<ul style="list-style-type: none">• Regular feedback of data• Changes to guidelines and procedures• Reporting and benchmarking of data between sites• Implementation of electronic prescribing protocols or functions• Antibiotic checklist implementation• 'Treating Your Infection' leaflets implementation

Testimonials:

"I believe this training programme was a great opportunity that complemented the current antimicrobials rotation I am in. The course provided me with a better understanding to carry out a quality improvement project and being able to recognise the difference between QI and Audit as well as sustaining change. The knowledge and capability guide was a great guide to my learning especially during this rotation which I will continue to use throughout my career. It highlighted my areas of strength and weaknesses in order for me to plan my learning"

"Hugely useful. Really valued input from RPS team and assessors. Also the signposting and networking to other AMS pharmacists was beneficial. Thoroughly enjoyed the training day, especially using data and QI - this learning stays with me most and I am regularly using these new skills"

"This course has really helped me develop my QI skills and has boosted my confidence in AMS. I now feel I am able to identify areas of practice which need improvement and then initiate a project in order to improve this with the methodology taught in this course."

Case studies

Improvement projects initiated during the 2018/2019 training programme

Title		Novelty within organisation	Outcome
Secondary Care	Indicating indications!	New initiative	Improvement in <i>practice</i> achieved
	Reducing the number of urine dips requested in patients over 65 years to diagnose urinary tract infections in acute medicine	New initiative	Improvement in <i>practice</i> achieved
	Improving prescribing practices in patients with UTI	New initiative	Improvement in <i>practice</i> achieved
	Improving antibiotic prescribing through audit and feedback	New initiative	Improvement in <i>practice</i> achieved
	Improving the quality of antibiotic prescribing at the Royal Marsden	New initiative	Improvement in <i>practice</i> achieved
	The use of clarithromycin in mild to moderate community-acquired pneumonia	New initiative	Improvement in <i>processes</i> achieved
	Improving antimicrobial stewardship in relation to community-acquired pneumonia on respiratory wards	New initiative	Improvement in <i>processes</i> achieved
	Antimicrobial prescribing in community-acquired pneumonia	New initiative	Improvement in <i>processes</i> achieved
	Reducing the time from prescribing to administration of restricted antimicrobials in the inpatient setting	New initiative	Improvement in <i>processes</i> achieved
	Administration of intravenous antibiotics for the management of the acutely infected diabetes foot in the Diabetes and Endocrine Unit	New initiative	Improvement in <i>processes</i> achieved
	Lower urinary tract infections in older people – empirical antibiotic prescribed following NICE/local guidelines	New initiative	Improvement in <i>processes</i> achieved
	The impact of a new antimicrobial drug chart on prescribed antibiotics at 48-72 hours	Builds on existent initiative	Data collection ongoing
Getting level with triazole therapeutic drug monitoring	Builds on existent initiative	Data collection ongoing	
Primary Care	Reducing prescribing of broad-spectrum antibiotics in GP surgeries	New initiative	Alternative approach recommended
	Prescribing variation in primary care: Utilising resources to reduce inappropriate prescribing with a focus on respiratory tract infection	Builds on existent initiative	Alternative approach recommended
	Reducing inappropriate antibiotic prescribing in respiratory infections by improving access to the TARGET 'Treating Your Respiratory Infection' leaflet	New initiative	Data collection ongoing
	High-risk antimicrobial audit and feedback in primary care	New initiative	Data collection ongoing
	Reducing inappropriate prescribing of antibiotic rescue packs for Chronic Obstructive Pulmonary Disease	New initiative	Data collection ongoing
	Improving prescribing of broad-spectrum antibiotics to reduce the risk of <i>Clostridium difficile</i> infection in primary care	New initiative	Data collection ongoing