

Converging courses

➤ What happens when you put GPs, pharmacists, nurses, social workers, psychiatrists, shared care workers – and drug using patients themselves, on the same course, to learn about management of drug use?

It's an unusual idea and quite possibly the first time it's been attempted, but it's exactly the concept behind the Royal College of Practitioners' Part Two Certificate in the Management of Drug Use in Primary Care.

Candidates, whatever their background, need to apply for the course with a full account of relevant experience and explanation of why they want to do the course. In the case of a patient, this will mean describing any experience they have already had as an advocate in a drug service, and any training in the substance misuse field – just as medically trained professionals will need to list details of previous drug-related training and experience.

Once accepted, candidates embark on six full study days, spread over six months. A mixture of activities includes a regional conference; local master class (a tutor-led workshop with between 10 and 15 participants); a two-month self study period that can include shadowing a colleague and specialist coaching, and a second local master class that includes assignments and relates the learning on primary care to local services and networks.

Dr Clare Gerada – known as 'the power and passion behind the course' – is motivated to campaign for further government funding by the enthusiastic response of participants. But along with her colleagues at RCGP and SMMGP, she has a driving purpose behind getting busy health professionals to make time for the training.

'There's an enormous backlog of GPs and nurses that know not a jot about substance misuse,' she explains. 'For too long they've pretended to know what they're doing – even experienced doctors. It's embarrassing to admit, when you've been going for 10 years, that you don't know what you're doing.' With the course, she says, 'they don't have to pretend – they can just get on with it'.

The course was initially just for GPs, says Dr Gerada, 'but then we slipped in nurses, pharmacists and prison doctors, even though we weren't funded for them'.

The inspiration and the unique learning experience came from introducing expert patients, to take the course alongside medical professionals. The coursework and master classes were adapted to relevant knowledge, such as advocacy for fellow users, and supportive mentoring was put in place.

But despite the care taken to support service users on the course, Dr Gerada is quick to emphasise that they had to do the work and there is certainly no element of 'dumbing down' its content.

For all those on the course, the mix of participants gave a chance to challenge their own preconceptions – and those of others from different backgrounds with diverse experience. **DDN**

'It's embarrassing to admit, when you've been going for 10 years, that you don't know what you're doing.'

How was it for you?

John, service user

I found it excellent, really good. I went to my first regional master class and was a bit daunted really; I didn't know what to expect – it's a long time since I've been in education. But everyone involved was so laid back, there was a really good atmosphere. There were four pharmacists in my group and the rest GPs. We were sharing information, seeing things from every angle. You get different perspectives. I was surprised at the GPs' lack of knowledge on some aspects of substance misuse – but that's why they were doing the course, to build on that bit of knowledge. I've had some very bad practice from GPs – if you're feeling quite nervous and vulnerable, you can come out of the surgery feeling worse.

But it was a two-way thing. I could see how much pressure GPs are under at times with safety issues, overdoses and so forth. There's still such fear and a lack of knowledge about optimum doses.

A lot of GPs where I live are already in shared care. But for those that aren't, they can be out on their own and feel vulnerable if they don't have anyone to turn to on a difficult case. It can reassure people if there are proper measures in place.

Barbara Rennells, nurse

I've been working with service

users for about five years now, but the course really formalised what I've learned over the years. It was good having multi-disciplinary people there – I was able to interact and talk to pharmacists.

I found it interesting to talk to service users 'from the real world'. As a service provider you can get used to a very narrow view of who service users are if you're used to dealing just with homeless people. You learn about different approaches – and how punitive approaches don't work. It's about contracts and working together.

The course was always pitched perfectly. It neither assumed knowledge, nor was it at an insulting level. It's a really good, well-put together course.

The only thing was, my course tutors happened to be nurses, and their knowledge was unquestionable. But they got a bit of stick from doctors – 'you're nurses, how are you teaching doctors?'

I hope the course is expanded to include more service users.

Veena Rai Dhadwal, pharmacist

The multi-disciplinary experience was fantastic – I picked up a lot of information. The input from patients was really shocking and surprising.

The level and depth of knowledge, and the way the portfolio was done, were excellent. The course was very

Drug misuse knowledge of GPs and drug users might be poles apart – but what happens when you put prescriber and patient in the same room for a shared learning experience? DDN investigates.

flexible around a busy schedule.

It's very important to work alongside service users. We try to get service users involved locally, but it's not always easy. You need to be focused around patients' needs.

Patients really helped to fill in the gaps in knowledge, during the master class.

I was nervous at first, working with GPs. But they also have gaps in knowledge, and the patients felt that too. On the whole everybody was supportive of everybody else. The network of contacts gave us a signpost to other clinicians we can direct patients to.

Dr Jens Ludders, GP

I've just completed the course and I found it excellent. It was the right combination of your own studying and structured learning.

You have the opportunity to meet people from other specialist services who you would otherwise never meet. Community pharmacists were a whole new world for me! Although we work together with the local drug service, a lot of it's done over the telephone or through letters. Normally during working hours I'm seeing patients and in meetings. The opportunity to just talk to others in the drug-prescribing field is virtually zero.

I had the opportunity to bounce ideas off other people from other areas of the drugs field, all bringing their own

experiences and opinions. I found that incredibly rewarding.

I think going on the course should be a definite 'must' for anyone working with the drug field in pharmacy or general practice.

It was interesting getting drug users' views on how GPs are seen – and realising how far we've actually moved ahead. There have been incredible advances. When you hear some of the anecdotal histories, you think 'my god'.

The attitude of users, former users or people wanting to access the service is very useful. It gives you an insight to something you don't really know about. And it shows how many people are actually interested in wanting to help.

There's a lot more communication nowadays than there used to be and a lot more people interested in working in this field. I thought it was a very encouraging and a very positive experience.

I don't think we, as GPs, should work in isolation. The course changed my attitude towards pharmacists and specialist nurses working within the field. We're in contact with services and the more we understand each other's culture and background, the better our working relationship will become. **DDN**

Next intake of the course for the Part 2 Certificate will be spring 2006. For more information visit www.rcgp.org.uk/drug/certificate.asp

Fact file Service User Groups

This issue: Ben Holtom from **Wiltshire Service User Group**

When and why did you start your group?

A service provider was looking to set up a user group. We discussed the possible options. After a number of discussions to plan and prepare, I was deemed to have the skills and was voted in as chair.

We did some groundwork by attending and talking to other user groups, which were very interesting. With the knowledge gained we chose to have a group that was far more focused on positive outcome, service improvement, and self help. The Avon and Wiltshire Partnership (AWP) senior management was keen and supportive of the key objectives to positively tackle, and provide feedback on, the needs of users.

How many members do you have?

Currently we have 12 members with others interested in attending, but they have inherent difficulties in doing so: the community served is rural with poor provision of public transport; some were unable to attend because they have children. Most are unemployed and have no money.

How did you obtain funding?

At present there is no funding available. I have so far funded the printing, and my time is freely given. The AWP paid for the hire of the Town Hall and coffee.

Where, and how regularly, do you hold meetings?

We are holding monthly meetings at Calne Town Hall.

What do you hope members get from attending?

Practical help advice and sharing experiences that are positive. Creating accurate awareness of the needs of service users ranging from GPs to the community as a whole. Educating statutory services and providing better understanding of issues relating to drugs and alcohol. Giving members a feeling of self worth.

How do you keep it going?

By ensuring meetings keep existing members and encourage new ones. By giving the AWP, service providers and other organisations positive feedback, as they will support the user group and encourage new members. By getting organisations to acknowledge the extensive range of users' experience. By securing funding – I understand that three out of four user groups fail due to lack of it. By building on positive responses from users: this means others will attend to build a strong group. Through professional PR – which requires funding.

What have been your highlights so far?

Positive feedback and commitment from the first meeting, from users and service providers.

How do you communicate with your members?

At this stage I am the focal point, but we have agreed to primarily communicate by telephone as individuals gain trust in each other – this is also supported by the service providers with regard to circulation of minutes and information as a confidential third party.

Do you have any tips for others starting a service user group?

Through involvement with AWP, the service providers provide professional advice and have the contacts to link with other support groups such as Social Services and the DHI (Devides Homeless Initiative).

Talk to the service providers who deliver the service, as they are aware of the needs and difficulties of the users, such as advice regarding alternative prescriptions.

Above all, plan a series of different relevant topics and information via newsletters so the users retain an ongoing interest in attending as it is of benefit to them – such as safe sex, healthy living (good nutrition on a budget) and so on.