

2016/2017 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on 5 July 2015

Supervisor Information (First named supervisor will be the contact):

Supervisor's Name and Title(s): Dr Ben Hudson

Department: Dept of General Practice UOC

Institution: UOC

Phone: 027 3481122

E-mail: ben.hudson@otago.ac.nz

Mailing Address: Dept of General Practice, UOC, PO Box 4345, CHCH 8140

Research Category (Choose one category only – to be used for judging the students' presentations):

Clinical

Laboratory

Community X

Project Title (20 words MAXIMUM):

Motivators for integrated primary care between general practitioners and pharmacists

Project Description:

Introduction:

Medicines Therapy Assessment (MTA) is an enhanced pharmacy service to optimise patients' medication regimens in line with their models of care. MTA is underpinned by general practitioner and pharmacist collaboration making it a good identifier of integrated practice.

In 2015 a small group of pharmacists and general practitioners piloted a Medicines Therapy Assessment service. In 2016 the service was made available to all general practitioners working with accredited pharmacists through the Medication Management Service.

Integration between general practitioners and community pharmacists is strongly aligned with the New Zealand Health **Strategy's** One Team approach to healthcare and understanding how this can be catalysed is important for the development of our health system.

Aim:

This study will describe the integrated practice between general practitioners and pharmacists currently participating in MTA and seek to identify:

- pharmacist and general practitioners motivators for participation
- pharmacist and general practitioners barriers to participation
- any differences in motivators and barriers between the two professional groups

Method:

Canterbury Community Pharmacy group coordinates the referrals for Medication Therapy Assessment and will provide a list of all general practitioners and pharmacists that have participated to date.

All GPs and pharmacists who have been involved in the MTA scheme to date (approximately 45 and 15 respectively) will be invited to participate in structured interviews to identify key themes.

Alongside this a similar number of Canterbury GPs and Pharmacists that have not participated in the service to date will be randomly selected and also invited to participate in structured interviews.

The Students Role:

The student's role will be to conduct a series of interviews with GPs and pharmacists (we anticipate a total of 10 to 15 interviews), transcribe the interviews, and analyse the transcriptions to identify key themes.

Student Prerequisites (eg. Medical Student) if applicable:

Pharmacy Student

Administration Details

1. Is ethical approval required? Yes/~~No~~

If Yes, please circle or delete one of the following:

- a) Approval being sought
- b) ~~Approval obtained (attach a copy of the letter of approval from the ethics committee)~~

2. Are you able to provide the funding for this project (ie. \$5,000 for the student, incidental expenses should be met from departmental or research funds) Yes/~~No~~

If No: Please provide ideas of possible funding sources, including past funding agents and topics often associated with this research area, for the Research Office to contact.

If Yes:

- a. Please enter name of department and internal account code:

_____ Pegasus Health _____

OR

- b. **Please provide external funder's** contact name and full mailing address:

3. Signatures:

- I have read the Summer Studentship programme handbook.
- I am prepared to supervise the project and will be available to the student during the studentship (including Christmas/New Year break if the student is working during this time).
- I agree to assume responsibility for the submission **of the student's reports to the Research Office** by the due date 1 February 2016.
- I agree that the project lay report may be available to local media for publicity purposes.

Signature of Project Supervisor(s):

Date:

- I understand that I am responsible for hosting the Summer Student chosen for this project and will meet any costs incurred. I agree that incidental expenses will be met from departmental or research funds.

Signature of Head of Department:
(Print Name)

Date: