Integrating pharmacy students in general practice: a structured placement model supporting cardiovascular disease prevention

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Introduction: Cardiovascular disease (CVD) accounts for a quarter of all deaths in the UK and remains a critical public health priority. The NHS Long Term Plan aims to address this by identifying individuals at risk through services like the NHS Health Check, delivered primarily in general practice [1]. Simultaneously, the General Pharmaceutical Council (GPhC) has advised that MPharm graduates must be equipped to prescribe upon registration, requiring robust experiential learning to develop essential clinical assessment and decision-making skills [2]. However, general practice settings often face barriers to offering structured placement opportunities due to workload pressures and lack of integration with academic programmes [3].

Aim: This project aimed to evaluate whether a structured placement model in general practice could enhance the clinical competence of pharmacy students while contributing positively to organisation quality improvement targets in cardiovascular disease prevention.

Methodology*:* Four second-year MPharm students undertook one-week structured placements at Great Hollands Practice over four weeks. The placement model was informed by the Best Practice Clinical Learning Environment (BPCLE) frame- work to align student learning objectives with practice-based quality improvement goals [4]. Students were trained and assessed at induction on the tasks needed to perform during the NHS Health Checks Clinics. This included blood pressure checks, smoking cessation counselling, lifestyle advice, and referrals to weight management services. The clinics were then integrated in the students' placement timetable. Evaluation methods included direct workplace-based assessments, patient satisfaction surveys, and pre- and post-placement audits of CVD-related service outcomes. Ethical approval was not required due to the project's classification as a service improvement initiative conducted within a single host organisation.

Results: All students successfully completed the placement and passed competency-based assessment outcomes. Patient satisfaction with student-led counselling reached 77.6%, surpassing the practice's typical ratings. Post-placement audits demonstrated marked improvements in CVD prevention outcomes. There was a 47% increase in the number of patients aged 79 years or under with blood pressure ≤140/80 mmHg, and a 52% increase among those aged 80 years or over with blood pressure ≤150/90 mmHg. In addition, the rate of smoking status documentation rose by 47%, and smoking cessation advice increased by 13%. Students contributed to nine weight management referrals and delivered 77 episodes of healthy lifestyle counselling. The practice received regional recognition for its improved outcomes in cardiovascular disease prevention.

Discussion: The placement model demonstrated a dual benefit: enhancing pharmacy students' clinical skills through real-world practice while simultaneously supporting public health priorities. Students were integrated as valued members of the primary care team, contributing meaningfully to service delivery. These findings echo previous work suggesting that while placements initially require adjustment, they ultimately improve both learner development and organisational out- comes [5]. Structured pharmacy placements in general practice offer scalable, replicable models that enhance student education while contributing to NHS cardiovascular disease prevention goals. The success of this pilot has informed broader implementation across regional practices.

Keywords: *Pharmacy students, structured placement, cardio- vascular disease (CVD) prevention, general practice*

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