Role analysis of the foundation pharmacist role within the UK Full report

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Role Analysis of the Foundation Pharmacist Role within the UK

Final Report

April 2019

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Executive Summary

1. Health Education England (HEE) and the Royal Pharmaceutical Society (RPS) are currently scoping the pharmacist career pathway[1]. As part of this work, in 2018, Work Psychology Group (WPG) were commissioned to analyse the role of a foundation pharmacist (i.e. a newly qualified pharmacist in their first years of practice). Currently, the role of a foundation pharmacist is not consistently defined across the profession. The aim of the work reported here is to develop a common framework that defines the attributes required of foundation pharmacists across all sectors (e.g. community, general practice, hospital, urgent care, mental health).

2. The outputs of the role analysis, i.e. an Attributes Framework, to identify the key knowledge, skills and attributes (KSAs), are intended to inform the development of future curriculum and assessment for foundation pharmacists across the UK. In addition, the outputs of this project will seek to inform policy review within HEE, in relation to pharmacy education and training and more broadly education reform over the next five years.

3. A multi-method role analysis was carried out to identify the attributes associated with successful performance of a foundation pharmacist. This consisted of a desk top review, interviews and focus groups with relevant stakeholders (n=46), and a validation questionnaire that asked respondents to rate the importance of the attributes identified (n=850). Overall, approximately 900 individuals participated in the role analysis, providing a wide range of perspectives (e.g. senior stakeholders, foundation pharmacists and employers).

4. Through analysis of the data, ***nine attributes were identified***, each represented by a number of behavioural descriptors. Following the subsequent phases of the methodology and stakeholder consultation, the nine attributes are; Applying Clinical Knowledge & Skill, Professional Accountability, Evidenced-Informed Decision Making, Person-Centred Care, Communication & Consultation Skills, Collaborative Working[2], Leadership[3], Personal Development and Resilience and Adaptability.

5. A mapping exercise compared the attributes identified within the framework with the attributes and characteristics identified and documented within existing materials (e.g. Advanced Practice Framework). ***The results of the mapping showed good level of concordance with the existing materials***. This suggests that the foundation pharmacist attributes framework is inclusive of previously defined characteristics and in some instances adds further depth and description by presenting the information with a greater degree of granularity.

6. Results from the validation survey found support for each of the nine attributes outlined in the framework; each attribute was rated, on average, as 'important' to the current role of a foundation pharmacist, with the exception of Professional Accountability and Communication and Consultation Skills that, on average, were rated as 'very important'. Some differences regarding the extent of perceived importance were observed; the attribute with the highest rating of perceived importance was 'Professional Accountability' and the attribute with the lowest rating was 'Leadership'. The consistent ratings in relation to Professional

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[1] https://www.hee.nhs.uk/our-work/pharmacy

[2] Prior to incorporating findings from the validation survey, this attribute was labelled 'Multi-professional Working & Leadership'.

[3] Prior to incorporating findings from the validation survey, this attribute was labelled 'Commitment to the Profession'.

Accountability are not surprising given the high stakes nature of the role. Similarly, the descriptors within Leadership reflect aspects that may become more important later in the career pathway.

7. Results indicate that all attributes identified as part of the foundation pharmacist attributes framework are considered by stakeholders to be important, and therefore provide *justification for the framework to be used to support in defining the foundation pharmacist role and to develop a training programme for this role*.

8. When comparing the mean ratings by sector, average ratings regarding the importance of each attribute were similar, although for two of the attributes (Leadership and Applying Clinical Knowledge and Skills), respondents from the community and general practice sectors rated these as significantly more important than the ratings from the hospital sector. However, as all attributes were identified as important by all sectors, the requirement for a different framework has not deemed to have been evidenced.

9. The findings from this role analysis provide evidence that there is an agreement across the pharmacy profession regarding attributes required for success within the foundation pharmacy role, with commonalities across sectors and locations evident. On the basis of the findings, it is proposed that the Foundation Pharmacists Attributes Framework could be utilised across the profession. Recommendations for Next Steps include (with more detail provided in the main body of the report):

    a. Throughout, it is recommended that *stakeholder engagement* is sought, and consensus is gained where possible on any new methods and processes in relation to the foundation pharmacist role.

    b. The framework could be used as a starting point for future *development of a curriculum and training* pathway for foundation pharmacists to support with standardisation across the profession.

    c. The development of a standardised curriculum could support in the *development of a Foundation Pharmacist programme*, to enable great flexibility for pharmacists to move across the profession and gain experience working in different sectors.

    d. Consideration may like to be given as to whether the framework could play some role in *shaping the selection and recruitment* into foundation pharmacist roles.

    e. To ensure that the attributes framework is understood and interpreted consistently, the *development of a glossary of terminology* is recommended.

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Introduction

1. Overview

1.1 Health Education England (HEE) and the Royal Pharmaceutical Society (RPS) are currently scoping the pharmacist career pathway. As part of this work, in 2018, Work Psychology Group (WPG) were commissioned to analyse the role of a foundation pharmacist (i.e. a newly qualified pharmacist in their first years of practice). Currently, the role of a foundation pharmacist is not consistently defined across the profession. However, the output of this work is a framework that defines the attributes required of foundation pharmacists across all sectors.

1.2 This project also sits within the context of wider change in the profession. Whilst currently foundation pharmacists are predominately employed in either a community, hospital or primary care setting, this picture is changing as the Five Year Forward View, supported by the Pharmacy Integration Fund, has supported the development of pharmacist roles in new sectors, including general practice, care homes and integrated urgent care. Moreover, delivering the NHS long-term plan will see pharmacists increasingly involved in supporting patient care through working in multi-disciplinary teams across a range of health settings. With the breadth of roles within the pharmacy profession expanding, a key output of this project, is to understand the key knowledge, skills and attributes of pharmacists who may work across this breadth of settings to ensure that an appropriate and sustainable training model is in place to enable this. In addition, it is expected that these roles will continue to develop and expand, therefore, it is important that this project has adopted a future focus throughout it's methodology.

1.3 The outputs of the work i.e. an Attributes Framework, will feed into the Education Governance Oversight Board (EGOB)[4] and will inform a Foundation Pharmacist Framework for curriculum and assessment, which is fit for purpose for all foundation pharmacists across the UK. In addition, the outputs of this project will seek to inform policy review within HEE, in relation to pharmacy education and training and more broadly education reform over the next five years.

1.4 This report presents the results of a role analysis that provides an objective account of the role of a foundation pharmacist, to support HEE and the RPS in relation to education and training for this role both now and in the future. By implementing a role analysis that clearly defines the attributes required to work effectively within the foundation pharmacist role, it will help to underpin a future Foundation Pharmacist Framework, in addition to supporting with both selection and training activities, to ensure that these focus on the attributes required for contemporary practice (and to allow movement of foundation pharmacists across sectors within the workforce).

1.5 The role analysis involves the phases as detailed below, with ongoing stakeholder consultation sought on iterations of the attributes framework:

- Phase 1. Desk review of literature pertaining to the foundation pharmacist role
- Phase 2. Stakeholder interviews & focus group discussions
- Phase 3. Development of the initial attributes framework through triangulation of data gathered and mapping with existing materials
- Phase 4. Administration and analysis of an online validation survey
- Phase 5. Finalisation and confirmation of the attributes framework

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[4] https://www.rpharms.com/about-us/news/details/New-Education-Governance-Oversight-Board-will-lead-Postgraduate-training-for-pharmacy-

2. Project Objectives

2.1. This project has the following objectives to:

- Establish **an Attributes Framework of competencies required for foundation pharmacists** across the UK, using a triangulated, multi-method approach, including a desk review, stakeholder interviews and focus groups.

- **Validate the framework** via administration of an online survey to stakeholders across the UK.

- Support with recommendations for next steps relating to how this Attributes Framework can be used to support the development of a national Foundation Pharmacists Framework, and how, in the future, this may be used to **inform professional attributes for selection and development activities** within this role.

Methodology

3.   Role Analysis Approach

3.1.   Role or job analysis is a systematic process for the collection and analysis of any type of job related information[5]. Typical role analysis information comprises the responsibilities, tasks, working conditions, organisational position and knowledge, skills, abilities and other attributes relevant to a given role[6] and is often referred to as the cornerstone of an effective selection system as it enables accurate identification of competencies to be targeted at selection. The outputs of a thorough role analysis can also feed into wider organisational objectives such as training and employee development and it has the added benefit of increasing the defensibility of a selection process against legal challenge[7].

3.2.   Using role analysis techniques such as those utilised here are also particularly effective for identifying future requirements for roles and hence are beneficial in determining skills needed to meet future role requirements[8].

3.3.   Role analysis is a process and not a single methodology. There are multiple ways to gather and analyse job information. Best practice advises a multi-method approach to role analysis, which gathers information from different sources using multiple means, as this allows identification of aspects of a job that may not be accessible through a single methodology[2]. Data collected from different sources also prevents potential biases from a single source[3] and using multiple methods allows for convergence of results to make the role analysis more comprehensive[4].

3.4.   This study therefore followed a multi-method process of role analysis. The role analysis methods employed were used to analyse the attributes, skills and behaviours of a foundation pharmacist to help establish the criteria underlying successful performance in the role.

3.5.   Figure 1 overleaf depicts the multi-method approach used and demonstrates how the results from the individual methods were triangulated. Triangulation is a technique that refers to the application and combination of several research methodologies. The purpose of triangulation in qualitative research is to increase the credibility and validity of the results.

3.6.   The results from the triangulation were then validated through the online validation survey before arriving at a final attributes framework.

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[1] Ash, R. A. (1988). Job analysis in the world of work. In S. Gael (Ed.). The Job Analysis Handbook for Business (pp. 3 – 13). New York: John Wiley and Sons; Kerrin M, Morley E, Mossop L, Fleming G & Flaxman C (2018) Role Analysis, The Foundation of Selection Systems. In F. Patterson & L. Zibarras (Eds.) *Selection & Recruitment in the Healthcare Professions*. London: Palgrave Macmillan

[2] Robertson, I. T., & Smith, M. (2001). 'Personnel selection'. Journal of Occupational and Organizational Psychology, 74, 441–72.

[3] Gutman, A. (2000). Recent Supreme Court ADA rulings: Mixed messages from the Court. The Industrial-Organizational Psychologist, 37, 31–41.

[4] Campion, M. A., Fink, A.A., Ruggeberg, B. J., Carr, L., Phillips, G. M., & Odman, R. B. (2011). Doing Competencies Well: Best Practices in Competency Modelling. Personnel Psychology, 64, 225–262.

Figure 1: The multi-method approach to role analysis

4. Desk Review

4.1. A review of the literature pertaining to the role of foundation pharmacists was conducted in order to provide a background and theoretical foundation for the role analysis study. This entailed searching databases and other sources such as HEE documentation available online, and sifting results for relevant articles. Further references were suggested by the literature. The findings from this desk review are summarised as follows, with the full literature review summary available in Appendix A:

4.2. The pharmacy profession in the UK has evolved in recent years, with the role of a pharmacist being to provide pharmaceutical care, with an emphasis on the pharmacist being responsible for the outcome of the treatment of patients and not simply for the supply of medication. This encompasses the broader changes within pharmacy to become a person-centred profession, whereby pharmacists engage with their patients to encourage the safe and effective use of medicines, whilst enabling them to make informed choices about their own care and provide support to patients with long-term conditions. The focus on person-centred care is further emphasized by the changes in work environment, with pharmacists now working in general practice and expected to conduct one-to-one consultations with patients. Such patient-facing roles bring a new meaning to multi-disciplinary working within healthcare teams and a need of acceptance of the transition for both pharmacists and other healthcare professionals.

4.3. An independent evaluation report by the University of Nottingham in 2018 highlighted the worth of pharmacists in roles involving direct consultations with patients as they can improve medicine-related problems with their vast knowledge and expertise, enhancing the use of medicines when reviewing medications with patients in order to adapt their therapeutic treatments to suit the person individually and encourage a healthy lifestyle. Encouraging multi-disciplinary teamwork and respect for all healthcare professionals will enhance the use of medications and patient health. Furthermore, pharmacists must show their value to patients and professionals, using strong communication skills, working flexibly alongside others and using differing systems, and introducing innovative solutions to promote healthy living within communities.

4.4. In reflection of such changes, a number of competencies are outlined by various stakeholders and viewed as required behaviours for effective practice as a foundation pharmacist. Such competencies are in line with the professional standards outlined by the General Pharmaceutical Council (GPhC) in 2016 that describe how a pharmacist can demonstrate a commitment to promoting a culture of professionalism whilst delivering

person-centred care. These include; person-centred care, working in partnership with others, effective communication, professional knowledge and skills, exhibiting professional judgement, behaving in a professional manner, respecting and maintaining privacy and confidentiality, speaking up when they have a concern and demonstrating effective leadership.

4.5. When reviewing current frameworks and codes of conduct suited for foundation pharmacists currently in use by different regions across the UK, similar standards were identified. Such materials accentuate the importance of professionalism across communication style and decision-making within the role, acting with integrity and accountability at all times; organisational skills, prioritising work appropriately and working efficiently; effective consultation skills in which the patient is the main focus ensuring the safe practice of medicines on both a short-term and a long-term basis; teamworking skills acting within multi-disciplinary teams, respecting the value of all healthcare professionals within a team; self-development, displaying an enthusiasm and commitment to pharmacy and lifelong learning.

4.6. Finally, when reviewing the academic literature, similar competencies necessary for the foundation pharmacist were identified. These included effective communication skills; maintaining and improving professional performance through research and adopting up-to-date practices; assuming a person-centred approach in communication with patients as well as when reviewing medical reports and making evidence-based decisions on medicines; demonstrating empathy for patients; professionalism, including being honest, autonomous and working within their boundaries; working effectively within their immediate and wider healthcare team and promoting the value of pharmacists within the community.

5. Interviews & Focus Groups

5.1 Sample

5.1.1 A range of individuals was targeted at all stages of the methodology in order to gain a breadth of perspectives. Stakeholders were identified by the Working Group, and included foundation pharmacists (up to three years post registration) and employers from across each of the settings. The perspectives of key stakeholders familiar with the pharmacy training pathway and the foundation pharmacist role across different sectors were also sought. These included the General Pharmaceutical Council (GPhC), NHS England, Centre for Pharmacy Postgraduate Education (CPPE), Health Education and Improvement Wales (HEIW) and NHS Education for Scotland (NES).

5.1.2 To ensure that there was an appropriate spread of participants from the different sectors, it was also ensured that representatives from across as many sectors in which pharmacists are working were sampled. This included, hospital, community (both independents and multiples), general practice, urgent care, care homes, mental health and industry sectors[9].

5.1.3 Table 1 provides a summary of those involved in the interviews and focus groups.

Table 1: Interview & focus group sample

Sample group	Final numbers
Stakeholders (hospital)	3
Stakeholders (community, including large and small multiples, and independents)	7
Stakeholders (General Practice)	3
Stakeholders (Mental Health)	2

[9] Some Stakeholders & Foundation Pharmacists may have been working across multiple sectors. For the purposes of categorisation their main sector has been included.

Stakeholders (Urgent Care)	1
Stakeholders (Industry)	1
Stakeholders / Policy Makers (e.g. GPhC, CPhO, NES, NHSE)	7
Foundation Pharmacists (hospital)	12
Foundation Pharmacists (community, including large and small multiples, and independents)	2
Foundation Pharmacists (General Practice)	2
Foundation Pharmacists (Mental Health)	2
Foundation Pharmacists (Urgent Care)	1
Foundation Pharmacists (Industry)	2
Foundation Pharmacists (Academia)	1
Total	**46**

5.2 Interviews

5.2.1 Interviews are advantageous as they allow input from a relatively large number of individuals to be included as part of the analysis and also enable a future focused/orientated approach to be employed. It is possible that job incumbents may present an exaggerated representation of their job, but they can provide insights into the job that are unavailable through other methods. Whilst individual interviews have fewer opportunities for shared discussion, debate and spontaneity (Stringer, 2004), participants may be more candid expressing their views and perceptions.

5.2.2 All interviewees were sent a briefing document (Appendix B) which provided the interviewee with background information about the project, and an outline of what the interview would involve. This information was important to prepare individuals for the interview and gain consent.

5.2.3 A total of 26 participants were interviewed by an experienced researcher. The interviews lasted for approximately 45 minutes and were conducted by telephone. The aim of the interviews was to understand the role of a foundation pharmacist and to explore stakeholder perspectives on the characteristics and behaviours associated with effective performance in the foundation pharmacist role, both currently and in relation to any anticipated future changes to the role and more broadly the pharmacy profession. All interviews were digitally audio-recorded and subsequently transcribed, and interviewees were assured anonymity in terms of their interview responses.

5.3 Focus Groups

5.3.1 Virtual focus groups were used in addition to the semi-structured interviews. This helped to gather data from a broader sample, and enabled participants to explore the issues within an interactive session (e.g. Ancocella, 2012) and provides greater opportunities for snowballing and spontaneity (e.g. Stringer, 2004) as well as providing the capacity for verification of conclusions and consensus drawing (Barbour, 2005; Cohen, Manion and Morrison, 2007).

5.3.2 Three virtual focus group discussions were held, with a total of 20 individuals participated in the focus groups, all of which were current foundation pharmacists from a range of locations across the UK. Table 1 provides an overview of the sector in which each foundation pharmacist that took part was currently working. Prior to taking part in the virtual focus group, all participants were sent a briefing document (Appendix B) outlining the purpose of the focus group and what the focus group would involve. The focus groups were facilitated by trained researchers and lasted for 90 minutes. Within the focus groups,

foundation pharmacists were asked to describe their day to day tasks and activities, reflect on the key behaviours that make a good pharmacist in the early years of their career and the most challenging/enjoyable aspects of their role.

Results

6. Development of the Framework

6.1 Analysis Methodology

6.1.1 Data from the interviews and focus groups were transcribed; there were 29 transcripts in total. Template analysis was used, as it is a systematic and well-structured approach to handling textual data[10]. Template analysis is a well-established technique in role analysis research, and allows the researcher to thematically analyse relatively large amounts of qualitative data[11]. The 'template' is created as a list of codes that represent themes (or in this case behavioural descriptors which represent the professional attributes required for a foundation pharmacists to perform their role) within textual data (in this case, interview transcripts). The codes are typically organised hierarchically allowing a clear (and transparent) representation of the associations between themes. For example, there are broad themes (or domains that represent professional attributes) within which subsidiary themes (or behavioural descriptors) will fall.

6.1.2 In template analysis, an initial template is created and used to code the textual data. When some relevant text is found that does not fit logically with the existing codes, a change to the template is required. Where the required change in the coding structure is significant, the researcher may need to adjust the earlier coding of transcripts to fit the new version of the template. The work may require iterations of such changes to the template[12].

6.1.3 One of the main advantages of template analysis is that it allows the reader to gain a clear overview of the themes identified in the analysis and therefore lends itself appropriate for job analysis research. It also enables the researcher to reduce large amounts of unstructured text into a structured format which is relevant and manageable for the evaluation[13].

6.1 Creation of the template

6.1.1 The interviews were coded according to the following definition *'behaviours identified to explain effective foundation pharmacist performance that represent professional attributes'* (as opposed to clinical knowledge and skills).

6.1.2 An initial template was devised based on themes emerging from analysis of a subset of the interview transcripts (n=6) by one researcher. A second researcher independently analysed these six transcripts and produced their own initial template. A one-hour meeting was then held between the two researchers to agree an initial template. During the meeting, the two independently created templates were compared, contrasted and discussed until a consensus was reached as to an initial template.

6.1.3 The initial template was modified after 12 interviews had been coded, and then again after 18 interview. At this stage, after 18 transcripts had been coded, the researcher who had previously been involved in creating the initial template were provided with two transcripts and asked to code them independently using the most recent template. This was done to provide a quality check of the analysis to ensure it was not being

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[10] Miles M, Huberman M (1994). *Qualitative data analysis.* 2nd ed. London: Sage.

[11] King, N (1998). Template Analysis, in Symon, G. & Cassell, C. (Eds.) *Qualitative Methods and Analysis in Organisational Research: A Practical Guide*. London: Sage.

[12] Crabtree B.F, Miller W.L (1992). *Doing qualitative research.* London: Sage.

[13] Welsh D.H.B, & Carraher S.M. (2009). An examination of the relationship between the mission of the university and the business school. *Journal of Applied Management and Entrepreneurship*

systematically distorted in some manner by the researchers' own preconceptions and assumptions. The similarities and differences were discussed to agree revisions to the themes.

6.1.4 The fourth iteration of the template was created by analysing the final 11 transcripts, and through successive readings of all the transcripts, which were refined based on the latest iteration of the template.

6.1.5 Once the broad themes had been established, the results from the interview and focus groups were cross-referenced with the results of the desk review to ensure all relevant behaviours had been captured within the model, as well as the outcomes from the person specification work stream. It was perceived that all relevant behaviours were included.

6.2 Validation of the Attributes Framework

6.2.1 The final template grouped the behavioural descriptors into nine broad themes. To ensure that the behavioural descriptors were grouped under the correct broad theme, and were representative of that theme, further analysis was carried out. Each behavioural descriptor from the template analysis was recorded on a separate card with the aim of grouping the descriptors into similar themes. This technique is known as card sorting, where a group of subject experts are guided to generate a category tree or groupings[14]. To perform the card sort, two experienced researchers (who had previously not been involved in the role analysis interviews/focus groups or subsequent analysis) worked together for two hours to group the behaviours recorded on the cards into similar themes.

6.2.2 The two researchers who had carried out the card sort, the lead researcher and the supporting researcher held a one-hour meeting to discuss the outcomes of the card sort and finalise the broad themes and inclusion of the behavioural descriptors within these themes. There was a high level of agreement between the researchers both in relation to the overall themes, and the behavioural indicators that sat within these. The themes and the behavioural descriptors were discussed and justification for inclusion considered until consensus was reached regarding the final number of broad themes and grouping of the behavioural descriptors within each of these broad themes. This resulted in combining two of the themes (multi-disciplinary working and leadership[15]), the remaining seven themes remained as defined through the template analysis. A small number of indicators (n=5) were moved to different themes.

6.2.3 Attribute headings for each of the nine themes were then defined by the four researchers, based on the elements of which they consisted, thus using a post-hoc approach to labelling them.

6.2.4 Following this, a separate senior researcher, experienced in role analysis and competency design (and who had not been involved previously in the project), reviewed the content and the constructs within the framework. This process was intended to confirm the results and that the indicators are representative of the attributes defined, thus helping to establish the content validity (and to some extent construct validity) of the framework. In order to further validate the framework, the headings were also reviewed. No further changes were made following this review.

6.3 Summary of commonality and differences between sectors

6.3.1 An important aim for this project was to understand whether a universal framework for foundation pharmacists could be developed and applied across the different sectors in which pharmacists would be working. Therefore, following development of the framework, commonality and differences between sectors was reviewed. This was captured on a qualitative basis, with each interviewee asked '*What differences (if any) do you **perceive there to be** in skills required for foundation pharmacists across the different sectors?*' If

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[14] Miles, M., & Huberman, M. (1984) Qualitative Data Analysis, Beverly Hills CA: Sage.

[15] Note in the final framework these have now been separated out into Leadership (previously 'Commitment to the Profession') and Collaborative Working.

the interviewee had only worked in a single sector, they were asked what differences they thought there might be. When asking this question, the interviewers probed the interviewee to consider sectors outside of hospital and community pharmacy to ensure as in depth response as possible.

6.3.2 All interviewees regardless of current sector were asked about differences and were therefore included as part of this qualitative analysis to investigate any differences. Differences across sector are also explored as part of the validation survey analysis presented in Section 8.

6.3.3 Where respondents were able to directly respond to the question about commonalities or differences between sectors, 68% stated that there were no real differences in the underlying skills and attributes of foundation across the sectors. Those that did feel there were differences (which came across multiple sectors) mainly referred to differences in the clinical knowledge required to work in some areas of the profession, specifically in relation to hospital, urgent care and mental health in comparison to community pharmacy. In relation to this, differences in clinical services offered were also identified.

6.3.4 Other aspects in which differences were identified were in relation to elements around the level of support provided when working in different sectors, decision making, pace and interactions with patients and other team members. Whilst differences in relation to sector were identified, there was also a general agreement that these differences were either about specific clinical knowledge or may lead to slight differences in how an attribute would be applied rather than a differences in an attribute per se. Examples of comments to illustrate the perceived similarities and differences across sector have also been summarised 6.6.2 below.

6.4 Foundation Pharmacist Attributes Framework

6.4.1 As a final step in the development of the attributes framework, the Working Group then reviewed the framework to check for appropriate use of language and terminology. This review was undertaken both prior to and following on from the administration of the validation survey. Minor changes were made to the wording or phrasing within the initial framework prior to the validation survey administration. Following on from the validation survey results and based on feedback from across the profession, two key changes were made for further details on feedback from the Validation Survey see Section 8):

- The previously named attribute 'Multi-Professional Working and Leadership' was renamed to 'Collaborative Working', with two behavioural indicators in relation to Leadership removed from this attribute.
- The previously named 'Commitment to the Profession' attribute was renamed 'Leadership' with the two behavioural indicators previously within Multi-Professional Working and Leadership, moved into this attribute.

6.4.2 These final changes to headings were agreed on, with Collaborative Working being updated to specifically align with current terminology used within the profession. It was agreed by the Working Group that the final framework was representative of what was required for a foundation pharmacist.

6.4.3 The final framework[16] is outlined in Table 2 below and consists of nine attributes and outlines the behavioural descriptors grouped under the nine attributes that are expected in the role of a foundation pharmacist.

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[16] Please note this is the final framework following on from minor revisions made following the validation survey. The attributes have been ordered to align with the Advanced Practice Framework.

Table 2: Foundation Pharmacist Attributes Framework

	Attribute	Definition	Indicators
			Foundation pharmacist framework
1	**Applying clinical knowledge and skills**	Applies clinical knowledge and skills within their role and seeks to develop clinical skills across multiple sectors. Uses knowledge to support the multi-disciplinary team, individual and population, in relation to medicines usage and management.	1.1 Applies evidence-based clinical knowledge to make suitable recommendations or take appropriate actions.
			1.2 Provides the multidisciplinary team with information and education, for example, on clinical, legal and governance aspects of medicines.
			1.3 Has an awareness of the range of clinical, medicines-related and public health activities offered by a pharmacist across all sectors; seeks out opportunities to deliver different services in practice.
			1.4 Proficient in conducting patient clinical examinations and assessments, gathering information and history taking; seeks to develop own diagnostic skills.
			1.5 Demonstrates the capabilities to become an independent prescriber; identifies the knowledge and skills required to achieve this.
			1.6 Uses own pharmaceutical knowledge to positively impact the usage and stewardship of medicines at an individual and population level.
			1.7 Undertakes a holistic clinical review of a person's medicines to ensure they are appropriate
2	**Professional accountability**	Is open and honest in relation to their own actions and those of others. Seeks to ensure the safe use of medicines. Recognises and works within their own boundaries of competence. Ensures everyone is treated with dignity and respect.	2.1 Actively practises honesty and integrity in all that they do; upholds a duty of candour.
			2.2 Is accountable and responsible for own decisions and actions, understanding the potential consequences of these decisions across the whole care pathway.
			2.3 Effectively identifies and raises concerns regarding patient safety and risk management.
			2.4 Proactively recognises and corrects the overuse of medicines.
			2.5 Works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation.
			2.6 Treats others as equals, with dignity and respect, supporting them regardless of individual circumstance or background; seeks to promote this.
			2.7 Values the quality and safety of the use of medicines as of the utmost importance; seeks to improve this routinely.
			2.8 Works within ethical guidelines and legal frameworks, including consent and confidentiality; seeks to gain permission from the individual before accessing confidential records where necessary.

3	**Evidence-informed decision-making**	Draws upon and critically appraises the appropriate information to inform decision-making, managing any uncertainty or risk appropriately. Understands the value that data can have, drawing upon this where necessary to drive care and improve outcomes.	3.1 Draws upon own knowledge and up-to-date guidance to effectively make decisions appropriately and with confidence.
			3.2 Critically appraises appropriate information to make a decision in an efficient and systematic manner; adopts evidence-informed solutions.
			3.3 Demonstrates awareness of where to seek appropriate information to solve problems and make decisions.
			3.4 Asks the appropriate questions when engaging with other healthcare professionals to support own decision-making process.
			3.5 Manages uncertainty and possible risk appropriately, while ensuring high attention to detail is maintained when making decisions regarding the individual receiving care.
			3.6 Demonstrates an understanding that data can support improving care; values the importance of the skills required for the interpretation, analysis and the effective use of data within clinical practice; considers how to use data to improve the outcomes for individuals.
			3.7 Takes the cost-effectiveness of a decision into account where necessary, working to the appropriate formulary.
4	**Person-centred care**	Keeps the individual who is receiving care at the centre of everything they do. Demonstrates empathy and views each person as an individual.	4.1 Keeps the individual at the centre of their approach to care at all times.
			4.2 Works in partnership with individuals; viewing each individual receiving care as unique, seeking to understand the physical, psychological and social aspects for that person.
			4.3 Demonstrates empathy; seeking to understand a situation from the perspective of each individual.
			4.4 Engages on an individual basis with the person receiving care, remains open to what an individual might share.
			4.5 Supports and facilitates the seamless continuity of care for each individual.
5	**Communication and consultation skills**	Uses appropriate language, active listening skills and questioning to build relationships and influence others. Assimilates and communicates information effectively through different mediums. Uses language	5.1. Demonstrates confidence in speaking to healthcare professionals across the multidisciplinary team; seeking to use appropriate language to influence others.
			5.2. Assimilates and communicates information clearly and calmly through different mediums, including face to face, written and virtual; tailors messages depending on the audience; is able to respond appropriately to questions.
			5.3. Builds rapport with colleagues and individuals receiving care.
			5.4. Demonstrates active listening skills, identifies non-verbal cues in others.
			5.5. Uses effective questioning when working with individuals receiving care or other healthcare professionals.

		to create environments to promote positive healthcare outcomes.	5.6.	Consults with individuals through open conversation; creates an environment to support shared-decision making around personal healthcare outcomes.
			5.7.	Uses appropriate language to engage with the individual; empowers the individual through communication and consultation skills, supporting them in making changes to their health behaviour..
			5.8.	Adapts language to provide support in challenging situations.
6	**Collaborative working**	Values and supports others across the multi-disciplinary team to promote positive patient outcomes. Uses own expertise to support the team while drawing on the expertise and knowledge of others where appropriate.	6.1	Builds strong relationships across the multidisciplinary team; works in partnership to promote positive outcomes.
			6.2	Seeks feedback from colleagues where appropriate; is receptive to information or advice given to them by others.
			6.3	Recognises the value of members of the multidisciplinary team across the whole care pathway, drawing on those both present and virtually, to develop breadth of skills and support own practice.
			6.4	Works with other members of the multidisciplinary team to support them in the safe use of medicines and to meet the individual needs of those receiving care; effectively influences the decision-making process across the team regarding medicines, where appropriate.
			6.5	Delegates and refers appropriately to members of the multidisciplinary team, demonstrating an awareness of and using the expertise and knowledge of others.
			6.6	Effectively uses own expertise to provide guidance, support or supervision for less experienced members of the multidisciplinary team.

7	Leadership and management	Is enthusiastic and acts as a role model within the profession, seeking to promote pharmacy services. Recognises opportunities for change and innovation within the pharmacy profession, seeking to promote these and improve working practices.	7.1	Acts as a role model, mentoring and leading others within the multidisciplinary team, where appropriate.
			7.2	Communicates vision and goals to the broader team to support with achieving group tasks.
			7.3	Approaches the role with enthusiasm, seeks to demonstrate and promote the value of pharmacy across other healthcare professionals; educates the public about the role of the pharmacy team within individual healthcare management.
			7.4	Is open to new approaches and ways of completing work tasks; shares own innovative ideas to improve working practices, both internally and externally.
			7.5	Appropriately challenges others to consider new ideas and approaches to improve the quality of care, doing so in a confident manner.
			7.6	Critically analyses business needs; is mindful of commercial aspects within the pharmacy context; seeks to promote new pharmacy services.
			7.7	Draws upon own networks to understand how the pharmacy profession operates among different sectors and across the care pathway.
			7.8	Recognises the changes to and the opportunities within the future role of pharmacists, modifying own approach when required.
8	Education, research and evaluation	Seeks to develop personally through proactively identifying learning opportunities, including research and medicines innovations. Demonstrates self-awareness, while seeking and taking on board feedback from others to set own objectives.	8.1	Demonstrates a positive attitude to development within the role; has a desire and motivation to try new things.
			8.2	Proactively seeks to find learning opportunities within the day-to-day role; asks to take part in learning activities.
			8.3	Uses learning experiences to support own practice.
			8.4	Seeks to be involved in research activities; actively disseminates outcomes to appropriate audiences.
			8.5	Sets personal objectives, developing own plan for achieving these in order to maintain knowledge base and identify potential innovations in medicine and practice development; evaluates own success in achieving these objectives.
			8.6	Demonstrates a commitment to the importance of self-development throughout own career; undertaking personal reflection regularly to consider personal strengths, areas for development and potential barriers to achieving these.
			8.7	Seeks and is open to receiving feedback, taking this on board to make changes to own practice.

9	**Resilience and adaptability**	Demonstrates flexibility and perseverance by effectively managing challenging or unfamiliar situations; is open to seeking support from others. Is aware of the impact that a situation may have on themselves and others.	9.1	Develops and draws upon support network to provide resources to deal with challenging situations; is open to seeking support.
			9.2	Demonstrates self-awareness and emotional intelligence within the role, reflects on and understands the impact a situation may have on one's own resources.
			9.3	Remains composed in situations involving the individual receiving care, or involving colleagues, even in challenging or high-pressured situations.
			9.4	Effectively and efficiently manages multiple priorities; manages own time and workload calmly, demonstrating resilience.
			9.5	Maintains accuracy when in a challenging situation, completing tasks in an efficient and safe way.
			9.6	Works flexibly within unfamiliar environments; is able to adapt and work effectively across different sectors within the pharmacy profession by applying previous learning to new settings.

6.6 Qualitative Illustrative Examples

6.6.1 Example quotes from the consultation are provided in Table 3 below to illustrate how the information from the interviews and focus groups contributed to the development of the attributes and behavioural descriptors.

Table 3: Example Quotes from Interviews and Focus Groups

Communication & Consultation Skills	*"you learn to deal with things appropriately and how to speak or what language to use"* *"There's no point in having all this clinical knowledge if you cannot relay that to a patient in a meaningful conversation"* *"There's a lot of virtual communication needs to happen, I think that requires people to be effective oral communicators as well as good writing, written communicators."* *"I expect them to be able to listen to others, either other pharmacists or other people within the multi-disciplinary environment, and to take on board those comments"* *"to be able to effectively talk with patients about their medicines …[and] to help them to engage in decisions, or shared decisions.* *"to get the good connection with the patient …at the end of half an hour they have spent explaining something, they would say, "oh my god, I've never understood it until today, so thank you so much for that, I'll take it onboard and I'll actually do something for myself".*"
Person-Centred Care	*"making sure that they balance their own agenda with the agenda of the patient so what does the patient want to get out of the consultation? What are the patient's expectations of taking the medicine? Do they have concerns? How do they feel about it?"* *"what can they do uniquely for that patient and then how do they need to understand the role of people who care for that patient"* *"They'd also take a much more holistic approach, so they would be looking at not just say medicines in terms of treatment but the whole social thing as well. So, if somebody has a long-term condition how does that impact on their life?"* *"If you had the same sort of people coming to you over a period of [months]…how you will be improving that interaction in terms of what value you'd be giving for them"*
Professional Accountability	*"honesty and integrity, and openness, and having that duty of can do"* *"we want them to be able to make more advanced decisions and to be ready to move on to more advanced roles or to look at more complex cases."* *"you are finally truly accountable and responsible for your decisions and actions."* *"I think you have to recognise your own limitations… being able to understand where to signpost to."* *"having to actually physically examine a patient [with a need to] remain respectful …[and with your] duty of care to that patient managing their dignity"* *"good sort of sense of empathy and a sort of safe, caring and respectful set of values as a practitioner"*

	"you have got to weigh up the benefits and the risks…in an increasingly more complex clinical environment"
Evidenced-Informed Decision Making	*"they're working independently so they've got to be able to spot those things and choose appropriate ways to investigate"*
	"you're gonna have to…learn the skill to provide the evidence base and negotiate and have that discussion, and not just be told, no, and accept that."
	"do you extract the information you need to be able to interpret it"
	"medicine information skills are really important…assisting to interpret different sources of information that you might use"
	"we are much more restricted in terms of budget, so which we medication we go for first [which] often unfortunately depends on the price as well."
Collaborative Working	*"approach the profession collaboratively, approach the profession in seeing and exploiting opportunities to integrate care more"*
	"we're really encouraging the Pharmacists who are working directly in general practice to set up working relationships with their local community pharmacies so that the local Community Pharmacist has a better point of contact in general practice if they have queries about medicines"
	"I think, the effective and really good foundation pharmacists ask questions…they're also going out and talking to doctors and nurses and having those conversations themselves"
	"what we are trying to do now is do more multidimensional learning, more understanding of each other about what we uniquely think matter and how we can interact with each other for the benefit of the patient"
	"learn about how to successfully delegate tasks to people without it causing confrontation or conflict or anything like that."
Personal Development	*"It's making the most of every opportunity they are given…individuals do need to be willing to participate in that."*
	"They must be autonomous learners who take responsibility for their own development rather than relying on a tutor"
	"it's not just you feeding them information, they are taught to look things up and gather information for their own learning."
	"they come up with their own learning objectives of what they would like to achieve."
	"they must be able to reflect on their practice and identify their own development needs, and obviously these will differ from trainee to trainee."
Resilience & Adaptability	*"We see people often in crisis. They are very vulnerable… They can be challenging individuals to work with…[and we must] support the individuals through those experiences. So, and that can be emotionally, it can be hard at times."*
	"Also important, in particular with all the changes is the resilience, being able to take care of yourself as a practitioner"
	"to be able to manage their time so that they can prioritise them because isn't usually enough time to do the things that one might find to do"

	"They need to be resilient. They need to be able to problem solve any decisions while working in a systematic fashion, and be aware of their own limitations and when to ask for help." *"a flexible workforce that we need for the future…we cannot work in silos within our own profession.*
Leadership	*"expect them to be able to talk confidently about…their place within the health and social care team and to be able to make confident suggestions and decisions"* *"recognising that the service models and the ways of delivering stuff are changing quite rapidly and people need to be not scared of the fact they might be put into a different setting"* *"they should be able to challenge and innovate… both within the profession and outward of the profession, other members of the healthcare team"* *"I mean, you really should be networking with all levels of pharmacy and in all sectors… a varied network base is always very important"* *"they have absolutely got to be a role model"* *"people more and more these days are kind of taught to teach…it's kind of becoming an accepted thing that we're all teaching each other, juniors and medical and nursing staff as well"*
Applying Clinical Knowledge and Skills	*"clearly as medicines evolve and become more complex, I think we have to upskill and be more knowledge-experts"* *"I think our evidence base and our data is great but you can't come away from the fact that observing a patient directly and being hands on with a patient is quite different to just looking at a load of data and making the decisions based on that data."* *"we're much more conscious of this issue about clinical risk assessment…[and considering] is that medicine right for this patient into, how do I put this issue about this medicine into the context of the whole patient, and then into the context of the needs of the population of people who have this."* *"learning to take opportunities to engage with their patients and help them to get the most out of their medicines"*

6.6.2 Questions were also asked about the commonality and differences between sectors. Below are some qualitative comments to illustrate the predominant view that, in terms of the underlying attributes, there are no differences between the sectors.

"No. I mean clearly the clinical area is a little bit more niche. But I think that actually, basic communication skills, wanting to work in partnership. Empathising with individuals specifically with clients using our services. Appreciation for equality, diversity, awareness and stigma, wanting to reduce that. And seeing clients that we deal with as really vulnerable individuals, is actually something that should go across the profession anyway… sometimes some of the individuals that we see, may be banned from every other service for example. We see people often in crisis. They are very vulnerable. They have had significant adverse childhood events, they've experienced a lot of trauma in their lives. They can be challenging individuals to work with...But again, you see it in different areas. Like if you're working in community, we still see some of our clients just from a ceasing of medication. So, I don't think that that is a truly unique

part of the sector, but I think it is perhaps more enhanced than you would see in others perhaps. But I think it is ultimately there regardless."

"No, I think that they're totally transferable skills for all sectors, it's just you may have different, in different sectors you'll have different levels of support and how quickly you may need to show some of these skills might be different."

"No, I think they're core and they play out across all sectors. I do not believe that sectors in a multiple pharmacy, Boots, for example, the core skills there are different there to what you need if you work with accessing clients, they're different to what you did if you're national pharmacy, I think the core principles are still there."

"I think the key skills can work across, we've got pharmacists who work in outpatient dispensing, who work in prisons, who work in all sorts, now you've got more and more pharmacists working in GP practices etc. So, I think the core skills are the same across, it's just implementation in terms of the practical application of those skills in that sector."

"I think it's just a different way of working, not necessarily the skills need to be different. I think you just need to think about more from the patient perspective rather than necessarily providing a function in hospital, or you're doing…they've just come in for a particular operation or they're acutely unwell and you're just addressing those issues."

"Yes, I think we can and I think it's probably preferable to aim for that, because you don't want people to be trapped in one sector because often the lessons in my experience coming integrated care work are when they move from another sector and brought the transferable skills and their intake from there and fresh perspectives, and if those people are able to work in any sector at the end of the foundation programme, I think that would be desirable."

"I think there´s probably a core set of skills that are common to most of them, not all but the majority and I think when we start talking about foundation training I think that´s what we need to look at, is our foundation training. You will always then get pharmacists that go on, within those new roles, to specialise and become real experts in that particular role but I think what we need to get to is a much more flexible workforce and we´re seeing a lot more pharmacists now with sort of portfolio careers, working collectively across different healthcare settings and I think that core skillset needs to allow them to do that"

"I would probably look at the skills as pillars almost and depending on your role the pillar might be bigger, so your clinical pillar, for example, might be quite big and your management pillar could be quite small, but then for somebody else that might be the reverse of that, so I think broadly the skills are probably the same… in basic summary I think there are a lot of core skills that you want to develop at the foundation stage, but there's probably some optional pathways that need to be added in there as well."

"I think specifically at foundation level, you get different experiences but they have the same skills. So how they apply those skills makes a difference but the skills are the same. The skills and the confidence are exactly the same at this level."

"I think the Foundation Practice it's mainly applying the same skills in different ways to be honest. I think as you progress throughout your career and you become more experienced there will be certain skills that you will need to develop more in some sectors of practice and less in others but I think at foundation level, I think we should be developing people at foundation level to work in any sector and then later on people

might specialise… I mean foundation says it all really. It's the foundation of your practice. It's the skills that you need that are the core of your practice and then the specialism comes on top. So, I think for foundation I think it should be pretty similar, we should be equipping people to be able to develop these skills that they can use in any care setting."

"I think core skills around the things we have talked about like competence, confidence, communication, problem solving, managing risk. I think those are generic across hospital, community and primary care practice based pharmacy."

"that's an attribute which I think it's that gathering information, speaking to the patient and then liaising with other healthcare professionals that kind of attribute should be across all sectors in pharmacy I think because that's absolutely valuable no matter which sector you're in because to provide effective care you need to be able to (a) engage with the patient, get the right information and give them the right care so that would be across all sectors."

"I think you would think on the outside that there are differences but I think the more and more you look inside there is no differences in terms of behaviours. So if I think about leadership, leadership is leadership irrespective of which or either performing it. It's still delegation, it's still about being able to coach and mentor. You have got to be able to give feedback. It's not any different."

6.6.3 A summary of some of the differences between sectors that were identified by respondents are outlined below.

Clinical knowledge and services

"some of the more clinical skills that we've talked about, things like vaccinations, I wouldn't expect to see hospital pharmacists completing vaccinations and that sort of thing."

"So we have core competencies, which is about 70% of the framework is core competencies. And then we have sector specific competencies. So, for example, in hospital it would be aseptic and MI. In community it might be minor ailments and, again, consultation skills or something like that. And within primary care it's consultation skills and something else that I can't remember…core clinical skills I think."

"there's something about pharmaceutical public health that's important for our sector, mental health, substance misuse as I've mentioned, but it's the poly-pharmacy associated with all of that."

"I think also medication safety, and particularly around storage and access, and the risk of diversion and abuse of medicines is a particular nuance for our sector, and I think that is…I don't think that fits in any other sector as much as it does in ours, because in our sector not only do we prescribe but we then dispense, prepare the medicine, or get it into the sector, but then we actually supply it to the person."

"they don't have the skill set, but like I said it will come through but I'm sure if you sat down a sample of blood, like a test in front of Community Pharmacist and all the different readings they probably wouldn't really understand why because it is not something that is in Community Pharmacy at the minute."

"I think with hospital, you do need more of a stronger clinical knowledge than you do in pharmacy. You need clinical knowledge in pharmacy, but I would say you need a stronger level of clinical knowledge,

just because you could be called up and asked to read a job-chart or asked any question by anyone at any particular time."

"I think clinical knowledge is something that should be more standardised across all sectors. I think at the moment there tends to be a higher kind of, what's the word I'm looking for, it's given more weight in hospital pharmacy really but I can see this happening where there's more development of community pharmacies to be doing more clinical work, Diplomas, that kind of thing. I think in the past you could have easily have gone into a community pharmacy and not done any further accredited training and I don't think really that's going to be the case in a few years."

Decision making

"one of the things that they do have is because they are in that environment, they are accessing things like medical records to make an informed decision. We don't have that in community, so again they have to make a recommendation on limited information and I guess that's something I didn't say… there are a lot of localities that they don't have that responsibility to access the patient records or you know, for whatever reason and that's probably one of the differences whereas with someone who is a pharmacist at a hospital, we are able to you know, give the appropriate antibiotic, probably look at the culture sensibilities you know sampling and actually you don't get that."

Patient Interaction

"our population itself is challenging, so I think competencies around managing challenging behaviour, and how to support yourself and them in managing that conversation to the point where you actually get engagement and a positive outcome for both parties, but that's about sort of partnership working, I suppose, and the patient getting that right. It can be quite difficult, and I think that's an extra, I think there's an extra risk with some of the communication that healthcare professionals have in our sector, compared to others."

"you see people once and they're acutely ill when you see them, rather than seeing people regularly when they're not acutely ill often."

Support available

"I do think in large organisations there's a lot less reliance on the ability of oneself, does that make sense? You're quite a cocooned in a large organisation, you've got a lot more support to do things that you want to do. I think when you're on your own as a pharmacist in a small community pharmacy you're very much on your own, you're very independent. So, I think, you know, the resilience and self-reliance aspects differ."

"Within the Community setting, generally, you'll meet Pharmacists there, so that means that you haven't got the exposure or the consistent support from another Pharmacist all the time. Whereas in Hospital setting it could be, I don't know, 12 Pharmacists working and if they're not sure of anything they can always ask another Pharmacist. You can do that in a Community setting but it may not be face-to-face."

> "management and leadership skills, some of those will be more prevalent because they have to take on that role a little bit earlier than they would in other sectors when they're part of a wider team"

Team make-up

"in the hospital, you would get to work with doctors, nurses, physiotherapists, just different people, but in the pharmacy, you're mainly working with just your GP and your staff. Sometimes you get to work with care homes, but it's not as broad as those working in the hospital, I would say."

Pace

"It's got to be quick on your feet mode, you don't have all the time in the world you know, whereas you are probably going to get 20 people out of the door. Because they all want to get their medicines very quickly. And I think you know, because community pharmacies are often private there is that expectation that people want that service now. You know there is not a lot of patient understanding. You know, when you go to the NHS you do expect to wait 10 hours and if it's anything less you are jumping for joy."

7 Mapping to Existing Materials

7.1. As part of the role analysis, it is important to ensure that the information obtained and any resulting framework maps onto existing relevant material about the role (e.g. other relevant specifications or frameworks). This helps to ensure that the information obtained as a result of the role analysis is content valid i.e. that it is relevant and appears to be representative of the role.

7.2. Table 4 overleaf demonstrates how the framework maps to the relevant frameworks and standards that are pre-existing, including, the Advance Practice Framework, the NHS Leadership Framework, the current Royal Pharmaceutical Society Foundation Pharmacy Framework and the GPHC Educational Training Standards.

7.3. Existing standards at a pharmacy foundation year and a pharmacy professional level map directly onto at least one of the attributes from the current role analysis, demonstrating a good degree of concordance. In the majority of cases, one of the foundation pharmacy attributes could be considered to map to multiple standards. This is not problematic in itself as the documents and information are utilised for different purposes and grouped together in different ways. Generally, these findings suggest that there is a high degree of concordance between the new attributes framework and existing material validating the results further and providing reassurance that there are clear linkages between the requirements set out within the different documentation.

7.4. The lack of frequent mapping with the attribute 'Resilience & Adaptability' in the foundation pharmacy attributes framework may indicate the importance of this attribute for the future of foundation pharmacy. As this framework has been devised with the future in consideration, it is expected to see a level of differing attributes between this framework and the pre-existing documentation.

Table 4: Mapping Identified Competencies to Existing Materials

Existing Material \ FP Attributes	Applying Clinical Knowledge & Skills	Professional Accountability	Evidence-Informed Decision Making	Person-Centred Care	Communication & Consultation Skills	Collaborative Working	Leadership	Personal Development	Resilience & Adaptability
Advanced Practice Framework	Expert professional practice	Expert professional practice Management Leadership	Expert professional practice Management Research & evaluation Leadership	Collaborative working	Collaborative working relationships	Collaborative working relationships Management	Leadership Management Education, training & development Research & evaluation Collaborative working	Education, training & development Research & evaluation	
NHS Leadership Framework		Holding to account Inspiring shared purpose	Evaluating information	Sharing the vision Leading with care	Sharing the vision Influencing for results	Leading with care Connecting our service Sharing the vision Engaging the team Influencing for results Inspiring shared purpose	Inspiring shared purpose Connecting our service Sharing the vision Engaging the team	Evaluating information Holding to account Developing Capability	Inspiring shared purpose Connecting our service Leading with care
GPHC Education Training Standards	Professional knowledge and skills	Person-centred care Professionalism	Professional knowledge and skills Professionalism	Person-centred care	Person-centred care Collaboration	Professionalism Collaboration	Professionalism Professional knowledge and skills Collaboration	Professionalism	
Current RPS Foundation Pharmacy Framework	Provision of medicine Knowledge	Provision of medicine Monitoring medicine therapy Professionalism Patient consultation Budget setting & reimbursement	Need for the medicine Gathering information Analysing information	Patient consultation Medicines information and patient education Transfer of care Relevant patient background	Patient consultation Effective communication skills Providing information	Transfer of care Team work Education and training Organisations	Professionalism Education and training Service provision Staff management	Education and training Research and evaluation Professionalism	

8. Administration and Quantitative Analysis of the Online Validation Survey

8.1   The behavioural descriptors contained in the framework were formatted into an online validation survey to be completed by stakeholders. The aim of the survey was to validate the attributes and behavioural descriptors included within the framework by gaining wider feedback on the importance of each of the identified criteria.

8.2   The following concepts of interest were addressed by the survey: the importance of the attributes and behavioural descriptors for the foundation pharmacy role currently; the importance of the attributes for the role of foundation pharmacists in the future; the importance of attributes at the point of entry into the foundation pharmacist role; the importance of attributes to develop during training.

8.3   Validation survey data were analysed both quantitatively (numerical ratings) and qualitatively (open ended responses) in order to triangulate the findings. Quantitative responses to questions were provided using a 6-point Likert scale (1=Not at all important to 6=Very important). Respondents were asked to rate the importance of each attribute both currently and in the future, as well at the point of entry and in training. At the behavioural descriptor level, respondents were just asked to rate the importance of each descriptor currently to not overburden respondents.

8.4   Respondents were also invited to provide further comments in relation to the framework. Qualitative comments were coded using content analysis and grouped into several super-ordinate themes.

8.5   The questionnaire was accessible for online completion for three weeks between 7th February 2019 and 11th March 2019 and was distributed as widely as possible to relevant stakeholders including current foundation pharmacists, employers and other pharmacy professionals.

8.6   A total of 1247 individuals accessed the online survey, of whom 1229 respondents consented to their data being used for the purpose of validation of the framework. However, only 850 completed at least one of the attribute questions. This is not unusual and may be due to a variety of reasons including multiple access (i.e. accessed quickly on phone with the intention of completing later on another device). 542 (63.8%) respondents can be considered to have completed the full survey, indicated by their completion of the final overall ranking; priority for attributes in the future. These response patterns show that a relatively large proportion of the people who started the survey did not complete all the questions, which is consistent with other contexts, likely due to the time required to complete the survey. It is therefore important to be mindful of the varying sample sizes when interpreting responses for specific attributes and descriptors; data has also been reported in a way which allows valid comparisons to be made.

8.7   Demographic details of stakeholders were collected at the beginning of the survey for diversity monitoring purposes. Table 5 summarises the data. The majority of respondents were female (69.9%), the most frequent age range of respondents were in the age band 30-39 (29.2%) and the majority of respondents classified themselves as White (71.4%).

Table 5: Demographics

		Number	Percentage
Gender	Male	230	27.1
	Female	594	69.9
	Prefer not to say	16	1.9
	Missing	10	1.2
Age	20-29	226	26.6
	30-39	248	29.2
	40-49	195	22.9
	50-59	119	14
	60-69	37	4.4
	70 or over	3	.4
	Prefer not to disclose	15	1.8
	Missing	7	.8
Ethnicity	White	607	71.4
	Black	24	2.8
	Asian	132	15.5
	Mixed	8	.9
	Chinese	21	2.5
	Other ethnic background	19	2.2
	Prefer not to disclose	29	3.4
	Missing	10	1.2

8.8   Details in relation to respondents' job role was also collected and is presented in Table 6 below. The majority of respondents classified themselves as a Qualified Pharmacist with at least three years of post-registration experience (72.6%), with the next highest being foundation pharmacists with up to three years post-registration experience (16.9%). Only a very small percentage stated that they were an Other Healthcare Professional (1.1%), work with Pharmacy staff (0.7%) or a pharmacy user (0.1%). Respondents were also provided the opportunity to describe their role if it fell outside of the options provided. 134 respondents chose to describe their roles (80 of these also selected a fixed option about their role). Of the 134, roles ranged from Specialist Pharmacists, those working in Regulation, Prisons and CCGs.

8.9   The majority of respondents stated they were from the Hospital sector (53.3%), with 15.3% from the Community sector. The time in current role ranged from under 1 year to those recently retired.

Table 6: Job Role & Sector

		Number	Percentage
Job Role	Foundation Pharmacist (up to 3 years post registration)	144	16.9
	Pharmacist (post 3 years registration)	617	72.6
	Pre-registration Pharmacist	23	2.7
	Pharmacy Technician	42	4.9
	Pharmacy Medicine/Counter Assistant	3	.4
	Other Healthcare Professional (outside of Pharmacy)	9	1.1
	Not a Healthcare Professional, but work with pharmacy staff regularly	6	.7
	User of Pharmacy Services	1	.1
	Prefer not to disclose	1	.1
	Missing	4	.5
Sector	Hospital	453	53.3
	Community (including multiples and independents)	130	15.3
	General Practice	81	9.5
	Mental Health	35	4.1
	Urgent Care	2	.2
	Care Home	3	.4
	Industry	8	.9
	Academia	43	5.1
	Education	42	4.9
	Prefer not to disclose	1	.1
	Missing	52	6.1

8.10 Analysis of Overall Attributes: Current Importance

8.10.1 Table 7 provides the descriptive statistics and spread of ratings pertaining to respondents' perceived current importance of each identified attribute for the foundation pharmacy role. Inspection of the mean importance ratings indicates that the majority of respondents perceived that each attribute was important to the foundation pharmacist role (generally rating each as either 'somewhat important', 'important' or 'very important'). All mean ratings are above 4.5. The frequency of response ratings also demonstrates this, with comparatively few ratings of 'neutral', 'somewhat unimportant' and 'not at all important'.

8.10.2 Stakeholders rated all attributes as 'important'. The attribute with the highest rating of perceived importance overall was Professional Accountability (mean 5.63). This was followed by Communication and Consultation Skills (mean 5.51) and closely followed by Person-Centred Care (mean 5.28), Resilience and

Adaptability (5.17) and Personal Development (5.14). Leadership[17] had the lowest reported mean (4.61), followed by Collaborative Working[18] (4.91).

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[17] Note this was labelled 'Commitment to the Profession' when the survey was administered

[18] Note this was labelled 'Multi-Professional Working & Leadership' when they survey was administered

Table 7. Descriptive Statistics and Frequency of Response Ratings for Current Importance of Attributes

Attribute	All respondents				Frequency of Response Ratings (%)					
	N	Range	Mean	SD	Not at all Important	Somewhat Unimportant	Neutral	Somewhat Important	Important	Very Important
Communication & Consultation Skills	850	5	5.51	0.796	0.5	0.4	0.9	9.5	23.6	65.1
Person-Centred Care	732	5	5.28	0.882	0.3	0.4	3.4	13.3	31.8	50.8
Professional Accountability	691	5	5.63	0.691	.1	.1	1.4	5.5	20.5	72.2
Evidence-Informed Decision Making	654	5	5.06	0.944	.3	.6	4.6	21.1	39.9	39.4
Collaborative Working	620	5	4.91	1.025	.3	1.3	7.9	22.4	33.2	34.8
Personal Development	601	5	5.14	0.970	.5	.8	4.3	18.1	31.3	44.9
Resilience & Adaptability	585	5	5.17	0.940	.2	1.2	4.1	15.9	33.3	45.3
Leadership	571	5	4.61	1.123	.9	2.6	12.1	28.9	29.6	25.9
Applying Clinical Knowledge and Skills	560	5	5.06	1.031	.4	1.6	6.4	17.7	31.1	42.9

8.10.3   Table 8 presents the same mean ratings by sector (hospital, community, general practice).

8.10.4   Respondents who identified themselves as from a Hospital setting rated 'Professional Accountability' as the highest attribute in terms of perceived importance (mean 5.60), and 'Leadership' as the perceived least important attribute (4.46). This pattern was the same for those from a Community setting (5.72 and 5.10 respectively), as well as from General Practice (5.71 and 4.95 respectively).

8.10.5   A One-Way ANOVA was conducted in order to examine whether differences in perceived importance ratings of the attributes provided by respondents from differing sectors were statistically significant. Two statistically significant differences between the ratings from the three sectors were found; Leadership[19] (F = 13.18, $p < 0.01$), Applying Clinical Knowledge and Skills (F = 8.65, $p < 0.01$), with ratings for 'Leadership' and 'Applying Clinical Knowledge and Skills' significantly lower in the Hospital sector than in both General Practice and Community Pharmacy sectors.

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[19] Note this was labelled 'Commitment to the Profession' when the survey was administered

Table 8. Descriptive Statistics for Current Importance Ratings of Attributes by Sector

Attribute	Hospital				Community				General Practice			
	N	Range	Mean	SD	N	Range	Mean	SD	N	Range	Mean	SD
Communication & Consultation Skills	453	4	5.45	.78	130	2	5.66	.58	81	3	5.58	.65
Person-Centred Care	381	5	5.22	.90	114	3	5.38	.82	70	2	5.31	.67
Professional Accountability	356	4	5.60	.69	109	3	5.72	.61	66	2	5.71	.55
Evidence-Informed Decision Making	336	5	4.98	.94	101	3	5.26	.84	63	3	5.14	.84
Collaborative Working	321	4	4.87	1.02	88	4	5.20	.92	62	3	5.08	.89
Personal Development	312	5	5.11	.92	85	3	5.25	.96	59	3	5.36	.80
Resilience & Adaptability	304	4	5.13	.93	84	3	5.32	.84	56	3	5.38	.82
Leadership	295	5	4.46*	1.16	81	3	5.10*	1.00	55	3	4.95*	.85
Applying Clinical Knowledge and Skills	288	5	4.94*	1.06	80	3	5.35*	.87	55	3	5.40*	.76

* Indicates a statistically significant difference between the average ratings by sector ($p>.001$).

8.11   Analysis of Overall Attributes: Future Importance, Entry and Training

8.11.1   Table 9 provides the results for the three further overall rating questions. Analysis here is only conducted overall, rather than broken down by sector and role.

8.11.2   *Future Importance*: Inspection of the importance ratings indicates that each attribute was, overall, deemed important to the foundation pharmacist role. Frequency of response ratings show comparatively few ratings of 'neutral', 'somewhat unimportant' and no ratings 'not at all important'. All mean ratings were above 3.5. The pattern was the same as was seen for current importance, with Professional Accountability deemed as the most important for the role in the future (5.79) and Leadership[20] seen as the least important (5.08). Communication and Consultation Skills (5.77) is also the second most important again, but this gap between this attribute and Professional Accountability is much smaller when respondents were considering requirements for the role in the future.

8.11.3   Paired samples T-tests were conducted in order to examine whether the differences in perceived mean importance ratings of the behavioural descriptors were statistically significant, when comparing the ratings for the importance currently and importance in the future. Statistically significant differences (p<0.001, t values in the range of -8.73 to -16.38) were observed for all nine attributes. This indicates that there is a clear pattern of respondents perceiving that all attributes will be more important in the future. The smallest difference was seen for Professional Accountability, with the largest difference seen for Evidence-Informed Decision Making.

8.11.4   *Importance at Entry*: Inspection of the mean importance ratings indicates that the majority of respondents perceived that each attribute was important to at the point of entering the foundation pharmacist role. All mean ratings are above 3.5. The pattern was the same as was seen for the previous two ratings, with Professional Accountability deemed as the most important to assess at entrance to foundation pharmacy (5.25) and Collaborative Working[21] seen as the least important (4.29). All ratings were lower than for either current or future importance. The second most important attribute was Communication and Consultation Skills (4.80), closely followed by Personal Development (4.77), however the gap between Professional Accountability and the Communication and Consultation skills is relatively large (.45).

8.11.5   *Importance to Develop During Training:* Inspection of the mean importance ratings indicates that the majority of respondents perceived that each attribute was important to develop during training. All mean ratings are above 3.5. The pattern was the same as was seen for the previous ratings, with Professional Accountability deemed as the most important for the role in the future (5.72) and Leadership seen as the least important (4.98). All ratings were higher than for importance at entry into the role, with the ratings being more on par with the ratings with importance for the role in the future.

8.11.6   Paired samples T-tests were conducted in order to examine whether the differences in perceived mean importance ratings of the attributes were statistically significant, when comparing the ratings for the importance at entry to the foundation pharmacy role with ratings for the importance to develop during training. Statistically significant differences (p<0.05, t values in the range of -13.45 to -25.68) were observed for all attributes. This indicates that there is a clear pattern of respondents perceiving that the attributes are more important to develop during training than expected at point of entry. However, this is not surprising due to the importance of training as part of the role and does not negate from the importance of these attributes being demonstrated at point of entry in to the foundation pharmacist role. The smallest difference was seen for Professional Accountability, with the largest difference seen for Communication

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[20] Note this was labelled 'Commitment to the Profession' when the survey was administered

[21] Note this was labelled 'Multi-Professional Working & Leadership' when they survey was administered

and Consultation Skills. Such differences are in line with the above thinking regarding the importance of developing these attributes during training.

Table 9. Descriptive Statistics for Future Importance, at Entry and in Training for Attribute Ratings

Attribute	Current Importance				Future Importance				Importance to Assess at Entry				Importance to Develop During Training			
	N	Range	Mean	SD	N	Range	Mean	SD	N	Range	Mean	SD	N	Range	Mean	SD
Communication & Consultation Skills	850	5	5.51	0.80	850	5	5.77	.61	850	5	4.80	1.1	850	5	5.69	.67
Person-Centred Care	732	5	5.28	0.88	732	5	5.61	.66	732	5	4.71	1.12	732	5	5.54	.71
Professional Accountability	691	5	5.63	0.69	691	5	5.79	.52	691	5	5.25	.98	691	5	5.72	.64
Evidence-Informed Decision Making	654	5	5.06	0.94	654	5	5.51	.69	654	5	4.44	1.18	654	5	5.43	.74
Multi-Disciplinary Working & Leadership	620	5	4.91	1.03	620	5	5.37	.84	620	5	4.29	1.29	620	5	5.29	.86
Personal Development	601	5	5.14	0.97	601	5	5.45	.76	601	5	4.77	1.15	601	5	5.42	.80
Resilience & Adaptability	585	5	5.17	0.94	585	5	5.55	.71	585	5	4.59	1.21	585	5	5.50	.72
Commitment to the Profession	571	5	4.61	1.12	571	5	5.08	.96	571	5	4.30	1.30	571	5	4.98	1.03
Applying Clinical Knowledge and Skills	560	5	5.06	1.03	560	5	5.58	.74	560	5	4.53	1.21	560	5	5.46	.80

8.12   Behavioural Indicator Ratings

8.12.1 All attributes are described by a series of behavioural indicators. In addition to analysis of the attributes overall, further analyses were undertaken with regards to the mean perceived importance of each behavioural indicator for the foundation pharmacist role (see Appendix C for full analysis). Please note, the indicator numbers reference the order that they were presented within the survey (and within the table in Appendix C), rather than the final order and indicator numbering presented within Table 2.

8.12.2 Overall, only five behavioural indicators were rated, on average, as 'somewhat important' (3.50 - 4.49):

- *'Critically analyses business needs; is mindful of commerciality aspects within the pharmacy context; seeks to promote new pharmacy services'* (LEAD7.6) and this was the lowest rated indicator across the whole framework (3.95)
- '*Seeks to be involved in research activities for new and upcoming techniques and medicines; actively disseminates outcomes to appropriate audiences*' (PD6.4)
- '*Takes the financial implications of a decision into account where necessary*' (EIDM4.7)
- '*Proficient in conducting patient clinical examinations and assessments, gathering information and history taking; seeks to develop own diagnostic skills*' (ACKS9.4)
- '*Demonstrates the capabilities to become an independent prescriber; identifies the knowledge and skills required to achieve this*' (ACKS9.5)

Twelve behavioural indicators were rated, on average, as 'very important' (mean > 5.50):

- *'Keeps the individual at the centre of their approach to care at all times'* (PCC2.1)
- *'Applies evidence-based clinical knowledge to make suitable recommendations or take appropriate actions' (ACKS9.1)*
- *'Seeks support from colleagues where appropriate; is receptive of information or advice given to them by others' (CWL5.2)*
- *'Demonstrates confidence in speaking to healthcare professionals across the multi-disciplinary team; seeking to use appropriate language to influence others'* (CCS1.1)
- *'Assimilates and communicates information clearly and calmly; tailors messages depending on the audience; is able to respond appropriately to questions'* (CCS1.2)
- *'Effectively identifies and raises concerns regarding patient safety and risk management'* (PA3.3)
- *'Is accountable and responsible for own decisions and actions, understanding the potential consequences of these decisions across the whole care pathway' (PA3.2)*
- *'Works with accuracy when under pressure, completing tasks in an efficient and safe way'* (RA7.5)
- *'Understands the need to work within ethical guidelines including consent and confidentiality; seeks to gain permission from the individual before accessing confidential records'* (PA3.9)
- *'Treats others with dignity, respect and as equals, supporting them regardless of individual circumstance or background; seeks to promote this* (PA3.6)
- *'Works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation* (PA3.5)
- *'Displays honesty and integrity in all that they do; upholds a duty of candour (PA3.1), which was also the highest indicator (5.82)

The remaining 47 behavioural descriptors were rated, on average, as 'important' (4.50 - 5.49). There is a clear pattern here of the Professional Accountability indicators being rated as of high importance, which is in line with the findings at an overall level.

8.12.3 *Sector*: Responses at the behavioural indicator level were also analysed by sector (see Appendix C for full analysis). The highest rated behavioural indicator for the hospital sector was *'Displays honesty and integrity in all that they do; upholds a duty of candour'* (PA3.1) (5.84). For the community sector, both the PA3.1 behavioural indicator and the following indicator were rated the highest: '*Works with accuracy when under pressure, completing tasks in an efficient and safe way*' (RA7.5) (5.78). The highest rated behavioural indicator for the General Practice sector was '*Works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation*' (PA3.5) (5.82). The lowest rated behavioural indicator was *'Critically analyses business needs; is mindful of commerciality aspects within the pharmacy context; seeks to promote new pharmacy services'* (CTP8.4) for both the hospital and general practice sectors (3.63 and 4.20 respectively); and the lowest rated behavioural indicator for the community sector was '*Seeks to be involved in research activities for new and upcoming techniques and medicines; actively disseminates outcomes to appropriate audiences*' (PD6.4) (4.51).

8.12.4 A One-Way ANOVA was conducted in order to examine whether the differences in perceived mean importance ratings of the behavioural descriptors were statistically significant between the sectors (using a significance level of .01). Statistically significant differences were found for 22 of the behavioural indicators:

- '*Critically analyses business needs; is mindful of commerciality aspects within the pharmacy context; seeks to promote new pharmacy services*' (LEAD8.4) (p<0.01, F = 30.18)
- '*Proficient in conducting patient clinical examinations and assessments, gathering information and history taking; seeks to develop own diagnostic skills*' (ACKS9.4) (p<0.01, F = 26.34)
- '*Has an awareness of the range of clinical, medicines-related and public health activities offered by a pharmacist across all sectors; seeks out opportunities to deliver different services in practice*' (ACKS9.3) (p<0.01, F = 16.50)
- '*Communicates own vision and goals to the broader team to support with achieving group tasks*' (CWL5.7) (p<0.01, F = 14.24)
- '*Uses language to engage with the individual; empowers the individual through communication and consultation skills, supporting them in making lifestyle changes*' (CCS1.8) (p<0.01, F = 14.37)
- '*Recognises the changes to and the opportunities within the future role of pharmacists, modifying own approach when required*' (LEAD8.6) (p<0.01, F = 13.98)
- '*Has a passion and motivation for working within the pharmacy profession; draws upon own networks to understand how the pharmacy profession operates among different sectors and across the care pathway*' (LEAD8.5) (p<0.01, F = 13.90)
- '*Demonstrates an understanding that data can support driving care; values the importance of interpretation and analysis skills and the effective use of data within clinical practice; considers how to use data to improve individuals' outcomes*' (EIDM4.6) (p<0.01, F = 12.64)
- '*Manages uncertainty and possible risk appropriately, whilst ensuring a high attention to detail is maintained, when making decisions regarding the individual receiving care*' (EIDM4.5) (p<0.01, F = 12.44)
- '*Effectively utilises own expertise to provide guidance, mentoring and support for more junior members of the multi-disciplinary team*' (CW5.8) (p<0.01, F = 12.29)

- 'Acts as a role model to others, leading others within the pharmacy team, where appropriate' (CW5.6) (p<0.01, F = 10.04)
- '*Takes the financial implications of a decision into account where necessary*' (EIDM4.7) (p<0.01, F = 9.45)
- '*Adapts language to support with challenging situations or conflict resolution* (CCS1.9) (p<0.01, F = 8.95)
- '*Demonstrates the capabilities to become an independent prescriber; identifies the knowledge and skills required to achieve this*' (ACKS9.5) (p<0.01, F = 8.00)
- '*Works in partnership with individuals; viewing each individual receiving care as unique, seeking to understand the physical, psychological and social aspects for that person*' (PCC2.2) (p<0.01, F = 7.66)
- '*Demonstrates empathy; seeking to understand a situation from each individuals perspective*' (PCC2.3) (p<0.01, F = 7.35)
- '*Appropriately challenges others to consider new ideas and approaches to improve the quality of care, doing so in a confident manner*' (LEAD8.3) (p<0.01, F = 5.83)
- '*Seeks to be involved in research activities for new and upcoming techniques and medicines; actively disseminates outcomes to appropriate audiences*' (PD6.4) (p<0.01, F = 5.77)
- '*Sets personal objectives, developing own plan for achieving these to maintain knowledge base and potential innovations in medicine development*' (PD5.5) (p<0.01, F = 5.16)
- '*Seeks to be involved in the continuity of care of each individual; actively follows up with the individual's care after the initial interaction*' (PCC2.5) (p<0.01, F = 5.09)
- '*Remains composed within situations involving the individual receiving care, even in challenging or high pressured situations*' (RA7.3) (p<0.01, F = 4.93)
- '*Asks open questions to individuals receiving care or other healthcare professionals to support in the provision of pharmaceutical care*' (CCS1.6) (p<0.01, F = 4.79).

8.12.5 For all behavioural indicators except for two, respondents from the Community sector provided the higher rating for the behavioural indicators, with the General Practice sector providing the higher rating for PCC2.2 and PD6.5. There is a clear pattern here of the Community sector deeming indicators generally to be more important than the ratings from the Hospital sector (which is in line with the findings at an overall level).

8.13   Prioritisation for the Future

8.13.1 The final question within the survey asked respondents to rank each attribute in order of priority in relation to the foundation pharmacy role in the future (1 rated as highest importance, therefore lower scores are associated with higher importance), Table 10 provides the overall mean score and split by sector. Although data had been gathered on the importance of each attribute for the future, it was felt that this type of ranking question may add some additional information in regard to the importance of the attributes in relation to each other.

Table 10: Ranked Priority in Future

Attribute in Rank Order (n=543)	Mean Score (overall)	Mean Score (Hospital n=282)	Mean Score (Community n=75)	Mean Score (General Practice n=55)
Communication & Consultation Skills	2.80	2.98	3.03	2.64
Person-Centred Care	3.06	3.26	3.41	2.84

Applying Clinical Knowledge and Skills	4.43	4.30	4.33	4.24
Professional Accountability	4.45	4.43	4.33	4.75
Evidence-Informed Decision Making	4.83	4.81	5.27	4.71
Collaborative Working[22]	5.73	5.66	5.68	5.65
Personal Development	6.08	6.00	5.93	5.95
Resilience & Adaptability	6.21	6.06	6.48	6.76
Leadership[23]	7.41	7.51	6.53	7.47

8.13.2 Interestingly, the data obtained from this question does not exactly correspond with the ratings provided at an overall level, as Communication and Consultation Skills is ranked as the most important attribute for future rather than Professional Accountability, that is now considered fourth important in rank. However, a similar pattern was seen at the bottom end of the scale with Leadership in both sets of questions. It may be, that when individuals were responding to the questions regarding each attribute individually, they were influenced by the behavioural indicators referenced above the questions, however felt differently about the attributes when asked to rank them against each other. However, there is still a strong consistency overall in which the same attributes tended to be at the higher and lower ends of the scales.

8.13.3 The data were also analysed by sector. The rank order for the three sectors was similar. The only difference in ranking order between the three groups is between Evidence-Informed Decision Making and Professional Accountability where the General Practice sector has suggested Professional Accountability is fifth in ranking, with Evidence-Informed Decision Making ranked fourth. The Hospital and Community sectors' rankings of Professional Accountability are in line with the overall rankings. It should be noted that the sample sizes for Community and General Practice are much smaller than that of the Hospital sector when looking to compare groups.

8.13.4 The decision as to which attributes will hold most importance in future will be multi-faceted in nature, however this quantitative data provides some clear evidence as to which attributes are deemed by stakeholders to be most important presently. Understanding the stakeholders' opinions of these attributes hold great importance for the future of the foundation pharmacist role as changes to the profession are expected as healthcare needs are predicted to change overtime.

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[22] Note this was labelled 'Multi-Professional Working & Leadership' when they survey was administered

[23] Note this was labelled 'Commitment to the Profession' when the survey was administered

9. Qualitative Results from the Validation Survey

9.1 Respondents were asked at the end of each attribute section whether they had any comments about the attribute area or whether they felt that there was anything else that needs to be included. The predominant purpose of this question was to enable respondents to identify if anything was missing from the framework, and thus could be used to refine or update the indicators. As such, this was the focus of the qualitative review. Close attention was also paid to suggestions in relation to the development of the attributes throughout the foundation pharmacy role.

9.2 Where appropriate, comments were used to make updates to the Professional Attributes Framework; a total of 13 behavioural descriptors were updated as a result of the feedback. No new behavioural indictors were added to the framework. These updates were reviewed by the Steering Group before the framework was finalised. As previously noted in 6.4.1, based on results from the validation survey, the Working Group made a further two key changes to the framework, these were:

- The previously named attribute 'Multi-Professional Working and Leadership' was renamed to 'Collaborative Working', with two behavioural indicators in relation to Leadership removed from this attribute.
- The previously named 'Commitment to the Profession' attribute was renamed 'Leadership' with the two behavioural indicators previously within Multi-Professional Working and Leadership, moved into this attribute.

9.3 Respondents also took the opportunity to comment on the attributes and these comments could generally be themed into the following areas; importance of the attribute for the role, importance of the attribute for the role in future, the expectations of the attribute to be developed during training, and if the attribute should be expected at the point of entry.

9.4 The total number of comments which was assigned to each attribute were as follows. Please note that some comments contained more than one theme. More detailed analysis and review, including illustrative comments, can be found in Appendix D.

- **Communication & Consultation Skills** *(193 comments)*
    - Comments in relation to the content of the indicators/attribute (*30 comments*)
    - Comments in relation to the importance of the attribute (*49 comments*)

      "Consultation skills are key in so many aspects of the foundation pharmacist's role. In particular, it is very important that they learn person-centred consultation skills and develop confidence in communicating with the MDT."

    - Comments pertaining to how it is an attribute is developed during training (*47 comments*)

      "These are skills to be developed. It can come more naturally to some people but with the correct guidance, training and feedback these skills can be developed."

    - Comments suggesting this attribute should be expected at the point of entry (*23 comments*)
    - Comments relating to the future importance of the attribute (4 *comments*)
    - Other – includes comments relating to how the training needs to support the attribute, how the attribute should be assessed at other points in the career pathway, and comments relating to interaction with other attributes/knowledge (*40 comments*)

- **Person-Centred Care** *(133 comments)*
    - Comments in relation to the content of the indicators/attribute (*40 comments*)

- Comments in relation to the importance of the attribute (*21 comments*)

  "Putting the patient at the centre of everything we do as pharmacists is vitally important. Basic skills should be known and able to demonstrate with the option to gain further support and experience with feedback throughout their foundation journey."

- Comments pertaining to how it is an attribute developed during training (*31 comments*)

  "Providing real person-centred care is a complex task. I think for foundation pharmacists entering the career working to guideline and using a thorough evidence base to support their actions is more achievable than expecting them to do this from day one. As clinical and professional knowledge grows it becomes easier to step away from those guidelines to truly tailor a patients care whilst still using evidence based practice; something I don't think can be expected of a newly qualified, but should be a main focus of development in early years."

- Comments suggesting this attribute should be expected at the point of entry (*0 comments*)

- Comments relating to the future importance of the attribute (2 *comments*)

- Other – includes comments relating to how development of this skill can be supported, the difficulties of assessing these behaviours, the appropriateness of this attribute dependant on the work setting, and comments relating to interaction with other attributes/knowledge (*38 comments*)

- **Professional Accountability** *(116 comments)*

  - Comments in relation to the content of the indicators/attribute (*50 comments*)

  - Comments in relation to the importance of the attribute (*30 comments*)

    "We must all be accountable as a profession. This seems to be something that is drilled in to pharmacists very early on more than other professions I routinely work with and I think we should be proud of this."

  - Comments pertaining to how it is an attribute developed during training (*19 comments*).

  - Comments suggesting this attribute should be expected at the point of entry (*27 comments*)

    "In this case I feel the foundation pharmacist at the point of entering the role should be able to demonstrate Professional accountability. This should be the case at whatever point an individual is in their career and regardless of the roles they are undertaking."

  - Comments relating to the future importance of the attribute (0 *comments*)

  - Other – includes comments relating to care pathways, pharmacy support networks, and the current atmosphere of pharmacy in relation to this attribute (5 *comments*)

- **Evidence-Informed Decision Making** *(113 comments)*

  - Comments in relation to the content of the indicators/attribute (*53 comments*)

  - Comments in relation to the importance of the attribute (*24 comments*)

    "It is important that whatever sector a foundation pharmacist role is based in that evidence based clinical and cost effectiveness to the whole health economy is considered. By looking to the whole health economy then this will drive improved quality and safety relating to use of medicines."

  - Comments pertaining to how it is an attribute developed during training (*35 comments*)

  - Comments suggesting this attribute should be expected at the point of entry (*6 comments*)

- o Comments relating to the future importance of the attribute (1 *comment*)

- o Other – includes comments relating to the forms of evidence available and the importance of this attribute across all levels of pharmacy roles (*5 comments*)

- **Collaborative Working**[24] *(97 comments)*

  - o Comments in relation to the content of the indicators/attribute (*46 comments*)

    "At this stage in a pharmacist career they may not have all the skills for working in an MDT or all the roles and values of others, again foundation should help develop this. However all should be a role model to others regardless of their stage in their career."

  - o Comments in relation to the importance of the attribute (*36 comments*)

  - o Comments pertaining to how it is an attribute developed during training (*23 comments*).

    "I would see the foundation programme as a way of developing a number of these skills, perhaps laying a foundation which will continue to develop after the foundation pathway. It is important to be a good team member and understand the contribution of other members of the team but a full understanding of how to work with colleagues, and the role of all members in a multi-professional team develops over time."

  - o Comments suggesting this attribute should be expected at the point of entry (*9 comments*)

  - o Comments relating to the future importance of the attribute (0 *comments*)

  - o Other – includes comments relating to interaction with other attributes, and how training can be utilised to maximise learning in this area (*4 comments*)

- **Personal Development** *(82 comments)*

  - o Comments in relation to the content of the indicators/attribute (*23 comments*)

  - o Comments in relation to the importance of the attribute (*34 comments*)

    "Whilst a foundation pharmacist will be guided in many of this, taking own initiative to set own goals is very important as a pharmacist is ultimately responsible and accountable for (their) own decisions."

  - o Comments pertaining to how it is an attribute developed during training (*38 comments*)

  - o Comments suggesting this attribute should be expected at the point of entry (*10 comments*)

    "I think these behaviours and attitudes need to be more strongly embedded in the pre-registration role, especially in hospital - pre-reg trainees are very different to medical students in that they often need a huge amount of guidance and support rather than pro-actively seeking out opportunities for learning. The foundation pharmacists should be coming from a place of personal development as soon as they qualify."

  - o Comments relating to the future importance of the attribute (2 *comments*)

  - o Other – includes comments related to barriers to self-learning including time pressure and how this is something that trainees tend to struggle with (*14 comments*)

- **Resilience and Adaptability** *(91 comments)*

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[24] Note this was labelled 'Multi-Professional Working & Leadership' when they survey was administered

- o Comments in relation to the content of the indicators/attribute (*29 comments*)

- o Comments in relation to the importance of the attribute (*34 comments*)

  "I think resilience is an important attribute, but people will present with very different baselines of resilience. Senior colleagues need to think carefully on how we support foundation pharmacists in developing this attribute."

- o Comments pertaining to how it is an attribute developed during training (*38 comments*)

  "I think as a profession we need to be better at teaching and mentoring resilience and working under stress."

- o Comments suggesting this attribute should be expected at the point of entry (*8 comments*)

- o Comments relating to the future importance of the attribute (5 *comments*)

- o Other – includes comments relating to work pressures and the support required (*8 comments*)

- **Leadership[25]** *(59 comments)*

  - o Comments in relation to the content of the indicators/attribute (*33 comments*).

  - o Comments in relation to the importance of the attribute (*36 comments*)

    "*Attitude and aptitude are key to being successful. Passion, humility and self motivation are important to survive pharmacy. Recognition and celebration of success, growth in self and others is important in valuing people and the profession of pharmacy. Wanting not just personal and team success but to demonstrate pride in the growth and development of pharmacy as a profession is vital. We need to unite as pharmacy professionals and encourage the profession to be successful as well as collaborative with other professions rather than seeing us in competition with others.*".

  - o Comments pertaining to how it is an attribute developed during training (*7 comments*)

  - o Comments suggesting this attribute should be expected at the point of entry (*1 comment*)

  - o Comments relating to the future importance of the attribute (11 *comments*)

  - o Other – includes commentary related to respondents concerns generally about the pharmacy profession and what that means in regard to this attribute (*4 comments*)

- **Applying Clinical Knowledge and Skills** (*87 comments*)

  - o Comments in relation to the content of the indicators/attribute (*54 comments*)

  "There is a strong debate regarding foundation pharmacists prescribing, many of which believing foundation pharmacists are too junior to be prescribers: "Fps should not be prescribers, they need to develop the clinical and social underpinnings to then train to be an IP".

  - o Comments in relation to the importance of the attribute (*30 comments*)

  - o Comments pertaining to how it is an attribute developed during training (*32 comments*)

  - o Comments suggesting this attribute should be expected at the point of entry (*12 comments*)

  - o Comments relating to the future importance of the attribute (7 *comments*)

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[25] Note this was labelled 'Commitment to the Profession' when the survey was administered

"'*Proficient in conducting patient clinical examinations and assessments, gathering information and history taking; seeks to develop own diagnostic skills*': this will increase in importance. At present FPs are proficient in medication history taking. They do not have clinical examination skills and diagnostic skills are low, limited to minor ailments. These skills and other prescribing skills will increase in importance, therefore pharmacists must learn them at undergraduate level. The profession is undergoing a huge change, moving further from the supply role and into a clinical role. We must support the young pharmacists and alter their expectations.*"

- o Other (*0 comments*)

9.5 A large number of comments were provided, and these have been broadly themed as above. For the purpose of this current piece of work, the focus has been on any potential updates required to the framework and comments relating to how the content of the attributes can be developed within the foundation pharmacy role. A proportion of comments in the other areas provide additional insight in relation to perceived importance, alongside the quantitative results.

7.2.3 An interesting finding from the qualitative data was the perceptions around how the attributes or indicators would or could be assessed throughout the foundation pharmacy role. A recurring theme throughout all sections was that some of the attributes and/or indicators need to be supported in training initiatives as well as supported from senior management. This needs to be emphasised to all stakeholders to ensure that the attributes within the framework are realistic for foundation pharmacists to achieve.

Conclusions and Recommendations

10. Summary and Interpretation of Key Findings

10.1 A thorough multi-method role analysis was carried out to identify the attributes associated with successful performance of a foundation pharmacist across the UK. Currently the foundation pharmacist role is not consistently defined across the profession. Therefore the outputs of this role analysis have sought to produce a framework to define the core attributes (i.e. the KSAs) required within the foundation pharmacist role, and to validate these attributes via the administration of an online survey. The outputs of the role analysis, i.e. an Attributes Framework, are intended to inform the development of future curriculum and assessment for foundation pharmacists across the UK. In addition, the outputs of this project will seek to inform policy review within HEE, in relation to pharmacy education and training and more broadly education reform within pharmacy over the next five years.

10.2 The role analysis included a desk review, interviews and focus groups with relevant stakeholders, and a validation survey that asked respondents to rate the importance of the attributes identified. A total of approximately 900 individuals participated in the in the role analysis, providing a wide range of perspectives.

10.3 Through analysis of the interview and focus group data, **nine attributes were identified**, each represented by a number of behavioural descriptors. A mapping exercise compared the attributes identified within the framework with the attributes and characteristics identified and documented within existing materials. **The results of the mapping showed good level of concordance with the existing materials**. This suggests that the attributes framework is inclusive of previously defined characteristics and in some instances adds further depth and description by presenting the information with a greater degree of granularity.

10.4 Results from the validation survey found support for each of the nine attributes outlined in the framework; each attribute was rated, on average, as 'important' to the current role of a foundation pharmacist, with the exception of Communication and Consultation Skills and Professional Accountability, that on average, were rated as 'very important'.

   10.4.1 Some differences regarding the extent of perceived importance were observed; the attribute with the highest rating of perceived importance was 'Professional Accountability' and the attribute with the lowest rating was 'Leadership[26]'. This pattern was seen throughout the results and across sectors and role. The consistent ratings in relation to 'Professional Accountability' are not surprising and the high stakes nature of the foundation pharmacist role. The consistent ratings for 'Leadership' are also not surprising; when looking at the behavioural descriptors within this attribute they focus on going above and beyond within the role, demonstrating enthusiasm and acting as an advocate. It is likely that these aspects will become more important later in the career pathway or as the role of a pharmacist more broadly develops.

   10.4.2 When comparing the mean ratings by sector, average ratings regarding the importance of each attribute were similar, although for two of the attributes (Leadership and Applying Clinical Knowledge and Skills), respondents from the community and general practice sector rated these as significantly more important than the ratings from the hospital sector. At the indicator level there were 22 that showed significant differences in ratings between sectors and further consideration as to how a framework like this is implemented across multiple sectors may be required.

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[26] Note this was labelled 'Commitment to the Profession' prior to the validation survey analysis

10.4.3 As all attributes were identified as important by all sectors, including Hospital, Community and General Practice when data from across these sectors was analysed in more detail, the overall conclusion is that a single attributes framework for use across all sectors could be implemented. However, when looking at the implementation of the framework, this may be tailored dependent on sector.

10.5 Broadly, the same sets of behaviours were identified from each of the role analysis methods; interviews, focus groups and the desk review. **This provides a clear indication that the attributes outlined in the framework are representative of those that would be expected from a foundation pharmacist.** This finding was replicated with the validation survey with only minor amendments to the framework being made at this stage.

11. Recommendations for Next Steps

11.1 The results presented within this report have provided a clear framework of attributes to support in defining the foundation pharmacist role across the UK. In addition, the breadth of views sought across each phase of the project and the consistency in views provides evidence for the use of a **standardised framework that could be applied** across all sectors. The following recommendations for next steps are presented to provide an overview of suggestions to support with operationalising a framework such as this one.

11.2 Results indicate that all attributes identified as part of the foundation pharmacist attributes framework are considered by stakeholders to be important, and therefore provide ***justification for the framework to be used to inform future curriculum and training for foundation pharmacists across the UK.***

11.3 The value of the framework is the level of detail that is provided; this level of granularity will be essential when seeking to use this as a starting point to define the foundation pharmacist role. It is recommended that the framework could be used as a starting point for future development of a curriculum and training pathway for foundation pharmacists. Utilising this framework will support with the ***foundation pharmacist role being standardised nationally and could lead to the implementation of a Foundation Pharmacist Programme*** in the future. Through utilising a standardised framework, it will help to provide assurances across the profession regarding the standard and level of capability of pharmacists completing the programme.

11.3.1 Across all sectors all of the nine attributes that are included in the final framework have been rated as important both now and in the future. Therefore, when considering the design of future training programmes, it would be possible to use a rotational system whereby foundation pharmacists complete placements across a number of different sectors within a Foundation Pharmacist Programme. This would allow for foundation pharmacists to develop a breadth of experience across sectors and help to ensure a flexible workforce for the future.

11.4 Within the validation survey, stakeholders were asked for their views on the importance of each of the nine attributes both at the point of entering the foundation pharmacist role and then for development throughout that role. It is therefore recommended that these results are used as a **starting point to define any future training and development programmes for the foundation pharmacist role.** It would be anticipated that those attributes (and specific behavioural descriptors) that were deemed important at the point of entry could form part of any induction processes, whilst those deemed important to develop throughout the role could become the areas of focus for training throughout the foundation pharmacist role.

11.4.1 The qualitative data collected through the validation survey provides further support for all attributes to be developed to some extent through the foundation pharmacist role, with between 11% (Leadership) and 46% (Personal Development) of comments relating to this. In addition, more

broadly comments were raised in relation to how the attributes can be trained and how they will be assessed. This qualitative data provides insight into possible considerations in how the attributes framework might be used and additional guidance that will be required in relation to this.

11.5 Future development will require *stakeholder engagement* is sought, and consensus is gained where possible on any methods of processes in relation to the foundation pharmacist role, for example, the implementation of a standardised curriculum. Considering the perceptions of stakeholders from across the profession in relation to the implementation of a standardised foundation pharmacist role will be vital to its success. This will ensure that stakeholders (including employers, tutors or early year pharmacists) from across different sectors understand what the implementation of a new training programme will mean for them and how it could be applied.

11.6 Once the criteria have been identified, the next step is to *design and develop a curriculum* which will provide a greater level of detail and can sit alongside the attributes framework. The information within this curriculum could provide guidance as to how the training programme could be applied in different sectors or locations and how specific behaviours or skills can be observed or assessed.

11.7 Consideration may like to be given as to whether the framework could play some role in shaping the selection and recruitment into foundation pharmacist roles, including *selection criteria or selection methods.*

11.8 To ensure that the attributes framework (and any subsequent documentation) is understood and interpreted in a consistent way, it is recommended that a **glossary of terminology** to sit alongside the framework is produced to define any key terminology.

Role Analysis of Foundation Pharmacists: Desk Review

Document Name	Document Aim/Purpose	Findings
RPS Foundation Pharmacy Framework	A framework for professional development in foundation practice across pharmacy (developed in 2014)	Four clusters: 1. Patient and Pharmaceutical Care – focus on patients and medicines - Patient consultation (obtains consent when appropriate, questions patient for relevant information, refers pharmaceutical or health problems, documents consultations in records) - Need for the medicine (retrieves relevant information, documents medicine history accurately) - Provision of medicine (ensures prescribers intentions are clear, legal, correct amount is dispensed and in a timely manner) - Selection of the medicine (priorities medicine-medicine, medicine-patient, and medicine-disease interactions and identifies patient preferences to the therapeutic) - Medicine specific Issues (ensures appropriate dose, formulation, and concentration) - Medicines information and patient education (provides healthy living advice and information according to patient's circumstances) - Monitoring medicine therapy (Identifies and corrects medicine problems) - Evaluation of outcomes (appropriate assessments) - Transfer of care (ensures patient safety) 2. Professional Practice - identifies support, practice guidance, and professional support tools - Professionalism (takes responsibility for patient care, maintains confidentiality, trustworthy) - Organisation (uses time efficiently) - Effective communication skills (appropriate communication with patients, healthcare professionals, etc) - Team work (recognises the value of other team members and their roles) - Education and training (acts as a role model providing effective feedback, shows link between practice and educational development) 3. Personal Practice – development of one's own practice - Gathering information (accesses appropriate and current information) - Knowledge (demonstrates knowledge of pathophysiology, pharmacology, and is able to describe major side effects and mechanisms of interactions)

		- Analysing information (problem solving, critical thinking, decision making)
		- Providing information (provides accurate, relevant, and timely information)
		- Follow up (ensures resolution of problem)
		- Research and evaluation (identify gaps in evidence base
		4. Management and Organisation – leadership and service delivery
		   - Clinical governance (uses up to date procedures, applies clinical governance)
		   - Service provision (identifies and refers needs for new services, improves quality)
		   - Organisations (follows guidance, understands operating structures)
		   - Budget and reimbursement (use claims reimbursement appropriately and interprets budgets)
		   - Procurement (sources pharmaceuticals in a timely manner, ensures stock is managed and cost effective)
		   - Staff management (conducts staff appraisals, supports development and handles issues)

RPS Foundation Pharmacy Framework Mapping Matrix	An appendix suited to assist the Foundation Pharmacist and their Educational Supervisor in monitoring and reviewing progress of each FPF competency.	As above.
Pharmaceutical Society of Northern Ireland Code of Conduct	Professional standards of conduct, ethics and performance for pharmacists in Northern Ireland	Five principles: 1. Always put the patient first 2. Provide a safe and quality service 3. Act with professionalism and integrity at all times 4. Communicate effectively and work properly with colleagues 5. Maintain and develop your knowledge, skills and competence

Consultation Skills for Pharmacy Practice: Practice Standards for England (CSPP)	To define the knowledge, skills, behaviours, and attitudes, that pharmacy professionals should be able to demonstrate when	1. Management of patient-centred consultations
		   - Consider big picture and internal/external factors that may influence a patient following a management plan → respect values, culture, family structure, beliefs, and how these aspects influence their experience and management of their health
		   - Use resources efficiently, keep records, and undertake consultations in a supportive environment
		2. Specific skills
		   - Use up to date and appropriate procedures and equipment

	communicating and consulting with patients.	- Evidence-based decisions, providing the patient with all benefits and risks - Make timely referrals when someone else's expertise is better suited in a situation 3. Promote healthy living and deliver public health interventions 　- Educate your patients with up-to-date information 　- Acknowledge how ill-health can affect patients' ability to understand information and make decisions 4. Community enrichment 　- Understand the interrelationship of healthcare and social care – understand how your local community and the population differ to the global/national population and health needs. 　- How local values, beliefs, etc impact patient care Essential Features: 1. Contextual features – how your environment affects your work – consultations skills for remote interactions, clinical responsibility and confidentiality, knowing local services and team members 2. Attitudes and values – manage personal emotions in consulting situations, recognise how personal emotions and illness can affect your professional performance, understand how your values affect your practice 3. Pharmaceutical and pharmacological features – maintain an up-to-date education on all practices, procedures, and medicines.
ACCP Clinical Pharmacist Competencies	American College of Clinical Pharmacy's expectation of clinical pharmacists delivering comprehensive medicine management in team-based and direct patient care environments.	Though American, could give similar justification to the expectations of pharmacists in the UK especially as the role of pharmacists are changing. (Clinical Pharmacists have completed postgraduate clinical education and are certified by the board of pharmacy specialities) Six essential domains: direct patient care, pharmacotherapy knowledge, systems-based care and population health, communication, professionalism, and continuing professional development. 1. Direct patient care: able to accurately assess patients, evaluate drug therapy, develop and initiate a therapeutic plan, and follow up on and monitor the outcomes of the plan. Also, can educate patients and families of many backgrounds, collaborate with others confidentially and apply knowledge of others.

		2. Pharmacotherapy knowledge: demonstrate and apply in-depth knowledge of pharmacology, pharmacotherapy, pathophysiology, and the clinical signs, symptoms, and natural history of diseases and/or disorders, locate, evaluate, and interpret scientific/clinical evidence for the basis of decisions, maintain and enhance knowledge through recertification. 3. Systems-based care and population health: use health care delivery systems to optimise patient care, identify systems-based errors and implement solutions, apply knowledge of Pharmacoeconomics to patient-specific care, design quality improvement processes. 4. Communication: communicate effectively with patients, families, caregivers, and other professionals, vary verbal communication according to audience, provide clear and concise consultations, develop a professional written communication style, communicate with the appropriate level of assertiveness, confidence, empathy and respect. 5. Professionalism: integrity and honesty, commit to a fiducial relationship with patients, serve as credible role model for students, trainees, and colleagues, advance clinical pharmacy through professional stewardship. 6. Continuing professional development: commit to lifelong learning, demonstrate self-awareness, self-assessment, and self-development, identify and implement strategies for personal improvement through continuing development, provide professional education to students, trainees, maintain BPS certification.
Developing a Competency Framework for Advanced Pharmacy Practitioners	To develop and validate a competency framework that will define, in generalised terms, the competencies which pharmacists would be expected to demonstrate in order to be accredited for advanced level practice.	Article provided table with foundation level expectations of competencies: Expert skills and knowledge – general pharmaceutical knowledge in core areas; able to plan, manage, and review general pharmaceutical care programmes for patients in core areas. Article identifies 6 competency domains with multiple competencies in each for an advanced pharmacy practitioner: 1. Expert professional practice: expert skills and knowledge; patient care responsibilities; reasoning and judgement; professional autonomy. 2. Building working relationships: communication, teamwork and consultation 3. Leadership: strategic context; clinical governance; vision; innovation; service development; motivational 4. Management: implementing national priorities; resource utilisation; standards of practice; managing risk; managing performance; project management; managing change; strategic planning; working across boundaries

		5. Education, training, and development: role model; mentorship; conducting education and training; Continuing professional development; links practice and education; educational policy
		6. Research and valuation: critical evaluation; identifies gaps in the evidence; develops and evaluates research protocols; creates evidence; research evidence into practice; supervises others undertaking research; establishes research partnerships.
Recommendations for the Next Generation of Accreditation Standards for Doctor of Pharmacy Education	Conference recommendations put forward for educational institutions to consider for PharmaD education.	Twenty-four recommendations related to necessary competencies pharmacists need to demonstrate: 1. Emphasis on development of skills related to the evaluation of the literature, research methods and design, and interpretation of data 2. Communication skills in an effort to produce graduates who are practice ready and team ready 3. Consider future requirements such as: collaboration with interprofessional teams, clinical reasoning, ethical and professional behaviour, communication skills, critical thinking skills, leadership, consulting, motivating, negotiation skills, and/or business reasoning 4. Place greater emphasis on the development of students as life-long learners Pharmacist Competencies for Current Practice That Require More Attention in PharmD Education 1. Communication skills: ability to communicate effectively with patients and with health professionals. 2. Health care systems: understanding how health care systems (including payment systems) work. 3. Managerial skills: greater exposure to fiscal issues and personnel management; how to generate revenue streams; principles of change management. 4. Professionalism; advocacy; accountability for patient care. 5. Research/research design: understanding the basics of research design; evaluating the evidence related to treatment options. 6. Health promotion/prevention/self-care: ability to engage patients in developing healthful lifestyles. 7. Substance abuse: recognizing and addressing problems related to drug abuse and addiction of both patients and health care professionals. Pharmacist Competencies for Future Practice That Require More Attention in PharmD Education 1. Patient assessment skills 2. Health informatics knowledge and skills 3. Clinical reasoning skills 4. Patient safety and quality of care knowledge and skills

		5. Leadership skills; ability to lead teams
		6. Patient-centeredness (encompassing the patient as a member of the health care team)
		7. Professionalism/interprofessional skills—self-confidence, communication skills, self-assessment skills, disposition for life-long learning
		8. Application of personalized medicine
		9. The pharmacist as a public health educator; the pharmacy as a wellness center
		10. Skill in comprehensive care management

Assessment of Clinical Competence: Designing a Competence Grid for Junior Pharmacists	This paper describes the development of a competency framework for clinical practice undertaken by junior pharmacists in the UK.	The competency grids comprise three clusters: personal, problem solving and clinical. The problem solving, and personal grids identify behaviours that are relevant for pharmacists in any sector of practice. In general, use of these grids will encourage junior pharmacists to recognise the attributes that are required to undertake their professional duties.
		
		1. Personal competencies
		   - Organisation: works in an organised fashion. Shows initiative. Examples: Punctuality, efficiency and the ability to prioritise work.
		   - Communication: communication is clear, precise and appropriate. Selects most effective method of communication. Examples: patient education, influencing, negotiation, feedback
		   - Professionalism: adheres to legislation and local policy and takes responsibility for CPD. Examples: courtesy, confidentiality, recognition of limitations, documentation
		   - Team working: works effectively as part of a team, understands and respects colleagues' abilities. Examples: referral, educating other health care professionals
		2. Problem managing
		   - Gathering information: the ability to access and abstract data from relevant sources. Examples: Drug history. Computer record interrogation. Medical record interrogation.
		   - Knowledge: maintains clinical and pharmaceutical knowledge which underpins the rational use of medicines. Examples: pharmacology, side effects, pathophysiology, guidelines protocols and formularies
		3. Delivery of patient care
		   - Analysing information: evaluation and synthesis of information and knowledge relevant to drug therapy. Examples: compliance issues, formulation difficulties, side effects
		   - Applying information: provides accurate, relevant and timely information and advice. Examples: Recommending drug therapy, audit.
		   - System of working: follows process of work and accepts responsibility for their contribution to patient care. Examples: problem identification, option appraisal, recommendation, drug use process, documentation.

		- Consultation: reflects personal limitations and ability to refer to pharmacy or other professional colleagues. Consults with patients and care deliverers with regard to drug therapy. Examples: accept responsibility, recognise limitation, seek advice, follow up request, appropriate documentation.
Towards a Global Competency Framework	Pharmacists representing the WHOUNESCOFIP Pharmacy Education Taskforce led a workshop at the International Social Pharmacy Workshop (2008, New Zealand). During the session, participants discussed 3 different case scenarios created to explore the possibility of achieving an international understanding about competency in the pharmacy profession.	We know that culture plays a role in health and health care, and therefore, in health professions education, but we do not know how culture influences the ability to define practice competency from a global perspective. - The dominant influencing forces raised by the participants were those concerning the daily work of the pharmacist in different countries: legal, clinical and, in some cases, business-driven factors. The critical element, however, is the type of patient care provided by pharmacists and the perspectives of the public and policymakers towards them. - It was acknowledged that culture can influence expectations of pharmaceutical services by the Public and regulatory bodies and that religion, traditions, history, experiences and perceptions of medicines are challenges to a unified understanding of competency in pharmacy. Despite this, the participants agreed that a pharmacist is still considered a medicines expert, regardless of the country in which he or she practices.
Clinical Pharmacists **in General Practice:** **Pilot scheme** **Independent Evaluation Report**	Provided by HEE/RPS. This evaluation aims to provide an overview of the Phase 1 Pilot to integrate clinical pharmacists into general practice and identifies how best to implement and evaluate the final roll out. Within this process we identify the potential impact of the clinical pharmacists, describe how they are likely to	New investment for a range of healthcare professionals to become an integral to patient contribution meaning 2000 clinical pharmacists will be in general practice by 2020, a ratio of one clinical pharmacist per 30,000 patients. - Pharmacist consultations can be highly effective in identifying and resolving medication related problems. - Falls can be significantly reduced in elderly patients in care homes by clinical pharmacist medication reviews compared with usual GP care (Zermansky et al., 2006). Pharmacists are able to provide independent medication advice within a primary care setting making this role to be a simple extension to their cost saving role which they already undertake in the GP practice (Chen and Britten, 2000). - Pharmacists practice safe and knowledgeable medicines review which can have clear benefits for patients' health and lifestyle outcomes.

	affect working practices and how they may improve service delivery related to medicines both within the medical practice and externally with Clinical Commissioning Groups (CCGs), community pharmacy and hospital pharmacy.	- Studies highlight the importance of communication between pharmacists and GPs about the patients. The authors concluded that full integration adds value to patient-centred pharmacy services, but not to disease-specific clinical pharmacy services and that to obtain maximum benefits of pharmacy services for patients with multiple medications and comorbidities, full integration of pharmacists should be promoted. - The CP role has significant overlap with the CCG pharmacist and share a similar position to deliver clinical interventions, in volume, generating financial return on investment. Clinical pharmacists can deliver clinical interventions efficiently and in high volume – review medication and repeat prescribing. - Patients appreciated pharmacists' personal approach, advice and explanations when performing medicine reviews. - Training should include clinical skills teaching, set in context through exposure to general practice, and delivered motivationally by primary care practitioners. - A UK analysis of audio recorded consultations about medications, between patients and pharmacists in general practice, concluded that pharmacists were patient centred, and responded positively and effectively to patients' emotional cues and concerns. The pharmacists in Butterworths (2017) study recognised the importance of a holistic, individualised approach to patient care and they valued the communication skills training on this course. - Pharmacists need to be prepared for the emotional challenges of becoming part of an interdisciplinary team and need to use integration strategies to work. Mentoring and guided integration activities were helpful to facilitate integration into family practice, but pharmacists still experienced a variety of emotions in the early months of getting used to family practice (Farrell et al 2010). - In order to be successful (as part of a family practice) in gaining patient referrals and feeling part of the team, pharmacists needed to be visible, communicate well and be flexible and innovative. (pharmacists need to understand their role in relation to others in the team ex: nurses, dieticians, etc). - Majority of the impact of practice-based pharmacists will be on quality and safety. - The practice pharmacist and GP relationship allows for advice tailored to the GP's preferred style and immediate needs and enables ongoing, long-term collaboration on more challenging cases. GPs interviewed in this Icelandic study mentioned most was the importance of the face-to-face communication - Most pharmacists undertook patient facing work, focusing on complex medication reviews, in particular with patients with long term conditions (commonly diabetes, hypertension, asthma, COPD, mental health reviews and reconciliation following discharge from hospital) and

		polypharmacy, streamlining the discharge reconciliations process for patients to reduce hospital readmissions, support patients to reduce opiate use, giving lifestyle advice and this is reinforced by patients who agree that their appointment with a CP helps them to understand and adjust their healthy lifestyle behaviours, educate team on medicines and medicine use. - Data shows that CPs offered variable appointment lengths to patients according to their time in post and to patient needs. Patient data showed that they appreciated these longer appointments that offered the opportunity for an in-depth high-quality review. Several patients reported to the evaluation that as a result of longer appointment times they felt they had a better understanding of their medicines and health. Several examples were given (by all stakeholders) of increased medicines optimisation during the medication review – improving adherence, deprescribing, and error reductions. - CPs suggested they used motivational interviewing techniques to encourage healthy lifestyle changes. - If integration of pharmacists into general practice is to be successful there is a need to be flexible to develop their roles based on individual general practice needs whilst performing within a recognized competency framework. For continuing success there will be challenges to overcome, such as defining standards for these new roles, and acceptance of patient-facing pharmacists by existing GP team members and by patients. It is likely that the professional identity of pharmacists may change, and general practice teams will need to find a new equilibrium. If these transitions can be facilitated, then CPs can increasingly provide a bridge between the patient and their medicines.
Longitudinal qualitative evaluation of pharmacist integration into the urgent care setting	To describe the most effective model for managing, educating, and training pharmacist advanced clinical practitioners (ACPs) in the urgent care center (UCC) setting, role evolution and how to measure their effectiveness.	Longitudinal study of advanced clinical practitioners in urgent care. ACP come from a wide background of healthcare professionals including pharmacists. The driver for ACP role formation was to enhance capacity and capability in multi-professional teams by supporting existing and more established roles. The ACP program selected for the trainee pharmacists within the pilot included modules on independent prescribing (IP), physiology, advanced patient assessment, clinical reasoning and applied physiology, clinical leadership, and emergency medicine. Completion resulted in the award of a Postgraduate Diploma in Advanced Clinical Practice. - Communication and management require careful consideration to ensure effective integration and role development. Pharmacists were better located initially in the minor illness rather than major trauma areas. Quality of patient experience resulting from the new role was important in addition to reassurance that the role represented a positive contribution to workload. - ACP most appropriate attributes and these were self-reliance, a proactive nature, and resilience.

		- Pharmacist drug knowledge was reported to have assisted integration with nurses who were also trained as prescribers. - Skills needed include: anatomy, examination skills, use of equipment, venepuncture, and some consultation skills with the ability to take complete histories of patients when examining them, and the ability of pharmacists to write concisely within medical notes. - Activities included: history taking, examinations and discussing patients with consultants, providing medicines-related advice, performing medication review, practicing prescribing, and creating management plans, clinical decision making and patient referral.
An Independent Evaluation of Frameworks for Professional Development in Pharmacy	The aim of the review is to provide advice to the MPC Programme Board on developing the registered pharmacy workforce across all fields of practice, to allow patients, the public and the NHS to benefit more completely from the important contribution that the pharmacy workforce makes to health, well-being and patient safety.	- A need to manage local prescribing budgets, implement national and local prescribing guidelines and prevent medication errors have resulted in pharmacists becoming increasingly ward and patient focussed. - Now a need to make higher-level pharmaceutical decisions and interact with other healthcare professionals for the purposes of enhancing patient care rather than mainly preventing prescribing errors and addressing supply difficulties. This has led to higher autonomy as now have the right to prescribe medications as well. Ensure patient safety within new ward-based clinical roles. Cultural knowledge, management, leadership and organisation - Figure 1 on page 17 is a summary of pharmacist career trajectories: - (Regularly prescribes & recommends therapy autonomously in complex situations. Initiates and manages research. Develops and delivers innovative education & training. Responsible for appraisal and performance management of very small number of staff, if any.) - (Regularly prescribes & recommends therapy autonomously largely within guidelines. Significant contribution to education and training initiatives. Responsible for appraisal and performance management of very small number of staff, if any.) - (Regularly identifies pharmaceutical care issues and recommends suitable alternatives. Develops specialism expertise e.g. defined clinical or technical area. Designs and implements audit and service evaluation. Responsible for appraisal and performance management of very small number of staff, if any.) - (Routinely identifies pharmaceutical care issues and recommends suitable alternatives with support. Designs and implements audit and service evaluations. Limited responsibility for training and managing small number of staff. Assumes responsible pharmacist role.) - (Recommends over the counter therapy for simple conditions only. Responsibility for management of self only. Limited involvement in audit design and delivery only. Assumes responsible pharmacist role.) - ACLF clusters include: Expert professional practice', 'Building working relationships' 'Leadership' and 'Management', 'Education, training and development', 'Research and Evaluation.

			- Key aspect was the question of patient safety – what needs to be done in order to ensure all pharmacists have the same skills to ensure patients are safe in their care and advice.
RPS Foundation Programme: Vision and Strategy Document	Outlines the background of the RPS Foundation Programme, and the vision for the Programme, including details of the development of Foundation Curriculum Guides, principles of accreditation of Foundation Schools and Training Providers, Foundation assessment processes and Foundation Tutors.		- The RPS Foundation Programme describes and provides professional support, networks, development frameworks, assessments and quality assured development opportunities for newly qualified pharmacists in their first 1000 days of practice. The programme also extends to those changing sectors or returning to practice after a career break. It ensures those foundation pharmacists are supported to be capable and competent in their roles to ensure quality improvement of pharmaceutical care and the safety of patients and the public. Foundation training is not dependent on job banding or job grade and has wide applicability to all practitioners wanting support for their practice wherever they work. - A Foundation pharmacist is: A pharmacist who is using the RPS FPF and support tools to guide early career development; a pharmacist who may be returning work after an extended career break or who may be changing sectors of practice. Practitioners with more than 2 years post registration experience may want to access both Foundation and Faculty resources simultaneously - foundation practice begins to deliver the potential of a pharmacist and the pharmacy profession to develop their practice and to establish a career. Foundation training recognises the inherent need for the experiential and time-related components of practitioner progression which we know are qualitatively different from all forms of pre-registration development. The Foundations of Practice are gained through building a bank of transferable skills and growing and developing knowledge and expertise used for different experiences. Until now there has not been a formal post registration road map to support pharmacy careers and development. - Foundation pharmacists should be able to perform at a general level as defined by the RPS Foundation Pharmacy Framework (FPF).
The Development of the RPS Foundation Pharmacy Framework.	Overview of the approach and findings to the revisions to the General Level Framework (GLF), as per recommendations of the independent review by UEA commissioned by MPC in 2012.		- "Mastery of quality and patient safety sciences and practices should be part of initial preparation and lifelong education of all health care professionals, including managers and executives" is a quote from the Francis and Berwick reports that stated NHS patients were routinely neglected and the responsibility to provide self-care was overlooked. - The FPF comprises 26 competencies located across 4 clusters and 91 behavioural statements to support practitioner's development. - Pharmacists who contributed to this work were located from: Academia, Community, Hospital, Industry, Juniors, Tutors, APTUK - Cluster names were decided: Patient and Pharmaceutical Care | Improves professional practice in order to benefit patient care; Professional Practice | Promotes effective communication and professionalism personally and within the team. Supports the education and training of others;

		Personal Practice | Uses knowledge and research to inform and improve practice; Management and Organisation | Leads, manages service delivery commensurate with working environment and scope of practice. **References and tables or competencies can be found at the bottom of the document**
Pharmacogenetics and Pharmacogenomics Instruction in Colleges and Schools of Pharmacy in the United States	To determine the amount of teachings in the USA around pharmacogenomics and pharmacogenetics.	- Emerging knowledge of pharmacogenomics and pharmacogenetics on the future roles of pharmacists requires a stronger pharmacogenomics knowledge base. This is something that should be taught in schools.
Core Competences in Genetics for Health Professionals in Europe	Suggested core competences for health professionals who are generalists or specialising in a field other than genetics	- Identify individuals who may have or may carry a genetic condition - Communicate information about genetics in an understandable, comprehensible and sensitive way, helping patients to make informed decisions and choices about their care - Manage patients with genetic conditions, using accepted guidelines.
Improvement in Pharmacist's Performance Facilitated by an Adapted Competency-Based General Level Framework	To ascertain the changes in pharmacists' workplace performance over time using the GLF and to describe pharmacists' views on the baseline evaluation process.	- The GLF tool assisted with the identification of pharmacists' training needs, which are integral to their professional development - Competencies includes: patient history taking, assessment of current medication management, monitoring of current drug therapy, discharge facilitation, medicines information and patient education and liaison, problem solving and knowledge, professional development including communication.
Interprofessional Education: Definitions, Student Competencies, and Guidelines for Implementation	This review provides background on the definition of IPE, evidence to support IPE, the need for IPE, student competencies and objectives	- All health professionals should be educated to deliver patient centered care as members of an interprofessional team, emphasizing evidence-based practice, quality improvement approaches, and informatics. - Many of the competencies proposed for IPE relate to teamwork. Sharing information about the roles of team members, determining professional responsibilities and boundaries, and learning about how different professions can work together to optimize their strengths in providing patient care all contribute to the development of professionals working together towards a common goal (e.g., optimizing patient care).

	for IPE, barriers to implementation of IPE, and elements critical for successfully implementing IPE.	- Communication is a key skill in effective team functioning; the ability to use communication techniques to enhance team functioning and deal with barriers that interfere with communication is necessary for optimal teamwork. - The ability to identify and achieve a common patient care goal as an interprofessional team of learners could be considered the ultimate goal for IPE. - Competencies include: team organisation/function, assess and evaluate team performance, intrateam communication, leadership, resolving conflict and consensus building, setting common patient centred goals.
Views, attitudes and self-assessed training needs of Scottish community pharmacists to public health practice and competence	To assess the education and training needs of community pharmacists to support the delivery of an expanded public health role.	- Scottish Pharmacists express the need for education and training, particularly in the core areas of health promotion and protection, and collaborative working. - Pharmacists' competencies relating to health promotion are viewed as more relevant than health surveillance management and strategic development. - Community pharmacists are not so confident about their ability to deliver the public health element of the community pharmacy contract in Scotland. - Scottish community pharmacists seem to be not so confident in partnership working.
From "Retailers" to Health Care Providers: Transforming the Role of Community Pharmacists in Chronic Disease Management		- Community pharmacists are increasingly responsible for effective, safe, and efficient use of medicines. - Notably, England and Scotland have been at the forefront of defining different "tiers" of community pharmacist roles in terms of both (1) effective, safe, and efficient use of medicines and (2) prevention and management of chronic conditions - Interdisciplinary collaboration: There is a need to foster collaboration between different provider groups by integrating community pharmacists into the wider primary care workforce. Without such collaboration, equipping community pharmacists with new responsibilities risks fragmenting primary care services
Consultation skills for pharmacy practice: practice standards for England	Developed by the CPPE and HEE – Provides standards with the aims to support professional development of pharmacists and to help develop consultation skills.	Six areas of competence are outlined within the document. 1. Management of patient-centred consultations – this details how a pharmacist should communicate and manage their consultation skills with patients. It centres on being able to treat each patient as an individual and working in partnership with them e.g. shared decision making. It also outlines the importance for pharmacists to understand and respect any values, culture etc. that a patient may have. This area is split into 2 sections, the first being Organisational and Management Skills, with an expectation that a pharmacist will consider safety/confidentiality/dignity etc. during consultations, use other records e.g.

patient records as part of consultation and recognise the role of other healthcare colleagues e.g. social care, when appropriate. The second is Key Consultation Skills and Behaviours, which includes coaching to help people set goals and allow patients to take ownership of health goals. Outlines the importance of collaboration, building rapport with the patient, listening and acknowledging patient's agenda, communicating positively using non-jargon to the patient, adapting communication depending on the patient etc. (list outlined in document).

2. Specific Skills – which outline how there are context specific aspects of practice. It suggests that a pharmacy professional should base treatment and referral decisions on best available evidence, make timely and appropriate referrals, offer patients health choices based on evidence and acknowledge that patients do not always provide a full picture of their health issues.

3. Take a comprehensive approach – about how a pharmacy professional should be able to manage co-morbidity, co-ordinating and addressing the cause of acute and chronic illnesses, health promotion and disease prevention during consultation. It explains how pharmacists should use the consultation to educate patients, sign post individuals to other healthcare professionals and acknowledge that ill health may affect the patient's ability to understand information/make decisions.

4. Community Orientation – this addresses the interrelationship between health and social care and the tensions that may exist between what the individual wants and needs and the needs of the wider community. E.g. having an understanding about the correlations between socio-economic deprivation and ill health and identifying issues raised within consultation regarding unmet health needs and gaps in service provision.

5. You as a Pharmacy Professional – understanding your own situation and how it may influence patient consultations e.g. recognising how consultation conducted via remote media are different to face to face, understanding professional boundaries regarding clinical responsibility and confidentiality, understanding local services and referral pathways, appreciating the role of the wider pharmacy team, recognising and managing personal emotions that arise from consultations, recognising how personal emotion/lifestyle can affect performance/relationship with patients, understand how attitudes, feelings and values are important determinants of practice.

		6. Pharmaceutical Features – ensuring knowledge is up to date and you are able to apply this to patient consultations.
Now or Never: Shaping Pharmacy for the Future: The Report of the Commission on future models of care delivered through pharmacy	Paper provides a summary of key findings and recommendations following a review of how future models of care can be delivered through pharmacy.	Internationally, health systems are increasingly recognising the role of pharmacists in providing pharmaceutical care; a philosophy that emphasises that the pharmacist's responsibility is for the outcome of treatment not just its supply. Pharmaceutical care aims to help patients get the most benefit from their medicines and to minimise the associated risks. This is done by identifying, resolving and preventing medicine-related problems so the patient understands and gets the desired therapeutic goal for each medical condition being treated. Medicines should only be given to patients if a pharmacist has first checked that the medicine is safe and effective for that particular patient – this is a critical part of a pharmacist's role. In recent years, community pharmacy has been commissioned to provide more structured services aimed at supporting patients in the use of their medicines The Public expect to go to a Pharmacy to: - Be signposted to community services and facilities aimed at helping to address some of the underlying determinants of health - Access services like smoking cessation, weight management and sexual health People with long term conditions expect: - Pharmacists and GP s working in partnership to ensure the best possible care, with linked IT systems - Pharmacists to help them to manage their medicine needs on an ongoing basis - Support from pharmacists and their teams to self-manage their conditions so that they can stay well and out of hospital - Pharmacists to consult with them in a range of settings appropriate and convenient to them. For example, pharmacy consulting rooms, GP practices, home visits, Skype or telephone calls. Hospital clinical pharmacists are generally well integrated into ward teams to provide generalist or highly specialist pharmaceutical input into individual patient care. Pharmacists need to improve the transfer of information about medicines and the support that patients receive when they leave hospital and return back

		to their home setting are all significant challenge, pharmacy teams need to be fully integrated into accident and emergency departments and admissions wards. There is an opportunity for pharmacists to assume a much more active role alongside other health professionals within integrated care pathways designed to manage long-term illness. At a local level, pharmacists often find themselves professionally isolated from the wider primary care team, and lacking time (or permission if employed) to engage in local health service design and development work.
Identifying Criteria for the Assessment of Pharmacy Students' Communication Skills with Patients (Mackellar et al, 2007)	To identify criteria by which patients can assess the communication skills of pharmacy students.	A list of 17 potential assessment criteria was generated from 2 main sources: (1) a literature review of tools to assess communication, interpersonal, and counselling skills in health professional education, and (2) a focus group discussion with 7 pharmacy practice staff members based at the University of Manchester. A modified two-round Delphi survey was subsequently conducted with a purposive sample of 38 academic and teaching staff members involved in pharmacy education at 3 UK universities (Aston, Cardiff, and Manchester). Each participant was asked to rate the extent to which each of the items were an important measure of communication skills for pharmacy students (face validity) and could be reliably assessed by patients (reliability). No items were removed from the survey instrument after the first round, but 7 items were added based on comments received, resulting in a total of 24 assessment criteria on the Delphi survey instrument used in the second round. Seven Criteria Rated Face Valid and Reliable for Assessing the Communication Skills of Pharmacy Students: 1. Did the student introduce himself or herself? 2. Did you understand the purpose of the consultation? 3. Did the student speak clearly? 4. Did the student use words that you could understand? 5. Did the student check whether you understood what you had been told? 6. Did the student give you the opportunity to talk? 7. Did the student treat you with courtesy and respect?
A Qualitative Study of English Community Pharmacists' Experiences of Providing Lifestyle	Study used semi-structured interviews with 15 pharmacists (1 supermarket, 7 multiple & 7 independent) to explore experiences and	Government policy suggests that pharmacists should view every interaction with patients as an opportunity to promote healthy life-style choices. "Choosing health through pharmacy" outlines how pharmacists can provide public health services. This includes supporting patients with chronic conditions e.g. hypertension through to providing lifestyle advice – pharmacists need to be able to identify these patients when they collect their prescription items.

Advice to Patients with Cardiovascular Disease (Morton et al, 2014)	perceptions of providing lifestyle advice for patients with CVD.	Barriers to providing lifestyle advice: - Time and workload: Pharmacists described balancing multiple roles in a time-limited environment, which placed them under pressure to meet targets and provide a quick service. This appeared to leave some pharmacists resigned to not being able to offer patients advice – balance the two priorities? - Patient perceptions of pharmacists: role of community pharmacist not clearly defined- meaning that patients do not have a good understanding of the pharmacist's professional capability – lack of a defined role makes it difficult to provide lifestyle advice. Also perceived that patients expected a quick service from pharmacists – expectations that they are sales staff rather than health professionals. Expectations of brief transaction makes providing lifestyle advice difficult. - Confidence in providing lifestyle advice: reluctance for pharmacists to offer lifestyle advice uninvited (*need confidence in own abilities to do so*), lifestyle advice concerns sensitive issues e.g. body weight/alcohol consumption – these areas in particular mean that pharmacists found it difficult to initiate conversations. There is a reluctance for pharmacists to initiate these conversations with patients due to the expectation of receiving a negative response. Pharmacists need to have developed the skills to offer such advice to patients. Professional Identity: - Health professional-patient relationship: many of the pharmacists endorsed a patient-centred, collaborative approach to pharmaceutical practice, however perceived importance of forming relationships with patients differed according to status of pharmacy (pharmacists within independent pharmacies saw this as more important). - Future direction of the profession: differing and conflicting opinions, with some wishing to move away from traditional roles and build upon the health professional identity, whereas others questioned whether lifestyle advice should be part of the community pharmacist's role at all.
Developing Communication skills in pharmacy: A systematic review of the use of simulated patient	Reviewed the literature relating to the use of simulated patient methods to enhance communication skills within pharmacists – 15	- Preparing the pharmacist of the future (WHO report) – stated that as a communicator the pharmacist "must be knowledgeable and confident while interacting with other health professionals and the public" and that "communication skills involve, non-verbal, listening and writing skills". - It is widely accepted that effective interpersonal communication is essential in the practice of pharmacy, allowing for the development of the kind of pharmacist-patient relationship needed for quality health care delivery. Shah et al, argued that pharmacist-patient communication must be seen as a dialogue developed in the context of mutual trust, and agreement between the participants.

methods (Mesquita et al, 2010)	studies met the inclusion criteria.	
Pharmacy students' perceptions of their profession relative to other healthcare professions (Kritikos et al 2003)	Questionnaire was administered to 543 pharmacy undergraduates and 95 graduates going into their pre-registration year. Aim was to investigate pharmacy student's perceptions of other health care professions and to explore perceptions of community and hospital pharmacists at different stages of education (undergrad and preregistration training).	- The beginning of pharmaceutical care has intensified the focus on teamwork and the importance of interprofessional relationships to achieve effective interdisciplinary co-operation. Pharmacists can bring specialist knowledge in the area of drug therapy and can support other health professionals, in particular medical practitioners. - Recently there has been fundamental changes in the role orientation and perspective of the pharmacist. Although the KSA required may be the same, it is the orientation of professional attitudes and values that need to change so as to reflect responsibility, advocacy and interdependence in caring for the patient. - Effective provision of pharmaceutical care includes responsibility, accountability, communication effectiveness, sensitivity and commitment. Discussion - Pharmacy undergraduate and graduate students who took part in this study perceived the health care professions along three major dimensions: empathy, potency and expertise. The empathy and expertise rating for community and hospital pharmacy differed whilst potency remained the same across the two. - Community pharmacists were perceived to be the most accessible, approachable and sympathetic. Hospital pharmacists were perceived to exhibit less empathy than community pharmacists. - Noted that pharmacists lack the autonomy that other healthcare professionals have e.g. doctors/dentists, because they cannot prescribe.
Through the looking glass: public and professional perspectives on patient-centred professionalism in modern-day	Findings of consultation workshops with 29 pharmacists, stakeholders and patients that examined patient-centered professionalism in terms of a pharmacist's working day and environment.	Thematic analysis identified the following themes: - Patient-centred professionalism – building caring relationships – for pharmacists, the caring role was synonymous with an understanding of what it means to be professional and at the same time have a belief in one's own competency. However, pharmacists did feel that they were often 'put upon' by patients who have unrealistic expectations of the services that they could deliver. They were also ware that patients prioritised accurate and speedy medication dispensing over all else, and that this aspect of their work was what was most appreciated. Under the new NHS contract there is a conflict in demands with pharmacists now having to spend more time consulting rather than dispensing (even

community pharmacy (Rapport et al, 2010)		though this research found that patients believed that a pharmacist's primary objective should be to dispense). - Managing external force - according to pharmacy staff, standard operating procedures in each pharmacy must be adhered to in all circumstances, in order to be accountable for one's actions. Patients were aware of the dual nature of a pharmacist's role, including trying to balance retail and dispensing as well as the impact that this can have on patient centred services. Pharmacists concerned that certain polices/procedures impact on the patient consultation e.g. being expected to value the consultation whilst minimising interaction to maximise profit. - It was noted that patients saw the profession of a GP and that of a pharmacist very differently e.g. they would not expect to have the same relationship across the two and that the role of the pharmacist involved no initiative. - Different roles & expectations – pharmacists were seen as shop keepers, rather than as a patient centred health professional. Pharmacists felt like they were unable to relax from checking prescriptions and other responsibilities and that they were pressurised by patient's unrealistic demands to consult at any time of the day and without a fixed appointment. As a result, pharmacists felt that they could not explore the full extent of the patient's issues. Although they recognised the importance of getting to know patients better, through both formal and informal consultation, the consultation room as a refuge for the pharmacist rather than as a consultation space for the patient was for many the preferred option. - Pharmacists are often more restricted than GPs in the sense that they may have no knowledge of the person entering the pharmacy e.g. medical history and they are limited in the time that they can spend with their clients. GPs are driven by what they prescribe, pharmacists are driven by the sales of what GPs prescribe.
Transforming the Pharmacy Workforce in Great Britain: The RPS Vision August 2015	Aims to set out the 'direction of travel' for pharmacy in the coming years in a way that is patient-centred focused and promotes proactive, compassionate pharmaceutical care and encourages professionals and organisations to work together.	- Outlines that going forward, pharmacists will be ensuring the optimal use of medicines for patients, who are, as a result, empowered and informed. A Patients' and Public Needs-based Approach - An evolving healthcare workforce is one that can adapt its core roles and responsibilities to meet the new and emerging needs of patients and the public. For pharmacy, this means providing support to develop pharmacists across all sectors to meet the changing demography and healthcare needs of an ageing population with increasingly complex medicine regimens within a cost constrained healthcare system. This report outlines that the pharmacy workforce needs transformative growth in clinical capability, general and specialist skills and need the flexibility to adapt to changing patient and health system need. - In the future, it will be integral for pharmacists to contribute to both public health and deliver pharmaceutical care and to deliver these services using a holistic, patient focused approach to

		getting the best from investment in and uses of medicines that requires an enhanced level of patient centred professionalism and working in partnership with other healthcare professionals, patients and the public.
		The RPS vision for the pharmacy workforce, outlines 12 beliefs including: 1. Pharmacists in patient centred roles will be independent prescribers, where needed. 2. Pharmacists will be the healthcare professionals responsible for providing patient care that ensures the following optimal medicines outcomes: clinically effective and safe treatment, cost effective treatment, excellent patient experience. 3. Patients, GPs, Local Authorities, Care Homes etc. will be able to name their primary pharmaceutical care giving pharmacist. 4. Pharmacists will be integral to supporting patients all stages of a clinical care pathway involving medicines. 5. All newly qualified pharmacists will have access to foundation support, training and development during their early career.
Future pharmacists: Standards for the initial education and training of pharmacists: Chapter 10 Outcomes for the initial education and training of pharmacists	Chapter outlines the key learning outcomes that are expected of a pharmacy professional (for both a 4-year MPharm degree and for the Pre-registration year). It categorises outcomes as 'knows, knows how, shows how and does'.	Expectations of pharmacy professional: - Key learning outcomes include recognising ethical dilemmas and responding in accordance with relevant codes of conduct, applying the principles of clinical governance in practice, engaging in MDT working and contributing to the education and training of other members of the team. The skills required in practice, implementing health policy: - Key learning outcomes include: promotes a healthy lifestyle by facilitating access to and understanding of health promotion information, access and critically evaluate evidence to support safe, rational and cost-effective use of medicines, provides evidence-based medicines information and collaborates with patients, the public and other healthcare professionals to improve patient outcomes. Validating therapeutic approaches and supplying prescribed and over the counter medicines:

		- Key learning outcomes include: Identifies inappropriate health behaviours and recommend suitable approaches to interventions, instructs patients in the safe and effective use of their medicines and devices, analyse prescriptions for validity and clarity, communicates with patients about their prescribed treatment and optimise treatment for individual patient needs in collaboration with the prescriber. Ensuring that safe and effective systems are in place to manage the risk inherent in the practice of pharmacy and the delivery of pharmaceutical services: - Key learning outcomes include: use pharmaceutical calculations to verify the safety of doses and administration rates, manage and maintain quality management systems including maintaining appropriate records, distributes and disposes of medicines safely, legally and effectively and identify, report and prevent errors and unsafe practice. Working with patients and the public: - Key learning outcomes include: establishing and maintaining patient relationships while identifying patients' desired health outcomes and priorities, obtain and record relevant patient medical, social and family history, communicate information about available options, support the patient in choosing an option by listening and responding to their concerns and respecting their decisions and provide written or oral information appropriate to the needs to patients, the public and other healthcare professionals. Maintaining and improving professional performance: - Key learning outcomes include: reflect on personal and professional approaches to practice, create and develop a personal development plan, review and reflect on evidence to monitor performance and revise professional development plan and contribute to the development and support of individuals and teams.

		The document suggest that trainees must be able to student train safely, effectively, ethically and lawfully. Trainees must also be able to understand and apply biomedical, pharmaceutical, psychological and social science principles, method and knowledge. It outlines that for pharmacy practice to be safe and effective it needs to be underpinned by relevant and up to date science. The practice of pharmacy requires pharmacists to make decisions in complex and unpredictable situation and sometimes in the absence of complete data. Pharmacists need to communicate with patients and the public clearly; often needing to be able to explain complicated ideas in a way that is understandable to patients and carers. Equally, pharmacists need to understand the complexities of patients' circumstances insofar as they are relevant to their use of medicines or other behaviours relevant to personal health and wellbeing. It further outlines that as processionals, pharmacists must act on their own initiative and take personal responsibility for what they do and need to have the independent learning ability required for continuing professional practice in order to maintain a critical awareness of current practice.
GPhC Consultation on Standards for Pharmacy Professionals (April 2016)	Developed professional standards to demonstrate commitment to promoting a culture of professionalism and to the delivery of compassionate person-centred care.	The professional standards focus on nine key areas that the GPhC believe are necessary to deliver safe and effective care whilst upholding trust and confidence in pharmacy. The report states that at the heart of this is a recognition that every person must be treated as an individual. The document proposes nine standards that are believed to be needed for the safe and effective care of patients and the public. It is stated that the standards should reflect: - The commitment that pharmacy professionals make to the people who receive care - What pharmacy professionals tell us they expect of themselves and each other - How people who want care from pharmacy should be treated and enabled to take care and manage their own health, safety and wellbeing. It indicates that these nine standards apply to all pharmacists and pharmacy technicians wherever they practice. The standards need to be met at all times, not only during working hours, with it stated that this is because the attitudes and behaviours of professionals outside of work can still undermine the trust and confidence of patients and the public in pharmacy professionals. The document further states that it is the decisions that pharmacists make in their day to day work which make the most significant and positive contribution to patient safety and the quality of care. The new standards recognise that pharmacy

professionals work in different contexts and therefore do not try to tell pharmacy professionals in detail what they should do in every possible situation. Finally, it is noted that the new standards reflect how pharmacy as a society has learnt from previous tragic failures of care.

The nine standards outlined as necessary for safe and effective care:

1. Provide person-centred care
   - Indicates that every person who receives care is an individual with their own values, needs and concerns. Person-centred care is delivered when pharmacy professionals understand what is important to the individual and then adapt the care to meet their needs – making the care of the person their first priority.
   - It suggests that people receive safe and effective care when pharmacy professionals – involve, support and enable every person when making decisions about their health, care and wellbeing; listen to the person to understand their needs and what matters to them; gives the person all relevant information in a way they can understand so that they can make informed decisions and choices; respect and safeguard the person's dignity; recognises and values diversity and respects cultural differences (making sure that every person is treated fairly); recognises their own values and beliefs but do not impose them on other people; tells relevant health professionals, employers or others if their own values or beliefs prevent them from providing care.

2. Work in partnership with others
   - Outlines that a person's health, safety and wellbeing are dependent on pharmacy professionals working in partnership with others. This will include the person but also other healthcare professionals and teams.
   - People receive safe and effective care when pharmacy professionals: identify and work with the individuals and team involved in the persons care; contact, involved and work with local and national organisations; get consent to provide care; adapt their communication to bring about effective partnership working; take action to safeguard people; make and use records of the care provided; work together to make sure there is a continuity of care for the person concerned.

3. Communicate effectively
   - This is essential to the delivery of person-centred care and to working in partnership with others. It helps people be involved in decisions about their health, safety and wellbeing. Communication

is more than giving a person information, asking questions and listening, it is the transfer of information between people. Body language, tone of voice and the words used all contribute to it.

- It includes: adapting their communication to meet the needs of the person; asking questions and carefully listening to responses, to understand the person's needs and to plan the care they provide; actively listening and responding to information they receive; overcoming barriers to communication; checking the person has understood what they have said; communicate effective with others involved in the care of the person.

4. Maintain, develop and use their professional knowledge and skills
   - People receive safe and effective care when pharmacy professionals apply their knowledge and skills and keep them up to date, including using evidence in their decision making. A pharmacy professional's knowledge and skills must develop over the course of their career to reflect the changing nature of healthcare, the population they provide care to and the roles they carry out.
   - This includes: recognising and working within the limits of the knowledge/skills and referring when needed; using their skills and knowledge, including up to date evidence to deliver care and improve the quality of care they provide; carry out a range of CPD activities; record their development activities to demonstrate that their skills and knowledge are up to date; use a variety of methods to regularly monitor and reflect on their practice, skills and knowledge.

5. Exercise professional judgement
   - People expect pharmacy professionals to use their professional judgement so that they deliver safe and effective care. Professional judgement includes managing competing legal and professional responsibilities and working with the person to understand and decide together what the right thing is for them.
   - This includes: using their judgement to make clinical and professional decisions in partnership with the person and others; have the information they need to provide appropriate care; declare any personal or professional interests and manage conflicts of interest; practice only when fit to do so; ensure the care they provide reflects the needs of the person and is not influenced by personal or organisational goals/targets.

6. Behave in a professional manner

- Behaving professionally is essential to maintaining trust and confidence in pharmacy. Behaving professionally is not limited to the working day, or when meeting patients and the public. The privilege of being a pharmacist or pharmacy technician calls for appropriate behaviour at all times.
- It includes; being polite and considerate; being trustworthy and acting with honesty and integrity; showing empathy and compassion; treating people with respect and safeguarding dignity; maintaining appropriate personal and professional boundaries with the people they provide care to and with others.

7. Respect and maintain the person's privacy and confidentiality
   - People trust that their confidentiality and privacy will be maintained by pharmacy professionals. Maintaining confidentiality is a vital part of the relationship between a pharmacy professional and the person seeking care. People may be reluctant to ask for care if they believe their information may not be kept confidential. The principles of confidentiality still apply after a person's death.
   - This includes: reflecting on their environment and taking steps to maintain the person's privacy and confidentiality; not discussing information that can identify patients when the discussions can be overheard or seen by others not involved in their care; maintaining confidentiality when using website, internet chat forums and social media; demonstrating leadership so that everyone in the pharmacy understands the need to maintain a person's privacy and confidentiality; working in partnership with the person when considering whether to share their information (except when this is not appropriate); understand the importance of managing information responsibly and securely and applying this to practice.

8. Speak up when they have concerns or when things go wrong
   - The quality of care that people receive is improved when pharmacy professionals learn from feedback and incidents, and challenge poor practice and behaviours. This includes speaking up when they have concerns and being honest when things go wrong. At the heart of this standard is the requirement to be candid with the person concerned, and with colleagues and employers.
   - This includes: promoting and encouraging a culture of learning and involvement; challenging poor practice and behaviours; supporting people who raise concerns and providing feedback; raising a concern, even when it is not easy to do so; being open and honest when things go wrong; saying sorry and providing an explanation and set out to put things right when they go wrong; reflecting and acting on feedback and concerns whilst thinking about what can be done to prevent the same thing happening again.

		9. Demonstrate effective leadership
		  - People receive safe and effective care when pharmacy professionals take responsibility for their actions and recognise that they have a leadership role. Wherever a pharmacy professional practises, they must provide leadership to the people they work with and to others.
		  - This includes: taking responsibility for their practice and providing leadership to the people they work with; assessing the risks in the care they provide and doing everything they can to keep these risks as low as possible; demonstrating effective team working; contributing to the training and development of the team; delegate tasks only to people who are competent and appropriate trained or are in training and exercise the proper oversight; do not abuse their position or set out to influence others to abuse theirs; act as role models of the standards for pharmacy professionals particularly to those who are working towards registration.
		  - The standards focus on the delivery of safe and effective person-centred care and they recognise that every person is an individual. For example, what is important to one person managing their short- or long-term condition may not be important to another. Pharmacy professionals have an important role in enabling people to make decisions about their health, safety and wellbeing.
		  - The standards include the term 'person-centred care' and refer to a 'person' throughout.

General Pharmaceutical Council – Pre-registration Manual	The performance standards are a list of 76 performance outcomes which must be signed off on the assessment summary form by a pre-registration pharmacist's tutor.
	
	There are three units of performance standards, covering:
	
	   1. Personal effectiveness
		The performance standards are split into three areas; Personal effectiveness, Interpersonal Skills and Medicines and Health.
		
		   1. Personal effectiveness: Outlines performance standards that cover the aspects of performance and behaviour that support effective professional activity. It suggests that conduct must be consistent with ethical behaviour expected by the GPhC.
		   2. Manage Self – You must at all times demonstrate a level of self-awareness, responsibility and self-management that will allow you to practise effectively, both independently and within teams or groups. Examples of behaviour you must show include: behaving in a manner consistent with membership of the profession, responding with willingness and flexibility to new situations and to change and taking responsibility for and accepting outcomes of your own decisions.
		   3. Manage Work – Trainees must at all times work efficiently and effectively and within legal and ethical constraints. Examples of behaviour you must show include: carrying out tasks effectively (in an organised manner, with proper attention to detail and at a pace that is appropriate to the level of business. It also includes prioritising and completing tasks within agreed deadlines), following work systems correcting (using own working practices, standard operating procedures, sale of medicine protocol and your organisation's systems and security procedures) and uses resources effectively

| | 2. Interpersonal skills
3. Medicines and health

The standards are statements of what the GPhC expects a pre-registration trainee to be able to do and how you should behave if you are to register as a pharmacist. Pre-registration trainees must meet the standards consistently in order to be assessed as competent in them. | (resources include, colleagues, other healthcare workers, workspace, equipment, material and both text based and electronic references.
4. Manage Problems – Trainees must demonstrate that they can handle a wide variety of problems, whether by resolving them themselves of by contributing to their resolution. Examples of behaviour you must show include: recognises and defines actual or potential problems, these problems include difficulties, minor and serious, needing resolution.
5. Demonstrate a commitment to quality - Products and services should be delivered to the highest standard by ensuring quality. The prime concern must be the welfare of the patient and other members of the public. This includes: working to an acceptable standard when preparing products and delivering services (acceptable is defined by GPhC standards of conduct, ethics and performance, with patients' needs uppermost), checking your own work effectively and minimising error by others through effective supervision.
6. Demonstrate ongoing learning and development – Trainees must provide evidence that they are continually developing professional competence by applying what they have learned from daily activities and incidents and from formal learning opportunities. Behaviours include being able to identify and prioritise own learning and development needs, based on self-reflection/evaluation and on feedback from others and develop own plans to meet identified needs, using SMART learning objectives.
7. Interpersonal skills – Cover aspects of performance and behaviour that involve any interaction with others. Must demonstrate ability to communicate at all levels and to work with others in the pharmacy and healthcare team. Need to possess core characteristics of an empathetic healthcare professional.
8. Communicate effective - Trainees must communicate effectively in English (competent enough in English to understand and be understood on writing on the phone and in person), behave in a polite and helpful manner and sensitively approach people who need or may need assistance, elicits all relevant information by the use of appropriate questions, respects and observes confidentiality etc.
9. Work effectively with others – Trainees must contribute positively to any team or group they are associated with so that targets and goals are achieved. They must develop and demonstrate the skills involved in managing and supervising others. This recognises that most pharmacists have these responsibilities. Example behaviours include: acknowledge the ideas and opinions of others and act on them when appropriate (including junior and senior colleagues and external contacts), resent own ideas and opinions appropriately when speaking and in writing, assists other when necessary and secures help from others when necessary in an appropriate manner. Required outcomes from the GPhC Standards for initial education and training of pharmacists say that a pre-registration trainee must contribute to the education and training of other members of the team, show how to contribute |

		to the development of other team members through coaching and feedback, engage in multi-disciplinary team working etc.
		10. Medicines and Health – These standards are linked to performance and behaviour that are specific to pharmacy practice. Trainees must demonstrate their ability to provide an effective pharmaceutical service. Developing these skills will help a pharmacist be able to identify health needs and understand the opportunities for health promotion as well as treatment and care, work with patients and carers to manage their medicines and make sure they can play an active part in the decisions and choices affecting their treatment or care and understand and use the whole health and social care system for the benefit of patients.
		These skills and abilities include:
		- Managing the dispensing process - Including checking the prescription is valid, resolving any identified problems appropriately and performing calculations correctly (examples of calculations include formulation for creams and ointments, IV formulations including cytotoxic and doses and dosing schedules), effectively checking prescriptions dispensed by others (e.g. analysing prescriptions for validity and clarity, clinically evaluating the appropriateness of prescribed medicines and providing, monitoring and modifying prescribed treatment to maximise health outcomes).
		- Provide additional clinical and pharmaceutical services - Trainees must demonstrate the application of up-to-date clinical and pharmaceutical knowledge. Example behaviours include providing considered and correct answers to queries, founded on research-based evidence, pre-actively assisting patients to obtain maximum benefit from their treatment and identifying and acting to minimise risk to patients from their treatments.
Self-harm and suicide Prevention competence framework – adults and older adults	This document describes a competence framework for self-harm and suicide prevention in adults and older adults, recommending skills and knowledge for professionals across a broad range of backgrounds and experiences, including	Clinical and professional issues relevant to supporting people who have self-harmed and/or are suicidal
		1. Working Collaboratively with the person – developing trusting working relationships, share decision-making, empowering individuals.
		2. Person-centred rather than protocol-centred – translate procedural responses into individualised therapeutic responses to ensure the patient stays engaged and does not feel alienated.
		3. Sharing Information with families, carers and significant others – completing a consensus statement with the patient to respect their wishes regarding confidentiality, if the person is still at risk of suicide, information sharing with the appropriate parties can prevent action.

	professionals and volunteers who work in mental health, physical health and social care. This document focuses on the competences relevant to self-harm and suicide prevention in adults and older adults	4. Managing transitions between services – coordinate the transition of services with the receiving service, monitor the transition, and support the patient however you can as they are moving from people they have grown to trust to new unfamiliar faces. 5. Relationship between self-harm and suicide – Understand the differences between self-harm and suicide, however take self-harm seriously 6. Risk Assessment – use a collaborative approach speaking to the patient about life etc. rather than simply checkbox questions that can be disengaging. 7. Postvention – support those individually or in group settings affected by suicide. 8. Conducting inquiries into deaths by suicide and/or serious incidents – ensure to involve close ones, organisations, etc. in this investigation of what led to the death. 9. Reflective practice – continual self-learning can be enhanced by reflecting on your actions and learn from each experience. Competences: 1. Attitudes, values and style of interaction when working with people who have self-harmed and/or are suicidal - all interactions grounded in compassion and respect, empathy, locate the distress their feeling in the broader context of their life, help them feel a sense of control, and respect their perspective. 2. Core knowledge and skills – understanding of the stigma, understanding the vulnerabilities linked to social disadvantage social and economic circumstances, terminology commonly used, prevalence of self-harm and suicide, and understanding the behaviours.
Self-harm and Suicide Prevention Competence Framework – children and young people	This document describes a competence framework for self-harm and suicide prevention in children and young people, recommending skills and knowledge for professionals across a broad range of backgrounds and experiences, including professionals and volunteers who work in mental health,	Clinical and professional issues relevant to supporting children and young people who have self-harmed and/or are suicidal: 1. Working collaborative with the child/young person and their family/carers: developing a collaborative and trusting working relationship, shared-decision making around their care, empowerment of the individual, parental/carers involvement to share an understanding of the child's or young person's difficulties. 2. Person-centred rather than protocol-centred: personalised care not 'protocol-driven' to ensure the patient does not feel alienated. Training of staff that allows an individualised and therapeutic response to meet the needs of the child/young person. 3. Sharing information with families, carers and support network: if the child/young person has capacity to make decisions and does not pose a risk to themselves, then professionals have a duty to maintain

	physical health and social care, as well as those who provide care and support in other settings such as schools, colleges, universities or other welfare youth settings. The relevant competencies for self-harm and suicide prevention in children and young people will be focused on in this document.	confidentiality. Information can be shared about a child/young person if this will protect them from risk of death or serious harm to the appropriate person. Completion of a consensus statement with the patient to respect their wishes regarding confidentiality. 4. Managing transitions between services: coordinating the transition with the receiving service, supporting the person in whichever ways required and monitor the success of the transition. Transitions from young people's services to adult services is likely to coincide with other changes in the patient's life i.e. moving away to university and so they could be supported as much as possible to access where required. 5. Relationship between self-harm and suicide: understanding the differences between self-harm and suicide, taking self-harm seriously, as it will reflect an attempt to manage a high level of psychological distress. 6. Risk assessment: collaborative assessment of risk, needs and strengths, which engages a child or young person in a personally meaningful way. Assessment of risk, needs, and strengths should also incorporate therapeutic strategies. 7. Postvention: Individualised support for those close to the child or young person i.e. family or friends. Conducting inquiries into deaths by suicide and/or serious incidents: investigate of what led to the death, ensure to first contact involved close ones. 8. Reflective practice: Continuous self-learning by reflecting on actions, to improve the way care is delivered. Competences: 1. Attitudes, values and style of interaction when working with child or young people who have self-harmed and/or are suicidal: All interactions grounded in compassion and respect, empathy, locate the distress their feeling in the broader context of their life, help them feel a sense of control by establishing and maintaining a collaborative relationship and respect their perspective. 2. Core Knowledge and Skills: Knowledge specific to work with children and young people, knowledge of issues related to self-harm and suicide , knowledge of organisational policies and legal frameworks relevant to self-harm and suicide, communication skills, education and training in self-harm and suicide awareness and prevention, postvention and liaising with others, intervention skills for mental health professionals such as generic therapeutic skills, assessment and formulation and specific, structured interventions.
Self-harm and Suicide Prevention	This document describes a competence framework for	1. Issues relevant to supporting people who have self-harm and/or are suicidal: 1. Working collaboratively with the person: working collaboratively, developing trusting working relationships,

Competence Framework – Community and Public Health	self-harm and suicide prevention for people of all ages living in the community. It brings together the evidence of 'what works' in this area across these diverse settings. It identifies the knowledge and skills needed by both individuals and organisations in the wider workforce to prevent self-harm and suicide. It is intended to support training and enhance practice. This document focuses on the competences relevant to self-harm and suicide prevention for people of all ages living in the community.	empowering individuals, professionals to engage with the persons significant others to contribute to a shared understanding of the persons difficulties. 2. Person-centred rather than protocol-centred: Personalised care not 'protocol-driven' to ensure the patient does not feel alienated. Training of staff that allows an individualised and therapeutic response to meet the needs of the individual. 3. Sharing information with families, carers and significant others: completing a consensus statement with the patient to respect their wishes regarding confidentiality, if the person is still at risk of suicide, information sharing with the appropriate parties can prevent action. 4. Managing transitions between services: coordinate the transition of services with the receiving service, monitor the transition, and support the patient however you can as they are moving from people they have grown to trust to new unfamiliar faces. 5. Relationship between self-harm and suicide: Understanding the differences between self-harm and suicide, taking self-harm seriously, as it will reflect an attempt to manage a high level of psychological distress. 6. Risk assessment: use a collaborative assessment of risk approach, speaking to the patient about life etc. rather than simply checkbox questions that can be disengaging. 7. Postvention: individualised and group support for those who have been affected by a person's death by suicide. 8. Conducting investigations into deaths by suicide and/or serious incidents: Investigations need to be conducted in a manner that enables family members, carers and significant others and staff to talk openly and comment on findings in order to enable the organisation to learn from these events. 9. Reflective practice: continuous self-learning by reflecting on actions, to improve the way care is delivered. Competences: 1. Attitudes, values and style of interaction when working with people who have self-harmed and/or are suicidal: Grounded in compassion, respect and empathy. Establish and maintain a collaborative relationship with the individual and their significant others. 2. Core Knowledge and Skills: understanding of the stigma, understanding the vulnerabilities linked to social disadvantage social and economic circumstances, terminology commonly used, prevalence of self-harm and suicide, and understanding the behaviours.
Self-harm and Suicide Prevention	This document describes key parts of the competence	1. Attitudes, values and style of interaction: everyone will be compassionate and respectful and spoken to in a way that is understanding and taken seriously.

Competence Framework – What does the competence framework mean for my care?	framework and how they relate to the support, care and treatment that you might expect to receive.	2. Communication: each patient will be respected, heard and understood and supported to share their experiences openly and in their own words. 3. Understanding the problem: individual sharing their current problems and delivering a safety plan for the future 4. Information sharing: professionals will respect the patient's privacy and wishes. Where safety of the patient is ensured, professionals may share information with services or significant others. 5. Working together: the patient will not have to keep repeating their problems to different services/people, well-supported from staff meeting all the patient's needs. 6. Quality treatment: evidence-based care, interventions well matched to the patient, with the patient being involved in evaluating whether the intervention is best for them.

Appendix B: Interview/Virtual Focus Group Briefing Document

Role Analysis for the Foundation Pharmacist Role

Interview/Virtual Focus Group Briefing Document

Thank you for agreeing to take part in an interview/virtual focus group as part of the foundation pharmacist role analysis. I can confirm that the interview will take place at <time><date>. The interviewer, will contact you at the specified time on the telephone number you have provided. If you are unable to make the appointment for whatever reason, please let myself know as soon as possible. I have provided some information below about the background of the role analysis and the content of the interview.

Background

A new project to analyse the roles of pharmacists in the early years of their careers has been launched by a partnership of the Royal Pharmaceutical Society and Health Education England. The analysis will be expected to underpin and guide the design and review of a UK wide Foundation Pharmacist Framework that will inform professional capabilities to be tested at the point of entry, during development and upon completion of training programmes.

As part of this role analysis, a broad spectrum of views and evidence will be gathered that span geography, sector and employer. We are seeking to speak to a range of individuals who are familiar with the foundation pharmacist role including senior stakeholders, pharmacists who may supervisor foundation pharmacists, members of multi-disciplinary teams (e.g. pharmacy technicians, nurses and counter assistants), and newly qualified and foundation pharmacists.

Overview

The telephone interview/virtual focus group should take no longer than 45/90 minutes. During the interview a trained interviewer will ask you about the skills and attributes required of a foundation pharmacist. No preparation is necessary however below are some examples of the type of questions that the interviewer will be covering:

- *What are the skills and attributes that are important for foundation pharmacists?*

- *In your experience, what are the key differences between an effective and a less effective foundation pharmacist – what do they do differently?*

- *Given future changes to the role, how do you anticipate this will be impact upon the skills and attributes required of foundation pharmacists?*

- *What skills and attributes do you think are required of foundation pharmacists at the point of registration compared to at the end of the foundation pharmacist role?*

All the responses you provide will be anonymised for issues of confidentiality. We will be seeking your permission to audio record the interview/virtual focus group for transcription purposes. The outcomes of the role analysis will be made available in a summary report after the role analysis has been completed.

Appendix C: Behavioural Indicator Means

	How important for the role? (1-6)	Hospital (1-6)	Community (1-6)	General Practice (1-6)
Communication & Consultation Skills				
1.1 Demonstrates confidence in speaking to healthcare professionals across the multi-disciplinary team; seeking to use language to influence others	5.54	5.53	5.60	5.53
1.2 Assimilates and communicates information clearly and calmly; tailors messages depending on the audience; is able to respond appropriately to questions	5.56	5.53	5.64	5.51
1.3 Demonstrates clear communication in a professional manner through different mediums, including face to face, written and virtual; building rapport with colleagues and individuals receiving care	5.45	5.45	5.40	5.37
1.4 Builds rapport with colleagues and individuals receiving care	5.36	5.30	5.38	5.44
1.5 Demonstrates active listening skills, identifies non-verbal cues in others	5.30	5.22	5.40	5.26
1.6 Asks open questions to individuals receiving care or other healthcare professionals to support in forming a diagnosis or the provision of pharmaceutical care	5.15	5.03*	5.31*	5.19
1.7 Consults with individuals through open conversation; creates an environment to support shared-decision making around personal healthcare outcomes	5.13	5.01	5.24	5.26
1.8 Uses influential language to engage with the individual; empowers the individual, supporting them in making lifestyle changes	5.08	4.90*	5.36*	5.31*
1.9 Adapts language to support with challenging situations or conflict resolution	5.20	5.07	5.44	5.30
Person-Centred Care				
2.1 Keeps the individual at the centre of approach at all times	5.50	5.50	5.49	5.50
2.2 Works in partnership with individuals; viewing each individual receiving care as unique, seeking to understand the broader healthcare landscape for that person	5.11	4.97*	5.27*	5.31
2.3 Demonstrates empathy; seeking to understand a situation from each individuals perspective	5.29	5.16*	5.47*	5.40
2.4 Engages with individuals receiving care on a one-to-one basis, listening to them and remaining open to what they might share	5.07	4.98	5.24	5.17
2.5 Seeks to be involved in the continuity of care of each individual; actively follows up with the individual's care after the initial interaction	4.70	4.59*	4.96*	4.69
Professional Accountability				
3.1 Displays honesty and integrity in all that they do; upholds a duty of candour	5.82	5.84	5.78	5.77
3.2 Is accountable and responsible for own decisions and actions, understanding the potential consequences of these decisions across the whole care pathway	5.61	5.61	5.71	5.50
3.3 Identifies and raises concerns regarding patient safety and risk management	5.59	5.56	5.73	5.67
3.4 Reviews prescriptions to recognise and correct the overuse of medications	5.24	5.19	5.42	5.36

3.5 Works safely within own level of competence, understanding the importance of working within this; knows when it is appropriate to escalate a situation	5.78	5.80	5.75	5.82
3.6 Treats others with dignity, respect and as equals, supporting them regardless of individual circumstance or background; seeks to promote this	5.66	5.64	5.72	5.68
3.7 Holds the quality and safety of medicines use at the upmost importance	5.49	5.47	5.65	5.60
3.8 Seeks to improve the quality and safety of prescriptions routinely	5.38	5.36	5.50	5.50
3.9 Works within ethical guidelines including consent and confidentiality; seeks to gain permission from the individual before accessing confidential records	5.64	5.59	5.72	5.70
Evidence-Informed Decision Making				
4.1 Draws upon own knowledge to effectively make decisions independently and with confidence	4.91	4.87	5.17	4.83
4.2 Critically appraises appropriate information to make a decision in an efficient and systematic manner; adopts evidenced-informed solutions	5.00	4.92	5.23	4.95
4.3 Has an awareness of where to seek appropriate information to solve problems and make decisions	5.49	5.52	5.53	5.43
4.4 Engages in open conversations with other healthcare professionals; asks the appropriate questions to support own decision-making process	5.32	5.26	5.45	5.43
4.5 Manages uncertainty and possible risk appropriately, whilst ensuring a high attention to detail is maintained, when making decisions regarding the individual receiving care	5.18	5.04*	5.55*	5.27
4.6 Demonstrates an understanding that data can support with driving care; values the importance of skills in interpreting, analysis and the effective use of data within clinical practice and considers how to use this to improve individuals' outcomes	4.75	4.59*	5.17*	4.92
4.7 Considers and takes into account of the financial implications of a decision	4.29	4.11*	4.63*	4.35
Collaborative Working[27]				
5.1 Builds strong relationships across the multi-disciplinary team; seeks to energise the team and work in partnership to promote positive outcomes	4.96	4.93	5.22	5.05
5.2 Seeks support from colleagues where appropriate, drawing upon the appropriate colleague dependent upon the situation; is receptive of information or advice given to them by others	5.52	5.55	5.45	5.49
5.3 Recognises the value of members of the multi-disciplinary team across the whole care pathway, drawing upon these both those present and virtually, to develop breadth of skills and support own practice	5.21	5.19	5.31	5.34
5.4 Works with other members of the multi-disciplinary team to support them in the safe and appropriate use of medication; effectively influences the decision making process across the team regarding medication, where appropriate	5.28	5.25	5.34	5.31

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[27] Note this was labelled 'Multi-Professional Working & Leadership' when they survey was administered

5.5 Delegates and refers appropriately to members of the multi-disciplinary team, demonstrating an awareness of and utilising the expertise and knowledge of others	5.05	5.01	5.30	5.16
5.6 Acts as a role model to others, leading others within the pharmacy team, where appropriate	4.89	4.80*	5.38*	4.82*
5.7 Communicates own vision and goals to the broader team to support with achieving group tasks	4.51	4.33*	5.00*	4.77
5.8 Effectively utilises own expertise to provide guidance, mentoring and support for more junior members of the multi-disciplinary team	4.68	4.56*	5.24*	4.79
Personal Development				
6.1 Demonstrates a 'can-do' attitude within the role; has a desire and motivation to try new things	5.22	5.23	5.29	5.31
6.2 Proactively seeks to find learning opportunities within the day to day role; asks to take part in learning activities, rather than waiting to be told	5.22	5.21	5.28	5.32
6.3 Seeks to be involved in new learning experiences; utilises these learnings to support own practice	5.19	5.17	5.24	5.32
6.4 Seeks to be involved in research activities for new and upcoming techniques and medicines; actively disseminates outcomes to appropriate audiences	4.15	4.01*	4.51*	4.37
6.5 Sets personal objectives, developing own plan for achieving these to maintain knowledge base and potential innovations in medicine development	4.90	4.81*	5.12*	5.17
6.6 Demonstrates a commitment to the importance of self-development throughout own career; undertaking personal reflection regularly to consider personal strengths, areas for development and potential barriers to achieving these	5.29	5.23	5.28	5.41
6.7 Seeks and is open to receiving feedback, taking on board this to make changes to own practice	5.47	5.42	5.54	5.57
Resilience & Adaptability				
7.1 Develops and draws upon support network to provide resources to deal with challenging situations; is open to seeking support	5.19	5.17	5.27	5.39
7.2 Demonstrates self-awareness and emotional intelligence within the role, reflects on and understands the impact a situation may have on one's own resources	5.11	5.04	5.24	5.39
7.3 Remains composed, even in challenging or high pressured situations	5.25	5.17*	5.49*	5.30
7.4 Effectively and efficiently manages multiple priorities; manages own time and workload calmly, demonstrating resilience	5.27	5.25	5.41	5.23
7.5 Works with accuracy when under pressure, completing tasks in an efficient and safe way	5.61	5.59	5.78	5.59
7.6 Works flexibly within unfamiliar environments; is able to adapt and work effectively across different sectors within the pharmacy profession through applying previous learnings to new settings	5.08	5.04	5.22	5.32

Leadership[28]				
8.1 Approaches the role with enthusiasm, seeks to demonstrate and promote the value of pharmacy across other healthcare professionals; educates the public about the role of the pharmacist within individual healthcare management	4.90	4.85	5.20	4.98
8.2 Is open to new approaches and ways of completing work tasks; shares own innovative ideas to improve working practices, both internally and externally	4.90	4.85	5.18	5.02
8.3 Appropriately challenges others to consider new ideas and approaches to improve the quality of care, doing so in a confident manner	4.62	4.52*	4.97*	4.73
8.4 Critically analyses business needs; is mindful of commerciality aspects within the pharmacy context; seeks to promote new pharmacy services	3.95	3.63*	4.88*	4.20*
8.5 Has a passion and motivation for working within the pharmacy profession; draws upon own networks to understand how the pharmacy profession operates among different sectors and across the care pathway	4.68	4.46*	5.14*	5.00*
8.6 Recognises the changes to and the opportunities within the future role of pharmacists, modifying own approach when required	4.74	4.56*	5.25*	4.96
Applying Clinical Knowledge & Skills				
9.1 Applies evidence-based clinical knowledge to make suitable recommendations or take appropriate actions	5.50	5.45	5.66	5.55
9.2 Provides the multi-disciplinary team with information and education, for example, on clinical, legal and governance aspects of medicines	5.22	5.18	5.47	5.29
9.3 Has an awareness of the range of clinical, medicines-related and public health activities offered by a pharmacist across all sectors; seeks out opportunities to deliver different services in practice	4.74	4.56*	5.30*	5.00
9.4 Proficient in conducting patient clinical examinations and assessments, gathering information and history taking; seeks to develop own diagnostic skills	4.41	4.08*	5.27*	4.64
9.5 Demonstrates the capabilities to become an independent prescriber; identifies the knowledge and skills required to achieve this	4.34	4.15*	4.72*	4.75
9.6 Utilises own pharmaceutical knowledge to positively impact usage and stewardship of medicines at an individual and population level	4.98	4.88	5.22	5.19
9.7 Undertakes a clinical review of a person's medicines to ensure appropriate for the individual	5.43	5.39	5.47	5.69

* Indicates a statistically significant difference between the average ratings by sector (*p>.001*).

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[28] Note this was labelled 'Commitment to the Profession' when the survey was administered

Appendix D: Qualitative Analysis

- **Communication & Consultation Skills** *(193 comments)*

  o Comments in relation to the indicators/attribute *(30 comments)*

  "Communication in challenging circumstances, does this mean in conflict or e.g. with language barrier, disabilities etc [?] this could be clarified"

  o Comments in relation to the importance of the attribute *(49 comments)*

  "Consultation skills are key in so many aspects of the foundation pharmacist's role. In particular, it is very important that they learn person-centred consultation skills and develop confidence in communicating with the MDT."

  o Comments pertaining to how it is an attribute is developed during training *(47 comments)*

  "These are skills to be developed. It can come more naturally to some people but with the correct guidance, training and feedback these skills can be developed."

  o Comments suggesting this attribute should be expected at the point of entry *(23 comments)*

  "Basic consultation and communication skills are vital to delivering patient centred care and you should be in a position to do this from Day One with support to improve and build on these skills throughout the foundation journey"

  o Comments relating to the future importance of the attribute (4 *comments*)

  "It is an area which will become increasingly important in the next few years as the clinical role of pharmacists in primary care increases."

  o Other – includes comments relating to how the training needs to support the attribute, how the attribute should be assessed at other points in the career pathway, and comments relating to interaction with other attributes/knowledge *(40 comments)*

  "I think everyone knows communication is important, but there's not enough work to prepare in advance of registration. I think good communication skills comes with experience and more opportunity should be given to communicate with a whole range of people before starting a career."

  "The main concern I have surrounding newly qualified pharmacists is that they often struggle with business interaction, clinically their knowledge is very apparent but delegation and discussion with the teams around them is often lacking."

  "This is an area in which we need to work more collaboratively with HEI's to embed as part of undergraduate training, and we also need to work with our current workforce to develop skills and knowledge to be able to better role model these behaviours."

- **Person-Centred Care** *(133 comments)*

  o Comments in relation to the indicators/attribute *(40 comments)*

  "A commitment to continuity of care goes beyond the need for an individual pharmacist following up on an individual's care. The indicator needs to be expanded to also include the need for a pharmacist to ensure that they have made the ongoing needs of the patient clear to others and that they have ensured that these will be reviewed and actioned in a timely manner."

  o Comments in relation to the importance of the attribute *(21 comments)*

"Putting the patient at the centre of everything we do as pharmacists is vitally important. Basic skills should be known and able to demonstrate with the option to gain further support and experience with feedback throughout their foundation journey."

- o Comments pertaining to how it is an attribute developed during training (*31 comments*)

"Providing real person-centred care is a complex task. I think for foundation pharmacists entering the career working to guideline and using a thorough evidence base to support their actions is more achievable than expecting them to do this from day one. As clinical and professional knowledge grows it becomes easier to step away from those guidelines to truly tailor a patients care whilst still using evidence based practice; something I don't think can be expected of a newly qualified, but should be a main focus of development in early years."

- o Comments suggesting this attribute should be expected at the point of entry (*0 comments*)

- o Comments relating to the future importance of the attribute (2 *comments*)

"This will become increasingly important as pharmacist become increasingly involved in individualising and personalising care. I would not expect foundation pharmacists to be experts in this area at the start of the programme, but it will be important to develop it during the programme."

- o Other – includes comments relating to how development of this skill can be supported, the difficulties of assessing these behaviours, the appropriateness of this attribute dependant on the work setting, and comments relating to interaction with other attributes/knowledge (*38 comments*)

"Often this needs to be balanced against the needs of a population. Pharmacists are often the role that can articulate the importance of this. [It is] not always appropriate/possible to actively follow-up after each interaction"

"I think this can be difficult to prioritise due to time pressures and quick rotations through clinical areas"

- **Professional Accountability** *(116 comments)*
  - o Comments in relation to the indicators/attribute (*50 comments*)

  "Professional accountability is important, however some of these indicators require levels of confidence and assertiveness that foundation pharmacists may not have. They may also be fearful of consequences, which may limit the extent to which they show these indicators. Transparency and openness are other important indicators for professional accountability"

  - o Comments in relation to the importance of the attribute (*30 comments*)

  "We must all be accountable as a profession. This seems to be something that is drilled in to pharmacists very early on more than other professions I routinely work with and I think we should be proud of this."

  - o Comments pertaining to how it is an attribute developed during training (*19 comments*).

  "Should have an awareness of responsibilities and duty of candour but as the foundation role is a training role they need to feel supported that if they make a mistake they can talk to someone and get help with how to resolve this. Mistakes are going to happen and in a training role this needs to be expected and risk assessed to minimise the likelihood."

"While it is important for the foundation pharmacist to demonstrate at the point of entering the current pre-reg structure and depending on where they are practising and under whom can restrict their ability to do so. Therefore, there is always room for them to develop these skills further within the foundation context as they step into the role of Responsible Pharmacist"

- o Comments suggesting this attribute should be expected at the point of entry (*27 comments*)

"In this case I feel the foundation pharmacist at the point of entering the role should be able to demonstrate Professional Accountability. This should be the case at whatever point an individual is in their career and regardless of the roles they are undertaking."

- o Comments relating to the future importance of the attribute (0 *comments*)

- o Other – includes comments relating to care pathways, pharmacy support networks, and the current atmosphere of pharmacy in relation to this attribute (5 *comments*)

"All healthcare professionals should be accountable for their actions. I think perhaps more should be done to protect foundation pharmacists through proper support networks as naturally their lack of experience will put them at greater risk of not identifying clinical errors."

- • **Evidence-Informed Decision Making** *(113 comments)*

  - o Comments in relation to the indicators/attribute (*53 comments*)

  "A skill that needs to be at the foundation of their practice and way of working. We need them to ask - why do you do that? What's the evidence? Could we do it differently?"

  "During your foundation years, it is important that you are able to grasp and use the resources you have available. You are likely to start understanding how the resources you have at your disposal truly benefit your practice and ultimately your patients, however, this process is going to take time and as resources evolve and access to these resources change pharmacists need to continue to use an evidence base as the fundamental element of their decision making."

  - o Comments in relation to the importance of the attribute (*24 comments*)

  "It is important that whatever sector a foundation pharmacist role is based in that evidence based clinical and cost effectiveness to the whole health economy is considered. By looking to the whole health economy then this will drive improved quality and safety relating to use of medicines."

  - o Comments pertaining to how it is an attribute developed during training (*35 comments*)

  "The jump from being a pre-registration student, to being the person that people look to for the final decision is a big leap. I feel the use of an experienced mentor is good when decision-making. I think foundation pharmacists benefit from being able to talk through their decisions with others."

  - o Comments suggesting this attribute should be expected at the point of entry (*6 comments*)

  "This is a skill which is difficult to teach at undergrad level and then [needed] fully immediately upon registration. This is precisely why good quality clinical supervision of foundation years pharmacists is essential. To teach and guide the individuals in their approach to this"

  - o Comments relating to the future importance of the attribute (1 *comment*)

  - o Other – includes comments relating to the forms of evidence available and the importance of this attribute across all levels of pharmacy roles (*5 comments*)

"This is something all pharmacist continue to work on for the whole of their career. Showing an awareness and knowing when to seek advice after collecting the appropriate data is what I'd be looking for."

- **Multi-Disciplinary Working and Leadership (now labelled Collaborative Working in the final framework)** *(97 comments)*

    o Comments in relation to the indicators/attribute (*46 comments*)

    "At this stage in a pharmacist career they may not have all the skills for working in an MDT or all the roles and values of others, again foundation should help develop this. However, all should be a role model to others regardless of their stage in their career."

    o Comments in relation to the importance of the attribute (*36 comments*)

    "It will take time for a newly qualified pharmacist to build up the relationships and understanding to be confident in developing multidisciplinary working so whilst important, it is not something I'd say to prioritise over other areas"

    o Comments pertaining to how it is an attribute developed during training (*23 comments*).

    "I would see the foundation programme as a way of developing a number of these skills, perhaps laying a foundation which will continue to develop after the foundation pathway. It is important to be a good team member and understand the contribution of other members of the team but a full understanding of how to work with colleagues, and the role of all members in a multi-professional team develops over time."

    o Comments suggesting this attribute should be expected at the point of entry (*9 comments*)

    "Should have a sound understanding of multidisciplinary working prior to starting role. Leadership skills to be developed as appropriate for roles that are subsequently undertaken."

    o Comments relating to the future importance of the attribute (0 *comments*)

    o Other – includes comments relating to interaction with other attributes, and how training can be utilised to maximise learning in this area (*4 comments*)

    "Greater emphasis needs to be placed on developing pharmacy professionals with not only sound clinical knowledge and professional behaviours, but helping them develop the leadership/followership attributes required to embrace change and broader partnership working relationships with both MDT colleagues, but also with citizens as partners."

- **Personal Development** *(82 comments)*

    o Comments in relation to the indicators/attribute (*23 comments*)

    "Foundation pharmacists should be proactive in following up on development plans they have made, adapt well to meet changes or set backs in development. They should engage in peer review/assessment of practice to bench-mark performance"

    o Comments in relation to the importance of the attribute (*34 comments*)

    "Whilst a foundation pharmacist will be guided in many of this, taking own initiative to set own goals is very important as a pharmacist is ultimately responsible and accountable for (their) own decisions."

    o Comments pertaining to how it is an attribute developed during training (*38 comments*)

"Personal development and motivation are important aspects for foundation pharmacists but this has to be countered with them delivering the day-to-day service of the role and objectives and learning opportunities should be guided by a more senior colleague or mentor to ensure development is realistic and achievable."

"While it is important for the foundation pharmacist to demonstrate at the point of entering the current pre-reg structure and depending on where they are practising and under whom can restrict their ability to do so. Therefore there is always room for them to develop these skills further within the foundation context as they step into the role of Responsible Pharmacist"

- o Comments suggesting this attribute should be expected at the point of entry (*10 comments*)

"I think these behaviours and attitudes need to be more strongly embedded in the pre-registration role, especially in hospital - pre-reg trainees are very different to medical students in that they often need a huge amount of guidance and support rather than pro-actively seeking out opportunities for learning. The foundation pharmacists should be coming from a place of personal development as soon as they qualify."

- o Comments relating to the future importance of the attribute (2 *comments*)

"This is something which requires attention currently. It is of utmost importance that this is developed in the foundation pharmacist role of the future."

- o Other – includes comments related to barriers to self-learning including time pressure and how this is something that trainees tend to struggle with (*14 comments*)

"A common barrier to self-development and taking advantage of learning opportunities is often perceived lack of time or lack of staff."

- **Resilience and Adaptability** *(91 comments)*
  - o Comments in relation to the indicators/attribute (*29 comments*)

  "Able to incorporate new ideas/ways of thinking or amend plans in response to unexpected events/demands. Able to reflect objectively on challenging situations in order to learn from them."

  - o Comments in relation to the importance of the attribute (*34 comments*)

  "I think resilience is an important attribute, but people will present with very different baselines of resilience. Senior colleagues need to think carefully on how we support foundation pharmacists in developing this attribute."

  - o Comments pertaining to how it is an attribute developed during training (*38 comments*)

  "I think as a profession we need to be better at teaching and mentoring resilience and working under stress."

  - o Comments suggesting this attribute should be expected at the point of entry (*8 comments*)

  "I believe that the pre-registration year and the undergraduate degree does not prepare pharmacists for this very effectively and as a result foundation pharmacists often find the demand on them very difficult to deal with in the first few months post qualification."

  "I would only expect a foundation pharmacist to demonstrate self-awareness and emotional intelligence within the role, reflects on and understands the impact a situation may have on one's own resources after a few years of experience, and not at the initial stage of entering foundation training"

- o Comments relating to the future importance of the attribute (5 *comments*)

  "Personal resilience is becoming more and more important and pharmacists need to understand self-care and be given the confidence and techniques of how to challenge those who do not treat them fairly and with respect. Some of the training can greatly stress individuals leisure, recovery and family time and they need to be aware of the risks of not addressing this."

- o Other – includes comments relating to work pressures and the support required (*8 comments*)

  "those who will do best longer term will be those who reflect, seek advice and find out how to cope with stressful situations. Whilst we try to protect FP learning time and would try to avoid the busiest, more complicated wards initially, if we don't provide exposure and inspire the next generations how can we evolve as more senior pharmacists"

- **Commitment to the Profession** (59 comments)

  - o Comments in relation to the indicators/attribute (*33 comments*).

    "needs to be more positively phrased in terms of health economics and value for money from NHS resources. Needs to be clear who the FP would promote the new pharmacy services to and how this would be different to the earlier indicators about providing the best possible patient care and excellent MDT working."

  - o Comments in relation to the importance of the attribute (*36 comments*)

    "Attitude and aptitude are key to being successful. Passion, humility and self motivation are important to survive pharmacy. Recognition and celebration of success, growth in self and others is important in valuing people and the profession of pharmacy. Wanting not just personal and team success but to demonstrate pride in the growth and development of pharmacy as a profession is vital. We need to unite as pharmacy professionals and encourage the profession to be successful as well as collaborative with other professions rather than seeing us in competition with others.".

  - o Comments pertaining to how it is an attribute developed during training (*7 comments*)

    "Most of this needs to be innate but some will develop with experience. Employers and commissioners have a responsibility to nurture young pharmacists so their early years enthusiasm and commitment remains."

  - o Comments suggesting this attribute should be expected at the point of entry (*1 comment*)

    "Some of these are attributes that are difficult to teach / acquire - and are about choosing the right people to go into the profession in the first place. But of course we can encourage them to think this way and develop those skills further."

  - o Comments relating to the future importance of the attribute (11 *comments*)

    "Most of this needs to be innate but some will develop with experience. Employers and commissioners have a responsibility to nurture young pharmacists so their early years enthusiasm and commitment remains."

  - o Other – includes commentary related to respondents concerns generally about the pharmacy profession and what that means in regard to this attribute (*4 comments*)

    "The role of the pharmacist is becoming redefined at the moment, so it is difficult to know whether to commit to being a prescriber or an expert on advising or an appraising and applying evidence. By being pulled in different directions it is hard to identify with the profession specifically. This is of

particular concern immediately post registration where trainees can feel directionless (as I personally experienced)."

- **Applying Clinical Knowledge and Skills** (*87 comments*)

  o Comments in relation to the indicators/attribute (*54 comments*)

  There is a strong debate regarding foundation pharmacists prescribing, many of which believing foundation pharmacists are too junior to be prescribers: *"Fps should not be prescribers, they need to develop the clinical and social underpinnings to then train to be an IP".*

  o Comments in relation to the importance of the attribute (*30 comments*)

  "Not sure about the need for knowledge in other sectors. Whilst this is important is this the right time to focus on it?"

  "Pharmacists are clinical professionals. If they cannot perform clinically then there is no point to having a pharmacist on the team. Prescribing has become an essential attribute"

  o Comments pertaining to how it is an attribute developed during training (*32 comments*)

  "Capabilities to become an independent prescriber require more skills and knowledge than a foundation pharmacist possess. This will come with more time and experience."

  o Comments suggesting this attribute should be expected at the point of entry (*12 comments*)

  "At foundation level there will be limits I think to what an individual can know about all sectors or to what they can achieve at a population level. I would wish to see enthusiasm though for finding out about all sectors and ambition for new wider roles in future."

  o Comments relating to the future importance of the attribute (7 *comments*)

  "'Proficient in conducting patient clinical examinations and assessments, gathering information and history taking; seeks to develop own diagnostic skills': this will increase in importance. At present FPs are proficient in medication history taking. They do not have clinical examination skills and diagnostic skills are low, limited to minor ailments. These skills and other prescribing skills will increase in importance, therefore pharmacists must learn them at undergraduate level. The profession is undergoing a huge change, moving further from the supply role and into a clinical role. We must support the young pharmacists and alter their expectations."

  o Other (*0 comments*)