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Pharmacy learner engagement Executive summary

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PHARMACY LEARNER ENGAGEMENT:

A report commissioned by Health Education England

EXECUTIVE SUMMARY

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1 INTRODUCTION

1.1 The landscape of pharmacy practice in England is changing. A number of recent publications such as the NHS Long Term Plan have proposed changes to the way that pharmacy professionals work. Many of these changes encourage pharmacists, in particular, to spend time on clinical activities, thus also impacting pharmacy technician roles and responsibilities. These changes in practice are also taking place against a backdrop of reforms to pharmacy education. In order for pharmacists and pharmacy technicians to be equipped with the knowledge, skills and behaviours to provide more clinical, patient-centred care, it is essential to ensure that the education and training of these groups of professionals is fit for purpose.

2 AIMS AND OBJECTIVES

2.1 The aim of the pharmacy learner engagement research was to review the current model of pharmacy workforce education and training and establish pharmacy professionals' views on preparedness for future roles.

2.2 The objectives of the research were to: (a) establish views on pre- and post-registration education and training from the pharmacy workforce, and (b) to determine how prepared pharmacy professionals felt regarding future roles.

3 METHODS

3.1 An online survey was distributed to: (i) newly-qualified pharmacists (qualified post March 2018), (ii) newly-qualified pharmacy technicians (qualified post March 2018),(iii) post-registration pharmacists (qualified prior to March 2018) and (iv) post-registration pharmacy technicians (qualified prior to March 2018). Each pharmacy professional received a survey relevant to their professional group and registration status; there were four surveys in all.

3.2 The post-registration surveys reported in this executive summary contained questions on learning events undertaken within the past 12 months (up to a total of 4), including provider type, duration, funding, reason for learning, feedback, support and whether learning was completed. Participants' views were sought on the learning events, including relevance to current and future roles, support received benefits of training on professional practice, etc.

3.3 Participants recorded their views on nine domains of future practice, in terms of how prepared they felt to perform a role (or if already performing the role). Some domains were specific to each participant group (e.g. independent prescribing for pharmacists), but there were some common domains (e.g. consultation skills).

3.4 The surveys were uploaded to the online platform SelectSurvey. A survey link was emailed to 50% of pharmacists (N=14,994) and all pharmacy technicians (N=11,570) who were registered with the Centre for Postgraduate Pharmacy Education (CPPE). Survey links were also disseminated to the pharmacy workforce via social media.

3.5 In order to sense-check findings from our survey we ran a one-day stakeholder event at the University of Manchester in April 2019. The stakeholder event consisted of a presentation by the research team outlining preliminary findings from the pharmacy learner surveys. Following this an interactive session was undertaken, using Ketso, a toolkit for creative engagement.

3.6 Twenty-three stakeholders attended the stakeholder event, including representatives from hospital pharmacy, higher education, community pharmacy and CPPE.

4 FINDINGS

Respondent characteristics

4.1 In total, 532 respondents completed the surveys. The majority (97.4%) were post-registration pharmacists (N=252) and pharmacy technicians (N=266). Due to low responses from the newly-qualified pharmacists (N=9) and pharmacy technicians (N=5) findings from these groups are not reported. The overall sample (N=518) therefore relates to post-registration pharmacy professionals only.

4.2 Pharmacist and pharmacy technician respondents were broadly similar, with the only significant difference that pharmacist respondents were more likely to record a black, Asian and minority (BAME) ethnic origin. The majority of pharmacy professionals had entered the register after completing UK-based qualifications.

4.3 A majority (82.5%) of pharmacists worked in one sector; technicians were more likely to work in one sector only. Pharmacist respondents were more likely to be working in the hospital sector than pharmacy technician respondents (31.7% vs. 15.5%), while pharmacy technicians were more likely to be working in hospital (55.1% vs. 42.8%) than their pharmacist peers. Pharmacists were more likely to be working in a GP practice than pharmacy technicians (14.0% vs. 6.0%). Community pharmacists were more likely than their pharmacy technician peers to work in an independent pharmacy or a small-chain pharmacy. These differences were statistically significant. There were no statistically significant differences in work setting for hospital pharmacists and pharmacy technicians.

Learning events

4.4 Three hundred and thirty respondents (63.7%) provided information on at least one learning event undertaken in the previous 12 months; information was provided on 464 learning events (242 pharmacists, 224 pharmacy technicians). The majority reported one learning event only.

4.5 The most commonly cited reasons for pharmacists and pharmacy technicians to undertake learning were 'career development' and 'personal interest.' Over a quarter of pharmacists and pharmacy technician respondents had completed the learning event because their employer mandated it. Around one in five of all respondents overall had undertaken the learning for revalidation purposes. There were no statistically significant differences in reasons for undertaking learning between pharmacists and pharmacy technicians.

4.6 Pharmacists registered ≤ 10 years were more likely to give 'career development' as a reason for learning than pharmacists registered > 10 years (49.3% vs. 29.5%). Hospital pharmacy professionals were more likely than community pharmacy professionals to be undertaking the learning for career development reasons (39.1% vs.15.2%). Community pharmacy professionals were more likely to be doing the learning for revalidation purposes (19.6% vs. 9.8%). These differences were statistically significant. There were no other statistically significant differences between community and hospital pharmacy professionals in reason for learning.

4.7 Respondents reported that the majority of learning events had been completed at the time of the survey. Approximately half of the learning events lasted ≤7 hours. The Centre for Pharmacy Postgraduate Education (CPPE) was the most common provider of learning for both pharmacists and pharmacy technicians. Pharmacy technicians were more likely to have undertaken learning provided by a NHS employer than their pharmacist counterparts (28.9% vs. 13.2%). This difference was statistically significant.

4.8 Pharmacists registered ≤ 10 years were more likely to have undertaken learning with a higher education institution (HEI) provider than those on the register >10 years (34.8% vs. 13.6%). Pharmacists on the register >10 years were more likely to have undertaken learning with CPPE (44.9% vs.28.3%). These differences were statistically significant. There were no statistically significant differences in learning provider by years of registration for pharmacy technicians.

4.9 CPPE provided almost half (48.0%) of the learning events lasting up to 7 hours. HEIs accounted for 29.5% of learning lasting one to 11 months and 59.1% for learning lasting ≥12 months.

4.10 In almost half of cases the learning event was free-of-charge. Approximately a third of participants had been funded to do the learning by their employer. HEE funded 18.8% of pharmacist learning and a smaller proportion (12.1%) of the pharmacy technician learning. One in 10 pharmacists funded their own learning; this figure was lower in the pharmacy technician group (3.9%). These differences were statistically significant. There were no statistically significant differences in sources of funding between the two groups of participants or according to years on the register (≤10 years vs. >10 years).

4.11 Hospital pharmacy professionals were more likely to report that their employer had funded their learning than community pharmacy professionals (27.4% vs. 9.8%).This difference was statistically significant. There were no other statistically significant differences by sector.

4.12 Face-to-face learning and online-learning were the most commonly cited methods of learning delivery used. Hospital pharmacy professionals were more likely to use face-to-face learning methods (46.5% vs. 27.1%) and collaborative learning (22.3% vs. 3.3%) than their community peers. Community pharmacy professionals were more likely to have used online learning than their hospital peers (48.9% vs. 26.5%). These differences were statistically significant.

4.13 The most commonly cited sources of support for learning were the course leader and peer support. There were no statistically significant differences between pharmacists and pharmacy technicians in terms of the types of support they received. Pharmacists registered ≤10 years were more likely to have a named tutor than those who had been on the register for more than 10 years (21.7% vs. 10.2%). This difference was statistically significant. There were no other statistically significant differences in support provided according to years of registration.

4.14 Hospital pharmacy professionals were more likely to have received the support of a course leader/facilitator than community pharmacy professionals (32.1% vs. 13.0 %). Community pharmacy professionals were more likely than their hospital peers to report receiving no support (17.4% vs. 5.6%). These differences were statistically significant.

4.15 Approximately a third of pharmacists and 41% of pharmacy technicians had not received any feedback on their learning. The most commonly cited sources of feedback were written and verbal feedback. There were no statistically significant differences between pharmacists and pharmacy technicians in terms of feedback, or according to years of registration or sector of practice.

4.16 The highest proportion of participants in both groups reported completing the learning in their own time (57.4% and 40.1% for pharmacists and pharmacy technicians, respectively). Pharmacists were more likely to complete learning in their own time and also more likely to have taken annual leave than their pharmacy technician peers. These differences were statistically significant. Twenty-three percent of the pharmacy technicians and 18% of the pharmacists reported that the learning was part of their role. There were no other statistically significant differences between registrant type or by years on the register.

4.17 Community pharmacy professionals were more likely to than hospital pharmacy professionals have completed the learning in their own time (42.4% vs. 23.3%). Hospital pharmacy professionals were more likely than their community peers to both have had protected time in which to complete the learning (16.7% vs. 2.2%), have completed the learning during quiet times at work (14.4% vs.5.4%) and for the learning or training to have been part of their job role (15.8% vs. 2.2%). These differences were statistically significant.

Views on learning events

4.18 The statements recording the highest levels of agreement for both pharmacists and pharmacy technicians related to the relevance of learning to current and future roles and ease of accessing the learning. The majority of respondents agreed that the learning had been delivered in a way that was stimulating, and most valued the support they had received from the learning provider. Fewer pharmacists than pharmacy technicians agreed that they valued the support they had received from their employer. A large proportion of respondents in both groups had been able to apply the skills in their current role. There were no statistically significant differences between the groups in regard to these statements.

4.19 Pharmacists registered >10 years were more likely than those registered ≤10 years to agree that the content of the learning was directly relevant to their current role (91.3% vs. 76.2%) and that the learning was delivered in a way that they found stimulating (90.2% vs. 59.5%).These differences were statistically significant. Only 39% of community pharmacists and pharmacy technicians reported feeling supported by their employer, compared with 68% of hospital pharmacists and pharmacy technicians; this difference was statistically significant.

Preparedness for future domains of practice: pharmacists

4.20 More than one third of pharmacists were already providing education to other healthcare professionals (36.4%) and performing medicines optimisation (34.6%). A quarter of pharmacists were actively practising as an independent prescriber. Seventy-three percent of pharmacists felt completely unprepared to collect samples for laboratory analysis and almost half (46%) felt unprepared to undertake diagnostic examinations. Forty percent of respondents felt completely unprepared for independent prescribing. There were no statistically significant differences between pharmacists according to years of registration in the proportion of respondents fully prepared for/already performing future domains of practice.

4.21 Amongst community pharmacist respondents, the highest number of respondents reported they were already providing advanced consultation skills and felt most prepared for conducting physical observations and collecting samples. Amongst hospital pharmacists, the highest number of respondents reported they were most likely to be performing medicines optimisation and providing education to other healthcare professionals. Thirty-nine percent of the hospital pharmacists were also undertaking independent prescribing and interpreting investigation findings. Amongst hospital pharmacist respondents, the highest number of respondents reported being fully prepared to perform medicines optimisation and for working across settings. The sample size was too small to perform statistical analysis to determine if any of the differences by sector of practice were statistically significant.

4.22 Pharmacists with an independent prescribing qualification were most likely to be already performing medicines optimisation, independent prescribing and providing education to other healthcare professionals. They were most likely to feel fully prepared to work across settings, to provide advanced consultation skills and to interpret investigation findings. Pharmacists with an independent prescribing qualification were more likely than non-prescribers to already interpreting investigation results, working across sectors, medicines optimisation and providing education and training. These differences were statistically significant.

Preparedness for future domains of practice: pharmacy technicians

4.23 More than half (54.2%) of the pharmacy technicians reported that they were already performing accuracy checking. Forty percent of pharmacy technicians were already performing medication history taking and documentation and a similar proportion were providing education to other healthcare professionals. Forty-five percent of pharmacy technicians felt completely unprepared to perform physical examinations and 41% felt unprepared to administer medicines.

4.24 Pharmacy technicians registered >10 years were more likely than those registered ≤10 years to be either already providing education or training to other healthcare professionals or feel fully prepared to do so (66.3 % vs. 42.5%). These differences were statistically significant. There were no other statistically significant differences in preparedness according to years of registration.

4.25 The roles that community pharmacy technicians were most likely to be already performing were accuracy checking and advanced consultation skills. One in four community pharmacy technicians were already performing dispensary management and physical observations.

4.26 Close to three-quarters of hospital pharmacy technicians were performing accuracy checking and more than half were already performing medication history taking and documentation. A third of hospital pharmacy technicians were performing advanced consultation skills.

4.27 The roles that community pharmacy technicians reported feeling most prepared to perform dispensary management, to provide education to other healthcare professionals, and performing clinical audits.

4.28 The roles that hospital pharmacy technicians reported feeling most prepared to perform dispensary management, to work across sectors, and to perform clinical audits. The sample size was too small to perform statistical analysis to determine if any of the differences by sector of practice were statistically significant.

Impactful training

4.29 Respondents were asked open-ended questions about impactful training. For pharmacists, the two most notable pieces of impactful training were. clinical diploma(s) and the non-medical prescribing qualification. For pharmacy technicians, the most commonly noted impactful learning were accuracy checking and leadership training.

Stakeholder event summary

4.30 In terms of what was currently working well in pharmacy education and training, stakeholders noted the importance of CPPE provision, NHS policy that supports roles for the pharmacy profession (e.g. long-term plan), links with higher education and further education providers, and apprenticeship structure.

4.31 Future possibilities described as priority ideas for the profession included the notion of one central employer, who would employ all pharmacy professionals, new or revised community pharmacy contract, a training needs analysis, foundation training for all, wider development of pharmacy (e.g. patient-facing roles), the creation of a high level qualification for pharmacy technicians above level 4. Stakeholders also prioritised the development of leadership and consultation skills and protected time for staff development. Other priority ideas included the pharmacist apprenticeship scheme, the development of pharmacy technician career frameworks and the possibility of a transferrable workforce.

4.32 Challenges identified as a priority for the profession included inequality, of funding, staffing issues that meant that individuals found it difficult to find time for training, the issue of culture within the profession ("that's not my job") and the lack of GPhC oversight of pre-registration technician programme providers.

5 DISCUSSION

Limitations

5.1 There was some evidence to suggest that certain groups of pharmacy professionals were under-represented in our sample, including BAME and female pharmacists. This could however be an artefact of the age of the sample, as younger pharmacists, in particular, tend to be from more diverse backgrounds than older pharmacists.

5.2 The proportion of pharmacists with an independent prescribing qualification (~35%) is also considerably higher than on the register as a whole; data from the 2013 survey of pharmacists with a prescribing annotation indicated that 12% held a prescribing qualification, although not all may have been practising.

5.3 Due to a disappointing response from the newly-qualified pharmacists/pharmacy technicians, it was not possible to report findings from this group of pharmacy professionals While the sample of post-registration pharmacy professionals was large enough to perform some simple subgroup analyses, the numbers were too small to permit statistical tests of significance by pharmacy sector for some variables; this should be recognised as a limitation.

5.4 The sample contained some primary care/GP practice pharmacists and pharmacy technicians; a group which is increasing significantly at present. Unfortunately numbers were not sufficient for any comparisons to be made with other sectors of practice.

Implications

5.5 Pharmacy technicians were more likely than pharmacists to have undertaken learning provided by their employer. This may be due to a significantly higher number of pharmacy technicians in our sample working in the hospital sector; research indicates that pharmacy technicians working in the hospital sectors are more likely to have training provided for them.

5.6 Pharmacists registered < 10 years were more likely to have undertaken their learning at a higher education institution and more likely to have undertaken learning lasting 12 months or more. This is to be expected as pharmacists at this early stage of their career are likely to be consolidating and expanding their learning and undertaking clinical diplomas. Pharmacists registered >10 years were more likely to have used CPPE as their learning provider and to have completed learning of a shorter duration.

5.7 CPPE was the mostly commonly-cited learning provider. It is interesting to note that in the stakeholder event, CPPE was commonly identified as one of the aspects of pharmacy education that was currently working effectively, as were higher education institutions, which provided 17% of the learning discussed in the surveys.

5.8 Approximately half of all learning was free of charge, which is to be expected, given the significant proportion of respondents who reported that their learning was provided by CPPE Indeed, CPPE provided 60% of learning events that were free-of-charge. Around a third of all respondents had been funded by their employer; hospital-based pharmacy professionals were more likely to report this. This finding tallies with previous research with pre-registration trainees and early career pharmacists, suggesting sectoral difference in mechanisms of support, leading to questions over the equitability and robustness of training. One in ten pharmacists funded their own learning; pharmacy technicians were less likely to have done so.

5.9 There was evidence that professionals registered ≤10 years were more likely to have the support of a named tutor for learning event analysed. It is possible that this is linked to the types of education this group of professionals were undertaking, as this group were more likely to be undertaking learning of a longer duration, for example clinical diplomas. It should be noted that community pharmacy professionals were more likely than their hospital peers to report having received no support from a named tutor, course leader, online forum or peers during their learning. This finding echoes previous research with early career pharmacists, which suggests that early career community-based pharmacy professionals lacked support.

5.10 Pharmacist respondents were significantly more likely than pharmacy technicians to report completing the learning in their own time/taken annual leave. Again, this could be due to higher numbers of pharmacy technicians working in the hospital sector; survey findings indicated that hospital-based pharmacy professionals were more likely to have protected time for their learning or for training to be a part of their role. Unfortunately, the sample size was not large enough for analysis by both registrant type (pharmacist vs. pharmacy technician) and sector of practice. Community pharmacy professionals were more likely to have used online learning than their hospital peers and this may reflect the fact that this group of professionals were more likely to be doing the learning in their own time.

5.11 With regard to pharmacy professionals' views on the learning events undertaken, the statements with the highest level of agreement related to the relevance of training to current and future roles in pharmacy. It was positive to see that the majority of the learning was delivered in ways that the respondents found stimulating; although there was some evidence that pharmacy professionals who had been registered ≤10 years found the learning of less relevance to their current or future roles. Hospital pharmacy professionals were more likely to report feeling supported by their employer during the learning. Again this is supported by previous research with pre-registration trainee pharmacy professionals.

5.12 In terms of preparedness for future roles, a third of pharmacists were already providing education to other health professionals and performing medicines optimisation. A quarter of pharmacist respondents were already actively practising as an independent prescriber. Those with an independent prescribing qualification were more likely than those without the qualification to be fully prepared for or already undertaking interpretation of test results, working across sectors and providing medicines optimisation. This suggests that independent prescribers are better-prepared for advanced and autonomous practice.

5.13 In terms of clinical/physical examination skills, pharmacists felt least prepared to collect samples and to perform diagnostic examinations. There were no significant differences in preparedness according to years on the register. Unfortunately, the sample was too small to perform statistical tests to determine if differences were statistically significant.

5.14 A majority of pharmacy technicians were either already performing/fully prepared for accuracy checking. This is perhaps not not unexpected, given that accuracy checking training was noted as the most impactful learning by a number of pharmacy technicians. The roles that pharmacy technicians felt least prepared to perform were physical observations and the administering of medicines to patients. It is essential to ensure that pharmacy technicians are adequately prepared for the frontline, patient-facing medicines optimisation activites outlined in the 2016 Carter report.

5.15 For pharmacists, there were two notable pieces of impactful training: the clinical diploma(s) and the non-medical prescribing qualification. These qualifications are both likely to be key for devloping critical thinking and diagnostic skills, which will be essential for pharmacists taking on new roles and becoming advanced and autonomous practitioners.

5.16 Leadership and management training had enhanced career development in some cases and will no doubt be important in order for pharmacists working as leaders in multidisciplinary teams and primary care networks. It is interesting to note that participants at the stakeholder event identified diploma courses as an aspect of current pharmacy education provision that was working well. For pharmacy technicians, the most commonly noted impactful types of learning were accuracy checking and leadership training.

6 CONCLUSION

6.1 The findings from the research indicate that there are a range of motivations and support for learning among pharmacy professionals. The research also suggests that the perceived impact of learning events and perceptions of preparedness for future roles could vary according to factors such as years of experience, holding an independent prescribing qualification or sector of practice. Whilst there were also clearly similarities in experience and perceptions, the findings from this research also offer insights into sectoral differences that exist in access to learning and support. These differences have been identified in previous research with pre-registration pharmacists and pharmacy technicians and early career pharmacists. However, this research indicates that these differences appear to continue into the post-registration period. It is important to recognise the views of the pharmacy workforce when planning future learning as pharmacists and pharmacy technicians will play an important role in supporting patients in a range of settings as outlined in the NHS Long-Term Plan.