



**University of  
Sunderland**

Davison, Kathryn, Bullen, Kathryn and Ling, Jonathan (2018) Pre-registration Pharmacist Tutor Training: A Pilot Study. *Clinical Teacher*, 15. pp. 1-6. ISSN 1743-4971

Downloaded from: <http://sure.sunderland.ac.uk/id/eprint/8777/>

**Usage guidelines**

Please refer to the usage guidelines at <http://sure.sunderland.ac.uk/policies.html> or alternatively contact [sure@sunderland.ac.uk](mailto:sure@sunderland.ac.uk).

**Title:** Pre-registration Pharmacist Tutor Training: A Pilot Study

**Word count:**

Original Article – 1,607 words

Summary – 253 words

## **Pre-registration Pharmacist Tutor Training – A Pilot Study**

### **Summary**

#### **Background**

The quality and variability of Pre-registration Pharmacist Training has been questioned in recent years with many trainees reporting dissatisfaction with their training experiences.

A pilot training event aimed at Pre-registration Tutors from all sectors of practice was developed by Health Education England North East (HEENE) in 2016 to address some of these issues with the overall aim of developing and preparing new tutors for the role of the tutor.

#### **Context**

Quantitative data were collected via a questionnaire given to the participants' before and after training. Questions focused on participants' perceptions of their competence as a tutor across a range of domains such as assessing trainee progress in the workplace, providing feedback, and reflective practice. Interviews were subsequently held with a subset of participants to help understand the key themes and responses.

## **Innovation**

Results were overwhelmingly positive with participants reporting an increased level of confidence in their role, having made positive changes to their practice as a tutor. The only domain that did not show a positive shift post-training was 'undertaking of reflective practice'. Participants attributed this to lack of protected time in the workplace to support reflective practice.

## **Implications**

Results from this evaluation imply that this tutor training event was felt to be worthwhile, met the needs it was developed to address, and has potential to have a positive impact on the standardisation of pharmacist pre-registration tutor training nationally. Areas for improvement centre on external factors relevant to pharmacists' daily practice, such as being allocated time in (or outside of) the workplace to support personal development.

## **Background**

The reform of pharmacy education in the United Kingdom (UK) proposed in 2011 via the Modernising Pharmacy Careers (MPC) Board highlighted the need for reform of undergraduate programmes but also more prominently the pre-registration year [1]. In the UK the majority of undergraduate training involves 4 years of undergraduate study followed by a post-graduate pre-registration training year.

Issues raised focused around inconsistencies in training experiences across sectors and across training sites within sectors, particularly within community pharmacies [1, 2]. This inconsistency has been attributed to the lack of regulation of training providers allowing for dramatic variation in experience and support for trainees, potentially attributable to a lack of standardised training. Educational and clinical supervision are formalised components of medical education, with most trainees being satisfied with their training [3]. While a range of expert bodies support medical trainers, including medical royal colleges, which set standards for the continuing education and training of doctors throughout their medical careers, and postgraduate deans; a similar structure is not currently a compulsory feature of pre-registration pharmacy training.

As an attempt to address these concerns, the Medical Education team at Health Education England North East (HEENE) agreed to deliver novel educational supervisor training to tutors of pre-registration pharmacist trainees across hospital and community sectors. Such training was not previously available to pharmacist tutors in the UK, but has been accessible to, and highly appraised by medical tutors. The programme was adapted to meet the requirements of pharmacist tutors and consisted of three days of training covering a range of topics (see Figure 1).

The evaluation of the pilot training was based on the understanding that the success of a service is usually dependent upon it meeting the needs of those it is seeking to support [4, 5, 6]. The aim was to identify the needs of tutors, and explore how well these needs were met by the pilot training.

Objectives of the evaluation were to:

1. Evaluate perceptions of the training programme by inexperienced tutors from a range of sectors. This included discussion of principles of work-based learning, assessment/appraisal and any unmet training needs
2. Identify the perceived preparedness of tutors to support pre-registration trainees throughout the pre-registration year following completion of the training
3. Explore the impact of different work contexts on the success of the training

## **Methods**

Data were collected using qualitative and quantitative methods (see Figure 2).

Quantitative data were collected via questionnaires sent electronically to participants before and after training. The 18 point questionnaire was developed to elicit a response on all key areas of the training, with participants asked to use a rating scale to indicate their perceptions of each domain. The questionnaire was piloted prior to distribution and clarifications made where appropriate.

Qualitative data were collected via semi-structured interviews with 3 volunteer participants after they had undertaken the 13-week appraisal (pre-registration

pharmacist trainees in the UK are required to have an appraisal at weeks 13, 26, and 39 of their training year [7]). Question design was informed by analysis of free text responses collated from the questionnaire. Interviews lasted approximately 30 minutes, were audio-recorded and transcribed verbatim.

### ***Data collection and analysis***

Questionnaire data were analysed descriptively using Excel (2013). A 100% response rate was achieved but given the size of the cohort (n=24) meaningful statistical comparisons could not be made between groups.

Themes explored in the interviews are listed in Figure 3. Analysis was conducted using a framework method [8] and was used to further explore the data in relation to the open comments cited in the questionnaires. Each participant was given a number as an anonymous identifier, followed by either the letter C to denote a community pharmacist or H, hospital pharmacist; comments were subscripted with either *i* to indicate an interview as the source, Q1 for the pre-training questionnaire or Q2 the post-training questionnaire.

### **Findings**

The pilot training was aimed at inexperienced tutors. The cohort of participants matched this profile with most being qualified as a pharmacist less than 5 years and having little or no previous experience as a tutor. Questionnaire responses were returned by all 24 pharmacists who attended training. Of these, 14 were hospital pharmacists and 10 were

community pharmacists; 6 had undertaken some form of pre-registration tutor training previously, while 18 had not.

Prior to training, participants' perceptions of available support measures for pre-registration pharmacist tutors were overwhelmingly negative. Participants felt there was either no support or the support available was limited to information provided on the General Pharmaceutical Council website. Open comments referred to there being little structure to training and no mechanism to receive feedback on their practise as a tutor.

This issue was reiterated in the interviews with a lack of awareness of available support measures and lack of a formalised approach or structure being offered as reasons for tutor dissatisfaction.

*"I don't think there's much support or guidance. I mean, obviously there's a manual for the pre-reg, but maybe if the tutor had a bit of guidance as well." P2Ci*

Positive comments of existing tutor support mechanisms were largely made by hospital pharmacists who referred to support within their own institution rather than to resources more widely available. Community pharmacists felt less supported with one participant commenting that they felt *"left to their own devices"* P24cQ1.

Results of the post-training questionnaire demonstrated a positive shift in all domains covered in training, with the exception of the tutors' undertaking reflective practice. Pre- and post-training results were almost identical (see Figure 4) despite participants' stating their understanding of reflective practice had increased. Interviewees blamed time

pressures of daily activities for this, stating it was impractical to carry out a reflective approach to their own practise whilst working.

The positive shift seen in questionnaire responses in domains such as perceived confidence for the role of a tutor, holding an effective induction, assessing progress in the workplace, giving feedback, recognising and managing trainees in difficulty, were further supported by the fact participants referred both in open comments and in interviews to the training having changed their practice as a tutor. Conducting the post-training questionnaire and interviews after the pre-registration trainee's 13-week appraisal allowed participants to reflect on how the pilot training had affected their behaviours in the workplace rather than relying on a 'straight-out of training' response to the pilot event.

Behaviour change may be difficult to self-assess for some participants, as many did not have previous experience as a tutor. However, several participants stated their learning from the training was applicable to many areas of practice, particularly in relation to management activities and suggested the approaches they developed through training could be utilised when dealing with *all* colleagues.

*"The training was transferable for all aspects of management and practise...it gave me confidence. I really got a lot out of it" P5Q2*

Hence, whilst many may not have had previous experiences with pre-registration trainees that allowed comparisons to be made, they indirectly used other management experiences as a baseline to assess the implementation of training.



Barriers to the wider implementation of a tutor training programme, as identified by participants, were logistical in nature. There were no negative comments regarding the programme content (other than a single request by an interviewee to increase content on 'how to manage a trainee in difficulty'), rather the time constraints that attending training would cause appeared to be a key concern. This was particularly apparent in participants from the community sector, where time away from the workplace had significant financial implications.

## **Implications**

The lack of supported time that tutors experienced in practice was a key feature identified by participants in this study. A 2014 study of medical trainers [9] found that over 75% of participants believe their work environment is supportive for trainers and trainee doctors. Results showed 84% of trainers had been signposted to formal supervisor training and their perceived understanding of the role scored very highly.

Trainers were positive about supervision aspects such as curriculum content and offering feedback, but less positive towards factors where they have less direct control, including allocated time for supervision activities.

The learning environment can inevitably affect reflection and reflective practice [10].

Whilst participants post-training had a good understanding of reflective practice, the value of training could be substantially reduced without practical support measures in place to allow implementation and development of this important skill. The behaviour of supervisors towards reflective practice has been identified as a key influencing factor in

this behaviour in trainees [10]. In order for reflection to be undertaken as standard practice amongst pharmacists, this skill needs to be nurtured and developed in pre-registration trainees; therefore they should be able to recognise and identify reflective practice as a positive strength in their tutors.

Variation across and within sectors of pharmacy will undoubtedly be an influencing factor in the uptake of any potential training; this could, arguably, be overcome by policy makers making such training a requirement for those undertaking the role of a pre-registration tutor.

Results from this evaluation imply that the pilot tutor training was successful and met the needs it was developed to address. Areas for improvement centred on external influencing factors relevant to pharmacists' daily practice such as a lack of protected time to execute learning.

## **Limitations**

This training programme was a small-scale pilot which therefore limits generalizability. Statistical comparative analysis was also not possible due to the sample size. Assessment of wider implementation of the training including more participants, perhaps with mixed levels of experience encompassing a wider portfolio of training sites, would be a prudent response to these findings in order to gather a stronger evidence base to support discussions related to the implementation of compulsory pharmacist pre-registration tutor training in the UK.

## References

1. Smith A, Darracott R. Modernising Pharmacy Careers Programme. Review of pharmacist undergraduate education and pre-registration training and proposals for reform. *Report to Medical Education England Board* 2011.
2. British Pharmaceutical Students Association. *Feedback in response to the June 2015 GPhC Registration Assessment*.  
[http://bpsa.co.uk/downloads/BPSA\\_report\\_of\\_June\\_2015\\_registration\\_assessment\\_feedback.pdf](http://bpsa.co.uk/downloads/BPSA_report_of_June_2015_registration_assessment_feedback.pdf) [Accessed June 2016].
3. General Medical Council. *Recognising and improving trainers: the implementation plan*.  
[http://www.gmcuk.org/static/documents/content/Approving\\_trainers\\_implementation\\_plan\\_Aug\\_12\\_v2.pdf](http://www.gmcuk.org/static/documents/content/Approving_trainers_implementation_plan_Aug_12_v2.pdf) (accessed June 2016).
4. Brophy S, Snooks H, Griffiths L. *Small-scale evaluation in health: A practical guide*. London: Sage; 2008.
5. Morse JM, Barrett M, Mayan M, Olson K, Speirs J. Verification strategies for establishing reliability and validity in qualitative research. *Int J Qual Meth* 2002; 1(2): Spring Article 2.
6. Pawson R, Tilley N. *Realistic Evaluation*. London: Sage; 1997.
7. General Pharmaceutical Council. *Pre-registration Manual*.  
<https://www.pharmacyregulation.org/making-the-most-of-your-pre-registration-year> [Accessed May 2016].
8. Gale N, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology* 2013; 13(117)
9. General Medical Council. *National Training Survey: Key findings*.  
[http://www.gmc-uk.org/NTS\\_2015\\_pilot\\_trainers\\_survey\\_report.pdf\\_61187899.pdf](http://www.gmc-uk.org/NTS_2015_pilot_trainers_survey_report.pdf_61187899.pdf) [Accessed November 2016].
10. Mann K, Gordon J, Macelod A. Reflection and reflective practice in health professionals education: a systematic review. *Adv Health Sci Educ* 2007; 14:595-621.