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Pre-registration pharmacist tutor training: a pilot study

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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 questionnaires given to the participants before

and after training. The 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 after

training was 'undertaking of reflective practice'. Participants attributed this to the 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 that it was developed to address and has the 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.

The quality and variability of pre-registration pharmacist training has been questioned in recent years

Issues raised were focused around inconsistencies in training experiences particularly within community pharmacies

INTRODUCTION

The reform of pharmacy education in the 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 postgraduate pre-registration training year.

Issues raised were 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 Although 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 3 days of training covering a range of topics (Table 1).

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

The objectives of the evaluation were to:

- evaluate perceptions of the training programme by inexperienced tutors from a range of sectors (this included a discussion of principles of work-based learning, assessment/appraisal and any unmet training needs);

Table 1. Content areas taught during the pilot pre-registration tutor training event

Pre-registration tutor training programme syllabus	Session/instructional methods	Facilitator(s)	Training session
How to do an effective induction	Workshop involving participant-led group discussion	Leadership and mentoring development coach	Session 1
Reflection, action planning and personal development planning	Lecture and tutorial using example case studies	Leadership and mentoring development coach	Session 2
Principles of work-based learning and teaching	Tutorials including role play and reflection, with tripartite learning	HEENE medical trainer	Session 1
Assessment and appraisal of tutees	Lecture focused on registration assessment and framework changes	Expert pharmacist pre-registration tutor	Sessions 2, 3
Giving constructive feedback	Workshop adopting role play to develop feedback strategies	Psychological coaching and mentoring consultant	Session 2
Managing trainees with difficulties/underperformance	Case studies with group discussion and reflective accounts	Pharmacist educational lead and HEENE medical trainer	Sessions 2, 3
Sign-off mentor responsibilities and professional accountability	Informative lecture focused on essential tutor competencies	Expert pharmacist pre-registration tutor	Sessions 1, 3
Quality control, including monitoring and evaluation	Seminar using case studies and reflective scenarios	Pharmacist educational lead	Session 3

HEENE: Health Education England North East.

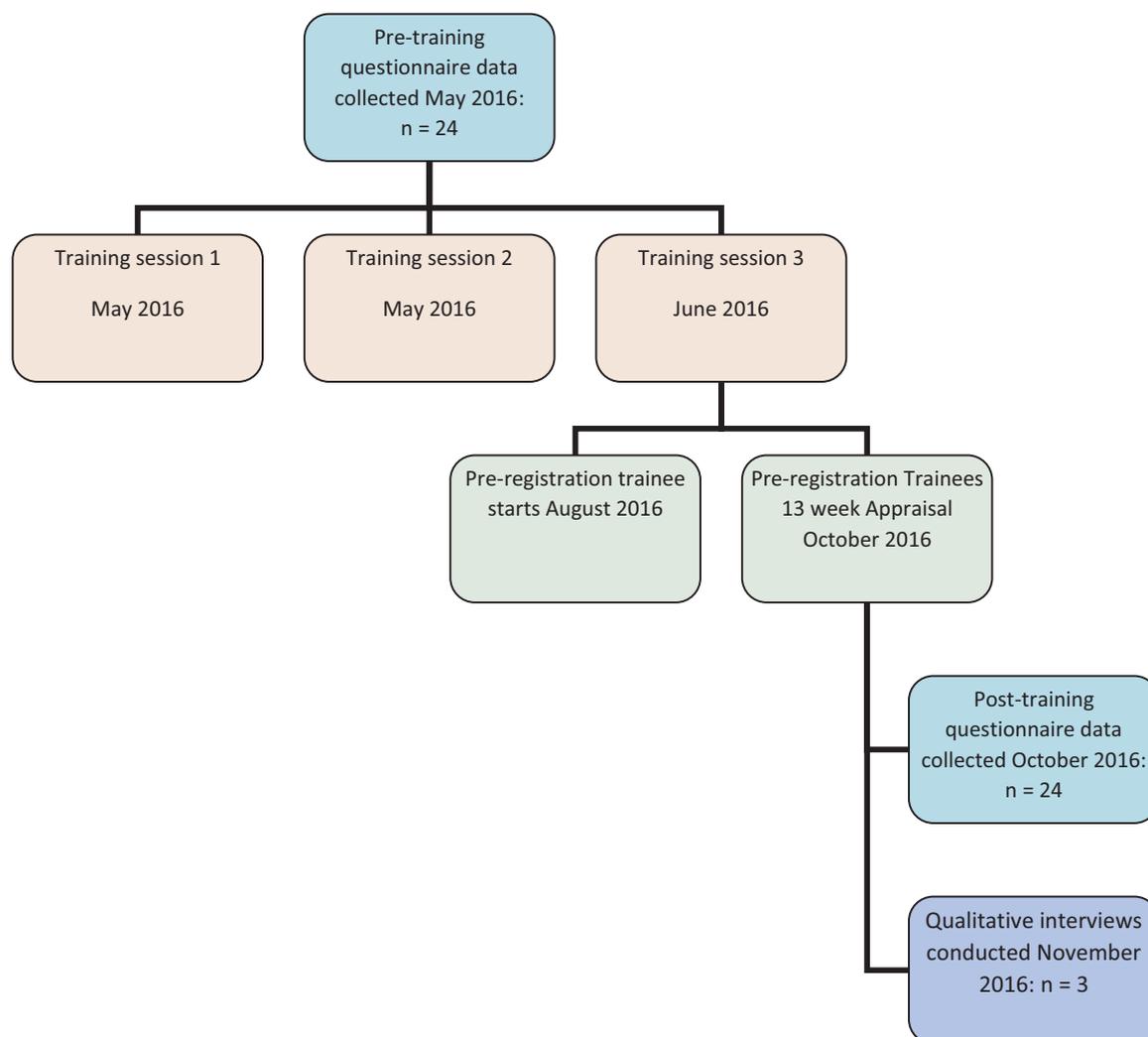


Figure 1. Overview of the evaluation timeline

- identify the perceived preparedness of tutors to support pre-registration trainees throughout the pre-registration year following completion of the training;
- explore the impact of different work contexts on the success of the training.

METHODS

Data were collected using qualitative and quantitative methods (Figure 1). 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 were made, where appropriate.

Qualitative data were collected via semi-structured interviews with three 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 an analysis of free-text responses collated from the questionnaire. Interviews lasted approximately 30 minutes, were audio-recorded and then 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 presented in Figure 2. 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 to denote a hospital pharmacist; comments were subscripted with either i to indicate an interview as the source, Q1 for the pre-training questionnaire or Q2 for the post-training questionnaire.

Community pharmacists felt less supported

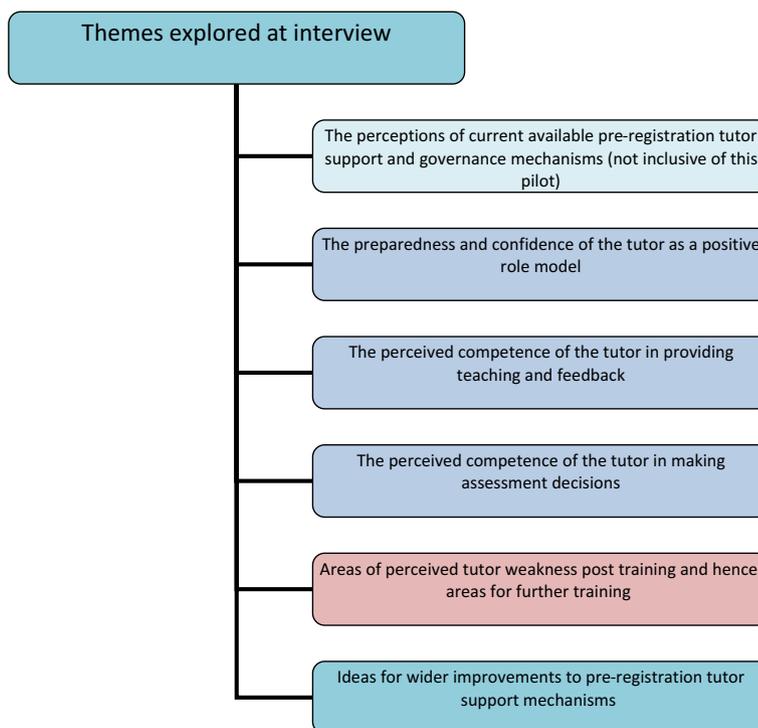


Figure 2. Qualitative themes derived from questionnaire data explored at interview. *Note that points 2–6 are based on post-training perceptions

RESULTS

The pilot training was aimed at inexperienced tutors. The cohort of participants matched this profile, with most having qualified as a pharmacist less than 5 years ago 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: six had undertaken some form of pre-registration tutor training previously, whereas 18 had not.

Prior to training, the participants’ perceptions of available support measures for pre-registration pharmacist tutors were overwhelmingly negative. Participants felt that there was either no support or that 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 practice as a tutor.

This issue was reiterated in the interviews, with a lack of awareness of available support measures and a 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. P2C_i

Positive comments regarding 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’ (P24C₀₁).

Results of the post-training questionnaire demonstrated a positive shift in all domains covered in training, with the exception of the tutors’

undertaking of reflective practice. Pre- and post-training results were almost identical (Figure 3), despite participants stating that their understanding of reflective practice had increased. Interviewees blamed time pressures from daily activities for this, stating that it was impractical to carry out a reflective approach to their own practice whilst working.

The positive shift seen in the 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, and recognising and managing trainees in difficulty were further supported by the fact that participants, both in open comments and in interviews, referred 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 that their learning from the training was applicable to many areas of practice, particularly in relation to management activities, and suggested that the approaches they had developed through training could be used when dealing with *all* colleagues.

The training was transferable for all aspects of management and practise [sic]...it gave me confidence. I really got a lot out of it. P5H₀₂

The lack of supported time that tutors experienced in practice was a key feature identified

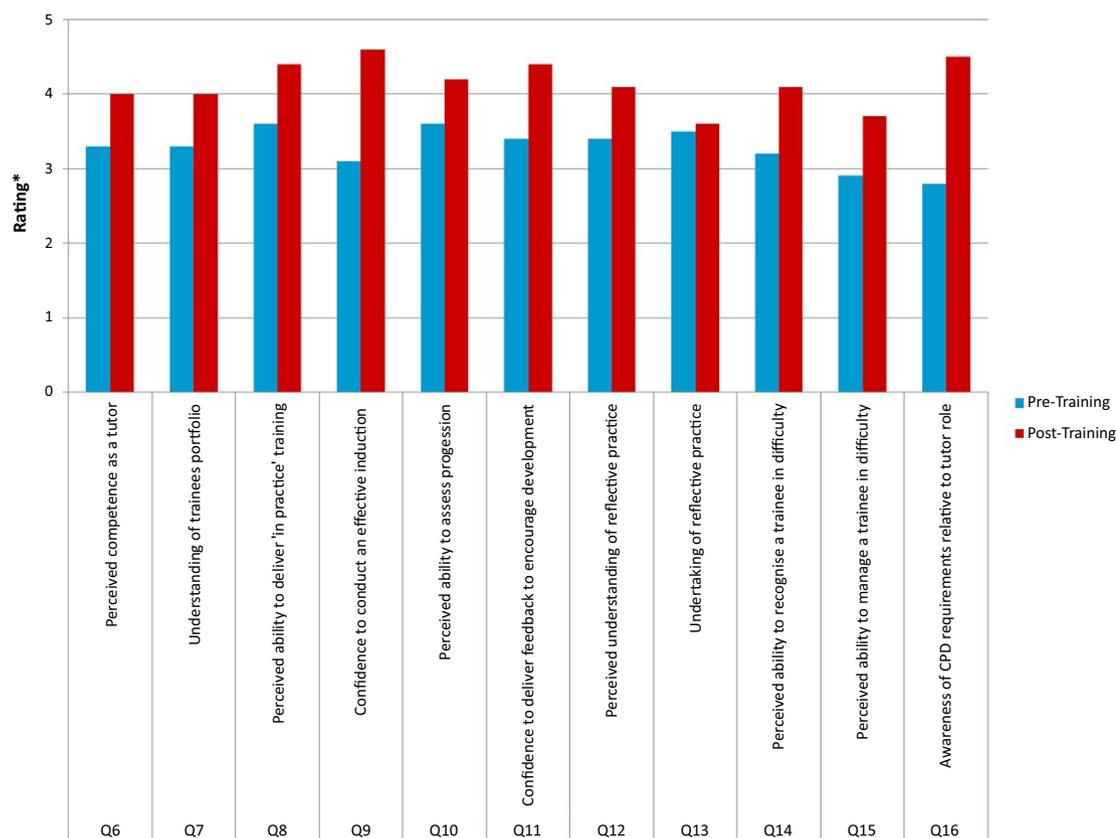


Figure 3. Average ratings of pre-registration tutors' views on their perceived competency for the role of a tutor, before and after training (note that questions 1–5, 17 and 18 consisted of demographic data or open-response questions and are not shown here). *1 = no understanding/confidence/ability, 5 = full understanding/confidence/ability

Hence, although not many of the participants had previous experience with pre-registration trainees that allowed for 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 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 found that over 75% of participants believe that their work environment is supportive for trainers and trainee doctors.⁹ Results showed 84% of trainers had been signposted to formal supervisor training, and that their perceived understanding of the role scored very highly. Trainers were positive about supervision aspects such as curriculum content and offering feedback, but were 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 Although participants had a good understanding of reflective practice after training, the value of the training could be substantially

reduced without practical support measures in place to allow for the implementation and development of this important skill. The behaviour of supervisors towards reflective practice has been identified as a key influencing factor for 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 policymakers making such training a requirement for those undertaking the role of a pre-registration tutor.

Results from this evaluation imply that the pilot tutor

Areas for improvement centred on external influencing factors relevant to the daily practice of pharmacists

training was successful and met the needs that it was developed to address. Areas for improvement centred on external influencing factors relevant to the daily practice of pharmacists, such as a lack of protected time to execute learning.

LIMITATIONS

This training programme was a small-scale pilot, which therefore limits the generalisability of the findings. Statistical comparative analysis was also not possible because of the small sample size. An assessment of the 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.

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Ethical approval: Full ethical approval was gained from the University of Sunderland. The proposal was sent to the chair of the University Research Ethics Committee (REC), who confirmed that it was service evaluation and full ethical approval from the REC was not necessary. There was no potential harm to participants during this study and anonymity is guaranteed. Permission was granted by all participants to use the data obtained via questionnaires and interviews in the evaluation, and in any subsequent publication.

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