

# **Is there a role for workplace based postgraduate diplomas in the development of community pharmacists?**

Volume 2 of 2 (Appendices)

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School of Pharmacy  
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**Appendix 1**

**Mini-CEX assessment form**

### Mini-Clinical Evaluation Exercise (CEX)

**Student**

**Assessor**

First name ..... First name .....

Last name ..... Last name .....

Clinical setting	A&E <input type="checkbox"/>	OPD <input type="checkbox"/>	In-patient <input type="checkbox"/>	Acute admission <input type="checkbox"/>	GP surgery <input type="checkbox"/>	Community pharmacy <input type="checkbox"/>
Patient Type	MFE <input type="checkbox"/>	Medical <input type="checkbox"/>	Surgery <input type="checkbox"/>	Orthopaedic <input type="checkbox"/>	Paediatric <input type="checkbox"/>	Critical Care <input type="checkbox"/>
New or FU	New <input type="checkbox"/>	FU <input type="checkbox"/>				
Focus of clinical encounter	History <input type="checkbox"/>	Pharm management <input type="checkbox"/>	Discharge planning <input type="checkbox"/>	MUR <input type="checkbox"/>	OTC <input type="checkbox"/>	
Complexity of case	Low <input type="checkbox"/>	Average <input type="checkbox"/>	High <input type="checkbox"/>			
Assessor's position	Consultant <input type="checkbox"/>	Specialist <input type="checkbox"/>	Tutor <input type="checkbox"/>	Other <input type="checkbox"/>		

Please grade each area below using the scale on the right.	Significantly below expectations	Below expectations	Borderline	Meets expectations	Above expectations	Significantly above expectations	Unable to comment (not observed)
	1	2	3	4	5	6	
<b>Delivery of patient care</b>							
Patient consultation							
Need for drug							
Selection of drug							
Drug specific issues							
Provision of drug							
Medicines information							
Patient education							
Monitoring and evaluation							
<b>Problem solving</b>							
Gathering information							
Knowledge							
Analysing information							
Providing Information							

<b>Anything especially good?</b>	<b>Suggestions for development</b>
<b>Agreed action</b>	

Number of previous mini-CEXs observed by assessor with any student	0	1	2	3	4	5-9	>9				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Student satisfaction with mini-CEX	Not at all										Highly
	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessor satisfaction with mini-CEX	Not at all										Highly
	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had training in the use of this assessment tool?	No	Yes: face to face			Yes: written			Yes: web/CDRom/DVD			
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			

Time taken for assessment (minutes) .....

Assessor signature .....

Date .....

**Appendix 2      MRCF assessment form**

**Medication Related Consultation Framework (MRCF)**

<b>Student</b>		<b>Assessor</b>	
First name .....		First name .....	
Last name .....		Last name .....	

Tick here if Self Assessment

**How well did the student undertake the following activities when consulting with the patient?**

**(A) INTRODUCTION**

- A.1 Introduces self
- A.2 Discusses purpose and structure of the consultation
- A.3 Invites patient to discuss medication or health related issue
- A.4 Negotiates shared agenda

The practitioner was <b>not</b> able to build a therapeutic relationship with the patient	0    1    2    3    4	The practitioner was <b>fully</b> able to build a therapeutic relationship with the patient
	Grade (A):	

Comments:

**(B) DATA COLLECTION & PROBLEM IDENTIFICATION**

- B.1 Medication history, social history
- B.2 Patient's understanding of the rationale for prescribed treatment
- B.3 Patient's (lay) understanding of his/her illness
- B.4 How often patient misses dose(s) of treatment
- B.5 Reasons for missed dose(s) (*unintentional* or *intentional*)
- B.6 Identifies and prioritises patient's pharmaceutical problems (summarizing)

The practitioner was <b>not</b> able to identify the patient's pharmaceutical needs	0    1    2    3    4	The practitioner was <b>fully</b> able to identify the patient's pharmaceutical needs
	Grade (B):	

Comments:

**(C) ACTIONS & SOLUTIONS**

- C.1 Relates information to patient's illness & treatment beliefs (risk – benefit discussion)
- C.2 Involves patient in designing a management plan
- C.3 Gives advice on how & when to take medication, length of treatment & negotiates follow up
- C.4 Checks patient's ability to follow plan (are any problems anticipated?)
- C.5 Checks patient's understanding
- C.6 Refers appropriately to other healthcare professional(s)

The practitioner was <b>not</b> able to establish an acceptable management plan with the patient	0	1	2	3	4	The practitioner was <b>fully</b> able to establish an acceptable management plan with the patient
Grade (C):						
Comments:						

**(D) CLOSING**

- D.1 Explains what to do if patient has difficulties to follow plan and whom to contact
- D.2 Provides further appointment or contact point
- D.3 Offers opportunity to ask further questions

The practitioner was <b>not</b> able to negotiate 'safety netting' strategies with the patient	0	1	2	3	4	The practitioner was <b>fully</b> able to negotiate 'safety netting' strategies with the patient
Grade (D):						
Comments:						

**(E) CONSULTATION BEHAVIOURS**

*Did the practitioner demonstrate the following consultation behaviours?*

- E.1 Listens actively & allows patient to complete statements
- E.2 Uses open & closed questions appropriately
- E.3 Demonstrates empathy & supports patient
- E.4 Accepts patient (i.e. respects patient, is not judgemental or patronising)
- E.5 Adopts a structured & logical approach to the consultation
- E.6 Manages time effectively (works well within the time available)

The practitioner was <b>not</b> able to demonstrate any of these consultation behaviours	0	1	2	3	4	The practitioner was fully able to demonstrate these consultation behaviours
Grade (E):						
Comments:						

**OVERALL IMPRESSION**

Overall the practitioner's ability to consult was...

- |                               |                                     |                                       |                               |                                    |
|-------------------------------|-------------------------------------|---------------------------------------|-------------------------------|------------------------------------|
| Not competent                 | Not competent                       | Competent                             | Competent                     | Competent                          |
| Poor <input type="checkbox"/> | Borderline <input type="checkbox"/> | Satisfactory <input type="checkbox"/> | Good <input type="checkbox"/> | Very good <input type="checkbox"/> |

Additional comments:

**Assessor signature** (student pharmacist signature if self-assessment)

.....

**Date**

.....

## **Appendix 3      Mini-PAT**



**Mini Peer Assessment Tool (Mini-PAT)**

**Student**

**Assessor**

First name .....

First name .....

Last name .....

Last name .....

Tick here if Self Assessment

Please grade each area below using the scale on the right.	Below expectations		Borderline	Meets expectations	Above expectations		Unable to comment (not observed)
	1	2			3	4	
<b>Delivery of patient care</b>							
Patient consultation							
Need for drug							
Selection of drug							
Drug specific issues							
Provision of drug							
Medicines information							
Patient education							
Monitoring and evaluation							
<b>Problem solving</b>							
Gathering information							
Knowledge							
Analysing information							
Providing Information							
<b>Personal competencies</b>							
Organisation							
Communication skills							
Teamwork							
Professionalism							
<b>Overall</b>							
How do you compare the student pharmacist to a pharmacist ready to complete this training?							

How much contact did you have with the student during this assessment period?

Daily / alternate days

Weekly

Monthly

Less than once a month

<p>Please comment on any areas where you feel the student performed well.</p>	<p>Please comment on any areas where you think the student should particularly focus his/her development.</p>
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**Assessor signature** (student pharmacist signature if self-assessment)

.....

**Assessor job title/position**

.....

**Date**

.....

## **Appendix 4**

## **Module outlines**

# Module 1 Descriptor

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TITLE:	<b>Applied Pharmacy Practice Skills</b>
MODULE CODE:	PHA-MP1X
CREDIT POINTS:	30
LEVEL:	M
SEMESTER TAUGHT:	1 & 2
NOTIONAL LEARNING HOURS:	300
MAXIMUM STUDENT NUMBER:	30
MINIMUM STUDENT NUMBER:	10
MODULE CO-ORDINATOR (S):	xxxx

## 1. Module Aims

To enable the pharmacist to understand relevant scientific principles of pharmaceutical care and describe how to apply pharmaceutical knowledge to patient care.

## 2. Pre-requisites

This module can only be taken by students registered as pharmacists with the Royal Pharmaceutical Society of Great Britain or other equivalent pharmaceutical professional body.

## 3. Co-requisites

Students must be working at an accredited pharmacy practice site  
Students must have access to a practice tutor able to supervise their practice  
Students must have access to IT facilities able to support the managed learning environment (blackboard).

## 4. Accreditation of Prior Learning

Students holding the 'Certificate in Pharmacy Practice' (School of pharmacy, University of London) **passed within the preceding 5 years** will be exempt from this module.

## 5. Learning Outcomes

On successful completion of this module, the student will be able to:

1. Interpretation of laboratory, clinical investigations and near-patient data
  - i. Evaluate and interpret patient-specific data (haematological biochemical and microbiological markers, clinical investigations and near patient data) commonly associated with the monitoring patient care
  - ii. Predict how these clinical investigations could be altered by drugs and disease processes
  - iii. Analyse patient-specific data to classify organ function (e.g. renal or liver impairment) in order to advise on drug dosage and monitor treatment goals
  - iv. Identify factors which may produce erroneous or misleading patient-specific data.
2. Clinical pharmacokinetics

- i. Identify and evaluate the mechanisms of pharmacokinetic drug-drug, drug-patient and drug-disease interactions
  - ii. Identify mechanisms influencing drug absorption, distribution, metabolism and excretion and advise clinicians on their relevance to patient care issues
3. Adverse drug events
- i. Define the terminology and classification system for adverse drug events
  - ii. Describe the remit of the Medicines and Healthcare products Regulatory Agency (MRHA)
  - iii. Critically evaluate pharmacovigilance systems in common use
  - iv. Identify which adverse drug reactions should be reported to the Committee on Safety of Medicines
  - v. Identify patients at increased risk of adverse drug reactions
  - vi. Identify drugs and drug classes more frequently implicated in adverse drug reactions
4. Pharmacy management
- i. Identify key staff roles to undertake different pharmacy roles
  - ii. Describe the various methods available for assessment of competence
  - iii. Demonstrate the ability to support and develop staff
  - iv. Demonstrate professionalism to act as a role model to your peers and other members of the healthcare team
  - v. Demonstrates a critical awareness of the clinical governance requirements of a community pharmacy
5. Enhanced services
- Within 4 enhanced service specifications relevant to their practice:
- i. Demonstrate knowledge of the clinical content
  - ii. Demonstrate the ability to counsel and advise patients
  - iii. Describe the pharmacotherapy for the full range of available medication and appropriate clinical guidance (e.g. NICE)
  - iv. Demonstrate the ability to support the Pharmacy Team in the delivery of a safe and effective enhanced service
  - v. Describe the legal, ethical and administrative legislation

## 6. Professional skills

On completion of the module the student will be assessed against the London, Eastern and South East Specialist Pharmacy Services Competency Framework for Pharmacy practitioners, General Level, version 2. The elements of the competence framework most likely to be assessed in this module include: Delivery of Patient Care cluster (need for the drug, selection of drug, drug-specific issues, provision of drug product, monitoring drug therapy, evaluating outcomes), Personal cluster (continuing professional development) and Problem Solving cluster (gathering information, analysing information, providing information). The pharmacist will be able to monitor patients' drug therapy using appropriate parameters to check for efficacy and minimise toxicity.

## 7. Key (transferable) skill development opportunities

On completion of the module the student will demonstrate the following key skills:

Problem solving:	Level 4
Information technology:	Level 4
Improving own learning and performance:	Level 4

## 8. Learning and Teaching Strategies

Study days, plus practice-based learning, guided by the practice tutor, using CPD portfolios, workbooks and the web-based learning environment will provide the theoretical and practical underpinning for the Learning Outcomes.

## 9. Student Workload and Time Commitment

Teaching and learning in this module will consist of:

- Experiential learning in a relevant area of practice working for a minimum of two hours a day in a patient-centred environment facilitated by a practice tutor
- Independent learning, independent analysis and identification of learning needs related to continuing professional development
- Independent review of materials available for e-learning, structured reading
- Group work such as action learning sets, seminars, group discussion
- Study days

Directed learning	Directed reading + activities	Practice activities	Assessment of practice
35 hrs	87 hrs	170hrs	8 hrs
Study days x 5		Experiential learning = 120 hrs  Practical application of theory = 50 hrs	Assessed practice using the London, Eastern and South East Specialist Pharmacy Services Competency Framework for General Level Pharmacy Practitioners version 2

## 10. Syllabus Outline

Systematic approaches to clinical problem solving, reporting of biochemical tests, plasma electrolytes, renal function tests, liver function tests, cardiac enzymes and acid-base balance, thyroid function tests, calcium, phosphate and magnesium, other common tests, drug assays and haematological tests.

Routes of drug administration; availability of route, description, therapeutic use, drug absorption profiles and bioavailability problems, patient acceptability. Instructing patients on use of drug administration devices. Skill mix, staff management and clinical governance responsibilities.

Clinical, legal, administrative knowledge and skills necessary to deliver enhanced services according to the relevant service specification.

### 10.1 Associated study day sessions

1. Course induction
2. Introduction to portfolio assessment
3. Interpretation of laboratory data
4. Pharmacy management
5. Enhanced service (1) Sexual health
6. Enhanced service (2) Cardiovascular risk assessment
7. Enhanced service (3) Smoking cessation
8. Enhanced service (4) Substance misuse
9. Mock Multiple Choice Exam

10. Mock exam feedback

**11. Assessment Strategy**

Assessment will consist of assessment of practice (London, Eastern and South East Specialist Pharmacy Services Competency Framework for General Level Pharmacy Practitioners, version 2 and of theory (practice CPD portfolio and MCQs)

**12. Assessment**

50% Multiple-choice examination

50% Portfolio including the following elements of which one of each element must be of a satisfactory level:

1. Coursework assignment:
  - Assessment of a patient's social needs (Max 1,000 words)
2. Workplace assessment records
  - End of 12 months Record of In-Training Assessment (RITA)
  - End of 12-month GLF sign off (meeting minimum regional 12-month standard)
  - End of 12 months mini-Peer Assessment Tool feedback (PAT)
  - Mini-Clinical Evaluation Exercise (CEX) (minimum 5)
  - Case-Based Discussion (CBD) (minimum 3)
  - Medication-Related Consultation Framework (MRCF) (minimum 2)
  - Significant clinical interventions (minimum 6)
  - Extended interventions (minimum 2)
  - Patient profiles (minimum 4)
  - Pharmaceutical care plans (minimum 4)
  - CPD evidence (minimum 6)

Only one further attempt at any failed element is allowed. Re-submission of the failed portfolio will usually be expected within 3 months of the exam board.

**Indicative reading**

1. Young L Y and Koda-Kimble ed. Applied Therapeutics: The Clinical Use of Drugs. Applied Therapeutics, Inc
2. Anderson P, Knoben J, Troutman W Handbook of Clinical Drug Data. Appleton and Lange
3. Hardman J, Limbird L, Gilman A (eds). Goodman & Gilman's: The pharmacological basis of therapeutics. McGraw Hill.
4. Winter M. Basic clinical pharmacokinetics 3rd ed. Applied Therapeutics Inc 1994
5. Birkett D Pharmacokinetics Made Easy (Australian Prescriber) McGraw-Hill
6. Barber N, Willson A. (eds). 'Clinical Pharmacy Survival Guide). Churchill Livingstone. London
7. Walker R, Edwards C. Clinical pharmacy and therapeutics. Churchill Livingstone. London
8. Hope R, Longmore J, Moss P, Warrens A. Oxford handbook of Clinical Medicine. Oxford University Press. Oxford
9. Reese R, Betts R, Gumustop B. Handbook of Antibiotics
10. Lippincott Williams and Wilkins
11. Greene R, Harris N. Pathology and Therapeutics for Pharmacists. A basis for clinical pharmacy practice. The Pharmaceutical Press. London
12. Lee A (ed). Adverse Drug Reactions. The Pharmaceutical Press. London

# Module 2 Descriptor

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TITLE:	<b>Pharmacy Practitioner Development in the NHS</b>
MODULE CODE:	PHA-MP2X
CREDIT POINTS:	30
LEVEL:	M
SEMESTER TAUGHT:	1 & 2
NOTIONAL LEARNING HOURS:	300
MAXIMUM STUDENT NUMBER:	30
MINIMUM STUDENT NUMBER:	10
MODULE CO-ORDINATOR (S):	xxxx

## 1. Module Aims

To enable the pharmacist to:

- Demonstrate competence in the delivery of pharmaceutical care
- Perform at an appropriate level of professional practice in a complex and unpredictable environment

## 2. Pre-requisites

This module can only be taken by students registered as pharmacists with the Royal Pharmaceutical Society of Great Britain or other equivalent pharmaceutical professional body. Completion of module 1.

## 3. Co-requisites

Students must be working at an accredited pharmacy practice site

Students must have access to a practice tutor able to supervise their practice

Students must have access to IT facilities able to support the managed learning environment (blackboard).

## 4. Accreditation of Prior Learning

None

## 5. Learning Outcomes

On successful completion of this module, the student within the following areas will be able to:

1. The concepts and practice of pharmaceutical care
  - i. Demonstrate a systematic understanding of the concepts and dimensions of pharmaceutical care including safety, efficacy and social issues.
  - ii. Critically evaluate the process of medicines management in both primary and secondary care settings.
2. The organisation and structure of health care



- i. Critically review the pharmacy service in which they are involved in light of local and national pharmacy agendas
  - ii. Critically discuss the goals of primary, secondary and tertiary care and critically discuss the consequences of patients moving across the interfaces of these health care sectors.
  - iii. Demonstrate knowledge of the relationships between health and social care across the health care interface, including public health issues.
  - iv. Demonstrate medicines information skills appropriate for pharmacy practice, taking into consideration: identification of resources, critical appraisal skills, quality standards, legal and ethical issues.
3. The pharmacist-patient relationship
- i. Demonstrate the principles of gaining informed patient consent and the relevant guidelines and legislation that impact on patient consent issues
  - ii. Describe the concept of illness behaviour including theories and typical patient behaviours; consultation patterns (lay and professional); the relationship between empowerment and self medication
  - iii. Describe health belief theories and the health belief model as relevant to the way in which patients use their medicines
  - iv. Describe different models of patient consultation and discuss situations where they may be appropriately employed
  - v. Demonstrate the appropriate application of patient consultation skills to reach concordant decisions with patient

## 6. Professional Skills

On completion of the module the student will be assessed against the London, Eastern and South East Specialist Pharmacy Services Competency Framework for Pharmacy practitioners, General Level, version 2. The elements of the competence framework most likely to be assessed in this module include: Delivery of Patient Care cluster (patient consultation, medicines information and patient education), Personal cluster (effective communication skills, team work, professionalism), Problem Solving cluster (gathering information, analysing information, providing information) and Management and Organisation cluster (clinical governance, service provision, budget setting and reimbursement, organisations)

The pharmacist will be competent in patient counselling, be able to establish a concordant relationship with a patient and be able to apply the principles of informed consent. In addition, the student will be competent to carry out a review of service provision in his/her practice base in light of local and national pharmacy agendas.

## 7 Key (transferable) skill development opportunities

On completion of the module the student will demonstrate the following key skills:

Communication	Level 4
Working with others	Level 4
Information technology	Level 4
Problem solving	Level 4
Improving own learning and performance	Level 4

## 8. Learning and Teaching Strategies

Four study days (optional 5th day for medicines information inquiry answering & optional induction for those students who APCL module 1) plus practice-based learning, guided by the practice tutor, using workbooks and the web-based learning environment to provide the

theoretical and practical underpinning for the Learning Outcomes. Students will be facilitated by an accredited practitioner either employed in the work-base or provided by UEA.

### 9. Student Workload and Time Commitment

Learning in this module will consist of:

- Experiential learning in a relevant area of practice working for a minimum of two hours a day in a patient-centred environment with the assistance of a practice tutor
- Independent learning, independent analysis and identification of learning needs related to continuing professional development
- E-learning and structured reading
- Group work and
- Tutorials
- Completion of key tasks (review of a pharmaceutical service, change management strategy, patient safety task, patient consultation)

Directed learning	Directed reading + activities	Practice activities	Action Learning	Assessment of practice
30 hrs	60 hrs	180hrs	22hrs	8 hrs
		Experiential learning = 120 hrs  Practical application of theory (patient safety task, review of the pharmaceutical service, change management strategy, reflection on a patient consultation) = 60 hrs	Action learning sets and preparation time	Assessed practice using the London, Eastern and South East Specialist Pharmacy Services Competency Framework for General Level Pharmacy Practitioners version 2 (4 x 2hr)

### 10 Syllabus Outline

Pharmacist-Patient Relationship

- Communication skills frameworks (Calgary-Cambridge model)
- Consultation models and application to pharmacy practice
- Motivation interviewing
- Medication taking behaviour, adherence and concordance concepts
- Non-adherence issues, intentional and non-intentional and the holistic approach to patient management
- Health behaviours and beliefs including health belief models and predictors of health behaviour

The structure of health care sectors

- Organisation and objectives of primary, secondary and tertiary care
- The relationships between health and social care across the health care interface, including public health issues, service provision and communication barriers

- Pharmaceutical issues associated with patients moving across the interfaces of health care sectors and the pharmacist's role in patient care at the interface, care pathways and discharge planning
- Health economics strategies including shared care agreements, health economic formularies and prescribing and interface committees

#### Risk management and clinical governance

- Root cause analysis and risk assessment
- Medicines management in primary and secondary care
- National and local objectives for patient safety and significance to service provision and development

#### Government and local agendas for pharmacy

- National and local objectives for the health care service
- Significance of local and national agendas to pharmacy practice and relation to performance standards and targets
- Pharmacy service review and change management

#### Medicines information

- Skills appropriate for pharmacy practice, taking into consideration: identification of resources, critical appraisal skills, quality standards, legal and ethical issues.

### 10.1 Associated study day sessions

1. Models of medicines management
2. Consultations skills
3. Risk management
4. Concordance & health belief models
5. Working at the interface
6. OSCE Mock
7. Patient safety task presentations
8. Course induction
9. Introduction to portfolio assessment (Optional, for APCL students only)
10. Medicines information (Optional, for students unable to undertake this in own workplace)

### 11. Assessment Strategy

Assessment will consist of assessment of professional practice (London, Eastern and South East Specialist Pharmacy Services Competency Framework for General Level Pharmacy Practitioners, version 2, a patient safety task and a critical reflection on a patient consultation) and of competence via Objective Structure Clinical Examination (OSCE)

### 12. Assessment

Pass/Fail	A progress review will be undertaken by an accredited practice tutor using the London, Eastern and South East Specialist Pharmacy Services Competency Framework for General Level Pharmacy Practitioners, version 2
50%	Objective Structured Clinical Examination

- 50% Portfolio including the following elements of which at least one of each different element must be of a satisfactory level:
1. Coursework assignments:
    - Patient safety task
    - Critical reflection by the student on his/her own patient consultation skills
    - Critique of pharmacy service
  2. Workplace assessment records
    - End of Level 1 (usually 18 months) Record Of In- Training Assessment (RITA)
    - End of 18-month GLF sign off (meeting minimum regional 18-month standard)
    - End of level 1 (usually 18 months) mini-Peer Assessment Tool feedback (PAT)
    - Mini-Clinical Evaluation Exercise (CEX) (minimum 5)
    - Case-Based Discussion (CBD) (minimum 2)
    - Medication-Related Consultation Framework (MRCF) (minimum 2)
    - Extended interventions (minimum 2)
    - Significant clinical interventions (minimum 6)
    - Assessment of competence in medicines information
    - CPD evidence (minimum of 6)

Only one further attempt at any failed element is allowed. Re-submission of the failed portfolio will usually be expected within 3 months of the exam board.

#### **Indicative reading**

- Young L Y and Koda-Kimble ed. Applied Therapeutics: The Clinical Use of Drugs. Applied Therapeutics, Inc
- Anderson P, Knoben J, Troutman W Handbook of Clinical Drug Data. Appleton and Lange
- Hardman J, Limbird L, Gilman A (eds). Goodman & Gilman's: The pharmacological basis of therapeutics. McGraw Hill.
- Winter M. Basic clinical pharmacokinetics 3rd ed. Applied Therapeutics Inc 1994
- Birkett D Pharmacokinetics Made Easy (Australian Prescriber) McGraw-Hill
- Barber N, Willson A. (eds). 'Clinical Pharmacy Survival Guide'. Churchill Livingstone. London
- Walker R, Edwards C. Clinical pharmacy and therapeutics. Churchill Livingstone. London
- Hope R, Longmore J, Moss P, Warrens A. Oxford handbook of Clinical Medicine. Oxford University Press. Oxford
- Reese R, Betts R, Gumustop B. Handbook of Antibiotics
- Lippincott Williams and Wilkins
- Greene R, Harris N. Pathology and Therapeutics for Pharmacists. A basis for clinical pharmacy practice. The Pharmaceutical Press. London
- Lee A (ed). Adverse Drug Reactions. The Pharmaceutical Press. London

# Module 3 Descriptor

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TITLE:	<b>APPLIED THERAPEUTICS: PHARMACEUTICAL CARE OF PATIENTS WITH SHORT &amp; LONG TERM CONDITIONS</b>
MODULE CODE:	PHA-MP3X
CREDITS	60
LEVEL	M
SEMESTER TAUGHT	1 & 2
NOTIONAL LEARNING HOURS	600
MAXIMUM STUDENT NUMBER	30
MINIMUM STUDENT NUMBER	10
MODULE CO-ORDINATOR (S):	xxxx

## 1. Module Aims

To provide a detailed understanding of applied therapeutics focussing on patient groups within the students' area of pharmacy practice including current clinical practice and therapeutic advances.

To ensure that students are able to operate safely and professionally at a general level when providing pharmaceutical care of patients with both short (acute) & long-term (chronic) conditions (including minor ailments and acute exacerbations of longer term conditions).

To highlight the principles of evidence-based practice, students will undertake a critical evaluation of the literature as applied to a therapeutic dilemma (around drug therapy) relevant to their practice base.

Students will be expected to design, undertake and critically analyse the findings of an audit within their area of practice, making appropriate recommendations relating to the future safe and effective use of medicines.

Utilising the principles of change management, students will develop a strategy for introducing and delivering a new or changed pharmaceutical service within their work environment. This task will require practitioners to apply relevant tools to an aspect of service provision, undertake an option appraisal and formulate an implementation strategy.

Additionally students will be expected to develop some of the basic management skills required of a general level practitioner

## 2. Pre-requisites

This module can only be taken by students registered as pharmacists with the General Pharmaceutical Council or other equivalent pharmaceutical professional body. Completion of modules 1 and 2 or hold an equivalent qualification undertaken at another institution if agreed by the course directors (following the UEA protocols for accreditation of prior certificated learning).

### **3. Co-requisites**

Students must be working within a pharmacy accredited as a training centre by the University  
Students must have access to a workplace tutor able to supervise their practice  
Students must have access to IT facilities able to support the managed learning environment (Blackboard).

### **4. Accreditation of Prior Learning**

Applicants holding a qualification such as a certificate in clinical pharmacy practice (that has been agreed by the course directors as equivalent to modules 1 & 2) may apply for accreditation of prior learning and commence their studies at module 3. A photocopy of the certificate or successful completion will be required. For students who have undertaken a qualification deemed to be the equivalent of module 1 but not meeting the full requirements for module 2 the following will also need to be provided:-

- 1x General level framework signed off by an experienced workplace tutor demonstrating that the applicant meets the minimum requirement for passing level 1 of the general level diploma
- 1x Medicines Information form signed off to demonstrate competence
- 1x Medicines Related Consultation Framework form completed to a suitable standard
- 1x Patient safety task (see level 1 handbook for details of this assignment)
- 1x Pharmaceutical service review (see level 1 handbook for details of this assignment)

### **5. Learning Outcomes**

On successful completion of this module, students will be able to evaluate critically the basic management of patients in their practice area requiring pharmaceutical management of minor or major short or long-term disease under five headings as follows:

#### **5.1 Disease or Condition**

For a range of short-term (acute), and long-term (chronic) disease states within the practice area, the student will:

- Discuss the epidemiology, aetiology, pathophysiology and therapeutic management (including pharmaceutical and non-pharmaceutical interventions), common signs and symptoms, systems for disease classification and factors which predispose the patient to or exacerbate the condition
- Discuss the key local and/or national treatment guidelines including the aims of treatment

#### **5.2 Drugs**

For a range of short-term and long-term disease states within the practice area, the student will:

- Identify and analyse the therapeutic and toxic mechanism(s) of action of common prescription and over-the-counter drugs used to treat the condition
- Critically evaluate the pharmacology of drugs used to treat the disease state in the context of the pathophysiology of the condition
- Critically discuss drug dosage and dose frequency, route of administration, common side effects, cautions and contraindications in the context of individual patients

#### **5.3 Interactions**

For all drug-patient, drug disease and drug-drug interactions, the student will:

- Identify and evaluate the mechanisms of pharmacodynamic and pharmacokinetic drug-drug, drug-patient and drug-disease interactions
- Identify, prioritise and evaluate the risk to patients from potentially hazardous interactions in the above categories
- Suggest suitable actions to manage potentially hazardous interactions in the above categories in individual patients

#### **5.4 Patient**

For a range of short-term and long-term disease states within the practice area, the student will:

- Identify through effective patient assessment and consultation the likely cause of symptoms and advise appropriate pharmaceutical care
- Identify effective strategies for improving patient adherence
- Critically evaluate these strategies and demonstrate their application in the context of individual patient care
- Identify and prioritise treatment targets for all drugs used to manage the disease or condition
- Demonstrate critical application of local and/or national treatment guidelines to the care of the individual
- Suggest suitable actions to ensure treatment targets for all drugs used to manage the disease or condition are met.

#### **5.5 Monitoring**

For a range of short-term and long-term disease states within the practice area, the student will:

- Identify and prioritise monitoring parameters for drugs commonly used to manage the disease or condition
- Demonstrate the application of common monitoring parameters for the disease or condition being treated appropriate to the care of individual patients

### **6. Professional Skills**

On completion of the unit the student will be assessed against the London, Eastern and South East Specialist Pharmacy Services Competency Framework for Pharmacy practitioners, General Level, version 2.

The elements of the competence framework most likely to be assessed in this unit include:

Delivery of Patient Care cluster

- need for the drug
- selection of drug
- drug-specific issues
- provision of drug product
- monitoring drug therapy
- evaluation of outcomes

Personal cluster

- effective communication skills
- team work
- professionalism
- CPD

Problem Solving cluster

- ♦ gathering information
- ♦ knowledge
- ♦ analysing information
- ♦ providing information

Management and Organisation cluster

- ♦ clinical governance
- ♦ service provision

In addition, the student will be competent to carry out a clinical audit relevant to his/her practice base. The student will:

- i. Evaluate and critique the approaches used when identifying and undertaking an audit of prescribing practice
- ii. Autonomously and independently design and conduct an audit of prescribing practice using an appropriate method which draws on relevant evidence from the medical literature
- iii. Critically analyse and interpret the results of the audit undertaken and make appropriate recommendations to improve prescribing practice
- iv. Integrate the process of audit to the principles of clinical governance in order to achieve safe and effective medication use

The student will be competent to carry out a critical evaluation of literature for a therapeutic dilemma (around drug therapy) relevant to his/her practice base. The student will:

- i. Evaluate and critique the approaches used when appraising the medical literature
- ii. Critically evaluate, using an appropriate framework, the relevant medical literature as applied to an appropriate area of prescribing, as it relates to the placement
- iii. Identify, prioritise and resolve the pharmaceutical care needs of patients representative of the placement population
- iv. Apply the principles of clinical governance and relate them to evidence based practice

The student will demonstrate how to introduce a new service or change in service within their work environment. The student will:

- i. Provide a rationale for the service change/introduction based on both local health needs and local and national drivers for change
- ii. Undertake an options appraisal
- iii. Identify all appropriate stakeholders
- iv. Design a change management strategy to improve service provision utilising standard change management tools

## **7. Transferable Skills**

On completion of the module the student will demonstrate the following key skills to level 4:

Communication	Application of number
Working with others	Information technology
Problem solving	Improving own learning and performance

## **8. Learning and Teaching Strategies**



Nine study days, plus practice-based learning, guided by the workplace tutor, using CPD portfolios and the web-based learning environment to provide the theoretical and practical underpinning for the Learning Outcomes.

## 9. Student Workload and Time Commitment

Learning in this module will consist of:

- Experiential learning in a relevant area of practice working for a minimum of two hours a day in a patient-centred environment with the assistance of a workplace tutor
- Independent learning, independent analysis and identification of learning needs related to continuing professional development
- Group work including action learning sets, seminars, group discussion
- Completion of key tasks (individual audit of an aspect of prescribing practice, therapeutic dilemma, change management strategy, case based discussions)
- Tutorials with workplace tutor

Lectures	Workshops/ Tutorials/ Seminars	Assessment of practice	Directed reading	Private Study	Total	Credits
3	48 hrs	72 hrs	96 hrs	381 hours	600	60
Induction	Study days 8 x 6 hrs	GLF* Review Mini-Cex Mini-Pat CBDs for presentation (40 hours) 1x6hr formal portfolio review & CbD assessment at UEA	Preparation for study days 8 x 12 hours	Audit (80 hours) Therapeutic review (40 hours) Change management strategy (40 hours) Practice based learning & private study		

\* London, Eastern and South East Specialist Pharmacy Services Competency Framework for General Level Pharmacy Practitioners

## 10. Assessment Strategy

Assessment will consist of assessment of practice (London, Eastern and South East Specialist Pharmacy Services Competency Framework for General Level Pharmacy Practitioners, version 2 and case-based discussion) and of theory (practice CPD portfolio, audit report, therapeutic dilemma, and change management strategy)

## 11. Assessment

Pass/Fail A progress review will be undertaken by an accredited workplace tutor using the London, Eastern and South East Specialist Pharmacy Services Competency Framework for General Level Pharmacy Practitioners, version 2

50%	Students will develop a portfolio of practice activities including pharmaceutical care plans, problem-solving cases, analysed case studies, learning set presentations and CPD records of critical events from practice which must be signposted to demonstrate achievement of theoretical learning outcomes. Within the portfolio students will be expected to demonstrate competence in NINE short and NINE long term conditions relevant to their area of practice.
20%	Completion of an audit (abstract 20% and poster 80%)
10%	Two peer-reviewed case-based discussions with critical self-reflection (1000 words each)
10%	One peer-reviewed therapeutic dilemma with critical self-reflection (2000 words)
10%	One change management strategy (2000 words)

## 12. Syllabus Outline

- Therapeutics in practice – current clinical practice + recent and future therapeutic advances.
- Evaluation of drug and non-drug therapy in the management of short-term disease and the associated pharmaceutical care issues.
- Monitoring of patient outcomes and quality of life issues.
- Assessment of new approaches to therapy.
- Local and national treatment guidelines.
- Principles and practice of:
  - Clinical audit.
  - Change management.
  - Evidence based practice.

The conditions for this module will be selected by the student to illustrate the care of patients with short & long-term conditions encountered in their individual area of practice. Because the organisation structures underpinning patient care are undergoing a period of rapid change, students may select topics from either the managed care or community care sector lists as they come across them in their daily practice. Students will include a minimum of NINE different therapeutic conditions for short term conditions and NINE for long term conditions within the examples included in their portfolio.

Examples of the conditions the student could include are provided below (but note that this list is not exhaustive):

### Short Term Conditions

BNF Chapter	Managed sector conditions	Community Sector conditions
Cardiovascular disease	Acute coronary syndrome Acute heart failure Hypertensive crisis	Management of angina attack Smoking cessation
Dermatology	Exacerbation of psoriasis, eczema	Skin infection (e.g. tinea pedis) Headlice Dermatitis Napkin rash
Endocrinology	Acute hypo- or hyperglycaemia Severe electrolyte disturbances	Acute hypo- or hyperglycaemia
Eyes/ears	Acute glaucoma	Conjunctivitis Otitis media
Gastroenterology	Gastro-intestinal bleed Acute liver impairment Post-operative nausea and vomiting Management of nil-by-mouth patients	Dyspepsia H pylori eradication Pregnancy sickness
Haematology	Management of anti-coagulation Management of anaemias	Management of anti-coagulation Management of anaemias
Infectious disease	Urinary tract infection Lower respiratory tract infection (including TB) Skin infection Sepsis Meningitis	Urinary tract infection Upper respiratory tract infection Meningitis prophylaxis Malaria prophylaxis Childhood diseases such as measles, chicken pox
Nephrology	Acute renal impairment	
Neurology	Sub-arachnoid haemorrhage Status epilepticus Acute pain management	Headache Migraine Acute pain management
Nutrition	Parenteral nutrition	Infant feeding
Respiratory	Acute severe asthma Exacerbation of COPD	Allergic rhinitis Croup Hay fever Tonsillitis
Musculoskeletal	Septic arthritis Acute gout	Sports injuries Minor injuries
Toxicology	Drug overdose	Acute adverse drug reaction Supervised methadone administration
Women's Health		Oral contraception Pregnancy testing and advice

## Long Term Conditions

<b>BNF Chapter</b>	<b>Managed &amp; Community sector</b>
Cardiovascular disease	Hypertension Ischaemic heart disease Chronic heart failure Management of post-myocardial infarction patients Management of stroke patients Arrhythmias
Dermatology	Psoriasis Eczema Acne
Endocrinology	Type 1 Diabetes mellitus Type 2 Diabetes mellitus Thyroid disorders Hypo- or hypercalcaemia
Eyes/ears	Blepharitis Otitis externa Glaucoma
Gastroenterology	Gastro-oesophageal reflux disease Chronic diarrhoea (including inflammatory bowel disease) Irritable bowel syndrome Constipation Swallowing difficulties Care of ostomy patients
Mental Health	Schizophrenia Bipolar disorder Depression Sleep disorder
Nephrology	Chronic renal failure (including renal replacement therapies)
Neurology	Parkinson's disease Epilepsy Dementia Management of chronic pain
Nutrition	Management of patients with special nutritional requirements Vitamin and mineral supplementation
Respiratory	Asthma Chronic Obstructive Pulmonary Disease Cystic fibrosis Oxygen therapy
Musculoskeletal	Rheumatoid arthritis Osteoarthritis Gout prophylaxis
Women's Health	Management of the menopause (including osteoporosis) Endometriosis Hormone replacement therapy Fertility treatment Menstrual irregularities

## **Appendix 5**

## **Portfolio checklists**

### Level 1 Portfolio Checklist

Information / Evidence	Quantity by date	Recommended date for completion/inclusion in portfolio	Completed
GLF baseline assessment	1	October 2010	
Critique of pharmaceutical service	1	October 2010	
Plagiarism statement	1	November 2010	
Contents page	1	November 2010	
Curriculum Vitae	1	November 2010	
Job description	1	November 2010	
Summary of job/experience	1	November 2010	
Educational agreement	1	November 2010	
RITA (6 months) optional	1	November 2010	
Critical reflection on consultation skills	1	January 2011	
Mini-PAT feedback report I	1	PAT returned to UEA by end March 2011	
Assessment of patient social needs	1	April 2011	
GLF 12 month assessment	1	May 2011	
RITA (12 months)	1	May 2011	
Mini-CEX	min 5	May 2011	
CBD	min 3	May 2011	
MRCF	min 2	May 2011	
Significant clinical interventions	min 6	May 2011	
Extended interventions	min 2	May 2011	
Patient profiles	min 2	May 2011	
Pharmaceutical care plans	min 2	May 2011	
CPD entries	min 6	May 2011	
Patient safety task	1	August 2011	
Mini-PAT feedback report II	1	PATs returned to UEA by end Sept 2011	
Mini-CEX	min 10	October 2011	
CBD	min 5	October 2011	
MRCF	min 4	October 2011	
Significant clinical interventions	min 12	October 2011	
Extended interventions	min 4	October 2011	
Patient profiles	min 4	October 2011	
Pharmaceutical care plans	min 4	October 2011	
MI competence	1	October 2011	
CPD entries	min 12	October 2011	
GLF 18 month assessment	1	October 2011	
RITA (18 months)	1	October 2011	
Glossary of abbreviations	1	October 2011	
Evidence signposting to GLF	1	Throughout	
Evidence mapping forms	1 per item	Throughout	
<b>FINAL PORTFOLIO SUBMISSION</b>		<b>FRIDAY 28 OCT 2011</b>	

**Level 2 Portfolio Checklist 2012-13 (minimum requirements)**

<b>Information/evidence</b>	<b>Quantity</b>	<b>Completed</b>
Coursework submission form	1	
Contents page	1	
Curriculum vitae	1	
Job description	1	
Summary of job/experience	1	
Educational agreement (or learning contract)	1	
Portfolio checklist	1	
Overall signposting of portfolio content to GLF	1	
Individual evidence mapping forms	1 per item	
Pre-study day activity tutor sign off forms	1 per study day	
Mini PAT feedback reports(6 & 14 months)	2	
Mini CEX	minimum 2	
CBD	minimum 2	
MRCF	minimum 2	
Patient Profiles	minimum 2	
Significant clinical interventions	minimum 12	
Extended interventions	minimum 2	
CPD evidence	minimum 12	
RITA (8 & 16 months)	2	
GLF end of Level 2 sign off	1	
MI competence (if not signed off in level 1)	1	

<b>Acute condition</b>	<b>Evidence provided (min 3 points per condition)</b>	<b>Tutor signature</b>
A1)		
A2)		
A3)		
A4)		
A4)		
A6)		
A7)		
A8)		
A9)		
<b>Chronic condition</b>	<b>Evidence provided (min 3 points per condition)</b>	<b>Tutor signature</b>
C1)		
C2)		
C3)		
C4)		
C5)		
C6)		
C7)		
C8)		
C9)		

**Deadline for Portfolio Submission: 5pm Friday 10<sup>th</sup> May 2013**

## **Appendix 6**

## **Study day timetables**



PGDGPP (Community) LEVEL 1 TIMETABLE 2010 Cohort (Jun 2010 – Nov 2011)

Day	Date A	Date B	Date C	Topic 1 (9.30-12.30)	Facil* A	Facil* B	Facil* C	Topic 2 (1.30-4.30)	Facil* A	Facil* B	Facil* C
	17/06/10, 21/07/10, 21/09/10			Induction	UEA	UEA	UEA	Induction	UEA	UEA	UEA
1	Tue 05/10/10	Wed 13/10/10	Thur 14/10/10	Patient assessment	Catherine Heywood (UEA) Room CAP 1.17	Catherine Heywood (Blandford MP)	Gemma May (PM) (Herts) Room 2F429	Working in the NHS	David Wright (UEA)	Karen Rosenbloom (Blandford MP)	Zoe Aslanpour (AM) (Herts)
2	Tue 09/11/10	Wed 17/11/10	Thur 18/11/10	Pharmacy Management	Paul Duell (UEA) Room CAP 1.17	Paul Duell (Blandford MP)	Paul Duell (Herts) Room 2F429	Consultation Skills 1	Paul Grassby (UEA)	Vivian Auyeung (Blandford MP)	Russell Foulsham (Herts)
3	Tue 18/01/11	Wed 26/01/11	Thur 27/01/11	Risk management	Andy Barnes (UEA) Room CAP 1.17	Andy Barnes (Blandford MP)	Andy Barnes (Herts) Room 2F429	Consultation Skills 2	Debi Bhattacharya (UEA)	Vivian Auyeung (Blandford MP)	Nina Walker (Herts)
4	Tue 01/3/11	Wed 09/3/11	Thur 10/3/11	Interface Issues	James Desborough (UEA) Room CAP 1.17	Rick Adams (Blandford MP)	Rick Adams (Herts) Room 2F429	Enhanced Service 1 (sexual health)	Karen Holloway (UEA)	Karen Holloway (Blandford MP)	Karen Holloway (Herts)
5	Tue 17/5/11	Wed 25/5/11	Thur 26/5/11	Enhanced Service 2 (CV risk assessment)	Paul Grassby (UEA) Room CAP 1.17	Paul Grassby (Blandford MP)	Paul Grassby (Herts) Room 2F429	Enhanced Service 3 (Smoking cessation)	Darush Attar-Zadeh (UEA)	Darush Attar-Zadeh (Blandford MP)	Darush Attar-Zadeh (Herts)
6	Wed 20/7/11			Mock Assessments/ Portfolio review	ALL (UEA)			Mock Assessments/ Portfolio review	ALL (UEA)		
7	Tue 06/9/11	Thur 08/9/11	Thur 15/9/11	Enhanced Service 4 (Substance misuse)	Andy Nunney (UEA)	Andy Nunney (Blandford MP)	Rachel Solanki (Herts) Room 2F429	Mock assessment feedback / Risk management presentations	Andy Barnes (UEA)	Andy Barnes (Blandford MP)	Andy Barnes (Herts)
8	Wednesday 09/11/11			Final assessment	ALL (UEA)			Final assessment	ALL (UEA)		

LEVEL 1 PORTFOLIO SUBMISSION: Fri 28/10/11

\*= Facilitator for the session and (Location of study day)

Group A = Norfolk/Suffolk (location at UEA, School of Pharmacy, 1<sup>st</sup> Floor, room CAP 1.17, Tel. 01803 59 2567 tbc)

Group B = Essex (location Blandford Medical Centre, Meeting Room, Mace Avenue, Braintree CM7 2AE – Tel. 01376 347 100)

Group C = Cambridgeshire/Bedfordshire/Hertfordshire (location at Uni of Herts, Health Res. Building, 2<sup>nd</sup> Floor, room 2F429)

PGDGPP (Community) LEVEL 2 TIMETABLE 2010 Cohort (Jan 2012– May 2013)

Overall Timetable

Day	(9.30-11.30)	Topic(s)(11.30-4.30)		Group A (North) at UEA	Group B (South) at Harlow
	Induction	Audit	Problem Based Learning	Tue 10.01.12 (CAP1.17 + A0.30) James Desborough	Wed 18.01.12 Theydon Bois Village Hall James Desborough + David Wright
1	Medication review & Cardiovascular disease	Guidance on Therapeutic Dilemma		Tue 07.02.12 (BIO 1.59) Paul Grassby	Wed 22.02.12 (Boots Harlow) Paul Grassby
2	CBD & TR	Change Management		Tue 20.03.12 (BIO 1.59) Rick Adams + Paul Duell	Wed 28.03.12 (Boots Harlow) Rick Adams + Paul Duell
3	CBD & TR	Mental Health		Tue 01.05.12 (BIO 1.59) Steve Bazire	Wed 09.05.12 (Boots Harlow) Steve Bazire
4	CBD & TR	Respiratory disease		Tue 03.07.12 (BIO 1.59) Daryl Freeman	Wed 11.07.12 (Boots Harlow) Daryl Freeman
5	CBD & TR	Staff Management/Medication Review 2		Tue 11.09.12 (C. Hall 0.09) Paul Duell + Jo Hudson	Wed 19.09.12 (Boots Harlow) Paul Duell + Jo Hudson
6	Portfolio review/Audit update/CBD assessments			Tue 09.10.12 UEA, CAP 2.25 & CAP 1.21 (1.21 booked 1-4pm only)	Wed 17.10.12 (2 rooms (Epping Hall))
7	CBD & TR	Endocrinology (Diabetes)		Tue 06.11.12 (A0.14) Russell Foulsham	Wed 14.11.12 (Boots Harlow) Russell Foulsham
8	CBD & TR	Dermatology		Tue 08.01.13 (CAP 1.17) Sara Burr	Wed 16.01.13 (Boots Harlow) Sara Burr
9	CBD & TR	Pain Management(NSAIDS & Palliative care)		Tue 05.03.13 (CAP 1.17) Rick Adams	Wed 13.03.13 (Boots Harlow) Rick Adams
-	Audit Presentation Evening(s)			Tue 05.02.13 (TPSC 1.5)	Wed 20.02.13 (Hilton Stansted)

Level 2 Portfolio Submission: Friday 10<sup>th</sup> May 2013

CBD (Case based discussion) & TR (Therapeutic Dilemma). Timetable version 4 - 24/07/2012

## **Appendix 7**

## **Example MCQ scenario-based question**

### SCENARIO 3

Answer **ALL** questions.

There are **5** questions in this scenario.

**Write ALL answers on the answer grid at the end of this paper.**

Derek Smith has come to your pharmacy for an NHS Health Check. He is a 54 year old black male and the initial assessment provides the following information:

Smoker: No

Alcohol intake: 2-3 pints of beer at the weekend

Systolic BP: 158mmHg

TC: 5.7mmol/L

Height: 175cm

Weight: 95kg

Family history of CVD: Mother died of heart attack aged 55 years old

No medical conditions or treatment

QRisk score = 12%

2 months later he presents the following prescription to you:

Lisinopril 20mg ON

Simvastatin 40mg ON

For questions 11 and 12, there is **ONE (1)** correct answer.

11. Which **ONE** of the following best describes Derek's weight?

- A) Underweight
- B) Healthy weight
- C) Overweight
- D) Obese
- E) Morbidly obese

12. Which **ONE** of the following would you need in addition to those given above to complete the QRisk2 calculation?

- A) Diastolic blood pressure
- B) Pulse rate
- C) Calorie intake
- D) Level of physical activity
- E) HDL

Question 13 is followed by three statements numbered i, ii and iii.

**ONE or MORE** of these statements is (are) correct.

Decide which of the statements is/are correct then choose the appropriate answer:

- A** if **i, ii** and **iii** are correct
- B** if **i** and **ii** only are correct
- C** if **ii** and **iii** only are correct
- D** if **i** only is correct
- E** if **iii** only is correct

Answer options				
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>i, ii</b> and <b>iii</b>	<b>i</b> and <b>ii</b> only	<b>ii</b> and <b>iii</b> only	<b>i</b> only	<b>iii</b> only

13. Which of the following are valid reasons for referring Derek to his GP following his NHS Health Check?
- i. His blood pressure measurement
  - ii. His cholesterol level
  - iii. His level of cardiovascular risk

Questions 14 and 15 consist of a statement in the left-hand column followed by a second statement in the right-hand column

Decide whether the **first** statement is **TRUE** or **FALSE**

Decide whether the **second** statement is **TRUE** or **FALSE**

Then choose:

- A** If both statements are **TRUE** and the second statement is a correct explanation of the first statement
- B** If both statements are **TRUE** but the second statement is **NOT** a correct explanation of the first statement
- C** If the first statement is **TRUE** but the second statement is **FALSE**
- D** If the first statement is **FALSE** but the second statement is **TRUE**
- E** If both statements are **FALSE**

Directions summarised		
	1st statement	2nd statement
A	True	True 2nd statement is a correct explanation of the 1st
B	True	True 2nd statement is NOT a correct explanation of the 1st
C	True	False
D	False	True
E	False	False

- |   |   |
|---|---|
| <p><b>FIRST STATEMENT</b></p> <p>14. Lisinopril is an appropriate first line choice for treating Derek's hypertension</p> | <p><b>SECOND STATEMENT</b></p> <p>Beta-blockers are not a preferred initial therapy for hypertension</p>    |
| <p><b>FIRST STATEMENT</b></p> <p>15. Derek's treatment should aim to reduce his blood pressure to 140/90mmHg or below</p> | <p><b>SECOND STATEMENT</b></p> <p>Target blood pressure is patients with diabetes without complications</p> |

## **Appendix 8**

## **Example OSCE station**

Pharmacy Practitioner Development in the NHS  
PHA-MP2X

Objective Structured Clinical Examination

**STATION 11**

Time allowed: 10 minutes

Do not write on this question paper.

Do not remove this question paper from the station.

**TASK**

Your counter assistant tells you that there is a woman waiting to speak to you regarding the 'morning after pill'.

You have a BNF and the 'morning after pill' patient information leaflet available to you.

A generic mark scheme is available – please take a copy.

## Actors Brief

Name: Clarissa Metcalfe

Age: 26

Address: 50 Walnut Drive, Westland

You would like to know if you need the morning after pill, because you were late starting your pack of regular contraception. When you arrived here on holiday with your husband you realized you had forgotten your pill, but your sister posted them to you as soon as you realized and they arrived today. You resumed taking them as soon as they arrived. You have not had sex with your husband since you arrived on holiday.

**The pharmacist will approach you. If not obvious ask if they are the pharmacist.**

### **If asked:**

- You would like to know if you need the morning after pill
- You take Logynon® tablets as your regular contraception
- You were due to start a new packet 2 days ago having completed the 7-day break, but because you forgot to pack them you have had a 9-day break
- You had unprotected sex the night before you came away (3 days ago – less than 72 hours if asked)
- Prior to this you have not unprotected sex for two to three weeks
- You have no allergies
- You have not used emergency contraception before
- You are not taking any other medication
- You have no other medical conditions
- You have not had any sickness/diarrhoea in the last few days

### **If asked about periods/withdrawal bleeding:**

- You had withdrawal bleeding during the 7 day break in the packet of Logynon®. This was the same as usual.



**Questions to ask the Pharmacist:**

- **If supplied with Levonelle®:**
  - **(If not offered) ask what side effects you can expect.**
  - **Ask if it is OK to take as you have taken a Logynon® tablet already today**

You don't have any further questions

***These suggested responses are only a guideline. If you adapt them please ensure the same responses are used for all candidates.***

## **Appendix 9**

## **Confirmation of research ethics approval for each study component**

The surveys: initial approval

**Faculty of Health Research Ethics Committee**



Jeremy Sokhi  
School of Pharmacy  
Room 0.09  
University of East Anglia  
Norwich  
NR4 7TJ

Faculty of Health Research Office  
Elizabeth Fry Building, Room 2.30  
University of East Anglia  
Norwich NR4 7TJ

Email: [margaret.rhodes@uea.ac.uk](mailto:margaret.rhodes@uea.ac.uk)  
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**Research:** +44 (0) 1603 59 1720  
Fax: +44 (0) 1603 59 1132

Web: <http://www.uea.ac.uk>

6<sup>th</sup> December 2010

Dear Jeremy

**An Evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy) – Reference 2010/11-03**

The amendments to your above proposal have been considered by the Chair of the FOH Research Ethics Committee and we can now confirm that your proposal has been approved.

Please could you ensure that any amendments to either the protocol or documents submitted are notified to us in advance and also that any adverse events which occur during your project are reported to the Committee. Please could you also arrange to send us a report once your project is completed.

The Committee would like to wish you good luck with your project.

Yours sincerely

Maggie Rhodes  
Research Administrator

## The surveys: approval of amendments for 2012

**Faculty of Medicine and Health Sciences Research Ethics Committee**



Mr. Jeremy Sakhi  
Room 0.09, School of Pharmacy  
University of East Anglia  
Norwich Research Park  
Norwich  
NR4 7TJ

**Research & Enterprise Services**  
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Telephone: +44 (0) 1603 591574  
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Web: [www.uea.ac.uk/researchandenterprise](http://www.uea.ac.uk/researchandenterprise)

14 December 2011

Dear Jeremy,

**Project title: An educational evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy)      Reference: 2010/2011-03**

The submission of amendments to your above proposal have been considered by the Chair of the Faculty Research Ethics Committee and we can confirm that your proposal has been approved.

Please could you ensure that any future amendments to either the protocol or documents submitted are notified to us in advance and also that any adverse events which occur during your project are reported to the Committee. Please could you also arrange to send us a report once your project is completed.

The Committee would like to wish you good luck with your project

Yours sincerely,

Yvonne Kirkham  
Project Officer

The surveys: approval of amendments for 2013

**Faculty of Medicine and Health Sciences Research Ethics Committee**



Jeremy Sokhi  
School of Pharmacy  
Room 0.09  
University of East Anglia  
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Web: [www.uea.ac.uk/researchandenterprise](http://www.uea.ac.uk/researchandenterprise)

21 November 2012

Dear Jeremy,

**An Evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy)  
Reference 2010/11-03**

Thank you for your e-mail dated (23/10/12) notifying us of the amendments you would like to make to your above proposal. These have been considered by the Chair of the Faculty Research Ethics Committee and we can now confirm that your amendments have been approved.

Please can you ensure that any further amendments to either the protocol or documents submitted are notified to us in advance, and also that any adverse events which occur during your project are reported to the Committee.

Please can you also arrange to send us a report once your project is completed.

Yours sincerely,

A handwritten signature in cursive script that reads 'Yvonne Kirkham'.

Yvonne Kirkham  
Project Officer

## Postgraduate pharmacist interviews: initial approval

**Faculty of Medicine and Health Sciences Research Ethics Committee**



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11<sup>th</sup> July 2011

Dear Jeremy

**An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy): In-depth student interviews. Reference 2010/2011-51**

The amendments to your above proposal have been considered by the Chair of the Faculty Research Ethics Committee and we can confirm that your proposal has been approved.

Please could you ensure that any amendments to either the protocol or documents submitted are notified to us in advance and also that any adverse events which occur during your project are reported to the Committee. Please could you also arrange to send us a report once your project is completed.

The Committee would like to wish you good luck with your project

Yours sincerely

Maggie Rhodes  
Research Administrator

Cc Prof David Wright

Faculty of Medicine and Health Sciences Research Ethics Committee



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19<sup>th</sup> September 2012

Dear Jeremy

**An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy): In-depth student interviews. Reference 2010/2011-51**

Thank you for your email dated 13<sup>th</sup> September 2012 notifying us of the amendments you would like to make to your above proposal. These have been considered by the Chair of the Faculty Research Ethics Committee and we can now confirm that your amendments have been approved.

Please can you ensure that any further amendments to either the protocol or documents submitted are notified to us in advance, and also that any adverse events which occur during your project are reported to the Committee.

Please can you also arrange to send us a report once your project is completed.

Yours sincerely,

A handwritten signature in cursive script that reads 'Yvonne Kirkham'.

Yvonne Kirkham  
Project Officer

Faculty of Medicine and Health Sciences Research Ethics Committee



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20<sup>th</sup> March 2012

Dear Jeremy

**An Evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy):  
In-depth employer interviews. Reference 2011/2012-15**

Thank you for your email dated 14<sup>th</sup> March 2012 notifying us of the amendments you would like to make to your above proposal. These have been considered by the Chair of the Faculty Research Ethics Committee and we can now confirm that your amendments have been approved.

Please can you ensure that any further amendments to either the protocol or documents submitted are notified to us in advance, and also that any adverse events which occur during your project are reported to the Committee.

Please can you also arrange to send us a report once your project is completed.

Yours sincerely,

A handwritten signature in black ink that reads 'Yvonne Kirkham'. The signature is written in a cursive, flowing style.

Yvonne Kirkham  
Project Officer



**Appendix 10      Protocol 1**

# An educational evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy)

## **Principal investigator**

Jeremy Sokhi

Senior Research Associate, School of Pharmacy, University of East Anglia

## **Research supervisors**

Professor David Wright

Head of Medicines Management, School of Pharmacy, University of East Anglia

Dr James Desborough

Lecturer in Pharmacy Practice, School of Pharmacy, University of East Anglia

Professor Nigel Norris

Professor of Applied Education Research, School of Education, University of East Anglia



## **Introduction**

Of the 43,965 practising pharmacists in Great Britain<sup>1</sup> the majority (71%) are employed in community pharmacy, whilst a smaller number (21%) practise in the hospital sector.<sup>2</sup> Whereas hospital pharmacists have increasingly found themselves working on the wards alongside medical practitioners, with an emphasis on providing clinical services, the role of their colleagues in community pharmacy has remained focused around the medicines supply function.

Within Great Britain, prospective pharmacists must complete a 4 year MPharm degree followed by a further year of pre-registration training under the supervision of an experienced pharmacist before registering to practice with the Royal Pharmaceutical Society (RPSGB). In the hospital sector it is recognised that this model does not produce pharmacists sufficiently prepared for the clinical role required. Consequently it has become the norm for all hospital pharmacists to undertake a postgraduate diploma to develop both their clinical and practice skills, so much so that career progression is dependent upon this.

Although the majority of pharmacists end up practising in community pharmacy, postgraduate training for these individuals has tended to be delivered on an ad hoc basis and been dependent on the individual's motivation to develop themselves. Consequently, although well qualified, the clinical and consultation skills of most community pharmacists are limited.

The recent White Paper<sup>3</sup> for pharmacy, has identified community pharmacy as underutilised and with the potential to make a greater contribution to patient care. The new NHS community pharmacy contract, introduced in 2005, provides an opportunity for this to be addressed. The contract consists of three different levels of service: essential services, which are provided by all contractors and include the traditional dispensing and advice roles; advanced services, such as Medicines Use Reviews (MURs), which can be provided by any contractor providing they have met the accreditation requirements; and enhanced services, which are commissioned locally by Primary Care Trusts (PCTs) in response to the health needs of the local population.<sup>4</sup>

To date, service specifications have been developed for PCTs to arrange delivery of up to 15 enhanced services if required, with a further 7 currently being discussed at the

Department of Health.<sup>4</sup> A study conducted shortly after the new pharmacy contract was introduced demonstrated that the provision of enhanced services from community pharmacies varied greatly between individual services. Some services, such as smoking cessation services (provided by 35.8% of pharmacies) and supervised administration (31.1%) were shown to be fairly widely available, but many other services had not been embraced by community pharmacy (e.g. anticoagulant monitoring, 0.1%).<sup>5</sup> The national evaluation of the new pharmacy contract revealed that 13% of pharmacies do not provide any enhanced services and that 25% provide 4 or more.<sup>6</sup> Recent data shows that there has been a variation in the rate of development of these services across the country.<sup>7</sup>

A survey to identify the drivers and barriers to PCT commissioning of community pharmacy services identified attitudes of local community pharmacists as a key driver. However some respondents were critical of community pharmacists for not being more proactive in developing service ideas.<sup>8</sup> Good working relationships between community pharmacists and general practitioners (GPs) may be another important factor in the successful delivery of enhanced pharmacy services.<sup>9</sup> In a recent survey of PCTs about the implementation of Medicines Use Reviews (MURs), 62% of respondents perceived the greatest barrier to implementation to be a lack of support from GPs.<sup>10</sup> (Lack of) confidence amongst pharmacists was also reported as a barrier.

Community pharmacy diplomas have been available from UK universities for a number of years, but their uptake has been limited when compared to their hospital equivalents, and they have frequently resulted in people changing their careers rather than the services they provide. These existing courses are largely didactic and knowledge focused in nature, using a variety of teaching and assessment methods including distance learning, online workshops, case studies and coursework assessments. None of them assess the development of student competence and they have not encouraged pharmacists to change either their working environment or working relationships. This may have resulted in greater job dissatisfaction amongst pharmacists completing these diplomas who have increased their knowledge and skills whilst remaining in an unchanged environment in which to practise.

One study found that there was no association between whether or not a pharmacist had or was undertaking a clinical diploma and the number of MURs performed.<sup>11</sup> A sample of 280 community pharmacists accredited to undertake MURs were sent a questionnaire

developed to investigate the factors that influence the number of MURs performed. 167 (60%) completed questionnaires were returned. A significant limitation of the study was that all the community pharmacists worked for the same UK pharmacy chain. Furthermore this study did not distinguish between different types of clinical diploma

The Joint Programmes Board (JPB), a collaborative between NHS pharmacy services and nine universities based in the south east of England, has developed a competency based diploma designed to equip practitioners with the core skills and competencies they require to provide pharmaceutical care in a practice setting. The course works on a philosophy of student centred workplace learning. The ethos and culture of the course is to enhance and develop self reliance and an adult approach to learning in support of continuing professional development.

The University of East Anglia (UEA), as a member of the JPB, is developing a version of this diploma for community pharmacists. This diploma will be of three years duration and divided into two levels of 18 months each. Level one covers pharmacy practitioner development in the NHS and applied pharmacy practice skills, whilst level two addresses the pharmaceutical care of patients with short and long term conditions. Pharmacists undertaking the diploma will maintain a learning portfolio and measure their progress using the General Level Framework (GLF), an evidence-led competency framework which has been adapted for community pharmacists<sup>12</sup> and has been shown to lead to greater increases in competency scores when comparing pharmacists trained in its use with those that have not.<sup>13</sup>

In recognition of the need to support the community pharmacy workforce, the East of England Strategic Health Authority (SHA) has awarded a grant to UEA to provide this diploma to a number of pharmacists across the eastern region, in addition to an evaluation to determine whether the newly commissioned educational programme contributes to the SHA agenda. In line with the recommendations for the NHS proposed by Darzi within 'Next Stage Review',<sup>14</sup> the East of England Strategic Health Authority (SHA) clinical vision for the next decade includes a number of key proposals<sup>15</sup> which will be dependent on an effective and flexible pharmacy workforce.

Therefore the aims of this educational evaluation are:

- to measure the effects of the course on community pharmacy service provision
- to measure whether the course enhances and develops self-reliance and an adult approach to learning in support of continuing professional development
- to measure the effects of the course on levels of job satisfaction amongst community pharmacists
- to measure the effects of the course on patient satisfaction levels with the pharmaceutical care they receive

### **Aims & Objectives**

The overall aim is to evaluate the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy) which the University of East Anglia has been funded to deliver over the next three years by the East of England Strategic Health Authority (SHA).

The objectives of this educational evaluation are to:

- Determine the range of service provision by community pharmacists undertaking the diploma
- Determine the extent of service provision by community pharmacists undertaking the diploma
- Measure changes in this service provision over time
- Identify differences in service provision between different pharmacy and/or pharmacist groups
- Measure the effect of undertaking the diploma on:
  - Employer retention
  - Approaches to learning
  - Job satisfaction levels
  - Patient satisfaction with the care they receive

### **Method**

All community pharmacists enrolled on the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy) will be included in this educational evaluation. As part of the application process for the diploma they have already agreed to participate in its evaluation. In addition those community pharmacists who applied for the diploma but were not selected will also be included as a comparison. These pharmacists were sent a letter thanking them for their interest in the programme and informing them that they may be contacted as part of its evaluation. An opt out form was provided.

Permission will be sought from the multiple pharmacy employers for their pharmacists to participate in the evaluation. Those that agree will be asked to complete a permission form (Appendix 1) and this will be kept on file by the principal investigator. Those pharmacists working in independent pharmacies or that are employed as locums will be instructed to seek permission to participate from their employer.

Pharmacists agreeing to participate will be asked to complete two online surveys. The principal investigator will also arrange a convenient time to visit each pharmacist when they are practising at their workplace. During this visit member(s) of pharmacy staff will seek verbal consent from all members of the public that are accessing services at the pharmacy to be approached by the principal investigator, who will then give out the service satisfaction survey. Pharmacy staff will be briefed by the principal investigator to use the phrase “we have a researcher from the University of East Anglia here today, would you mind if he spoke to you about a questionnaire he would like to give you?” If consent is given the principal investigator will ask “would you consider yourself a regular customer of this pharmacy?” 20 surveys will be distributed by the principal investigator to those answering affirmatively at each of the pharmacies included. If after 3 hours less than 20 surveys have been distributed, distribution will be halted and a note made of the number distributed. If a participant consents but is unable to complete the survey (e.g. because they are illiterate) the principal investigator will offer to read the questions to them and record their answers. Surveys will be returned anonymous to the principal investigator at the School of Pharmacy. An individualised report based on an analysis of returned patient survey forms will be made available to these pharmacists after completion of the evaluation. Completion of the surveys will be deemed as consent to participate.

Each of these community pharmacists will be sent a letter (Appendix 2a or 2b) and a participant information sheet (Appendix 3 outlining the nature of the evaluation, details of how to access the questionnaires (Appendix 4 and 5), which will be hosted on the SurveyMonkey website, and to advise that the principal investigator will contact them to arrange a suitable time for undertaking the patient satisfaction survey (Appendix 6).

A unique identification number will be attributed to each pharmacist. Access to the online questionnaires will be via a web link incorporating this unique identification number for the purposes of anonymisation. Patients will be provided with an SAE to return their completed surveys to the principal investigator at UEA.

Distribution of the two online surveys will be repeated in February 2012 and February 2013. Minor amendments will be made to the content of the surveys to reflect relevant changes in pharmacy and lessons learned from the experience of the first distribution (see comments in Appendices 1 and 2).



For the February 2013 survey the online surveys will be combined and condensed into one survey, with several further minor amendments made which reflect relevant changes in pharmacy, lessons learned from the second distribution and feedback from participants. The amended survey will include the following sections with the amendments listed below:

### **Introductory section**

Reference to an incentive for completion of the survey

### **Section 1: Job satisfaction**

As per job satisfaction section in the 2012 questionnaire 2 (Appendix 5) with the following amendments:

- Addition of the following to capture changes since the start of the study:
  - Have you changed your main employer since (Sept 2010)?
  - Who did you work for before?
  - And for how long did you work for them?
- Removal of the following because they test the knowledge of the participant in a way that has proved unreliable:
  - New service development questions
  - Awareness of pharmaceutical needs assessments and practice-based commissioning groups

### **Section 2: CPD**

As per CPD section in the 2012 questionnaire 2 (Appendix 5) with a reduction in the number of attitudinal questions to include only those that have been used in a previous study. Frequency of activities has also been removed as this question proved too difficult to answer.

### **Section 3: Service provision**

As per the 2012 questionnaire 1 (Appendix 4) with the following amendments:

- Definition of 'main workplace' included
- Services updated to include those currently available through community pharmacies
- "What are the current barriers to you offering this service?" This was an open question that has now been amended to include some options based on common responses in the previous 2 years.
  - Because of this the separate question about availability of PCT funding has been removed as we have been able to include it as an option to this question

- Examples of what is meant by 'other services' have been included
- The following question has been added to explore changes since the onset of the study:
  - A confidence scale for working with GPs has been added below the GP contact question
  - "In the last 2 years have you changed the amount and/or types of work that you delegate to your staff"
- The following have been removed because they test the knowledge of the participant in a way that has proved unreliable:
  - Postcode and PCT questions
  - Dispensing volume
  - Staff hours
  - Employment of a permanent pharmacist and percentage of time without one
  - Employment of an ACT and percentage of time worked with them

#### **Section 4: Demographics**

- Questions from the original surveys combined to remove duplication
- Simplification of the qualifications questions

#### **Section 5: Thank you**

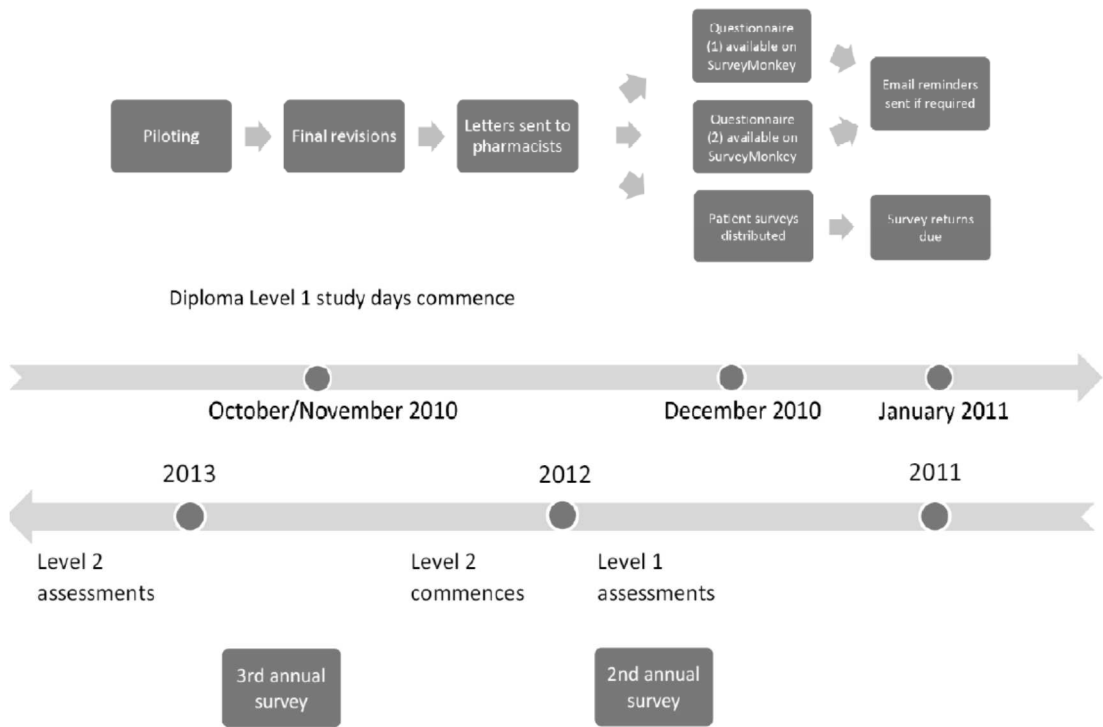
- On completion participants will be redirected to a survey where they can enter their details if they wish to receive the incentive for taking part. This will ensure their identifying details remain separate from the data collected in this survey and maintain confidentiality.

**A copy of the new survey is included (Appendix 7). As mentioned above, in an effort to improve the response rate an incentive will be offered for participation. This will be in the form of a £5 gift voucher which can be redeemed at Amazon.co.uk. A copy of the online survey used to capture participant details for the purposes of the incentive is included in Appendix 8. The covering letters (Appendices 9 and 10) and participant information sheet (Appendix 11) have been amended to reflect these changes.**

**The patient satisfaction survey will be repeated as the course concludes in January and February 2013. The following additional question will be asked of consenting customers by the principal investigator, 'Have you completed this questionnaire before?' Those answering positively will be excluded from participating. An incentive will be offered in an effort to improve the number of pharmacies willing to participate. This will be in the form of a £25 gift voucher which can be redeemed at Marks and Spencer. N.B. This incentive is**

for the participant permitting distribution of the surveys, NOT the patients which complete the survey. The covering letters (Appendices 9 and 10) and participant information sheet (Appendix 11) have been amended to reflect these changes.

The flow chart overleaf summarises the process:



## **Questionnaire (1) Development**

### **Service Provision**

The questionnaire is divided into three sections, covering service provision, workplace and personal information. An initial pre-survey question will screen out pharmacists that do not meet the inclusion criteria of being currently employed in a community pharmacy.

Services included in section 1 of the questionnaire are subdivided into three sections; enhanced services, advanced services and others. Enhanced and Advanced services are included based on those included in the Pharmacy Contract section of the Pharmaceutical Services Negotiating Committee (PSNC) website.<sup>4</sup> To minimise the size of the questionnaire, the most commonly delivered services are covered in the most detail (questions 1-8), while those less commonly encountered are either included more briefly (questions 9-11) or omitted. Patient Group Directions are omitted as an individual question because they are an instrument for providing a service rather than a service in themselves. Supplementary and independent prescribing are included in the 'personal information' section for similar reasons.

Section 2 of the questionnaire includes questions designed to obtain a picture of the working environment of the pharmacist completing the survey. Several of the questions have been taken from those found in the Pharmacy Workforce Census 2008.<sup>2</sup> The pre-survey screening question is also based on a question in this census. The questions about the number of items dispensed and the staff hours employed relate to the minimum requirements pharmacy contractors have to meet in order to receive the full practice payment available to them from the NHS.<sup>16</sup>

Finally, section 3 includes questions designed to obtain personal information about the pharmacist and their career.

## **Questionnaire (2) Development**

### **Community pharmacists' attitudes to CPD and levels of job satisfaction**

The questionnaire is divided into three sections, covering personal and employment information, attitudes and approaches to learning and job satisfaction.

Section 1 of the questionnaire includes questions designed to obtain personal information about the pharmacist, their work including their level of engagement with their local GP(s) and patients, and their education. The question relating to current work uses the categories found in the Pharmacy Workforce Census 2008.<sup>2</sup>

Section 2 consists of a series of statements about approaches to and attitudes about learning, which the pharmacist has to indicate their opinion against, followed by separate questions about CPD activities and learning needs. Statements 1 to 6 and 14 and 15 are adapted from a previous study.<sup>17</sup> Other statements reflect the RPSGB guidance on CPD.<sup>18</sup>

Section 3 contains questions related to the pharmacist's levels of job satisfaction. These questions have been copied or based on questions in various Pharmacy Workforce Census reports.<sup>2 19 20</sup>

Finally questions 10 and 11 in section 1 are based on those used in a previous study of pharmacist professional development.<sup>21</sup>

### **Patient Satisfaction Survey Development**

The first section of the patient questionnaire is adapted from a previously validated instrument, concerning patient satisfaction with pharmaceutical care.<sup>22</sup> There is a brief final section which gathers some non-identifying patient demographic details. Patient satisfaction is arbitrarily defined as a score of 60 or more out of a maximum 100, where responses are scored between 5 (excellent) and 1 (poor).

### **Ethical Approval**

Ethical committee approval will be sought for the study from the University of East Anglia.

The pharmacist surveys will be piloted on the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy) tutors before being fully rolled out. Minor amendments will be made as appropriate and necessary.

The patient satisfaction survey will be piloted in three pharmacies, with 20 questionnaires distributed at each to determine response rate and the time taken to distribute. A 60% response rate will enable a 10% difference in patient satisfaction with the service to be identified between the two groups with 80% power at the 5% significance level. This

assumption is based on the worst case scenario of a change from 50% to 40% patient satisfaction. Changes from higher or lower proportions than this will require a smaller sample size. If the response rate is poor then revisions will be made and a request for approval of these changes submitted to the ethics committee.

**Follow-up Process**

The principal investigator will send an email reminder to pharmacists that have not completed both questionnaires within two weeks of the initial request. A further reminder will be sent at four weeks if necessary. Estimating an 80% response rate then responses from 42 pharmacists will be obtained for both surveys.

**Data analysis**

Data analysis will be largely descriptive. A comparison of the responses to the online questionnaires completed by pharmacists undertaking the diploma and those completed by the comparison group, together with a comparison of the returned patient surveys, will be undertaken via a chi-squared analysis, Mann-Whitney U test and independent samples t-test as appropriate.

The data gathered from the questionnaire will be stored in an anonymised form on a password protected database to which only the researcher will have access.



**Appendix 1 Permission Form**



**An evaluation of the Postgraduate Diploma in General Pharmacy Practice  
(Community Pharmacy)**

I give permission for employees of this company to participate in the evaluation of the Post Graduate Diploma in General Pharmacy Practice (Community Pharmacy) that is being undertaken by the Medicines Management research group at the University of East Anglia.

I understand that the evaluation will include surveying community pharmacists and their patients to:

- Determine the range and extent of service provision by community pharmacists undertaking the diploma
- Measure changes in this service provision over time
- Identify differences in service provision between different pharmacy and/or pharmacist groups
- Measure the effect of undertaking the diploma on:
  - Employer retention
  - Approaches to learning
  - Job satisfaction levels
  - Patient satisfaction with the care they receive

**The data collected will be presented anonymously and no company will be singled out in any subsequent report.**

Signed ..... Date .....

Name .....

Position .....

Organisation .....

*Contact details*

Address .....

.....

.....

Email .....

Phone .....

**Appendix 2a Draft letter to community pharmacists undertaking the diploma**



Jeremy Sokhi  
Senior Research Associate  
School of Pharmacy  
University of East Anglia  
Norwich  
NR4 7TJ

01603 593144  
j.sokhi@uea.ac.uk

[Name]  
[Contact details]

[Date]

**Re: An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy)**

Dear [Name]

I have been employed by UEA to evaluate the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy), which I spoke to you about at your recent course induction day. This part of the evaluation will contribute to the overall evaluation by measuring whether the course enhances and develops approaches to learning in support of continuing professional development, its effects on service provision and job satisfaction, and patient satisfaction with the pharmaceutical care they receive.

I am therefore writing to you to let you know that firstly, two surveys have been posted on the SurveyMonkey website for you to complete.

You can access the first survey, about your service provision, by following the link below, or alternatively you can cut and paste the link into the address bar of your internet browser:

<http://www.surveymonkey.com/s/H2Y9H27?c=00001>

Similarly, you can access the second survey, about your approaches to learning and job satisfaction, by using this link:

<http://www.surveymonkey.com/s/H2Y9H28?c=00001>

I would also like to distribute 20 patient satisfaction surveys at your main workplace during February while you are working there. I will shortly contact you to arrange a convenient time to

undertake this. An analysis of the results from this survey will be made available to you after I have completed the evaluation, and you may wish to use this to support your CPD.

If you do not wish to complete one or both of the online surveys, neither of which should take longer than 10-15 minutes, and/or allow me to distribute the patient surveys, then please let me know via any of the above contact details.

I intend to publish the results of the evaluation, albeit in an anonymised format, in a research journal. The data which I collect will be kept in an anonymised format on my computer within the school and all raw data from the evaluation will be destroyed within one year of the study's completion. Ethical approval has been obtained for the evaluation.

I have attached a participant information sheet for you to read.

I understand that this letter may raise a number of questions and therefore please do not hesitate to contact me as I would be delighted to be given the opportunity to respond to them.

Thanks in anticipation of your help with the evaluation.

Yours sincerely

Jeremy Sokhi

**Appendix 2b Draft letter to community pharmacists that applied but were not selected for the diploma**



Jeremy Sokhi  
Senior Research Associate  
School of Pharmacy  
University of East Anglia  
Norwich  
NR4 7TJ

01603 593144  
j.sokhi@uea.ac.uk

[Name]  
[Contact details]

[Date]

**Re: An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy)**

Dear [Name]

As someone who applied for a funded place on the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy), you will be aware that the East of England Strategic Health Authority (SHA) has awarded a grant to the School of Pharmacy at the University of East Anglia (UEA) to provide this diploma to 36 pharmacists across the eastern region. I have been employed by UEA to evaluate this unique work-based diploma. This part of the evaluation will contribute to the overall evaluation by measuring whether the course enhances and develops approaches to learning in support of continuing professional development, its effects on service provision and job satisfaction, and patient satisfaction with the pharmaceutical care they receive. The intention is that the results of the evaluation will be used to provide a case for future funding of the diploma and increase its availability to community pharmacists within the region.

I am therefore writing to you to let you know that firstly, two surveys have been posted on the SurveyMonkey website for you to complete.

You can access the first survey, about your service provision, by following the link below, or alternatively you can cut and paste the link into the address bar of your internet browser:

<http://www.surveymonkey.com/s/H2Y9H27?c=00001>

Similarly, you can access the second survey, about your approaches to learning and job satisfaction, by using this link:

<http://www.surveymonkey.com/s/H2Y9H28?c=00001>

I would also like to distribute 20 patient satisfaction surveys at your main workplace during February while you are working there. I will shortly contact you to arrange a convenient time to undertake this. An analysis of the results from this survey will be made available to you after I have completed the evaluation, and you may wish to use this to support your CPD.

If you do not wish to complete one or both of the online surveys, neither of which should take longer than 10-15 minutes, and/or allow me to distribute the patient surveys, then please let me know via any of the above contact details.

I intend to publish the results of the evaluation, albeit in an anonymised format, in a research journal. The data which I collect will be kept in an anonymised format on my computer within the school and all raw data from the evaluation will be destroyed within one year of the study's completion. Ethical approval has been obtained for the evaluation.

I have attached a participant information sheet for you to read.

I understand that this letter may raise a number of questions and therefore please do not hesitate to contact me as I would be delighted to be given the opportunity to respond to them.

Thanks in anticipation of your help with the evaluation.

Yours sincerely

Jeremy Sokhi



## **An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy)**

A study funded by the Eastern Region Strategic Health Authority

Principal Investigator:     Jeremy Sokhi  
  School of Pharmacy, University of East Anglia  
  01603 593144, j.sokhi@uea.ac.uk

This information sheet is designed to be read by the pharmacist to help them understand this evaluation study and what it will involve. It is set out as a series of questions and answers. If the question that you would like to ask is not provided then please feel free to contact Jeremy Sokhi via telephone or email.

### **What is the evaluation about?**

The overall aim is to evaluate the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy) which the University of East Anglia has been funded to deliver over the next three years by the Eastern region Strategic Health Authority (SHA). This part of the evaluation will contribute to the overall evaluation by measuring whether the course enhances and develops approaches to learning in support of continuing professional development, its effects on service provision and job satisfaction, and patient satisfaction with the pharmaceutical care they receive.

### **What are the benefits of becoming involved in this evaluation?**

As part of your application for a funded place on the diploma, you agreed to participate in its evaluation. The results will be used to explore future funding avenues after the completion of

the three year pilot. Additionally, you will receive a report based on an analysis of the patient surveys returned.

**What does the evaluation involve?**

The evaluation will involve the pharmacist completing two short surveys (approximately 10-15 minutes each), that will be accessed electronically through a link to the SurveyMonkey website, and the distribution of a patient satisfaction survey in their main workplace.

**Will information need to be provided on individual staff within the pharmacy?**

No, it will not ask for any data which identifies individual staff or patients. The study will ask what services are provided and what the current uptake for those services currently is, together with some background information about you and your workplace.

**Will information be given to other parties regarding our pharmacy?**

No, the information regarding your pharmacy will be reported anonymously and in such a manner to ensure that your pharmacy cannot be singled out. The data will be stored on a password protected database to which only the researchers will have access. We can assure you that no information regarding one pharmacy will be passed to another.

**Has my employer given permission for the evaluation?**

Details of this evaluation have been discussed with the Steering Group for the diploma. This group includes representatives of the multiple pharmacy chains within its membership. If you are employed by Boots UK, Co-operative Pharmacy, Lloydspharmacy, Rowlands Pharmacy or Tesco permission has been granted for you to take part. If you work for independent different pharmacy or are employed as a locum you should gain permission before taking part.

**What happens next?**

The letter accompanying this information sheet contains a web link that will allow you to access each survey. The surveys will be available for you to access during February.

The principal investigator will contact you in the next couple of weeks to arrange a convenient time to visit you at your main workplace and distribute the patient surveys.

## Appendix 4 Questionnaire (1) template

### Service Provision

This survey is designed to measure the range and extent of service provision by community pharmacists.

Your responses are confidential and will be made anonymous.

This questionnaire consists of THREE sections. Please follow the instructions given at the start of each section.

#### ***Pre-survey question***

This section is about your current work situation.

1. Which of the following applies to you? (Tick ONE only)

Currently working as a community pharmacist  → please go to question 2

Currently working, but not as a community pharmacist

Currently not in active employment

>> *This survey is for people currently working as community pharmacists. Your current work situation means that you are ineligible for this survey. Thank you for your time.*

2. Please enter the first part of the postcode of your main workplace

→ now go to section 1



## **Section 1**

This section is about the various services available through community pharmacies. Please answer these questions in relation to your main workplace.

### **Section 1A. NHS Enhanced services**

#### **Supervised Administration (Consumption of Prescribed Medicines)**

1b. Do you offer this service at your main workplace?

Yes  → please go to question 1c  
No  → please go to question 1d

1c. Approximately how many clients did you (or your staff) provide this service for in your last working week?

now go to question 2

1d. What are the current barriers to you offering this service?

Questions 2-8 will use the same format as 1 above:

**2. Needle & Syringe Exchange**

**3. Stop Smoking**

**4. Emergency Hormonal Contraception (via a Patient Group Direction)**

**5. Chlamydia Screening**

**6. Chlamydia Treatment**

**7. NHS Health Check (Vascular risk assessment and management service)**

**8. Minor Ailment Service**

**On Demand Availability of Specialist Drugs (Availability of Palliative Care or other Specialist Medicines)**

9a. Do you offer this service at your main workplace?

- Yes   
No

Questions 10-11 will use the same format as 9 above:

**10. Care Home (Support and Advice on Storage, Supply and Administration of Drugs and Appliances)**

**11. Medicines Assessment & Compliance Support**

11a. Which of these services could you offer? (i.e. the PCT provides funding)

Please include those services that you already provide and have provided details for above.

- Supervised administration
- Stop smoking
- Emergency hormonal contraception (via PGD)
- Chlamydia screening
- Chlamydia treatment
- NHS health check
- Minor ailment service
- On demand availability of specialist drugs
- Care home
- Medicines assessment and compliance support
- None of these

**Section 1B. NHS Advanced services**

**Medicines Use Review (MUR) and Prescription Intervention Service**

This question will be repeated for the 'New Medicines Service' which was introduced in October 2011

12. Do you offer this service at your main workplace?

- Yes  → please go to question 12a  
No  → please go to question 12b

12a. Approximately how many clients did you (or your staff) provide this service for in your last working week?

now go to section 12c

12b. What are the current barriers to you offering this service?

12c. Did this pharmacy complete 400 MUR services consultations in the last financial year (i.e. up to April 2010) ?

- Yes   
No   
Not sure
-

**Section 1C. Other services (please provide details of any other services you offer not covered in sections 1A or 1B. This can include services offered outside of the NHS contract e.g. a privately paid for weight management service.)**

13a. Name of service:

13b. How many clients did you (or your staff) provide this service for in your last working week?

now go to question 14

14. Add another service

- Yes  → please go to question 15 (will repeat 13a to 14)  
No  → please go to question 16

16. What other services should be made available through community pharmacies?  
(Please list below)

---

## Section 2

This section is about your **main** workplace only.

1. Who is your employer?

Please state .....

2. What type of pharmacy business is your main workplace? (Tick ONE only)

- Independent pharmacy
- Small chain (2-4 stores)
- Medium sized multiple (5-25 stores)
- Large multiple (Over 25 stores)
- Supermarket chain

3. Which of the following best describes the location of your main workplace? (Tick ONE only)

- Town centre
- Edge of town retail park
- Suburban
- Rural
- Medical centre
- Other (please state .....

4. Which of these descriptions most closely matches your role? (Tick ONE only)

- Owner
- Manager
- Locum
- Relief pharmacist
- Second pharmacist
- Non-store-based pharmacist
- Other (please state .....

New category introduced 'Main pharmacist (non-management)' to reflect a common response to 'other' in the first distribution.

5. Approximately how many items PER MONTH does this pharmacy dispense?

- Less than 2000
- 2,000 - 3,499
- 3,500 - 4,999
- 5,000 - 6,499
- 6,500 - 7,999
- 8,000 - 9,499
- 9,500 - 10,999
- 11,000 or more

**6. Approximately how many dispensing staff\* hours does this pharmacy employ PER WEEK? (This is the figure entered on the FP34c submission form at the end of each month)**

(\* Dispensing staff include: a pharmacist; a non-practising pharmacist working as a dispenser; a pre-registration trainee (only half of the pre-registration trainees hours should be counted for this purpose) or an assistant trained to undertake the functions being performed. Where a staff member has multiple roles, only the number of hours spent supporting the dispensing process should be counted)

- Less than 40 hours
- 40 – 55 hours
- 56 – 74 hours
- 75 – 94 hours
- 94 – 111 hours
- 112 – 130 hours
- 131 – 149 hours
- 150 hours or more

**7a. Does this pharmacy have a consultation room?**

- Yes  → please go to question 7b
- No  → please go to question 8

**7b. How many times did you use the consultation room for delivering a service in your last working week (excluding supervised administration)?**

**8. Does this pharmacy employ a permanent pharmacist(s)?**

- Yes  → please go to question 8a
- No  → please go to question 9

**8a. Approx what percentage of the time is the pharmacy operated without the permanent pharmacist(s)?**

**10. Does this pharmacy employ an Accredited Checking Technician (ACT)?**

- Yes  → please go to question 10a
- No  → please go to question 11

**10a. How many full time equivalent ACTs are employed?**

**10b. Whilst you are working in the pharmacy as the main pharmacist, what percentage of prescriptions are checked by the ACT?**

**11. Approximately how many hours do you work in this pharmacy per week?**

- Less than 10 hours
- 10 to 19 hours
- 20 to 29 hours
- 30 to 39 hours
- More than 39 hours

11a. Approximately how many hours per week do you have a second pharmacist working alongside you in this pharmacy?

- None. A second pharmacist is not employed
- Less than 10 hours
- 10 to 19 hours
- 20 to 29 hours
- 30 to 39 hours
- More than 39 hours

12. In which PCT area is this pharmacy based? (Tick ONE only)

- Bedfordshire
- Cambridgeshire
- Great Yarmouth and Waveney
- Hertfordshire
- Luton
- Mid Essex
- Norfolk
- North East Essex
- Peterborough
- South East Essex
- South West Essex
- Suffolk
- West Essex
- Don't know

**Section3**

This section is about you.

1. Are you:

Female

Male

2a. How many years have you been working as a pharmacist?

2b. Please indicate how many of these years have been spent in each of the following sectors of pharmacy

Community

Hospital

PCT

Industry

Other (please state.....)

3. Do you hold any of the following qualifications? (Tick ALL that apply)

Supplementary prescriber

Independent prescriber

>> *You have reached the end of this survey. Thank you for your time and co-operation.*



## Appendix 5 Questionnaire (2) template

### Community pharmacists' attitudes to CPD and levels of job satisfaction

This survey is designed to measure whether the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy) meets its aim to enhance and develop self reliance and an adult approach to learning in support of continuing professional development and its effect on job satisfaction levels.

Your responses are confidential and will be made anonymous.

This questionnaire consists of THREE sections. Please follow the instructions given at the start of each section.

#### SECTION 1

This section will help us learn a little bit about you.

Please select or fill in the answers as appropriate.

1. Are you:      Male    Female

2. How old are you? \_\_\_\_\_ years

3. How many years have you been working as a pharmacist? \_\_\_\_\_ years

4. Please indicate how many of these years have been spent in each of the following sectors of pharmacy

Community   

Hospital   

PCT   

Industry   

Other (please state.....)                       

5. Which of the following applies to you? (Tick ONE only)

Currently working as a community pharmacist     

Currently working, but not as a community pharmacist        → please go to question 10

Currently not in active employment                          → please go to question 10

6. What type of pharmacy business is your main workplace? (Tick ONE only)

Independent pharmacy                             

Small chain (2-4 stores)                         

Medium sized multiple (5-25 stores)         

Large multiple (Over 25 stores)               

Supermarket chain

7. Which of these descriptions most closely matches your role? (Tick ONE only)

- Owner
- Manager
- Locum
- Relief pharmacist
- Second pharmacist
- Non-store-based pharmacist

Other (please state.....)

New category introduced 'Main pharmacist (non-management)' to reflect a common response to 'other' in the first distribution.

8. Approximately how many hours do you work in this pharmacy workplace per week?

- Less than 10 hours
- 10 to 19 hours
- 20 to 29 hours
- 30 to 39 hours
- More than 39 hours

9. How many years have you been in your current post? \_\_\_\_\_

10. Do you have any postgraduate qualifications? (If you have more than one postgraduate qualification, please tick the highest)

- Doctorate  Postgraduate Masters
- Postgraduate Diploma  Postgraduate Certificate
- No further qualifications  Other (please state) \_\_\_\_\_

Please describe the subject/field \_\_\_\_\_

11. Are you currently studying for any of the following postgraduate qualifications?

- Doctorate  Postgraduate Masters
- UEA Postgraduate Diploma  Postgraduate Certificate
- other Postgraduate Diploma  Not currently studying
- other (please state) \_\_\_\_\_

Please describe the subject/field \_\_\_\_\_

12. Approximately what percentage of your patients do you know by name? \_\_\_\_\_

13. How many times did you contact with your local GP(s) in your last working week? \_\_\_\_\_

14. Have you been involved in developing a new service?

- Yes → please provide details in the box below:  
 No → please go to question 16

15. Which of the following best describes your level of involvement? (You may tick more than one box).

- Project leader  
 Writing materials  
 Delivering training  
 Piloting  
 Other (Please give details) \_\_\_\_\_

16. Have you read your PCTs Pharmaceutical Needs Assessment?

- Yes  
 No

17. Please enter the name of your local Practice Based Commissioning group in the box below (leave blank if unknown).

## **SECTION 2**

This section will help us learn a little bit about your approach to learning.  
Please select or fill in the answers as appropriate.

For each of the following statements, please tick the response that best reflects your opinion.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	All pharmacists should engage in CPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Pharmacists' CPD should be assessed by an independent body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	It is right that pharmacists have to complete at least 9 entries of CPD per year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Any pharmacist that does not complete 9 entries of CPD per year should be removed from the register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Pharmacists can remain professionally competent without undertaking CPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	CPD should be undertaken without additional payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	CPD should be undertaken in the pharmacist's own time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Employers should provide time for their pharmacists to undertake CPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	The emphasis of CPD should be on quality over quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I am able to identify my own learning needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I use a variety of different methods to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	My learning is linked to my current practice or development needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Keeping a portfolio is the best way of recording CPD activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I sometimes find a lack of time is a barrier to completing CPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I am not always able to access the resources I need to complete CPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I only complete CPD for subjects that interest me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Completing CPD will help me to achieve my career objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Completing CPD is stressful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	All my CPD learning contributes to the quality or development of my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	The CPPE learning portfolio is a good way of identifying gaps in knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	CPD is about developing knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. CPD is about developing behaviours

23. Most of my CPD records start at: (tick ONE only)

Reflection

Planning

Action

Evaluation

24. My learning needs are identified by: (tick ALL that apply)

Appraisal

Audit

Competences

Critical incidents

Feedback from colleagues

Feedback from users of services/products

Personal interest

Reading journals

Reflection on other learning

Self evaluation

Talking to colleagues/peers/peer review

Other (please state)

25. Please indicate how many times you have undertaken each of the following activities in the last year?

CPPE workshops

CPPE open learning

CPPE e-learning

Other e-learning

Conference attendance

Local workshops and training

Reading relevant professional journals

Other relevant reading matter

Other distance learning material (e.g. NPA) please state \_\_\_\_\_

Other (Please give details) \_\_\_\_\_

No learning activities

### **SECTION 3**

This section will help us learn a little bit about how you feel about your job.  
Please select or fill in the answers as appropriate.

1. Over the next two years, what is the likelihood that you will:

(Please circle the appropriate number for each item: 1 = no likelihood and 5 = high likelihood)

Leave your current employer	1	2	3	4	5
Leave your current sector	1	2	3	4	5
Leave the profession	1	2	3	4	5

2. Which of the following statements reflects your current view about practising community pharmacy?

(Tick ONE only)

- Very strong desire to practise pharmacy
- Strong desire to practise pharmacy
- Lukewarm desire to practise pharmacy
- Weak desire to practise pharmacy
- Regret becoming a pharmacist
- Not a practising pharmacist at present

3. Please indicate how satisfied or dissatisfied you are with each of the various aspects of your job identified below:

(Please circle the appropriate number for each item: 1 = extreme dissatisfaction and 7 = extreme satisfaction)

Physical working conditions	1	2	3	4	5	6	7
Freedom to choose your own method of working	1	2	3	4	5	6	7
Your colleagues and fellow workers	1	2	3	4	5	6	7
Recognition you get for good work	1	2	3	4	5	6	7
Amount of responsibility you are given	1	2	3	4	5	6	7
Your remuneration	1	2	3	4	5	6	7
Opportunity to use your abilities	1	2	3	4	5	6	7
Your hours of work	1	2	3	4	5	6	7
Amount of variety in your job	1	2	3	4	5	6	7
Patient contact	1	2	3	4	5	6	7
Taking <i>everything</i> into consideration, how satisfied are you with your main job?	1	2	3	4	5	6	7

Thank you very much for your time and co-operation in completing this questionnaire



## **Patient Satisfaction Survey**

A questionnaire for patients following a consultation within the pharmacy

This patient survey is being undertaken as part of a project funded by the NHS in the East of England. The results will form part of an evaluation of a new training programme that the University of East Anglia is offering to pharmacists in the eastern region.

No identifying information is required and your responses will remain anonymous.

- Please answer this questionnaire by ticking the appropriate box for each question
- Once completed please send to the University of East Anglia in the envelope provided
- Space is provided at the end of the questionnaire for any further comments you may have

## Section 1: Satisfaction with Consultation Process and Service

Please tick ONE box only for each of the following aspects of your experience in this pharmacy

Please rate your satisfaction with the following:		Excellent	Very Good	Good	Fair	Poor
1	The professional appearance of the pharmacy					
2	The availability of the pharmacist to answer your questions					
3	The pharmacist's professional relationship with you					
4	The pharmacist's ability to advise you about problems that you might have with your medications					
5	The promptness of the service					
6	The professionalism of the pharmacy staff					
7	The counter assistants interest in your health					
8	How well the pharmacist explains what your medications do					
9	How well the pharmacist helps you to manage your medications					
10	The pharmacist's efforts to solve problems that you have with your medications					
11	The responsibility that the pharmacist assumes for your treatment					
12	How well the pharmacist instructs you on how to take your medications					
13	The pharmacy services overall					
14	How well the pharmacist answers your questions					
15	The pharmacist's efforts to help you improve your health or stay healthy					
16	The courtesy and respect shown to you by the pharmacy staff					
17	The privacy of the conversations with the pharmacist					
18	The pharmacist's efforts to assure that your medications do what they are supposed to do					
19	How well the pharmacist explains possible side effects					
20	The amount of time the pharmacist offers to spend with you					



## Section 2: Personal Information

1. Gender: Male  Female
2. Age group: 18-25  26-35  36-45  46-65  66+
3. What did you visit the pharmacy today:
  - Prescription hand-in or collection
  - Advice about symptoms
  - To purchase an over the counter remedy
  - Other (please state) \_\_\_\_\_
  - Prefer not to say

**If you have any further comments you feel may be helpful, please add below:**

**Thank you very much for your time and co-operation in completing this survey**

## Appendix 7 Combined Questionnaire 2013

### Pharmacist survey 2013

Thank you for accessing this University of East Anglia pharmacist survey. The survey is designed to measure pharmacist job satisfaction, learning approaches and where applicable service provision.

To compensate you for your time we would like to offer you a £5 Amazon e-voucher for taking part. Once you have completed the survey you will be directed to a separate site where you will be able to claim this.

Your responses are confidential.

The survey consists of FOUR sections. Please follow the instructions given at the start of each section.

#### Section 1

This section will help us learn a little bit about how you feel about your job.

Please select or fill in the answers as appropriate.

##### 1. Over the next two years, what is the likelihood that you will:

**(Please select the appropriate number for each item: 1 = no likelihood and 5 = high likelihood)**

	1	2	3	4	5	N/A
Leave your current employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leave your current sector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leave the profession	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### Section 1

##### 2. Have you changed your main employer since September 2010?

- Yes
- No

##### Question Logic for question 2:

If no is chosen then will go to question 6, if yes then will go to question 3

#### Section 1

##### 3. How many times have you changed your main employer since September 2010?

**4. Which of the following best describes your last main employment?**

- Independent pharmacy
- Small chain (2-4 stores)
- Medium sized multiple (5-25 stores)
- Large multiple (Over 25 stores)
- Supermarket chain

Comments

**5. And for how long did you work there?**

**Section 1**

**6. Which of the following statements best reflects your current view about practising community pharmacy?**

- Very strong desire to practise pharmacy
- Strong desire to practise pharmacy
- Lukewarm desire to practise pharmacy
- Weak desire to practise pharmacy
- Regret becoming a pharmacist
- Not a practising pharmacist at present

**Section 1**

**7. Please indicate how satisfied or dissatisfied you are with each of the various aspects of your job identified below:**

**(Please select the appropriate number for each item: 1 = extreme dissatisfaction and 7 = extreme satisfaction)**

	1	2	3	4	5	6	7	N/A
Physical working conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Freedom to choose your own method of working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your colleagues and fellow workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognition you get for good work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of responsibility you are given	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your remuneration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to use your abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your hours of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of variety in your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking everything into consideration, how satisfied are you with your main job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section 2**

The next section will help us learn a little bit about your approach to learning.

Please select or fill in the answers as appropriate.

**Section 2**

**8. For each of the following statements, please tick the response that best reflects your opinion.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
All pharmacists should engage in CPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacists' CPD should be assessed by an independent body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is right that pharmacists have to complete at least 9 entries of CPD per year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any pharmacist that does not complete 9 entries of CPD per year should be removed from the register	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section 2

**9. For each of the following statements, please tick the response that best reflects your opinion.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Pharmacists can remain professionally competent without undertaking CPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPD should be undertaken without additional payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes find a lack of time is a barrier to completing CPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not always able to access the resources I need to complete CPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section 2

**10. Most of my CPD records start at:**

- Reflection
- Planning
- Action
- Evaluation

**11. My learning needs are identified by:**

**(tick ALL that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Appraisal                                | <input type="checkbox"/> Personal interest                       |
| <input type="checkbox"/> Audit                                    | <input type="checkbox"/> Reading journals                        |
| <input type="checkbox"/> Competences                              | <input type="checkbox"/> Reflecting on other learning            |
| <input type="checkbox"/> Critical incidents                       | <input type="checkbox"/> Self evaluation                         |
| <input type="checkbox"/> Feedback from colleagues                 | <input type="checkbox"/> Talking to colleagues/peers/peer review |
| <input type="checkbox"/> Feedback from users of services/products |  |
| <input type="checkbox"/> Other (please state)                     |  |

Before proceeding to the next section we need to ask you about your current employment to ensure we ask you the most appropriate questions.

**12. Which of the following applies to you?**

- Currently working as a community pharmacist
- Currently working, but not as a community pharmacist
- Currently not in active employment

**Question Logic for question 12:**

If 'currently working as a community pharmacist' then will go to question 14, if 'currently working, but not as a community pharmacist' then will go to question 13, if 'currently not in active employment' the will go to question 78.

**13. Please describe your current role**

**Question Logic for question 12:**

On completion will go to question 78.

**Section 3**

The next section is about the service provided through community pharmacies. Please answer these questions in relation to your main workplace.\*

\*By main workplace we mean the pharmacy where you spend the majority of your employed hours. If you are a locum or relief pharmacist you should answer these questions in relation to the pharmacy you are most familiar with.

**Section 3**

**14. What type of pharmacy business is your main workplace?**

- Independent pharmacy
- Small chain (2-4 stores)
- Medium sized multiple (5-25 stores)
- Large multiple (Over 25 stores)
- Supermarket chain

**15. Which of the following best describes the location of your main workplace? (Tick ONE only)**

- Town centre
- Edge of town retail park
- Suburban/residential area
- Rural
- Medical centre
- Other (please specify)

**Section 3**

**16. Approximately how many hours do you work in this pharmacy workplace per week?**

- Less than 10 hours
- 10 to 19 hours
- 20 to 29 hours
- 30 to 39 hours
- More than 39 hours

**17. Approximately how many hours per week do you have a second pharmacist working alongside you in this pharmacy?**

- None. A second pharmacist is not employed
- Less than 10 hours
- 10 to 19 hours
- 20 to 29 hours
- 30 to 39 hours
- More than 39 hours

**Section 3**

**18. Which of these descriptions most closely matches your role?**

- Owner/proprietor
- Manager
- Main pharmacist (non-management role)
- Self-employed locum
- Retail pharmacist
- Second pharmacist (i.e. supporting the responsible pharmacist at your workplace)
- Non-store-based pharmacist (e.g. field-based management or HR role)
- Other (please state)

**Section 3A. NHS Enhanced services**

These questions are about the enhanced services which are commissioned locally and funded by the NHS

**Supervised Administration (e.g. of methadone, buprenorphine)**

**19. Supervised Administration (Consumption of Prescribed Medicines)**

Do you offer this service at your main workplace?

- Yes
- No

**Question Logic for question 19:**

If yes then will go to question 20, if no then will go to question 21

**Supervised Administration**

**20. Approximately how many clients did you (or your staff) provide this service for in your last working week?**

**Question Logic for question 20:**

On completion will go to question 22

**Supervised Administration - barriers**

**21. What are the current barriers to you offering this service? (Tick ALL that apply)**

- Not funded in my area
- No patient need in my area
- Employer or Manager not keen
- Lack of appropriate facilities
- Staffing levels
- Staff not trained
- I am not trained
- Other (please specify)

**Needle and Syringe Exchange**

**22. Needle and Syringe Exchange**

Do you offer this service at your main workplace?

- Yes
- No

**Question Logic for question 22:**

If yes then will go to question 23, if no then will go to question 24

**Needle and Syringe Exchange**



**23. Approximately how many clients did you (or your staff) provide this service for in your last working week?**

**Question Logic for question 23:**  
On completion will go to question 25

### Needle and Syringe Exchange - barriers

**24. What are the current barriers to you offering this service? (Tick ALL that apply)**

- Not funded in my area
- No patient need in my area
- Employer or Manager not keen
- Lack of appropriate facilities
- Staffing levels
- Staff not trained
- I am not trained
- Other (please specify)

### Stop Smoking

**25. Stop Smoking**

**Do you offer this service at your main workplace? (Only answer 'Yes' if your pharmacy receives payment from the NHS for the 'Stop Smoking' service you provide).**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**Question Logic for question 25:**  
If yes then will go to question 26, if no then will go to question 27

### Stop Smoking

**26. Approximately how many clients did you (or your staff) provide this service for in your last working week?**

**Question Logic for question 26:**  
On completion will go to question 28

### Stop Smoking - barriers

**27. What are the current barriers to you offering this service? (Tick ALL that apply)**

- Not funded in my area
- No patient need in my area
- Employer or Manager not keen
- Lack of appropriate facilities
- Staffing levels
- Staff not trained
- I am not trained
- Other (please specify)

**Emergency Hormonal Contraception (via a Patient Group Direction)**

**28. Emergency Hormonal Contraception**

**\*\*Please exclude OTC sales of EHC from your answer\*\***

**Do you offer this service at your main workplace? (Only answer 'Yes' if your pharmacy receives payment from the NHS for the EHC service you provide).**

- Yes
- No

**Question Logic for question 28:**  
If yes then will go to question 29, if no then will go to question 30

**Emergency Hormonal Contraception (via a Patient Group Direction)**

**29. Approximately how many clients did you (or your staff) provide this service for in your last working week?**

**\*\*Please exclude OTC sales of EHC from your answer\*\***

**Emergency Hormonal Contraception (via a Patient Group Direction) - barriers**

**Question Logic for question 29:**  
On completion will go to question 31

**30. What are the current barriers to you offering this service? (Tick ALL that apply)**

- Not funded in my area
- No patient need in my area
- Employer or Manager not keen
- Lack of appropriate facilities
- Staffing levels
- Staff not trained
- I am not trained
- Other (please specify)

**Chlamydia Screening and Treatment**

**31. Chlamydia Screening and Treatment**

**Do you offer this service at your main workplace? (Only answer 'Yes' if your pharmacy receives payment from the NHS for the Chlamydia service you provide).**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**Question Logic for question 31:**  
If yes then will go to question 32, if no then will go to question 33

**Chlamydia Screening and Treatment**

**32. Approximately how many clients did you (or your staff) provide this service for in your last working week?**

**Chlamydia Screening and Treatment - barriers**

**Question Logic for question 32:**  
On completion will go to question 34

**33. What are the current barriers to you offering this service? (Tick ALL that apply)**

- Not funded in my area
- No patient need in my area
- Employer or Manager not keen
- Lack of appropriate facilities
- Staffing levels
- Staff not trained
- I am not trained
- Other (please specify)

**NHS Health Check (Vascular risk assessment and management service)**

**34. NHS Health Check (Vascular risk assessment and management service)**

**Do you offer this service at your main workplace? (Only answer 'Yes' if your pharmacy receives payment from the NHS for the service you provide).**

- Yes
- No

**Question Logic for question 34:**  
If yes then will go to question 35, if no then will go to question 36

**NHS Health Check (Vascular risk assessment and management service)**

**35. Approximately how many clients did you (or your staff) provide this service for in your last working week?**

**NHS Health Check - barriers**

**Question Logic for question 35:**  
On completion will go to question 37

**36. What are the current barriers to you offering this service? (Tick ALL that apply)**

- Not funded in my area
- No patient need in my area
- Employer or Manager not keen
- Lack of appropriate facilities
- Staffing levels
- Staff not trained
- I am not trained
- Other (please specify)

**Minor Ailment Service**

**37. Minor Ailment Service (NHS funded supply of OTC medicines for a range of minor ailments)**

**Do you offer this service at your main workplace? (Only answer 'Yes' if your pharmacy receives payment from the NHS for the service you provide).**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**Question Logic for question 37:**  
If yes then will go to question 38, if no then will go to question 39

**Minor Ailment Service**

**38. Approximately how many clients did you (or your staff) provide this service for in your last working week?**

**Minor Ailment Service - barriers**

**Question Logic for question 38:**  
On completion will go to question 40

**39. What are the current barriers to you offering this service? (Tick ALL that apply)**

- Not funded in my area
- No patient need in my area
- Employer or Manager not keen
- Lack of appropriate facilities
- Staffing levels
- Staff not trained
- I am not trained
- Other (please specify)

**Alcohol Screening and Brief Intervention**

**40. Alcohol Screening and Brief Intervention (NHS funded screening of alcohol consumption and the provision of support, advice and referral if appropriate)**

**Do you offer this service at your main workplace? (Only answer 'Yes' if your pharmacy receives payment from the NHS for the service you provide).**

- Yes
- No

**Question Logic for question 40:**  
If yes then will go to question 41, if no then will go to question 42

**Alcohol Screening and Brief Intervention**

**41. Approximately how many clients did you (or your staff) provide this service for in your last working week?**

**Alcohol Screening and Brief Intervention - barriers**

**Question Logic for question 41:**  
On completion will go to question 43

**42. What are the current barriers to you offering this service? (Tick ALL that apply)**

- Not funded in my area
- No patient need in my area
- Employer or Manager not keen
- Lack of appropriate facilities
- Staffing levels
- Staff not trained
- I am not trained
- Other (please specify)

**Section 3B. NHS Advanced services**

These questions are about the advanced services which are funded by the NHS

**Medicines Use Review (MUR) and Prescription Intervention Service**

**43. Medicines Use Review (MUR) and Prescription Intervention Service**

**Do you offer this service at your main workplace?**

- Yes
- No

**Question Logic for question 43:**  
If yes then will go to question 44, if no then will go to question 45

**Medicines Use Review (MUR) and Prescription Intervention Service**

**44. Approximately how many clients did you provide this service for in your last working week?**

**Medicines Use Review (MUR) and Prescription Intervention Service**

**Question Logic for question 44:**  
On completion will go to question 46

**45. What are the current barriers to you offering this service? (Tick ALL that apply)**

- No patient need in my area
- Employer or Manager not keen
- Lack of appropriate facilities
- Staffing levels
- Staff not trained
- I am not trained
- Other (please specify)

**Medicines Use Review (MUR) and Prescription Intervention Service**

**46. Did this pharmacy complete 400 MUR services consultations in the last financial year (i.e. up to April 2012) ?**

- Yes
- No
- Not sure

**New Medicines Service**

**47. New Medicines Service**

**Do you offer this service at your main workplace?**

- Yes
- No

**Question Logic for question 47:**  
If yes then will go to question 48, if no then will go to question 49

**New Medicines Service**

**48. Approximate how many clients did you provide this service for in your last working week?**

**New Medicines Service**

**Question Logic for question 48:**  
On completion will go to question 50



**49. What are the current barriers to you offering this service? (Tick ALL that apply)**

- No patient need in my area
- Employer or Manager not keen
- Lack of appropriate facilities
- Staffing levels
- Staff not trained
- I am not trained
- Other (please specify)

**Section 3C. Other services**

Please provide details of any other services you offer at your main workplace not covered in sections 3A or 3B. This can include services offered outside of the NHS contract. Examples could include:

- a private weight management service which the patient pays for
- a blood pressure testing service which you provide for free

**50. Do you provide any other services?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**Question Logic for question 50:**  
If yes then will go to question 51, if no then will go to question 71

**Other services - 1**

**51. Name of service:**

**52. How many clients did you (or your staff) provide this service for in your last working week?**

**53. Add another service?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**Question Logic for question 53:**  
If yes then will go to question 54, if no then will go to question 71

**Other services - 2**

**54. Name of service:**

**55. How many clients did you (or your staff) provide this service for in your last working week?**

**56. Add another service?**

Yes

No

**Question Logic for question 56:**

If yes then will go to question 57, if no then will go to question 71

**Other services - 3**

**57. Name of service:**

**58. How many clients did you (or your staff) provide this service for in your last working week?**

**59. Add another service?**

Yes

No

**Question Logic for question 59:**

If yes then will go to question 60, if no then will go to question 71

**Other services - 4**

**60. Name of service:**

**61. How many clients did you (or your staff) provide this service for in your last working week?**

**62. Add another service?**

Yes

No

**Question Logic for question 62:**

If yes then will go to question 63, if no then will go to question 71

**Other services - 5**

**63. Name of service:**

**64. How many clients did you (or your staff) provide this service for in your last working week?**

**65. Add another service?**

Yes \_\_\_\_\_  
 No \_\_\_\_\_

**Question Logic for question 65:**  
If yes then will go to question 66, if no then will go to question 71

**Other services - 6**

**66. Name of service:**

**67. How many clients did you (or your staff) provide this service for in your last working week?**

**68. Add another service?**

Yes \_\_\_\_\_  
 No \_\_\_\_\_

**Question Logic for question 68:**  
If yes then will go to question 69, if no then will go to question 71

**Other services - 7**

**69. Name of service:**

**70. How many clients did you (or your staff) provide this service for in your last working week?**

**Other services**

**71. Are there any other services that you think should be made available through community pharmacies? (Please list below)**

**Section 3D. Other information**

**72. Approximately what percentage of your patients do you know by name?**

**73. How many times did you have contact with your local GP(s) in your last working week?**

**74. On a scale of 1 to 10, where 1 = no confidence and 10 = fully confident, how do you rate your confidence at dealing with GP enquiries?**

1 (No confidence)    2    3    4    5    6    7    8    9    10 (Fully confident)

**75. In the last 2 years have you changed the amount and/or types of work that you delegate to your staff?**

- Yes  
 No

If you answered 'Yes', please describe how you have done this:

### Section 3D. Other information

**76. Does this pharmacy have a consultation room?**

- Yes  
 No

**Question Logic for question 76:**

If yes then will go to question 77, if no then will go to question 78

**77. How many times did you use the consultation room for delivering a service in your last working week (excluding supervised administration)?**

### Section 4

This section will help us learn a little bit about you.

Please select or fill in the answers as appropriate.

**78. Are you:**

- Male  
 Female

**79. What is your age?**

## Section 4

**80. How many years have you worked as a pharmacist?**

**81. Please indicate how many of these years have been spent in each of the following sectors of pharmacy**

Community	<input type="text"/>
Hospital	<input type="text"/>
PCT	<input type="text"/>
Industry	<input type="text"/>
Other	<input type="text"/>

## Section 4

**82. Have you obtained any further qualifications at postgraduate certificate level higher since qualifying?**

Yes

No

**83. Do you hold either of the following qualifications? (Tick ALL that apply)**

Supplementary prescriber

Independent prescriber

## Thank You

Thank you very much for your time and co-operation in completing this questionnaire.

When you exit this survey you will be redirected to a separate website where you can claim a £5 Amazon gift voucher for completing this survey.

**84. If you have any comments about how we could improve this survey please add them below.**

## Appendix 8 Separate survey to capture participant details for the incentive

### Pharmacist survey exit link 2013<br>

#### Thank You

Thank you for completing our pharmacist survey.

Please enter your details below and you will be emailed an Amazon gift voucher worth £5. Please allow up to 2 weeks for delivery.

#### Your details:

Name

Email address

## Appendix 9 Revised letter to community pharmacists undertaking the diploma



Jeremy Sokhi  
Senior Research Associate  
School of Pharmacy  
University of East Anglia  
Norwich  
NR4 7TJ

01603 591996  
j.sokhi@uea.ac.uk

[Name]  
[Contact details]

[Date]

### **Re: An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy)**

Dear [Name]

As you know I have been employed by UEA to evaluate the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy). This part of the evaluation will contribute to the overall evaluation by measuring whether the course enhances and develops approaches to learning in support of continuing professional development, its effects on service provision and job satisfaction, and patient satisfaction with the pharmaceutical care they receive.

I am therefore writing to you to let you know that a survey has been posted on the SurveyMonkey website for you to complete. In response to feedback received this survey is a combination of the two surveys issued in previous years and the content has been condensed. We therefore anticipate that it will take less time to complete. In addition we are able to offer you a **£5 Amazon gift voucher** for its completion. You can access this by following the link below, or alternatively you can cut and paste the link into the address bar of your internet browser:

<http://www.surveymonkey.com/s/xxx>

I would also like to distribute 20 patient satisfaction surveys at your main workplace during February while you are working there. I will shortly contact you to arrange a convenient time to undertake this. An analysis of the results from this survey will be made available to you after I have completed the evaluation, and you may wish to use this to support your CPD. Furthermore we are able to offer you a **£25 Marks and Spencer gift voucher** for accommodating this.

If you do not wish to complete one or both of the online surveys, neither of which should take longer than 10-15 minutes, and/or allow me to distribute the patient surveys, then please let me know via any of the above contact details.

I intend to publish the results of the evaluation, albeit in an anonymised format, in a research journal. The data which I collect will be kept in an anonymised format on my computer within the school and all raw data from the evaluation will be destroyed within one year of the study's completion. Ethical approval has been obtained for the evaluation.

I have attached a participant information sheet for you to read.

I understand that this letter may raise a number of questions and therefore please do not hesitate to contact me as I would be delighted to be given the opportunity to respond to them.

Thank you in anticipation of your help with the evaluation.

Yours sincerely

Jeremy Sokhi



**Appendix 10 Revised letter to community pharmacists that applied but were not selected for the diploma**



Jeremy Sokhi  
Senior Research Associate  
School of Pharmacy  
University of East Anglia  
Norwich  
NR4 7TJ

01603 593144  
j.sokhi@uea.ac.uk

[Name]  
[Contact details]

[Date]

**Re: An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy)**

Dear [Name]

As you know I have been employed by UEA to evaluate the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy). This part of the evaluation will contribute to the overall evaluation by measuring whether the course enhances and develops approaches to learning in support of continuing professional development, its effects on service provision and job satisfaction, and patient satisfaction with the pharmaceutical care they receive. **Pharmacists such as you, that are not undertaking the diploma, have an important contribution to make to the evaluation process.**

I am therefore writing to you to let you know that a survey has been posted on the SurveyMonkey website for you to complete. In response to feedback received this survey is a combination of the two surveys issued in previous years and the content has been condensed. We therefore anticipate that it will take less time to complete. In addition we are able to offer you a **£5 Amazon gift voucher** for its completion. You can access this by following the link below, or alternatively you can cut and paste the link into the address bar of your internet browser:

<http://www.surveymonkey.com/s/xxx>

I would also like to distribute 20 patient satisfaction surveys at your main workplace during February while you are working there. I will shortly contact you to arrange a convenient time to undertake this. An analysis of the results from this survey will be made available to you after I have

completed the evaluation, and you may wish to use this to support your CPD. Furthermore we are able to offer you a **£25 Marks and Spencer gift voucher** for accommodating this.

If you do not wish to complete one or both of the online surveys, neither of which should take longer than 10-15 minutes, and/or allow me to distribute the patient surveys, then please let me know via any of the above contact details.

I intend to publish the results of the evaluation, albeit in an anonymised format, in a research journal. The data which I collect will be kept in an anonymised format on my computer within the school and all raw data from the evaluation will be destroyed within one year of the study's completion. Ethical approval has been obtained for the evaluation.

I have attached a participant information sheet for you to read.

I understand that this letter may raise a number of questions and therefore please do not hesitate to contact me as I would be delighted to be given the opportunity to respond to them.

Thank you in anticipation of your help with the evaluation.

Yours sincerely

Jeremy Sokhi



**An evaluation of the Postgraduate Diploma in General  
Pharmacy Practice (Community Pharmacy)**

**A study funded by the Eastern Region Strategic Health Authority**

Principal Investigator: Jeremy Sokhi, School of Pharmacy, University of East Anglia  
01603 591996, j.sokhi@uea.ac.uk

This information sheet is designed to be read by the pharmacist to help them understand this evaluation study and what it will involve. It is set out as a series of questions and answers. If the question that you would like to ask is not provided then please feel free to contact Jeremy Sokhi via telephone or email.

**What is the evaluation about?**

The overall aim is to evaluate the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy) which the University of East Anglia has been funded to deliver over the next three years by the Eastern region Strategic Health Authority (SHA). This part of the evaluation will contribute to the overall evaluation by measuring whether the course enhances and develops approaches to learning in support of continuing professional development, its effects on service provision and job satisfaction, and patient satisfaction with the pharmaceutical care they receive.

**What are the benefits of becoming involved in this evaluation?**

As part of your application for a funded place on the diploma, you agreed to participate in its evaluation. The results will be used to explore future funding avenues after the completion of the three year pilot. Additionally, you will receive a report based on an analysis of the patient surveys returned.

**What does the evaluation involve?**

The evaluation will involve participants completing an online survey (approximately 20 minutes to complete), that will be accessed electronically through a link to the SurveyMonkey website, and the

distribution of a patient satisfaction survey in their main workplace. It would be useful if you could take some time to reflect on the services you provided in your last working week in your main workplace (i.e. the pharmacy where you spend the majority of your employed hours. If you are a locum or relief pharmacist you should answer these questions in relation to the pharmacy you are most familiar with) before accessing the survey as this will help you to answer the questions we have about service provision more easily.

**Will I be compensated for taking part?**

Participants completing the survey will receive a £5 voucher which can be redeemed at Amazon.co.uk if they supply their email address. Participants permitting distribution of patient satisfaction surveys at their main workplace will receive a £25 voucher which can be redeemed at Marks and Spencer. Neither Amazon.co.uk or Marks and Spencer are associated with or sponsoring this project.

**Will information need to be provided on individual staff within the pharmacy?**

No, it will not ask for any data which identifies individual staff or patients. The study will ask what services are provided and what the current uptake for those services currently is, together with some background information about you and your workplace.

**Will information be given to other parties regarding our pharmacy?**

No, the information regarding your pharmacy will be reported anonymously and in such a manner to ensure that your pharmacy cannot be singled out. The data will be stored on a password protected database to which only the researchers will have access. We can assure you that no information regarding one pharmacy will be passed to another.

**Has my employer given permission for the evaluation?**

Details of this evaluation have been discussed with the Steering Group for the diploma. This group includes representatives of the multiple pharmacy chains within its membership. If you are employed by Boots UK, Co-operative Pharmacy, Lloydspharmacy, Rowlands Pharmacy or Tesco permission has been granted for you to take part. If you work for independent different pharmacy or are employed as a locum you should gain permission before taking part.

**What happens next?**

The letter accompanying this information sheet contains a web link that will allow you to access the survey. The surveys will be available for you to access during February.

The principal investigator will contact you in the next couple of weeks to arrange a convenient time to visit you at your main workplace and distribute the patient surveys.

## References

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**Appendix 11      Mottram Permission Letter**

**From:** Mottram, David <D.R.Mottram@ljmu.ac.uk>  
**Sent:** 19 March 2014 15:21  
**To:** Jeremy Sokhi (PHA)  
**Subject:** RE: Request to use CPD survey questions

**Follow Up Flag:** Flag for follow up  
**Flag Status:** Completed

**Categories:** Blue Category

Dear Jeremy,

Thank you for your email. I am pleased that you found our survey questions useful. I have no objection to your using them. Good luck with the submission of your PhD thesis and for your future career.

Kindest regards,  
David

---

From: Jeremy Sokhi (PHA) [J.Sokhi@uea.ac.uk]  
Sent: 19 March 2014 12:27  
To: Mottram, David  
Subject: Request to use CPD survey questions

Dear Professor Mottram,

I am a final year PhD student at the University of East Anglia in Norwich, England. As part of my research I have measured the impact on attitudes to CPD of community pharmacists undertaking a workplace based postgraduate diploma, using some questions adapted from your work published in 2002 [1]. I am on the verge of submitting my thesis and one of my supervisors has asked me to check that this use meets with your approval.

Many thanks in anticipation of your response.

Jeremy

1. Mottram DR, Rowe P, Gangani N, Al-Khamis Y. Pharmacists' engagement in continuing education and attitudes towards continuing professional development. *Pharmaceutical Journal*. 2002 26th October 2002;269:618-22.

Jeremy Sokhi  
Senior Research Associate  
Room 01.109  
School of Pharmacy  
University of East Anglia  
Norwich Research Park  
Norwich NR4 7TJ



**Appendix 12      MacKeigan Permission Letter**

**From:** Linda MacKeigan <l.mackeigan@utoronto.ca>  
**Sent:** 24 April 2014 22:59  
**To:** Jeremy Sokhi (PHA)  
**Subject:** RE: Patient Satisfaction Survey use

**Follow Up Flag:** FollowUp  
**Flag Status:** Completed

**Categories:** Blue Category

Jeremy,

Thank you for your courteous request. You have my permission to use our patient satisfaction questionnaire. As you probably know our questionnaire drew on an instrument developed by John Ware to assess satisfaction with medical services. That instrument was in the public domain because of its government sponsorship and thus permission for others to use was not required. My interpretation is that this would apply to our adaptation of the PSQ as well.

Regards,  
Linda MacKeigan

---

**From:** Jeremy Sokhi (PHA) [mailto:J.Sokhi@uea.ac.uk]  
**Sent:** Wednesday, March 19, 2014 8:01 AM  
**To:** l.mackeigan@utoronto.ca  
**Subject:** Patient Satisfaction Survey use

Dear Dr MacKeigan,

I am a final year PhD student at the University of East Anglia in Norwich, England. As part of my research I have measured the impact on patient satisfaction of community pharmacists undertaking a workplace based postgraduate diploma, using a version of the tool you developed with Professor Larson and Dr John Rovers.[1] I am on the verge of submitting my thesis and one of my supervisors has asked me to check that this use meets your approval and whether you would be okay with its use in the future. I understand Professor Larson, who is named as the author for correspondence, is no longer with us, so I hope you will not mind me addressing this request to you.

Many thanks in anticipation of your response,

Jeremy

1. Larson LN, Rovers JP, MacKeigan LD. Patient satisfaction with pharmaceutical care: update of a validated instrument. Journal of the American Pharmaceutical Association. 2002;42(1):44-50.

**Jeremy Sokhi**  
Senior Research Associate  
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School of Pharmacy  
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**Appendix 13      Protocol 2**

# An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy): In- depth Student Interviews

## **Principal investigator**

Jeremy Sokhi

Senior Research Associate, School of Pharmacy, University of East Anglia

## **Research supervisors**

Professor David Wright

Head of Medicines Management, School of Pharmacy, University of East Anglia

Dr James Desborough

Lecturer in Pharmacy Practice, School of Pharmacy, University of East Anglia

Professor Nigel Norris

Professor of Applied Education Research, School of Education, University of East Anglia



## **1. Introduction**

Of the 43,965 practising pharmacists in Great Britain<sup>1</sup> the majority (71%) are employed in community pharmacy, whilst a smaller number (21%) practise in the hospital sector.<sup>2</sup> Whereas hospital pharmacists have increasingly found themselves working on the wards alongside medical practitioners, with an emphasis on providing clinical services, the role of their colleagues in community pharmacy has remained focused around the medicines supply function.

Within Great Britain, prospective pharmacists must complete a 4 year MPharm degree followed by a further year of pre-registration training under the supervision of an experienced pharmacist before registering to practice with the General Pharmaceutical Council (GPhC). In the hospital sector it is recognised that this model does not produce pharmacists sufficiently prepared for the clinical role required. Band 8 pharmacist roles include the requirement for a diploma level qualification or equivalent in their job profiles<sup>3</sup> and consequently it has become the norm for all hospital pharmacists to undertake a postgraduate diploma to develop both their clinical and practice skills.

Although the majority of pharmacists end up practising in community pharmacy, postgraduate training for these individuals has tended to be delivered on an ad hoc basis and been dependent on the individual's motivation to develop themselves. Consequently, although well qualified, the clinical and consultation skills of most community pharmacists are limited.

The previous government's White Paper<sup>4</sup> for pharmacy identified community pharmacy as underutilised and with the potential to make a greater contribution to patient care. The new NHS community pharmacy contract, introduced in 2005, provides an opportunity for this to be addressed. The contract consists of three different levels of service: essential services, which are provided by all contractors and include the traditional dispensing and advice roles; advanced services, such as Medicines Use Reviews (MURs), which can be provided by any contractor providing they have met the accreditation requirements; and enhanced services, which are commissioned locally by Primary Care Trusts (PCTs) in response to the health needs of the local population.<sup>5</sup>

To date, service specifications have been developed for PCTs to arrange delivery of up to 15 enhanced services if required, with a further 7 currently being discussed at the

Department of Health.<sup>5</sup> A study conducted shortly after the new pharmacy contract was introduced demonstrated that the provision of enhanced services from community pharmacies varied greatly between individual services. Some services, such as smoking cessation services (provided by 35.8% of pharmacies) and supervised administration (31.1%) were shown to be fairly widely available, but many other services had not been embraced by community pharmacy (e.g. anticoagulant monitoring, 0.1%).<sup>6</sup> The national evaluation of the new pharmacy contract revealed that 13% of pharmacies do not provide any enhanced services and that 25% provide 4 or more.<sup>7</sup> Recent data shows that there has been a variation in the rate of development of these services across the country.<sup>8</sup>

A survey to identify the drivers and barriers to PCT commissioning of community pharmacy services identified attitudes of local community pharmacists as a key driver. However some respondents were critical of community pharmacists for not being more proactive in developing service ideas.<sup>9</sup> Good working relationships between community pharmacists and general practitioners (GPs) may be another important factor in the successful delivery of enhanced pharmacy services.<sup>10</sup> In a recent survey of PCTs about the implementation of Medicines Use Reviews (MURs), 62% of respondents perceived the greatest barrier to implementation to be a lack of support from GPs.<sup>11</sup> (Lack of) confidence amongst pharmacists was also reported as a barrier. The recent White Paper<sup>12</sup> for the NHS sets out the government's plans to devolve power and responsibility for commissioning services to GP consortia, meaning these relationships will become even more important if community pharmacists are to meet their potential for contributing to patient care.

Community pharmacy diplomas have been available from UK universities for a number of years, but their uptake has been limited when compared to their hospital equivalents, and they have frequently resulted in people changing their careers rather than the services they provide. These existing courses are largely didactic and knowledge focused in nature, using a variety of teaching and assessment methods including distance learning, online workshops, case studies and coursework assessments. None of them assess the development of student competence and there is a lack of evidence to suggest they have encouraged pharmacists to change either their working environment or working relationships. This may have resulted in greater job dissatisfaction amongst pharmacists completing these diplomas who have increased their knowledge and skills whilst remaining in an unchanged environment in which to practise.

One study found that there was no association between whether or not a pharmacist had or was undertaking a clinical diploma and the number of MURs performed.<sup>13</sup> A sample of 280 community pharmacists accredited to undertake MURs were sent a questionnaire developed to investigate the factors that influence the number of MURs performed. 167 (60%) completed questionnaires were returned. A significant limitation of the study was that all the community pharmacists worked for the same UK pharmacy chain. Furthermore this study did not distinguish between different types of clinical diploma.

The Joint Programmes Board (JPB), a collaborative between NHS pharmacy services and nine universities based in the south east of England, has developed a competency based diploma designed to equip practitioners with the core skills and competencies they require to provide pharmaceutical care in a practice setting. The course works on a philosophy of student centred workplace learning. The ethos and culture of the course is to enhance and develop self reliance and an adult approach to learning in support of continuing professional development.

The University of East Anglia (UEA), as a member of the JPB, is developing a version of this diploma for community pharmacists. This diploma will be of three years duration and divided into two levels of 18 months each. Level one covers pharmacy practitioner development in the NHS and applied pharmacy practice skills, whilst level two addresses the pharmaceutical care of patients with short and long term conditions. Pharmacists undertaking the diploma will maintain a learning portfolio and measure their progress using the General Level Framework (GLF), an evidence-led competency framework which has been adapted for community pharmacists<sup>14</sup> and has been shown to lead to greater increases in competency scores when comparing pharmacists trained in its use with those that have not.<sup>15</sup>

In recognition of the need to support the community pharmacy workforce, the East of England Strategic Health Authority (SHA) has awarded a grant to UEA to provide this diploma to a number of pharmacists across the eastern region, in addition to an evaluation to determine whether the newly commissioned educational programme contributes to the SHA agenda. In line with the recommendations for the NHS proposed by Darzi within 'Next Stage Review'<sup>16</sup>, the East of England Strategic Health Authority (SHA) clinical vision for

the next decade includes a number of key proposals<sup>17</sup> which will be dependent on an effective and flexible pharmacy workforce.

## **2. Aims**

The overall aim is to evaluate the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy) which the University of East Anglia has been funded to deliver over the next three years by the East of England Strategic Health Authority (SHA).

## **3. Objectives**

The objectives of the in-depth student interviews will be:

- To explore community pharmacists' reasons for undertaking a diploma
- To understand why community pharmacists chose to do the UEA diploma
- To explore the approaches to learning pharmacists have taken since qualification and whether undertaking the UEA diploma alters this approach
- To find out what community pharmacists believe to be the effects of undertaking the UEA diploma on their practice
- To explore whether factors such as role, experience, working environment affect the experience of the UEA diploma

## **4. Methodology, Procedure and Analysis**

### **4.1. Method**

In-depth interviews were chosen because the strengths of this method are well suited to our study in that they will facilitate a depth of focus and understanding of personal perspectives and experiences. In addition, in-depth interviews should be more accessible to the population studied which is made up of busy professionals geographically dispersed across the eastern region of England.<sup>18</sup>

The study will use a grounded theory approach. The first two interviews will be reviewed by the supervisory team and amendments made to the interview topic guide if required. Interviews will be arranged with pharmacists not included in the initial purposive sample to add diversity if the data is convergent, or if no clear themes emerge. No more interviews will be conducted once data saturation has been reached. A summary of the interview topic guide is included in Appendix 1.



Face to face interviews of 1 hour duration will be conducted by the principal investigator who will contact each pharmacist selected to arrange a convenient time and location for the interview to take place. As a risk reduction measure these details will be shared with the supervisory team, and telephone contact made at the end of each interview.

#### **4.2. Participant Recruitment**

Community pharmacists enrolled on the UEA Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy) will be invited to participate in this study. The SHA grant paid the diploma course fees for this group and as part of the application process for the diploma they have previously agreed to participate in its evaluation. A covering letter (Appendix 2) will be sent out to these pharmacists inviting them to participate in this part of the evaluation. This will be accompanied by a participant information sheet (Appendix 3), basic demographic detail survey (Appendix 4), withdrawal postcard (Appendix 5) and a pre-paid envelope addressed to the principal investigator. After two weeks, all pharmacists that have not returned the survey or the withdrawal postcard will be contacted to confirm whether they wish to participate. All participants will need to sign a consent form (Appendix 6) on the day of the interview in order to participate and a copy will be given to participants for the records. Pharmacists that return the basic demographic detail survey that are not selected for interview will be sent a letter informing them of this (Appendix 7).

A £25 Marks and Spencer voucher will be provided as an incentive to participate.

#### **4.3. Sampling**

In order to do justice to the detail obtained from the interviews it is best if the sample size is kept to a reasonably small scale. This will also ensure the study remains manageable to conduct.<sup>18</sup> A purposive sample of 15 pharmacists will be selected from those consenting to participate to ensure a diverse representation is obtained.

The following criteria will be considered when sampling:

- Gender
- Employer (e.g. multiple, independent or self-employed)
- Pharmacy type (e.g. town centre, supermarket or surgery based)

#### **4.4. Ethical Approval**

Ethical committee approval will be sought for the study from the University of East Anglia.

#### **4.5. Data Collection**

Interviews will be audio recorded using two voice recording devices; consent will be gained from the interviewee prior to recording. The recordings will be transcribed manually by the researcher and checked for accuracy by a colleague within the Medicines Management Team within the School of Pharmacy. Alternatively recordings will be transcribed verbatim by Clayton Research Support, 54 Chapmans Drive, Old Stratford, Northamptonshire, MK19 6NT and checked for accuracy by the researcher. A confidentiality agreement will be signed before they undertake any transcribing (Appendix 8). Both the data gathered from the questionnaire and the interview transcripts will be stored in an anonymised form on a password protected database to which only the researcher will have access. These will be destroyed within one year of completion of the study.

#### **4.6. Data analysis**

Interviews will be transcribed verbatim and a thematic analysis undertaken. Thematic analysis is a method for identifying, analysing and reporting patterns within data. It minimally organises and describes your data set in rich detail.<sup>19</sup> Manual coding, using a 'scissors and paste' technique, will be undertaken by the principal investigator and by a colleague within the Medicines Management Team within the School of Pharmacy. Both coders are qualified pharmacists and PhD students and will work to reach agreement on the key themes. The coders have attended a course in in-depth interviewing skills and will receive training on qualitative analysis before attending the coding exercise. The supervisory team will be involved in the coding process and advise as required. A report will be produced of all key results and themes.

The trustworthiness of the results will be supported by the following:

- Describing negative cases
- Including preliminary analysis in the course student bulletin and inviting feedback

The 15 participants interviewed will be approached for a second interview during October to December 2012 towards the conclusion of the piloting of the UEA diploma. A covering letter (Appendix 9) will be sent out to these pharmacists inviting them to participate in this

part of the evaluation. This will be accompanied by a revised participant information sheet (Appendix 10), acceptance form (Appendix 11), withdrawal postcard (Appendix 5) and a pre-paid envelope addressed to the principal researcher. After two weeks, all pharmacists that have not returned the survey or the withdrawal postcard will be contacted to confirm whether they wish to participate. All participants will need to sign a consent form (Appendix 6) on the day of the interview in order to participate and a copy will be given to participants for the records. In depth interviews of 1 hours duration will be conducted with those consenting using the topic guide summarised in Appendix 12. As before a £25 Marks and Spencer voucher will be provided as an incentive to participate.

- Introduction
  - Provide assurances about confidentiality and timing, and confirm consent
  - Confirm present employment circumstances
  
- Background
  - Aims and objectives of project
  - Diploma evaluation (i.e. not evaluating them)
  - Current work situation
    - Role
    - Employer
    - Type of pharmacy
    - Hours worked
  
- Why did you choose to do a diploma?
  - Reasons
  - Expectations
    - Employment prospects
    - Career
  - UEA community diploma
  
- What approaches have you taken to learning since qualifying?
  - Types of learning
  - CPD
  - Studying since qualifying
  - Pre-registration year
  
- How have you found the diploma so far?
  - Learning
  - Tutor
  - UEA
    - Study days
    - Support

- Competence
- Knowledge
- Understanding
- Skills
  
- Has it made a difference to your practice?
  - Relationships
    - Healthcare professionals
    - Pharmacy staff
    - Employer
  - Communication skills
  - Management skills
  - Future changes
  
- Conclusion
  - Is there anything you would like to add?
  - What would you say has been the greatest benefit of doing the diploma so far?

## Appendix 2 Covering letter



Jeremy Sokhi  
Senior Research Associate  
School of Pharmacy  
University of East Anglia  
Norwich  
NR4 7TJ

Tel: 01603 591996  
Mobile: 0751 958 6293  
j.sokhi@uea.ac.uk  
ueadiploma.evaluation@gmail.com

[Name]  
[Contact details]  
[Date]

### **Re: An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy)**

Dear [Name]

As part of the evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy) I would like to learn about pharmacists' experience of the course. To facilitate this I would like to arrange a 1 hour interview with a sample of pharmacists undertaking the diploma.

I am undertaking this as a research project and therefore intend to publish the results, albeit in an anonymised format, in a research journal. The data which I collect will be kept in an anonymised format on my computer within the school and all raw data from the project will be destroyed within one year of the study's completion. Ethical approval has been obtained for the project.

Please read the enclosed participant information sheet and if you are happy to participate please complete the preliminary questionnaire and return it to me in the pre-paid reply envelope (no stamp required). Alternatively if you decide you do not wish to participate please return the withdrawal postcard (no stamp required).

If after two weeks I have not received the preliminary questionnaire or withdrawal postcard I will phone you to confirm whether you wish to participate in this project.

A sample of pharmacists will be selected from those that respond to ensure a variety of views are obtained. If you are included in this sample I will contact you to arrange a convenient time and location to meet.

I understand that this letter may raise a number of questions and therefore please do not hesitate to contact me as I would be delighted to be given the opportunity to respond to them.

Thanks in anticipation of your help with the project.

Yours sincerely

Jeremy Sokhi

Enclosures (4)



## **An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy)**

**A study funded by the Eastern Region Strategic Health Authority**

Principal Investigator: Jeremy Sokhi

School of Pharmacy, University of East Anglia  
01603 591996,  
j.sokhi@uea.ac.uk, ueadiploma.evaluation@gmail.com

This information sheet is designed to be read by the pharmacist to help them understand this project and what it will involve. It is set out as a series of questions and answers. If the question that you would like to ask is not provided then please feel free to contact Jeremy Sokhi via telephone or email.

### **What is the project about?**

The overall aim is to evaluate the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy) which the University of East Anglia has been funded to deliver over the next three years by the Eastern region Strategic Health Authority (SHA). This part of this project will contribute to the overall evaluation by exploring community pharmacists' experience of this course.

### **What are the benefits of becoming involved in this project?**

As part of your application for a funded place on the diploma, you agreed to participate in its evaluation. The results of this project will be used to explore future funding avenues after the completion of the three year pilot. Additionally, the preliminary findings from this project will be shared with you.

### **What does the project involve?**

The project will involve a 1 hour face to face interview with the principal investigator.

### **Will I be compensated for taking part?**

A £25 voucher which can be redeemed at Marks and Spencer will be given to each participant attending an interview. Marks and Spencer is not associated with or sponsoring this project.

**Will information need to be provided on individual staff within the pharmacy?**

No, it will not ask for any data which identifies individual staff or patients. Additionally, you will be able to decline to answer questions.

**Will information be given to other parties regarding our pharmacy?**

No, the information regarding your pharmacy will be reported anonymously and in such a manner to ensure that your pharmacy cannot be singled out. The data will be stored on a password protected database to which only the researchers will have access. We can assure you that no information regarding one pharmacy will be passed to another.

**What if I choose not to participate?**

Participation is entirely voluntary. Choosing not to participate in the interviews will not affect your participation in the diploma in any way. If you do not wish to participate please return the withdrawal postcard.

**What happens next?**

Please return the preliminary questionnaire to the principal investigator to confirm your participation. A sample of pharmacists will be selected from those that respond to ensure a variety of views are obtained. If you are included in this sample, arrangements for a convenient time and location for the interview to take place will be agreed with you.

**Duty of Care of Disclosure**

If information emerges during this study which causes concern about any participants or patients under their care we may have to break confidentiality and take appropriate action.

**Complaints**

If you have a complaint about how you were approached or how the interviews were conducted please contact Prof. David Wright (project supervisor) at the University of East Anglia on 01603 592042. He will be able to answer any concerns you may have.



**Appendix 4 Basic demographic detail survey**



**Preliminary Questionnaire**

**Please tick the relevant boxes:**

Age group	20-35	<input type="checkbox"/>
	36-50	<input type="checkbox"/>
	51-65	<input type="checkbox"/>
	66+	<input type="checkbox"/>
Gender	Male	<input type="checkbox"/>
	Female	<input type="checkbox"/>
Employer	Self-employed	<input type="checkbox"/>
	<b>Independent pharmacy</b>	<input type="checkbox"/>
	<b>Small chain (2-4 stores)</b>	<input type="checkbox"/>
	<b>Medium sized multiple (5-25)</b>	<input type="checkbox"/>
	<b>Large multiple (Over 25 stores)</b>	<input type="checkbox"/>
	<b>Supermarket chain</b>	<input type="checkbox"/>
Location of the pharmacy where you usually work	Town centre	<input type="checkbox"/>
	Edge of town retail park	<input type="checkbox"/>
	Suburban/residential	<input type="checkbox"/>
	Rural	<input type="checkbox"/>
	Medical centre	<input type="checkbox"/>
	Other(please state) _____	<input type="checkbox"/>
Qualification	UK Qualified	<input type="checkbox"/>
	Non-UK qualified	<input type="checkbox"/>
Time spent working as a community pharmacist in the UK	(to the nearest year) _____	
Nationality	_____	

**Name:**..... **Preferred contact number:**.....

**Email address:**.....

*Please return this form to the research team in the pre-paid envelope supplied. No stamp is required.*

## **Appendix 5 Withdrawal postcard**

If you do not wish to participate in this research, please return this postcard. If you do not return either the preliminary questionnaire or this postcard we will contact you in 2 weeks time to confirm whether you wish to participate.

Please tick:

I do not wish to take part in this research

Thank you for your time

Reference number \_\_\_\_

**Appendix 6 Consent form**



**An evaluation of the Postgraduate Diploma in General  
Pharmacy Practice (Community Pharmacy):**

**Interview consent form**

*If you wish to take part, please initial each box and complete the details at the bottom of the form.*

- 1. I confirm that I have read and understood the participant information form for the above interview and have had the opportunity to ask questions.
- 2. I am willing to allow the interview to be audio-taped for the purposes of analysis and possible publication.
- 3. I understand that my participation is voluntary and that I am free to withdraw at any time.
- 4. I agree to be interviewed and understand that my consent to participate can be withdrawn at any time.

\_\_\_\_\_

Name of participant                      Date                      Signature

\_\_\_\_\_

Name of person taking consent      Date                      Signature

Address of participant: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

When completed: 1 copy for participant  
1 copy for research team

**Appendix 7 Letter for pharmacists not included in the interview sample**



Jeremy Sokhi  
Senior Research Associate  
School of Pharmacy  
University of East Anglia  
Norwich  
NR4 7TJ

Tel: 01603 591996  
Mobile: 0751 958 6293  
j.sokhi@uea.ac.uk  
ueadiploma.evaluation@gmail.com

[Name]  
[Contact details]  
[Date]

**Re: An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy)**

Dear [Name]

Thank you for agreeing to be interviewed about your experience of the UEA Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy). I am writing to let you know that on this occasion you will not be needed for our interviews.

We have completed interviews with [final number of interviews completed] pharmacists who were selected to ensure representation of both genders, pharmacists working in different pharmacy types and pharmacists working for different employers.

By taking this approach we have obtained a wide variety of views to the extent that further interviews are unlikely to add to the information we have obtained.

Thank you once again for your help with this project and please do not hesitate to contact me if you have any questions.

Yours sincerely

Jeremy Sokhi

Enclosures (1)

## Appendix 8 Confidentiality agreement

### Confidentiality Form Between University of East Anglia and Clayton Research Support

**Project title:** An evaluation of the Postgraduate Diploma in General Pharmacy Practice  
(Community Pharmacy): In-depth Student Interviews

**Name of researcher:** Jeremy Sokhi

The digital recordings you are transcribing have been collected as part of a research project. Digital recordings may contain information of a very personal nature, which should be kept confidential and not disclosed to others. Maintaining this confidentiality is of utmost importance.

We would like you to agree:

- Not to disclose any information you may hear on the digital recording to others
- When using the digital recording to ensure it cannot be heard by other people
- To show your transcription only to the relevant individual (named above) who is involved in the research project.

If you find that anyone speaking on a digital recording is known to you, we would like you to stop transcription work on that digital recording immediately and inform the person who has commissioned the work (Jeremy Sokhi).

#### Declaration

I have read the above information and I understand that:

1. I will discuss the content of the digital recording only with the individual(s) involved in the research project.
2. I will keep the digital recording in a secure place where it cannot be heard by others.
3. I will treat the transcription of the digital recording as confidential information.
4. If the person being interviewed on the digital recordings is known to me I will undertake no further transcription work on the digital recording.

*I (and my team) agree to act according to the above constraints*

Your name \_\_\_\_\_ on behalf of Clayton Research Support

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 9 Covering letter for follow up interviews



Jeremy Sokhi  
Senior Research Associate  
School of Pharmacy  
University of East Anglia  
Norwich  
NR4 7TJ  
  
Tel: 01603 591996  
Mobile: 0751 958 6293  
j.sokhi@uea.ac.uk  
ueadiploma.evaluation@gmail.com

[Name]  
[Contact details]  
[Date]

### **Re: An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy)**

Dear [Name]

As part of the evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy) I would like to learn about pharmacists' experience of the course and its impact on their practice. To facilitate this I would like to arrange to follow up the interview we had last year with a further 1 hour interview.

I am undertaking this as a research project and therefore intend to publish the results, albeit in an anonymised format, in a research journal. The data which I collect will be kept in an anonymised format on my computer within the school and all raw data from the project will be destroyed within one year of the study's completion. Ethical approval has been obtained for the project.

Please read the enclosed participant information sheet and if you are happy to participate please complete the acceptance form and return it to me in the pre-paid reply envelope (no stamp required). Alternatively if you decide you do not wish to participate please return the withdrawal postcard (no stamp required).

If after two weeks I have not received the acceptance form or withdrawal postcard I will phone you to confirm whether you wish to participate in this project.

I understand that this letter may raise a number of questions and therefore please do not hesitate to contact me as I would be delighted to be given the opportunity to respond to them.

Thanks in anticipation of your help with the project.

Yours sincerely

Jeremy Sokhi

Enclosures (4)



## **An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy)**

**A study funded by the Eastern Region Strategic Health Authority**

Principal Investigator: Jeremy Sokhi  
School of Pharmacy, University of East Anglia  
01603 591996,  
j.sokhi@uea.ac.uk, ueadiploma.evaluation@gmail.com

This information sheet is designed to be read by the pharmacist to help them understand this project and what it will involve. It is set out as a series of questions and answers. If the question that you would like to ask is not provided then please feel free to contact Jeremy Sokhi via telephone or email.

### **What is the project about?**

The overall aim is to evaluate the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy) which the University of East Anglia has been funded to deliver over the next three years by the Eastern region Strategic Health Authority (SHA). This part of this project will contribute to the overall evaluation by exploring community pharmacists' experience of this course.

### **What are the benefits of becoming involved in this project?**

As part of your application for a funded place on the diploma, you agreed to participate in its evaluation. The results of this project will be used to explore future funding avenues after the completion of the three year pilot. Additionally, the preliminary findings from this project will be shared with you.

### **What does the project involve?**

The project will involve a 1 hour face to face interview with the principal investigator.

**Will I be compensated for taking part?**

A £25 voucher which can be redeemed at Marks and Spencer will be given to each participant attending an interview. Marks and Spencer is not associated with or sponsoring this project.

**Will information need to be provided on individual staff within the pharmacy?**

No, it will not ask for any data which identifies individual staff or patients. Additionally, you will be able to decline to answer questions.

**Will information be given to other parties regarding our pharmacy?**

No, the information regarding your pharmacy will be reported anonymously and in such a manner to ensure that your pharmacy cannot be singled out. The data will be stored on a password protected database to which only the researchers will have access. We can assure you that no information regarding one pharmacy will be passed to another.

**What if I choose not to participate?**

Participation is entirely voluntary. Choosing not to participate in the interviews will not affect your participation in the diploma in any way. If you do not wish to participate please return the withdrawal postcard.

**What happens next?**

Please return the acceptance form to the principal investigator to confirm your participation. Arrangements for a convenient time and location for the interview to take place will then be agreed with you.

**Duty of Care of Disclosure**

If information emerges during this study which causes concern about any participants or patients under their care we may have to break confidentiality and take appropriate action.

**Complaints**

If you have a complaint about how you were approached or how the interviews were conducted please contact Prof. David Wright (project supervisor) at the University of East Anglia on 01603 592042. He will be able to answer any concerns you may have.





## Acceptance Form

Name	
Preferred contact number	
Email address	
Dates and times available for interview	
Suggested location for interview	

*Please return this form to the research team in the pre-paid envelope supplied. No stamp is required.*

**Appendix 12**  
**up interviews)**

**Interview Topic Guide (summary version for follow**

- Introduction
  - Provide assurances about confidentiality and timing, and confirm consent
  
- Background
  - Aims and objectives of project
  - Diploma evaluation (i.e. not evaluating them)
  - Confirm present employment circumstances/changes since first interview
  
- How has practice changed?
  - Service provision
  - Inter-professional relationships
  - Management skills
  - Communication skills
  
- How has the diploma contributed to this change?
  - Awareness
  - Confidence
  - Learning approach
    - Competency framework
  
- What are your plans for the future?
  - Practice
  - Career
  - Job satisfaction
  
- Conclusion
  - Is there anything you would like to add?
  - What would you say has been the greatest benefit of doing the diploma?

## References

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**Appendix 14      Protocol 3**

# An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy): In- depth Employer Interviews

## **Principal investigator**

Jeremy Sokhi

Senior Research Associate, School of Pharmacy, University of East Anglia

## **Research supervisors**

Professor David Wright

Head of Medicines Management, School of Pharmacy, University of East Anglia

Dr James Desborough

Lecturer in Pharmacy Practice, School of Pharmacy, University of East Anglia

Professor Nigel Norris

Professor of Applied Education Research, School of Education, University of East Anglia



## **1. Introduction**

Of the 43,965 practising pharmacists in Great Britain<sup>1</sup> the majority (71%) are employed in community pharmacy, whilst a smaller number (21%) practise in the hospital sector.<sup>2</sup> Whereas hospital pharmacists have increasingly found themselves working on the wards alongside medical practitioners, with an emphasis on providing clinical services, the role of their colleagues in community pharmacy has remained focused around the medicines supply function.

Within Great Britain, prospective pharmacists must complete a 4 year MPharm degree followed by a further year of pre-registration training under the supervision of an experienced pharmacist before registering to practice with the General Pharmaceutical Council (GPhC). In the hospital sector it is recognised that this model does not produce pharmacists sufficiently prepared for the clinical role required. Band 8 pharmacist roles include the requirement for a diploma level qualification or equivalent in their job profiles<sup>3</sup> and consequently it has become normal or usual practice for all hospital pharmacists to undertake a postgraduate diploma to develop both their clinical and practice skills.

Although the majority of pharmacists end up practising in community pharmacy, postgraduate training for these individuals has tended to be delivered on an ad hoc basis and been dependent on the individual's motivation to develop themselves. Consequently, although well qualified, the clinical and consultation skills of most community pharmacists are limited.

The previous government's White Paper<sup>4</sup> for pharmacy identified community pharmacy as underutilised and with the potential to make a greater contribution to patient care. The new NHS community pharmacy contract, introduced in 2005, provides an opportunity for this to be addressed. The contract consists of three different levels of service: essential services, which are provided by all contractors and include the traditional dispensing and advice roles; advanced services, such as Medicines Use Reviews (MURs), which can be provided by any contractor providing they have met the accreditation requirements; and enhanced services, which are commissioned locally by Primary Care Trusts (PCTs) in response to the health needs of the local population.<sup>5</sup>

Community pharmacy diplomas have been available from UK universities for a number of years, but their uptake has been limited when compared to their hospital equivalents, and

some community pharmacy companies have moved from a position of being generally supportive of their community pharmacist employees undertaking diplomas to only supporting them in certain circumstances, preferring instead to provide their own 'in-house' training programmes. This may be due to community pharmacists pursuing other roles after completing a diploma rather than enhancing their performance as a community pharmacist with the employer that has supported them through the course.

Reasons for not engaging in postgraduate diplomas when policy is dictating that community pharmacist roles require enhancement and development are unknown. The aim of this project is to better understand the viewpoint of community pharmacy employers with respect to pharmacist professional development and education in their companies.

## **2. Objectives**

The objectives of the in-depth employer interviews will be:

- To explore what influences community pharmacy employer decisions on pharmacist education and development
- To determine how community pharmacy employers decide which postgraduate pharmacy diplomas, if any, to support
- To describe what community pharmacy employers believe to be the effects of community pharmacists undertaking a postgraduate pharmacy diploma

## **3. Methodology, Procedure and Analysis**

### **3.1. Method**

In-depth interviews were chosen because the strengths of this method are well suited to our study in that they will facilitate a depth of focus and understanding of employer perspectives and experiences. In addition, in-depth interviews should be more accessible to the population studied which is made up of busy professionals geographically dispersed across England.<sup>6</sup>

The study will use a grounded theory approach. The first interview will be reviewed by the supervisory team and amendments made to the interview topic guide if required. A summary of the interview topic guide is included in Appendix 1.

Face to face interviews of 1 hour duration will be conducted by the principal investigator who will contact each community pharmacy employer representative to arrange a

convenient time and location for the interview to take place. As a risk reduction measure these details will be shared with the supervisory team, and telephone contact made at the end of each interview.

### **3.2. Participant Recruitment**

The senior manager responsible for pharmacist education and development at each of the multiple community pharmacies with employees enrolled on the UEA Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy) will be invited to participate in this study. The generic organogram in Appendix 2 indicates the seniority of the managers we are targeting (i.e. Training and Development Managers) and their relationship to the community pharmacists whose education and development they are responsible for (i.e. they are not part of their line of management) . These multiple community pharmacies are namely Boots UK, Co-operative Pharmacy, Lloydspharmacy, Rowlands Pharmacy and Tesco Stores Limited. A covering letter (Appendix 3) will be sent out to these senior managers inviting them to participate in this study. This will be accompanied by a participant information sheet (Appendix 4), acceptance form (Appendix 5), withdrawal postcard (Appendix 6) and a pre-paid envelope addressed to the principal investigator. After two weeks, representatives that have not returned the acceptance form or the withdrawal postcard will be contacted to confirm whether they wish to participate. All participants will need to sign a consent form (Appendix 7) on the day of the interview in order to participate and a copy will be given to participants for the records.

A £25 Marks and Spencer voucher will be provided as an incentive to participate.

### **3.3. Sampling**

A convenience sample consisting of the representatives of the multiple community pharmacies with employees enrolled on the UEA Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy) will be used. This will also ensure the study remains manageable to conduct.<sup>6</sup>

### **3.4. Ethical Approval**

Ethical approval has been received from the Faculty of Medicines and Health Ethics Committee at the University of East Anglia.

### **3.5. Data Collection**



Interviews will be audio recorded using two voice recording devices; consent will be gained from the interviewee prior to recording. The recordings will be transcribed manually by the researcher and checked for accuracy by a colleague within the Medicines Management Team within the School of Pharmacy. Both the data gathered from the acceptance form and the interview transcripts will be stored in an anonymised form on a password protected database to which only the researcher will have access. These will be destroyed within one year of completion of the study.

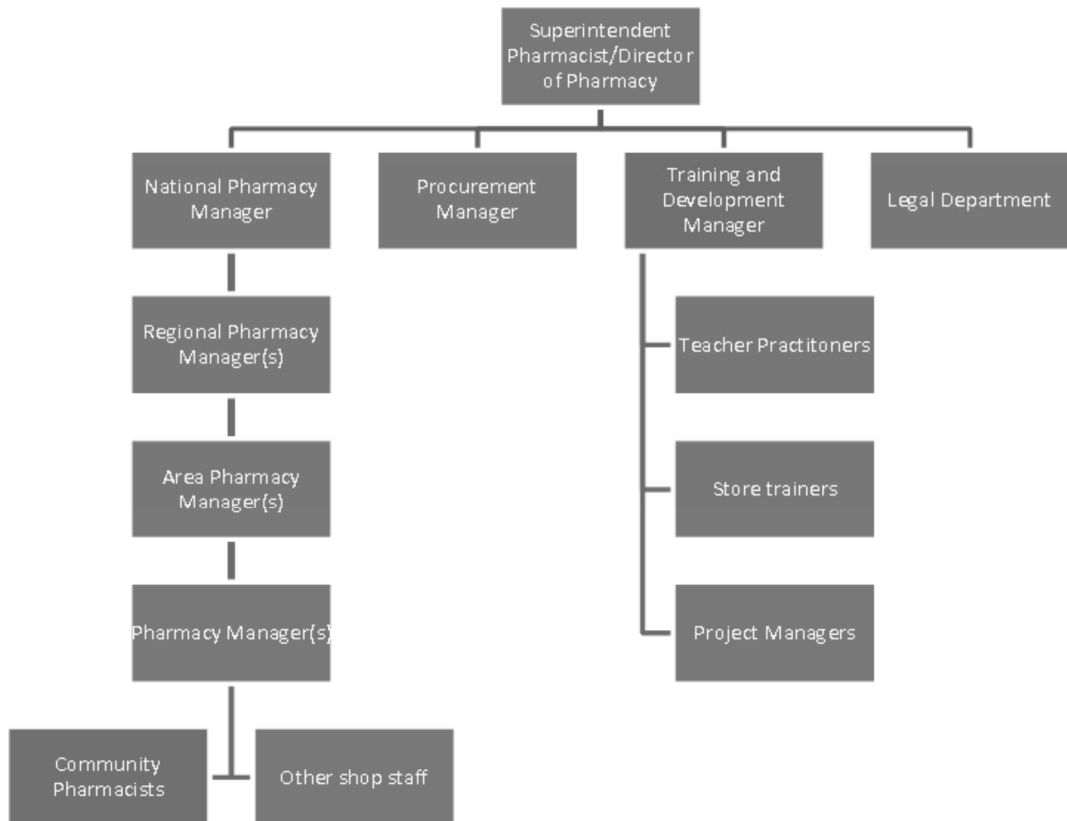
### **3.6. Data analysis**

Interviews will be transcribed verbatim and a thematic analysis undertaken. Thematic analysis is a method for identifying, analysing and reporting patterns within data. It minimally organises and describes your data set in rich detail.<sup>7</sup> Manual coding, using a 'scissors and paste' technique, will be undertaken by the principal investigator and by a colleague within the Medicines Management Team within the School of Pharmacy. Both coders are qualified pharmacists and PhD students and will work to reach agreement on the key themes. The coders have attended a course in in-depth interviewing skills and received training on qualitative analysis. The supervisory team will be involved in the coding process and advise as required. A report will be produced of all key results and themes.

The trustworthiness of the results will be supported by including descriptions of negative cases.

- **Introduction and background**
  - 
  - Aims and objectives of project
  - Diploma evaluation
  - Current work situation
    - Employer
    - Role and responsibilities
  - Provide assurances about confidentiality and timing, and confirm consent
  
- **Question 1:** Could you describe your approach to postgraduate pharmacist education and development?
  - Prompts:
    - What influences this approach?
      - Business benefits
      - Individual pharmacist factors (e.g. level of experience)
  -
  
- **Question 2:** What are the barriers to delivery of this strategy?
  
- **Question 3:** What are your perceptions of postgraduate diplomas and their role within this strategy?
  - Prompts:
    - Employer benefits
    - Employee benefits
  
- **Conclusion**
  - Is there anything you would like to add?
  - What would you say is the most important feature for a postgraduate community pharmacy diploma to have?

## Appendix 2 Generic organogram



### Appendix 3 Covering letter



Jeremy Sokhi  
Senior Research Associate  
School of Pharmacy  
University of East Anglia  
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Tel: 01603 591996  
Mobile: 0751 958 6293  
j.sokhi@uea.ac.uk  
ueadiploma.evaluation@gmail.com

[Name]  
[Contact details]  
[Date]

**Re: An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy)**

Dear [Name]

I am PhD student currently evaluating the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy) course that one/some of your employees are undertaking. As part of a wider project I would like to learn about employers' decision making on pharmacist professional development and education. To facilitate this I would like to arrange a 1 hour interview with you as the senior manager responsible for these decisions.

I am undertaking this as a research project and therefore intend to publish the results, albeit in an anonymised format, in a research journal. The data which I collect will be kept in an anonymised format on my computer within the school and all raw data from the project will be destroyed within one year of the study's completion. Ethical approval has been obtained for the project.

Please read the enclosed participant information sheet and if you are happy to participate please complete the acceptance form and return it to me in the pre-paid reply envelope (no stamp required). Alternatively if you decide you do not wish to participate please return the withdrawal postcard (no stamp required). Completion of the acceptance form will not prevent your withdrawal at a later date.

If after two weeks I have not received the acceptance form or withdrawal postcard I will phone you to confirm whether you wish to participate in this project.

I understand that this letter may raise a number of questions and therefore please do not hesitate to contact me as I would be delighted to be given the opportunity to respond to them.

Thanks in anticipation of your help with the project.

Yours sincerely

Jeremy Sokhi

Enclosures (4)



## **An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy)**

A study funded by the Eastern Region Strategic Health Authority

Principal Investigator: Jeremy Sokhi  
School of Pharmacy, University of East Anglia  
01603 591996,  
j.sokhi@uea.ac.uk, ueadiploma.evaluation@gmail.com

This information sheet is designed to be read by the participant to help them understand this project and what it will involve. It is set out as a series of questions and answers. If the question that you would like to ask is not provided then please feel free to contact Jeremy Sokhi via telephone or email.

### **What is the project about?**

The aim of this project is to better understand the viewpoint of community pharmacy employers with respect to pharmacist professional development and education in their companies.

### **What are the benefits of becoming involved in this project?**

The results of this project will be used to influence the content and design of UEA's postgraduate diploma in general pharmacy practice (community pharmacy) after the completion of its three year pilot. Additionally, the preliminary findings from this project will be shared with you.

### **What does the project involve?**

The project will involve a 1 hour face to face interview with the principal investigator.

### **Will I be compensated for taking part?**

A £25 voucher which can be redeemed at Marks and Spencer will be given to each participant attending an interview. Marks and Spencer is not associated with or sponsoring this project.

**Will information need to be provided on individual staff within the company?**

No, it will not ask for any data which identifies individual staff. Additionally, you will be able to decline to answer questions.

**Will information be given to other parties regarding our company?**

No, the information regarding your company will be reported anonymously and in such a manner to ensure that your company cannot be singled out. The data will be stored on a password protected database to which only the researchers will have access. We can assure you that no information regarding one company will be passed to another.

**What if I choose not to participate?**

Participation is entirely voluntary. If you do not wish to participate please return the withdrawal postcard.

**What happens next?**

Please return the acceptance form to the principal investigator to confirm your participation. You will then be contacted to arrange a time and location for the interview to take place convenient to you.

**Complaints**

If you have a complaint about how you were approached or how the interviews were conducted please contact Prof. David Wright (project supervisor) at the University of East Anglia on 01603 592042. He will be able to answer any concerns you may have.

**Appendix 5 Acceptance form**



**Acceptance form**

Name:	
Role:	
Employer:	
Preferred contact number:	
Email address:	
If possible please suggest suitable times/locations for interview:	
Do you have access to Skype® video calling?	Yes/No (Please circle as appropriate)

*Please return this form to the research team in the pre-paid envelope supplied. No stamp is required.*

## **Appendix 6 Withdrawal postcard**

If you do not wish to participate in this research, please return this postcard. If you do not return either the acceptance form or this postcard we will contact you in 2 weeks time to confirm whether you wish to participate.

Please tick:

I do not wish to take part in this research

Thank you for your time

Reference number \_\_\_\_



Appendix 7 Consent form



**An evaluation of the Postgraduate Diploma in General Pharmacy Practice (Community Pharmacy):**

**Interview consent form**

*If you wish to take part, please initial each box and complete the details at the bottom of the form.*

- 1. I confirm that I have read and understood the participant information form for the above interview and have had the opportunity to ask questions.
- 2. I am willing to allow the interview to be audio-recorded for the purposes of analysis and possible publication.
- 3. I understand that my participation is voluntary and that I am free to withdraw at any time.
- 4. I agree to be interviewed and understand that my consent to participate can be withdrawn at any time.

Name of participant	Date	Signature
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Name of person taking consent	Date	Signature
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Address of participant: \_\_\_\_\_

\_\_\_\_\_

When completed: 1 copy for participant  
1 copy for research team

## References

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