Development of a Professional Attributes Framework for Preregistration Pharmacists

Final Report

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Executive Summary

1. As part of Health Education England’s Pharmacist Education and Training Reforms programme, Work Psychology Group were commissioned to develop a Professional Attributes Framework that defines the professional attributes that are required for preregistration trainee pharmacist across hospitals, community pharmacies and general practice.

2. The outputs of the work i.e. the Professional Attributes Framework, is intended to inform the wider Recruitment work stream of the Pharmacist Education and Training Reforms programme particularly in relation to how preregistration pharmacists are selected in future.

3. A multi-method role analysis was carried out to identify the attributes associated with successful performance of a preregistration pharmacist. This consisted of a desk top review, interviews and focus groups with relevant stakeholders (n=63), consultation during recruitment workshops (n=c.150), and a validation questionnaire that asked respondents to rate the importance of the attributes identified (n=867). Overall, approximately 1080 individuals participated in the role analysis, providing a wide range of perspectives.

4. Through analysis of the data, nine attributes were identified, each represented by a number of behavioural descriptors. These are; Person-Centred Focus, Communication and Consultation Skills, Problem Solving, Clinical Analysis and Decision Making, Self-directed Learning and Motivation, Multi-Professional Working and Leadership, Quality Management and Organisation, Professional Integrity and Ethics, Resilience and Adaptability and Pharmacy in Practice.

5. A mapping exercise compared the attributes identified within the framework with the attributes and characteristics identified and documented within existing materials. The results of the mapping showed good level of concordance with the existing materials. This suggests that the professional attributes framework is inclusive of previously defined characteristics and in some instances may add further depth and description by presenting the information with a greater degree of granularity.

6. Results from the validation questionnaire found support for each of the nine attributes outlined in the framework; each attribute was rated, on average, as ‘important’ to the current role of a preregistration pharmacist, with the exception of Professional Integrity and Ethics that, on average, was rated as ‘very important’. Some differences regarding the extent of perceived importance were observed; the attribute with the highest rating of perceived importance was ‘Professional Integrity and Ethics’ and the attribute with the lowest rating was ‘Pharmacy in Practice’.

7. Results indicate that all attributes identified as part of the professional attributes framework are considered by stakeholders to be important, and therefore provide justification for the framework to be used to inform future selection of preregistration pharmacists and as the basis for selection criteria.

8. When comparing the mean ratings by sector, average ratings regarding the importance of each attribute were similar, although for three of the attributes, respondents from the community sector rated these as significantly more important than the ratings from the hospital sector. However, as all attributes were identified as important by both sectors, the requirement for a different framework has not deemed to have been evidenced.

9. Whilst the validation questionnaire found that all nine attributes were rated as important, it is not appropriate or feasible to assess against all of these attributes at selection. It is recommended that between four to six attributes are used at the point of selection, and the validation questionnaire provided some evidence as to which these should be.
10. Once the criteria have been identified, the next step is to **design a multi-trait, multi-method selection process**. This type of approach enhances both the validity and reliability of the process, with each attribute assessed multiple times by different methods. These methods may include both high fidelity (e.g. role plays) and low fidelity (e.g. written exercises) approaches.

11. Following the design of the process, it is vital that **piloting** takes place to ensure that the content is relevant, fair and at the right level. Following **evaluation**, final updates can be made to the design of the content and the selection system.

12. Throughout, it is recommended that **stakeholder engagement** is sought, and consensus is gained where possible on any new methods and processes. Considering the perceptions of stakeholders, relating to selection development, in the implementation of any new selection process is vital to its success. This is already underway in the form of stakeholder workshops.

13. Consideration may like to be given as to whether the framework could play some role in shaping the **training curriculum or induction processes**.
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Introduction

1. Overview

1.1 As part of Health Education England’s Pharmacist Education and Training Reforms programme, Work Psychology Group were commissioned to develop a Professional Attributes Framework that defines the professional attributes that are required for preregistration trainee pharmacists across hospitals, community pharmacies and general practice. Currently all preregistration pharmacists must achieve the same performance standards and pass a regulatory registration examination during their training programme. However, the facet of personal attributes required for the role is not explicit and may vary either by definition or importance dependent on employer or sector of practice.

1.2 This project also sits within the context of wider change in the profession. The role of pharmacy in healthcare and the NHS is evolving with the vision for the pharmacists at registration is to be clinical practitioners that are an integral part of patient-focused healthcare. There is more focus on engaging with patients to support long-term conditions and playing a greater role in public health through the promotion of healthier lifestyles. The skills that pharmacists need to employ on a daily basis are therefore shifting to enable them to provide enhanced services and engage effectively with patients. It is therefore timely that a review of the professional attributes required of preregistration pharmacists is being commissioned to support policy requirements.

1.3 The outputs of the work i.e. the Professional Attributes Framework, will inform the wider Recruitment workstream of the Pharmacist Education and Training Reforms programme particularly in relation to how preregistration pharmacists are selected in future. The intention therefore is that these findings feed into a second phase to design effective selection tools to support the recruitment process. This project needs to align with HEE values based recruitment (VBR) principles and inform their implementation in relation to preregistration pharmacist posts.

1.4 This report presents a role analysis that provides an objective account of the role of preregistration pharmacists to help inform broader decisions in relation to how they are selected for and trained in the future. A role analysis that clearly defines the professional attributes required to work effectively as a preregistration pharmacist will not only act as the cornerstone for future selection systems, but will also help to inform training to ensure that this focuses on the attributes required for contemporary practice.

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

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

2.1. This project has the following objectives to:

- Establish a Professional Attributes Framework of competencies required for preregistration pharmacists, using a triangulated, multi-method approach, including a desk review, stakeholder interviews and focus groups.
- Validate the framework via administration of an online survey to stakeholders across England.
- Inform decisions relating to the development of future selection and curricula by providing a framework that aligns to the current requirements and challenges faced by preregistration pharmacists.
Methodology

3. Role Analysis Approach

3.1. Role or job analysis is a systematic process for the collection and analysis of any type of job related information\(^1\). Typical role analysis information comprises the responsibilities, tasks, working conditions, organisational position and knowledge, skills, abilities and other attributes relevant to a given role\(^2\) and is often referred to as the cornerstone of an effective selection system as it enables accurate identification of competencies to be targeted at selection. The outputs of a thorough role analysis can also feed into wider organisational objectives such as training and employee development and it has the added benefit of increasing the defensibility of a selection process against legal challenge\(^3\).

3.2. Using role analysis techniques such as those utilised here are also particularly effective for identifying future requirements for roles and hence are beneficial in determining skills needed to meet future role requirements\(^4\).

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

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

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

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

\(^3\) Gutman, A. (2000). Recent Supreme Court ADA rulings: Mixed messages from the Court. The Industrial-Organizational Psychologist, 37, 31 – 41.
4. Desk Review

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

4.1.1. The pharmacy profession in the UK has evolved in recent years, with the role of a pharmacist (and preregistration pharmacist) being to provide pharmaceutical care, with an emphasis on the pharmacist being responsible for the outcome of the treatment of patients and not simply for the supply of medication. This encompasses the broader changes within pharmacy to become a person-centred profession, whereby pharmacists engage with their patients to encourage the safe and effective use of medicines, whilst enabling them to make informed choices about their own care and provide support to patients with long-term conditions.

4.1.2. Within pharmacy, there are a number of different competencies outlined that are viewed as necessary for preregistration pharmacists to exhibit, as well as the General Pharmaceutical Council (GPhC) professional standards. The GPhC outlined nine professional standards in 2016 that describe how a pharmacist can demonstrate a commitment to promoting a culture of professionalism whilst delivering person centred care. These include; person-centred care, working in partnership with others, effective communication, professional knowledge and skills, exhibiting professional judgement, behaving in a professional manner, respecting and maintaining privacy and confidentiality, speaking up when they have a concern and demonstrating effective leadership.

4.1.3. A report released by the Royal Pharmaceutical Society (RPS) in 2015 also focused on the importance of patient-centred care, with it outlining how pharmacists need to ensure that they are informing and empowering patients about their medication. Furthermore, pharmacists will be integral to supporting patients at all stages of their clinical pathway, thus emphasising the importance of multidisciplinary working (with GPs, nurses, social workers etc.) for pharmacists going forward. Specifically within the literature, when considering the reform of the pre-registration training, it outlines the need to ensure that pharmacists of the future are able to work as part of a multi-disciplinary team to optimise care, and align and work in partnership with other healthcare professionals to become an integral part of a patient-focused healthcare service.
4.1.4. When reviewing frameworks for training and development of pre-registration trainees currently in use by different regions across the UK, similar standards were identified. These emphasized the importance of professionalism for those in the role, with this defined as giving priority to patient interests, being held accountable for actions and decisions, displaying a commitment to lifelong learning, displaying integrity and respecting others.

4.1.5. Finally, when reviewing the academic literature, similar competencies necessary for the pre-registration pharmacist were identified. These included, effective communication skills, adopting a person-centred approach (including being able to develop and maintain caring relationships with patients in a professional manner), professionalism (including being honest, trustworthy and working within their boundaries), demonstrating empathy for patients, and working effectively within their immediate and the wider health and social care team.

5. Interviews & Focus Groups

5.1 Sample

5.1.1 A range of individuals was targeted at all stages of the methodology in order to gain a breadth of perspectives. Stakeholders were identified by the Steering Group, and included representatives from the hospital and community sectors across England, as well as representatives from Wales. This included preregistration trainees, preregistration tutors and wider members of the multi-disciplinary team (e.g. pharmacist technicians). Following proposals for pharmacists to work more closely with GPs regarding high quality patient care and to work as part of the GP practice teams, tutors working within a pharmacist setting and GPs were included in the sampling. Service users were also included in the sample. The perspectives of key stakeholders familiar with the pharmacy training pathway and with an interest in ensuring proper standards of education and training, patient care and service delivery were also sought. These included the GPhC and the RPS.

5.1.2 To ensure that there was an appropriate spread of participants from the different sectors, it was also ensured that representatives from both community and hospital were sampled. Within the community sector, participants were sampled from large and small multiples, as well as independents.

5.1.3 Table 1 provides a summary of those involved in the interviews and focus groups. In total, 25 (40%) of the sample was from the community sector, 30 (48%) were from the hospital sector, and 8 (13%) were classified as neither.

Table 1: Interview & focus group sample

<table>
<thead>
<tr>
<th>Sample group</th>
<th>Final numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholders (hospital)</td>
<td>2</td>
</tr>
<tr>
<td>Stakeholders (community, including large and small multiples, and independents)</td>
<td>8</td>
</tr>
<tr>
<td>Stakeholders (GPhC/RPS/Bradford HEI)</td>
<td>3</td>
</tr>
<tr>
<td>Preregistration tutors (hospital)</td>
<td>6</td>
</tr>
<tr>
<td>Preregistration tutors (community)</td>
<td>5</td>
</tr>
<tr>
<td>Preregistration tutors (GP)/GPs</td>
<td>3</td>
</tr>
<tr>
<td>Preregistration pharmacists (hospital)</td>
<td>16</td>
</tr>
<tr>
<td>Preregistration pharmacists (community)</td>
<td>12</td>
</tr>
<tr>
<td>Pharmacy Technicians (hospital)</td>
<td>6</td>
</tr>
<tr>
<td>Service users</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>63</strong></td>
</tr>
</tbody>
</table>
5.2 Interviews

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

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

5.2.3 A total of 31 participants were interviewed. The semi-structured interviews lasted for approximately 45 minutes and were conducted by telephone. The aim of the interviews was to understand the role of preregistration pharmacists and to explore stakeholder perspectives on the characteristics and behaviours associated with effective performance in the preregistration pharmacist role, both currently and in relation to any anticipated future changes to the role and performance requirements. Some stakeholder groups were also asked for their views on the wider selection process, including how the criteria may be assessed at the point of selection, and what the current challenges/barriers to effective selection are. All interviews were digitally audio-recorded and subsequently transcribed, and interviewees were assured anonymity in terms of their interview responses.

5.3 Focus Groups

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

5.3.2 Seven focus group discussions were held in London and Manchester, including three telephone focus groups. A total of 32 individuals participated in the focus groups; 25 of these were preregistration pharmacists, two were pharmacy technicians, three were community stakeholders in a multiple pharmacy, and two were service users. Prior to attending the focus group, all participants were sent a briefing document outlining the purpose of the focus group and what the focus group would involve.

5.3.3 The focus groups were facilitated by trained researchers and lasted for between 1 and 2 hours. The pharmacy technician and patient representative focus groups incorporated the Critical Incident Technique methodology. Using this previously validated methodology, attendees were asked for examples or specific incidents, involving preregistration pharmacists that they identified as characteristic of effective or non-effective performance. For each incident, the group were asked to identify the specific behaviours that the preregistration pharmacist had undertaken in that situation and how these had contributed to the outcome of the incident. This enabled the identification of the key attributes needed to perform as a preregistration pharmacist. Within the preregistration pharmacist focus groups, trainees were asked to reflect on the key behaviours that make a good trainee and the most challenging/enjoyable aspects of training.

5.3.4 The involvement of the service users was important to ensure a patient-focused perspective. However, a limitation of using service user representatives is their possible unfamiliarity with the role of preregistration pharmacists and difficulty with differentiating the preregistration role with the role of other pharmacists that they may have encountered. With this in mind, the service user representatives were provided with an outline of the preregistration pharmacist role and examples of where and how they may have encountered
preregistration pharmacists (Appendix C). In the absence of familiarity with preregistration pharmacists specifically, interviewees were asked to consider the role of a pharmacist in general.

5.3.5 The opportunity was taken to gather the views from a wide range of stakeholders who attended the recruitment workshops in January 2016. A 45-minute focus group session was run at both the London and Leeds workshops. Here, an introduction to the project was provided, then groups of individuals (approximately 4-8 in a group), discussed as a group their responses to three questions; what attributes are important to be an effective preregistration pharmacist, given anticipated changes in the job role, how will this impact on the skills and behaviours required and what differences (if any) are there in attributes across the different sectors? A total of approximately 150 individuals attended both workshops, and it is believed that the majority of these participated in this session.
Results

6. Development of the Framework

6.1 Analysis Methodology

6.1.1 Data from the interviews and focus groups were transcribed (plus the findings from the recruitment workshops); there were 39 transcripts in total. Template analysis was used, as it is a systematic and well-structured approach to handling textual data. Template analysis is a well-established technique in job analysis research, and allows the researcher to thematically analyse relatively large amounts of qualitative data. The ‘template’ is created as a list of codes that represent themes (or in this case behavioural descriptors which represent the professional attributes required for a preregistration trainee to perform their role) within textual data (in this case, interview transcripts). The codes are typically organised hierarchically allowing a clear (and transparent) representation of the associations between themes. For example, there are broad themes (or domains that represent professional attributes) within which subsidiary themes (or behavioural descriptors) will fall.

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

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

6.2 Creation of the Template

6.2.1 The interviews were coded according to the following definition ‘behaviours identified to explain effective preregistration pharmacist performance that represent professional attributes’ (as opposed to clinical knowledge and skills).

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

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

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

6.2.4 The fourth iteration of the template was created by analysing the final 20 interviews, and through successive readings of all the transcripts, which were refined based on the latest iteration of the template.

6.2.5 Once the broad themes had been established, the results from the interview and focus groups were cross-referenced with the results of the desk review to ensure all relevant behaviours had been captured within the model, as well as the outcomes from the person specification work stream. The template was also cross-referenced with the Medical Foundation Year 1 (FY1) professional attributes framework, given the parallels with this job role. It was perceived that all relevant behaviours were included, however small wording changes were made to some of the indicators. A mapping process was also undertaken following finalisation of the framework and this is outlined in Section 7.

6.2.6 Finally, the findings from the interviews and focus groups were cross referenced with the NHS values to ensure that these are embedded into the framework. Taking this approach will ensure that that the selection criteria encapsulate the values of the NHS. Values based assessment (VBA) emphasises the importance of attending to a person’s values as part of an assessment process. VBA does not disregard other crucial attributes which influence a person’s behaviour such as their knowledge, skills and experience. Instead VBA recognises that by also considering the values which underpin a person’s behaviour and choices, we can develop a more accurate understanding of what drives their decision-making, using this to gain insight into how they might be likely to respond or react in a variety of situations.

6.2.7 Rather than VBA being a separate approach to assessment, it should be used to enhance or as an extension of other approaches such as competency-based assessment and the two approaches can be integrated seamlessly by incorporating values into the assessment framework.

6.2.8 Again, it was perceived that all relevant behaviours were included, however small wording changes were made to some of the indicators.

6.3 Validation of the Professional Attributes Framework

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

6.3.2 The two researchers who had carried out the card sort, the lead researcher and the supporting researcher held a one-hour meeting to discuss the outcomes of the card sort and finalise the broad themes and inclusion of the behavioural descriptors within these themes. There was a high level of agreement between the researchers both in relation to the overall themes, and the behavioural indicators that sat within these. The themes and the behavioural descriptors were discussed and justification for inclusion considered until consensus was reached regarding the final number of broad themes and grouping of the behavioural descriptors within each of these broad themes. This resulted in the same nine themes as defined through the template analysis. A small number of indicators (n=4) were moved to different themes.

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

6.3.4 Following this, two separate senior researchers, experienced in job analysis and competency design (and who had not been involved previously in the project), reviewed the content and the constructs within the framework. This process was intended to confirm the results and that the indicators are representative of the attributes defined, thus helping to establish the content validity (and to some extent construct validity) of the framework. In order to further validate the framework, the headings were also reviewed by the two researchers. Small changes were made to the wording of some indicators and headings as a result of this review stage.

6.4 Analysis of commonality and differences between sectors

6.4.1 Following validation, commonality and differences between sectors was analysed. The coding of each individual transcript enabled a review of whether each behavioural indicator captured was provided by a representative from both hospital and community pharmacy (GP/GP tutors, service users, stakeholders from the GPhC, RPS and Bradford HEI and outputs from the recruitment workshops were excluded from this analysis). From the transcripts, 17 were categorised as ‘hospital’ and 14 were categorised as ‘community’. Average response rates for each attribute were calculated overall, and then for hospital and for community.

6.4.2 There was a small difference in the average attribute percentage between the sectors identified between two of the attributes; Self-directed Learning & Motivation, and Resilience & Adaptability (7 and 8 percentage points respectively), and medium differences between two further attributes; Quality Management & Organisation, and Pharmacy in Practice (13 and 17 percentage points respectively). No meaningful differences at the indicator level were apparent for any of these attributes. A large difference was found for Multi-Professional Working & Leadership (24 percentage points) with Indicators 2, 6, 7 and 9 representing the largest difference (all relating to characteristics of leadership). In every case, the community sector was responding with greater frequency. However, these results give a broad indication only; numbers are very small for meaningful comparisons to be made, and absence of an indicator within a transcript does not mean that the respondent would have not agreed that the indicator was important, if asked. The validation survey will provide more accurate and meaningful information, if the sample sizes are adequate.

6.4.3 A review was also conducted from a qualitative perspective. From the 32 transcripts where respondents were able to directly respond to the question about commonalities or differences between sectors, 88% stated that there were no real differences in the underlying skills and attributes of preregistration trainees across the sectors. Those that did feel there were differences (whom came from both hospital and community sectors) referred to elements around decision making and interactions with patients and other team members. There was general agreement that while there are differences between the two main sectors, these are more about context and opportunity rather than differences in attributes per se, and would likely be more about preference in workstyle. Themes in relation to perceived similarities or differences were also captured and are provided in 6.6.2 below.

6.5 Professional Attributes Framework

6.5.1 As a final step in the development of the initial professional attributes framework, the Steering Group reviewed the framework to check for appropriate use of language and terminology. Minor changes were made to the wording or phrasing within the framework and one indicator was moved to fit under another attribute heading. All headings were reviewed and agreed appropriate, with the exception of patient-centred care being changed to person-centred care to align with current terminology. It was agreed that the final framework was representative of what was required for a pre-registration pharmacist and aligned with requirements and frameworks from elsewhere in the training pathway.
6.5.2 There are a number of important points to highlight in relation to the framework:

- Although Person-centred Care is a separate attribute in its own right; person-centred care is embedded throughout the framework e.g. in 2.8, 2.10, 3.4, 4.8, 5.9, and 7.6.

- Pharmacy in Practice has been included given these were areas that were highlighted as important by stakeholders. However, it is acknowledged that these are not clearly behavioural attributes, but rather more akin to knowledge. One suggestion would be that these are not used at the point of selection, but instead may be used as part of induction processes, post-selection.

- The validation framework will provide evidence in relation to the most important attributes to assess at the point of selection. However, it is expected that not all indicators within an attribute will be assessed during the assessment stage; rather it is likely that the most relevant attributes are chosen that adequately represent the attribute to be assessed (based on ability to be assessed within that particular exercise, and also drawing upon data from the validation survey). This will ensure that the behaviours can be adequately assessed without cognitive overload, as well as inevitable limitations on time.

6.5.3 The final framework is outlined in Table 2 below and consists of nine attributes and outlines the behavioural descriptors grouped under the nine professional attributes that are expected in the role of a preregistration pharmacist\textsuperscript{10}. When using the framework, the following guidance is provided:

- The word ‘person’ is used throughout the framework to reflect the wording within the GPhC Standards for Pharmacy Professionals 2016. Person refers to every person that receives care in the healthcare context across a wide range patient groups, as well as carers.

- Whilst person-centred care must be central to all healthcare professions, this must be undertaken in the context of the bigger picture e.g. in relation to legal and ethical guidelines, agreed local frameworks/guidelines, constraints/needs of the business, evidence based clinical care, patient safety and cost effectiveness. This should be considered when this attribute is used as part of selection, training or assessment.

- The attribute of Communication and Consultation Skills, and the indicators within it, is intended to refer to both colleagues, peers and the wider professional healthcare team, as well as patients, carers and other relations.

- Multi-professional working refers to working with the team; this team may be the immediate team that one works within on a daily or regular basis, or may be the wider team encompassing other health and social care professionals.

- Leadership in this context refers to leadership behaviours that all trainees in the preregistration role (and beyond) need. Here, we are not referring to the traditional definition of leadership i.e. a leader is someone with a position, in charge of a group of people, but rather leadership behaviours, qualities or skills that are about influencing others in a positive way.

\textsuperscript{10} Please note that this is the Final Professional Attributes Framework following minor revisions after the validation survey, as outlined in section 9
Table 2: Professional Attribute Framework

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Behavioural Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person-Centred Care</td>
<td>1.1 Demonstrates empathy and seeks to view situation from the individuals’ perspective&lt;br&gt;1.2 Places the person who is receiving care first, in everything they do (NHS V1)&lt;br&gt;1.3 Accurately assesses, takes into account and is sensitive to the person’s current and longer-term expectations, needs, situation and their wider social circumstances (NHS V2 &amp; 4)&lt;br&gt;1.4 Shows genuine interest in, and compassion for, the individual; makes them feel valued (NHS V4)&lt;br&gt;1.5 Works collaboratively with individuals, empowering and guiding every person to make an informed choice in their care (NHS V1)</td>
</tr>
<tr>
<td>2 Communication and Consultation Skills</td>
<td>2.1 Adapts approach, language or communication style for audience and across a variety of contexts&lt;br&gt;2.2 Identifies and interprets non-verbal cues from others&lt;br&gt;2.3 Effectively uses non-verbal communication&lt;br&gt;2.4 Seeks confirmation of understanding when communicating, clarifying where necessary&lt;br&gt;2.5 Elicits accurate and relevant information from individuals&lt;br&gt;2.6 Provides accurate and clear information and advice to people receiving care and colleagues&lt;br&gt;2.7 Instils confidence in others through communication style&lt;br&gt;2.8 Effectively builds rapport with individuals; asks open questions and facilitates a two-way dialogue&lt;br&gt;2.9 Breaks down complex information in a way that can be easily understood by others&lt;br&gt;2.10 Actively listens to others; is focussed and attentive to what they have to say (NHS V4)&lt;br&gt;2.11 Exhibits suitable levels of confidence and assertiveness when communicating; able to influence appropriately&lt;br&gt;2.12 Ensures has the relevant information before communicating</td>
</tr>
<tr>
<td>3 Problem Solving, Clinical Analysis and Decision Making</td>
<td>3.1 Applies clinical knowledge in the practising environment; draws all knowledge together and builds upon what they have learnt to benefit the person receiving care&lt;br&gt;3.2 Demonstrates proactivity and persistence when seeking a solution, whilst also demonstrating awareness of when sufficient information has been obtained&lt;br&gt;3.3 Knows where to find and access information, or seeks to find out when uncertain&lt;br&gt;3.4 Undertakes a holistic approach to problem solving and decision making; integrates and assimilates information about the individual from different sources to ensure a person-centred outcome (NHS V1)&lt;br&gt;3.5 Explores multiple options when problem solving and making decisions; weighs up pros and cons associated with all options</td>
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<tr>
<td>3.6</td>
<td>Identifies the most important and relevant pieces of information effectively</td>
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<td>3.7</td>
<td>Critically appraises information; applies a questioning approach and seeks to further understand and explore rather than taking things at face value</td>
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<tr>
<td>3.8</td>
<td>Undertakes a logical and systematic approach to problem solving; methodically working through an issue or problem</td>
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<tr>
<td>3.9</td>
<td>Effectively uses mathematical skills in pharmaceutical calculations in the context of person-centred care</td>
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<tr>
<td>4</td>
<td>Self-directed Learning and Motivation</td>
</tr>
<tr>
<td>4.1</td>
<td>Demonstrates curiosity, commitment and a desire to learn</td>
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<tr>
<td>4.2</td>
<td>Shows enthusiasm and passion for the role</td>
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<tr>
<td>4.3</td>
<td>Takes ownership for identifying own learning gaps and development needs; records progress/development activities and stays up to date</td>
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<td>4.4</td>
<td>Seeks, and acts upon, advice, support and feedback to assist their own learning and development (NHS V3)</td>
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<tr>
<td>4.5</td>
<td>Undertakes reflective practice; analyses and evaluates how they may have done something differently or what went well</td>
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<tr>
<td>4.6</td>
<td>Demonstrates awareness and acknowledgement of own limitations and boundaries in relation to knowledge and competence</td>
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<tr>
<td>4.7</td>
<td>Is a self-starter; demonstrates proactivity, initiative and willingness to take on opportunities and learn</td>
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<tr>
<td>4.8</td>
<td>Is driven to achieve the highest standards of care and strives for excellence (NHS V3 &amp; 5)</td>
</tr>
<tr>
<td>5</td>
<td>Multi-Professional Working and Leadership</td>
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<tr>
<td>5.1</td>
<td>Understands, values and respects all roles (including their own) within the immediate and wider team, as well as team members’ skill sets and knowledge</td>
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<tr>
<td>5.2</td>
<td>Willing and able to facilitate others’ learning through sharing own knowledge/experience and/or supporting others when learning</td>
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<tr>
<td>5.3</td>
<td>Builds and maintains meaningful and trusting relationships with team members and other health and social care professionals outside of the immediate team (NHS V1)</td>
</tr>
<tr>
<td>5.4</td>
<td>Demonstrates an awareness of other team members’ workloads and pressures and adapts their interactions accordingly</td>
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<td>5.5</td>
<td>Works collaboratively; provides assistance, support and guidance to other members of the team for the benefit of the person receiving care (NHS V1)</td>
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<td>5.6</td>
<td>Provides constructive feedback for both individual development and continuous improvement (NHS V5)</td>
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<td>5.7</td>
<td>Motivates and leads others; acts as a role model</td>
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<td>5.8</td>
<td>Demonstrates willingness and ability to actively learn from others</td>
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<td>5.9</td>
<td>Demonstrates an awareness of the available resources within the team and makes use of these through appropriate delegation to achieve person-centred outcomes</td>
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<tr>
<td>6</td>
<td></td>
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<tr>
<td>6.1</td>
<td>Is accurate in their work and undertakes quality assurance processes, demonstrating excellent attention to detail (NHS V3)</td>
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<tr>
<td>6.2</td>
<td>Keeps accurate and comprehensive records (e.g. notes, labelling) for the purposes of ensuring safe and effective care</td>
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</table>
| Quality Management and Organisation | 6.3 Good self-management; organises own time effectively to meet the required standards  
6.4 Able to prioritise; understands the importance of tasks and deadlines  
6.5 Takes a methodical, ordered and structured approach to their work to ensure the delivery of high quality care  
6.6 Uses information technology appropriately to effectively manage and organise work |
|------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 7 Professional Integrity and Ethics | 7.1 Works within the law, ethical guidelines, and regulations, including confidentiality, consent and safeguarding  
7.2 Takes responsibility for self and is accountable for one’s own actions or lack of actions  
7.3 Demonstrates honesty and trustworthiness (NHS V2)  
7.4 Is open and honest about the mistakes they have made or when things have gone wrong  
7.5 Is reliable and dependable in carrying out work duties and responsibilities  
7.6 Recognises and values equality and diversity, treating everyone with courtesy, dignity and respect (NHS V2 & 6)  
7.7 Is prepared to challenge poor practice or behaviours, or speak up when errors or oversights are observed |
| 8 Resilience and Adaptability      | 8.1 Responds well to change, and is willing to initiate change where appropriate  
8.2 Agile; able to quickly adapt to changes in roles, demands or environment  
8.3 Demonstrates resilience; able to bounce back from difficult situations, setbacks or challenges  
8.4 Manages own emotions during interactions with others and does not allow emotions to influence decisions  
8.5 Remains calm, and is able to work effectively, in high pressured situations |
| 9 Pharmacy in Practice             | 9.1 Understands and appreciates pharmacy workflow and dynamics of clinical practice  
9.2 Understands the broader pharmacy landscape, its position and interaction with the wider healthcare context and the progression of a person’s journey through this  
9.3 Demonstrates an awareness of the business and financial responsibilities within healthcare |
6.6 Qualitative Illustrative Examples

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

<table>
<thead>
<tr>
<th>Table 3: Example Quotes from Interviews and Focus Groups</th>
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<tbody>
<tr>
<td><strong>Person-Centred Care</strong></td>
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<td><strong>Problem Solving, Clinical Analysis &amp; Decision Making</strong></td>
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<td><strong>Self-directed Learning &amp; Motivation</strong></td>
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</tbody>
</table>
| | “It’s being able to take initiative. So you have people who are actually putting out there saying “I want to learn this, I want to learn that and know [all about what] the
trainers know, the pharmacists or the technicians know.” They want to get the experience”
“you’ve got to be able to ask for feedback, take on feedback as well as work on it to improve on these mistakes and make sure they don’t happen again.”

| Multi-Professional Working & Leadership | “It could be they need to be able to delegate that work or communicate with other members of staff to say, “look I’m on the phone now, can you take this”, and at the same time someone could be on the counter wanting to buy medicine, so making sure someone’s going to serve that person”
“you’ve got the nurses and the health care assistants, the consultants and doctors, so there’s a broader range of people you need to be speaking to and able to understand the roles of different professionals so you can support the patient in the best way.”
“you’ve got to be a good part of the team. You’ve got to understand how people work, how they’re motivated.”
“so it’s about knowing how to help train people up as well and imparting what you know to other people to help improve their knowledge.” |
| Quality Management & Organisation | “paying attention to detail as well, especially when you are self-checking what you’re dispensing”
“really good pre-regis are ones that are very organised with what they’re doing, they basically put everything down to a schedule, especially when you have different rotations you’ve got to be organised with communicating with the people who are supposed to be leading you under this rotation”
“There’s a lot of multi-tasking that goes on in a busy pharmacy and being able to remember to do lots of things at the same time”
“IT skills are important, so they need to be able to… prepare presentations on PowerPoint, using email systems, using electronic prescription services.” |
| Professional Integrity & Ethics | “encouraged to own up to your mistakes, but even if you’re not having that confidence to… hold your hand up and say I’m really sorry I did that”
“You’ve got a job to do, it’s a very demanding role, and you need to make sure that you’re in a state where you can go in and perform… what’s expected of you.”
“there’s diversity and equality that they have… to be aware of; different sort of people…, people from different cultures, different backgrounds, expectations,”
“I think honesty as well as having the trust because sometimes situations arise where…you’re going to upset a patient and you’re going to anger them. But you have to tell them the truth like, for example, that their medication hasn’t been ordered or it’s going to be coming late. But I think if you’re honest with them, I think that will help with the trust” |
| Resilience & Adaptability | “being adaptable to different situations and different environments because I think even within a pharmacy department there are loads of different environments ‘cause there’s offices, production unit, dispensary and then once you get out into the wards there’s even more different environments”
“They have to learn to deal with the emotional side of it. They have to learn to deal with the impact of maybe an angry patient, angry relatives, an unfriendly consultant, or even other team members that are not so friendly” |
“to learn to deal with their emotions and not take things personally”
“quite calm and quite level-headed and is able to look at things rationally and not get too worked up when something goes wrong or suddenly feel like the weight of the world’s on their shoulders”

Pharmacy in Practice

“I understand that...we are not trying to make every treatment as cheap as possible but sometimes if there’s two treatments where one is cheaper than the other, obviously using the cheaper one would be more cost effective.”
“somebody with a high ability drives their rate of development. You know, they’ve got a great understanding of the wider NHS landscape alongside their local level and then a great performer will know how to apply it.”
“i’d expect them to come out with a fair understanding of the different roles in pharmacies. Whether it be community or hospital or...in primary care organisations. Even GP practices now is a massive area that is just growing and growing. So I really do think that they need to have their sight on the variety of what’s out there.”

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

“I think that the basic foundations are the same, I think it just depends on where they take them after that time...it’s just a case [of] career development, so the basics that they get as a pre-reg will then be built on as they go on through their career.”

“The knowledge, the skillset is similar but it’s a different environment, you’re doing different stuff...the way you’re applying the core skills is different. The day to day activity is different and you’re applying this knowledge in a very different setting.”

“I suppose the attributes for what you’d want in a pharmacist will be the same no matter where you work, because whether it’s patient-based or, everything that you do, whether it’s in the community, whether it’s in the hospital, whether it’s in industry, you’re doing it for a patient at the end of it. You’re making a drug for a patient, or you’re discovering a drug for a patient, or you’re giving the patient their medicines to keep them well and be in the community, if you’re working in the community, or you’re reconciling, optimising and supplying medicines for patients to make them better, or enable them to live a better life in the community if they’re in hospital. So we’re all doing the same thing.”

“There is no difference in the qualities they need but obviously because the emphasis in hospitals is different to the emphasis in community, they end up with different skill sets at the end of that. There is no difference in quality because you still need all the interaction skills, all the management communication, and all the other things that you can think of because the focus is slightly different, the pressures are slightly different as well.”

“Personally I’d say that there’s a bit more pressure on day one of community pharmacy, but does that mean they should have different attributes? Absolutely not, there should be that same situations will arise; maybe not in the same scenario, but the same situations where doctors will make mistakes; other people will make mistakes you will have to deal with these sorts of things. It’s just a different scenario.”

“[there isn’t an] exam for those people that are going into community and those going into hospital. There’s only one point of entry to the register...somebody has got to have knowledge and skills entering the register at one point. So therefore by that rationale you would expect the same in pre-reg only
because you’re trying to equip people for a profession in healthcare and they may switch across the different sectors over a period of time.”

6.6.3 A summary of some of the differences between the community and hospital sectors that were identified by respondents are outlined below. These are supported by illustrative quotes and are based on the opinions of respondents rather than objective evidence. In some cases, respondents may have only worked in one sector and as such their view of the opposing sector may be based on perception. As such, these illustrative comments should be interpreted with caution.

6.6.4 These predominantly relate to differences in context and environment, rather than differences in attributes or skills required. These may be a useful foundation to serve as an acknowledgement/information that different people may be more suited to a particular sector, based on their preferences and work styles.

Clinical knowledge and services

“We offer an awful lot more clinical services within a hospital, whereas, the community pharmacies offer more patient focused…smoking cessation or medicines reviews and things like that.”

“Hospital pre-reg is more fine tuned into clinical problem solving than the retail pharmacist… the role of the pre-reg in the community can become a little more technical and less clinical whereas I think that there’s a really strong role for them to become more clinically involved.”

“What you do need in a community setting is somebody who can be a generalist and can dial up and dial down their expertise to be more versatile whilst in a hospital setting you, to some degree, have the luxury of going deep into one clinical area if you wish. I personally think pharmacists in community have to be stronger clinically than they do in hospital, but that’s just a preference of where people choose. I don’t think the skills are different. I personally think there’s a stigma around one’s a clinical and one’s not a clinical.”

“In hospitals the clinical attributes are much more clearly celebrated and identified and clinical learning and development is constantly promoted.”

Questioning/decision making

“As part of community there are repeat prescriptions and you kind of pretty much churn them out unless there’s major issues. But with almost any prescription that you look at …and here, I’m probably talking a bit more on the ward side, but you don’t accept it at its face value. You do check that the patient’s various functions are working correctly, that they’re all necessary and needed for that patient. So it is much more of an in-depth look at a prescription than you would get in community.”

“In hospital, we have got sicker patients and we have got more complex treatment regimes and we have got less commonly used medicines. So you are always going to need to seek advice from more people and you are frequently going to need to grapple with more complex information in order to make decisions.”

Patient relationships

“I think largely hospital pharmacies don’t get to know patients…even in the outpatient clinics there isn’t much of a continuous supply of the same person coming to the pharmacy for their medication because
they’re largely just getting something to go home with or then they’re getting other supplies from their local pharmacy.”

“Largely when you are in community you are face to face with the general public a lot and my understanding now of when you work in a hospital that is not the case, you’re mostly ...on a ward and you are talking to the ward staff. So your interactions are mainly with other healthcare professionals and not the general public.”

**Interest in business**

“I think in the community, because it’s obviously business-based, some of them might have, might be enthusiastic from a business perspective so that might be something that may interest them, how to make a business work, how to make a profit.”

“[In hospital they need to be] more and more overt about cost improvement, cost effectiveness, cost benefits, so they need to be very conversant with that...like the community guys are.”

**Support available**

“I think the difference is the hospital has more people around. So you’re never truly on your own. If you’ve got a problem you’d walk back into the pharmacy there’s probably I don’t know a dozen technicians, and there’s other pharmacists there that you could just walk up to and go, “I’m not sure.” Whereas, at a community pharmacy you’re stood there on your own. It’s flight or fight time.”

“And [in community] you’ve also got less people that you can go and ask questions of professionally. So, in some respects I think you almost need to be more quick thinking on your feet, to make a decision...”

“In community pharmacy apart from your immediate team you don’t have loads of people, you don’t have an extra team that you can go whereas in a hospital you do. So you can work with other multidisciplinary teams from another department, community pharmacy doesn’t work like that, you’re very much left on your own devices.”

“You’ll find that pharmacists who like to be able to discuss decisions with other colleagues before they decide what they’re going to say veer towards a hospital environment because they’re surrounded by the pharmacists. Whereas in community it’s very much an isolating sector...so they do have to be able to make decisions on their own.”

**Team make-up**

“In hospital if you’re on a ward you’ve got the nurses and the health care assistants, the consultants and doctors, so there’s a broader range of people you need to be speaking to and able to understand the roles of different professionals so you can support the patient in the best way. Whereas, in community you don’t...you speak to the GP fairly frequently and the reception staff but we very rarely would speak to the consultant or a nurse really.”

“Certainly in hospital you’ve got to deal with a kind of broader range of people in some sense, in that you’ve got all the kind of communication with doctors and nurses as well as communicating with the patients. You have that in community as well but the communication with other professionals in
community tends to come over the phone, rather than face to face and I suppose there are differences in the sorts of modes of communication that are prevalent as well.”

Variety

“Within a community pharmacy, not in a bad way, but it is very repetitive daily activities, and you are checking and they are the same prescriptions you can check, and there’s only a certain priority, whereas, compared to a hospital, you get different scenarios every single day.”

“With community pharmacy you kind of reach a… it’s like a plateau really of new challenges. So after about six months you’ve almost faced every type of prescription you’re going to face. You’ve faced every customer you’re going to face. You’ve probably done 80% of the things, the challenges that you’re going to face. And I think trying to find new opportunities to learn or to vary the work; I think that’s what I’ve found difficult.”

6.6.5 Views were also sought in relation to the differences in the industry sector and within GP.

Industry

“I would say a lot more initiative is required [in industry]…rather than in hospital. They expect a lot more independent thinking, they expect you to be a lot more creative, innovative, so it’s a bit different in that respect. It’s more about social networking as well, so I’d say you have to know who to speak to a bit more than the hospital. And there’s way more team work, because we are really based in the teams… it’s not really a department, it’s a team that we’re based in within industry, so that dynamic within a group is really important as well.”

“If you are selecting pre-registration students that are going to work in pharmaceutical industry, or ultimately into an academic kind of career, you’d be wanting to maybe look for a stronger display of those research skills and attitudes that you perhaps would in your average pharmacist.”

General Practice

“The teams in primary care are probably a bit more disjointed because in a community pharmacy or hospital pharmacy quite often all the staff are in one place, although they might be coming and going and so forth. In a GP surgery quite often people are in individual rooms, so sometimes it can be a lot harder to bond with the rest of the team because you may not see some. So sometimes it could potentially be quite isolating professionally because you’re working as a pre-reg with no other pharmacy-type personnel in general practice.”

“In primary care, consultation skills and clinical skills are really important … I mean you will be using your consultation skills a little bit in the other sectors but probably not as much and it’s a different style of consultation. So when you’re in a room on your own with a patient it’s a very different style of consultation that you would have in a pharmacy over the counter or in a hospital at their bed.”

“I think there is just the difference, there is one sort of knowledge gap for me, in community pharmacy we didn’t particularly need to know path results and their values and what they mean, and in GP practice very often decisions and information is based on test results.”
6.6.6 View were also sought as to the commonalities or differences between multiples and independent community pharmacists; a summary of the key themes using qualitative comments is provided below.

### Support available/training

“I think it’s actually quite similar, I think if you talked to an undergraduate they all think oh if I go to a big multiple there will be a big programme, it will all be organised and it will be hunky-dory and some get a great experience and some get a rubbish experience. In fairness that’s exactly the same as you know a small group like us; we’ve only got seven branches or a one-man band. Sometimes they get a lovely experience and sometimes they don’t.”

“In an independent, the graduate is with the tutor at all times, they’ll probably be getting more feedback on a daily basis. Perhaps they may feel that they’re more under the eye, so to speak, rather than in a larger place where they’re just a number in a big team whereas in a smaller independent they are probably quite a main member of the team.”

“There is a much more significant support structure around them [in multiples]. There’s HR systems, there’s from our perspective clinical governance systems, we have academic practitioners who work in universities and also support with training. Most of the multiples will have significant training and development departments; none of those will be there for small independents unfortunately. Some of them will buy in from the organisations like the NPA and Buttercups, but not in the same way that you embed a culture through a big organisation. Pre-reg have an advantage that there is an extensive infrastructure... But equally some of those guys [independents] will be fantastic entrepreneurs, will help people who want their own business set them up so they have different strengths they bring to the table.”

### Autonomy

“You’ll have more autonomy in a smaller community pharmacy chain. So as to how you might run things, having ideas and being able to put them into practice. Whereas in a big company I would imagine you have all sorts of levels of management that you’d have to go through if you wanted to change something or do it differently.”

### Relationships

“In a smaller community pharmacy...the staff won’t change very often...so the patients therefore get the chance to develop a relationship with their pharmacist and then they will then come to them as a first port of call for sort of minor ailments and advice and things. Whereas if you are going to a big company pharmacy say that’s in a supermarket that works over long hours and will have shift patterns of staff they probably won’t develop that same relationship because they won’t see the same staff often enough to do that. I think I’m probably thinking there’s more of a difference between supermarket pharmacies or out of town shopping centre pharmacies rather than the actual company name.”

7 Mapping to Existing Materials

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

7.2 Table 3 overleaf demonstrates how the framework maps to the information extracted from the desk review, including the Preregistration Performance Standards, the Pharmacy Professional Standards, the Royal Pharmaceutical Society Foundation Pharmacy Framework and the Medical Foundation Year One Professional Attributes Framework.

7.3 Existing standards at a pharmacy preregistration level, pharmacy foundation year and a pharmacy professional level map directly onto at least one of the attributes, demonstrating a good degree of concordance. In the majority of cases, one of the Professional Attributes Framework attributes could be considered to map to multiple standards. This is not problematic in itself as the documents and information are utilised for different purposes and grouped together in different ways. Out of the existing materials, only the Foundation Pharmacy Framework mapped directly onto the attribute ‘Pharmacy in Practice’. Only two out of the three pharmacy related documents mapped onto Resilience and Adaptability. Generally, these findings suggest that there is a high degree of concordance between the new framework and existing material validating the results further and providing reassurance that there are clear linkages between the requirements set out within the different documentation.

7.4 Mapping was also undertaken to what may be seen as a parallel framework (criteria at a similar level within healthcare); the Medical Foundation Year One Professional Attributes Framework. Again this shows good concordance. There is some overlap between attributes with Self-Directed learning and Motivation having; Learning and Professional Development (learning element), Commitment to Professionalism (motivation element) and Self-Awareness and Insight (e.g. recognising boundaries) mapped to it. Again, no content from the Medical FY1 framework maps to Pharmacy in Practice. This high level of concordance again shows that there are many commonalities, although distinct differences between the professions, as would be expected.

7.5 This lack of mapping between Pharmacy in Practice and other available documentation is of interest and perhaps supports a view that this should be used in a cautionary manner as part of any selection process. However, it also could be a reflection that Pharmacy in Practice does have a clear knowledge element, and thus may not be expected to be present within the professional standards material.
# Table 3: Mapping Identified Competencies to Existing Materials

<table>
<thead>
<tr>
<th>PAF Attributes</th>
<th>Existing Material</th>
<th>Person-Centred Care</th>
<th>Communication &amp; Consultation Skills</th>
<th>Problem Solving, Clinical Analysis &amp; Decision Making</th>
<th>Self-directed Learning &amp; Motivation</th>
<th>Multi-professional Working &amp; Leadership</th>
<th>Quality Management &amp; Organisation</th>
<th>Professional Integrity &amp; Ethics</th>
<th>Resilience &amp; Adaptability</th>
<th>Pharmacy in Practice</th>
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<tr>
<td>Preregistration Performance Standards</td>
<td>Communicate Effectively Provide Additional Clinical and Pharmaceutical Services</td>
<td>Communicate Effectively Provide Additional Clinical and Pharmaceutical Services</td>
<td>Manage Self Manage Problems Manage the Dispensing Process</td>
<td>Manage Self Demonstrate Ongoing Learning and Development</td>
<td>Manage Work Demonstrate a Commitment to Quality Work Effectively with Others Provide Additional Clinical and Pharmaceutical Services</td>
<td>Manage Self Manage Work Demonstrate a Commitment to Quality Manage the Dispensing Process</td>
<td>Manage Self Manage Work Demonstrate a Commitment to Quality Communicate Effectively</td>
<td>Manage Self</td>
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<tr>
<td>Professional Standards</td>
<td>Provide Person-Centred Care Exercise Professional Judgement Behaves in a Professional Manner</td>
<td>Communicate Effectively Exercise Professional Judgement</td>
<td>Maintain, Develop and use their Professional Knowledge and Skills</td>
<td>Work in Partnership with Others Demonstrate Effective Leadership</td>
<td>Exercise Professional Judgement Behaves in a Professional Manner Respect and Maintain the Person’s Privacy and Confidentiality Speak up when they have Concerns or when Things go Wrong</td>
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<tr>
<td>Medical FY1 Professional Attributes Framework</td>
<td>Patient Focus Effective Communication Problem Solving and Decision Making</td>
<td>Learning &amp; Professional Development Self-Awareness and Insight Commitment to Professionalism</td>
<td>Working Effectively as Part of a Team</td>
<td>Organisation and Planning</td>
<td>Commitment to Professionalism</td>
<td>Coping with Pressure</td>
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</tbody>
</table>
8 Administration and Quantitative Analysis of the Online Validation Questionnaire

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

8.2 The following concepts of interest were addressed by the questionnaire: the importance of the attributes and behavioural descriptors for the role of preregistration pharmacists currently; the importance of the attributes for the role of preregistration pharmacists in the future; the importance of attributes for assessment at selection; the importance of attributes to develop during training. Importantly the questionnaire quantitative analysis of the data enables identification of the priority criteria for selection to feed into Phase Two of the project.

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

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

8.5 The questionnaire was accessible for online completion for three weeks between 17th May 2016 and 7th June 2016 and was distributed as widely as possible to relevant stakeholders including preregistration pharmacists, preregistration tutors and other pharmacy professionals.

8.6 A total of 1146 individuals accessed the online survey, of whom 1132 respondents consented to their data being used for the purpose of validation of the framework. However, only 867 completed at least one of the attribute questions. This is not unusual and may be due to a variety of reasons including multiple access (i.e. accessed quickly on phone with the intention of completing later on another device). 632 (72.9%) respondents completed the final overall rating in the questionnaire; priority for selection. These response patterns show that a relatively large proportion of the people who started the questionnaire did not complete all the questions, which is consistent with other contexts, likely due to the time required to complete the questionnaire. It is therefore important to be mindful of the varying sample sizes when interpreting responses for specific attributes and descriptors; data has also been reported in a way which allows valid comparisons to be made.

8.7 Demographic details of stakeholders were collected at the beginning of the survey for diversity monitoring purposes. Table 4 summarises the data. The majority of respondents were female (65.7%), the majority of respondents were in the age range 20-29 (30.6%), the majority of respondents classified themselves as White (65.3%).
Table 4: Demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>281</td>
<td>32.4</td>
</tr>
<tr>
<td>Female</td>
<td>570</td>
<td>65.7</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>16</td>
<td>1.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>265</td>
<td>30.6</td>
</tr>
<tr>
<td>30-39</td>
<td>217</td>
<td>25.0</td>
</tr>
<tr>
<td>40-49</td>
<td>179</td>
<td>20.6</td>
</tr>
<tr>
<td>50-59</td>
<td>158</td>
<td>18.2</td>
</tr>
<tr>
<td>60-69</td>
<td>24</td>
<td>2.8</td>
</tr>
<tr>
<td>70 or over</td>
<td>2</td>
<td>0.2</td>
</tr>
<tr>
<td>Prefer not to disclose</td>
<td>22</td>
<td>2.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>566</td>
<td>65.3</td>
</tr>
<tr>
<td>Black</td>
<td>31</td>
<td>3.6</td>
</tr>
<tr>
<td>Asian</td>
<td>186</td>
<td>21.5</td>
</tr>
<tr>
<td>Mixed</td>
<td>12</td>
<td>1.4</td>
</tr>
<tr>
<td>Chinese</td>
<td>16</td>
<td>1.8</td>
</tr>
<tr>
<td>Other ethnic background</td>
<td>19</td>
<td>2.2</td>
</tr>
<tr>
<td>Prefer not to disclose</td>
<td>37</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Details in relation to respondents’ job role was also collected and is presented in Table 5 below. The majority of applicants classified themselves as a Qualified Pharmacist (39.4%), with the next highest being a Preregistration Tutor (31.8%). Only a very small percentage stated that they were an Other Healthcare Professional (0.7%), work with Pharmacy staff (0.8%) or a pharmacy user (0.2%). The majority of respondents stated they were from the Hospital sector (59.3%), with 29.9% from the Community sector. The average length of time in current role was 9.53 years.
8.9 **Analysis of Overall Attributes: Current Importance**

8.9.1 Table 6 provides the descriptive statistics and spread of ratings pertaining to respondents’ perceived current importance of each identified attribute for the preregistration pharmacy role. Inspection of the mean importance ratings indicates that the majority of respondents perceived that each attribute was important to the preregistration pharmacist role (generally rating each as either ‘somewhat important’, ‘important’ or ‘very important’) due to that fact that all mean ratings are above 3.5. The frequency of response ratings also demonstrates this, with comparatively few ratings of ‘neutral’, ‘somewhat unimportant’ and no ratings of ‘not at all important’.

8.9.2 The attribute with the highest rating of perceived importance overall was Professional Integrity and Ethics (mean 5.67). This was followed by Communication and Consultation Skills (mean 5.37) and closely followed by Self-directed Learning and Motivation (mean 5.31). Problem Solving, Clinical Analysis and Decision Making (5.27) and Person-Centred care (5.26). Pharmacy in Practice had the lowest reported mean (4.49), followed by Multi-Professional Working and Leadership (4.82); although stakeholders still rated these attributes as ‘important’.

---

**Table 5: Job Role & Sector**

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preregistration Pharmacist</td>
<td>194</td>
<td>22.4</td>
</tr>
<tr>
<td>Qualified Pharmacist</td>
<td>342</td>
<td>39.4</td>
</tr>
<tr>
<td>Qualified Pharmacist – Preregistration Tutor</td>
<td>276</td>
<td>31.8</td>
</tr>
<tr>
<td>Pharmacy Technician/Pharmacy Assistant</td>
<td>32</td>
<td>3.7</td>
</tr>
<tr>
<td>Other Healthcare Professional</td>
<td>6</td>
<td>0.7</td>
</tr>
<tr>
<td>Not a Healthcare Professional but work with Pharmacy staff regularly in my business</td>
<td>7</td>
<td>0.8</td>
</tr>
<tr>
<td>User of Pharmacy Services</td>
<td>2</td>
<td>0.2</td>
</tr>
<tr>
<td>Missing</td>
<td>8</td>
<td>0.9</td>
</tr>
<tr>
<td>Hospital</td>
<td>514</td>
<td>59.3</td>
</tr>
<tr>
<td>Community</td>
<td>259</td>
<td>29.9</td>
</tr>
<tr>
<td>Primary Care</td>
<td>24</td>
<td>2.8</td>
</tr>
<tr>
<td>Industry</td>
<td>5</td>
<td>0.6</td>
</tr>
<tr>
<td>Other</td>
<td>55</td>
<td>6.3</td>
</tr>
</tbody>
</table>

**Sector**

- Hospital: 514 (59.3)
- Community: 259 (29.9)
- Primary Care: 24 (2.8)
- Industry: 5 (0.6)
- Other: 55 (6.3)
<table>
<thead>
<tr>
<th>Attribute</th>
<th>All respondents</th>
<th>Frequency of Response Ratings (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Range</td>
</tr>
<tr>
<td>Person-Centred Care</td>
<td>867</td>
<td>2-6</td>
</tr>
<tr>
<td>Communication &amp; Consultation Skills</td>
<td>777</td>
<td>2-6</td>
</tr>
<tr>
<td>Problem Solving, Clinical Analysis &amp; Decision Making</td>
<td>713</td>
<td>2-6</td>
</tr>
<tr>
<td>Self-Directed Learning &amp; Motivation</td>
<td>694</td>
<td>2-6</td>
</tr>
<tr>
<td>Multi-Professional Working &amp; Leadership</td>
<td>671</td>
<td>2-6</td>
</tr>
<tr>
<td>Quality Management &amp; Organisation</td>
<td>666</td>
<td>2-6</td>
</tr>
<tr>
<td>Professional Integrity &amp; Ethics</td>
<td>659</td>
<td>2-6</td>
</tr>
<tr>
<td>Resilience &amp; Adaptability</td>
<td>650</td>
<td>2-6</td>
</tr>
<tr>
<td>Pharmacy in Practice</td>
<td>643</td>
<td>2-6</td>
</tr>
</tbody>
</table>
8.9.3 Table 7 presents the same mean ratings by sector (hospital, community) and job role.

8.9.4 **Sector:** Respondents who identified themselves as from a Hospital setting rated ‘Professionalism Integrity and Ethics’ as the highest attribute in terms of perceived importance (mean 5.65), and Pharmacy in Practice as the perceived least important attribute (4.36). This pattern was the same for those from a Community setting (5.69 and 4.76 respectively).

8.9.5 Independent sample T-tests were conducted in order to examine whether differences in perceived importance ratings of the attributes provided by respondents from hospital and community sectors were statistically significant. Three statistically significant differences between the ratings from the two sectors were found; Communication and Consultation Skills ($t = -2.18, p < 0.05$), Resilience and Adaptability ($t = -2.39, p < 0.05$), and Pharmacy in Practice ($t = -4.08, p < 0.01$) with the Community sector rating these attributes as higher than the Hospital sector for all three attributes.

8.9.6 **Role:** Given the numbers of the sample sizes, role was split into preregistration pharmacists ($n=194$) and qualified pharmacists/preregistration tutors ($n=618$). Preregistration pharmacists rated ‘Professionalism Integrity and Ethics’ as the highest attribute in terms of perceived importance (mean 5.58), and Pharmacy in Practice as the perceived least important attribute (4.79). This pattern was the same for the qualified pharmacists/preregistration tutor group (5.70 and 4.41 respectively).

8.9.7 Independent sample T-tests were conducted in order to examine whether differences in perceived importance ratings of the attributes provided by respondents from the different roles were statistically significant. Four statistically significant difference between the ratings from the two roles was found for Communication and Consultation Skills ($t = 2.87, p < 0.01$), Multi-Professional Working and Leadership ($t = 2.46, p < 0.05$), Resilience and Adaptability ($t = 3.47, p < 0.01$), and Pharmacy in Practice ($t = 3.49, p < 0.01$) with the preregistration pharmacist group rating these attributes as higher than the qualified pharmacists/preregistration tutor group.
<table>
<thead>
<tr>
<th>Attribute</th>
<th>Hospital</th>
<th>Community</th>
<th>Preregistration Pharmacist</th>
<th>Qualified Pharmacist/Tutor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Range</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Person-Centred Care</td>
<td>514</td>
<td>2-6</td>
<td>5.24**</td>
<td>.88</td>
</tr>
<tr>
<td>Communication &amp; Consultation Skills</td>
<td>466</td>
<td>2-6</td>
<td>5.31**</td>
<td>.82</td>
</tr>
<tr>
<td>Problem Solving, Clinical Analysis &amp; Decision Making</td>
<td>433</td>
<td>2-6</td>
<td>5.26**</td>
<td>.84</td>
</tr>
<tr>
<td>Self-Directed Learning &amp; Motivation</td>
<td>423</td>
<td>2-6</td>
<td>5.33**</td>
<td>.83</td>
</tr>
<tr>
<td>Multi-Professional Working &amp; Leadership</td>
<td>410</td>
<td>2-6</td>
<td>4.78**</td>
<td>.95</td>
</tr>
<tr>
<td>Quality Management &amp; Organisation</td>
<td>409</td>
<td>2-6</td>
<td>5.18**</td>
<td>.89</td>
</tr>
<tr>
<td>Professional Integrity &amp; Ethics</td>
<td>407</td>
<td>2-6</td>
<td>5.65**</td>
<td>.70</td>
</tr>
<tr>
<td>Resilience &amp; Adaptability</td>
<td>403</td>
<td>2-6</td>
<td>4.96**</td>
<td>.88</td>
</tr>
<tr>
<td>Pharmacy in Practice</td>
<td>400</td>
<td>2-6</td>
<td>4.36**</td>
<td>1.1</td>
</tr>
</tbody>
</table>

* Indicates a statistically significant difference between the average ratings by sector and role.
8.10 Analysis of Overall Attributes: Future Importance, Selection & Training

8.10.1 Table 8 provides the results for the three further overall rating questions. Analysis here is only conducted overall, rather than broken down by sector and role.

8.10.2 **Future Importance:** Inspection of the mean importance ratings indicates that the majority of respondents perceived that each attribute was important to the preregistration pharmacist role (generally rating each as either ‘somewhat important’, ‘important’ or ‘very important’) due to the fact that all mean ratings are above 3.5. The frequency of response ratings also demonstrates this, with comparatively few ratings of ‘neutral’, ‘somewhat unimportant’ and no ratings ‘not at all important’. The pattern was the same as was seen for current importance, with Professional Integrity and Ethics deemed as the most important for the role in the future (5.80) and Pharmacy in Practice seen as the least important (5.03). Communication and Consultation Skills is also the second most important again, but this gap between this attribute and Professional Integrity and Ethics is much smaller when respondents were considering requirements for the role in the future.

8.10.3 Paired samples T-tests were conducted in order to examine whether the differences in perceived mean importance ratings of the behavioural descriptors were statistically significant, when comparing the ratings for the importance currently and importance in the future. Statistically significant differences (p<0.05, t values in the range of -7.85 to -18.88) were observed for all nine attributes. This indicates that there is a clear pattern of respondents perceiving that all attributes will be more important in the future. The smallest difference was seen for Professional Integrity and Ethics, with the largest difference seen for Pharmacy in Practice, closely followed by Multi-Professional Working and Leadership.

8.10.4 **Importance to Assess at Selection:** Inspection of the mean importance ratings indicates that the majority of respondents perceived that each attribute was important to assess as part of selection due to the fact that all mean ratings are above 3.5. The pattern was the same as was seen for the previous two ratings, with Professional Integrity and Ethics deemed as the most important to assess at selection (5.45) and Pharmacy in Practice seen as the least important (4.06). All ratings were lower than for either current or future importance. Second was Self-directed Learning and Motivation (5.13), closely followed by Communication and Consultation Skills (5.03), however the gap between Professional Integrity and the next most important attribute is relatively large (.32).

8.10.5 **Importance to Develop During Training:** Inspection of the mean importance ratings indicates that the majority of respondents perceived that each attribute was important to develop during training due to that fact that all mean ratings are above 3.5. The pattern was the same as was seen for the previous ratings, with Professional Integrity and Ethics deemed as the most important for the role in the future (5.73) and Pharmacy in Practice seen as the least important (4.80). All ratings were higher than for importance to assess at selection, with the ratings being more on par with the ratings with importance for the role in the future.

8.10.6 Paired samples T-tests were conducted in order to examine whether the differences in perceived mean importance ratings of the attributes were statistically significant, when comparing the ratings for the importance to assess at selection with ratings for the importance to develop during training. Statistically significant differences (p<0.05, t values in the range of -10.22 to -22.25) were observed for all attributes. This indicates that there is a clear pattern of respondents perceiving that the attributes are more important to develop during training than assess at the point of selection. However, this is not surprising due to the importance of training as part of the role and does not negate from the importance of these attributes also...
being assessed at the point of selection. The smallest difference was seen for Professional Integrity and Ethics, with the largest difference seen for Multi-Professional Working and Leadership, closely followed by Pharmacy in Practice, and Person-centred Care.
Table 8. Descriptive Statistics for Future Importance, at Selection and in Training for Attribute Ratings

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Current Importance</th>
<th>Future Importance</th>
<th>Importance to Assess at Selection</th>
<th>Importance to Develop During Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Range</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Person-Centred Care</td>
<td>867</td>
<td>2-6</td>
<td>5.26</td>
<td>.87</td>
</tr>
<tr>
<td>Communication &amp; Consultation Skills</td>
<td>777</td>
<td>2-6</td>
<td>5.37</td>
<td>.80</td>
</tr>
<tr>
<td>Problem Solving, Clinical Analysis &amp; Decision Making</td>
<td>713</td>
<td>2-6</td>
<td>5.27</td>
<td>.83</td>
</tr>
<tr>
<td>Self-Directed Learning &amp; Motivation</td>
<td>694</td>
<td>2-6</td>
<td>5.31</td>
<td>.83</td>
</tr>
<tr>
<td>Multi-Professional Working &amp; Leadership</td>
<td>671</td>
<td>2-6</td>
<td>4.82</td>
<td>.95</td>
</tr>
<tr>
<td>Quality Management &amp; Organisation</td>
<td>666</td>
<td>2-6</td>
<td>5.18</td>
<td>.87</td>
</tr>
<tr>
<td>Professional Integrity &amp; Ethics</td>
<td>659</td>
<td>2-6</td>
<td>5.67</td>
<td>.67</td>
</tr>
<tr>
<td>Resilience &amp; Adaptability</td>
<td>650</td>
<td>2-6</td>
<td>5.01</td>
<td>.88</td>
</tr>
<tr>
<td>Pharmacy in Practice</td>
<td>643</td>
<td>2-6</td>
<td>4.49</td>
<td>1.1</td>
</tr>
</tbody>
</table>
8.11 Behavioural Indicator Ratings

8.11.1 In addition to analysis of the attributes overall, further analyses were undertaken with regards to the mean perceived importance of each behavioural indicator for the preregistration Pharmacist role (see Appendix D).

8.11.2 Overall, only one behavioural indicator was rated, on average, as ‘somewhat important’ (3.50 < mean < 4.49); ‘Demonstrates an awareness of the business and financial responsibilities within healthcare’ (PP3) and this was the lowest rated indicator across the whole framework (4.18). Eleven behavioural indicators were rated, on average, as ‘very important’ (mean > 5.50); ‘Places the person who is receiving care first, in everything they do’ (PCC2); ‘Elicits accurate and relevant information from individuals’ (CCS2); ‘Provides accurate and clear information and advice to people receiving care and colleagues’ (CCS6); ‘Demonstrates awareness and acknowledgement of own limitations and boundaries in relation to knowledge and competence’ (SDL6); ‘Is accurate in their work and undertakes own quality assurance processes, demonstrating excellent attention to detail’ (QM1); ‘Works within the law, ethical guidelines, and regulations, including confidentiality, consent and safeguarding’ (PIE1); ‘Takes responsibility for self and is accountable for ones’ own actions’ (PIE2); ‘Demonstrates honesty and trustworthiness’ (PIE3); ‘Is open and honest about the mistakes they have made or when things have gone wrong’ (PIE4); ‘Is reliable and dependable in carrying out work duties and responsibilities’ (PIE5); and ‘Recognises and values equality and diversity, treating everyone with courtesy, dignity and respect’ (PIE6). The highest overall indicator was ‘Demonstrates honesty and trustworthiness’ (5.87). The remaining 52 behavioural descriptors were rated, on average, as ‘important’ (4.50 < mean < 5.49). There is a clear pattern here of the Professional Integrity and Ethics indicators being rated as of high importance, which is in line with the findings at an overall level.

8.11.3 Sector: Responses at the behavioural indicator level were also analysed by sector (see Appendix D). The highest rated behavioural indicator for both the hospital and community sector was ‘Demonstrates honesty and trustworthiness’ (PIE3) (5.89 and 5.83 respectively) and the lowest rated behavioural indicator was ‘Demonstrates an awareness of the business and financial responsibilities within healthcare’ (PP3) (3.95 and 4.68 respectively).

8.11.4 Paired samples T-tests were conducted in order to examine whether the differences in perceived mean importance ratings of the behavioural descriptors were statistically significant between the sectors (using a significance level of .01). Statistically significant differences were found for 15 of the behavioural indicators ‘Accurately assesses, takes into account and is sensitive to the person’s current and longer-term expectations, needs, situation and their wider social circumstances’ (PCC3) (p<0.01, t = -4.08); ‘Identifies and interprets non-verbal cues from others’ (CCS2) (p<0.01, t = -3.66); ‘Instils confidence in others through communication style’ (CCS7) (p<0.01, t = -3.65); ‘Breaks down complex information in a way that can be easily understood by others’ (CCS9) (p=0.01, t = -3.10); ‘Exhibits suitable levels of confidence and assertiveness when communicating; able to influence appropriately’ (CCS11) (p<0.01, t = -5.37); ‘Demonstrates awareness and acknowledgement of own limitations and boundaries in relation to knowledge and competence’ (SDL6) (p<0.01, t = 3.34); ‘Willing and able to facilitate others’ learning through sharing own knowledge/experience and/or supporting others when learning’ (MPW2) (p<0.01, t = -3.21); ‘Motivates and leads others; acts as a role model’ (MPW7) (p<0.01, t = -5.90); ‘Demonstrates an awareness of the available resources within the team and makes use of these through appropriate delegation to achieve person-centred outcomes’ (MPW9) (p<0.01, t = -2.87); ‘Effectively manages and organises work through the appropriate use of information technology’ (QM6) (p<0.01, t = -2.90);
“Responds well to change, and is willing to initiate change where appropriate” (RA1) (p<0.01, t = -3.07); “Remains calm, and is able to work effectively, in high pressured situations” (RA5) (p<0.01, t = -2.62); “Understands and appreciates pharmacy workflow and dynamics of clinical practice” (PP1) (p<0.01, t = -3.62); “Understands the broader pharmacy landscape, its position and interaction with the wider healthcare context and the progression of a person’s journey through this” (PP2) (p<0.01, t = -2.95); “Demonstrates an awareness of the business and financial responsibilities within healthcare” (PP3) (p<0.01, t = -6.98). For all but SDL6, respondents from the Community sector provided the higher rating for the behavioural indicators.

8.11.5 There is a clear pattern here of the Community sector deeming indicators generally to be more important than the ratings from the Hospital sector (which is in line with the findings at an overall level). This appears to be most prominent for Communication and Consultation Skills and Pharmacy in Practice, with four of the statistically significant differences being from the former attribute and all three of the indicators from Pharmacy in Practice showing significant differences.

8.11 Prioritisation for Selection

8.11.1 The final question within the survey asked respondents to rank in order of priority to assess at selection each of the attributes (1 rated as highest importance), Table 9 provides the overall mean score and split by sector. Although data had been gathered on importance to assess at selection, it was felt that this type of ranking question may add some additional information.

Table 9: Ranked Priority for Selection

<table>
<thead>
<tr>
<th>Attribute in Rank Order (n=626)</th>
<th>Mean Score (overall)</th>
<th>Mean Score (Hospital n=396)</th>
<th>Mean Score (Community n=161)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person-Centred Care</td>
<td>2.91</td>
<td>2.79</td>
<td>3.31</td>
</tr>
<tr>
<td>Communication and Consultation Skills</td>
<td>3.21</td>
<td>3.21</td>
<td>3.29</td>
</tr>
<tr>
<td>Professional Integrity and Ethics</td>
<td>3.74</td>
<td>3.77</td>
<td>3.92</td>
</tr>
<tr>
<td>Problem Solving, Clinical Analysis and Decision Making</td>
<td>4.12</td>
<td>4.06</td>
<td>4.48</td>
</tr>
<tr>
<td>Self-Directed Learning and Motivation</td>
<td>5.06</td>
<td>4.97</td>
<td>5.30</td>
</tr>
<tr>
<td>Multi-Professional Working and Leadership</td>
<td>6.08</td>
<td>6.06</td>
<td>6.07</td>
</tr>
<tr>
<td>Quality Management and Organisation</td>
<td>6.26</td>
<td>6.34</td>
<td>6.01</td>
</tr>
<tr>
<td>Resilience and Adaptability</td>
<td>6.48</td>
<td>6.43</td>
<td>6.33</td>
</tr>
<tr>
<td>Pharmacy in Practice</td>
<td>7.14</td>
<td>7.37</td>
<td>6.30</td>
</tr>
</tbody>
</table>

8.11.2 Interestingly, the data obtained from this question does not exactly correspond with the ratings provided at an overall level where Professional Integrity and Ethics was seemed as the most important attribute to assess at selection and Person-Centred Care was rated fourth. However, a similar pattern was seen at the bottom end of the scale with Resilience and Adaptability and Pharmacy in Practice both been rated lowest in both sets of questions. It may be, that when individuals were responding to the questions, they were influenced by their responses to the previous questions i.e. if rating Professional
Integrity and Ethics as very important for the role overall, this pattern of responding may have continued to the questions immediately following.

8.11.2 The data was also analysed by sector. The rank order for the two sectors was similar. However, for Community, Communication and Consultation Skills was rated as most important, with Person-Centred Care rated second. However, the differences between the means is very small. Also for Community, Quality Management and Organisation was rated of slightly greater priority than Multi-Professional Working and Leadership, and Pharmacy in Practice rated of slightly higher importance than Resilience and Adaptability. It should be noted here that the sample size for Community is half the size to that of the Hospital sector although the sample sizes are still adequate for comparisons between the two groups.

8.11.3 The decision as to which attributes should be assessed at selection will be multi-faceted in nature, however this quantitative data provides some clear evidence as to which attributes are deemed by stakeholders to be most important. Other factors relating to the decision making will include the selection methods employed and the length of the assessment. Usually between four and six attributes or competencies are assessed at the point of selection.
9. Qualitative Results from the Validation Questionnaire

9.1 Respondents were asked at the end of each attribute section whether they had any comments about the attribute area or was there anything else they think needs to be included. The predominant purpose of this question was to enable respondents to identify if anything was missing from the framework, and thus could be used to refine or update the indicators. As such, this was the focus of the qualitative review. Close attention was also paid to suggestions in relation to how to assess the attributes at the point of selection and this could then inform Phase Two of the project.

9.2 Where appropriate, comments were used to make updates to the Professional Attributes Framework; a total of seven behavioural descriptors were updated as a result of the feedback. No new behavioural indicators were added to the framework. These updates were reviewed by the Steering Group before the framework was finalised.

9.3 Respondents also took the opportunity to comment more generally on the attribute and these comments could generally be themed into the following areas; important attribute for the role, predominantly can be developed during training, should and can be assessed at the point of selection, and difficult to assess at the point of selection.

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

- **Person-centred Care (140 comments)**
  - Comments in relation to the indicators/attribute (21 comments)
  - Suggestions in relation to how the attribute could be assessed at the point of selection (5 comments)
  - Comments in relation to the importance of the attribute (40 comments, 29%)
    - “This is important as we are in a profession that is centred around the healthcare of individuals and thus this is an important attribute in any healthcare professional whether already trained or in training.”
  - Comments pertaining to how it is an attribute developed during training (40 comments, 29%)
    - “I feel as though this attribute area is the one that develops most significantly during the training year - it can be quite difficult for students to really appreciate the meaning of person-centred care in a practical sense, and what this means to their role, until they are spending their full time in a patient facing role.”
  - Comments suggesting this attribute can and should be assessed at the point of selection (15 comments, 11%)
  - Comments relating to difficulties in assessing this attribute at the point of selection (13 comments, 9%)
  - Other – includes comments relating to that it should be assessed at other points in the career pathway, and comments relating to interaction with other attributes/knowledge (14 comments)

- **Communication and Consultation Skills (137 comments)**
  - Comments in relation to the indicators/attribute (17 comments)
Suggestions in relation to how the attribute could be assessed at the point of selection (7 comments)

Comments in relation to the importance of the attribute (36 comments, 26%)

“Communication is key to be able to deliver care and needs to be an intrinsic part of the training.”

Comments pertaining to how it is an attribute developed during training (56 comments, 41%)

“Initially trainees do not have great communication skills; however, by the end of the year I expect them to have exceptional skills.”

Comments suggesting this attribute can and should be assessed at the point of selection (20 comments, 15%)

Comments relating to difficulties in assessing this attribute at the point of selection (4 comments, 3%)

Other – includes comments relating to how development of this skill can be supported through the training year, should be developed at an undergraduate level, and comments relating to interaction with other attributes/knowledge (15 comments)

- **Problem Solving, Clinical Analysis and Decision Making** (94 comments)
  - Comments in relation to the indicators/attribute (6 comments)
  - Suggestions in relation to how the attribute could be assessed at the point of selection (13 comments)
  - Comments in relation to the importance of the attribute (14 comments, 15%)
  - Comments pertaining to how it is an attribute developed during training (41 comments, 44%). These comments predominantly draw on a recurring theme within this attribute; that decision making is something that is developed during training
    
    “This is definitely something that is developed during training as it’s difficult to see the practical application of these skills at undergraduate level.”
  
  - Comments suggesting this attribute can and should be assessed at the point of selection (5 comments, 5%)
  - Comments relating to difficulties in assessing this attribute at the point of selection (6 comments, 6%)
  
  Other – includes comments relating to attributes covered elsewhere in the framework, the interaction with other attributes/knowledge, the pre-registration curriculum, what is taught at an undergraduate level and the important role of tutors in developing these skills (23 comments)

- **Self-directed Learning and Motivation** (74 comments)
  - Comments in relation to the indicators/attribute (8 comments)
  - Suggestions in relation to how the attribute could be assessed at the point of selection (3 comments)
  - Comments in relation to the importance of the attribute (32 comments, 43%)
“This is essential if the individual is working in a large department as individual tutors may not see their students on a daily basis. If students do not demonstrate self-directed learning from day one they will struggle to get through the year in a large department.”

- Comments pertaining to how it is an attribute developed during training (12 comments, 16%)
- Comments suggesting this attribute can and should be assessed at the point of selection (8 comments, 11%)
- Comments relating to difficulties in assessing this attribute at the point of selection (4 comments, 5%)
- Other – includes comments relating to attributes covered elsewhere in the framework, the interaction with other attributes/knowledge, the tendency for trainees to have been previously ‘spoon fed’ information and thus expect this during the preregistration year, how learning takes place through the undergraduate curriculum, and the important role of tutors in supporting this learning process (15 comments)

- Multi-Professional Working and Leadership (67 comments)
  - Comments in relation to the indicators/attribute (10 comments)
  - Suggestions in relation to how the attribute could be assessed at the point of selection (7 comments)
  - Comments in relation to the importance of the attribute (15 comments, 22%)
  - Comments pertaining to how it is an attribute developed during training (23 comments, 34%). It should be noted that only 7 of these comments related to the leadership aspect of the attribute, so the majority of comments related to the attribute as a whole including the multi-professional working.
  - Comments suggesting this attribute can and should be assessed at the point of selection (0 comments)
  - Comments relating to difficulties in assessing this attribute at the point of selection (5 comments, 7%)
    “During MPharm, may not have had much chance to work within a multi-professional team, especially outside of university type environment, so hard to assess.”
  - Other – includes comments relating to interaction with other attributes, how placements and the format of training can be utilised to maximise learning in this area, and one comment that leadership skills are more important in community (12 comments)

- Quality Management (44 comments)
  - Comments in relation to the indicators/attribute (4 comments)
  - Suggestions in relation to how the attribute could be assessed at the point of selection (5 comments)
  - Comments in relation to the importance of the attribute (10 comments, 23%)
    “Organisational skills are very important as well. These people after a year they will be in charge of a pharmacy it is unacceptable to be careless and unorganised.”
• **Professional Integrity and Ethics (51 comments)**
  o Comments in relation to the indicators/attribute (6 comments)
  o Suggestions in relation to how the attribute could be assessed at the point of selection (6 comments)
  o Comments in relation to the importance of the attribute (20 comments, 39%)
  o Comments pertaining to how it is an attribute developed during training (7 comments, 14%). These comments predominantly related to 7.1 and 7.7
  o Comments suggesting this attribute can and should be assessed at the point of selection (10 comments, 20%)
    “This is easy to test during the recruitment and selection phase and can be taught / embedded at undergraduate level - they should have these skills on starting and those who don’t should be weeded out so the pre-registration year can focus on the practical application of clinical, problem solving and communication skills.”
  o Comments relating to difficulties in assessing this attribute at the point of selection (2 comments, 5%)
  o Other – includes comments relating to how this should be embedded at undergraduate, and the need to have good support and role modelling (9 comments)

• **Resilience and Adaptability (44 comments)**
  o Comments in relation to the indicators/attribute (4 comments). Comments predominantly related to three main areas:
  o Suggestions in relation to how the attribute could be assessed at the point of selection (8 comments)
  o Comments in relation to the importance of the attribute (13 comments, 30%)
    “The prereg year is full of new challenges and requires the trainee to be adaptable. There is also the strong possibility of set- backs throughout the year such as PACE or dispensing logs so it is very important the trainee can deal with being disappointed and deal with mistakes”.
  o Comments pertaining to how it is an attribute developed during training (16 comments, 36%)
  o Comments suggesting this attribute can and should be assessed at the point of selection (2 comments, 5%)
9.5 A large number of comments were provided and these have been broadly themed as above. For the purpose of this current piece of work, and looking forward to Phase Two, the focus has been on any potential updates required to the framework and comments relating to how the attributes can be assessed at selection. A proportion of comments in the other areas provide additional insight in relation to perceived importance, alongside the quantitative results.

9.6 Given the large number of comments around how many attributes can and should be developed during training, it is important to emphasise as part of stakeholder engagement and the delivery of the selection process that assessment is in the large part about potential. Assessors should not be looking for the finished article and someone does not need to ‘tick all boxes’ to be successful at selection. The below comment illustrates this point:

“My main concern about allocating high scores to all these attributes is that we may be setting ourselves up to fail, in that we are seeking the perfect candidate who may not exist, or at least only exist in very small numbers. We perhaps need to be pragmatic and be prepared to take on those which show the aptitude to develop these skills which will all be essential in the pharmacist of tomorrow.”

9.7 Another key aspect that is important to emphasise as part of the delivery of the framework and a national selection process is that some trainees may show strengths in some areas, compared to others. This is expected and also in many cases, desired. The use of a framework or competencies in this way as part of best practice selection does not advocate a ‘cookie cutter’ approach, but does provide standards against which trainees should be assessed. The below comment illustrates this point:

“Pharmacy is a broad church and although we might like all candidates to be amazing communicators with patients, some disciplines might require this skill less such as an aseptic pharmacist who might have an amazing eye for detail and have less consultation skills. It is a concern that by bringing in additional criteria...”
at the point of selection it might take away some of the applicants that may make excellent pharmacists in other areas of the discipline.”

9.8 An interesting finding from the qualitative data was the perceptions around how the attributes or indicators would or could be assessed. A recurring theme throughout all sections was that some of the attributes and/or indicators would be difficult to assess as the trainee would not have experienced that aspect within a pharmacy context. However, there is no requirement for the examples that individuals provide in a behavioural based competency structured interview, for example, to be pharmacy relevant and the indicators do not need to be demonstrated in the context of tasks undertaken within the pre-registration role but instead refer to behavioural competence more generally (although relevant to the role). This needs to be emphasised to all stakeholders to ensure that the selection process or the attributes assessed is not deemed as unfair or inappropriate.
Conclusions and Recommendations

10. Summary and Interpretation of Key Findings

10.1 A thorough multi-method role analysis was carried out to identify the attributes associated with successful performance of a preregistration pharmacist. The overall aim of the role analysis was to establish a framework of attributes required for the preregistration year, and to validate these attributes via the administration of an online questionnaire. The outputs of the role analysis are intended to inform decisions relating to future selection criteria and assessment.

10.2 The role analysis included a desk review, interviews and focus groups with relevant stakeholders, and a validation questionnaire that asked respondents to rate the importance of the attributes identified. A total of approximately 1080 individuals participated in the role analysis, providing a wide range of perspectives.

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

10.4 Results from the validation questionnaire found support for each of the nine attributes outlined in the framework; each attribute was rated, on average, as ‘important’ to the current role of a preregistration pharmacist, with the exception of Professional Integrity and Ethics that, on average, was rated as ‘very important’.

10.4.1 Some differences regarding the extent of perceived importance were observed; the attribute with the highest rating of perceived importance was ‘Professional Integrity and Ethics’ and the attribute with the lowest rating was ‘Pharmacy in Practice’. This pattern was seen throughout the results and across sectors and role. The consistent ratings in relation to ‘Professional Integrity and Ethics’ and not surprising and supported by the qualitative evidence that shows 39% of comments were in relation to the importance of the attribute (only Self-directed Learning and Motivation was higher at 43%), whilst only 14% of the comments made reference to how it could be developed during training. The consistent ratings for Pharmacy in Practice are also not surprising; this attribute is predominantly knowledge based and the qualitative comments support the perception that whilst important for a Pharmacist, these are likely to become more important later on in the career pathway and will be developed during the preregistration year (59% of the qualitative comments made reference to this).

10.4.2 When comparing the mean ratings by sector, average ratings regarding the importance of each attribute were similar, although for three of the attributes, respondents from the community sector rated these as significantly more important than the ratings from the hospital sector. At the indicator level there were 15 that showed significant differences in ratings between sectors and further consideration as to how these are assessed at the point of selection may be useful.

10.4.3 As all attributes were identified as important by both sectors, the requirement for a different framework has not been evidenced. With regards to the prioritisation for selection, although there were some differences in priority order, this was minimal.
10.5 Broadly, the same sets of behaviours were identified from each of the role analysis methods; interviews, focus groups and the desk review. This provides a clear indication that the attributes outlined in the professional attributes framework are representative of the attributes that would be expected from a preregistration pharmacist. This finding was replicated with the validation questionnaire with only minor amendments to the framework being made at this stage.

11. Recommendations and Next Steps

11.1 Results indicate that all attributes identified as part of the professional attributes framework are considered by stakeholders to be important, and therefore provide justification for the framework to be used to inform future selection of preregistration pharmacists.

11.2 The value of the framework is the level of detail that is provided; this level of granularity is essential when selecting an individual for a role. Therefore, it is recommended that the framework is used as a starting point for future development of the preregistration pharmacist selection process, with the potential for a national process to enhance standardisation. Using the framework as the basis of the selection criteria will provide rigor, validity and reliability, alongside enhancing candidate reactions.

11.3 Whilst the validation questionnaire found that all nine attributes were rated as important, it is not appropriate or feasible to assess against all of these attributes at selection. It is recommended that between four to six attributes are used at the point of selection, and the validation questionnaire provided some evidence as to which these should be. According to the quantitative data these are (in order of priority), Person-Centred Care, Communication and Consultation Skills, Professional Integrity and Ethics, Problem Solving, Clinical Analysis and Decision Making, Self-directed Learning and Motivation, and Multi-Professional Working and Leadership.

11.3.1 The qualitative data provides further support for these attributes being used at the point of selection, with four of these attributes having more than 10% of comments relating to the importance of assessing these at selection. Problem Solving, Clinical Analysis and Decision Making received fewer (5%) with Multi-Professional Working and Leadership receiving no comments in relation to this. The qualitative data also provides some insight into how they may be assessed. For example, within Problem Solving, Clinical Analysis and Decision Making, the focus may wish to be on the former aspects e.g. logical thought processes, rather than decision making itself. For Multi-Professional Working and Leadership, the focus may wish to be on the teamworking aspect of this attribute, and for Professional Integrity and Ethics, perhaps less focus on indicators 7.1 and 7.7.

11.3.2 Given the results from the validation questionnaire (both quantitative and qualitative), the attribute ‘Pharmacy in Practice’ should be carefully considered in relation to the role this plays in future selection. One suggestion would be that these are not used at the point of selection, but instead may be used as part of induction processes, post-selection.

11.4 Once the criteria have been identified, the next step is to design a multi-trait, multi-method selection process. This type of approach enhances both the validity and reliability of the process, with each attribute assessed multiple times by different methods. These methods may include both high fidelity (e.g. role plays) and low fidelity (e.g. written exercises) exercises. Methods should be balanced, and chosen based on reliability and validity, but also cost-effectiveness and practicality. The methods and content must be relevant to the level of entry. This is particularly important given some of the comments and concerns in relation to the fairness of potential scenarios based on the behavioural indicators outlined i.e. whether they would have experience within this context. During the assessment of each criterion, it will not be necessary (or feasible)
to assess each indicator; rather the indicators will be employed as appropriate to that context, and different indicators to assess the same attribute may be used by different stations/methods. The results from the validation questionnaire could also inform the choice of indicators.

11.5 Following the design of the process, it is vital that **piloting** takes place to ensure that the content is relevant, fair and at the right level. Following **evaluation**, final updates can be made to the design of the content and the selection system.

11.6 Throughout, it is recommended that **stakeholder engagement** is sought, and consensus is gained where possible on any new methods and processes. Considering the perceptions of stakeholders, relating to selection development, in the implementation of any new selection process is vital to its success. This is already underway in the form of stakeholder workshops.

11.7 Consideration may like to be given as to whether the framework could play some role in shaping the **training curriculum or induction processes**.
### Appendix A: Desk Review

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Document Aim/Purpose</th>
<th>Findings</th>
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| Consultation skills for pharmacy practice: practice standards for England | Developed by the CPPE and HEE – Provides standards with the aims to support professional development of pharmacists and to help develop consultation skills. | Six areas of competence are outlined within the document.  
1. **Management of patient-centred consultations** – this details how a pharmacist should communicate and manage their consultation skills with patients. It centres on being able to treat each patient as an individual and working in partnership with them e.g. shared decision making. It also outlines the importance for pharmacists to understand and respect any values, culture etc. that a patient may have. This area is split into 2 sections, the first being **Organisational and Management Skills**, with an expectation that a pharmacist will consider safety/confidentiality/dignity etc. during consultations, use other records e.g. patient records as part of consultation and recognise the role of other healthcare colleagues e.g. social care, when appropriate. The second is **Key Consultation Skills and Behaviours**, which includes coaching to help people set goals and allow patients to take ownership of health goals. Outlines the importance of collaboration, building rapport with the patient, listening and acknowledging patient’s agenda, communicating positively using non-jargon to the patient, adapting communication depending on the patient etc. (list outlined in document).  
2. **Specific Skills** – which outline how there are context specific aspects of practice. It suggests that a pharmacy professional should base treatment and referral decisions on best available evidence, make timely and appropriate referrals, offer patients health choices based on evidence and acknowledge that patients do not always provide a full picture of their health issues.  
3. **Take a comprehensive approach** – about how a pharmacy professional should be able to manage co-morbidity, co-ordinating and addressing the cause of acute and chronic illnesses, health promotion and disease prevention during consultation. It explains how pharmacists should use the consultation to educate patients, sign post individuals to other healthcare professionals and acknowledge that ill health may affect the patient’s ability to understand information/make decisions.  
4. **Community Orientation** – this addresses the interrelationship between health and social care and the tensions that may exist between what the individual wants and needs and the needs of the wider community. E.g. having an understanding about the correlations between socio-economic deprivation and ill health and identifying issues raised within consultation regarding unmet health needs and gaps in service provision.  
5. **You as a Pharmacy Professional** – understanding your own situation and how it may influence patient consultations e.g. recognising how consultation conducted via remote media are different to face to face, |
| **Now or Never: Shaping Pharmacy for the Future: The Report of the Commission on future models of care delivered through pharmacy** | **Paper provides a summary of key findings and recommendations following a review of how future models of care can be delivered through pharmacy.** | **Internationally, health systems are increasingly recognising the role of pharmacists in providing pharmaceutical care; a philosophy that emphasises that the pharmacist’s responsibility is for the outcome of treatment not just its supply. Pharmaceutical care aims to help patients get the most benefit from their medicines and to minimise the associated risks. This is done by identifying, resolving and preventing medicine-related problems so the patient understands and gets the desired therapeutic goal for each medical condition being treated.**

Medicines should only be given to patients if a pharmacist has first checked that the medicine is safe and effective for that particular patient – this is a critical part of a pharmacist’s role. In recent years, community pharmacy has been commissioned to provide more structured services aimed at supporting patients in the use of their medicines.

The Public expect to go to a Pharmacy to:

- Be signposted to community services and facilities aimed at helping to address some of the underlying determinants of health
- Access services like smoking cessation, weight management and sexual health

People with long term conditions expect:

- Pharmacists and GPs working in partnership to ensure the best possible care, with linked IT systems
- Pharmacists to help them to manage their medicine needs on an ongoing basis
- Support from pharmacists and their teams to self-manage their conditions so that they can stay well and out of hospital
- Pharmacists to consult with them in a range of settings appropriate and convenient to them. For example, pharmacy consulting rooms, GP practices, home visits, Skype or telephone calls.

Hospital clinical pharmacists are generally well integrated into ward teams to provide generalist or highly specialist pharmaceutical input into individual patient care. |
Pharmacists need to improve the transfer of information about medicines and the support that patients receive when they leave hospital and return back to their home setting are all significant challenges. Pharmacy teams need to be fully integrated into accident and emergency departments and admissions wards. There is an opportunity for pharmacists to assume a much more active role alongside other health professionals within integrated care pathways designed to manage long-term illness.

At a local level, pharmacists often find themselves professionally isolated from the wider primary care team, and lacking time (or permission if employed) to engage in local health service design and development work.

<table>
<thead>
<tr>
<th>Modernising Pharmacy Careers Programme: Review of pharmacist undergraduate education and pre-registration training and proposals for reform</th>
<th>Outlines the proposals for the restructure of pharmacy education and training delivery</th>
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</table>
| Pharmacists at registration to be professionals whose actions and decision-making are underpinned by a unique knowledge of the science of medicines, and who will be clinical practitioners with the capability to:
  - engage patients, encouraging and embedding safe and more effective use of medicines;
  - support public health through the promotion of healthier lifestyles;
  - align, and work in partnership, with other healthcare professionals, to deliver medicines use that is safe, efficient and effective, and an integral part of a patient-focused healthcare service; and
  - form a powerful clinical leadership alliance with medical and other healthcare professions, enabling patients to take decisions and make informed choices about their own care. |

Current weaknesses in the system:

- told that trainees and newly qualified pharmacists were struggling to use their knowledge of medicines and science and apply it to solving clinical problems. Employers found that trainees were not always demonstrating capability and confidence in the application of the knowledge in the workplace.

- Students should have a clear understanding of their responsibilities as trainees and then as pharmacists.

In secondary care, pharmacists’ medicines optimisation roles routinely involve prescribing – either the modification of existing drug therapy or independent prescribing against a diagnosis. This requires problem-solving, team-working and communication skills

Pharmacists support many people with long-term conditions in self-managing their care, advising on potential interactions or the management of side effects associated with prescribed and over-the-counter medicines. Some pharmacists work as part of a multi-disciplinary team to tailor the medication regime to optimise care.
<table>
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<tr>
<th>Professionalism in Pharmacy Education: Final Report (2010)</th>
<th>Aim of this study was to understand and clarify how professionalism is learned, cultivated and facilitated in the academic environment. (By exploring notions of professionalism with pharmacy students we can define the nature of professionalism in pharmacy)</th>
<th>Study was conducted in 3 different pharmacy schools across the UK – qualitative design throughout. Data from existing curriculum documents were triangulated with primary empirical data collected through observation of teaching, and through focus groups and one-to-one interviews with students and pharmacy teaching staff respectively.</th>
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| Defining professionalism in pharmacy | • Behavioural attributes identified in this study were similar to those identified by Hammer et al., such as reliability and dependability, active learning (taking responsibility for one’s learning), behaving ethically, striving to high standards and exceeding expectations, and putting others’ needs above one’s own.  
• Communicating respectfully and articulately was a further attribute, This referred particularly to elements of communication with patients, but also with other healthcare professionals, including pharmacists. | |
| Identifying Criteria for the Assessment of Pharmacy Students’ Communication Skills With Patients (Mackellar et al, 2007) | To identify criteria by which patients can assess the communication skills of pharmacy students. | A list of 17 potential assessment criteria was generated from 2 main sources: (1) a literature review of tools to assess communication, interpersonal, and counselling skills in health professional education, and (2) a focus group discussion with 7 pharmacy practice staff members based at the University of Manchester. A modified two-round Delphi survey was subsequently conducted with a purposive sample of 38 academic and teaching staff members involved in pharmacy education at 3 UK universities (Aston, Cardiff, and Manchester). Each participant was asked to rate the extent to which each of the items were an important measure of communication skills for pharmacy students (face validity) and could be reliably assessed by patients (reliability). No items were removed from the survey instrument after the first round, but 7 items were added based on comments received, resulting in a total of 24 assessment criteria on the Delphi survey instrument used in the second round. Seven Criteria Rated Face Valid and Reliable for Assessing the Communication Skills of Pharmacy Students:  
Did the student introduce himself or herself?  
Did you understand the purpose of the consultation?  
Did the student speak clearly?  
Did the student use words that you could understand?  
Did the student check whether you understood what you had been told?  
Did the student give you the opportunity to talk?  
Did the student treat you with courtesy and respect? |
| A qualitative study of English community | Study used semi-structured interviews with 15 | • Government policy suggests that pharmacists should view every interaction with patients as an opportunity to promote healthy life-style choices. “Choosing health through pharmacy” outlines how |
| pharmacists’ experiences of providing lifestyle advice to patients with cardiovascular disease (Morton et al, 2014) | pharmacists (1 supermarket, 7 multiple & 7 independent) to explore experiences and perceptions of providing lifestyle advice for patients with CVD. | pharmacists can provide public health services. This includes supporting patients with chronic conditions e.g. hypertension through to providing lifestyle advice – pharmacists need to be able to identify these patients when they collect their prescription items. Barriers to providing lifestyle advice:  
- Time and workload: pharmacists described balancing multiple roles in a time-limited environment, which placed them under pressure to meet targets and provide a quick service. This appeared to leave some pharmacists resigned to not being able to offer patients advice – balance the two priorities?  
- Patient perceptions of pharmacists: role of community pharmacist not clearly defined- meaning that patients do not have a good understanding of the pharmacists professional capability – lack of a defined role makes it difficult to provide lifestyle advice. Also perceived that patients expected a quick service from pharmacists – expectations that they are sales staff rather than health professionals. Expectations of brief transaction makes providing lifestyle advice difficult.  
- Confidence in providing lifestyle advice: reluctance for pharmacists to offer lifestyle advice uninvited (need confidence in own abilities to do so), lifestyle advice concerns sensitive issues e.g. body weight/alcohol consumption – these areas in particular mean that pharmacists found it difficult to initiate conversations. There is a reluctance for pharmacists to initiate these conversations with patients due to the expectation of receiving a negative response. Pharmacists need to have developed the skills to offer such advice to patients. Professional Identity:  
- Health professional-patient relationship: many of the pharmacists endorsed a patient-centred, collaborative approach to pharmaceutical practice, however perceived importance of forming relationships with patients differed according to status of pharmacy (pharmacists within independent pharmacies saw this as more important).  
- Future direction of the profession: differing and conflicting opinions, with some wishing to move away from traditional roles and build upon the health professional identity, whereas others questioned whether lifestyle advice should be part of the community pharmacist’s role at all. |

| Developing Communication skills in pharmacy: A systematic review of the use of simulated patient | Reviewed the literature relating to the use of simulated patient methods to enhance communication skills within pharmacists – 15 | Preparing the pharmacist of the future (WHO report) – stated that as a communicator the pharmacist “must be knowledgeable and confident while interacting with other health professionals and the public” and that “communication skills involve, non-verbal, listening and writing skills”  
It is widely accepted that effective interpersonal communication is essential in the practice of pharmacy, allowing for the development of the kind of pharmacist-patient relationship needed for quality health care. |
<table>
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<tr>
<th>Methods (Mesquita et al, 2010)</th>
<th>Studies met the inclusion criteria. Delivery. Shah et al, argued that pharmacist-patient communication must be seen as a dialogue developed in the context of mutual trust, and agreement between the participants.</th>
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| Do pharmacy graduates possess the necessary professional skills? (Langley et al, 2010) | Aimed to describe the professional skills and attributes pre-registration recruiters perceive pharmacy graduates should exhibit. They interviewed 5 individuals and 90 final year students completed a questionnaire. | ● When asked what the word professional meant to them, all 5 respondents answered by listing qualities and attributes a person who is deemed to be professional should possess e.g. fair, honest, rational, responsible, trustworthy, being aware of the law, adhering to rules and regulations, working within your boundaries.  
● Noted that ‘being a people person’ was an essential part of professionalism, also noted that ‘dealing with people on a personal level’ and being able to ‘show empathy’ with patients was essential.  
● Also important to have good communication skills, e.g. having the knowledge of a drug isn’t helpful unless you can communicate that in a way that is meaningful to the patient.  
● Was noted that students should have previous work experience, with this showing that the student has tried to put into practice what they have learnt thus far. For example, can the person think, have they got good analytical skills, can they apply the code of ethics at this point and make a sensible decision?  
● Expected students to be good communicators, or to have good communication skills. Supermarket pharmacy representative also stated that having leadership and management skills were a desirable quality to have. Also expected basic things like finding out a bit about the pharmacy that they’re applying for – engagement in being a pharmacist?  
● Final year MPharm students noted that the most popular attributes/characteristics described as professional were behaviours and attitudes, knowledge related skills and being responsible. |
| Pharmacy students’ perceptions of their profession relative to other healthcare professions (Kritikos et al 2003) | Questionnaire was administered to 543 pharmacy undergraduates and 95 graduates going into their pre-registration year. Aim was to investigate pharmacy student’s perceptions of other health care professions and to explore perceptions of community and hospital pharmacists at different stages of education. | ● The beginning of pharmaceutical care has intensified the focus on teamwork and the importance of interprofessional relationships to achieve effective interdisciplinary co-operation. Pharmacists can bring specialist knowledge in the area of drug therapy and can support other health professionals, in particular medical practitioners.  
● Recently there has been fundamental changes in the role orientation and perspective of the pharmacist. Although the KSA required may be the same, it is the orientation of professional attitudes and values that need to change so as to reflect responsibility, advocacy and interdependence in caring for the patient.  
● Effective provision of pharmaceutical care includes responsibility, accountability, communication effectiveness, sensitivity and commitment.  

**Discussion**  
● Pharmacy undergraduate and graduate students who took part in this study perceived the health care professions along three major dimensions: empathy, potency and expertise. The empathy and
Through the looking glass: public and professional perspectives on patient-centred professionalism in modern-day community pharmacy (Rapport et al, 2010)

Findings of consultation workshops with 29 pharmacists, stakeholders and patients that examined patient-centred professionalism in terms of a pharmacist’s working day and environment.

Thematic analysis identified the following themes:

- Patient-centred professionalism – building caring relationships – for pharmacists, the caring role was synonymous with an understanding of what it means to be professional and at the same time have a belief in one’s own competency. However, pharmacists did feel that they were often ‘put upon’ by patients who have unrealistic expectations of the services that they could deliver. They were also aware that patients prioritised accurate and speedy medication dispensing over all else, and that this aspect of their work was what was most appreciated. Under the new NHS contract there is a conflict in demands with pharmacists now having to spend more time consulting rather than dispensing (even though this research found that patients believed that a pharmacist’s primary objective should be to dispense).

- Managing external force - according to pharmacy staff, standard operating procedures in each pharmacy must be adhered to in all circumstances, in order to be accountable for one’s actions. Patients were aware of the dual nature of a pharmacist’s role, including trying to balance retail and dispensing as well as the impact that this can have on patient centred services. Pharmacists concerned that certain policies/procedures impact on the patient consultation e.g. being expected to value the consultation whilst minimising interaction to maximise profit.

- It was noted that patients saw the profession of a GP and that of a pharmacist very differently e.g. they would not expect to have the same relationship across the two and that the role of the pharmacist involved no initiative.

- Different roles & expectations – pharmacists were seen as shop keepers, rather than as a patient centred health professional. Pharmacists felt like they were unable to relax from checking prescriptions and other responsibilities and that they were pressurised by patient’s unrealistic demands to consult at any time of the day and without a fixed appointment. As a result, pharmacists felt that they could not explore the full extent of the patient’s issues. Although they recognised the importance of getting to know patients better, through both formal and informal consultation, the consultation room as a refuge for the pharmacist rather than as a consultation space for the patient was for many the preferred option.
- Pharmacists are often more restricted than GPs in the sense that they may have no knowledge of the person entering the pharmacy e.g. medical history and they are limited in the time that they can spend with their clients. GPs are driven by what they prescribe, pharmacists are driven by the sales of what GPs prescribe.

**Handbook outlines 6 Key areas of professionalism:**
- **Altruism** (giving priority to patient interests rather than self-interests).
- **Accountability** (being answerable to patients, society and profession).
- **Excellence** (conscientious effort to perform beyond ordinary expectation, and commitment to life-long learning).
- **Duty** (free acceptance of commitment to service – i.e. undergoing inconvenience to achieve a high standard of patient care).
- **Honour and Integrity** (being fair, truthful, straightforward and keeping to one’s word).
- **Respect for others** (respect for patients and families, colleagues, other healthcare professionals, students and trainees)

**GPhC Performance Standards for all Preregistration Pharmacists include:**
- **Process**: Make decisions which demonstrate clear and logical thought
- **Resources**: Uses resources effectively (including other workers, equipment, workspace and references) an example learning outcome included: to listen to and seek advice from MI team members
- **Problem Identification**: Recognises and defines actual or potential problems
- **Evaluating Options**: Identifies workable options to resolve the problem
- **Formulating Answer**: Selects the best solution based on sound analysis and appropriate evidence; Base your actions, advice and decisions on evidence; obtain and process the evidence you need to meet the previous point; provides considered and correct answers to queries founded on research-based evidence.
- **Communicates effectively in English**, including ability to demonstrate effective telephone skills in gathering and delivering information and to compose clear, concise and professional written communications (email or letter) with good grammar, spelling and punctuation and language appropriate to the enquirer.
- **Questioning Skills**: Elicit all relevant information by the use of appropriate questions including to identify all of the information required from an enquirer before starting to answer their question and
<table>
<thead>
<tr>
<th>Transforming the Pharmacy Workforce in Great Britain: The RPS Vision August 2015</th>
<th>Aims to set out the ‘direction of travel’ for pharmacy in the coming years in a way that is patient-centred focused and promotes proactive, compassionate pharmaceutical care and encourages professionals and organisations to work together.</th>
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<td></td>
<td>Outlines that going forward, pharmacists will be ensuring the optimal use of medicines for patients, who are, as a result, empowered and informed.</td>
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**A Patients’ and Public needs-based Approach**

- An evolving healthcare workforce is one that can adapt its core roles and responsibilities to meet the new and emerging needs of patients and the public. For pharmacy, this means providing support to develop pharmacists across all sectors to meet the changing demography and healthcare needs of an ageing population with increasingly complex medicine regimens within a cost constrained healthcare system. This report outlines that the pharmacy workforce need transformative growth in clinical capability, general and specialist skills and need the flexibility to adapt to changing patient and health system need.
- In the future it will be integral for pharmacists to contribute to both public health and deliver pharmaceutical care and to deliver these services using a holistic, patient focused approach to getting the best from investment in and uses of medicines that requires an enhanced level of patient centred professionalism and working in partnership with other healthcare professionals, patients and the public.

The RPS vision for the pharmacy workforce, outlines 12 beliefs including:

- to actively seek more information or clarification from enquirers when it is not spontaneously forthcoming.
- Tailored Approach: Provide information and advice appropriate to the needs of the recipient(s) including to use and adapt suitable language depending on the enquirer, and identify the most appropriate communication method (i.e. oral/written/in person) and to anticipate enquirers’ future needs and identify additional issues which were not part of the original question but which will impact on the answer (e.g. interactions as part of adverse drug reaction enquiry).
- Proactive Information: Actively provides information and advice to healthcare professionals
- Representing Own Opinions: Present your own ideas and opinions appropriately when speaking and in writing including being able to defend a professional opinion when answering an enquiry, whilst demonstrating an appropriate awareness of personal limitations.
- Meeting deadlines: Meets commitments made to others within agreed deadlines.
- Adverse Reactions: Recognises possible adverse drug reactions, evaluates risk and takes action accordingly.
- Signposting: Refer, or direct the person, to a more suitable source of help or information when necessary.
- Pharmacists in patient centred roles will be independent prescribers, where needed.
- Pharmacists will be the healthcare professionals responsible for providing patient care that ensures the following optimal medicines outcomes: clinically effective and safe treatment, cost effective treatment, excellent patient experience.
- Patients, GPs, Local Authorities, Care Homes etc. will be able to name their primary pharmaceutical care giving pharmacist.
- Pharmacists will be integral to supporting patients all stages of a clinical care pathway involving medicines.
- All newly qualified pharmacists will have access to foundation support, training and development during their early career.

**East Midlands Hospital Pre-registration Trainee Pharmacist Programme – Assessment of Professional Behaviour**

| Tool is designed to assess aspects of professional behaviours from various sources e.g. tutors, pharmacy peers and other healthcare professionals. It is expected that all trainees will meet ‘competent’ by the end of the year and show ‘good’ in some areas. This form is completed at the end of each rotation by their mentor/supervisor. | States that professionalism is demonstrated through a foundation of communication skills, clinical competence and ethical and legal understanding upon which is built the aspiration to and wise application of the principles of professionalism: excellence, humanism, accountability and altruism. Professional Skills/Behaviour include: Communication skills & team work:
- If competent: is clear and succinct when communicating; is polite; listens carefully; acknowledges ideas and opinions of members of the team; meets commitments and assists others.’
- If good: is confident in all aspects of communication; actively listens and clarifies understanding; provides the right amount of information to meet individual needs; gives constructive feedback to other team members.
- And if excellent: is mindful of appropriateness and convenience of timing of the communications; shows good insight; actively promotes team working by helping and supporting others; builds team spirt.

Pharmacy Practice Competence:
- If competent: applies own knowledge where appropriate, seeks information where appropriate and is aware of where to find information; responds promptly with correct procedure on all occasions (when face with regular situation); rarely requires guidance; shows an interest in the work area; has a positive attitude, shows an enthusiasm for learning and is keen to take up new learning opportunities.
- If good: has good knowledge and applies appropriately, is able to find information and works independently; responds correctly when faced with the unexpected, rarely requires guidance; goes beyond basic requirements for the job even if it means some personal sacrifice; is proactive in seeking opportunities to learn.
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<tr>
<th>Knowledge and Information Resources</th>
<th>Legal Understanding and Code of Ethics</th>
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<td>If excellent: knowledge is above expectation and applies appropriately and consistently; develops information resources to support self and others, provides guidance and instruction to others, actively seeks opportunities to apply knowledge and skills and complete tasks and is willing to learn new things other than what is required of them.</td>
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<td>If competent: methodical and accurate in working in accordance with SOPs for dispensing, good manufacturing practice, accuracy checking, medication history taking and infection control; informs line manager of any concerns, is aware of ethical principles and can identify ethical issues, makes decisions based on ethical principles, recognises own limitations, always discusses confidential issues in a private location, follows data protection policy, upholds GPhC standards of conduct, ethics and performance in all aspects of practice, takes responsibility for own mistakes.</td>
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<tr>
<td>If good: Always works accurately within SOPs and has an awareness of limitations; demonstrates good ethical practice and refers complex ethical issues to senior staff; ensures that others follow data protection policy and procedures; acknowledges work and input of others, rectifies own mistakes whilst taking steps to ensure they do not happen again.</td>
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<tr>
<td>If excellent: Is able to advise and teach others regarding relevant policies and procedures; shows excellent underpinning knowledge of ethical principles, justifies and makes decisions independently; raises complex ethical issues with senior colleagues for discussion; suggests improvement to departmental policy and procedures; reports own errors and mistakes, is mindful of how to report errors and poor performance of others.</td>
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<th>Accountability</th>
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<td>If competent: always in place and carries out instructed/required as and when planned; completes all tasks in expected time and to required standard with no errors, sets realistic goals; always has a positive attitude and is willing to help without complaint; follows standard operating procedures, plans own workload and prioritises successfully; reflects on own practice and seeks clarification of own role and responsibility, works within own capacity; takes responsibility for own work and ensures tasks are completed by referring appropriately, aware of own mistakes, describes how mistakes occurred and deals with it appropriately.</td>
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<td>If good: anticipates when and what is required, can plan and achieve own goals, goes out of their way to help others; shows originality and initiative in own work, understands limitations of other professionals’ roles. Takes account of where they fit into MDT; if mistakes occur, describes plans to avoid the same or a similar mistake occurring in future.</td>
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### Future pharmacists: Standards for the initial education and training of pharmacists: Chapter

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<th>Category</th>
<th>Competent</th>
<th>Good</th>
<th>Excellent</th>
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| **Altruism:**           | • If competent: maintains GPhC standards, follows relevant safeguarding policies and procedures, consistently demonstrates respect for other colleagues, values others’ opinions, listens attentively to others without judgement.  
• If good: accurately documents safeguarding incidents and refers to nominated professionals, solicits constructive feedback.  
• If excellent: actions improvement clearly based on the best interest of patients and the service, respects patient’s choice; engages others sensitively and delegates work fairly. |                                                                                                 |                                                                                                |
| **Human Values:**       | • If competent: handles sensitive situations with thought and care, is a reliable worker, welcomes feedback, is aware of own competence and limitations and when to refer.  
• If good: deals with issues when appropriate, instils confidence from others, acts on feedback from others, actively seeking to improve their competence.  
• If excellent: shows real concern and goes out of their way to help colleagues and patients, instils confidence in others, willing to share learning from their mistakes, provide constructive feedback to others. |                                                                                                 |                                                                                                |
| **Excellence:**         | • If competent: able to work independently within competence and knows when to refer to senior colleagues, remains composed in most situations when faced with challenging behaviour, works within the team to promote pharmacy services.  
• If good: actively contributes ideas to improve practice and solve problems, actively seeks to rectify situations, actively promotes pharmacy outside the organisation.  
• If excellent: shows clear leadership skills, taking initiative in difficult or challenging situations, is able to appropriately challenge poor behaviours amongst other staff, is involved in region or nation groups to promote profession. |                                                                                                 |                                                                                                |

**Chapter outlines the key learning outcomes that are expected of a pharmacy professional (for both a 4 year**
10 Outcomes for the initial education and training of pharmacists

MPharm degree and for the Pre-registration year). It categorises outcomes as ‘knows, knows how, shows how and does’

- Key learning outcomes include recognising ethical dilemmas and responding in accordance with relevant codes of conduct, applying the principles of clinical governance in practice, engaging in MDT working and contributing to the education and training of other members of the team.

The skills required in practice, implementing health policy:

- Key learning outcomes include: Promotes a healthy lifestyle by facilitating access to and understanding of health promotion information, access and critically evaluate evidence to support safe, rational and cost effective use of medicines, provides evidence based medicines information and collaborates with patients, the public and other healthcare professionals to improve patient outcomes.

Validating therapeutic approaches and supplying prescribed and over the counter medicines:

- Key learning outcomes include: Identifies inappropriate health behaviours and recommend suitable approaches to interventions, instructs patients in the safe and effective use of their medicines and devices, analyse prescriptions for validity and clarity, communicates with patients about their prescribed treatment and optimise treatment for individual patient needs in collaboration with the prescriber.

Ensuring that safe and effective systems are in place to manage the risk inherent in the practice of pharmacy and the delivery of pharmaceutical services:

- Key learning outcomes include: use pharmaceutical calculations to verify the safety of doses and administration rates, manage and maintain quality management systems including maintaining appropriate records, distributes and disposes of medicines safely, legally and effectively and identify, report and prevent errors and unsafe practice.

Working with patients and the public:

- Key learning outcomes include: establishing and maintaining patient relationships while identifying patients’ desired health outcomes and priorities, obtain and record relevant patient medical, social and family history, communicate information about available options, support the patient in choosing an option by listening and responding to their concerns and respecting their decisions and provide written or oral information appropriate to the needs to patients, the public and other healthcare professionals.

Maintaining and improving professional performance:
Key learning outcomes include: reflect on personal and professional approaches to practice, create and develop a personal development plan, review and reflect on evidence to monitor performance and revise professional development plan and contribute to the development and support of individuals and teams.

The document suggests that trainees must be able to student train safely, effectively, ethically and lawfully. Trainees must also be able to understand and apply biomedical, pharmaceutical, psychological and social science principles, method and knowledge. It outlines that for pharmacy practice to be safe and effective it needs to be underpinned by relevant and up to date science.

The practice of pharmacy requires pharmacists to make decisions in complex and unpredictable situations and sometimes in the absence of complete data. Pharmacists need to communicate with patients and the public clearly; often needing to be able to explain complicated ideas in a way that is understandable to patients and carers. Equally, pharmacists need to understand the complexities of patients’ circumstances insofar as they are relevant to their use of medicines or other behaviours relevant to personal health and wellbeing.

It further outlines that as professionals, pharmacists must act on their own initiative and take personal responsibility for what they do and need to have the independent learning ability required for continuing professional practice in order to maintain a critical awareness of current practice.

| GPhC Consultation on Standards for Pharmacy Professionals (April 2016) | Developed professional standards to demonstrate commitment to promoting a culture of professionalism and to the delivery of compassionate person-centred care. | The professional standards focus on nine key areas that the GPhC believe are necessary to deliver safe and effective care whilst upholding trust and confidence in pharmacy. The report states that at the heart of this is a recognition that every person must be treated as an individual.

The document proposes nine standards that are believed to be needed for the safe and effective care of patients and the public. It is stated that the standards should reflect:

- The commitment that pharmacy professionals make to the people who receive care
- What pharmacy professionals tell us they expect of themselves and each other
- How people who want care from pharmacy should be treated and enabled to take care and manage their own health, safety and wellbeing.

It indicates that these nine standards apply to all pharmacists and pharmacy technicians wherever they practice. The standards need to be met at all times, not only during working hours, with it stated that this is because the attitudes and behaviours of professionals outside of work can still undermine the trust and confidence of patients and the public in pharmacy professionals. The document further states that it is the decisions that pharmacists make in their day to day work which make the most significant and positive contribution to patient safety and the quality of care. The new standards recognise that pharmacy professionals work in different contexts and therefore do not try to tell pharmacy professionals in detail what... |
they should do in every possible situation. Finally it is noted that the new standards reflect how pharmacy as a society has learnt from previous tragic failures of care.

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

1. **Provide person-centred care**

   Indicates that every person who receives care is an individual with their own values, needs and concerns. Person-centred care is delivered when pharmacy professionals understand what is important to the individual and then adapt the care to meet their needs – making the care of the person their first priority.

   It suggests that people receive safe and effective care when pharmacy professionals – involve, support and enable every person when making decisions about their health, care and wellbeing; listen to the person to understand their needs and what matters to them; gives the person all relevant information in a way they can understand so that they can make informed decisions and choices; respect and safeguard the person’s dignity; recognises and values diversity and respects cultural differences (making sure that every person is treated fairly); recognises their own values and beliefs but do not impose them on other people; tells relevant health professionals, employers or others if their own values or beliefs prevent them from providing care.

2. **Work in partnership with others**

   Outlines that a person’s health, safety and wellbeing are dependent on pharmacy professionals working in partnership with others. This will include the person but also other healthcare professionals and teams.

   People receive safe and effective care when pharmacy professionals: identify and work with the individuals and team involved in the person’s care; contact, involved and work with local and national organisations; get consent to provide care; adapt their communication to bring about effective partnership working; take action to safeguard people; make and use records of the care provided; work together to make sure there is a continuity of care for the person concerned.

3. **Communicate Effectively**

   This is essential to the delivery of person-centred care and to working in partnership with others. It helps people be involved in decisions about their health, safety and wellbeing. Communication is more than giving a person information, asking questions and listening, it is the transfer of information between people. Body language, tone of voice and the words used all contribute to it.

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

4. Maintain, develop and use their professional knowledge and skills

People receive safe and effective care when pharmacy professionals apply their knowledge and skills and keep them up to date, including using evidence in their decision making. A pharmacy professional’s knowledge and skills must develop over the course of their career to reflect the changing nature of healthcare, the population they provide care to and the roles they carry out.

This includes: recognising and working within the limits of the knowledge/skills and referring when needed; using their skills and knowledge, including up to date evidence to deliver care and improve the quality of care they provide; carry out a range of CPD activities; record their development activities to demonstrate that their skills and knowledge are up to date; use a variety of methods to regularly monitor and reflect on their practice, skills and knowledge.

5. Exercise professional judgement

People expect pharmacy professionals to use their professional judgement so that they deliver safe and effective care. Professional judgement includes managing competing legal and professional responsibilities and working with the person to understand and decide together what the right thing is for them.

This includes: using their judgement to make clinical and professional decisions in partnership with the person and others; have the information they need to provide appropriate care; declare any personal or professional interests and manage conflicts of interest; practice only when fit to do so; ensure the care they provide reflects the needs of the person and is not influenced by personal or organisational goals/targets.

6. Behave in a professional manner

Behaving professionally is essential to maintaining trust and confidence in pharmacy. Behaving professionally is not limited to the working day, or when meeting patients and the public. The privilege of being a pharmacist or pharmacy technician calls for appropriate behaviour at all times.

It includes; being polite and considerate; being trustworthy and acting with honesty and integrity; showing empathy and compassion; treating people with respect and safeguarding dignity; maintaining appropriate personal and professional boundaries with the people they provide care to and with others.

7. Respect and maintain the person’s privacy and confidentiality

People trust that their confidentiality and privacy will be maintained by pharmacy professionals. Maintaining confidentiality is a vital part of the relationship between a pharmacy professional and the person seeking
care. People may be reluctant to ask for care if they believe their information may not be kept confidential. The principles of confidentiality still apply after a person’s death.

This includes: reflecting on their environment and taking steps to maintain the person’s privacy and confidentiality; not discussing information that can identify patients when the discussions can be overheard or seen by others not involved in their care; maintaining confidentiality when using website, internet chat forums and social media; demonstrating leadership so that everyone in the pharmacy understands the need to maintain a person’s privacy and confidentiality; working in partnership with the person when considering whether to share their information (except when this is not appropriate); understand the importance of managing information responsibly and securely and applying this to practice.

8. **Speak up when they have concerns or when things go wrong**

The quality of care that people receive is improved when pharmacy professionals learn from feedback and incidents, and challenge poor practice and behaviours. This includes speaking up when they have concerns, and being honest when things go wrong. At the heart of this standard is the requirement to be candid with the person concerned, and with colleagues and employers.

This includes: promoting and encouraging a culture of learning and involvement; challenging poor practice and behaviours; supporting people who raise concerns and providing feedback; raising a concern, even when it is not easy to do so; being open and honest when things go wrong; saying sorry and providing an explanation and set out to put things right when they go wrong; reflecting and acting on feedback and concerns whilst thinking about what can be done to prevent the same thing happening again.

9. **Demonstrate effective leadership**

People receive safe and effective care when pharmacy professionals take responsibility for their actions and recognise that they have a leadership role. Wherever a pharmacy professional practises, they must provide leadership to the people they work with and to others.

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

The standards include the term ‘person-centred care’ and refer to a ‘person’ throughout.

| General Pharmaceutical Council – Pre-registration Manual | The performance standards are a list of 76 performance outcomes which must be signed off on the assessment summary form by a pre-registration pharmacist’s tutor. There are three units of performance standards, covering:
A. Personal effectiveness
B. Interpersonal skills
C. Medicines and health
The standards are statements of what the GPhC expects a pre-registration trainee to be able to do and how you should behave if you are to register as a pharmacist. Pre-registration trainees must meet the standards consistently in order to be assessed as competent in them. |
| The performance standards are split into three areas; Personal Effectiveness, Interpersonal Skills and Medicines and Health. **Personal Effectiveness**: Outlines performance standards that cover the aspects of performance and behaviour that support effective professional activity. It suggests that conduct must be consistent with ethical behaviour expected by the GPhC.

- **Manage self** – you must at all times demonstrate a level of self-awareness, responsibility and self-management that will allow you to practise effectively, both independently and within teams or groups. Examples of behaviour you must show include: behaving in a manner consistent with membership of the profession, responding with willingness and flexibility to new situations and to change and taking responsibility for and accepting outcomes of your own decisions.

- **Manage work** – Trainees must at all times work efficiently and effectively and within legal and ethical constraints. Examples of behaviour you must show include: carrying out tasks effectively (in an organised manner, with proper attention to detail and at a pace that is appropriate to the level of business. It also includes prioritising and completing tasks within agreed deadlines), following work systems correcting (using own working practices, standard operating procedures, sale of medicine protocol and your organisation’s systems and security procedures) and uses resources effectively (resources include, colleagues, other healthcare workers, workspace, equipment, material and both text based and electronic references).

- **Manage problems** – Trainees must demonstrate that they can handle a wide variety of problems, whether by resolving them themselves of by contributing to their resolution. Examples of behaviour you must show include: recognises and defines actual or potential problems, these problems include difficulties, minor and serious, needing resolution.

- **Demonstrate a commitment to quality** - Products and services should be delivered to the highest standard by ensuring quality. The prime concern must be the welfare of the patient and other members of the public. This includes: working to an acceptable standard when preparing products and delivering services (acceptable is defined by GPhC standards of conduct, ethics and performance,
with patients’ needs uppermost), checking your own work effectively and minimising error by others through effective supervision.

- **Demonstrate ongoing learning and development** – trainees must provide evidence that they are continually developing professional competence by applying what they have learned from daily activities and incidents and from formal learning opportunities. Behaviours include being able to identify and prioritise own learning and development needs, based on self-reflection/evaluation and on feedback from others and develop own plans to meet identified needs, using SMART learning objectives.

**Interpersonal Skills** – cover aspects of performance and behaviour that involve any interaction with others. Must demonstrate ability to communicate at all levels and to work with others in the pharmacy and healthcare team. Need to possess core characteristics of an empathetic healthcare professional.

- **Communicate effective** - trainees must communicate effectively in English (competent enough in English to understand and be understood on writing on the phone and in person), behave in a polite and helpful manner and sensitively approach people who need or may need assistance, elicits all relevant information by the use of appropriate questions, respects and observes confidentiality etc.

- **Work effectively with others** – trainees must contribute positively to any team or group they are associated with so that targets and goals are achieved. They must develop and demonstrate the skills involved in managing and supervising others. This recognises that most pharmacists have these responsibilities. Example behaviours include: acknowledge the ideas and opinions of others and act on them when appropriate (including junior and senior colleagues and external contacts), resent own ideas and opinions appropriately when speaking and in writing, assists other when necessary and secures help from others when necessary in an appropriate manner.

Required outcomes from the GPhC Standards for initial education and training of pharmacists say that a pre-registration trainee must contribute to the education and training of other members of the team, show how to contribute to the development of other team members through coaching and feedback, engage in multi-disciplinary team working etc.

**Medicines and Health** – these standards are linked to performance and behaviour that are specific to pharmacy practice. Trainees must demonstrate their ability to provide an effective pharmaceutical service. Developing these skills will help a pharmacist be able to identify health needs and understand the opportunities for health promotion as well as treatment and care, work with patients and carers to manage their medicines and make sure they can play an active part in the decisions and choices affecting their treatment or care and understand and use the whole health and social care system for the benefit of patients.
These skills and abilities include:

- **Managing the dispensing process** - including checking the prescription is valid, resolving any identified problems appropriately and performing calculations correctly (examples of calculations include formulation for creams and ointments, IV formulations including cytotoxic and doses and dosing schedules), effectively checking prescriptions dispensed by others (e.g. analysing prescriptions for validity and clarity, clinically evaluating the appropriateness of prescribed medicines and providing, monitoring and modifying prescribed treatment to maximise health outcomes).

- **Provide additional clinical and pharmaceutical services** - trainees must demonstrate the application of up-to-date clinical and pharmaceutical knowledge. Example behaviours include providing considered and correct answers to queries, founded on research-based evidence, pre-actively assisting patients to obtain maximum benefit from their treatment and identifying and taking action to minimise risk to patients from their treatments.

| RPS Foundation Pharmacy Framework (2014) | Framework for professional development in foundation practice across pharmacy. | Outlines that the RPS is committed to supporting and empowering its members to make a real difference to improve health outcomes for patients. Our commitment is underpinned by core values to Support, Recognise, Network, Lead and Develop and these values are reflected in the Framework cluster to give a steer during the course of Foundation Practice.

There are four clusters within the Framework:

- **Cluster 1: Patient and Pharmaceutical Care** – focuses on our commitment to patient care and the provisions of medicines. It includes the following:
  - Patient Consultation e.g. Patient consent (satisfactorily obtains patient consent if appropriate).
  - Need for Medicine e.g. Relevant patient background (retrieves relevant of available information).
  - Provision of Medicine e.g. The prescription is clear (ensures the prescriber’s intentions are clear for any patient).
  - Selection of the Medicine e.g. Medicine-medicine interactions (identifies and prioritises medicine-medicine interactions, takes appropriate action).
  - Medicine Specific Issues e.g. ensures appropriate dose for any patient.
  - Medicines Information and Patient Education e.g. Public health (provides health care and healthy living advice appropriately).
  - Monitoring Medicine Therapy e.g. identifies ways to manage medicines problems.
  - Evaluation of Outcomes e.g. Appropriately assess the impact and outcomes of therapy.
- Transfer of care e.g. Ensuring patients safety when they are transferred between care providers.

**Cluster 2: Professional Practice:** Identifies support, practice guidance and professional support tools.
- Professionalism e.g. Responsibility for patient care (accepts and takes responsibility for patient care; demonstrates compassion and empathy with patients, demonstrates commitment to patient care).
- Organisation e.g. Appropriately prioritises work.
- Effective Communication Skills e.g. Communicates clearly, precisely and appropriately with: patient and carer, health care professionals, mentor/tutor.
- Team Work e.g. Pharmacy team (recognises the value of other staff; works effectively as part of a team).
- Education and Training e.g. Is able to act as a role mode (e.g. understands and demonstrates the key attributes of a role model to members of the team; demonstrates mentorship behaviour to others).

**Cluster 3: Personal Practice:** Related to development and developing one’s own practice.
- Gathering Information e.g. Accesses information (is able to access information from appropriate information sources).
- Knowledge e.g. Pharmacology (is able to discuss mechanisms for medicines)
- Analysing Information e.g. Appropriately identifies problems.
- Providing Information e.g. Provides accurate information.
- Follow up e.g. Ensures resolution of problem.
- Research and Evaluation e.g. Identifies gaps in the evidence base (identifies and evaluates evidence-base research protocols to routinely improve the use of medicines and services).

**Cluster 4: Management and Organisation:** relates to leadership and service delivery.
- Clinical Governance e.g. Clinical governance issues (demonstrates the application of clinical governance issues).
- Service Provision e.g. Quality of service (improves the quality of the services offered).
- Organisations e.g. Organisational structure (describes the operating structure of employing organisation).
- Budget and Reimbursement e.g. Service reimbursement (uses relevant references sources to ensure appropriate and accurate reimbursement).
<table>
<thead>
<tr>
<th>Procurement e.g. Pharmaceutical (describes how pharmaceuticals can be sourced; sources pharmaceuticals in a timely manner).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Management e.g. Performance management (carries out staff appraisals on a regular basis).</td>
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</tbody>
</table>
Appendix B: Interview Briefing Document

Preregistration Pharmacist Role Analysis

Stakeholder Interview Briefing Document

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

Background

As part of Health Education England’s Pharmacist Education and Training Reforms Programme, a project is underway to develop a Professional Attributes Framework that defines the professional attributes that are required for preregistration pharmacists across hospitals, community pharmacies and general practice.

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

The outputs of the work i.e. the Professional Attributes Framework, will inform the wider Recruitment workstream of the Pharmacist Education and Training Reforms Programme particularly in relation to how preregistration pharmacists are selected in future.

Overview

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

- What are the skills and attributes that are important for preregistration pharmacists?
- In your experience, what are the key differences between a high performer and a less effective performer – what do they do differently?
- Given future changes to the role, how do you anticipate this will be impact upon the skills and attributes required of preregistration pharmacists?
- How do you think the skills, abilities and other attributes (required now and in the future) should ideally be assessed at the point of selection? [senior stakeholders only]

All the responses you provide will be anonymised for issues of confidentiality. We will be seeking your permission to audio record the interview for transcription purposes. The outcomes of the role analysis will be made available in a summary report after the role analysis has been completed.
Appendix C: Patient Representative Focus Group Briefing Document

Preregistration Pharmacist Role Analysis

Patient Representative Briefing Document

Thank you for agreeing to take part in the patient representative focus group as part of the preregistration pharmacist role analysis that is taking place on the 4th April at 15:00-17:00 at the Royal Pharmaceutical Society offices in London. If you are unable to make the focus group for whatever reason, please let myself know as soon as possible.

We have provided some information below about the background of the role analysis and the content of the focus group. We have also provided some information about the preregistration pharmacy role and the typical tasks and activities that these individuals undertake and thus how you may have encountered them. If you do not believe you have encountered a preregistration pharmacy trainee themselves, then we would ask you to consider the role of any pharmacist you have encountered.

Background

As part of Health Education England’s Pharmacist Education and Training Reforms Programme, a project is underway to develop a Professional Attributes Framework that defines the professional attributes that are required for preregistration pharmacists across hospitals, community pharmacies and general practice.

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

The outputs of the work i.e. the Professional Attributes Framework, will inform the wider Recruitment workstream of the Pharmacist Education and Training Reforms Programme particularly in relation to how preregistration pharmacists are selected in future.

Overview

The focus group will last for up to two hours. During the focus group a trained facilitator will ask you about the skills and attributes required of a preregistration pharmacist. No preparation is necessary however below are some examples of the type of questions that will be covered:

1. Positive Experiences: Focus on a time when a visit to a pharmacy went really well or your pharmacist did something that you felt was positive
   a. What did the pharmacist say or do that made it a positive experience?
   b. What was the outcome of the visit?

2. Negative Experiences: Thinking about a time when a visit did not go so well
   a. What did the pharmacist say or do that made it a negative experience?
b. What could they have said or done differently?

3. Patients’ needs and expectations: what types of things would you expect/need during an ideal pharmacy visit?

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

Background to Pharmacy and the Preregistration Role

Medicines are the most common treatments offered to patients across all areas of the NHS and the pharmacy team plays a vital role in ensuring that medicines are used safely and effectively. More and more, pharmacists work as part of healthcare teams within hospitals and in community pharmacies, advising doctors, nurses, patients and members of the public about the most effective treatments for certain conditions, and how to use medicines safely and effectively. Their knowledge of medicines and the effect they have on the human body is critical for the successful management of every type of medical condition, and pharmacists will recommend changes to prescriptions and give advice on prescribing.

The majority of pharmacists practise in hospital pharmacy, community pharmacy or in primary care pharmacy, working to ensure that patients get the maximum benefit from their medicines. They advise medical and nursing staff on the selection and appropriate use of medicines. They provide information to patients on how to manage their medicines to ensure optimal treatment.

As the first point of contact for many patients, they are also at the front-line of public health and talk to patients about staying healthy, giving advice on areas such as stopping smoking, maintaining a healthy weight and sexual health. They may also carry out services such as blood pressure monitoring, administering vaccines and screening for diseases such as diabetes.

In the UK, pharmacy graduates need one-year pre-registration experience to fulfil the requirements to be admitted to the register of practising pharmacists. The 12-month pre-registration training placement gives trainees the chance to apply their academic knowledge in a real-life situation. The aim is for them to develop and demonstrate the skills, knowledge and behaviours they need to practise to the standards expected of a pharmacist, and in a way that delivers the best outcome for patients and members of the public.

Trainees can spend either 12 months in the NHS or community or six months in the pharmaceutical industry and six months in NHS/community.

Typical tasks/areas where you may have encountered preregistration pharmacist trainees include:

- Counselling and advising patients appropriately under supervision including
  - Highlighting a drug’s potential side effects, identifying harmful interactions with other drugs and assessing the suitability of treatments for patients with particular health conditions
  - Checking that recommended doses are not being exceeded and that instructions are understood by patients
- Assisting in the operations and dispensing of prescriptions and the supply of pharmaceutical products including controlled drugs and appliances ensuring safety and clinical appropriateness.
- Respecting confidentiality of information concerning customers and staff in accordance with the Data Protection Act.
- Undertaking medicines reviews or reconciliations of current medications, under supervision
## Appendix D: Behavioural Indicator Means

<table>
<thead>
<tr>
<th></th>
<th>How important for the role? (1-6)</th>
<th>Community (1-6)</th>
<th>Hospital (1-6)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Person-Centred Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Demonstrates empathy and seeks to view situation from the individuals’ perspective</td>
<td>5.32</td>
<td>5.36</td>
<td>5.26</td>
</tr>
<tr>
<td>1.2 Places the person who is receiving care first, in everything they do</td>
<td>5.59</td>
<td>5.51</td>
<td>5.61</td>
</tr>
<tr>
<td>1.3 Accurately assesses, takes into account and is sensitive to the person’s current and longer-term expectations, needs, situation and their wider social circumstances</td>
<td>5.00</td>
<td>5.16*</td>
<td>4.87*</td>
</tr>
<tr>
<td>1.4 Shows genuine interest in, and compassion for, the individual; makes them feel valued</td>
<td>5.38</td>
<td>5.43</td>
<td>5.33</td>
</tr>
<tr>
<td>1.5 Works collaboratively with individuals, empowering and guiding every person to make an informed choice in their care</td>
<td>5.24</td>
<td>5.34</td>
<td>5.19</td>
</tr>
<tr>
<td><strong>Communication and Consultation Skills</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Adapts approach, language or communication style for audience and across a variety of contexts</td>
<td>5.27</td>
<td>5.34</td>
<td>5.24</td>
</tr>
<tr>
<td>2.2 Identifies and interprets non-verbal cues from others</td>
<td>4.92</td>
<td>5.07*</td>
<td>4.81*</td>
</tr>
<tr>
<td>2.3 Effectively uses non-verbal communication</td>
<td>4.86</td>
<td>4.87</td>
<td>4.83</td>
</tr>
<tr>
<td>2.4 Seeks confirmation of understanding when communicating, clarifying where necessary</td>
<td>5.40</td>
<td>5.41</td>
<td>5.39</td>
</tr>
<tr>
<td>2.5 Elicits accurate and relevant information from individuals</td>
<td>5.57</td>
<td>5.59</td>
<td>5.55</td>
</tr>
<tr>
<td>2.6 Provides accurate and clear information and advice to people receiving care and colleagues</td>
<td>5.64</td>
<td>5.62</td>
<td>5.63</td>
</tr>
<tr>
<td>2.7 Instils confidence in others through communication style</td>
<td>5.14</td>
<td>5.29*</td>
<td>5.05*</td>
</tr>
<tr>
<td>2.8 Effectively builds rapport with individuals; asks open questions and facilitates a two-way dialogue</td>
<td>5.19</td>
<td>5.29</td>
<td>5.13</td>
</tr>
<tr>
<td>2.9 Breaks down complex information in a way that can be easily understood by others</td>
<td>5.23</td>
<td>5.36*</td>
<td>5.15*</td>
</tr>
<tr>
<td>2.10 Actively listens to others; is focussed and attentive to what they have to say</td>
<td>5.43</td>
<td>5.49</td>
<td>5.38</td>
</tr>
<tr>
<td>2.11 Exhibits suitable levels of confidence and assertiveness when communicating; able to influence appropriately</td>
<td>4.92</td>
<td>5.18*</td>
<td>4.79*</td>
</tr>
<tr>
<td>2.12 Ensures has the relevant information before communicating</td>
<td>5.25</td>
<td>5.28</td>
<td>5.25</td>
</tr>
<tr>
<td><strong>Problem Solving, Clinical Analysis and Decision Making</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Applies clinical knowledge in the practising environment; draws all knowledge together and builds upon what they have learnt to benefit the person receiving care</td>
<td>5.34</td>
<td>5.43</td>
<td>5.30</td>
</tr>
<tr>
<td>3.2 Demonstrates proactivity and persistence when seeking a solution, whilst also demonstrating awareness of when sufficient information has been obtained</td>
<td>5.02</td>
<td>5.08</td>
<td>4.99</td>
</tr>
<tr>
<td>3.3 Knows where to find and access information, or seeks to find out when uncertain</td>
<td>5.43</td>
<td>5.46</td>
<td>5.38</td>
</tr>
<tr>
<td>3.4 Undertakes a holistic approach to problem solving and decision making; integrates and assimilates information about the individual from different sources to ensure a person-centred outcome</td>
<td>5.05</td>
<td>5.14</td>
<td>5.00</td>
</tr>
<tr>
<td>3.5 Explores multiple options when problem solving and making decisions; weighs up pros and cons associated with all options</td>
<td>5.06</td>
<td>5.12</td>
<td>5.00</td>
</tr>
<tr>
<td>3.6 Identifies the most important and relevant pieces of information effectively</td>
<td>5.27</td>
<td>5.31</td>
<td>5.23</td>
</tr>
<tr>
<td>3.7 Critically appraises information; applies a questioning approach and seeks to further understand and explore rather than taking things at face value</td>
<td>5.06</td>
<td>5.14</td>
<td>4.98</td>
</tr>
<tr>
<td>3.8</td>
<td>Undertakes a logical and systematic approach to problem solving; methodically working through an issue or problem</td>
<td>5.18</td>
<td>5.19</td>
</tr>
<tr>
<td>3.9</td>
<td>Effectively uses mathematical skills in pharmaceutical calculations in the context of person-centred care</td>
<td>5.35</td>
<td>5.20</td>
</tr>
</tbody>
</table>

**Self-directed Learning and Motivation**

| 4.1 | Demonstrates curiosity, commitment and a desire to learn | 5.37 | 5.31 | 5.43 |
| 4.2 | Shows enthusiasm and passion for the role | 5.33 | 5.33 | 5.36 |
| 4.3 | Takes ownership for identifying own learning gaps and development needs; records progress/development activities and stays up to date | 5.42 | 5.36 | 5.44 |
| 4.4 | Seeks, and acts upon, advice, support and feedback to assist their own learning and development | 5.36 | 5.30 | 5.38 |
| 4.5 | Undertakes reflective practice; analyses and evaluates how they may have done something differently or what went well | 5.16 | 5.13 | 5.17 |
| 4.6 | Demonstrates awareness and acknowledgement of own limitations and boundaries in relation to knowledge and competence | 5.55 | 5.40* | 5.61* |
| 4.7 | Is a self-starter; demonstrates proactivity, initiative and willingness to take on opportunities and learn | 5.10 | 5.09 | 5.15 |
| 4.8 | Is driven to achieve the highest standards of care and strives for excellence | 5.41 | 5.46 | 5.39 |

**Multi-Professional Working and Leadership**

| 5.1 | Understands, values and respects all roles (including their own) within the immediate and wider team, as well as team members' skill sets and knowledge | 5.08 | 5.06 | 5.09 |
| 5.2 | Willing and able to facilitate others' learning through sharing own knowledge/experience and/or supporting others when learning | 4.63 | 4.81* | 4.53* |
| 5.3 | Builds and maintains meaningful and trusting relationships with team members and other health and social care professionals outside of the immediate team | 5.02 | 5.09 | 4.96 |
| 5.4 | Demonstrates an awareness of other team members' workloads and pressures and adapts their interactions accordingly | 4.91 | 5.02 | 4.86 |
| 5.5 | Works collaboratively; provides assistance, support and guidance to other members of the team for the benefit of the person receiving care | 5.16 | 5.16 | 5.13 |
| 5.6 | Provides constructive feedback for both individual development and continuous improvement | 4.54 | 4.70 | 4.46 |
| 5.7 | Motivates and leads others; acts as a role model | 4.55 | 4.92 | 4.36 |
| 5.8 | Demonstrates willingness and ability to actively learn from others | 5.34 | 5.27 | 5.34 |
| 5.9 | Demonstrates an awareness of the available resources within the team and makes use of these through appropriate delegation to achieve person-centred outcomes | 4.87 | 5.03* | 4.79* |

**Quality Management and Organisation**

| 6.1 | Is accurate in their work and undertakes quality assurance processes, demonstrating excellent attention to detail | 5.57 | 5.51 | 5.57 |
| 6.2 | Keeps accurate and comprehensive records (e.g. notes, labelling) for the purposes of ensuring safe and effective care | 5.36 | 5.38 | 5.30 |
| 6.3 | Good self-management; organises own time effectively to meet the required standards | 5.30 | 5.35 | 5.28 |
| 6.4 | Able to prioritise; understands the importance of tasks and deadlines | 5.39 | 5.41 | 5.41 |
| 6.5 | Takes a methodical, ordered and structured approach to their work to ensure the delivery of high quality care | 5.28 | 5.32 | 5.27 |
| 6.6 | Uses information technology appropriately to effectively manages and organise work | 4.95 | 5.11* | 4.87* |

**Professional Integrity and Ethics**

<p>| 7.1 | Works within the law, ethical guidelines, and regulations, including confidentiality, consent and safeguarding | 5.82 | 5.82 | 5.80 |
| 7.2 | Takes responsibility for self and is accountable for ones’ own actions or lack of actions | 5.74 | 5.73 | 5.72 |
| 7.3 | Demonstrates honesty and trustworthiness | 5.87 | 5.83 | 5.89 |
| 7.4 | Is open and honest about the mistakes they have made or when things have gone wrong | 5.82 | 5.79 | 5.82 |</p>
<table>
<thead>
<tr>
<th></th>
<th>Rating Sector 1</th>
<th>Rating Sector 2</th>
<th>Rating Sector 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.5 Is reliable and dependable in carrying out work duties and responsibilities</td>
<td>5.67</td>
<td>5.66</td>
<td>5.67</td>
</tr>
<tr>
<td>7.6 Recognises and values equality and diversity, treating everyone with courtesy, dignity and respect</td>
<td>5.69</td>
<td>5.69</td>
<td>5.68</td>
</tr>
<tr>
<td>7.7 Is prepared to challenge poor practice or behaviours, or speak up when errors or oversights are observed</td>
<td>5.44</td>
<td>5.47</td>
<td>5.41</td>
</tr>
<tr>
<td><strong>Resilience and Adaptableity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.1 Responds well to change, and is willing to initiate change where appropriate</td>
<td>4.85</td>
<td>5.06*</td>
<td>4.80*</td>
</tr>
<tr>
<td>8.2 Agile; able to quickly adapt to changes in roles, demands or environment</td>
<td>4.89</td>
<td>5.05</td>
<td>4.84</td>
</tr>
<tr>
<td>8.3 Demonstrates resilience; able to bounce back from difficult situations, setbacks or challenges</td>
<td>5.03</td>
<td>5.15</td>
<td>5.00</td>
</tr>
<tr>
<td>8.4 Manages own emotions during interactions with others and does not allow emotions to influence decisions</td>
<td>4.99</td>
<td>5.11</td>
<td>4.94</td>
</tr>
<tr>
<td>8.5 Remains calm, and is able to work effectively, in high pressured situations</td>
<td>5.25</td>
<td>5.39*</td>
<td>5.20*</td>
</tr>
<tr>
<td><strong>Pharmacy in Practice</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.1 Understands and appreciates pharmacy workflow and dynamics of clinical practice</td>
<td>4.80</td>
<td>5.05*</td>
<td>4.72*</td>
</tr>
<tr>
<td>9.2 Understands the broader pharmacy landscape, its position and interaction with the wider healthcare context and the progression of a person’s journey through this</td>
<td>4.50</td>
<td>4.70*</td>
<td>4.42*</td>
</tr>
<tr>
<td>9.3 Demonstrates an awareness of the business and financial responsibilities within healthcare</td>
<td>4.18</td>
<td>4.68*</td>
<td>3.95*</td>
</tr>
</tbody>
</table>

* Indicates a statistically significant difference between the average ratings by sector.
Appendix E: Qualitative Analysis

The total number of comments which was attributed to each attribute were as follows, including a breakdown by theme with illustrative comments. Respondents comments specifically related to improvements that could be made to the framework and how these could be assessed at selection are provided and commented on in detail. Where appropriate, and in agreement with the steering group, minor changes were made to seven indicators. Please note that some comments contained more than one theme.

- **Person-centred Care (140 comments)**
  - Comments in relation to the indicators/attribute (21 comments). Comments predominantly related to three main areas:
    - The first area was that although patients need to be involved in their own care, there are times when this is not possible and/or the pharmacist has a responsibility to guide the patient in the right direction. ‘and guiding’ has been added to 1.5.
    - Secondly, there was a proportionally large number of comments relating to how this must be undertaken in the context of the bigger picture e.g. in relation to legal and ethical guidelines, agreed local frameworks/guidelines, constraints/needs of the business, evidence based clinical care, patient safety and cost effectiveness. Given this relates to the attribute as a whole, this is positioned as part of the introduction to the framework.
    - Two comments related to making it clear who the ‘person’ is i.e. can also be a carer, and is across a wide range of patient groups. This is also addressed in the introduction.
  - Suggestions in relation to how the attribute could be assessed at the point of selection (5 comments)
    “I feel that it more important for the student to be able to understand the concept of putting patients first, and be able to give examples of certain situations where they have. However, if they are unable to provide an example, then be able to state what they would do if a certain situation was to arise.”
  - Comments in relation to the importance of the attribute (40 comments)
    “This is important as we are in a profession that is centres around the healthcare of individuals and thus this is an important attribute in any healthcare professional whether already trained or in training.”
  - Comments pertaining to how it is an attribute developed during training (40 comments)
    “I feel as though this attribute area is the one that develops most significantly during the training year - it can be quite difficult for students to really appreciate the meaning of person-centred care in a practical sense, and what this means to their role, until they are spending their full time in a patient facing role.”
  - Comments suggesting this attribute can and should be assessed at the point of selection (15 comments)
    “Empathy is a hard attribute to teach and must be identified at selection.”
  - Comments relating to difficulties in assessing this attribute at the point of selection (13 comments)
    “This is likely a difficult attribute to assess and rate objectively.”
  - Other – includes comments relating to the attribute should be assessed at other points in the career pathway, and comments relating to interaction with other attributes/knowledge (14 comments)
• **Communication and Consultation Skills** *(137 comments)*
  
  o Comments in relation to the indicators/attribute *(17 comments)*.
  
  ▪ There were a number of comments in relation to communicating with the wider healthcare team. The indicators were specifically developed to not be specific in relation to the individual being communicated with and thus should all be relevant with the wider team. Working with, and building relationships with, the wider healthcare team is covered under Multi-Professional Working and Leadership. The introduction now outlines that Communication refers to all.

  ▪ One comment relating to ‘signposting’ people to other sources of information. Whilst this is important (and found in the desktop review), it could be viewed as less of a behavioural indicator in relation to how to communicate, but could well be part of a scoring indicator during selection.

  ▪ A number of comments related to behaviours covered elsewhere in the framework e.g. conflict resolution, understanding the needs of the patient and analysing information received.

  ▪ Three comments related to indicator 2.12 “Ensures has all the relevant information before communicating.” It was suggested that you cannot always have all the information and this could be detrimental if one was to wait until this was so. Removed ‘all’ from the indicator.

  ▪ One respondent recommended splitting indicator 2.8, however this was the only comment in reference to this and this has not been altered.

  ▪ One respondent said they would not expect an individual to be able to ‘influence’ as per 2.11. This is in contrast to some of the findings from the data gathering stage.

  ▪ A number of comments related to the distinction between Communication skills and Consultation skills, with some indicating that they would expect higher levels of communication skills at this stage, whilst others having the other view that consultation skills can be taught, and often are taught at the undergraduate level. However, there does not appear to be enough evidence to justify splitting this attribute, and indeed many of the indicators would be part of both. However, this may be something to consider at the point of assessment.

  o Suggestions in relation to how the attribute could be assessed at the point of selection *(7 comments)*

  ▪ As above, there was some opinions that expectations in relation to communication versus consultation skills may be different at this stage. This should be something that is considered at the point of exercise design.

  ▪ One respondent suggested “I would like to see a new way of assessing communication skills, possibly through Osciis etc., because currently the standard of communication skills between community pharmacists can vary drastically and there needs to be a more uniform approach.”

  ▪ Two comments related to the use of role plays, and one comment recommended that English language proficiency/fluency should be part of the assessment (although if a candidate does not have this, this will very likely impact upon the ability to be able to demonstrate many of the indicators).
One comment related to the importance of training and guidance for assessors as this can be a very subjective area, and one respondent commented that care should be taken when applying the criteria to partially sighted candidates e.g. picking up non-verbal cues.

One respondent commented that they were concerned that personality (i.e. extrovert or introvert) would play a part in the assessment with those that are ‘talkative’ doing better. This is an important assessment training point to ensure that assessors are guided by the behavioural criteria, and not just the amount of information given.

- Comments in relation to the importance of the attribute (36 comments)
  “Communication is key to be able to deliver care and needs to be an intrinsic part of the training.”

- Comments pertaining to how it is an attribute developed during training (56 comments)
  “Initially trainees do not have great communication skills, however by the end of the year I expect them to have exceptional skills.”

- Comments suggesting this attribute can and should be assessed at the point of selection (20 comments)
  “These skills would be expected to be developed during the undergraduate degree and therefore you would expect these to be demonstrated during the selection process.”

- Comments relating to difficulties in assessing this attribute at the point of selection (4 comments)
  “I think it is hard to assess a person’s communication skills in a "fake" environment. I think they can show it on the job and develop as they learn.”

- Other – includes comments relating to how development of this skill can be supported through the training year, should be developed at an undergraduate level, and comments relating to interaction with other attributes/knowledge (15 comments)

- Problem Solving, Clinical Analysis and Decision Making (94 comments)
  - Comments in relation to the indicators/attribute (6 comments).
    - Two comments relating to the overall relevance of decision making at this stage in the preregistration pharmacists career “It is not necessary to be able to make the appropriate decision at pre-reg selection point, since often there are a number of viable options, and without the practical experience of a number of situations, it is difficult to make the appropriate choice.” This was a theme reflected in the data gathering stages, and hence why all indicators only make reference to decision making in the context of other behaviours, rather than the singular ability to be able to make independent decisions. Although independent decision making is not something that a preregistration pharmacist is required to do, the thought process and analysis in relation to decision making is important and providing potential options for consideration and is reflected particularly in 3.5.
    - One comment related to the importance of making decisions without all the information readily available. Whilst likely to be true, given that preregistration trainees are not expected to make independent decisions until fully qualified, this may be an attribute that is more relevant at a later stage in the career pathway. This behaviour was not identified during the data gathering stages.
One comment related to knowing when to stop looking for a solution “Many pre-reg trainees (and newly qualified pharmacists) spend far too long trying to find answers to a problem which just aren’t there.” Indicator 3.2 has been qualified with ‘while also demonstrating awareness of when sufficient information has been obtained.”

One comment related to indicator 3.3 “Knows where to find and access information, or seeks to find out when uncertain” and that this is not something this has to be known but they should feel confident to ask. It is perceived that the wording of the indicator currently encompasses this aspect.

One comment related to 3.6 "Identifies the most important and relevant pieces of information effectively”. “I think is very poorly worded and in my opinion is unnecessary. Who decides which pieces of information are most important and who are they most important to? The patient? Carer? Pharmacist? Nurse?” However, limited constructive feedback is given as to how this should be re-worded and was otherwise rated as important (mean=5.18 overall) in the survey.

Suggestions in relation to how the attribute could be assessed at the point of selection (13 comments).

- These comments predominantly related to how this attribute should be assessed at a ‘basic’ level, looking for aptitude, ability and potential and that decision making in particular would not be appropriate to assess at this point given that independent decision making is not required during preregistration. “Decision making is difficult because a final decision may not be within their legal responsibility. Coming to potential options for a final decision may be the only alternative in some cases.”

- An inquisitive nature and logical thought process was felt by some to be particularly important to assess.

- One specific suggestion was that “It would be wise to test their logic in the recruitment and selection process, using a simple scenario requiring the trainee to see the bigger picture.”

- Another suggestion was as follows “being decisive is something we currently test in interview. We do this by discussing something ethical or a current health issue so no clinical knowledge is required just the ability to use facts and opinions to make a decision” and another respondent suggested that this attribute should be assessed in a non-clinical way.

Comments in relation to the importance of the attribute (14 comments).

“These are critical elements of Foundation training. By default, and contextually, they are also important for initial and pre-reg E&T. Surely non-negotiable?”

Comments pertaining to how it is an attribute developed during training (41 comments). These comments predominantly draw on a recurring theme within this attribute; that decision making is something that is developed during training.

“This is definitely something that is developed during training as it’s difficult to see the practical application of these skills at undergraduate level.”

Comments suggesting this attribute can and should be assessed at the point of selection (5 comments).
“Problem solving skills should already be well developed at the time of selection, not having these bodes ill for future training ability.”

- Comments relating to difficulties in assessing this attribute at the point of selection (6 comments).
  
  “Without significantly higher clinical exposure during undergraduate training, it would be difficult to assess these competencies at selection.”

- Other – includes comments relating to attributes covered elsewhere in the framework, the interaction with other attributes/knowledge, the pre-reg curriculum, what is taught at an undergraduate level and the important role of tutors in developing these skills (23 comments).

- **Self-directed Learning and Motivation (74 comments)**
  
  - Comments in relation to the indicators/attribute (8 comments).
    
    ▪ Two comments relating to the overall attribute were in relation to ‘you don’t know what you don’t know’ and that sometimes a trainee will need direction and guidance. Whilst this is true, this attribute is identifying the underlying aptitude to be able to undertake self-directed learning when required.
    
    ▪ One respondent commented “There needs to be focus on being up to date for scope of practice rather than academic exercise and also being receptive to new methods and influences of new leaders, as well as self-directed and motivated.” The reason probably does not need to be made explicit in this framework. The second point about being receptive to new methods and influences could potentially be added to the framework, although this has not been explicitly raised elsewhere and as such has not been added to the framework at this stage.
    
    ▪ One respondent felt that some personality styles may prevent an individual showing ‘enthusiasm and passion for the role’. This could potentially be true for a number of indicators, but the methods used for selection should be designed to be able to draw this behaviour out.
    
    ▪ One respondent stated “continuing CPD and drive for the success and contribution of the profession” must be included. Explicit reference to CPD was removed from 4.3 after the steering group review with instead the focus on the actual behaviours that this encompasses. Drive for the success and contribution of the profession may be something that is expected later on in the career pathway?
    
    ▪ One comment related to how learning is not just from a text book and that there are far more appropriate ways to learn in the real world. Indicator 4.7 seeks to encompass this.
    
    ▪ A final comment suggested that indicator 4.8 should be re-worded as striving for excellence is difficult to define; however no constructive suggestions were provided and this aligns to wording used in the NHS values.
  
  - Suggestions in relation to how the attribute could be assessed at the point of selection (3 comments).
    
    ▪ Two comments related to specific indicators that were felt to be the most important to assess at selection; Commitment and desire to learn (4.1), and Passion and enthusiasm (4.2).
One respondent indicated that probing questions at interview would be required to “weed out the people who can only get by with spoon feeding.”

- Comments in relation to the importance of the attribute (32 comments)
  
  “This is essential if the individual is working in a large department as individual tutors may not see their students on a daily basis. If students do not demonstrate self-directed learning from day one they will struggle to get through the year in a large department.”

- Comments pertaining to how it is an attribute developed during training (12 comments).
  
  “I would not expect a trainee to come into the role with this fully developed but would want to see development during the process.”

- Comments suggesting this attribute can and should be assessed at the point of selection (8 comments)
  
  “This is a key quality to recruit for, if this passion and drive is not there then it could be hard for the individual to remain motivated through the year.”

- Comments relating to difficulties in assessing this attribute at the point of selection (4 comments).
  
  “Showing enthusiasm and demonstrating curiosity are difficult to assess or describe.”

- Other – includes comments relating attributes covered elsewhere in the framework, the interaction with other attributes/knowledge, the tendency for trainees to have been previously ‘spoon fed’ information and thus expect it during the preregistration year, how learning takes place through the undergraduate curriculum, and the important role of tutors in supporting this learning process (15 comments).

- **Multi-Professional Working and Leadership (67 comments)**

  - Comments in relation to the indicators/attribute (10 comments).
    
    ▪ Reflecting a common theme in the comments within this attribute, the majority of the comments related to the leadership aspect of this attribute. Some felt that they should be separated out. Whilst this is feasible, it is also possible to separate the indicators out at the point of selection, so that, for example, one exercise may focus more on the multi-professional working aspect, whilst another may focus on more on leadership attributes. Other comments related to whether leadership should be included at this point in the career pathway. This was a subject for much debate as part of the data gathering stages. The indicators were worded carefully such that they reflect leadership qualities or behaviours, but not the ability to be a leader. Leadership qualities and behaviours are important for all members of a team, whether or not you have the ever have the desire or capability to become a ‘leader’.
    
    ▪ Other comments related to the lack of opportunity to be able to delegate or provide feedback in the preregistration year but did not dispute the importance of these behaviours.

  - Suggestions in relation to how the attribute could be assessed at the point of selection (7 comments).
    
    ▪ Again some comments related to the more leader focussed behaviours and that this should be de-prioritised for selection.
• One suggestion was that “Case studies could also be used to assess how a candidate would provide feedback to all other members of staff.”

• One respondent commented that “Many students at interview have not been in a position to work in a multi-disciplinary team or in a team with different skill levels” and two others indicated that ‘understanding roles’ would not be appropriate to assess directly at selection. This assessment of these behaviours should therefore not focus on the specifics of the roles one may encounter in the preregistration year, but rather on the principles of having an awareness of, and valuing and respecting, others roles.

  o Comments in relation to the importance of the attribute (15 comments).
    “These are important with respect to team-work, both within the pharmacy team, and wider multi-professional team. Valuing other’s roles and contribution is essential and proactively collaborating with others will help deliver best outcomes.”

  o Comments pertaining to how it is an attribute developed during training (23 comments). It should be noted that only 7 of these comments related to the leadership aspect of the attribute, so the majority of comments related to the attribute as a whole including the multi-professional working.
    “These are all skills that should be developed through the pre-reg year, and although are important should continue to be developed throughout the hospital pharmacy career.”

  o Comments suggesting this attribute can and should be assessed at the point of selection (0 comments).

  o Comments relating to difficulties in assessing this attribute at the point of selection (5 comments).
    “During MPharm, may not have had much chance to work within a multi-professional team, especially outside of university type environment, so hard to assess.”

  o Other – includes comments relating to interaction with other attributes, how placements and the format of training can be utilised to maximise learning in this area, and one comment that leadership skills are more important in community (12 comments).

• Quality Management (44 comments)

  o Comments in relation to the indicators/attribute (4 comments).

    ▪ Two comments related to the last indicator “Effectively manages and organises work through the appropriate use of information technology” referencing that IT was not the only way to organise work. This indicator was changed by the steering group, where the focus previously had been on the use of IT, rather than on managing and organising work through a particular means. The comments reveal a relevant point and this has been changed back to “Appropriately uses information technology to manage and organise work”. Organising and managing work in general is encompassed under 6.3 and 6.5.

    ▪ One respondent suggested that it should not be dictated how they achieve quality and efficiency i.e. through an ordered and methodical approach; however, this is in contrast to findings during the data gathering stages and reflects the behavioural focus of the framework.

    ▪ One comment suggested removing ‘own’ from 6.1 so it reads “Is accurate in their work and undertakes quality assurance processes, demonstrating excellent attention to detail” as
“peer review or other similar independent process is relevant.” The indicator has been updated.

- Suggestions in relation to how the attribute could be assessed at the point of selection (5 comments)
  - One comment emphasised the need for ‘consistency’ rather than ‘standardisation’ as part of quality assurance. This could be qualified in any specific assessment material or scoring.
  - The remaining comments touched upon the generic nature of questions required at the point of selection with one respondent stating “accuracy checking a dispensed item and developing a process for doing so is something that only comes with practice, such as a checking log.” This highlights a recurring theme throughout all sections that is perhaps a miscomprehension of how a selection process may work and how these indicators may be manifested (see conclusion in the section for further comment). For example, there is no requirement for the examples that individuals provide in a behavioural based competency structured interview to be pharmacy relevant and the indicators do not need to be demonstrated in the context of tasks undertaken within the pre-registration role but instead refer to behavioural competence more generally (although relevant to the role).

- Comments in relation to the importance of the attribute (10 comments).
  “Organisational skills are very important as well. These people after a year they will be in charge of a pharmacy it is unacceptable to be careless and unorganised.”

- Comments pertaining to how it is an attribute developed during training (7 comments).
  “Part of the pre reg year is learning how to manage time at work and to still allow time to prepare for the exam outside working hours. Time management is an important skill to pick up / practice during the year.”

- Comments suggesting this attribute can and should be assessed at the point of selection (6 comments).
  “Particularly important in busy environments, work-load planning and self-management is invaluable. This should definitely need to be demonstrated at selection.”

- Comments relating to difficulties in assessing this attribute at the point of selection (3 comments).
  “Standard Operating Procedures and other quality processes will vary between sectors and organisations so could be difficult to assess at selection.”

- Other – includes comments related to how this is something that trainees tend to struggle with, balancing quality assurance process with innovation, not encouraging an ‘OCD’ approach to dispensing, that this should be covered at undergraduate level and that importance varies with role, position and immediate support (13 comments).

- Professional Integrity and Ethics (51 comments)
  - Comments in relation to the indicators/attribute (6 comments).
    - Three comments related to how although working within regulations was important, sometimes you may need to operate outside of these or ‘bend the rules’. “It’s about doing the right thing for patients even when that is breaking the rules.” Although potentially a relevant point, it was agreed that this indicator should remain as it is.
• One respondent suggested adding ‘and lack of action’ to 7.2. Has been added in.
• One respondent stated that “It is important that they recognise their professional status and responsibilities from day one of a pre-reg”. It was agreed that this is probably captured throughout the attribute area rather than needing anything separate.
• One respondent stated that “Needs to be able to address the reality of potentially competing professional and corporate priorities.” This was not identified during the data gathering stages and may be something required later on in the career pathway.

- Suggestions in relation to how the attribute could be assessed at the point of selection (6 comments).
  - These comments predominantly related to the suggestion that 7.7 “Is prepared to challenge poor practice or behaviours, or speak up when observes errors or oversights” was not appropriate to be assessed at selection “I think it could be difficult for the pre-reg to challenge poor practice / behaviour, especially at the beginning of their pre-reg year, but they may develop the confidence to do this by the time they are almost finished.” The view appears to be that the ‘direct challenge’ is less appropriate, and thus if this element was assessed at selection, then it should be clear that ‘challenging poor practice’ may be through speaking to someone else.
  - One comment also referenced SJTs and their dissatisfaction with them as a measure.

- Comments in relation to the importance of the attribute (20 comments).
  “These are fundamental to personal and professional development and underpin professionalism and ‘public trust and confidence’ in the profession. It is not enough to know about them, but they must be consistently role modelled, practised and developed.”

- Comments pertaining to how it is an attribute developed during training (7 comments). These comments predominantly related to 7.1 and 7.7.
  “They may not have knowledge to back up their understanding of law and ethics at the start of the pre-reg but should by the end.”

- Comments suggesting this attribute can and should be assessed at the point of selection (10 comments).
  “This is easy to test during the recruitment and selection phase and can be taught / embedded at undergraduate level - they should have these skills on starting and those who don’t should be weeded out so the pre-registration year can focus on the practical application of clinical, problem solving and communication skills.”

- Comments relating to difficulties in assessing this attribute at the point of selection (2 comments).
  “At selection elements this could be difficult to assess in a meaningful manner as they will not really be able to give examples based on experience.”

- Other – includes comments relating to how this should be embedded at undergraduate, and the need to have good support and role modelling (9 comments).

• **Resilience and Adaptability (44 comments)**
  - Comments in relation to the indicators/attribute (4 comments).
Two comments related to the fact that it is not possible to ‘remain calm’ or ‘eliminate emotion’ from all interactions and instead it is how they are able to manage these situations and control their emotions. One respondent indicated that a degree of emotion could be useful. 8.4 has been reworded slightly in light of this comment to make clear is not about eliminating emotions but managing them appropriately. 8.5 was still deemed to be relevant/appropriate in current format.

A final comment related to the lack of clarity that the second indicator was relating to mental not physical agility. As this is a behavioural framework it was agreed that this was clear as it stands.

Suggestions in relation to how the attribute could be assessed at the point of selection (8 comments).

Comments in this category related to how situations outside of pharmacy would need to be drawn upon, that this should only be assessed at a basic level as experience and maturity will vary at this stage, that only indicators 1 and 5 should be assessed at selection, that a measure of Emotional Intelligence may prove useful and that a simple question relating to criticism and how they have dealt with it may be useful.

Comments in relation to the importance of the attribute (13 comments).

“The prereg year is full of new challenges and requires the trainee to be adaptable. There is also the strong possibility of set- backs throughout the year such as PACE or dispensing logs so it is very important the trainee can deal with being disappointed and deal with mistakes”.

Comments pertaining to how it is an attribute developed during training (16 comments).

“Sometimes this can take time to learn and reflect from experience to develop resilience. Also individual’s life experience will play a factor and people need time to develop.”

Comments suggesting this attribute can and should be assessed at the point of selection (2 comments).

“Perhaps there should be a better way of assessing them as they are not always displayed by registered pharmacists.”

Comments relating to difficulties in assessing this attribute at the point of selection (6 comments).

“Could be difficult to assess at the point of selection depending on what they’ve been exposed to so far.”

Other – includes comments related to respondents concerns generally about this as an attribute (3 comments).

“I don’t think you can say that all pre-registration pharmacists should be resilient as I know many people in senior roles who are not particularly resilient.”

“I am unsure about this. Prereg (like everyone) may become upset by patient situations. They should be offered support and treated with compassion. Not everyone is suited to dealing with emotional situations and this should be accepted.”

Pharmacy in Practice (39 comments)

Comments in relation to the indicators/attribute (0 comments).
Suggestions in relation to how the attribute could be assessed at the point of selection (6 comments).

- Two comments related to the fact that that ‘Work flow and dynamics’ is changeable by sector, organisations and trusts and thus this would need to be considered as part of selection and a broad awareness only should be assessed. Other comments were along these lines indicating that an in-depth understanding should not be assessed, and that ‘business awareness’ may also be viewed differently in terms of priority by employers.

Comments in relation to the importance of the attribute (3 comments).

“Profession does not live in a vacuum so all staff have to understand the importance and financial side of running a commercial enterprise.”

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

“These principles should be developed during later stages of MPharm training, and pre-reg students should be exposed to these during their experiential training, to help them develop responsible business and financial practices.”

Comments suggesting this attribute can and should be assessed at the point of selection (0 comments).

Comments relating to difficulties in assessing this attribute at the point of selection (3 comments).

“It would be difficult to fully understand pharmacy practice before working in a pharmacy so assessing at selection wouldn’t be useful.”

Other – includes comments relating to interaction with other attributes/knowledge (6 comments).