

**Final Report**  
**Evaluation of the 2019 ACTp Pilot**

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## EXECUTIVE SUMMARY

### Introduction

In 2019, the first Additional Cost of Teaching Pharmacy (ACTp) funded experiential learning (EL) was piloted across Scotland. These pilots ran alongside existing EL in all years of the MPharm in two Scottish Schools of Pharmacy.

Sixty undergraduate MPharm students participated in the pilot: 29 Robert Gordon University (RGU); 31 University of Strathclyde (UoS). A total of 41 sites hosted students, including 18 general practices, 10 community pharmacies, 10 community/specialist hospitals (e.g. mental health, prison service), NHS 24 (two sites) and one 'combined package'. Two community pharmacies had extended opening and the eight remaining community pharmacies were in remote and rural locations. The sites were distributed across most of the Scottish Health Boards.

This evaluation explored stakeholder opinions and experiences of the pilots and identified areas for future improvement.

### Methods

The evaluation comprised multiple methods of data collection from different stakeholders. Interviews, focus groups and an online questionnaire were undertaken to derive students' experiences and perspectives of their EL. Interviews (telephone and face-to-face) explored the experiences and perspectives of facilitators, representatives from NES and both universities.

### Results

#### Student Experience

Eight students from RGU participated in face-to-face interviews and seven participated in one focus group. Twelve students from UoS participated in two focus groups (8, 4). The online questionnaire was completed by 20/29 and 23/31 RGU and UoS students, respectively, representing response rates of 70.0% and 74.2% and an overall response rate of 71.7%.

The participants were positive about their EL in general and more specifically about the opportunity to experience new pharmacy roles in non-traditional settings e.g. general practices, NHS24. Some reported that this experience had influenced their thoughts regarding future career options and plans. Some participants criticised the lack of hands-on experience, with students observing or shadowing, rather than undertaking tasks. The majority of questionnaire respondents (73.7%, n=28) thought their EL helped to develop their clinical skills, their communication skills (81.5%, n=31) and had prepared them for their future practice (78.9%, n=30). Many respondents (53.8%, n=21) reported having patient contact during their EL, however, one third reported none (33.3%, n=13).

Whilst many respondents agreed that their facilitators had provided feedback *during* and *after* their EL, several disagreed with these statements (20.6%, n=8) and (28.2%, n=11), respectively. Students suggested more feedback would be welcome. Most questionnaire respondents (94.8%, n=37) were satisfied with their facilitators and felt they were able to spend time with them. Some participants suggested a need for quality assurance of sites.

## Facilitator, NES and University Personnel Experience

Interviews were conducted with 15 facilitators, two representatives from NES, four individuals from RGU, and three individuals from UoS.

The facilitators were extremely positive about the pilot EL. They cited several reasons for participating: some considered it to be a potential method of future recruitment, particularly in areas where recruitment was challenging. Several had no previous experience of hosting students and despite anxieties about doing so, reported the experience to be enjoyable and fulfilling. The enthusiasm of the students energised staff and the latter reported being more reflective of their practice as a result of hosting the EL. The extent to which EL content was planned varied across sites, with community pharmacy staff tending to have a more opportunistic approach. Despite initial concerns regarding additional workload associated with facilitating EL, the majority of interviewees considered this manageable, although some would welcome additional staff during future EL periods. The facilitators who were interviewed were unanimous in their willingness to host future EL. For future EL, they requested more information about their allocated students in a timely manner and clarification of Learning Outcomes. The training provided by NES was deemed helpful by the majority of interviewees who attended, with suggestions about the inclusion of case studies from all types of sites rather than limiting this to the more traditional sites of community and hospital pharmacy. Two significant events were discussed during facilitator interviews.

The interviewees from NES and the universities shared similar experiences of the planning and delivery of the EL. The tight timescales and often-limited information were challenges that arose mainly due to the novelty of having ACTp funding and the need to complete the pilot prior to the end of the financial year. The interviewees noted the value of working collaboratively with all stakeholders and commented upon the willingness and goodwill of staff in their host institutions as well as across the wider pharmacy community, to help deliver the pilot. The university personnel emphasised the need for advanced planning to fit the EL within the curriculum with minimal disruption. The reliance on student volunteers for the pilot EL to run alongside already planned EL meant that the Year 1 pilot was undersubscribed. Both universities provided information sources to students that could be shared with facilitators, but these were not tailored specifically to the pilot EL. Both universities have used the ACTp funds to employ additional staff to support future EL activities. It was suggested that ACTp funding could be used as a “*lever*” to improve the quality of EL as part of a quality management process. The NES and university interviewees were extremely positive about the overall pilot experience and were keen to build upon its success in future years.

### **Discussion**

Despite the challenges of the organisation and delivery of these EL within a limited timescale and with incomplete funding information, the feedback from all relevant stakeholder groups was overwhelmingly positive. The results of this evaluation should be used to build upon these successful pilots and improve the quality of future EL. The main areas for improvement include information sharing and communication, particularly with the resources issued to students and facilitators, the management of expectations, particularly students’ and facilitators’ to optimise the formers’ opportunity to practise rather than observe, and a multi-stakeholder approach to the co-production of a quality assurance scheme.

## **RECOMMENDATIONS FOR THE FURTHER DEVELOPMENT OF ACTp EL**

Many of these areas for improvement arose due to the time constraints involved with the introduction of the pilot and as such, may not be so relevant for future years of ACTp EL.

### **Recommendations for Universities**

- Bespoke workbooks/handbooks should be further developed to:
  - Include Learning Outcomes with sufficient clarity and flexibility to have face validity with all possible types of EL sites and the wide range of possible activities.
  - Harmonise Learning Outcomes across the universities where possible.
  - Include essential site-specific information e.g. NHS24 requires students to be available on one weekday evening and on Saturday morning; possible need for additional travel during week from base site to other sites.
- Provide facilitators with relevant information about their allotted students as soon as possible to prepare accordingly.
- Explore methods by which student knowledge, skills and competencies can be conveyed to facilitators in order for the former to be permitted to engage more actively during their EL rather than observing and shadowing. Consider the use of 'Entrustable Professional Activities' to potentially increase student satisfaction during their EL.
- 'Reporting pathway' processes should be further developed, implemented and evaluated to help support "Students of Concern".

### **Recommendations for NES**

- Consider modifying facilitator training content to ensure that examples and case studies are representative of the wide range of types of site where students are hosted, rather than focusing on hospital and community pharmacy.
- Seek options for guaranteed remuneration, at least for a defined period, to enable universities and sites to plan and enhance the delivery of EL e.g. employing additional personnel, payment of sites with which SLAs have been agreed, etc.

### **Recommendations for All Stakeholders**

- NES and the universities should consider working more closely with the Education and Training pharmacists in practice to increase capacity and reach in terms of facilitator recruitment, but also in terms of creating an opportunity for peer support, especially for less experienced facilitators. Support networks of facilitators could be established either in same geographical locality and/or for facilitators from the same type of site.
- Develop Quality Assurance processes for sites that facilitate student EL (to include the extent to which students are permitted to have hands-on experience).
- Consider a co-production approach to the development of quality indicators and tools to ensure acceptance and agreement by all relevant parties (including Directors of Pharmacy, Community Pharmacy Scotland, etc).
- Consider the role of feedback as an integral element of ACTp-funded EL.
- Consider the policy implications of ACTp-funded EL in the wider context of the NHS i.e. equity, workforce.
- Ensure students do not limit their options with regard to the location and type of EL venue based upon their economic status.