

1 **The Professional Development Needs of Scottish Hospital**
2 **Pharmacists Beyond Foundation Training**

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28 **Abstract**

29 Objectives - In Scotland, post-registration hospital pharmacists initially undertake a vocational
30 Foundation Training programme. Beyond this, there are no mandatory structures for ongoing
31 professional training. To support progression to a more advanced level, competency frameworks are
32 increasingly being used. This study aimed to measure the self-reported competence of pharmacists
33 against a relevant framework and to determine what support was required to enable further
34 professional development.

35 Methods - A mixed methods, online survey was completed by pharmacists working across six acute
36 hospital sites within NHS Greater Glasgow and Clyde who had completed Foundation Training
37 between Jan 2013 and Jan 2018. Participants self-reported competency against the Royal
38 Pharmaceutical Society's Advanced Practice Framework Advanced Stage 1 competencies and gave
39 qualitative feedback through free text questions.

40 Key findings - Twenty pharmacists responded to the survey and three core areas requiring further
41 support were identified: leadership, management and research. Participants reported that more
42 senior support, more opportunities for development and a better understanding of the workplace
43 vision were needed to help them provide evidence for these areas. Mentorship programmes and
44 postgraduate qualifications were suggested as formats to support development.

45 Conclusion - Pharmacists working toward advanced practice reported high levels of competence in
46 expert professional practice, collaborative working relationships and education, training and
47 development. While these results are promising, additional support is needed to cultivate
48 leadership, management and research skills. Future training strategies need to consider this
49 imbalance if we are to achieve national and international workforce goals for the professional
50 development of pharmacists.

51 **Introduction**

52 Since the 1980s, advances in clinical pharmacy practice have resulted in pharmacists providing more
53 direct patient care and taking on new responsibilities.¹ Such advancements come with the
54 requirement to ensure pharmacists have the appropriate skills and knowledge. In hospital
55 pharmacy, lifelong learning is an accepted necessary standard of practice.² Currently, the initial post-
56 registration development of hospital pharmacists in Scotland is supported by the Foundation
57 Framework Training Programme.³ This vocational qualification utilises a nationally-approved
58 competency framework developed by NHS Education for Scotland. The programme typically takes 2-
59 3 years to complete and trainees are assessed by peer portfolio review then a scenario-based
60 assessment. Following Foundation Training, no other mandatory formal training programmes or
61 assessments are routinely delivered to staff in Scotland. However, individual pharmacists may opt to
62 undertake further postgraduate studies such as the independent prescribing qualification, a clinical
63 diploma or MSc.

64 Professional accreditation of advanced practice within pharmacy is a growing field and competency
65 frameworks are increasingly being used worldwide to support this vision. Such frameworks aim to
66 help pharmacists to identify areas in which they require further development. Examples of advanced
67 practice frameworks include both broad generic profession-wide documents⁴⁻⁶ and sub-speciality
68 specific frameworks that are used to set the standards required for an advanced level of practice in a
69 particular field of practice or specialism.⁷⁻¹² Within the UK, the Royal Pharmaceutical Society's (RPS)
70 Advanced Pharmacy Framework (APF) is designed to enable post-Foundation Trainees to identify
71 areas to target for ongoing professional development.⁶ It sets out 3 stages of advanced practice:

- 72 • Advanced Stage 1 – Early stages of specialisation or performing well above foundation years
73 (first 1000 days of practice following Foundation Training)
- 74 • Advanced Stage 2 – Expert in their area of practice (1000 days + of practice following
75 Foundation Training)
- 76 • Mastery – Consultant or corporate level practice (>10 years of practice)

77 The APF has 34 competencies divided into 6 clusters. Each competency describes the skills a
78 pharmacist should have to be considered as working at a particular level of practice. The APF is not
79 specific to any sector of pharmacy practice or speciality so can be used by any qualified pharmacist.
80 Members of the RPS can gain recognition of their advanced stage of practice through submission of
81 a portfolio of evidence, linked to the APF, to the RPS Faculty. Following assessment, members will
82 receive feedback for further professional development and, if successful, relevant post-nominals.

83 The primary aim of this study was to measure the self-reported competence of Advanced Stage 1
84 practice in acute hospital pharmacists who had completed Foundation Training within the past 5
85 years. This group was chosen as they represent a starting point for the journey towards advanced
86 clinical practice. The study also aimed to evaluate qualitative feedback on the additional professional
87 development support required beyond Foundation Training.

88

89 **Methods**

90 **Study Design**

91 This was a cross-sectional study using an electronic mixed-methods survey, prepared using the
92 software Webropol® 3.0 (Webropol UK, Rugby, UK). Participants provided demographic data then
93 were shown the descriptors for each of the 34 competencies in Advanced Stage 1 of the RPS APF
94 (see supplementary file for full details of the questionnaire, including an in-depth descriptor of each
95 competency) and asked to self-report (YES/NO) whether they could currently provide evidence for
96 each competency. Questions could not be skipped. At the end of each cluster of competencies,
97 participants were given an optional free text question which asked what further support they would
98 need to meet the competencies. Participants also ranked the 6 clusters in the order of level of
99 support they required for further development (1. most support to 6. least support). Finally, a
100 mandatory free text question asked participants to suggest a format for post-Foundation Training.

101

102 The questionnaire was assessed for face validity by an experienced RPS Faculty member. To ensure
103 that participants who had not previously seen the framework would be able to complete the survey,
104 it was then piloted by a pharmacist who had completed Foundation Training but was not an RPS
105 member. This pharmacist was from a geographic area outside the study site and hence, their results
106 were not used in the final analysis.

107

108 **Participant selection and survey distribution**

109 The study was conducted within NHS Greater Glasgow & Clyde (NHS GGC), Scotland's largest
110 autonomous integrated health authority, which provides healthcare to over 1.2 million people. The
111 inclusion criteria for the study were pharmacists who had completed the Foundation Training
112 programme between 1st Jan 2013 and 31st Jan 2018 and were currently employed at one of the six
113 acute sites in NHS GGC. This time limit reflects the RPS recommendation that advanced stage 1
114 competencies represent the 1000 days of practice following Foundation Training. Pharmacists from
115 the two speciality tertiary sites within NHS GGC were not included in the study due to differences in
116 line management structure and internal communication pathways.

117

118 A link to the questionnaire was sent on 25th May 2018 by internal email for distribution by sector
119 leads to all pharmacists working at the relevant sites. The email included a participant information
120 leaflet which detailed the reason for the study and information regarding consent. This was followed
121 by a Whatsapp® message to an existing pharmacy group used locally for distribution of information,
122 which encouraged completion of the survey. An initial eligibility question was built into the survey to
123 prevent pharmacists from completing the survey if they did not meet the inclusion criteria. In week
124 2, the pharmacy dispensary of each site was contacted. Staff confirmed distribution of the email and
125 the number and identity of eligible pharmacists at each site. A survey reminder email was sent to
126 these pharmacists. Lead pharmacists on each site were also contacted to confirm the number of
127 eligible staff and asked to encourage survey completion. The survey closed on 18th June 2018. No

128 incentives were offered for completion of the survey. Surveys were administered anonymously.

129

130 **Survey analysis**

131 Quantitative data from the demographic information and self-assessment responses were collated

132 by AR using Microsoft Excel®. The proportion of competencies evidenced for each cluster was

133 determined by calculating the percentage of participants ~~that~~ who self-reported evidence for each

134 competency then taking a mean for each cluster (AR). Free text responses were thematically

135 analysed using conventional content analysis.¹³ Common themes were identified by coding the free

136 text comments of individual respondents in an iterative manner (AR). Themes were also

137 independently coded by a second author (PF). The team (AR, PF) then met to review and refine the

138 themes before producing the final results.

139

140 **Ethics**

141 The study formed part of a local pharmacy service education and training review. As such, the West

142 of Scotland Research Ethics Service Scientific Officer advised that NHS ethical review was not

143 required.

144

145 **Results**

146 **Demographic Information**

147 Twenty of the twenty-eight eligible pharmacists completed the survey (71.4%). There were 13/20

148 (65%) female participants and 19/20 (95%) participants were under 30 years old. Further

149 characteristics are described in Table 1. Before participating in this survey, 14/20 (70%) participants

150 had not read the APF.

151 **Self-Assessment of Competencies**

152 The self-reporting of competence in Cluster 1 (Expert Professional Practice) and Cluster 2
153 (Collaborative Working Relationships) was high, with an overall proportion of competencies
154 evidenced by the study participants of 96% and 98% respectively (Figure 1). In Cluster 1, 18/20 and
155 in Cluster 2, 19/20 participants could provide evidence for all competencies. Cluster 5 (Education,
156 Training and Development) also scored highly with 90% of competencies evidenced overall. All
157 individual competencies scored $\geq 90\%$ except *Educational Policy* (65%). In Cluster 5, 12/20
158 participants could provide evidence for all competencies.

159 For Cluster 3 (Leadership), participants could provide evidence for 67% of the competencies.
160 Competency rates for individual elements ranged from 45% for *Workplace vision* to 90% for
161 *Motivational*. In Cluster 3, 5/20 participants could provide evidence for all competencies. Cluster 4
162 (Management) had the lowest proportion of competencies evidenced across all participants at 48%.
163 This ranged from 15% for *Working Across Boundaries* to 85% for *Standards of Practice*. In Cluster 4,
164 3/20 participants could provide evidence for all competencies. For Cluster 6 (Research & Evaluation)
165 participants could provide evidence for 57% of competencies. This ranged from 40% for *Evaluates*
166 *Research Protocols* to 80% for *Critical Evaluation*. In Cluster 6, 6/20 participants could provide
167 evidence for all competencies. Three of these six participants had completed an MSc.

168 When asked to rank which RPS clusters participants required most support in developing,
169 Management was the most commonly requested area for support with an average rank of 2.1. This
170 was followed by Leadership at 2.4 and then Research & Evaluation at 3.0. Participants reported that
171 they required less support with: Collaborative Working Relationships (4.5); Expert Professional
172 Practice (4.6) and Education, Training and Development (4.6).

173 **Qualitative Analysis**

174 *Type of support required*

175 When participants were asked what support would enable them to provide evidence for further
176 competencies, 3 main themes emerged. The first was a need for more clarity about the workplace
177 vision (5 participants and 9 quotes).

178 *'Someone to explain what "the workplace vision" is' Participant F under Cluster 3 Leadership*

179 *'Need to understand what the workplace vision is!' Participant S under Cluster 3 Leadership*

180 The second was a need for more opportunities (5 participants and 13 quotes). Participants often
181 expressed concern about not being able to develop their practice through lack of opportunity or
182 constraints of the current service preventing opportunities being possible.

183 *'I have the competency to perform specialist clinical pharmacy roles but my capacity for such tasks is*
184 *severely hampered by poor staffing' Participant B under Cluster 1 Expert Professional Practice*

185 *'No opportunity to plan >3 months in advance' Participant G under Cluster 4 Management*

186 The final theme was more senior colleague support (6 participants and 10 quotes). Participants
187 described a need for more senior support, at both a local and an organisational level, to facilitate
188 progression to advanced practice.

189 *'My directorate do a decent job of this but need more senior support to deliver a continually good*
190 *pharmacy service' Participant A under Cluster 4 Management*

191 Participant quotes most commonly occurred in relation to the Leadership cluster (31%). This was
192 followed by Research & Evaluation (22%), Management (16%), Collaborative Working Relationships
193 (13%), then finally Expert professional Practice and Education, Training and Development (both 9%).

194 *Format for Support*

195 Three clear themes emerged when participants were asked what format future support should take.
196 The requirement for more senior colleague support and management (12 participants and 18
197 quotes) was seen again. Specific comments related to support to take on advanced roles (e.g.

198 attending multidisciplinary team meetings, independent prescribing and research) and additional
199 responsibilities. There were also requests for appraisals, case-based discussions and peer
200 discussions.

201 *'Better standard of workplace appraisals... ' Participant K*

202 *'a more defined development plan within the job role' Participant Q*

203

204 Mentorship was the second crucial theme expressed (11 participants and 11 quotes) with
205 participants requesting an allocated tutor following foundation training or to be part of a mentorship
206 programme.

207 *'I believe everyone should be assigned a tutor ... to provide informal discussions 2-3 times yearly and*
208 *set some goals for pharmacists' Participant A*

209 *'A one to one peer mentoring scheme. A trainee would be assigned to a more senior pharmacist and*
210 *draw up a professional development plan and set tasks/goals to be met over a set period of time.'*

211 *Participant C*

212 The final theme was post-graduate qualifications (5 participants and 8 quotes).

213 *'I believe professional development should lead to additional qualifications rather than being solely*
214 *competency based (e.g. stage two, faculty). There is a greater sense of accomplishment achieving*
215 *formal qualifications rather than a competency based system and these can be recognised by non-*
216 *pharmacists as an achievement.' Participant B*

217

218 **Discussion**

219 The results of this survey provide important information about the self-reported competency of a
220 cohort of hospital pharmacists as they transition from foundation to advanced practice. Leadership,
221 management and research skills were the clusters with the greatest unmet competence. To improve
222 the transition to advanced practice, participants expressed a need for more senior support, the
223 creation of opportunities and a defined workplace vision. Mentorship programmes and
224 postgraduate qualifications were suggested as potential future formats to support development.

225

226 **Strengths & Limitations**

227 This is the first published study in the UK to address the professional development needs of
228 pharmacists as they begin their journey towards advanced clinical practice, independent of the area
229 of specialism. The use of the RPS APF, as a nationally recognised measure, delivers a result which is
230 relevant and understandable across the entire UK. The mixed method approach allowed a more
231 detailed exploration of the professional development needs of this particular group. This method
232 provides more comprehensive answers than solely quantitative studies.¹⁴ As well as identifying key
233 areas for development, participants were able to express how to approach development in these
234 areas. Similarities in results of both methods used, such as the 3 clusters identified as having the
235 greatest unmet competence in the quantitative results being the same 3 areas where respondents
236 were most likely to detail a type of support required in the qualitative results, gives strength to the
237 comprehensiveness of this study.

238

239 This was a single-site study with small overall participant numbers, which may limit its
240 generalisability. The study did not assess individuals who did not undertake or failed to complete
241 their Foundation Training, so the needs of these groups may be different. This study also only
242 measured progression from Foundation practice to Advanced Stage 1. Further work would need to
243 be conducted to establish whether pharmacists were progressing to Advanced Stage 2 competencies
244 after 5 years.

245

246 **Context**

247 There is limited published literature regarding the use of advanced practice competency frameworks
248 to self-assess competency in pharmacists. Researchers in Australia have used self-reporting of
249 competency against their own version of the advanced practice framework.^{15,16} These studies show a
250 current lack of awareness of advanced practice frameworks. This issue was also demonstrated in the

251 present study since only 30% of respondents recorded having seen the APF prior to participating in
252 the survey. Similar reasons for working below advanced practice, i.e. not having post-graduate
253 qualifications, lack of years of experience or lack of experience in different areas, were identified in
254 the present study. Improvements in competency over time have been demonstrated in Foundation
255 Trainee pharmacists, across all sectors of pharmacy practice, through using frameworks developed
256 for their stage of professional development.^{17,18} It would be hoped that the same theory could be
257 applied to advanced practice. This study supports this approach as it has shown that the advanced
258 practice framework can be used to identify areas for professional development.

259 Competency in leadership was highlighted as lacking. CPD tools for developing leadership skills have
260 been trialled in Foundation trainees¹⁹ but the present study shows a need for support beyond the
261 Foundation level. Research skills were also lacking. A previous study of Scottish pharmacists
262 highlighted that more barriers to participation in research exist beyond the need for postgraduate
263 qualifications, such as prioritisation and practical support.²⁰ Although postgraduate qualifications
264 were valued by ~~the present studies~~ participants in the present study, completion of an MSc was not
265 always sufficient for participants to provide evidence for all competencies within the research
266 cluster.

267

268 **Policy, practice and research implications**

269 Two important, imminent changes will affect the professional development of pharmacists in
270 Scotland over the next few years; revalidation and the development of a national career framework.
271 Changes to how regulatory bodies in the UK assess the fitness to practice of healthcare professionals
272 has led to the creation of an annual revalidation process for pharmacists.^{21,22} The results of the
273 present study will raise awareness of potential areas of widespread underdeveloped practice
274 amongst individual pharmacists and line managers, thus facilitating discussions and peer support
275 during these revalidation processes.

276

277 The Scottish pharmacy career framework will also help to standardise the future training and
278 assessment of professional competence.²³ The results of the present study will aid strategic leaders
279 in formulating this framework and in understanding the key development needs of the workforce
280 beyond Foundation Training, specifically in leadership, management and research. Other examples
281 of international frameworks, such as the Australian Advanced Practice Framework, group leadership
282 and management within the same domain.²⁴ The potential for co-development of competency
283 between these closely related clusters should be further examined, especially during the
284 development of the new Scottish national career framework.

285

286 In a global sense, frameworks are increasingly being designed to develop pharmacist's skills to an
287 advanced level of practice. The workforce development goals of the International Pharmaceutical
288 Federation (FIP) support the use of competency frameworks for professional development.²⁵
289 Leadership is also set as a specific development goal by the FIP, which advocates the creation of
290 training programmes and mentoring systems, linked to competency frameworks in early career
291 development, to achieve this goal.²⁵ These recommendations echo the findings of our results. As
292 advancement of the pharmacy workforce is considered by the FIP as a basis to enhance patient care,
293 the current study helps to provide direction around how this can be achieved.

294

295 **Conclusions**

296 This study has demonstrated that as pharmacists progress to working at an advanced level, some
297 areas of professional practice are more deficient than others. Encouragingly, high self-reporting of
298 competency in Expert Professional Practice and Collaborative Working Relationships provides a
299 strong basis for pharmacists taking on new and specialist roles. However, senior support, the
300 availability of opportunities and a clearer professional vision are all vitally important to aid ongoing
301 development. Mentorship programmes should be considered alongside attainment of postgraduate
302 qualifications to help achieve this. Future professional development programmes need a holistic

303 approach with specific focus on management and leadership training, as despite recognition from
304 national and international strategies, these skills seem to be underdeveloped in many pharmacists.

305

306 **Declarations**

307 **Conflicts of interest**

308 The Author(s) declare(s) that they have no conflicts of interest to disclose.

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312

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370 **Figures and Tables**

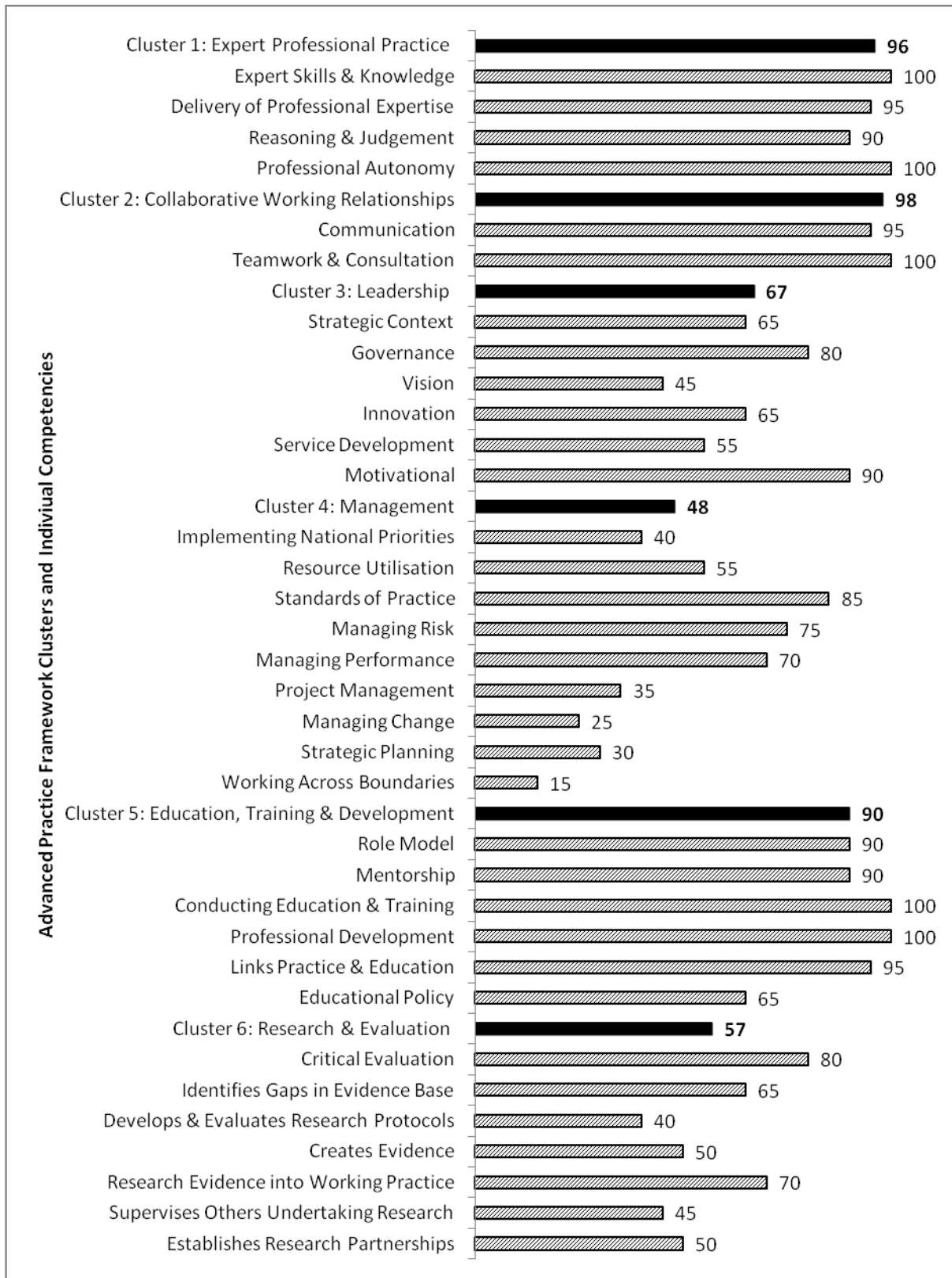
371 **Table 1** Characteristics of the pharmacists who participated in the survey.

Demographic Data	(n = 20)
Gender	
Male	7
Female	13
Age	
21 – 30 years old	19
41 – 50 years old	1
Number of years qualified	
< 5 years	10
5 - 10 years	9
> 10 years	1
RPS Member	
Yes	6
Agenda for change band	
Band 6	2
Band 7	18
Postgraduate qualifications	
Independent Prescriber	7
MSc Advanced Clinical Practice	5

372

373
 374
 375
 376

Figure 1 Proportion of participants (%) who self-reported evidence of competence for the APF clusters and each individual competence (n = 20).



377
 378
 379

380 **Supplementary Files**

381 **Figure S1** Copy of study questionnaire.

382

383

384 **Figure S1** Copy of study questionnaire

385 **Professional Development Post Stage 2 Training**

386 1. Did you complete NES Vocational Training (Stage 2) between January 2013 and January 2018?

387 Yes

388 No

389 2. Demographic Information

390 What is your gender?

391 Male

392 Female

393 3. What is your age?

394 21 - 30 years

395 31 - 40 years

396 41 - 50 years

397 51 - 60 years

398 61 years +

399 4. How many years have you been qualified as a pharmacist?

400 < 1 year

401 1 - 2 years

402 2 - 5 years

403 5 - 10 years

404 10 years +

405 5. How many years experience do you have in hospital practice?

406 < 1 year

407 1 - 2 years

408 2 - 5 years

409 5 - 10 years

410 10 years +

411 6. Your Current Role

412 Which hospital site are you predominately based?

413 Glasgow Royal Infirmary

414 Queen Elizabeth University Hospital / Royal Hospital for Children

415 Gartnavel General Hospital

416 Royal Alexandra Hospital

417 Inverclyde Hospital

418 7. What is your current agenda for change band?

419 Band 6

420 Band 7

421 Band 8

422

423 8. Which directorate do you work in?

- 424 ECMS
- 425 Surgery and Anaesthetics
- 426 Care of the Elderly
- 427 Women and Children's
- 428 Regional
- 429 Rotational
- 430 Non-directorate

431 9. Is your current role predominately?

- 432 Patient Facing
- 433 Non-Clinical
- 434 A split post with patient facing and non-clinical commitments

435 10. Are you employed?

- 436 Full-time
- 437 Part-time

438 11. Do you have any of the additional post-graduate qualifications? (Tick all that apply)

- 439 Clinical Diploma
- 440 Independent Prescribing
- 441 MSc Clinical Pharmacy

442 12. Within the next 1 year, do you plan to start or are you currently undertaking any of the following
443 post-graduate qualifications? (Tick all that apply)

- 444 Clinical Diploma
- 445 Independent Prescribing
- 446 MSc Clinical Pharmacy

447 13. Are you a member of the Royal Pharmaceutical Society (RPS) Faculty?

- 448 Yes
- 449 No but I am a RPS member
- 450 No and I am not an RPS member

451 14. The following questions are based on the 6 clusters of the RPS Advanced Pharmacy Framework.

452 Prior to completing this survey have you read or used the framework?

- 453 Yes, I have read the framework and I have used it
- 454 Yes, I have read the framework but I have not used it
- 455 No, I have not read the framework

456

457

458 15. Cluster 1. Expert Professional Practice

459 For the following competency descriptions please tick all that you feel you can currently provide
460 evidence for:

- 461 ○ Demonstrates general pharmaceutical skills and knowledge in core areas (areas common for
462 current role) and can plan, manage, monitor, advise and review general pharmaceutical care
463 programmes
- 464 ○ Demonstrates accountability for delivering professional expertise and direct service
465 provision as an individual
- 466 ○ Demonstrates ability to use skills in a range of routine situations requiring analysis or
467 comparison of a range of options
- 468 ○ Recognises priorities when problem-solving and identifies deviations from the normal
469 pattern
- 470 ○ Is able to follow legal, ethical, professional and organisational policies/procedures and codes
471 of conduct
- 472 ○ None of the above

473 16. What further support (if any) do you feel would enable you to complete these competencies?

474 17. Cluster 2. Collaborative Working Relationships

475 For the following competency descriptions please tick all that you feel you can currently provide
476 evidence for:

- 477 ○ Demonstrates use of appropriate communication to gain the co-operation of relevant
478 stakeholders (including patients, senior and peer colleagues and other healthcare
479 professionals)
- 480 ○ Demonstrates ability to communicate where the content of the discussion is explicitly
481 defined
- 482 ○ Demonstrates ability to work as a member of a team
- 483 ○ Recognises personal limitations and refers to more appropriate colleague(s) when necessary
- 484 ○ None of the above

485 18. What further support (if any) do you feel would enable you to complete these competencies?

486 19. Cluster 3. Leadership

487 For the following competency descriptions please tick all that you feel you can currently provide
488 evidence for:

- 489 ○ Demonstrates understanding of the needs of stakeholders
- 490 ○ Practice reflects relevant local and national policy
- 491 ○ Demonstrates understanding of the pharmacy role in governance and implements
492 appropriately
- 493 ○ Demonstrates understanding of, and contributes to, the workplace vision
- 494 ○ Demonstrates ability to improve the quality within limitations of the service
- 495 ○ Reviews last year's progress and develops clear plans to achieve results within priorities set
496 by others
- 497 ○ Demonstrates ability to motivate self to achieve goals
- 498 ○ None of the above

499 20. What further support (if any) do you feel would enable you to complete these competencies?

500 21. Cluster 4. Management

501 For the following competency descriptions please tick all that you feel you can currently provide
502 evidence for:

- 503 Demonstrates understanding of the implications of national priorities for the team and/or
504 service
- 505 Demonstrates understanding of the process for effective resource utilisation
- 506 Demonstrates understanding of, and conforms to, relevant standards of practice
- 507 Demonstrates ability to identify and resolve risk management issues according to
508 policy/protocol
- 509 Follows professional and organisational policies/procedures relating to performance
510 management and refers to colleagues as appropriate
- 511 Demonstrates understanding of the principles of project management
- 512 Demonstrates understanding of the principles of change management
- 513 Demonstrates ability to think 4-12 months ahead within a defined area.
- 514 Demonstrates ability to extend boundaries of service delivery within the team
- 515 None of the above

516 22. What further support (if any) do you feel would enable you to complete these competencies?

517 23. Cluster 5. Education, Training and Development

518 For the following competency descriptions please tick all that you feel you can currently provide
519 evidence for:

- 520 Understands and demonstrates the characteristics of a role model to members in the team
521 and/or service
- 522 Demonstrates understanding of the mentorship process
- 523 Demonstrates ability to conduct teaching and assessment effectively according to a learning
524 plan with supervision from a more experienced colleague
- 525 Demonstrates self-development through continuous professional development activity
- 526 Participates in the delivery of formal education programmes
- 527 Demonstrates an understanding of current educational policies relevant to working area of
528 practice
- 529 None of the above

530 24. What further support (if any) do you feel would enable you to complete these competencies?

531 25. Cluster 6. Research

- 532 For the following competency descriptions please tick all that you feel you can currently
533 provide evidence for:
- 534 Demonstrates ability to critically evaluate and review literature
- 535 Demonstrates ability to identify where there is a gap in the evidence base to support
536 practice
- 537 Demonstrates ability to describe the core features of research protocols
- 538 Demonstrates ability to generate evidence suitable for presentation at local level
- 539 Demonstrates ability to apply the research evidence base into working practice
- 540 Demonstrates understanding of the principles of research governance

- 541 ○ Demonstrates ability to work as a member of the research team
542 ○ None of the above
- 543 26. What further support (if any) do you feel would enable you to complete these competencies?
- 544 27. Following the previous exercise, please rank the RPS clusters in order of level of support you feel
545 you require to allow personal development.
546 (1 - most support to 6 - least support)
- 547 ○ Expert Professional Practice
548 ○ Collaborative Working Relationships
549 ○ Leadership
550 ○ Management
551 ○ Education, Training and Development
552 ○ Research & Evaluation
- 553 28. What format do you believe professional development support post VT2 should take?
- 554 29. Thank you for taking the time to complete this survey. If you have any comments on your
555 experience of professional development post VT2 please comment below.
- 556 30. Following the results of this survey there may be a focus group or further survey. If you would
557 like to be a part of this please include your email address in the box below.