A Qualitative Multi-Method Investigation into the Training Development Needs of the University of Birmingham MPharm Professional Experience Programme

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Research rationale

The University of Birmingham (UoB), School of Pharmacy is in the process of preparing to expand its MPharm placement programme to cope with an increase in student numbers and evolving the curriculum to meet the new national requirements for graduate pharmacists. Alongside a continued commitment to quality improvement and regular reviews of the programme quality and efficiencies, the MPharm programme team decided to bring in an external consultant to undertake a more holistic review of the MPharm student placement programme. This allowed the exploration of the views, perceptions and experiences of both MPharm students and external placement supervisors. With a new MPharm curriculum model being rolled out in 2023 there is an immediate need to identify and prioritise potential interventions and developments to improve, enhance and support the scale-up of the placement programme. Peter Rainger of Pharmagogy (Surgigogy Ltd) was commissioned to undertake a rapid action research project with the following research aims:

Research aims

1 To investigate the strengths, weaknesses, opportunities and threats associated with the MPharm student placement programme from a placement supervisor and student perspective using a mixed method rapid action approach

2 To explore the difference between the intended and experienced curriculum for both MPharm students and placement supervisors within a variety of placement sectors (Community, Hospital, General Practice)

3 To identify any wider barriers and/or challenges to on-going placement supervisor engagement and any scope to up-scaling for potential increase in student numbers

4 To identify areas for improvements and make suggestions on educational interventions, programme, operational or training development needs

Background

An initial discovery meeting was held with the Director of Experiential Learning - to explore the wider context of the research. Key points from the meeting are provided below:

- There are four clinical contexts / domains of practice currently undertaken within the course (hospital, general practice, aseptics, community pharmacy) with very different clinical training needs for placements across the four undergraduate years

- UoB has approximately 150 community pharmacy supervisors providing training, supervision and assessment for pharmacy students (with approximately 15% annual turnover) many of whom provide supervision for multiple pharmacy schools all using different systems and processes

- UoB has approximately 26 external sector leads who provide training and mentorship for supervisors, additionally UoB has two directly employed sector leaders (1 additional post is in recruitment) who report directly to the MPharm Placement Director

- The Director provides primary training but this is unsustainable and not scalable with future developments in the programme

- In 2021 GPhC published the revised Standards for the Initial Education and Training of Pharmacists (IETP)

- The GPhC interim transition standards are currently in place for the MPharm Foundation year. These will be subject to change as they are implemented which is likely to have significant variation when applied to each pharmacy school in the country

- A centralised research project with NHS England (NHSE) is under way into pharmacy Entrustable Professional Activities (EPAs). The work however, currently lacks specificity to lead to easily actionable outcomes at a local level

- The IETP reform will see pharmacists joining the register as independent prescribers in 2026

- NHSE is working with partners to provide a programme of new training to underpin the new standards

Methodology
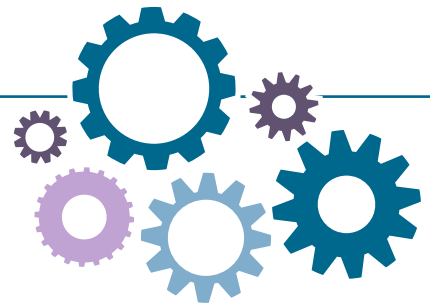
A rapid action research approach was chosen so that initial findings could be relayed to the MPharm team quickly as the research unfolded, allowing for a rapid change in the design and focus of the research.

Research was undertaken to evaluate the existing placement documentation for the MPharm programme. This enabled us to understand the intended curriculum for the programme as a whole and how this aligned with the placement programme design and delivery.

The primary method of the research was qualitative and was carried out using semi structured interviews starting with the four student representatives. This was followed by supervisors from each of the three sectors (which included some supervisors who were also placement leads).

Questions posted to participants were based on Harden's[1] model of workplace clinical roles as a framework for our hypothesis. Students were asked questions relating to each role applied to pharmacy placements with each successive interview seeking to confirm or contradict each feedback point.

For supervisors and placement leads, a similar approach was taken where in the first interview participants were asked questions across all the workplace clinical role domains and the second interview was used to seek confirmation or contradictions to those feedback points.

During both interview types a friendly flexible discussion approach was used to ensure open engagement. Where appropriate follow-up questions were used to dive deeper into the issues and ideas raised by participants.

Participants were recruited by requesting volunteers from the supervisors mailing list and followed up by personal requests from the programme team.

No participation payment was made to any participants who took part in the research.
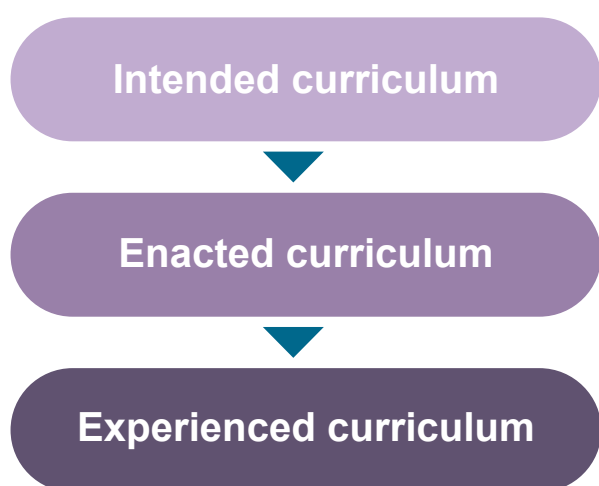
1. Harden, R.M. (2000) AMEE Guide No. 20: The good teacher is more than a lecturer the twelve roles of the teacher, Medical Teacher, Vol. 22, No. 4

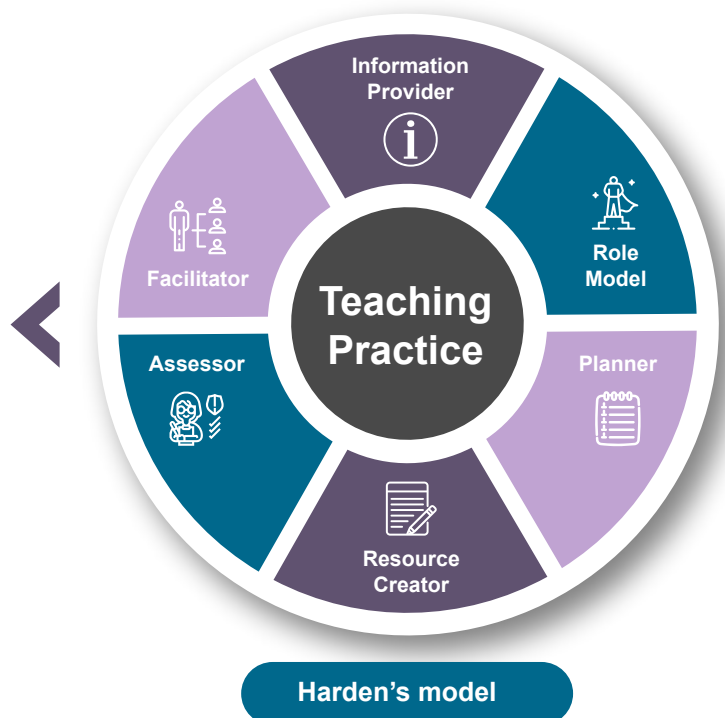# A theoretical model for exploration of placement programme

The following model was developed by Pharmagogy to explore differing perspectives of the intended curriculum vs the enacted curriculum vs the experienced curriculum. In more practical terms, this is a way of considering what the formal university curriculum and programme plan was according to the desk research, vs. what the supervisors actually enacted on placements vs. what the students actually experienced on placement.

Key to our exploration of the placement programme was the role of the supervisor. To facilitate a common understanding and foundation, we looked at Harden's model of the 12 roles of a medical teacher and looked at the 6 core domains which we felt would be more applicable across a range of healthcare professional teaching or supervision roles. These domains were used as the basis of questions to both supervisors and students to investigate what the actual role of supervisors was in practice.

Curriculum & teaching models used to frame the semi-structured interview questions and answers analysis

Intended curriculum

Enacted curriculum

Experienced curriculum

Based on a socio-constructivist view of situated and work-based learning theory

Information Provider

Role Model

Facilitator

Teaching Practice

Planner

Assessor

Resource Creator

Harden's model

Positionality statement

In conducting this qualitative mixed methods research project, it was important as researchers to recognise our positionality and to acknowledge the influence our perspectives, backgrounds, and experiences may have on the research. We recognise the importance of reflexivity and transparency in the design, implementation, analysis and interpretation of the results.

In the use of semi-structured interviews and surveys, we aimed to capture a comprehensive understanding of the current state of the placement programme. The semi-structured interviews provide an opportunity for a detailed exploration of the lived experience, allowing participants to share their unique perspectives and experiences in their own words. Simultaneously, the survey component enabled us to gather quantitative data to establish whether the trends found in the qualitative research could be generalised to the wider supervisor population.

As researchers, it is important to engage in reflexivity throughout all stages of the research process. Through reflective practice, we acknowledge our own biases, preconceptions, and potential blind spots, seeking to mitigate their impact on the research findings. Our positionality statement serves as a declaration of transparency, recognizing the interconnectedness between the researchers and the researched, and highlighting the importance of reflexivity in producing a valid and reliable study.

Declaration of prior experience: The principal investigator of this report, Peter Rainger, was a member of the University of Birmingham MPharm development team until 2014 and supported teaching on the first and and second year of the programme at which time placement provision was very embryonic and low in scale and maturity. Until, Peter Rainger, was commissioned to undertake this research project he had no knowledge of the proposed changes to the curriculum, programme or the state, quality of challenges being experienced by students or supervisors in the delivery of the MPharm placement provision. The programme team felt this historical perspective would provide Peter with a point of contrast and allow him to get up-to-speed with the programme more quickly.

Desk research

We undertook a review of the MPharm documentation:

- Curriculum model (and planned revision)
- Placement Development Strategy
- Placement Assessment Strategy
- Supervisor handbooks (by sector and year)
- Student handbooks (by sector and year)
- Quality Assurance (QA) procedures

As Peter was originally part of the initial MPharm team he was able to compare and contrast the differences between the initial plans for the programme and how it had developed over the following years. A few changes were of particular note:

1 The greater integration of biomedical subject material into integrated larger modules especially in years 3 & 4.

2 A challenging discontinuity between central university systems and the unique requirement for managing and administering an MPharm in particular supporting a large range of external supervisors

3 A robust academic quality assurance system with regular site visits and audit. However, the focus is academic rather than clinical supervision. It was noted that clinical assessment and supervision would need to grow significantly with the introduction of EPAs on placement

4 The most significant development was the implementation of placement provision within the GP / primary care sector which was originally conceived by the first programme clinical director at the initiation of the programme. UoB has managed to form early relationships with many of the first GP practices to host Pharmacy professionals in-house and in practice prescribers.

Key roles in supervision for MPharm students on placement

The role of the MPharm student on placement

Through each year of study, MPharm students are expected to engage effectively with the placement programme activities such that they can develop and apply their knowledge and skills within a clinical setting with the ultimate goal of progressing towards becoming a professional pharmacist. Students are expected to be proactive in their engagement in the work-based day-to-day activity within the setting as a pseudo employee, and to demonstrate and develop their soft skills in communications, teamwork and independent study. Taking the opportunity where available to engage in highly supervised clinical activities that enable them to move towards 'shows how' and 'does' on the Millers triangle scale.

The role of the placement supervisor

Based on conversations with the MPharm team and documentation provided, key aspects of the role of a placement supervisor include (but not limited to):

- Onboarding students to work based context, local systems and practices
- Workplace supervision, facilitating student engagement and participation in appropriate activities
- Delivery of appropriate patient-side teaching and/or demonstration of practice both on request of student and as directed by supervisor. This is based on presenting patient opportunities for learning
- Assessment of student placement activities against the professional framework including assessment of professional pharmacy skills (inc. clinical skills where applicable)
- Provision of in person and documented formative feedback to enable students to improve their practice
- Clinical supervision of students engaged in any clinical activities which includes patient interactions, preparation of medicines etc (Supervisors remain responsible for patient safety and clinical standards)
- Modelling professional practice for students as professional pharmacists

The role of the sector placement leads

Based on conversations with the MPharm team and documentation provided, key aspects of the role of a placement leads include (but not limited to):

- Coordination of sector specific placement supervisors (within their setting/domain)
- Dissemination of information and changes in practice or process from central MPharm to local supervisors (including compliance to changes)
- Mentoring, development and clinical supervision of placement supervisors to enable them to effectively undertake their role
- Managing the recruitment, selection and on-boarding of new placement supervisors within their domain of practice

The results

During the interviews, interview discussion points were raised or confirmed by at least 3 participants that were non sector specific. These points are presented as key feedback along with a suggested analysis and/or recommendations. Non-sector specific feedback is broken down into:

1 Feedback about the academic structure and design of the placement programme

2 Feedback about the operational, procedural and processes in the delivery of the placement programme

3 Feedback on the training needs for future placement supervisors

Where interview discussion points were raised by both sector participants and were sector specific, these points are listed as overview feedback by sector, details of specific feedback follows as a section dedicated to each sector.

Each finding is supported by our recommendations for improvements

Key academic findings & recommendations

Students reported that it was possible to take a passive role on placements and their completion of the workbooks was not consistently monitored.
We recommend that at least one assessed activity is integrated with each year of community placement, one activity in years 3 and/or 4 for primary care placements. This should increase the perceived value for students and improve active participation as well as the engagement of supervisors.

The placement feedback form (PFF) is seen as setting a minimum standard for professional practice but loses significant value in Y2-4 as these standards should already be met - so it becomes redundant.

We recommend that a clinical years PFF (for each sector) is developed to extend opportunities for effective and constructive student feedback during placements. This provides a further 'stretch' in student performance and active engagement.

The workbooks provide an invaluable resource for supporting independent learning whilst on placement, the level of contextualisation varies by provider.

We recommend a collaborative co-design style review is undertaken with representative supervisors to enhance the workbook utility and gain further buy-in from supervisors supporting the placements. Additionally, we recommend that a formative set of placement MCQs are developed to be delivered to students on a monthly basis to ensure a minimum level of engagement through the use of inquiry-based questions.

Key operational findings & recommendations

Knowing who and at what level of student was attending on the day is the most impactful factor in ensuring a good quality student placement experience.

We recommend that students are issued with A5 summary cards of the current level of knowledge, skills and learning objectives to bring to each placement.

The perceptions of expectations for a supervisor in supporting and mentoring students were variable. Sometimes the self-advocacy of students weighed heavily on the opportunity for students to gain the most from the placement experience.

We recommend initial induction training for supervisors to better set out expectations and examples of good practice and provide an overview of the MPharm programme.

The engagement of supervisors day-to-day was greatly impacted upon the lack of 'protected time' during busy clinical days, in addition to competing commercial agendas where placement supervision is less profitable than some paid clinical add-on services.

We recommend raising these issues with NHSE and GPhC as a significant risk to the sustainability and scalability of student placements.

Key supervisor training recommendations

Our interviews revealed that the primary topics for training interventions for supervisors should be:

1 Induction to the role and expectations of a placement supervisor

2 Introduction to the programme and the knowledge and skills of students at each level for each sector

3 Basic training in assessment and feedback practices and concepts

4 Useful strategies for developing and delivering on-the-day learning opportunities when patients or prescriptions are relevant to student in attendance

Participants generally agreed that training should be provided via a short online course; where possible CPD credits or a certificate of completion should be provided to better support workplace recognition of the role of placement supervisors.

Additionally, a community of practice online forum (or monthly practice sharing e-newsletter) could be created to provide sharing of good practice across the network.

Overall feedback by sector

The MPharm student placement experience was extremely variable across sectors, organisation size, the experience of the supervisor and clinical learning opportunities available on the day.

Hospital placements provided the greatest opportunity for the application of clinical knowledge and where possible coordination with other HCP students greatly improved the learning experience. A key factor of the placement success were linked assessments providing specific motivation for active engagement.

Primary care placements were considerably variable due to the organisational structure & size of the GP practice, the level of integration of the resident pharmacist(s) into the MDT structure and the balance of remote vs. in practice activity. In general, larger MDT settings provided the greatest opportunity for learning. While small settings with poor pharmacy integration provided less valuable learning opportunities.

Community placements were very variable depending on the organisational size and the experience of the supervisors (specifically as opposed to leads) and higher incidence of locum staff. An estimated 25% of students have part time pharmacy jobs; students reported they provided significantly more value formal university placements and reduced the value of formal placement significantly in later years. Though community was one of the largest sectors for placement time, the programme did not provide sufficient assessment integration to make the experiences high stakes enough to ensure consistent active student engagement.

Findings from the interviews

The findings, insights and recommendations from the interviews are broken down into the three sectors:

1. Community pharmacy placements

2. Hospital pharmacy placements

3. GP / Primary Care placements

Sector specific feedback

Community Placements (CP)

The following feedback from participants has been categorised into into a SWOT analysis table.

STRENGTH

S

Both students and supervisors reported a generally positive experience

Both students and supervisors found the booklet provided a useful resource and structure for placements

Students found the workbooks particularly useful for independent learning when there were no immediate WBL opportunities during the placement

Students reported paired student visits were sometimes helpful in having a shared learning experience to enable peer-to-peer learning

Students found the continuous feedback of supervisors as they progressed through assigned activities particularly helpful in putting their knowledge into practice

WEAKNESS

W

Students need greater self-advocacy skills in terms of explaining what they would like to learn and what are their current knowledge levels

Prior to attending a placement students lack an understanding of the full breath of the CP sector services and activities

There is a high variability between student prior experiences (especially where some have part time jobs in the sector)

The role of placement leads physically visiting branches to support supervisors is undervalued by employers

OPPORTUNITY

O

Students felt a consistent structure to the morning / induction briefing could be useful

Supervisors

Value an opportunity to get involved in university research projects

Value more training on what to expect and how to support students, assessment and feedback & scenario teaching strategies

Would like a super condensed version of handbook (1 per year)

Would like more SOP templates useful when there is an appropriate opportunity (e,g, antibiotic counselling script)

Suggested using a quiz or reflection for student after placements so they are grounded in what they learnt

THREAT

T

Some students

Perceived that placement were imposed on stores and they didn't want to partake in the placement

Reported an issue with locums covering placement resulted in poor experiences

Experienced that some branches didn't know students were turning up

Reported they learnt more form part time jobs in the community than placements

Supervisors reported that was a lack of protected time to support student placements which affects the quality of experience supervisors can provide

Suggested to include service user community sessions to UoB teaching (blister packs / substance dependence)

Requested a simple structured online version of the sign-off tool / documents / forms

Found using MPharm graduates or foundation student as co-supervisors was beneficial

The extra workload posed by supervision is not always recognised by employers

A lack of a common training programme across MPharm providers increased complexity for branches supporting multiple university placements

Elements of miscommunication from corporate to stores impact supervisors

Clinical skills training /practice is very varied so hard to provide training but clear expectations need to be made for WBAs

Discussion and reflections

The following discussion is a summary of the reflections and interpretations by the research team on the results of interviews, survey and sector workshop.

Organisational capacity and support: CP represents the origins and heart of the pharmacy community but the diverse nature of the commercial sector is a challenge in comparison to the very mature and successful foundation year placement. There are physical constraints for many businesses taking on additional placement students and difficulties in terms of the diversity of requirements across university providers. Both large and small CP businesses are at significant risk of moving away from supporting UG placement students as they don't provide any commercial value as opposed to foundation year students which are seen with a long term future employee recruitment perspective.

Placement educational quality: The CP sector is very diverse and the majority of student placements provide a good experience for students. The biggest challenge is that CP supervisors are often the most remote from the academic or hospital sector and so don't have opportunities to engage with universities in a way that provides career development that is also supported by their employers.

Hospital placements (HP)

The following feedback from participants has been categorised into into a SWOT analysis table.

STRENGTH

The communication between the hospitals and university is generally good

The workbooks were generally found to be useful in guiding learning activities

Education and training is a core duty of supervisors working in the hospital sector

Students find the fact that they're embedded in a multidisciplinary team really helpful

Students get to work with and observe a wide range of health professionals and opportunities to speak with specialist teams

WEAKNESS

Students have a lack of baseline experience in speaking with patients in the hospital setting

Local contracts don't cover a requirement to support supervisors

There is no reimbursement of time or additional payment for the supervision duties

There are currently no university assessments by supervisor staff on placement

A lack of cross programme UG/ FY coordinations (i.e medical, nursing student etc) for placements all happening in the same hospital)

The PFFs could be improved to be more useful for students in later years

OPPORTUNITY

There should be an opportunity for train-the-trainer courses with specific training on how to give appropriate feedback and undertake formal assessments

Opportunities to share practice on how to support students while a supervisor is on ward in particular using patients as triggers for case-based learning

More IPE would provide deeper learning opportunities and more scalable learning experiences

Provided clear 'outcomes and level of proficiency ' for students

'Step' pharmacists would value better recognition by the university for developing E&T skills

Improvements to the workbook with more tailored tasks would be helpful.

THREAT

There is an exodus of staff from hospital sector to primary care network

Limited formal education and training / teaching expertise (even show one, do one etc) -junior rotational pharmacist often cover core wards in particular for Y1/2 students who have very little specialist knowledge

Balancing clinical workload with supervisions is challenging and getting more difficult

The length of placements and number of students with variable knowledge/ skills mix is making supervision more difficult

With IP coming on stream there will be more challenges supervising students especially where existing supervisors are not themselves IPs

Discussion and reflections

The following discussion is a summary of the reflections and interpretations by the research team on the results of interviews, survey and sector workshop.

Organisational capacity and support: The sector is the most established and experienced in hosting healthcare placement students however the pharmacy students place a burden on delivery of clinical services as they are not able to contribute to service provision in comparison to other HCP students who can take on basic tasks under supervision. However, the non-commercial nature of the sector places less emphasis on a ROI and the institutional values for supporting training pathways means that placement support is deeply embedded in the organisations. The lack of coordination between university providers does pose challenges especially when seen across HCP programmes. Dedicated pharmacy TPs are essential and provide some mitigation for the scale of impact. It should be noted that the salary provided in the HP is significantly uncompetitive.

Placement educational quality: Most staff in the sector are involved in education and training as part of their career pathway and as such have a broad range of experience to design, plan and deliver placement activities to a high quality.

Primary care placements (GP)

The following feedback from participants has been categorised into a SWOT analysis table:

STRENGTH

S

Students considered the following very valuable:

Assessment and case discussion after a patient consultation

Any opportunities to try out medical history taking and assessment in supervised activities

WEAKNESS

W

General practice was perceived to require a higher level of clinical knowledge which sometimes made it more challenging for students

The biggest challenge reported by supervisors was the high knowledge of theory but little in practice applied knowledge and application compared to nurses and medics

Supervisors agreed supervision created up to an hour a day extra work supporting placement students which is not always recognised by employers

Supervisors all felt that course learning outcomes and requirements need to be more clearly distilled down for non-academic pharmacists

It can be difficult guaranteeing opportunities for students to learn specifics due to a significantly variable range of patient conditions

OPPORTUNITY

O

Supervisors were interested in developing their research and leadership skills

Supporting student research and poster publications was seen as useful by supervisors

Supervisors thought students could be used as active enquirers to support practice / quality improvement projects

There is a need for a certification, qualification, CPD points for supervisor training so supervisors can get better employer recognition

Sector leads agreed a year long timetable means they can place students in advance as some things like clinical themes / audits run at particular times of the year

THREAT

T

The biggest threat mentioned by all supervisor leads and employers was that the NHSE tariff is not even remotely competitive compared to other income streams and the time and resources put in by staff - this is particularly acute when many GP practices do not even have a full time pharmacist. The vast majority of placements are not commercially viable and are only being supported based on individual priorities (i.e. not commercial priorities)

Discussion and reflections

The following discussion is a summary of the reflections and interpretations by the research team on the results of interviews and survey

Organisational capacity and support: As the newest sector, GP practice provides the greatest opportunity for expansion for hosting pharmacy students across all providers as professional integration of pharmacists into GP expands in tandem. The limiting factor here is the maturity of the clinical services in the sector and sufficiently experienced practitioners especially who are active day-to-day IPs. Funding limitations are placing an additional challenge in terms of supporting pilot clinical services when no pharmacist exists in practice, the physical space for consulting rooms and the rise in a portfolio workforce meaning services are not full time.

Placement educational quality: The GP sector is very diverse and both high quality and low quality learning experiences have been reported, which we believe to be a result of the diverse nature of the sector and lack of experience across providers. At their best, placement experiences were highly valued and very hands-on in terms of opportunities to develop clinical skills (potentially more so than even HP) - these were mostly driven by pioneer spearheading practitioners. At their poorest with remote clinical consultations, the student experience was passive primarily due to a lack of technology to share screens and audio on phone calls.

General practice supervisor workshop

The GP sector is both the newest in the support of MPharm students but also the sector with the most potential for upscaling the number of students it can support. Therefore, a development workshop was held to look at potential curriculum improvements.

At the meeting the following additional discussion points were raised:

- It is important for students to be better at self advocating what they hope to learn from each placement at the start to help supervisors tailor their placement

- It would be helpful for the University to clarify its expectation on how much supervisors should contribute to the workbook activities and feedback

- More clarification is needed on the curriculum structure to better understand student needs in particular knowing what students cover in each year and term so that supervisors can help students apply new knowledge in practice

- Currently supervisors are all self selected based on their professional ambitions and interest in pharmacy education, this will not always be possible if much greater numbers of supervisors are required to take part in placement provision

- Up until this year no financial benefit for the practice of taking on pharmacy students.This needs to be looked at for long term sustainability

- Students and the university need to manage expectations for smaller GP surgeries and many do not have their own consulting rooms and physical spaces to support students

- Supervisors felt it was important for students to learn how to fit into a broader primary care MDT not just do practice clinical audits when on GP practice placements

- The benefits for employer and employee personal development must be made much clearer to future placement providers to attract and win support

- Many GP surgeries are having to choose between supporting placements for PAs, nurses and paramedics. This challenge is a real problem with scalability for future pharmacists with the incorporation of Independent Prescribing

- GP surgeries had a bad experience with last minute placement provision when it was handled nationally for foundation year students.They felt local / regional coordination was best placed to manage placements. They were concerned if undergraduate placements were centrally/nationally administered they would lose local knowledge and professional network with the University - there is a risk some practices might pull out altogether

- The University or NHSE should consider paying a start-up fee for student places and provide paid time for online supervisor training

- It is easier to provide placements in larger GP practice with bigger teams, where as smaller practices don't always have the capacity or employer support

- Wider consideration should be given to other parts of the primary care sector not just GP surgeries i.e. physiotherapy, paramedics etc as there is a much wider range of HCP who are becoming independent prescribers. This can all be considered as part of a larger primary MDT

Follow-up survey with the placement network

After the conclusion of the primary interviews a survey was conducted to evaluate whether key elements of the feedback from participants were generalisable across the network and placement sectors. In addition to gaining an understanding of whether the placement networks as a community agreed with our planned next step of project actions/deliverables.

We designed a survey to evaluate three things:

1 The training and educational development needs for MPharm placement supervisors

2 Barriers for MPharm placement supervisor engaging with the programme

3 The level of agreement of MPharm placement supervisors on our planned project actions for the next stage

There were 41 responses to the survey across all three sectors.

Key Survey Results - Our recommendations

Following on from analysis of the interview data, desk research and our professional educational expertise a set of recommendations were developed which were shared with the supervisor population through the survey - the results showed:

87% agreed or strongly agreed that they would:

1. Value some additional training on the structure, learning outcomes and professional practice expectations for MPharm students at UoB whilst on placement
2. Feel that an online community space where they can share ideas, raise questions and get advice from other UoB MPharm placement supervisors would be a useful resource
3. Value access to resources that provide a 'supervisor crib sheet' for specific pharmacy tasks
4. Value some additional training on the structure, learning outcomes and professional practice expectations
5. Value from some online 'bite size' training in how to support, coach, mentor, assess and provide feedback to placement students

Key Survey Results - Barriers to engagement

Following analysis of the interview data, desk research and discussion with the MPharm team a set of common barriers to engagement were shared with the supervisor population through the survey - the result showed the following % strongly agreed [SA] or agreed [A] with the following statements.

- [80% A or SA] A lack of protected time dedicated in the day to support students is negatively affecting the quality of student experience
- [68%] The additional work required to support students is negatively affecting their ability to manage their own workload as it is not recognised by employers
- [68%] The level of funding provided to my employer to host placement students significantly impacts upon their commercial interest
- [63%] Issues with the administrative coordination, communication and prior notice of when students will be attending directly affects the quality of the student experience
- [61%] A lack of professional recognition by their employer for the additional role has a negative impact on their motivation to take on the supervision of placement students
- [59%] Supporting placements students does not compete equally with other priorities in their time for taking on additional clinical services, research projects or funded audits
- [54%] A lack of formal training in student supervision in particular providing university quality assessment of workplace skills
- [54%] Supporting placement students from different Universities each with different requirements provides an additional burden

Discussion of the survey results

The results of the survey from July 2023 showed both overwhelming agreement on our proposed recommendations for curriculum and programme development activities as well as a significant consensus on the barriers for long term continued engagement of supervisors contributing to the MPharm placement programme.

As a result of the survey, a presentation on the key findings of the research was made to the MPharm placement programme director so that our initial recommendations could be reviewed and actioned upon.

Final Discussion

The operational findings and recommendations regarding student placements reveal key insights into the challenges and opportunities across different sectors, emphasising the need for a tailored approach to supervision and training.

The recommendation to issue students with A5 summary cards detailing their current level of knowledge and skills is aimed at enhancing the quality of placement experiences. Variable perceptions of supervisor expectations highlight the necessity for initial induction training to align supervisors with program expectations, ultimately optimising student learning.

Varied perceptions regarding supervisor expectations and mentoring impact the student experience, prompting a recommendation for initial induction training to clarify expectations and showcase good practices. Day-to-day supervisor engagement is hindered by a lack of "protected time" during busy clinical days, urging a call to address this with relevant authorities to ensure sustainability and scalability.

Key training recommendations for supervisors focus on induction, program overview, assessment, and on-the-day learning strategies. A proposed short online course with potential CPD credits aims to improve recognition of the supervisor role. Additionally, a community of practice online forum could facilitate the sharing of best practices.

Feedback across sectors reveals varying experiences in hospital, primary care, and community placements. Hospital strengths include effective communication, useful workbooks, and exposure to multidisciplinary teams. Weaknesses include a lack of baseline patient interaction and limited reimbursement for supervision duties. Opportunities include train-the-trainer courses and more interprofessional education.

Primary care strengths lie in valuable case discussions and opportunities for practical skills. Weaknesses involve challenges in theory-to-practice application and unrecognized additional workload. Opportunities include supervisor development, student research support, and the need for certification. Threats include non-competitive NHSE tariffs.

Strengths, weaknesses, opportunities, and threats for each sector were identified. Hospitals excel in communication but face challenges with reimbursement and lack of assessments. Primary care benefits from case discussions but grapples with theory-practice gaps. Opportunities for research and leadership in primary care are noted, alongside threats from non-competitive tariffs.

Key recommendations for supervisor training include induction sessions, understanding student knowledge and skills, basic assessment and feedback training, and strategies for on-the-day learning opportunities. These interventions, proposed as short online courses, aim to support workplace recognition through CPD credits or certificates.

In conclusion, the report emphasises the need for targeted improvements in supervisor training, structured induction programs, and addressing systemic issues to enhance the overall quality and consistency of MPharm student placements across diverse sectors.
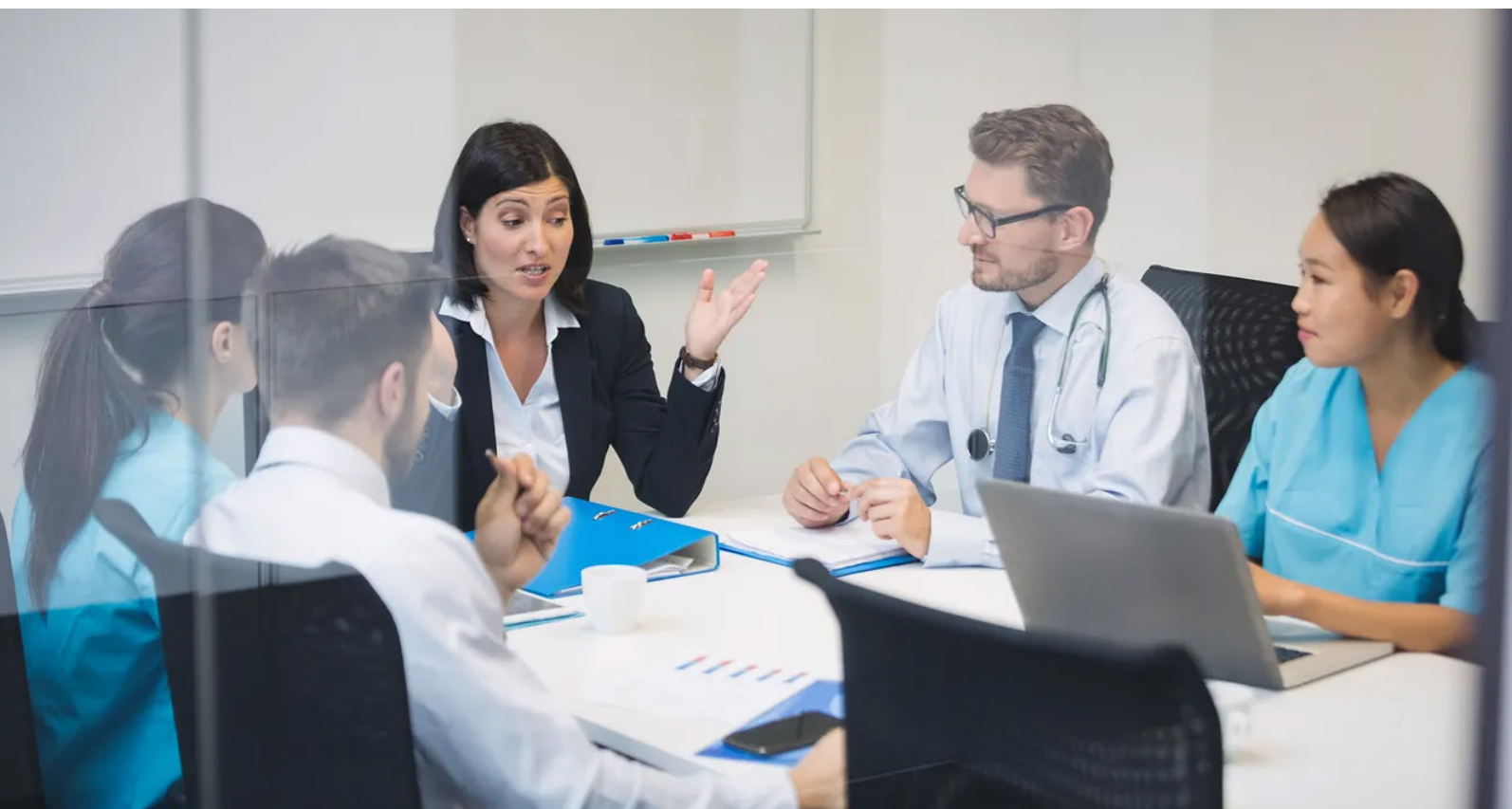
Final recommendations

The following list is a set of final recommendations for the MPharm team to consider to enhance, improve and facilitate the upscaling of the placement programme:

1 **Recommendation:** Develop a new digital system to meet the operational needs of supporting, managing and coordinating placement provision
Rationale: This should address the fact that the majority of concerns from supervisors were operational and administrative.

2 **Recommendation:** Provide online 'bite size' training in how to support, coach, mentor, assess and provide feedback to placement students
Rationale: As the number of supervisors increase and to manage the turnover a more sustainable approach is needed to provide training

3 **Recommendation:** Establish additional regular training on the structure, learning outcomes and professional practice expectations for MPharm supervisors
Rationale: With on-going changes to the curriculum and incorporation of IP, it is essential to keep supervisors up-to-date with changes to requirements

4 **Recommendation:** Provide summary resources that provide a 'supervisor crib sheet' for specific pharmacy tasks and clinical activities specific to each placement sector
Rationale: This should provide supervisors with specific, relevant, achievable and realistic tasks that are appropriate for MPharm students and share good practice ideas for high quality student activities

5 **Recommendation:** Develop an online community space where supervisors can share ideas, raise questions and get advice from other UoB MPharm placement supervisors
Rationale: This should create a more engaged and sustainable community of practitioners which provides peer-to-peer support reducing reliance on University staff

Recommendations for PSRBs

The relationship between the GPhC, PSC, RPS, NHSE, etc is a complex interdependent set of relationships. Recommendations made below are for each body to consider depending on their remit. Our recommendations for Professional, Statutory and Regulatory Bodies (PSRBs) are listed below.

- Open up new funding channels for GPs and community pharmacies to better recognise commercial expectations for full economic funding for educational activities and services not encountered by public sector organisations
- Establish a capacity for regional coordination to facilitate placement supervision across university providers and seek to introduce a spirit of collaboration over competition (which may require some constraints applied to universities as applies to medicine)
- Consider the introduction of a professional regulatory requirement for registered pharmacists to engage in support and training for pharmacy placements either at UG and/or foundation year. Additionally provide professional register recognition for 'advanced trainers'.
- Evaluate the opportunities for regional or national virtual placements that would enable pharmacy students to engage in collaborative e-learning activities which would provide experiential clinical learning opportunities - this could significantly expand capacity.

Recommended further research

This research was designed to be broad rather than in-depth with a specific focus on providing quick actionable findings for the development of the programme. As discussed above the research also generated many insights that need further research and more of a focused investigation to better understand the underlying factors and to validate and trends.

We therefore recommend that the following topics are researched as follow-up activities:

- An investigation into student perceptions of the proposed changes to the MPharm programme structure and assessment strategy
- An investigation into the perceptions of placement supervisors on the proposed changes to the MPharm programme structure and assessment strategy
- A review of the first round of EPAs that are implemented within the placement programme
- A follow-up survey of supervisors at the end of 2024 to review the impact of changes made to the placement programme as a result of this research project

Author & principle investigator

This research was undertaken by Peter Rainger, CEO of Pharmagogy (Surgigogy Ltd) on behalf of the University of Birmingham, School of Pharmacy.

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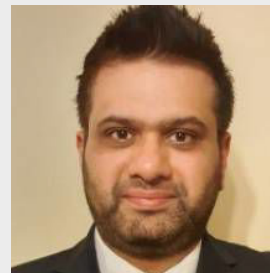
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