PHARMACY EDUCATION CONFERENCE 2024

**The University of Manchester, University Place**

**Conference Booklet**

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# PROGRAMME

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| Pharmacy Education Conference 2024  University Place, Oxford Road, The University of Manchester, M13 9PL | |
| Monday 24 June 2024  Pharmacy Education – What does the future hold?  Programme | |
| 09:00 – 09:30 | **Registration and networking**  The Drum, University Place |
| 09:30 – 09:40 | **Welcome and Introduction**  Harsha Parmar, University of Manchester  Lecture Theatre A, University Place |
| 09:40 – 10:30 | **Keynote Speech**  Title: Navigating the Future: Assessing Trainee Pharmacists and Developing Designated Prescribing Practitioners   * Damian Day, Head of Education, General Pharmaceutical Council * Professor Andrew Sturrock, Director of Pharmacy, NHS Education for Scotland * Laura Doyle, Head of Undergraduate and Foundation Pharmacist, Health Education and Improvement Wales * Lisa Smith, Postgraduate Dean Northern Ireland Centre for Pharmacy Learning and Development * Nkiruka Umaru, Head of School for East England, NHS England Workforce Training and Education * Helen Chang, Associate Director of Education and Professional Development,Royal Pharmaceutical Society   Lecture Theatre A, University Place |
| 10.30 – 11.00 | **Refreshment break**  The Drum, University Place |
| 11.00 – 12:00 | **Parallel oral presentation sessions**   1. Undergraduate experiential, simulated and interprofessional learning, Room, University Place Room 2.220, *Chair: Sarah Knighton, University of Manchester* 2. Undergraduate teaching, learning and assessment, University Place Room 2.219, *Chair: Fatima Zulfiqar, University of Manchester* 3. Foundation and post-registration teaching, learning and assessment, University Place Room 2.218, *Chair: Dianne Bell, University of Manchester* |
| 12:30 – 13:15 | **Lunch and networking:** The Market, University Place |
| 13.15 – 14.15 | **Lightning talk sessions**   1. Undergraduate experiential, simulated and interprofessional learning, University Place Room 2.220 *Chairs: Sarah Hafeez and Mary Rhodes, University of Manchester* 2. Undergraduate teaching, learning and assessment, University Place Room 2.219, *Chair: Sadia Qayyum, University of Manchester* 3. Foundation and post-registration teaching, learning and assessment, University Place Room 2.218, *Chair: Esnath Magola-Makina, University of Manchester* |
| 14.15 – 14.30 | **Refreshment break: The Drum, University Place**, **University Place** |
| 14.30 – 15:30 | **Parallel workshop sessions**   1. Use of AI software in the delivery of simulation-based experiential learning: Jonathan Davies (Liverpool John Moores University) and Olivia Mina (Aston University), University Place Room 2.220, *Chair: Louise Cogan, University of Central Lancashire* 2. Professional Coaching: Chrissy Jones (NHS England) and Esnath Magola-Makina (University of Manchester), University Place Room 2.219, *Chair: Gregory O’Kane, University of Bath* 3. Assessment Optionality: Miriam Firth (University of Manchester: Project Lead for QAA Optionality in Assessment), University Place Room 2.218, *Chair: Simon Archer, University of Portsmouth* |
| 15:30 – 16:30 | **Plenary and evaluation**  Entrustable Professional Activities: Dr Josephine Boland, Medical education consultant to the Medical Intern Board, National Doctors Training and Planning (NDTP), Health Service Executive, Ireland  Lecture Theatre A, University Place |

# KEYNOTE SPEECH: Navigating the Future - Assessing Trainee Pharmacists and Developing Designated Prescribing Practitioners

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| A person in a suit and tie  Description automatically generated | Damian Day, Head of Education, General Pharmaceutical Council  Damian is the Head of Education at the General Pharmaceutical Council. His main interest is pharmacy education in general, setting standards for education and training, transnational education, the assessment and government policy relating to pharmacy education. He is the chair of the the Chatered Institute of Patent Attorney's Education Governance Board, has been a lay menber of the education committees of the Solicitors' Regulatory Authority and Architects' Registration Board. He has worked for the QAA in several capacities, including as a subject reviewer, institutional reviewer and developing th Quality Code (and its predecessors). Damian has a keen interest in transnational education and has chaired accreditation panels in a number of EU countries. Before becoming a regulator Damian was an academic and his background is musicology. He is a singer and Chair of the London Symphony Chorus, the choir of the London Symphony Orchestra. |
|  | Professor Andrew Sturrock, Director of Pharmacy, NHS Education for Scotland  Professor Andrew Sturrock is Director of Pharmacy / Postgraduate Pharmacy Dean at NHS Education for Scotland and a Visiting Professor at the University of Strathclyde. Professor Sturrock is a National Teaching Fellow, member of the GPhC Accreditation and Recognition Panel and holds a number of active research grants. |
|  | Laura Doyle, Head of Undergraduate and Foundation Pharmacist, Health Education and Improvement Wales  Laura has been working as Head of Undergraduate and Foundation Pharmacist at HEIW (and formerly WCPPE) for 10 years. Within this time, she has transformed the foundation training programme in Wales as well as more recently developing the undergraduate placement programme in collaboration with the Universities in Wales. Laura is a member of the Board of Assessors and an Accreditation Team member for the General Pharmaceutical Council. |
|  | Lisa Smith, Postgraduate Dean Northern Ireland Centre for Pharmacy Learning and Development  Lisa took up the post of postgraduate pharmacy dean at the Northern Ireland Centre for Pharmacy Learning and Development in June 2024. Prior to this she worked in the education team at the GPhC with responsibility for developing the content for the registration assessment and for managing the work of around 90 associates who work with the GPhC on the registration assessment. She also works as an education associate for the GMC. She spent the earlier part of her career in hospital practice in England and in Northern Ireland and in more recent years has worked in a GP practice. She spent six years working in the regional medicines governance team in Northern Ireland and retains an interest in safe medication practices. She is interested in all aspects of education and especially in assessment. She’s married with four children and two unruly dogs! |
|  | Nkiruka Umaru, Head of School for East England, NHS England Workforce Training and Education  Nkiruka (Nikkie) is Head of School of Pharmacy and Medicines Optimisation within the Workforce Training & Education directorate of NHS England, East of England. She works with regional and national pharmacy teams, system leads, employers, learners and partners to support the innovation, design and implementation of the educational reforms across pharmacy disciplines at all levels of education and training. |
|  | Helen Chang, Associate Director of Education and Professional Development,Royal Pharmaceutical Society  Helen leads the education and professional development function of the Royal Pharmaceutical Society, supporting members to advance and achieve excellence in their careers. She joined the RPS in 2010 and has held various leadership roles within the organisation, overseeing the development of integral services and resources, including the professional support service, the foundation trainee programme, mentoring, career development, and the E-portfolio. She currently leads the education and learning workstream for the RPS prescribing programme, working with key stakeholders to develop and deliver support and resources to support prescribers. She is passionate about workforce development and strives to improve access to high-quality, innovative, learning opportunities for the profession. |

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# Workshop 1 - Use of AI software in the delivery of simulation-based experiential learning: Jonathan Davies AND SALLY WRIGHT (Liverpool John Moores University) and Olivia Mina, MICHELLE ELSTON AND NATALIE LEWIS (Aston University)

This interactive workshop will involve the sharing and dissemination of practice relating to the introduction and implementation of simulated practice via Artificial Intelligence (AI). This workshop will be delivered by academic teams who have successfully implemented programmes of simulated education, driven by artificial intelligence, in undergraduate MPharm programmes. This workshop will involve:

* Discussion and demonstration of simulation platforms leveraging generative and conversational AI, presented alongside case studies outlining the implementation of AI-driven virtual simulation within the undergraduate MPharm curriculum.
* Facilitated discussion of the challenges, opportunities and concerns arising from the introduction of AI-driven virtual simulation in undergraduate pharmacy education.
* Opportunities for participants to develop and prepare case studies for implementation using a simulation platform running generative AI. Workshop pre-requisites: In preparation for the workshop, it would be useful for participants to:
* Bring a laptop or other smart device capable of accessing the internet
* Bring an outline of a scenario, idea or case study from either a current simulated event (or a proposed one)

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|  | Jonathan Davies is Principal Teaching Fellow in Experiential Learning in the School of Pharmacy and Biomolecular Science at Liverpool John Moores University. Jonathan has a specific interest in the alignment of experiential learning between simulated practice and practice placement. |
|  | Sally Wright is a Senior Lecturer in Clinical Pharmacy at Liverpool John Moores University, and module leader for the 120 credit module for third year on the MPharm programme. Sally leads on delivering person-centred care assessments across the programme, as well as the health improvement initiatives strand of the experiential learning strategy for the MPharm programme. Sally has a keen interest in experiential learning, integrating digital technologies and practical experience as a clinical pharmacist into her teaching practice. |
|  | Olivia Mina is a Teaching Fellow at Aston Pharmacy School with an interest in paediatrics and simulation-based experiences. Olivia has taken a leading role in the design and delivery of SimConverse simulations (a generative AI platform) within Aston Pharmacy School. She has worked collaboratively with other academics to support the use of the system across other healthcare courses at Aston University. |
|  | Michelle Elston is a Senior Teaching Fellow and Head of Professional Experiences at Aston Pharmacy School. Her interests are around pharmacy placements, simulation, and inter-professional learning. Michelle and the team at Aston have worked to embed the use of SimConverse (a generative AI platform) into the simulation-based education delivery of the MPharm and OSPAP courses at Aston University. |
|  | Natalie Lewis is the Associate Dean for Postgraduate Taught and Professional Programmes in the College of Life and Health Sciences at Aston University. In the school of Pharmacy, she is Head of Therapeutics and Associate Head of School (Operations). Natalie’s clinical interests are Cardiology, Critical Care, Ophthalmology and Palliative Care. Her pedagogic work has looked at placement modalities, simulation, and careers support. Recently Natalie has led the pharmacy team at Aston University on the introduction of SimConverse a generative AI platform, winning the Aston University Vice Chancellor's award for Digital Teaching Innovation in 2023. |

# Workshop 2: Professional Coaching, Chrissy Jones (NHS England) and Esnath Magola-Makina (University of Manchester)

In this workshop we will use a series of tools and exercises to explore self-care, well-being at work and plan how to progress your career. To begin, you will reflect on your personal career journeys and identify those factors which supported your progression. This will lead into a discussion about improving your work-life balance, navigating Imposter Syndrome and understanding why self-care and wellbeing are integral to your ability to progress.

Next, we will help you to rethink the importance of your network and the relationships you have in your career, by defining those relationships and then explaining how to foster and leverage those relationships. Finally, you will complete a personal network mapping exercise and create a personalised plan to optimise your network.

You will leave the workshop feeling confident empowered and equipped with tools to navigate your career journey in the NHS, academia and private sector.

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|  | Esnath Magola-Makina is a teaching-focussed Clinical Senior Lecturer in the Division of Pharmacy and Optometry. The focus of her doctoral research was education and development for foundation and early career pharmacists, and her research outputs (which emphasised the need for structured coaching and mentoring) have since informed policy development for foundation education and training at NHS England. Throughout her career journey as a pharmacist in the private sector, NHS and academia, she has learned how powerful relationships, networks and communities are, in cultivating opportunities and progressing careers. Esnath will use her ILM Leadership and Coaching training to share strategies for developing a growth mindset, being intentional and creating the right connections. |
| IMG_0961.jpg | Chrissy Jones is a Chartered Psychologist, trained coach and an Honorary Lecturer in the Division of Pharmacy and Optometry at the University of Manchester. As part of her career in the NHS, Chrissy has designed and implemented national initiatives to support and improve health and wellbeing. Drawing from her experience of coaching senior leaders, she provides strategies for improving work-life balance, navigating imposter syndrome and building meaningful connections at work. |

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# Workshop 3: Assessment Optionality, Miriam Firth (University of Manchester: Project Lead for QAA Optionality in Assessment)

Join Miri, as she shares insights from a national project on ‘Optionality in Assessment’ funded by the Quality Assurance Agency (QAA).

* Gain a nuanced understanding of 'Optionality in Assessment' through Miri's presentation of findings from collaborative research with institutions including UoM, the University of York, Imperial College, and UCL.
* Engage in structured activities designed to encourage reflection and application of research findings to individual academic practices

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|  | Miri Firth is Academic Lead for Assessment in the Flexible Learning Programme across the University of Manchester. She is responsible for promoting flexible assessment and supporting assessment for flexible pathways across the institution. |

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# PLENARY: Entrustable Professional Activities - Dr Josephine Boland, Medical education consultant to the Medical Intern Board, National Doctors Training and Planning (NDTP), Health Service Executive, Ireland

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|  | Dr Josephine Boland  Dr Josephine Boland M.Sc, Ed.D. is a medical education consultant specialising in the development and implementation of competency based medical education using EPAs. She has supported EPA development at a national level for postgraduate specialist training programmes in Ireland – in General Practice, Anaesthesia, Psychiatry, Radiology and for the new curriculum framework for the internship, developed by the Medical Intern Board, National Doctors Training and Planning (NDTP) of the Health Service Executive. She is a member of the faculty team for the International Course on the Ins and Outs of EPAs led by Prof. Olle ten Cate and has contributed a chapter to the forthcoming edited book “Entrustable professional activities and entrustment decision making for competency-based education in the health professions.” |

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# ABSTRACTS

**Oral presentations 1-11**

**Lightning talks 12 - 46**

**E-Posters 47 - 60**

All posters can be viewed online. Follow the links on the conference webpage at <https://sites.manchester.ac.uk/pharmacy-education-conference/>

Electronic posters can be viewed on the ground floor foyer screen on rotation all day during the conference

**ABSTRACTS**

**Oral Presentations: 1-10**

**Poster Presentations 11-54**

## **1 Developing a Toolkit to support student learning about professionalism**

Jason Hall [ORCID iD](https://orcid.org/0000-0001-9434-5867), Danial Goudarzi, Anis Mohd Nadzri, Noor Binti Ab Wahab, Nur Ahmad Zahir, Lindsey Jones, Dianne Burns

University of Manchester, Manchester, United Kingdom

**Background**

Students can have difficulty understanding the requirements of professionalism(Health and Care Professions Council, 2011). Written guidance is available from many professional bodies and institutions, but this can be difficult for students to interpret. This project sought to test a series of images with final year students and staff to explore whether they could be used to create a toolkit to help illustrate professionalism for first year students.

**Method**

Generic, rather than clinical, images were selected to illustrate categories from the Faculty’s Professionalism: policy and guidance document. These images were then rated by final year students and pharmacy staff as either “highly professional”, “somewhat professional”, “somewhat unprofessional” or “highly unprofessional” in an online survey. Consensus was achieved when 75% of respondents rated an image either professional or unprofessional(Hall and Ashcroft, 2011) and this was used to create a RAG (Red/Amber/Green) rating of images.

* GREEN when 75% rate either “highly professional” or “somewhat professional”
* RED when 75% rate either “somewhat unprofessional” or “highly unprofessional”
* AMBER all other images

Respondents had the opportunity to enter free text comments to support each of their judgements. Respondents were also asked whether they thought a toolkit with these images could support learning about professionalism.

**Results**

34 students and 32 staff (clinical and academic) rated 45 images.

90% of staff (27/30) and 79% of students (22/28) agreed a toolkit with these images could support learning about professionalism.

**Conclusion**

There was a high degree of consistency in the ratings between final year students and staff and the majority of both groups felt these could be used to create a toolkit for 1st year students. Further work is required to ascertain whether the qualitative comments will help first year students understand why images were rated amber or red.

#### **References**

Hall J, Ashcroft D, What characterizes professionalism in pharmacy students? A nominal group study Pharmacy Education, 2011; 11(1): 65-70

Health and Care Professions Council Professionalism in Healthcare Professionals. Available at: www.professionalism-in-healthcare- professionals.pdf (hcpc-uk.org), 2011

## **2 Evaluation of acceptability of student-led campus-based Health Check clinics at Aston University**

Natalie Lewis1, Jaswant Jeers2, Sachin Basandrai2, Gagan Degun1, Michelle Elston1, Mangalpreet Singh1, Hayley Smith1, Naveed Iqbal1

1Aston University, Birmingham, United Kingdom. 2MW Phillips Chemists, Birmingham, United Kingdom

**Background**

Providing pharmacy students with equitable experience of key clinical services is challenging at scale in traditional clinical settings (Clews, 2023). In the 2023-24 academic year student-led campus-based Health Check clinics were developed in partnership with a local pharmacy chain to standardize experience this key service. Students received practical training on the service prior to a competency assesment, which was a gateway to serivce delivery.

**Aims**

This project sought to evaluate the acceptability of the student-led service to the campus population.

**Method**

Data was gained from clinic attendance records, a patient satisfaction questionnaire and service referral rates. The patient survey (paper based) was completed immediately after the appointment and consisted of 14 questions (10 Likert scale, 1 numerical response, 2 multiple choice and one free text). This project was approved by the Pharmacy Ethics Sub Committee (PESC) and the pharmacy partner.

**Results**

All students passed the competency test.  Students (attendance rate 83.9%, n=115/137) worked in pairs over 6 days seeing 224 patients (99.6% appointment fill rate, n=224/225). The patient survey completion rate was 82.6% (n=185) and experience of patients was positive with 100% (n=185) agreeing students behaved professionally, communicated respectfully and effectively, and would recommend the service to others. The average age of patients was 38 (range 19-66). Slightly more females accessed the service than males (female 56.8%, male 41.6%, no response 1.6%). Of those receiving the service 63% (n=142/224) were eligible for the service under NHS criteria and referrals were only from this group; 11% (n=15/142) blood pressure, 6% (n=9/142) weight management, and 2% (n=3/142) cholesterol management.

**Conclusion**

The student-led campus-based clinic was acceptable to patients. The lower age of patients attending may contribute to improved long-term health outcomes, as suggested by the Office for Health Improvement and Disparities (2021); delivering this intervention early may alter lifelong behaviour patterns.

#### **References**

Clews, G. (2023), ‘Can Community Pharmacy Meet the Demands of Training More Pharmacists?’ The Pharmaceutical Journal, PJ, August 2023, Vol 311, No 7976;311(7976)::DOI:10.1211/PJ.2023.1.194824  (Accessed 11/01/24)

Office for Health Improvement and Disparities (2021), Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations. Available at: <https://www.gov.uk/government/publications/nhs-health-check-programme-review/preventing-illness-and-improving-health-for-all-a-review-of-the-nhs-health-check-programme-and-recommendations> (Accessed 11/01/24)

## **3 Evaluating if band 2 'Flexible Pharmacy Undergraduate Roles' contribute to the train, retain and reform priority areas set out in the NHS long term workforce plan.**

Rebecca Hayward, Sophia Feret

University Hospitals of Derby and Burton NHS Foundation Trust, Derby, United Kingdom

**Background**

The NHS Long Term Workforce Plan acknowledges an insufficient workforce and the need to take action to address the challenges (NHS England, 2024). The plan identifies three priority areas where action can be taken to improve the workforce: train, retain and reform. This work aims to evaluate if a new position created for undergraduate pharmacy students at the Royal Derby Hospital (RDH) contributes to the three priority areas.

**Description of Work**

A 'Flexible Undergraduate Pharmacy Student' role was created within the pharmacy dispensary and logistic teams at RDH for pharmacy undergraduate students. The role was created as a bank position to allow the students to work flexibly around their studies and lifestyles. The role aims to be mutually beneficial for the students and the Trust. It offers students the experience of working in a multidisciplinary team in a hospital pharmacy environment, provides exposure to medicines and their use and provides an opportunity to build clinical, communication and consultation skills. The Trust benefits by increasing their workforce, whilst also building relationships with and increasing the skills of the future pharmacist workforce. The position contributes to the three priority areas by improving training opportunities, encouraging pharmacy students to pursue careers in hospital pharmacy and remain in the Trust, as well as increasing diversity and skill set within the dispensary and logistics team.

**Proposed evaluation**

Semi-structured interviews will be conducted with students to capture feedback on the role. Following this, an anonymised online questionnaire will be sent to the students with a variety of quantitative and qualitative questions to obtain feedback on the three priority areas. A further anonymised online questionnaire will be sent to staff to collect feedback on the impact of the student's employment. Feedback will be obtained by the end of May and used to further develop the role.

**References**

NHS England (2023) NHS Long Term Workforce Plan. Available at: <https://www.england.nhs.uk/long-read/nhs-long-term-workforce-plan-2/> (accessed 26th January 2024).

## **4 Establishing Benchmarks: Comparing Borderline Regression and Modified Angoff Methodologies in Pharmacy OSCE Standard Setting**

Juman Abdulelah Dujaili [ORCID iD](https://orcid.org/0000-0002-7515-5344)1,2, Gwenno Williams1, Gillian Phua1, Charlotte Waller1, Ali Qais Blebil2, Michael Mckeever1

1Swansea University, Swansea, United Kingdom. 2Monash University Malaysia, Selangor, Malaysia

**Background**

Objective Structured Clinical Examinations (OSCEs) are widely used for assessing clinical skills in Pharmacy schools. The use of traditional pass-fail cut-off yields wide variations in the results of different cohorts of students. This has led to a growing emphasis on the application of standard-setting procedures in OSCEs (Dwivedi, 2020).

**Aims**

This exploratory study aimed to determine the most effective standard-setting method to prevent incompetent students from passing and competent students from failing Pharmacy OSCE at Swansea University.

**Methods**

Eight stations were utilised to evaluate the performance of second and third-year pharmacy students in various Entrustable Professional Activities (EPAs). Two standard-setting methods were employed to determine the pass/fail standard: the modified Angoff and Borderline Regression methods. The reliability of the pass/fail standard of the two methods was measured using Cronbach’s alpha.

**Results**

The study involved six pharmacy experts in academia or pharmacy practice, who had previous knowledge of OSCE. The Modified Angoff method produced lower failure rates, usually less than 20% for each station. However, the experts’ ratings varied across different stations with a ±30% difference in the cut score between the panel ratings. Furthermore, implementing the modified Angoff method can be resource-intensive and may lack defensibility in performance-based examination (Homer, 2020). On the other hand, failure rates for the Borderline methods ranged from 11% to 30% across different EPAs. The Borderline regression method has consistently been reliable and practical in providing acceptable cut-off scores across different stations (Hejri, 2013).

**Conclusion**

The Borderline Regression method generally provides defensible standards, assuming careful design of station-level scoring checklists. To reinforce the validity of combining multiple methods for standard setting, further studies in high-stakes clinical examinations utilising a larger number of judges and OSCE stations are recommended.

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## **5 Hospital based practice supervisors identified barriers and enablers to extended experiential learning in the reformed MPharm**

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**Background**

With the publication of the 2021 General Pharmaceutical Council Standards for the Initial Education and Training of Pharmacists, from 2026 UK pharmacists will be qualified as Pharmacist Independent Prescribers from the point of registration (General Pharmaceutical Councril, 2021).  In Northern Ireland (NI) students will complete 6 weeks of experiential learning in hospitals across their degree, increased from the current 2.5 weeks. A series of 'barriers and enablers' consultation events helped inform a programme of training and support for Practice Supervisors (PS).

**Aim**

To identify the barriers and enablers to new longitudinal placements as perceived by current and potential PS.

**Method**

Twenty-two consultation events were conducted across four of the five Health and Social Care Trusts. All Trust hospital pharmacists were invited to attend and data scribed. Inductive analysis was used to identify common themes. Ethical approval was not required.

**Results**

A total of 174 pharmacists attended the interviews. A number of barriers and enablers were identified. Workload and staff pressure was identified as the most commonly identified barrier. The perceived benefits of the placements were also highlighted including future proofing of the profession and producing more independent and capable students.

|  |  |
| --- | --- |
| **Barrier** | **Enabler** |
| Facilities: computer access | Facilities: computer logins |
| Roles and Responsibilities: how much supervision needed | Roles and Responsibilities: clear definitions |
| Support: to deal with issues | Support: backfill |
| Workload and staff pressure: managing own workload | Training: e.g. clinical skills |
| Expectations: student expectations of placements | Change in mindset: seeing students as beneficial |
| Workbooks and tasks: how to trust their activities | Workplace: students assigned to teams rather than individuals |

**Conclusion**

This study provided insights with regard to the concerns of PS and informed the design and delivery of appropriate resources for staff ahead of the introduction of extended experiential learning.  The study also provided PS with an opportunity to contribute to the development of enhanced experiential learning.

#### **References**

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## **6 Design and evaluation of a structured 12-month training programme for newly qualified (post-registration foundation) pharmacists in a hospital setting.**

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**Background**

The pharmacy education and training landscape has changed significantly, prompted by changes to the initial standards for education and training of pharmacists. Post-registration foundation training in hospital has also been impacted by COVID-19, workforce pressures, changes to funding models, cross-sector role introduction and a movement towards a more individualised approach. To meet these challenges, a new 12-month step-up programme was collaboratively designed and implemented, which adopts the principles of preceptorship and the Midlands Pharmacy charter (NMC, 2023; Seal R, Raaof A, 2023).

**Description of work**

The programme was co-designed by a team of senior and junior pharmacists to facilitate and map the progression of newly qualified pharmacists (NHS band 6) towards more specialist practice (NHS band 7). It provides a curriculum of competency-based education and training, in alignment with the Royal Pharmaceutical Society (RPS) post registration foundation curriculum and the RPS Newly Qualified Pharmacists Pathway (NQPP) (RPS, 2019; Health Education England, 2023). A Lead Pharmacist for Newly Qualified Pharmacists was recruited to facilitate the implementation of the programme. The programme includes an extended and robust induction, wrap-around pastoral support, protected learning time, structured rotations incorporating outcome-based objectives, formal educational supervision, integration of credit-bearing modules and courses, and the creation of a peer-learning community.  Progression through the pathway is monitored monthly through ward visits and use of supervised learning event (SLE) assessment tools. Additionally, support and training are also provided for educational and practice supervisors.

**Proposed evaluation**

A mixed method approach will be used to evaluate the programme through interviews, surveys, retention statistics, end of rotation feedback from supervisors, and proportion of senior pharmacists attaining formal supervisor training. Individual progress through the programme is reviewed with formal self-evaluation in combination with SLE outputs. Outcomes that will be analysed include learner satisfaction, improved learner and supervisor competence, and application of learning.

#### **References**

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## **7 “The video revealed my apparent anxiety" – facilitating pharmacists’ reflections on their communication and consultation skills in a postgraduate pharmacy distance learning course**

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**Background**

Postgraduate (PG) students studying on the Queen’s University, Belfast (QUB) distance learning (DL) Advanced Clinical Pharmacy Practice (ACPP) course study 'Effective Communication and Consultation skills' as part of the three-topic module “Introduction to UK Clinical Practice” in the first semester of their studies. This module is compulsory for all non-UK and Ireland students although is open to all ACPP students.

Assessing communication and consultation skills of students studying entirely by DL can prove to be a challenge, and instilling reflective practice in all pharmacists at PG level is essential. As QUB DL courses moved to wholly online delivery we were presented with an opportunity to introduce a novel assessment to encourage reflective practice whilst also enhancing students’ digital skills to meet the intended learning outcomes for the ACPP course. Previous research by Luetsch & Burrows (2018) found guided reflection by self-reports based in practice can positively change pharmacists’ frame of reference in respect to how they communicate and interact with patients.

**Description of work**

Previously an essay-based assessment, students are now required to record and submit a video of themselves completing a consultation with a “patient” (a friend or colleague) with a specific scenario provided at the start of the module and before engaging with their learning materials. They must then revisit their recording to reflect on and critique their own behaviours via a reflective report, both the video and report are used by the topic tutor to provide feedback according to a set assessment rubric.

**Proposed evaluation**

Student evaluations will be collected by the end of module questionnaire. Open responses will be analysed using Thematic Analysis (Braun & Clarke, 2009). The assessment rubrics for a representative sample of students will also be analysed to evaluate performance and engagement with the reflective process.

#### **References**

#### Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77- 101.

Luetsch K, Burrows J. (2018) From transitions to transformation - A study of pharmacists developing patient-centered communication skills. Research in Social and Administrative Pharmacy .14(7), 686-694.

## **8 Using Exit Interviews to Integrate Year 1 Laboratory Assessments**

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**Background**

A diverse range of laboratory activities are included in the Year 1 MPharm curriculum. These forge meaningful links with lecture material but can present challenges when ensuring that formatively assessed practical sessions provide a scaffold for summative assessments. Observations made by staff included that students do not recognise the link with other course content, and therefore struggle with their decision-making and analysis in the laboratory. A review of laboratory-based assessment has resulted in the adoption of a low-stakes ‘exit interview’ in the ‘Human Life Cycle’ teaching block. When similar approaches have been implemented elsewhere, students have reported increased synthesis of connections between laboratory and lecture content, as well as increased confidence. In addition, students reported higher levels of self-reflection based on assessment, establishing a culture of assessment focussed on future learning (Crawford and Kloepper, 2019, Burgess et al., 2015).

**Description of Work**

A practical activity in the ‘Human Life Cycle’ teaching block has been developed with ‘upside down’ structure, whereby students perform data analysis prior to entering the laboratory, allowing the learner-centred goals of practicing oral communication with a focus on data analysis, to be assessed with immediate feedback in a session ‘exit interview’ with the academic leads.

**Proposed Evaluation**

The experience of learners post exit interview will be sought by dissemination of questionnaires at two time points: an initial questionnaire within the teaching block, aiming to capture students experience of the exit interview, and following the subsequent teaching block, aiming to capture students perceived usefulness of the laboratory activity in preparing them for summative assessment.

#### **References**

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## **9 Sussex Integrated Trainee Pharmacist Programme: a collaboration between Community and Secondary Care**

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**Background**

NHS Interim People Plan (2019) (1) emphasises cross-sector training for early careers pharmacists, meeting integrated care systems workforce needs. Secondary care within Sussex and parts of Surrey had an established Trainee Pharmacists (TP) programme optimising resources and expertise between neighbouring Trusts underpinned by an “Educational Agreement” (EA) outlying Trust responsibilities. This was extended from July 2022 to TPs undertaking cross-sector placements including Primary care. Perceived benefits were promoting multi-sectoral peer networking culture. supporting safe transfer of care around medicines (TCAM) with emphasis on local medicines optimisations (MO) strategies, subsequently improving patient safety.

**Aims**

Design, and evaluate a programme emphasising local MO strategies and transfer of medicines across sectors.

**Method**

TP secondary care and community Education Leads Stakeholder group was established, to programme plan, incorporating TCAM and MO strategies. EA was updated to include new community partners. Post sessions, TPs completed online evaluation identifying if learning outcomes were met, session highlights and areas for improvement. The Sussex Training hub website hosted programme details. A facilitators supporting interactive training session was held. Ethics approval was not needed.

**Results**

The  EA  for the 10 day programme and 35 TPs, showed transparency of programme governance. Facilitators from stakeholders’ organisations joined virtual training sessions. All commented this provided resources for on-line teaching they had not been aware of before and now intended to use. TPs worked with their cross sectoral peers during  workshops enabling networking opportunities. Evaluation identified high quality of session content and delivery, programme benefits acknowledged expert access from different sectors and peer networking opportunities. TPs requested increased use of virtual break out rooms and move to in-person events. Limitations include small TP cohort.

**Conclusion**

This promotes multi-sectoral training, supporting TCAM, emphasis on local MO strategies and peer networking. Additional facilitator guidance supported teaching technology use. Programme annual review enables future evolvement.

**References**

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## **10 Evaluating the knowledge and skills confidence level of Trainee Pharmacists and Designated Prescribing Practitioners on the Independent Prescribing pilot**

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**Background**

Foundation training for trainee pharmacists (TP) will include independent prescribing (IP) from July 2025 (GPhC, 2022). A national pilot programme has been commissioned by NHS England to develop and evaluate IP training implementation and assessment models during foundation training.

**Aim**

To evaluate the knowledge and skills confidence level of TPs, designated prescribing practitioners (DPPs), and designated supervisors (DSs) at the start of the IP pilot.

**Method**

An online survey (MS Forms) was developed which consisted of fourteen 5-point Likert scale (from ‘not confident at all’ to ‘completely confident’) and 4 free-text questions. The survey aimed to self-assess TP, DPP and DS knowledge and skills with regards to the prescribing consultation and prescribing governance competencies outlined in the RPS Competency Framework for all Prescribers, and supervision, if applicable. It was emailed to participating TPs (n=22), DPPs (n=23), and DSs (n=10). Data was descriptively summarised using Excel.

**Result**

The survey response rate was 56% (n=31; TPs n=16; DPPs/DSs n==15). Table 1 summarises the results related to confidence. 44% of TPs were strongly or quite confident in their ability to complete the pilot. Free-text comments highlighted it was due to the perceived burden of extra workload and time constraints from combining the pilot with their training.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Consultation skills (%)** | **Prescribing governance (%)** | **Supervisory abilities (%)** |
| **DPPs/DSs** | 87 (n=13) | 93 (n=14) | 53 (n= 8) |
| **TPs** | 44 (n=7) | 25 (n=4) | NA |

Table 1. Percentage of DPPs/DSs and TPs that stated strongly and quite confident in the assessed competency.

**Conclusion**

The results demonstrate that the DSs and DPPs felt confident in their knowledge and skills relating to prescribing consultation and prescribing governance but were less confident in their supervisory abilities. TPs were less confident in their ability to complete the IP portfolio. Future work will involve evaluation of implemented IP training and assessment models.

#### **References**

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## **11 Student Reflections on using Artificial Intelligence (AI) for content generation in a final year MPharm Assessment.**

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**Background**

False authorship sections within University academic misconduct policies have demonstrated a cautionary approach to the use of generative AI in Assessment (University of Nottingham, 2023). With suitable training and ethical guidance, it was permitted that generative AI could be used in a final-year assessment. The study was designed to provide academic support, and training on the ethics and regulation of AI systems. The students used the AI-generated data to develop their Business Plans.

**Description of Work**

Students were provided with a 45-minute workshop on the effective use of LLMs and optimising the use of AI-generated content. Additional content was provided by central library resources. Students were encouraged to use free AI tools such as ChatGPT\* and Bard\* to generate content, ideas and data.

\*existing access to premium subscription versions was also permitted.

The primary assessment method was the presentation to ensure application, analysis, creativity, and deeper conceptual mastery aligning with the upper tiers of Bloom's Taxonomy (Biggs and Tang, 2011). Students also submitted a 300-word executive summary that included 3 reflective questions based on their experiences using AI in content generation for the presentation and report.

**Proposed Evaluation**

Focus groups led by Year 3 project students to understand final-year student perceptions on the authorised use of AI to submit assessments.  The topic guide themes will be based on the analysis of submitted student reflections. Examples of these include AI’s effectiveness in content generation, realism, relevance and limitations. The evaluation will become a pharmacy case study as part of a University-wide analysis designed to develop future policy and governance of AI in higher education.

#### **References**

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## **12 Implementing a structured model of experiential learning in hospital to support the individual learning needs of pharmacy undergraduate students**

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**Background**

The inclusion of pharmacy students in the Healthcare Education and Training Tariff provided the opportunity for higher education institutions (HEIs) and placement providers to enhance the provision of experiential learning (EL) within the undergraduate course (Hindley, Wright and Peasley, 2023). Providers were challenged with finding a balance between ensuring the EL was sufficiently structured to support students to work independently, whilst affording flexibility to account for individual learning needs. Consequently, an EL model utilising a suite of condition specific pharmaceutical reviews (CSPRs) was developed for level 7 students.

**Description of work**

A CSPR outlines a suggested structured approach for reviewing patients with specific medical conditions. Providers worked alongside the HEI to identify a comprehensive list of conditions routinely encountered in secondary care. Specialist pharmacists across the region were tasked with developing peer reviewed CSPRs for each condition, which would support students’ skill development and enhance clinical knowledge. Key focuses for CSPRs were to encourage patient interaction and develop transferrable skills. Supporting material was embedded within the CSPRs to provide context, support further learning and encourage the transferrable application of skills. Figure 1 shows the structure of the CSPRs with most of the content removed.

Students had previous hospital placement experience and were expected to complete a learning needs analysis (LNA) to identify medical conditions for which they had a particular learning need. Providers could then identify patients for students to review with the relevant CSPR.

**Proposed evaluation**

A quantitative questionnaire-based evaluation is planned, aiming to ‘evaluate the usability of CSPRs in pharmacy placements’. Objectives will seek to identify the students’ experience of; ease of use, effectiveness of CSPRs as a supportive tool, the learning experience and their engagement with the LNA. Follow up focus groups may be arranged to explore any unanswered or ambiguous issues.

Figure 1 - VTE CSPR

#### **References**

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## **13 Moving from observational to experiential pharmacy undergraduate placements**

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**Background**

Pharmacy student placements in a hospital setting have been dominated by observing tasks. The change to the initial education and training for pharmacists (GPhC, 2021) influenced placement providers to move from shadowing to simulation/experiential activities. Thus, the placement programme was redeveloped by the Trust’s pharmacy team to change to simulation learning with practice in clinical areas.

**Aim**

Explore pharmacy students’ and pharmacy team perspectives on the redeveloped provision of pharmacy undergraduate hospital placements at the Trust.

**Methods**

Developed survey (27 questions) was distributed to 77 students from two Universities at the end of each placement (October 2023-January 2024). Students completed either 1-day (66 students) or 5-days (11 students) placements. Staff survey (16 questions) was distributed to 42 staff. Both surveys assessed perceptions and experiences of placement provision using free text and 5-point Likert scale questions. The free-text responses were thematically grouped and closed questions descriptively summarised using Excel. The Trust’s clinical audit team approved the project.

**Results**

The response rate was 84% (65/77) for students and 33% (17/42) for staff. Staff indicated that most had prior experience in facilitating placements with varied awareness of learning outcomes (LOs). Free-text comments indicated concerns of staff capacity, impact on clinical service provision, students’ limited access to local systems. One third of staff thought the experience was useful for their development. Students agreed that placement enabled them to achieve LOs. The level of supervision varied. The most frequent activity with reduced supervision was drug history taking. Direct supervision was mostly required for medication counselling. Students completing 5-day placements reported more reduced supervision activities.

**Conclusion**

The redeveloped programme enabled students to complete experiential tasks with reduced supervision and overall was well accepted. Highlighted barriers to increase experiential learning were staff capacity, impact on patient care, length of placements, and access to hospital systems.

#### **References**

General Pharmaceutical Council (GPhC). (2021). Standards for the initial education and training of pharmacists – Interim learning outcomes.  Available at <https://www.pharmacyregulation.org/sites/default/files/document/interim-learning-outcomes-foundation-training-year-march-2021_005.pdf>. Accessed 19 December, 2023

## **14 Equality, Diversity and Inclusivity: Evaluating the inclusivity of the Primary Care Pharmacy Education Pathway (PCPEP) assessment strategy.**

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**Background**

The Quality Assurance Agency for Higher Education (2018) recommends providers monitor inclusive assessment practices to ensure equitable opportunities with no group or individual unintentionally disadvantaged.

**Aims**

To measure the extent to which the Primary Care Pharmacy Education Pathway (PCPEP) assessment strategy facilitates inclusive assessment.

**Method**

The PCPEP assessment strategy includes: Five multiple choice e-assessments, one video-based e-assessment, two reflective essays, two case-based discussions, two multisource feedback, clinical assessment skills log, two consultation skills direct observations, one quality improvement project and an e-portfolio.

Activities which facilitate inclusive assessment were derived from Quality Assurance Agency for Higher Education (2018) guidance and University of Manchester (2021) guidance. Two researchers independently reviewed the extent to which these activities were considered in the PCPEP assessment strategy. Red-Amber-Green ratings were used.

**Results**

Consensus was achieved between the two researchers. Five activities were rated green (fully achieved); three activities were rated amber (partly achieved); no activities were rated red (not achieved).

|  |  |
| --- | --- |
| **Table 1.0: Performance of the PCPEP assessment strategy in facilitating inclusive assessment.** | |
| Adopting a range of assessment methods | Green |
| Engaging student voice in assessment design | Amber |
| Employing culturally inclusive assessment methods | Amber |
| Considering religious observances and school holidays when setting deadlines | Green |
| Considering students' previous educational background and assessment experiences | Green |
| Considering the needs of students with disabilities/neurodiversity | Amber |
| Ensuring students have variety in assessment and some individual choice | Amber |
| Ensuring feedback is timely, constructive and developmental | Green |
| Developing students’ assessment literacy and alleviating assessment bias | Green |

**Conclusion**

The results demonstrate that the PCPEP assessment strategy facilitates inclusive assessment. The biggest challenge is making assessments inclusive for learners with disabilities or neurodiversity. Planned improvements include: 1) Reviewing e-learning software to improve accessibility. 2) Developing guidance on computer accessibility functionality. 3) Reviewing wording of e-assessments to be more accessible to learners who use screen readers.

#### **References**

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## **15 Integrating Collaborative Prescribing in Pharmacy Education: Co-Design and Evaluation of Training and Induction Packages**

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**Background**

In 2021 the General Pharmaceutical Council (GPhC) published new initial education and training standards, with the integration of learning outcomes related to prescribing (GPhC, 2021). This, in addition to the apparent lack of pharmacist designated prescribing practitioners (DPP) (Uppal et al., 2022) necessitates innovative educational approaches.

**Description of Work**

The Prescribing Integration Project (PIP) explores 'collaborative prescribing' as an innovative approach to ‘scope’ for foundation trainee pharmacist (FTP) prescribing training. This concept emphasises the role of multidisciplinary teamwork in effective prescribing at the foundation level.

The project’s aim was to develop and test the efficacy of various models for prescribing supervision using the 'collaborative prescribing' concept. Stakeholders across the system formed a steering group of 45 pharmacists, including representation from educational and clinical leads from acute and mental health Trusts, GP practice pharmacists, community pharmacy educational leads and community pharmacy leaders in South-East London (SEL). Subsequent working groups, formed from the steering group, developed workbooks, FTP induction and a DPP training package. The DPP training focused on equipping pharmacist prescribers with the skills to supervise FTPs effectively, in collaborative settings.

Over 50 DPPs/FTP pairs were trained or inducted in SEL. This allowed for a ‘cross-system’ pilot including FTPs from hospital and primary care that ran between November 2023 and March 2024. DPPs were encouraged to explore different models of supervision.

**Proposed Evaluation**

The project evaluation involves a mixed-methods approach (Palinkas, 2019). This includes quantitative analysis of learning in practice time and progress review data. Additionally, pre- and post-DPP training surveys will measure changes in confidence and competence among DPPs. Pre- and post-pilot surveys will gather data around the FTP/DPP experience and supervision models. Post-pilot focus groups will provide further qualitative insights. The evaluation aims to investigate the efficacy of various supervision models and the effects of the ‘collaborative prescribing model’.

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## **16 How pharmacists and pharmacy technicians can address patient information needs during medicine shortages**

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**Background**

The recent global events have highlighted the significant impacts of medicine shortages on patient health outcomes (EAHP,2023) and their ability to engage in shared decision-making which limits support for management strategies (Tucker et al.,2020). In the UK, despite national efforts to inform healthcare professionals (HCPs) (NHS England, 2019), there remains a lack of consistent strategy to effectively communicate such information to patients. There is limited research into the education and training needs of pharmacy teams in this context.

**Aims**

To identify patient communication preferences about medicine shortages and explore the barriers and facilitators for pharmacy teams to deliver this information effectively.

**Method**

A descriptive exploratory approach using semi-structured interviews was conducted with patients/representatives (n= 10) and HCP pharmacists and pharmacy technicians (n = 10). Participants were recruited through opportunistic and snowball sampling. Interviews, conducted from August to November 2021 via MS Teams, were transcribed verbatim and analysed using NVivo 12 for thematic analysis. Ethical approval was granted by The Imperial College Research Ethics Committee (reference 20IC6313).

**Results:** Patients expect personalized, timely, and trustworthy information on medicine shortages, preferably delivered digitally. They perceive a lack of consistent information and contextual and timely understanding among HCPs. Suboptimal communication threatens patient empowerment, satisfaction and may lead to patients taking unhelpful actions.  HCPs express a willingness to share information with patients but face challenges in communicating risks effectively and dealing with inconsistencies in accessing national information and workload pressures.

**Conclusion**

Patients’ expectations for medicine shortages communication are clear, well-characterised and supported by HCPs. There is a clear need for a national standardized, patient-focused communication toolkit on medicines shortages. Training pharmacy staff and providing educational resources for patients are crucial to enhance patient engagement in their healthcare management during medicine supply disruptions.

#### **References**

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## **17 Using Normalisation Process Theory to design a new multisector Trainee Pharmacist Programme in England**

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**Background**

Significant changes to pharmacist foundation training are required to support the new GPhC standards for the initial education and training of pharmacists. This includes multisector rotations, supervised learning event (SLE) assessments, and new NHS England (NHSE) regional training for managed sector trainees.

Co-design processes can enhance the development of education programmes (Iniesto, 2022). Normalisation Process Theory (NPT) may be used to further understand programme dynamics and enhance the translatability of research findings (Hindi, 2023; Murray, 2010).

An initial literature review on multisector pharmacy training was followed by an iterative process of co-design through stakeholder collaboration (involving meetings with existing designated supervisors, past and present trainee pharmacists, NHS England Training Programme Facilitators, practice supervisors and service leads). Components of NPT (coherence, cognitive participation, collective action, and reflexive monitoring) were used to both prompt consideration and map design themes.

**Description of work**

The key themes identified via NPT to develop a multisector trainee programme were:  communication of ideas and goals with the wider pharmacy team; near-peer learning, and trainee-led group learning sessions to form communities of practice. Further themes encompassed co-sector design of structured rotation packs incorporating specific SLEs and opportunities for achieving learning outcomes; practice supervisor guidance on supporting trainees with exposure to increasing complexity and autonomy; fortnightly collaborative supervision meetings for designated supervisors and regular, responsive evaluation processes for all stakeholders.

**Proposed Evaluation**

Utilising a theory-informed and co-design approach is effective in identifying translatable design features for multisector training programmes. Future adaptations and evaluation of trainee pharmacist programmes would benefit from this approach.

#### **References**

Hindi, A.M., Mcdermott, I., Willis, S.C. and Schafheutle, E.I., (2023). Using normalisation process theory to understand implementation of integrated multi-sector pre-registration trainee pharmacy technician training. Research in Social and Administrative Pharmacy, 19(1), pp.75-85.

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## **18 Evaluating the Impact of Simulation on Pharmacy Students' Perceived Preparedness for Placement and New Prescribing Standards**

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**Background**

From 2026, pharmacists joining the GPhC register will automatically be annotated as independent prescribers, providing students have been fully trained to the 2021 initial education and training of pharmacists standards (General Pharmaceutical Society, 2019).  The standards introduce a number of important changes, particularly in the pharmacy undergraduate programme to ensure future pharmacists are equipped for their roles.  These changes include a greater focus on professional judgement, management of risk, diagnostic and consultation skills.  Simulation-based education has been increasingly adopted in pharmacy curricula to prepare students for real-world practice (M.Lloyd et al, 2018).  However, the effectiveness of simulation in preparing pharmacy students for placement is still unclear.

**Aims**

This study aims to evaluate the impact of simulation on pharmacy students' perceived preparedness for placement and new prescribing standards. 108 third-year pharmacy students were provided with face to face simulation, delivered by clinical pharmacists and nurse practitioners, focusing on drug history and communication skills, clinical decision making skills, physical assessments and diagnostic skills.

**Methods**

108 third-year pharmacy students at King’s College London participated in 20 hours of simulation as described above.  Immediately after the simulation, an electronic survey accessed via a QR code assessed outcomes using questions based on a Likert scale (strongly agree, agree, neutral, disagree and strong disagree).

**Results**

74 responses were received, noting significant improvements in perceived knowledge, skills, and confidence among students who received simulated-based education. 74% agreed that simulation training increased their knowledge and ability for placement activities. 86% agreed that it enhanced skills for an accurate drug history taking, a key skill required whilst on hospital placement. Regarding new prescribing standards, 82% agreed that simulation improved clinical decision-making skills, and 76% agreed it enhanced diagnostic skills.

**Conclusion**

This study provides evidence that simulation-based education may be helpful in preparing pharmacy students for placement and exposure to new prescribing standards, enhancing knowledge, skills, and confidence.  Further evaluation on student performance during placement is required.

#### **References**

General Pharmaceutical Council (2019).  Performance Standards.  Available at: <https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-january-19.pdf>.  Accessed 22 January 2024

Lloyd, M., Watmough, S. and Lloyd, N.B. author M. (2018). Simulation-based training: applications in clinical pharmacy. [online] The Pharmaceutical Journal. Available at: https://pharmaceutical-journal.com/article/research/simulation-based-training-applications-in-clinical-pharmacy.

## **19 Diversity of skin images in the GPhC registration assessment: an image analysis.**

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**Background**

Pharmacists must recognise common dermatological conditions in a diverse range of skin tones. The under-representation of dark skin tone images in didactic material has introduced bias in healthcare education, contributing to disparities in patient care (Lester et al, 2019; Perlman et al, 2021). The new standards for the initial education of pharmacists(GPhC, 2021) place a greater emphasis on equality, diversity and inclusion (EDI) in helping combat health inequalities. The GPhC registration assessment (RA) has included colour resources such as skin images since 2016. Incorporating a diversity of skin tones forms part of the regulators commitment to promoting inclusion.

**Aims**

A retrospective review of skin images utilised in the RA’s to quantify the degree of diversity.

**Method**

RA papers between June 2016-November 2023 were reviewed to identify questions with skin images. Skin tone of each image was categorised according to the Fitzpatrick scale (Fitzpatrick TB, 1988).

**Results**

Since 2016, the RA has included skin images 84 times; 76 light skin tones (90.4%), 3 medium skin tones (3.6%) and 6 dark skin tones (6%). Prior to July 2021, all images were light skin tones.

Table 1: Skin tone classifications in the RA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Number of images** | **Skin tone classification** | | |
| **Light** | **Medium** | **Dark** |
| **2016** | **7** | **7** |  |  |
| **2017** | **7** | **7** |  |  |
| **2018** | **7** | **7** |  |  |
| **2019** | **9** | **9** |  |  |
| **2020** | **6** | **6** |  |  |
| **2021** | **25** | **22** | **2** | **1** |
| **2022** | **11** | **8** | **3** |  |
| **2023** | **12** | **10** | **1** | **1** |
| **Total** | **84** | **76** | **3** | **5** |

**Conclusions**

This study indicates an improvement in representation in the RA paper over time. Reviewing image diversity is now incorporated into the RA development process. The findings highlight the importance of EDI checks on didactic material to provide assurances that content promotes inclusion.

#### **References**

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## **20 An investigation to determine the accuracy of information provided by Artificial Intelligence (AI) technologies in relation to conditions that can be managed with over-the-counter medicines and self-care measures.**

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**Background**

One resource that the public may use for health education is Artificial Intelligence (AI) (Howard et al., 2023) and therefore pharmacists need to learn about this too.

**Aims**

To determine whether information provided by AI technologies is accurate (UK context) for conditions that can be managed with over-the-counter medicines and self-care measures.

**Method**

Ethical approval was not required (this did not involve human subjects). Three AI platforms were selected and each was asked four questions. The four verbatim questions are provided in Figure 1 and related to symptoms, red flags, and pharmacological and non-pharmacological management of conditions previously described (such as athlete's foot). The AI responses were compared to information from National Institute for Health and Care Excellence (NICE) Clinical Knowledge Summaries (CKS), National Health Service (NHS) website, and the product literature. AI responses (data) were collected in a spreadsheet and scored from 5-1 (5 was complete information with no omissions or errors to 1 being very limited information with numerous omissions and/or inaccuracies). Following a team discussion (all authors), one author scored the responses and a second author with extensive expertise checked a sample. Analysis took the form of descriptive statistics.

**Results**

The mean scores for the responses provided by the three platforms are provided in Figure 1.

There were 264 possible scores per platform (i.e. 4 questions x 66 conditions). ChatGPT (v3.5) obtained a score of ≥4 on 183 occasions, Copilot on 168 occasions, and Claude on 146 occasions.

**Conclusion**

The accuracy of information differs by platform and by question asked. Collectively, the AI responses to certain questions are more accurate than others (symptoms had a higher mean score than red flags). These findings, while conducted at one time point and on three chosen platforms, could inform the development of pharmacy guidance on using AI.

#### **References**

Howard, A., Hope, W., & Gerada, A. (2023). ChatGPT and antimicrobial advice: the end of the consulting infection doctor?. The Lancet Infectious Diseases, 23(4), 405-406.

## **21 Development of an interpersonal communication competency framework for student pharmacists: a UK modified-eDelphi study**

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**Background**

The GPhC emphasises the importance of graduates being able to employ communication skills in various settings (General Pharmaceutical Council, 2017). However, agreement on the key communication competencies in student pharmacist education is lacking, prompting the need for further research.

**Aim**

To achieve consensus on a framework of interpersonal communication skills for MPharm students.

**Methods**

After approval from Keele University REC, a draft interpersonal communication competency framework was developed from a literature review. Participants from across UK represented community, hospital, primary care, academia, industry, regulatory, and educational pharmacy sectors and took part in an online three-round modified eDelphi study. In Round 1, participants reviewed the draft framework, provided feedback on competency relevance/wording and suggested additional competencies. Round 2 evaluated an updated framework for competency importance. Competencies required 80% agreement to achieve consensus. Competencies without consensus underwent Round 3 review. Feedback was provided after each round.

**Results**

The draft framework included 123 competencies spanning four communication domains: Generic, Patient-Specific, Peer, and Other (e.g., written), further categorised into eleven Sub-Domains. Across three rounds, 56, 49, and 47 participants completed each round. Round 1 generated 500+ comments, prompting significant changes to draft framework. In Round 2, 120 (95%) of 126 competencies received high (80%+) importance ratings. Six competencies lacking consensus were revisited in Round 3, where three competencies further reached agreement. A framework of 123 competencies was finalised.

**Conclusion**

This is the first competency framework developed for student pharmacist education. While most competencies achieved consensus, some competencies reinforced the challenge of aligning agreement. The framework, grounded in evidence-based development and stakeholder involvement, potentially serves as a flexible foundation for structuring pharmacy education curricula. Future research can focus on competency implementation and assessment of the practicalities of these competencies across diverse pharmacy settings in enhancing student learning and practice.

**References**

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## **22 Evaluation of automatic progression pathways at University Hospitals of Derby and Burton for trainee pharmacists between AfC bands 5-6 and for newly qualified pharmacists between AfC bands 6-7**

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**Background**

Progression pathways were introduced to provide real-time career development feedback. Providing enhanced support during the first year of work can improve successful transition between student and hospital pharmacist roles (Mourh, Newby, 2019).

5-6 pathway, reviewed 13-weekly, progress at 12 months

6-7 pathway, reviewed 6-monthly, progress at 22 months (or fast-track option available)

**Aims**

To evaluate participants and appraisers' experiences of undertaking automatic progression pathways.

**Method**

Microsoft Forms questionnaire completed by 25 staff members, 8 of whom underwent 5-6 automatic progression, and 9 of whom underwent 6-7 automatic progression. 7 appraisers completed a further questionnaire.

**Results**

**"If you had taken part in one, what were the advantages (if any) of undergoing the automatic progression pathway?"**

Participants rated the helpfulness of undergoing the process as 4.75/5.

Trainee needs met by the pathway included keeping participants on track and helping with goal-setting, and identifying and addressing learning gaps more proactively. Participants stated they could focus on learning and work rather than job applications. Job security/progression made roles more attractive. By providing future certainty for hospital pharmacist staff, job satisfaction can be improved (Liu, White, 2011).

Transition benefits include staff having an increased awareness of what the next grade entails before starting the next role, and that the pathway allowed them to take the initiative. Discussing anonymised feedback from other departmental colleagues added depth to feedback given, enabling a coaching approach to identify development areas.

Disadvantages include lack of interview experience for later career progression.

**Conclusion**

Participants appreciated achieving career objectives via internal promotion with improved job security. Senior pharmacist appraisers appreciated the opportunity to give staff their undivided attention with regular access to career coaching and planning during reviews. Further work could investigate job satisfaction scores for staff which will further inform retention planning.

#### **References**

Liu, C.S. & White, L. 2011, "Key determinants of hospital pharmacy staff's job satisfaction", Research in Social and Administrative Pharmacy, vol. 7, no. 1.

Mourh, J. & Newby, B. 2019, "Barriers and Strategies for Transition from Student to Successful Hospital Pharmacist", Can J Hosp Pharm, vol. 72, no. 3, pp. 219-226.

## **23 Using subject matter experts to maintain the validity of the GPhC’s registration assessment question bank**

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**Background**

The registration assessment (RA) is a pre-requisite for registration as a pharmacist in the UK. It is a high-stakes assessment that establishes the national standard thereby necessitating high validity (American Educational Research Association, 2014). One component of validity is using relevant and contemporary questions drawn from a question bank with the capacity to populate RA papers. In 2020, a review process was established with subject matter experts (SMEs) from patient-facing pharmacy practices across the UK (Smith and Cross, 2022). In this evaluation, the prior successful model was extended to assess unused questions drafted between 2015 and 2019.

**Aims**

To use an established review process to identify and retire or update unsuitable questions in the RA question bank, ensuring question readiness for selection and facilitating high-quality assessments.

**Methods**

The GPhC facilitator initially screened all the questions, retiring those necessitating a complete rewrite, e.g., where guideline changes invalidated the testing point. Questions requiring further discussion were reviewed via virtual 'validity panels', facilitated by the GPhC and comprising three SMEs with expertise in community pharmacy, hospital pharmacy, and primary care. The panel determined the outcome for the remaining questions, recommending suitability, modification, or retirement.

**Results**

532 questions were reviewed in total; 154 were retired during screening, and 378 were reviewed across 18 panels. Image 1 shows a breakdown of assessment question outcomes, categorised into RA Part 1 (calculations) and RA Part 2 (single-best-answer and extended-matching) questions.

**Conclusion**

The process effectively contributed to building question bank capacity, producing positive outcomes through the active engagement of SMEs.  A robust set of questions is now available in the bank, ready for the RA. This work establishes a replicable model for enhancing content validity and offers a scalable framework for quality assurance across diverse contexts and professions.

**References**

American Educational Research Association (2014) Standards for Educational and Psychological Testing.

Smith L, Cross H (2022) A method of maintaining the validity of the GPhC registration assessment question bank. Vol. 22 No. 6 Pharmacy Education Conference Abstracts 2022, [**https://pharmacyeducation.fip.org/pharmacyeducation/issue/view/76**](https://pharmacyeducation.fip.org/pharmacyeducation/issue/view/76)

## **24 Differential item functioning in the General Pharmaceutical Council’s registration assessment questions**

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**Background**

Passing the registration assessment (RA) is a pre-requisite for registration as a pharmacist in the UK. The RA comprises two time-limited papers and examines the contents of the RA framework (GPhC 2024). Part 1 has 40 calculations and part 2 has 120 selected response questions.

Differential Item Functioning (DIF) is a statistical technique determining if an assessment question functions differently for different groups of candidates, even if they have the same underlying ability being measured by the assessment. Detecting and addressing DIF helps ensure assessments are fair, unbiased, and reliable.

**Aims**

Establish if DIF exists in RA questions across the selected variables.

**Method**

DIF analysis (Alpha Plus 2023) performed on RA data from 2021–2023, including responses to 300 part 1 questions and 823 part 2 questions for 10,767 candidates. Six DIF variables were examined; age, country of foundation training, ethnicity, school of pharmacy, sector of foundation training and sex.

**Results**

27 part 1 and 29 part 2 questions displayed medium–large effect size DIF. The DIF-affected items were predominantly clustered within the variables of school of pharmacy for part 1 and sector of foundation training for part 2.

**Conclusion**

Encouragingly, the occurrence of DIF is minimal indicating a lack of bias. Results suggests that the knowledge required to answer these questions may depend on the school of pharmacy or the sector of foundation training a candidate belongs to. All questions with medium–large effect DIF will be reviewed by the Board of Assessors and where appropriate further focus groups will be convened to determine plausible explanations for the differences. Questions may be modified or removed from the GPhC question bank accordingly. Learning from the process will feed into future item development.

Phase 2 will investigate for DIF against other variables (e.g., disability, religion/belief).

**References**

Alpha Plus Consultancy Confidential Report Registration Assessment Differential Item Functioning October 2023

General Pharmaceutical Council (GPhC). Registration assessment framework for sittings in 2024. Available at [**https://www.pharmacyregulation.org/education/pharmacist-foundation-training-scheme/registration-assessment/sitting-registration**](https://www.pharmacyregulation.org/education/pharmacist-foundation-training-scheme/registration-assessment/sitting-registration) Accessed: 18 March 2024

## **25 Assessing pharmacy student understanding of menopause and hormone replacement therapy: a survey study**

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**Background**

The Women’s Health Strategy highlights the need for healthcare professionals to be better educated on menopause (Department of Health & Social Care, 2022). Community pharmacists are well-placed to support and advise women with menopausal symptoms (The Pharmaceutical Journal, 2023). To support these future ambitions, high quality teaching on the Masters of Pharmacy (MPharm) degree about menopause and hormone replacement therapy (HRT) is paramount.

**Aim**

To find out current confidence and knowledge of UK pharmacy students on menopause and HRT.

**Method**

Following ethical approval, pharmacy students at 8 UK universities in years 1-4 were invited by email to complete an online survey on menopause and HRT. Students were asked to self-report their confidence on each topic (0=not confident at all, 10=very confident), answer subject-specific questions and specify how they would like to learn more about menopause/HRT in their MPharm studies.

**Results**

A total of 178 students (158 [88.8%] aged 18-24 years, 147 [82.6%] female) in years 1 (59, 33.1%), 2 (35, 19.7%), 3 (28, 15.7%) and 4 (56, 31.5%) completed the survey. Only one student self-reported to be menopausal, but 114 (64.0%) reported to have had conversations with friends or family who had gone through, or were going through, menopause. Median [interquartile range] self-reported confidence in knowledge on menopause and HRT was 5.0 [4-6] (178 respondents) and 4.0 [2-5] (177 respondents), respectively. From 176 students, lectures (133, 75.6%) were most commonly chosen as the preferred teaching method to improve subject knowledge, followed by workshops (126, 71.6%) and real-life discussions of personal experiences (78, 44.3%).

**Conclusion**

Pharmacy students lack confidence in their own knowledge on menopause and HRT. Knowledge gaps identified from this study can inform discussions about how these topics are taught on the MPharm degree. Targeted educational tools could be developed to support teaching in lectures and workshops.

#### **References**

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## **26 Year 1 T-Levels Pharmacy Placements at East Sussex NHS Healthcare Trust**

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**Background**

T-level programmes are aimed at 16-19 year olds comprising a 2-year vocational qualification  split with 80% classroom learning and 20% industry placement (Department for Education, 2023). The NHS Long Term Plan, NHS England and NHS Improvement recognise the need to strengthen the image and reputation of pharmacy teams to a wider pool of people promoting future pharmacy workforce (Beswick and Cattell, 2019). Supporting these views, our Trust have successfully  offered year one T-level placements since 2022.

**Aims**

Provide opportunities for T-level students and enable practical experience in pharmacy(NHS Pharmacy, 2022). Increase awareness of pharmacy roles, duties and required skills(Care Quality Commission, 2023).

**Methods**

Placement clearance was completed centrally through the Trust’s Integrated Education Team. Four 7.5hour sessions scheduled in June 2023 accommodated 27 students. Planned activities included presentations, quizzes, workshops, role-play, visiting wards and speaking to multi-professionals. Students completed written evaluations which enquired what they learnt, enjoyed, and want in future. Ethics approval was not required. Data was quantitively and thematically analysed using Microsoft Excel.

**Results**

Total responses received 25/27. Only one student had previous pharmacy work experience, which was in community. All learnt something new about pharmacy 25/25(100%). 14/25 (56%) wanted more time shadowing different roles. Overall, they enjoyed the various activities and appreciated the immense contribution of pharmacy during the patients medicines journey. T-level students fed back an increased awareness of career pathways for different pharmacy roles.

**Conclusion**

There is an increased appetite for T-Levels to explore pharmacy careers after being involved in this placement. The feedback enabled targeting the needs of Year 2 students and placement structure development to increase observations and shadowing opportunities. T-level student placements can add value towards reducing gaps in the future workforce. Other course placement provision should be explored to promote pharmacy careers, e.g. BTEC Applied Sciences placements.

#### **References**

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## **27 Should pharmacy-led training be an essential feature within nursing induction programmes to improve the knowledge and confidence of newly registered nursing staff around medicines management?**

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**Background**

Nurses play a vital role in medicines management throughout a patient’s journey in hospital, being involved in ordering, storing, administering and monitoring medications. Providing education on medicines management is critical for improving medicines safety within a hospital setting. Jaam et al. (2021) demonstrated that pharmacist-led educational interventions to healthcare providers are effective in reducing medication errors. By introducing nursing staff to frequently encountered scenarios, best practice can be developed within a multi-disciplinary collaborative setting.

**Description of work**

As part of the nursing induction programme, hour-long teaching sessions on medicines management are being delivered to groups of between 20 to 40 nurses by a team of two pharmacists in the form of a case study of a fictional patient’s journey, encompassing the entirety of the patient’s admission. The session encourages interaction and consideration of actions to be taken at each stage of the journey. Throughout the session, medication-related topics including ordering, self-administration, safe storage, anticoagulation, manipulation, critical medication and Yellow Card reporting are explored.

**Proposed evaluation**

Attendees are asked to rate their knowledge and confidence on a number of topics at both the start and end of the session on a scale of 1 to 5 where 1 indicates that they feel they have no knowledge and confidence and would require support to manage all scenarios and 5 indicates that they feel that they have full knowledge and confidence and could manage all scenarios without support. We will compare the pre- and post-session self-evaluation scores to assess the impact of the material delivered and evaluate the results following delivery of eight sessions to identify if changes are required to the content provided. Additionally, we will be evaluating incidents reported relating to topics that have been presented such as missed doses of medications and errors in the ordering of controlled drugs.

#### **References**

Jaam, M., Naseralallah, L. M., Hussain, T. A., Pawluk, S. A. (2021) Pharmacist-led educational interventions provided to healthcare providers to reduce medication errors: A systematic review and meta-analysis. PLOS ONE 16(6) DOI:10.1371/journal.pone.0253588

## **28 Empowering Future Pharmacists: Integrating Experiential Learning and Entrustable Professional Activities (EPAs) in Pharmacy Education – the student perspective.**

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**Background**

General Pharmaceutical Council (GPhC) Standards for the initial education and training of pharmacists are applicable from 2023/24 (GPhC, 2021).  In Northern Ireland (NI), this will include 12 weeks of experiential learning (EL) across patient-facing sectors. Entrustable Professional Activities (EPAs), which are units of professional practice or work, will form the basis of providing evidence that NI student pharmacists have demonstrated GPhC learning outcomes (LOs) during EL.  EPA use is relatively new in pharmacy education in the UK and this research aims to build on the current evidence base.

**Description of work**

Year 3 student pharmacists in Queen’s University Belfast (QUB) have completed 3 weeks of placement in primary and secondary care by the end of November 2023. During placement, they have completed a variety of EPA milestones such as patient counselling or a patient-specific calculation. Once an EPA milestone is complete the student pharmacist and practice supervisor engage in a feedback conversation and complete the relevant EPA form. The student pharmacist then uploads the EPA forms to an e-Portfolio to provide evidence of completion.   The project aims to analyse a sample of the completed EPAs from Year 3 placement to understand more about the use of EPAs during UG EL.

**Proposed evaluation**

The EPA milestones will be anonymised and analysed via Document Analysis (Bowen, 2009).  Document Analysis is a form of qualitative research in which documents are interpreted according to Bowen (2009) “by the researcher to give voice and meaning around an assessment topic”. Analysing documents incorporates coding content into themes similar to how focus group or semi-structured interview transcripts are analysed (O’Leary, 2014). Evaluation will involve looking at the type of activity the student pharmacist took part in, analysing the feedback and action plan.

Ethical approval has been granted from the Faculty of Medicine, Health & Life Sciences Ethics committee, QUB.

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## **29 Master of Pharmacy (MPharm) students’ views & experiences of assessment and feedback**

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**Background**

The QAA’s UK Quality Code for Higher Education (2018) states that “assessment is a fundamental aspect of the student learning experience”. Feedback is an integral part of the assessment process and provides students with an insight of how they performed. Transforming the Experience of Students through Assessment (TESTA) is a joint National Teaching Fellowship Project (2019) aiming to improve the quality of student learning through addressing programme-level assessment. The TESTA consortium has developed a range of resources to support universities to evaluate assessment and feedback approaches including a student questionnaire called Assessment Experience Questionnaire (AEQ) (Batten et al., 2018).

**Aim**

To evaluate pharmacy students’ views and experiences of assessment and feedback on the MPharm programme.

**Methods**

Following ethical approval, an online questionnaire was distributed to Year 2 and Year 4 pharmacy students (n=193). The questionnaire was developed by the research team and is based the AEQ developed by TESTA. The AEQ quantitative responses were analysed following the TESTA protocol. A content analysis was undertaken on the free text responses.

**Results**

A total of 80 students responded to the questionnaire, providing a response rate of 42%. Quantitative results are presented in Table 1. No significant differences (p>0.05) were observed between genders, year of study, and academic achievement in previous year. Themes identified within the free text responses include ‘motivators’, ‘good practice’ and ‘modifying assessment’.

|  |  |
| --- | --- |
| Table 1. Quantitative results. | |
| **Scale** | **Mean score / 5** |
| Influence on student effort | 3.93 |
| How students learn | 3.86 |
| Quality of feedback | 3.57 |
| Formative feedback | 3.30 |
| Integrated assessment design | 3.21 |
| Internalisation of standards | 2.98 |

**Conclusion**

Findings from this study show that students understand the importance of assessment and applying effort to succeed, but this effort is primarily focused on summative assessments. Results will be used to further enhance the provision of assessment at feedback on the MPharm programme.

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## **30 The Grey Area of Colour Blindness: Enhancing Inclusivity in the Teaching Laboratory**

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**Background**

The Equality Act 2010 defines a disability as a physical or mental impairment that has a substantial and long-term negative effect on a person’s ability to do normal daily activities (Equality Act, 2010). Colour blindness is often overlooked by society as a disability, however in some learning environments in Pharmacy programmes it can present as one.

**Description of work**

It is well recognised that Pharmacy programmes often struggle to provide sufficient accommodations for students with disabilities in laboratory-based and experiential learning environments (Volino et al, 2021). This may lead to negative student perceptions of various learning activities and potentially their performance in these activities on the Pharmacy course. This project has been developed to measure the impact of providing colour-vision eyewear to students with colour-vision deficiencies on student perceptions in the teaching laboratory. Following consultation with a colour-vision specialist, an appropriate learning activity and accommodations were identified. A colour-dependent titration experiment was used as a learning activity for Year 1 MPharm students at Swansea University. Before the session took place, students were asked to take a colour-vision test and report results to academics. Those students who had been identified as having a colour-vision deficiency were then provided with colour-enhancing eyewear during the laboratory session.

**Proposed evaluation**

The impact of the provision of colour-enhancing eyewear was evaluated using student surveys. The student’s perception of inclusivity, equity, confidence, enjoyment, performance, and engagement were all measured.

 The results of these surveys will be analysed to identify any modifications needed. The project will continue for one or more additional years to collect more robust data as an insufficient number of students with colour-vision deficiencies were identified for statistical analyses.

Figure 1. Flowchart to illustrate the Workflow Process of the Project

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## **31 Exploring pharmacy students’ views and knowledge on pharmacogenomics**

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**Background**

Pharmacogenomics (PG) is key in the advancement of personalised medication where a genome variation can potentially alter drug responses or cause an adverse reaction. Therefore, detecting these variations can determine treatment suitability1. Pharmacists need to have the right training and education at undergraduate level and beyond to enable them provide PG services.

**Aims**

This study explored pharmacy students’ perceptions, their expectation of PG and their knowledge on the topic.

**Methods**

Following ethical approval, an online questionnaire comprised of 32 mixed-types questions on PG awareness and knowledge, learning experience, PG testing, and demographics was distributed to final year pharmacy students at a London University. PG teaching here has been integrated in the curriculum but not explicitly labelled, and final year students also received two PG-specific sessions. Using Raosoft, the sample size was calculated as 92 (95% confidence level) from a cohort of 120 students.

**Results**

Response rate was 77.5% (n=93/120). Concerning PG awareness, over half the respondents (51.6%, n=48/93) indicated they were unfamiliar with PG and 52.7% (n=49/93) either “agreed or strongly agreed” with their inability to recognise medications appropriate for PG testing. Only 23.7% (n=22/93) correctly identified the enzyme responsible for warfarin metabolism. A better proportion, at 50.5% (n=47/93) and 43% (n=40/93) correctly recognised that abacavir and fluorouracil are suitable for PG testing, respectively. Regarding their learning experience, 12.9% (n=12/93) rated PG teaching as adequate and 69.9% (n=65/93) wanting more PG incorporated in their learning. When considering future PG testing, 80.6% (n=75/93) anticipated conducting PG test either regularly or sporadically and 88.2% (n=82/93) welcoming PG testing services implementation.

**Conclusion**

The current incomprehensive teaching of PG is likely to be attributable to the lack of awareness and knowledge. Respondents were receptive towards more PG being incorporated in the curriculum, which would ensure they are well-equipped in providing future PG services.

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## **32 Evaluating the impact of a Year 3 pharmacy student-led health screening clinic**

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**Background**

Our service-learning initiative established credit-bearing pharmacy student-led campus clinics for staff/students. These clinics offer accessible health-checks, raise awareness about cardiovascular disease (a leading cause of regional health inequalities), and identify/support those at higher risk. This experiential learning model benefits both learners and service-users, allowing learners to enhance their understanding of concepts in practice (Salam et al. 2019).

**Aims**

Evaluate (i) perceptions of Year 3 pharmacy students on impact on learning, self-perceived confidence and future practice and (ii) perception of user-experience of clinic use.

**Method**

University ethics approval was obtained. Year 3 students were invited to participate in an audio-recorded semi-structured interview conducted in-person post-clinic. Interviews were transcribed verbatim, anonymised and analysed using reflexive thematic analysis (Braun and Clark 2020). An anonymous online questionnaire on clinic user-experience (staff/students attending clinic) was distributed to clinic users via the Qualtrics® platform; included open-ended questions analysed using reflexive thematic analysis (Braun and Clark 2020). Questions addressed reasons for attending the student-led clinic and comments highlighting students’ performance (commendable areas).

**Results**

Analysis of student interviews (n=7) revealed themes of; ‘better preparedness for practice’, ‘opportunity for person-centred care’, ‘sensitivity to risk outcomes’ and ‘discussing worrying news’. Feedback from clinic users (n=117) highlighted clinic attendance was related to not previously having a health check and wanting to learn about individual health/risk factors. Clinics were described as convenient, accessible and ‘a great initiative to learn more about my health’. Users felt they were treated with dignity; ‘They were patient and thoughtful, offering advice I can implement straight away’.

**Conclusion**

This initiative shows the potential of service-learning in pharmacy education to provide real-life experiences to prepare students for future practice and enhance confidence and communication skills, whilst also providing beneficial service to the local community.

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## **33 A multidisciplinary approach to teaching Pharmacy students how to perform otoscopy using clinical simulation.**

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**Background**

The Faculty of Health and Life Sciences at De Montfort University hosts a number of undergraduate healthcare programmes affording the opportunity for collaboration between academics and students. Changes in the initial education and training standards for pharmacists has expanded the clinical skills syllabus requiring pharmacy students to develop a broader range of practical skills, including the examination of the ear and the use of otoscopes, aligned to the Community Pharmacy England Pharmacy First Service.

**Description of work**

A practical session was co-created by the BSc Healthcare Science (Audiology) programme and the Masters of Pharmacy programme to teach ear examination and otoscopy in line with the British Society of Audiology (BSA) practice standards. Session development has identified the need for the development of educational resources to help allied healthcare professional access BSA ear examination procedures. Anecdotal evidence, and review of instructional online resources for the teaching of ear examination to pharmacists,  highlighted that qualified pharmacists may not be aware of the BSA recommended procedure for ear examination. The MSc Clinical Pharmacy and BSc Healthcare Science (Audiology) teams, along with the BSA, plan to develop instructional resources to support the acquisition of ear examination skills for healthcare professionals, regardless of background and expertise. Further development of undergraduate teaching sessions will involve the BSc Healthcare Science (Audiology) students supporting pharmacy students in developing ear examination skills.

**Proposed Evaluation**

Evaluation of the instructional resources will involve the use of the learning self-efficacy scale to assess the students’ self-confidence alongside a focus group to gain insight into the acceptability of peer teaching as means of developing clinical skills.

The effectiveness and impact of the teaching sessions will be evaluated by obtaining feedback from the students using an online anonymous questionnaire. Students will be provided with time during the sessions to encourage completion.

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## **34 Multimodal delivery of a lifestyle medicine module for pharmacy students combining online and experiential learning**

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**Background**

Lifestyle medicine is an important and growing element of pharmacy practice (White, 2018). It is based on supporting the adoption of healthy lifestyle behaviours to prevent and treat disease. In order to introduce pharmacy students to the principles of lifestyle medicine and to support their future roles as communicators and health advocates, an optional five credit module was developed for year two MPharm students.

**Description of Work**

This module was developed on a previously existing certificate in lifestyle medicine at RCSI which was delivered exclusively online over the course of one year. The new MPharm module combined online learning with experiential workshops, a patient contact session regarding obesity stigma and conventional in person workshops over a twelve week term.

Staff members from the university gym team delivered experiential workshops to support stress management and physical activity strands of the module. These sessions included breathing, meditation and yoga workshops (Pitta et al, 2022). Workshops were also delivered on alcohol, smoking, nutrition, physical activity and the critical evaluation of connected health interventions in lifestyle medicine.

Assessment of this module was conducted via a behaviour change project where students made a change in their own health behaviour and reflected on the process. Students were encouraged to include and critically evaluate the use of a connected health intervention as part of this assignment.

**Proposed evaluation**

An initial cohort of twenty students have completed this lifestyle medicine module in 2023, with increased cohort sizes likely to participate in  future years. Evaluation of the impact of this module on the personal lifestyle behaviours of students (smoking, alcohol use, exercise, nutrition)  and their perceived self-efficacy for delivering lifestyle medicine support will be conducted using survey and semi structured interview methods. Evaluation will repeat with successive cohorts until robust and reliable results have been attained.

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## **35 Opportunities, barriers and challenges to undergraduate placement expansion in acute hospital trusts across Yorkshire and the Humber (Y&H)**

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**Background**

Changes in the requirements for the initial education and training of pharmacists (IETP) in 2021 included a set of learning outcomes spanning the five years of pre-registration education and training alongside more emphasis on application of science in clinical practice (GPhC, 2021). These changes require the development and expansion of undergraduate placement delivery in secondary care.

**Description of work**

In order to understand the challenges, barrier and possible opportunities of placement expansion, a survey was disseminated to all acute hospital trusts in Yorkshire & Humber (Y&H) by the undergraduate placement development team in January 2024. Trusts are asked in the survey to grade their level of concern on a variety of barriers and challenges with space for trusts to expand on any potential solutions. Proposed barriers and challenges have been identified by the placement development team following initial scoping exercises. The survey will also explore the opportunities that have or may arise to share with the region.

**Proposed evaluation**

The survey will close in February 2024 with results analysis in March 2024.

Results will be analysed using quantitative and qualitative analysis methods to identify the most pressing barriers. A tool within MS forms will be able to quantify barriers with the highest concern. The findings of the survey will be evaluated and disseminated to the placement team.

A set of recommendations to address barriers to expansion in acute hospital trusts in Y&H will then be written in June 2024. This document will reflect the findings of the survey analysis with a proposed set of solutions to these challenges.

Finding solutions to these challenges will enable an increase in placement capacity in Y&H. This will help prepare secondary care meet the new IETP requirements and ensure the future workforce is prepared for IEPT changes such as independent prescribing.

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## **36 Prescription for Identity: Exploring Transition from Student to Community Pharmacist**

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**Background**

Professional identity (PI) is a multifaceted interaction between an individual’s perception of themselves and their career.  (Vivekananda-Schmid et al., 2015) The transition from undergraduate (UG) student to foundation year trainee (FYT) and ultimately to a qualified pharmacist are critical junctures, shaped by a pharmacist’s skills, attitudes, and perspectives. It is reported that students with a strong sense of PI can transition more smoothly into the workplace and are more confident in their roles. (Noble et al., 2015) Pharmacy education can impact on the formation of strong healthcare provider identity which may impact on how pharmacists perceive their role and in turn, administer their professional responsibilities. (Noble et al., 2014) While there has been a considerable increase in pharmacist PI research little is still known about the transition from pharmacy student to pharmacist.

**Description of work**

The aim of this study is to explore recently qualified community pharmacists’ (QUB 2022 graduates) sense of PI. Ethical approval has been granted (Reference MHLS 24\_22), and community pharmacists have been recruited to participate in focus groups in Jan/Feb 2024. Focus groups will explore the evolution of participants’ PI, examine the relationship between PI and the transition from UG to FYT to independent pharmacist practitioner and investigate what factors influence PI development. Focus groups will be conducted and recorded via Microsoft Teams.

**Proposed evaluation**

Focus group audio will be transcribed verbatim and the content analysed using Reflexive Thematic Analysis. (Braun and Clarke, 2006) Briefly, the research team will familiarise themselves with the data by reading the transcripts multiple times. An inductive approach to coding will be adopted with both semantic and latent codes generated, where applicable. Codes will be reviewed and revised and used to generate broader themes. Meaning will be interpreted from generated themes and used to draw conclusions and recommendations from the study on how to best support development of pharmacist PI from an educator perspective. Future work will include exploring PI of recently qualified pharmacists working in other sectors and also examining how implementation of the new GPhC Standards for initial education and training of pharmacists impact on PI formation.

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## **37 Medical Students’ Understanding of Learning from Podcasts: A Phenomenographic Study**

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**Background**

There has been a global rise in the number of people listening to podcasts in recent years (Sang 2020). Healthcare students who use educational podcasts are generally positive about their use in learning. Students may access podcasts to learn new material or refresh their memory on previous taught material. When a student is listening to a podcast an academic loses some control over extrinsic and germane load. If working memory becomes overloaded, then there is an increased risk that information is not fully understood.

**Aims**

The aim of this study is to better understand how students learn from educational podcasts.

**Methods**

Phenomenography was selected to investigate the different ways in which phenomena are experienced by participants. Medical School students at Swansea University were invited to participate. Two interviews were successfully arranged. One semi-structured interview was conducted for each participant. The interviews were audio-recorded and transcribed verbatim. Data analysis followed the phemomenographical process (Akerlind 2005).

**Results**

An outcome space with 2 branches and five categories of description emerged, which shows students view podcast learning in two different ways. Category one, ‘Supplementation’, has an overarching position within the outcome space. The first branch contains only one category ‘Structure’, whilst branch two contains three hierarchical categories. The relationship between the three categories is shown as a continuum in branch two. The most simplistic of these category is ‘Repetition’. Moving along the continuum the categories demonstrate more complex ways of learning, with ‘Focus’ being the most sophisticated.

**Conclusion**

The key finding was that the two branches of the outcome space broadly align to the ideas of external and internal factors influencing learning, the categories in the second branch offer a complex view of learner interaction with podcasts. The phenomenographic approach used for this study has allowed further understanding of podcast learning to emerge.

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## **38 Exploring characteristics associated with pass rates for third time sitters of the GPhC registration assessment**

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**Background**

Passing the registration assessment (RA) is one of the final steps before registration as a pharmacist in the UK (GPhC, 2021). RA sittings are run twice a year. Candidates have three attempts to pass the RA, after which, they cannot register (GPhC, 2023a). Given the substantial effort, cost and time commitment required, it is important to gain a better understanding of the factors which influence the pass-rate. Identifying the characteristics of candidates who repeatedly fail can support efforts to reduce differential attainment and support progression (GPhC, 2023b).

**Description of Work**

GPhC records from candidates who sat at least one of three RA sittings between June 2022 and June 2023 were analysed using Excel. Analysis of candidate RA outcome and sitting attempt number considered self-declared demographic characteristics, education history, foundation training year, and RA factors, such as previous withdrawals and nullifications.

There were 4,660 individual candidates across the three sittings, 4,036 (86.6%) passed on their first attempt, 372 (8.0%) passed on their second attempt, and 179 (3.8%) passed on their third attempt. There were 73 candidates (1.6%) that failed their third and final attempt.

**Proposed Evaluation**

Although numbers are small, preliminary findings show that there are a disproportionate number of candidates who are failing the RA after three attempts that are: older, self-declared Black and Asian ethnicities, male, candidates who studied and completed foundation training in England, and candidates who completed foundation training at community pharmacies.

Further analysis will include expanding the dataset to include the November 2023 RA and testing for significant differences – using Chi-Squared testing in JASP.

Findings will be shared with decision makers and relevant teams across the GPhC, as well as external key stakeholders, so they can be used to inform measures to address the issues identified.

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## **39 Trends, Attitudes and Behaviours of UK Adults Towards Heartburn & Indigestion**

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**Background**

Heartburn and Indigestion are among the most common gastrointestinal conditions. (Guts UK 2024). Incorporating latest trends into pharmacy education will enable students stay abreast of real-world evidence in gastroenterology.

**Aims**

To understand current trends, attitudes and identify knowledge gaps in the public’s perception of heartburn & indigestion symptoms. (NHS 2023)

**Methods**

An online survey was carried out in November 2023 which included members of the British polling council with a nationally representative sample of 2,008 UK adults aged 18+. Results were analysed using descriptive analysis for each question, outlining the proportions of the sample.

**Results**

Survey results show that almost 1 in 2 adults across the UK experience heartburn and indigestion more than once a month. 40% of sufferers reported they were not aware they were experiencing heartburn and indigestion. Results also showed that only 4% of respondents were aware of 7 key symptoms of heartburn and indigestion. Acid reflux, chest burning and stomach discomfort, were selected by just over half of the respondents. However, other vital symptoms including stomach burning, sour taste, bad breath; associated with acid reflux and throat burning, were not symptoms many people would associate with heartburn and indigestion. 30% of respondents reported that heartburn and indigestion prevent them from doing things they wish to do at least once a week. Another new trend is that over a third of the people surveyed reported they have experienced heartburn and indigestion more as they have grown older. (Reckitt 2023)

**Conclusions**

Heartburn and Indigestion are among the most common gastrointestinal conditions and can be easily misdiagnosed. Research from the consumer healthcare association, revealed that 53% of patients seen by a GP were told to use over-the-counter medicines (PAGB 2023). With more responsibilities for pharmacists such as Pharmacy First, educating students will increase awareness and confidence in self-treatable illnesses.

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## **40 Queen’s University Belfast (QUB) Year 3 and 4 MPharm Students’ Views and Understanding of Academic Misconduct and Professional Standards**

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**Background**

Involvement in academic misconduct by a pharmacy student can raise concern about their probity and may invoke a ‘Fitness to Practise’ investigation (GPhC, 2020). Previous studies showed male students were more likely than female students to plagiarise when completing assignments (Aggarwal et al., 2002). Furthermore, males have a more lenient perception towards academic misconduct than females. (Ip et al., 2018). This project will build upon data electronically-collected in QUB during the 2022/23 academic year. That study with a different student cohort showed an awareness of academic misconduct but a gap in students’ knowledge surrounding academic misconduct in group work and their confidence in reporting other students.

**Aims**

To determine QUB Year 3 and 4 MPharm students’ views and understanding of academic misconduct and professional standards and to determine any difference from a previous cohort of students.

**Description of work**

The paper questionnaire employed comprised identical questions to the electronic template used in 2022/23 and was built on published research with pharmacy and medicine students (Emmerton et al., 2014). It comprised two sections: student demographics and views & understanding of academic misconduct and professional standards.  Students were asked to decide if wrongdoing had occurred within 12 fictional scenarios using a 3-point scale “yes”, “no” and “not sure” and if they had knowledge of similar behaviours within MPharm students. Open questions on raising concerns were also included. Following ethical approval, it was distributed to third and fourth year QUB MPharm students (n=242).

All data will be collated and analysed using SPSS (v29) statistical software. Descriptive statistics will be employed and statistical tests will be applied where appropriate. A p value of <0.05 will be considered significant. The results from this questionnaire will guide how QUB MPharm students are informed and supported about academic offences and professional standards in the future.

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## **41 Exploring the views of hospital patients on receiving education from pharmacy students regarding their medicines**

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**Background**

With the changes to the GPhC standards for the initial education and training of pharmacists, students need to demonstrate their ability to communicate with patients about their medicines to proactively support patients to make safe and effective use of their medicines and devices (GPhC 2021).As part of the 2022 implementation of the new model for University of Manchester MPharm hospital placements, Clinical Tutors introduced observed consultations where students educated inpatients about a specified medicine. Tutors considered the preparation students would need to do this confidently and competently and the governance required to ensure accurate information was given, which included a Clinical Tutor observing each consultation. With the introduction of entrustable professional activities (EPAs), (NHSE 2023) it is envisioned that 4th year students may be deemed competent to educate patients about their medicines with indirect supervision, (without direct tutor observation).

**Description of work**

Clinical Tutors wish to explore patients’ views on pharmacy students providing them with information about their medicines.  Tutors will recruit inpatients at placement sites, and they will be asked to complete a questionnaire.  The Clinical Tutor team will use the responses to evaluate current placement provision and inform future placements. Ethical approval has not been sought, as according to the NHS Health Research Authority decision tool (HRA 2022) this study is not deemed to be research.

**Proposed Evaluation**

Patient responses to the questionnaire will be evaluated quantitatively and qualitatively. The questionnaire will use a closed Likert scale and free text questions stemming from four themes: the patient’s previous engagement with pharmacy students, how they feel about receiving information from a pharmacy student, whether opinion changes depending on a tutor being present and what information they feel is important to be told in relation to their medicine.

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## **42 Pharmacy Students’ Perceptions of the MPharm Selection Interview**

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**Background**

The General Pharmaceutical Council’s 2021 Standards for the initial education and training of pharmacists mandate the use of an interactive component to assess undergraduate applicants’ “values and overall suitability for the entry into the profession of pharmacy” (General Pharmaceutical Council, 2021). However, concerns surround using such approaches to assess professional attributes (Benbassat, 2019). Further, pharmacy students’ opinions on their use are underrepresented.

**Aims**

To ascertain students’ opinions on the use of selection interviews to assess applicants’ professional suitability for MPharm entry.

**Method**

Following ethical approval, anonymous data were collected from consenting QUB MPharm students in years 1-4 via a pre-piloted online questionnaire (January 2024). Coded data were summarised using descriptive statistics. 7-point Likert scales were used to enhance response sensitivity (a score of 7 represented the highest level of agreement). Mann-Whitney U and Chi-square tests identified significant differences (p<0.05) between relevant year groups.

**Results**

The overall response rate was 24.4% (n=128). 18.4% (n=26) of current Year 1 students (the first cohort to undertake a QUB selection interview) responded. Year 1 students agreed more than those in other years that interviews can evaluate MPharm applicants’ professional suitability [6.1 vs. 5.4, respectively (p=0.009)], and that they are more effective than approaches such as written applications [5.8 vs. 4.8, respectively (p=0.002)]. Year 1 students more strongly agreed that online interviews are a suitable instrument [5.35 vs. 4.00 respectively (p<0.001)]. All respondents agreed that interviews may encourage exaggeration by applicants, and that pharmacy regulators should be responsible for specifying interactive selection process formats (means: 5.6 and 5.7 respectively).

**Conclusion**

QUB selection interview experience appears to influence perceived value of interviews in assessing applicant’s suitability for pharmacy. Regulators must go further to make selection standardised and equitable. Moreover, it is crucial that outcomes from these processes are weighted appropriately, given their potential for exploitation.

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## **43 Exploring pharmacy students’ experience on the Objective Structured Clinical Examinations (OSCEs)**

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**Background**

The Objective Structured Clinical Examination (OSCE) assesses healthcare students’ competences on a range of skills. OSCEs can be stressful and students prepare in different ways including practising with peers, placements, simulations or by working part time in a healthcare sector.

**Aims**

This study explored student experience on OSCE, with a particular focus on those not passing at first attempt.

**Methods**

Following ethical approval, an online questionnaire of 25 mixed-types questions (demographics, experience and views of past OSCEs) was sent to pharmacy students at a London university**.**Descriptive statistics were used to analysis.

**Results**

Forty-four responses were received (Table 1).

Table 1: Demographics and pass rates.

|  |  |  |
| --- | --- | --- |
| **Demographics** | **Group A (passed first time)**  **61.4% (n=27/44)** | **Group B (more than one attempt to pass)**  **38.6% (n=17/44)** |
| **Arab** | **22.2% (n=6/27)** | **35.3% (n=6/17)** |
| **Asian** | **44.4% (n=12/27)** | **41.2% (n=7/17)** |
| **Black** | **14.8% (n=4/27)** | **23.5% (n=4/17)** |
| **White** | **11.1% (n3/27)** | **-** |
| **Mixed** | **7.4% (n=2/27)** | **-** |

Both groupsfound the revision involving role play with peers as most useful (63%, n=17/27 and 52.9%, n=9/17) for A and B, respectively. Similarly, both groups spent more time focusing on module revision (40.7%, n=11/27 and 52.9%, n=9/17 for A and B, respectively. Approximately 30% in both reported dedicating equal revision time for OSCEs and module exams. Group A indicated they felt prepared (70.3%, n=19/27) with 66.7% (n=18/27) rating their OSCE experience positively (scoring above 6 on a scale of 10). In contrast, Group B scored their preparedness even higher at 82.4% (n=14/17), yet only 29.4% (n=5/17) were satisfied with their OSCE experience. Many respondents citing simple mistakes, nervousness, running out of time and rushing into scenarios as barriers affecting performance.

**Conclusion**

Students found revision through peer role playing the most helpful. Those who did not pass first time cited nervousness and time constraint as hindrance to their performance despite similar learning strategies.

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## **44 Building community and academic resilience through pre-course preparation in the Overseas Pharmacists Assessment Programme (OSPAP)**

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**Background**

Much of the support around transition into higher education is focussed on transition into undergraduate programmes.  The UPP foundation Student Futures Commission produced a student manifesto in 2022 and one of its key themes was support for students before they reach university. This manifesto focussed primarily on school leavers, however it gave weight to the growing consensus thatthe pre-course period is important for preparing all students for their studies.

Adult learners’ decision to return to higher education is often influenced by many factors which are not the focal points of the traditional undergraduate learner. For example, factors such as commuting, financial constraints, work responsibilities, carer roles or young family responsibilities may influence the engagement and academic achievement of nontraditional adult learners. With the increasing number of students in postgraduate programmes conventional student support systems may not be adequate.

**Description of Work**

To build academic resilience and aid the diverse group, many of whom are international students, transition back to higher education pre-course activities were developed.  These included a welcome webinar and introductory blog. These activities focussed on managing student expectations, addressing their concerns as well as developing a sense of community. Currently, most of the pre-course communication for postgraduate studies is via email and this development provided an interactive approach to build community.

An online survey was developed using a mixture of open ended and closed questions to evaluate student satisfaction with these pre-course activities.  Preliminary data suggests good satisfaction rates with the range of activities. From those who completed the survey (n=33), 28 (85%) students felt that they webinar was useful or very useful and 16 (48.5%) felt that the introductory blog was useful or very useful.

**Proposed Evaluation**

Quantitative data will be analysed using descriptive statistics, whereas qualitative data will be analysed using thematic framework analysis.

#### **References**

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## **45 Using an in-person simulation placement for second year undergraduate pharmacy students to support and aid preparation for undergraduate hospital pharmacy placements**

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**Background**

Due to the revised 2021 General Pharmaceutical Council (GPhC) requirements for Higher Education Institutions, a shift is being observed in MPharm teaching; gradually incorporating the application of science in clinical practice [General Pharmaceutical Council, 2021]. This has resulted in a renewed focus in various grades of fidelity teaching; especially simulated practice, with the belief that on completion of their undergraduate degree student pharmacists will be adequately prepared to succeed in their foundation training. Simulated learning in pharmacy education has been shown to lead to improvements in learner confidence, communication skills, and clinical knowledge [Seybert, 2019].

**Description of Work**

A revamped experiential learning programme was developed to support students in developing essential skills and attributes of a pharmacist. In academic year 2023-2024, a one-day on-campus clinical simulation placement was developed for second year MPharm students. The aim was to introduce hospital pharmacy, with the activities intended to support students in:

- Critical thinking and problem solving

- Development of consultation/communication skills with patients (utilising AI-powered simulation manikins) and other healthcare professionals (played by simulation faculty members)

- Identification and resolution of ethical/moral dilemmas

- Application of clinical skills/ knowledge

- Recognition of limits of their competence

Placements occurred in a bespoke hospital simulation ward setting, with full debrief and recording facilities. The debrief occurred using the Diamond model [Jaye, 2015], supporting students in contextualising their experiences in the context of real practice and encouraging both group and self-reflection. An AI-powered simulation manikin was programmed to support placement activities incorporating common medical presentations and medical emergencies.

**Proposed Evaluation**

The proposed evaluation for this experiential learning involves the administration of post-event questionnaires, incorporating both qualitative and quantitative analysis of how the session supported the students to develop and enhance the skills above, and how this initial interaction may assist the students in moving to real-life experiential learning settings.

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## **46 Designing and evaluating the use of role play videos in the undergraduate teaching of prescribing in common minor illnesses for pharmacy students by means of simulations**

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**Background**

The General Pharmaceutical Council (GPhC) emphasises the need for increased experiential learning in pharmacy education to better prepare students as future prescribers (GPhC, 2021). To enhance readiness for supporting common minor illness management, additional simulated learning opportunities have been incorporated in Kingston University's MPharm programme.

Literature highlights the efficacy of videos in supporting healthcare curriculums, making them an ideal tool for simulation experiences (Brame, 2016). This study aims to design role-play videos focusing on common minor illnesses for undergraduate pharmacy teaching, evaluating students' perceptions of these videos for consultation skills and knowledge.

**Methods**

A mixed-methods study was conducted. Ethical approval was obtained. Four videos depicting exemplary and improvable consultations for chosen topics were created by MPharm students. A pre-piloted 26-question survey was distributed to 132 second-year MPharm students using MS Forms. This survey evaluated participants’ confidence, knowledge and consultation skills after watching the videos, and explored what they found helpful or disliked. Quantitative data were analysed using descriptive statistical analysis. Post-workshop interviews with seven participants explored their views on the video content. Qualitative data were thematically analysed.

**Results**

The response rate for the survey was 38.6% (n=51/132) Survey results indicated that 74.5% (n=38/51) felt the new videos could assist with minor illness revision, with a suggested optimal video length of five minutes (31.3%, n=16/51). Interview responses emphasised the value of visual representation in understanding consultation skills. Students enjoyed videos showing differences in quality. Students appreciated seeing peers in the videos, fostering identification and achievability compared to scenarios demonstrated by qualified pharmacist tutors.

**Conclusion**

Integrating videos into MPharm teaching before simulations was found beneficial in perceptions of assisting with minor illness learning in the small cohort surveyed. Future work will expand topics, explore aspects of diagnostic and prescribing skills, while evaluating impact on student experience while on community pharmacy placements.

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## **47 Evaluation of an intercultural competency (ICC) lecture at Reading School of Pharmacy**

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**Background**

Cultural competence in healthcare is a continuous process aimed at providing effective service tailored to diverse cultural backgrounds. In a multicultural healthcare setting such as the NHS, healthcare professionals need to understand and respect diverse cultural contexts when delivering healthcare services. Research indicates that culturally competent care improves satisfaction and health outcomes. Recognising the gap in intercultural competence (ICC) education within MPharm programme at Reading School of Pharmacy (RSoP), an innovative lecture was delivered to bridge the gap. This idea is a step towards embedding ICC education in curricula to help future pharmacists navigate cultural challenges effectively.

**Aims**

To evaluate an innovative ICC lecture delivered to students in years 1 and 2 at RSoP, using direct feedback from students to assess the impact and identify further areas for improvement.

**Methods**

A feedback survey was conducted from Sept-Dec 2023, administered via Online Surveys®. 226 students were invited to rate their agreement on a 5-point Likert scale where 5 = strong agreement while 1 = strong disagreement. This was done across various dimensions of the lecture's delivery and content to gauge the overall impact and areas for improvement. Most frequently occurring values from Likert scale are reported. Study was granted ethical clearance.

**Results**

70/226 students (31%) participated, providing insights into the lecture’s clarity, achievement of learning outcomes, novelty, organization of information, and relevance to practice, all scoring 4/5. However, the item, stimulated interest in the topic had a score of 3/5, indicating an area for improvement. Areas identified for further learning were racial bias, disparities, beliefs, women health, and disabilities.

**Conclusion**

This positive feedback highlights the successful introduction of ICC education. Further improvement of the lecture was suggested. This feedback will aid in the refinement of the lecture's content and underlines the need for the expansion of ICC education.

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## **48 Evaluation of a communication workshop using real patients within the first six weeks of the MPharm course**

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**Background**

Introducing real patients early in the course enables students to gain an appreciation of the impact of health on patients, enhancing their empathetic skills, and promoting communication skills and self-confidence (Moudatsou et al., 2020; Sowter et al., 2021).  As a two-way process, patients are empowered to share their story, teaching the emotional rather than medical aspect of illness, and promoting person-centred care (Shah et al., 2005).

**Aims**

To explore patients’ and first year pharmacy students’ perceptions of their communication and empathetic skills following patient interviews.

**Methods**

Communication workshops comprising groups of three to six first-year pharmacy students occurred within the first six weeks of the MPharm course.  Students interviewed a real patient with at least one chronic condition.   Learning outcomes included taking a medical history, appreciating the impact of illness on individuals, and practising communication skills.  Students completed paper surveys post-workshop, evaluating perceived gains based on learning outcomes.  Patients completed post-workshop surveys to gauge their perceptions of the workshop.  Ethical approval was not required as requirements of teaching evaluation were met.

**Results**

Student response rate was 89% (n=140/157).  97% (n=136/140) students agreed they gained practice taking a medical history with 98% (n=137/140) gaining appreciation of the impact of health on a person’s life.  97% (n=136/140) gained insight about adjusting their communication based on individual patients.  94% (n=131/140) found their self-confidence improved.  Qualitative feedback indicated students enjoyed hearing patient stories and practising communication with patients.  Eight patient responses established 100% (n=8) patients feeling empowered to share their story.

**Conclusion**

This workshop improved students’ self-confidence, providing a safe space to practise communication with real patients.  Simulation cannot replicate patient journeys with illness therefore we must integrate real patients throughout the course to develop students’ empathetic skills.  Patients enjoyed participating and wanted further sessions to observe student development (Shah et al., 2005).

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## **49 Interprofessional learning between pharmacy and medical students during undergraduate placements**

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**Background**

The pharmacy undergraduate placements are changing from observing tasks to simulation or practice based activities due the changes to standards for the initial education and training of pharmacists (GPhC, 2021) and eligibility for tariff payments (HEE, 2022). The interprofessional learning (IPL) is mandated in the new standards (GPhC, 2021).  IPL has been shown to increase an understanding of the roles of other healthcare professionals in delivering patient care (Abdelhakim et al., 2022) in order to better integrate care, strengthen quality, and improve patient safety (WHO, 2010).

**Description of work**

Pharmacy Education & Training (E&T) team together with the medical school placement lead developed interprofessional learning activity for pharmacy (year 4) and medical (year 5) students at Hull University Teaching hospitals NHS Trust. The activity will include students working in pairs (1 pharmacy and 1 medical) completing patient clerking (led by medical student), drug history taking (led by pharmacy student) and discussing the patient’s case including presenting complaint, differential diagnosis, investigations, management, and monitoring. A student proforma for the activity was co-created by the E&T and medical school placement leads. Following the IPL, students will participate in a de-briefing session to present encountered patients, learn from each other, and receive feedback. This will be initially tested with 4 pairs of students over a period of one week in January 2024.

**Proposed evaluation**

The IPL will be evaluated by using an anonymous survey completed by students. The survey will consist of 20 questions and will allow for free-text comments that will explore potential barriers, concerns, and suggestions for improvement. The survey will focus on understanding the students perspectives on IPL and receiving the feedback on four parts of the IPL template (clerking, drug history, discussion and debrief).  The data will be summarised descriptively using Excel to inform future IPL sessions.

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## **50 First Year pharmacy students experience of simulation training with a focus on communication**

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**Background**

In January 2021, the General Pharmaceutical Council (GPhC) introduced new standards for pharmacist education and training incorporating prescribing (GPhC, 2021), with an emphasis on experiential learning to prepare for practice.  While simulation is regularly used in pharmacy education, intensive communication-focused simulation in first-year is not widely undertaken (Kerr et al. 2021).

**Aim**

This study aims to explore first-year students’ understanding of the clinical pharmacist role, and their perceptions on the impact of communication-focussed simulation on their communication skills and confidence.

**Method**

During their first semester, first-year students engaged in a total of 9-hours of small group simulation sessions. These involved students role-playing pharmacists and patients as well as sessions with simulated patients. All sessions placed emphasis on communication skills. A teaching evaluation questionnaire was sent to first-year students (n=140). Data underwent a mixed method analysis.

**Results**

Thirty-six students responded to the 21-question questionnaire (25.7% response rate). Results showed that 97% of students felt they had good awareness of the role of a clinical pharmacist and 84.4% of students noticed an improvement in their communication skills. Students felt that the simulation has prepared them for speaking to patients and 78.2% of students would be happy to independently speak to a patient on placement. In free-text responses, students commented that sessions allowed them to ‘learn how to structure their communications’ and many commented on improving their professionalism and professional communication, one student commented that simulation allowed them to ‘fully immerse into character’.

**Conclusion**

First year students being exposed to experiential learning early on in training builds confidence in speaking with patients. Simulation training has allowed students to think about and practice communication in a professional manner. Finally working in simulated hospital wards and with patient educators were particularly helpful as students felt this made the scenarios feel more realistic to being a trainee pharmacist in practice.

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## **51 Understanding Student Professionalism Concerns**

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**Background**

Students on professional programmes need to have an understanding professionalism but evidence suggests this isn’t always the case(Health and Care Professions Council, 2011).  In addition, professional standards are not fixed but evolve over time. The standards of professional clothing have changed due to increased awareness of managing spread of infection, changes in fashion and increased acceptance of maintaining cultural identity. Social media usage has increased dramatically over the years and inappropriate use could have far reaching consequences for the student and the University.

**Aims**

This project aimed to explore student concerns around professionalism and to seek to identify potential ways to address any concerns.

**Method**

An invitation to join a focus group was emailed to all students. The online meetings (Zoom) were facilitated by a staff member (JH), transcribed verbatim and analysed thematically. The University Ethical Review Toolkit was used and formal ethical review was not required.

**Results**

Nine students attended one of two focus groups.

There were no major differences in responses between different professional groups. Four themes emerged from these focus groups:

1. Fear – students were scared, particularly at the start of their programmes because they didn’t know what they could and couldn’t do.
2. Diversity – professionalism was frequently raised by white staff and many students from different ethnic backgrounds felt that diversity wasn’t taken into account.
3. Uncertainty – There was uncertainty due to vague wording such as, ‘smart casual’ and also due to different messages being given by staff in the University compared to placement staff.
4. Solutions – Students suggested peer support and an interactive toolkit.

**Conclusion**

There was evidence of anxiety amongst students about meeting professional standards due to vagueness in guidance wording. Further work is required to establish if peer support from senior students might address this anxiety and take student diversity into account.

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## **52 Using an in-person simulation placement to support undergraduate Master of Pharmacy students in developing professional identity**

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**Background**

Current changes to undergraduate Master of Pharmacy programmes required to support the introduction of independent prescribing rights to newly qualified pharmacists from 2026 onwards [General Pharmaceutical Council, 2021] have resulted in a renewed focus on the use of simulated practice as a mechanism for the delivery of teaching and learning.  The formation of professional identity and adoption of professional values has been recognised as an important component in the training of healthcare professionals.  [Janke, 2021].

**Description of work**

At Liverpool John Moores University, a programme of virtual and in-person simulated placements are utilised to support students in developing a range of key personal, clinical and consultation skills.  In academic year 2023-24, a new one-day simulation placement was developed for first year MPharm students.  All students who undertake the simulation placement will undertake a series of interactions with simulated patients and healthcare professionals, designed to support development of professional identity through establishing behavioural norms for the pharmacy profession, supporting reflection on the impact of personal values and beliefs on healthcare and clearly establishing the role of the pharmacist in the multi-disciplinary team.

Placements will take place in a dedicated simulation space with full debrief, allowing for students to view and review recordings of their interactions with simulation patients or healthcare professionals.  Debrief for these activities will be facilitated via the Debrief Diamond method [Jaye, 2015].

**Proposed evaluation**

An ethically approved evaluation of these simulated placements is planned in Semester 2 of the 2023-24 academic year.  This will involve the administration of pre-event and post-event questionnaires, incorporating the Macleod Clark Professional Identity Scale (MCPIS-9), a validated instrument for exploration of professional identity in healthcare students [Faihs, 2023].  Additional thematic analysis of free-text responses will focus on the extent to which the session has supported the development of student professional identity.

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## **53 This won’t happen to me. Shared experiences in recognising and supporting those affected by domestic abuse**

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**Background**

Women’s Aid (2023) defines domestic abuse as:  “an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer.”  In 2020, an estimated 1.6 million women aged 16-74 years experienced domestic abuse. It is estimated that in the UK one in 6-7 men and one in 4 women will be a victim of domestic abuse (DA) in their lifetime (ONS, 2020).  Healthcare professionals are in a unique position to spot the signs of abuse and provide help.

**Description of work**

Dr Amanda Beresford and Dr Catriona O’Hare in Queen’s University Belfast (QUB), School of Medicine, Dentistry and Biomedical Sciences introduced DA teaching into the undergraduate dental curriculum in 2013. Teaching was co-designed with Women’s Aid. Dental student groups completed DA pre-reading and presented cases at a facilitated workshop. In 2023, the workshop was extended to include pharmacy students (60 dental & 119 pharmacy). Cases were amended to include pharmacy examples. Interprofessional groups met after completing pre-reading to consider cases and presented them at an interprofessional facilitated workshop.  The session learning outcomes aimed to explore the nature, extent and impact of domestic violence and abuse in families and the services available to support victims. The role of the healthcare practitioner and the simple steps we can take to help patients were discussed. Trained staff were present to provide psychological safety and support during and after the event.

**Proposed evaluation**

Initial feedback from the 2023 respondents (n=109) was positive. Many participants (91.7%) felt that the sessions met learning outcomes and gave it an overall rating of 4.04/5. The interprofessional workshops will run again in 2024/25. Following ethical approval, baseline knowledge and views on DA will be evaluated pre-session with a questionnaire and further evaluation of the knowledge, views and interprofessional approach will be gained post-session via focus groups.

#### **References**

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## **54 Enhancing Asthma Management: A Collaborative Approach between Primary Care, Academia, and Patients**

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**Background**

In the UK, Asthma has been diagnosed in over 8million individuals (NICE, CKS,2023). Inhaler technique is vital for optimal management of this condition (AL-awaisheh, et. al.,2023) especially when switching devices to reduce carbon footprint (Panigone, S. et al.,2020). Mehuys et al. (2008) suggests that education is proven to improve the level of asthma control. Pharmacy students at De Montfort University are taught and assessed on inhaler technique, but currently do not develop or demonstrate this knowledge with patients.

**Aims**

The aims of this project were to provide patient education and improve patient knowledge regarding asthma and inhaler techniques; delivered by pharmacy students.

**Method**

A targeted report of asthmatic patients was generated from SystmOne, to whom event information was sent via AccuRx.  The student-led event consisted of an educational presentation and interactive session, focused on asthma management, inhaler technique, patient choice, and environmental issues. A survey, using a 10-point Likert scale, was completed by patients to identify changes in self-reported confidence in these areas. Student feedback was gathered after the event.  Placebo devices were provided by pharmaceutical companies and patient resources were obtained from Asthma and Lung, UK.

**Results**

All patients (n=22) reported finding the event useful and reported that they would attend a similar event in future. Students commented that they “enjoyed seeing how beneficial [their] advice was” and that “it was great to put into practice what [they had] learned through the course”.

**Conclusion**

This collaborative event was a success, shown by the results indicating that students can improve patient understanding and management of Asthma. This may result in changing patient behaviours towards their condition management. The project is being expanded to focus on multidisciplinary teamwork, and to target more deprived areas of Leicestershire. Future work will consider the possibility of incorporating Entrustable Professional Activities.

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## **55 The Practical Cost of Practicals**

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**Background**

Pharmaceutical laboratory sessions are integral to the Swansea University’s MPharm programme. The sterile manufacturing practical sessions were delivered for the first time in the 2023/24 academic year, over four sessions, with a focus on preparing students for future laboratory-based research or pharmacy technical service roles. As a new programme and from past literature, the pragmatic cost of these sessions has not been determined.

**Aims**

To cost the sterile manufacturing practical sessions, and to explore sustainability strategies to reduce costs.

**Method**

Full invoices for laboratory equipment and consumables were reviewed and calculated. Equipment depreciation were estimated using the straight-line method with assumed zero residual value. Staff preparation and delivery time were costed according to the university’s salary scales. The initial laboratory fit-out and utility costs were excluded from cost calculations as the space is utilised by other programmes within the faculty. To improve sustainability, individual items were evaluated for reusability and their service life duration; staff rotation was considered; alternative supplier quotations for consumables were compared.

**Results**

Expenditure was divided into three categories: consumables, equipment and staff time. For a cohort of 46 students, the practical sessions costed £183 per student. This apparent high cost was due to the cost of equipment (notably, the biological safety cabinets) and the small cohort. The estimated cost of the practical sessions for a projected cohort of 100 students combined with sustainability measures, is £93 per student. In both scenarios, equipment cost accounted for more than 60%.

**Conclusion**

Comprising approximately 1% of the annual tuition fee, sterile manufacturing practical sessions appear economical to be delivered. To ensure sustainable resource and capacity (Standard 3; GPhC, 2021) in the training of future pharmacists, further cost-saving measures could be implemented through maximising technology use and reducing staff delivery time.(Croker et al., 2010, Heslop et al., 2022)

#### **References**

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## **56 "Two heads are better than one" -  In-situ interprofessional learning between nursing and pharmacy undergraduates**

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**Background**

Interprofessional learning (IPL) appears to be most effective when students learn together as opposed to in parallel, and has been shown to improve students’ confidence, communication and provides increased awareness about their own and other professionals’ roles and identities as part of the wider healthcare team (CAIPE, 2002).

**Description of work**

In February 2024, pairs of student teams (one third year nursing student and one second year pharmacy student) will work together to complete two authentic ward based activities; completion of patient observations and the National Early Warning System (NEWS) chart for one or more patients and, calculation of creatinine clearance on one or more patients and associated review of medication appropriateness.  Their findings will be discussed with their supervising Nurse and Pharmacist to facilitate understanding in the context of the patient’s reason for admission and medication therapy.  In the first activity, the Nursing student takes the lead and supports the Pharmacy student, including providing feedback where required, in the second activity, the Pharmacy student takes the lead and supports the Nursing student.

**Proposed evaluation**

All second year undergraduate Ulster University and Queens University Belfast (QUB) (n=102) MPharm students and all third year undergraduate QUB nursing students (n=80) who participated in the project will be invited to complete a short likert style questionnaire to explore the relevance of the activities to their perceived role as well as their understanding of each other's roles in patient care.  It will be situated on Microsoft forms. All data will be collated and analysed using SPSS statistical software. Non-parametric tests will be used, as appropriate, to test for association between responses (e.g. Kruskall-Wallis and Chi-squared). Sub-analyses will be completed by program level and gender.

#### **References**

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## **57 ‘It’s not you it’s me’. Using love/breakup letter methodology to explore student pharmacists' experiences of placements.**

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**Background**

General Pharmaceutical Council Standards for the initial education and training of pharmacists are applicable from 2023/24 (GPhC, 2021).  In Northern Ireland (NI), this includes 12 weeks of experiential learning (EL) across patient-facing sectors. Entrustable Professional Activities (EPAs), which are units of professional practice or work (Ten Cate & Taylor, 2021), will form the basis of providing evidence that NI student pharmacists have demonstrated GPhC learning outcomes (LOs) during EL . This is a novel approach with little currently known about student pharmacists' feelings towards EL and EPAs in the new MPharm.  This research aims to build an evidence base.

**Description of work**

Year 3 student pharmacists in Queen’s University Belfast (QUB) have completed 3 weeks of EL by the end of November 2023. During EL, they have completed a variety of EPA milestones such as a medication review or a patient-specific calculation. Once an EPA milestone is complete the student pharmacist and practice supervisor engage in a feedback conversation and complete the relevant EPA form. The student pharmacist then uploads the EPA forms to an e-Portfolio as evidence of completion.

After placement student pharmacists complete a debrief workshop to facilitate and share learning. The project aims to understand student pharmacist views on placements and EPAs via love/breakup letter methodology (LBM).

**Proposed evaluation**

LBM will be used to ascertain student pharmacist’s experience in lieu of more traditional ‘positive’ and ‘negative’ experience questions (Laughey et al., 2021). Each student pharmacist will be asked to write a love and breakup letter for their EL weeks. These will then be used to stimulate discussion in the EL debrief. This research takes an Interpretivist perspective and utilises Document Analysis methodology (Bowen, 2009). Thematic Analysis (Braun & Clarke, 2006) will guide the data analysis.

Ethical approval has been granted from the Faculty of Medicine, Health & Life Sciences Ethics committee, QUB.

#### **References**

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## **58 Eye Inter Professional Education – Use of the direct ophthalmoscope to examine the anterior eye. Student perceptions of an inter professional peer-assisted teaching session.**

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**Background**

Students in one institution have taken part in interprofessional case-based learning sessions since 2016. It is well noted in the literature that peer-assisted clinical teaching can enhance clinical knowledge and ability (Patel, 2016). For 2023 we introduced a novel peer-assisted teaching session; 3rd year pharmacy students were taught by final year optometry students to use a direct ophthalmoscope to examine the anterior eye.

**Methods**

130 pharmacy students attended in 4 groups for a 1.5-hour session. Optometry students volunteered as tutors. One staff member (CP) recorded a 15-minute anterior eye anatomy lecture for the pharmacy students to watch prior to the session, devised a handout for the students to work through, and supplied this to the optometry students in advance. The session was supported by 4 staff (2 optometrists, 2 pharmacists). The instructors only intervened if asked for help. At the end of the session the students were asked to complete a short voluntary evaluation.

**Results**

Initially only 6 optometry students volunteered for the 1st session. This increased to 10 on the 2nd session because of their enthusiasm for the teaching task. 4 optometry students attended all sessions. The responses to questions are shown in table 1.

|  |  |  |
| --- | --- | --- |
| **Table 1 Percentage of students who agreed or strongly agreed with the statements** | | |
|  | **Pharmacy Students**  **(n= 59)** | **Optometry Students (n= 8)** |
| **The IPE session has increased my ability to examine the anterior eye** | 90% | 50% |
| **The IPE session has increased my confidence in examining the external eye** | 86% | 80% |
| **The IPE session has increased my ability to talk to patients about external eye structures** | 81% | 100% |
| **The IPE session has increased my confidence in talking to patients about the external eye structures** | 83% | 88% |

**Conclusion**

Peer-assisted learning increases student confidence in both examination of the anterior eye and their communication skills.

**References**

Patel, Nilesh, Begum, S. and Kayyali, R. (2016). Interprofessional Education (IPE) and Pharmacy in the UK. A Study on IPE Activities across Different Schools of Pharmacy. Pharmacy  (28). doi:10.3390/pharmacy4040028

## **59 Evaluation of situational judgement test (SJT) preparation workshop**

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**Background**

National Health Service England uses Situational Judgement Tests (SJTs) in the national pharmacy foundation recruitment scheme, to rank students against the Professional Attributes Framework (PAF) to determine their offer. An SJT workshop attempted to demonstrate SJTs and align student’s experience to the PAF.

**Aims**

This project sought to evaluate the workshop and whether students could create a quality SJT for peers to reflect on.

**Method**

The SJTs created and submitted in the workshop were analysed for appropriateness of scenario, PAF criteria and the suitability of answer schemes by a registered pharmacist who had written SJTs for NHSE and excel used for themes and descriptive statistics. The Pharmacy Ethics Sub Committee (PESC) approved the project.

**Results**

Year 3 MPharm students (80%, n = 110/137) worked in groups during the 2 hour workshop (3-4 students) creating SJTs (39); with 33 suitable for review (6= blanks or duplicates). SJT formats submitted were equal (16 ranking :17 choose 3) but more were set in community (58%, n=19/33) compared to hospital (42%, n=14/33). The scenarios were mostly appropriate for the foundation level (82%, n=27/33), the remainder varied in terms of likelihood and level of competency. Students struggled with creating answer options and only 18% (n=6/33) would not require amendment. A lack of focus on the PAF descriptors could be responsible as only 27% (n=9/33) detailed what was to be tested in full. Dealing with a person who was rude/angry was a more common theme (30%, n=10/33). The most common PAF areas included were person-centred care and communication/consultation skills (63%, n=21/33). 100% (n=110/110) voted the workshop was useful via a show of hands.

**Conclusion**

Students could translate their experience to create a suitable SJT scenario and found the process useful, however difficulties in crafting answers may stem from their relative inexperience and lack of focus on attributes.

#### **References**

Health Education England (HEE) (2023), Personal attributes framework, <https://www.lasepharmacy.hee.nhs.uk/national-recruitment/job-description-person-specification-and-paf/>. Accessed 29th November 2023

## **60 Expanding  Experiential Learning in Northern Ireland Pharmacy Education – development and evaluation of Entrustable Professional Activities (EPAs).**

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**Background**

The importance of undertaking authentic activity during experiential learning (EL) is widely advocated within professional learning, encouraging participation in and contribution to the activities of the setting while facilitating a sense of purpose, belonging and the associated evolution of professional identity (Lave and Wenger, 1991).  Entrustable Professional Activities (EPAs) are units of professional practice that reflect core activity that is specific to a professional regardless of sector or location of practice (ten Cate et al., 2015; Haines et al., 2017). EPA use is relatively new in pharmacy education in the UK. This work will describe and evaluate the development of EPAs and associated rubric for assessing and providing evidence that NI student pharmacists have demonstrated GPhC learning outcomes (LOs) during EL and inform future approaches to training for practice supervisors (PS).

**Description of work**

Pharmacist PS and student pairings will trial newly developed EPAs and rubrics during EL.  Participant experiences of undertaking and assessing the EPAs in practice will be sought through two in-person focus groups - one carried out with pharmacist PS and another with the pharmacy students to evaluate EPAs, the associated rubric and approach to reflection and feedback. The topic guides will be semi-structured to enable the authors’ area of interest to be covered, while apportioning opportunity for spontaneous discourse from participants.

**Proposed evaluation**

Focus groups will be transcribed verbatim and analysed by Thematic Analysis (Braun and Clarke, 2006).  Themes will be identified within the data which will be collated and articulated, with participant quotes being used for illustrative purposes.  The findings will be used to draw conclusions and recommendations from the study on quality assurance of the EL experience, including selection of EPAs and use of feedback rubrics, as well as identify areas for future training and support for PS and students.

Ethical approval has been granted from the Faculty of Medicine, Health & Life Sciences Ethics committee, QUB. Funding for the study was made available by the C.W. Young Fund from the NI Pharmacy Forum.

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## **61 New Course, New Me? Professional Identity of Year 3 MPharm Students.**

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**Background**

Undergraduate pharmacy course providers have a responsibility to foster the development of skills, behaviours, and attributes essential for aspiring pharmacy professionals (GPhC, 2021). Consequently, universities play a pivotal role in shaping the professional identity (PI) of MPharm students. PI encompasses an individual's internalisation of the skills, behaviours, and attributes of the professional community, as well as their sense of belonging to that community. (Bloom, 2022)

Previous studies exploring PI of MPharm students at QUB have found that students value opportunities to participate in authentic professional activities alongside peers and more experienced members of the pharmacy community. (Kearney et al., 2023) This academic year has seen significant changes in the MPharm curriculum at QUB as the course evolves to meet the new GPhC standards. Particularly, the time spent on experiential learning (EL) placements has increased from 4 to 12 weeks across the degree programme.  The current Year 3 students are a unique cohort as they have completed 2 years of study on the previous MPharm programme which had a greater focus on fundamental sciences and have just completed a semester of the new, more clinically focused degree, including a period of EL.

**Description of work**

Following Ethical approval, all Year 3 MPharm students at QUB were invited to participate in a questionnaire study (n = 124).  It is hypothesised that additional patient interaction and increased placement time will have a positive impact on the Year 3 MPharm students’ sense of PI.  The questionnaire was developed to explore what supports MPharm PI development and to measure students' sense of PI using the MacLeod-Clarke Professional Identity Scale (MCPIS-9).

**Proposed evaluation**

Data will be analysed using SPSS with the aim of identifying factors that positively or negatively impact on PI formation. The MCPIS-9 will be used as a measure of PI. Responses from opened-ended ‘additional comments’ questions will be coded and and used for illustrative purposes and identification of areas for improvement.

#### **References**

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## **62 Preceptor Medicines Management Training Evaluation**

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**Background**

Medicines management technicians and specialist education pharmacist delivered 3 face-to-face training sessions between March and April 2023 to nurse preceptees within induction. They offered a valuable introduction to the ward-based pharmacy team, signposted to relevant guidance and resources and highlighted Medicines Optimisation Principles guidance (National Institute of Clinical Excellence, 2015).  Real life case studies, didactic teaching, film and photographic examples demonstrated transfer of care between healthcare professionals and drug error prevention at each stage of the medicines journey.

**Aims**

Demonstrate medicine management training effectiveness in raising awareness amongst nurse preceptees of risks associated with medicine management, concepts of medicine optimisation and transfer of medicines throughout the patient's journey.

**Method**

Participants rated usefulness of specific aspects of the session using a 5-point Likert Scale ranging from strongly disagree to strongly agree with additional free text comments. Responses were qualitatively and quantitively analysed, using Microsoft Excel, to determine session effectiveness. Ethics approval was not required.

**Results**

70/75 (93%) response rate. 66/70 (94%) either agreed or strongly agreed the usefulness of the session across all categories. 1/70 (1%) was an outlier who strongly disagreed in all categories whereas supporting comments implied the misunderstanding of Likert Scale. The highest rated “strongly agreed” category 56/70 (80%) was governance of handling controlled drugs. Main themes highlighted as key learning, via free text comments, included roles of the pharmacy team, ordering processes, checking drugs and preventing errors. No additional learning needs were identified for inclusion.

**Conclusion**

Sessions offered a valuable introduction to ward-based pharmacy team roles, signposting to relevant guidance and resources; with an aim to enhance effective transfer of care and drug error prevention due to increased awareness of multi-professional input at the different stages of the medicines journey. Face-to-face training provision will continue and alternative options scoped to develop recorded sessions for future delivery.

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## **63 Collaborative Development of Undergraduate Experiential Learning in the Hospital Setting**

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**Background**

Provider organisations are tasked with delivering increasing volumes of undergraduate experiential learning (EL) to meet the new regulatory standards for the initial education and training of pharmacists (GPhC, 2021). This comes against a backdrop of unprecedented workforce pressures, insufficient funding, and increasing demand. Our hospital trust is located in an urban area near several universities with growing pharmacy student populations. There is currently no standardised curricula for providers to be able to apply across universities or stages of the MPharm (Jacob and Boyter, 2020). A proactive, responsive and collaborative approach to planning, delivery, and development of EL is needed.

**Description of work**

Since August 2022 we have worked iteratively and collaboratively to transition from a one-day observational placement model with one university to a 1-2 week EL programme across three Higher Education Institutions. Working closely and responsively with clinical teams across multiple operational and clinical pharmacy teams has allowed our capacity to increase from 40 to 820 student-days (1950%).

Features of EL designed to address increasing pressures and demand include a thorough group induction delivered by one staff member; near-peer (paired) working, enabling access to systems to facilitate indirectly supervised EL; team socialisation through group de-briefs and multi-disciplinary huddles; supporting practice supervisors to provide arms-length supervision with training and guidance (including identifying and escalation processes).

**Proposed Evaluation**

Issues and solutions relating to EL provision are fluid and highly contextualised, therefore a naturalistic evaluation approach that accounts for complexity and social contingency is required (Erlandson, 2017, Yin, 1994). During April-September 2024, mixed-methods will be used to gather and synthesise data in emic-etic cycles to understand context; this includes feedback data from the trust and higher education institutions, informal individual and group interviews with hospital staff, academics and students, as well as programme documentation, information regarding education staff, funding and resource.

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