Becoming Ready: A Photovoice Exploration of Foundation Pharmacist Trainees' Lived Experiences of Preparedness for Practice

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Slideset created by Masuma, Kennedy, Stephanie and Hermela – Year 4 MPharm Researchers

Background

- NHS Fit for the Future
- GPhC 2021 Education Reforms
- Preparedness for practice gap

Pharmacy will have a vital role in the Neighbourhood Health Service – bringing health to the heart of the high street…

Increase the role of community pharmacy in the management of long-term conditions and link them to the single patient record

What do we know?

Education influences on preparedness (integrated curricula and placements)

Professional identity and preparedness (can be uncertain)

Studies consistently demonstrate that preparedness is characterised by variability and uncertainty.

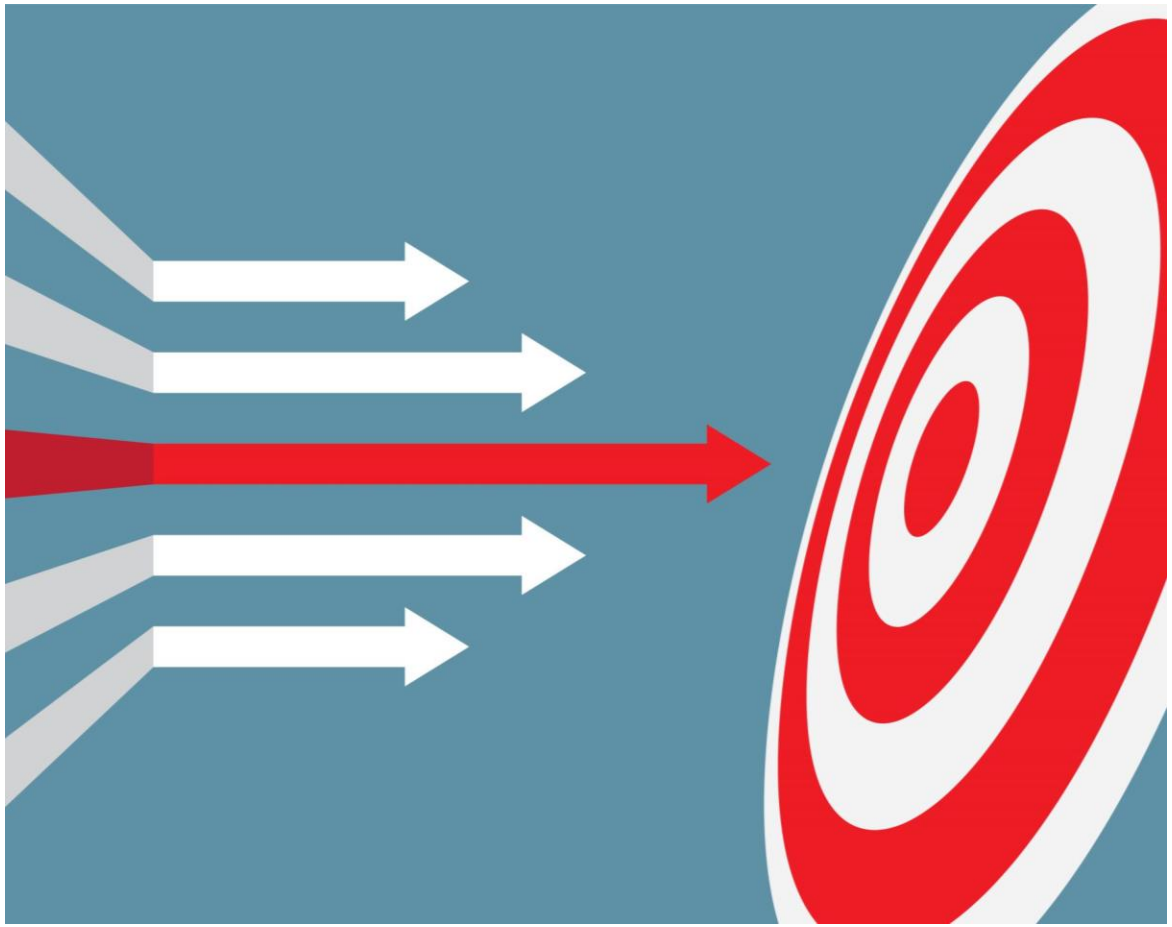
Preparedness as an evolving process shaped by clinical exposure and supervision.

What do we need to know?

A key gap remains in understanding how trainees interpret these expectations within the lived context of the foundation year, following the introduction of prescribing competencies.

To address this gap, qualitative research capturing trainees' perspectives can enhance alignment between educational standards and practice realities.

Aims and Objectives



Study Aim and Objectives:

This study aims to explore the lived experiences and self-perceived preparedness for practice of foundation pharmacist trainees in the UK under the 2021 GPhC standards.

1

Perceptions of Preparedness

How ready do trainees feel for real practice?

2

Challenges During the Year

What difficulties shape transition?

3

Role of Undergraduate Study

How does the degree support or limit readiness?

4

Actionable Recommendations

What should improve in training and education?

Methods

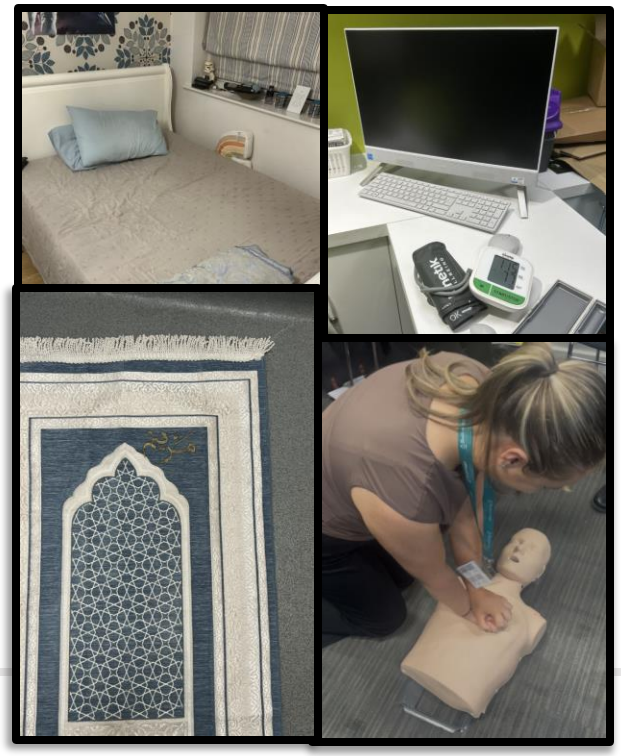
Study Design

- Qualitative study implementing Photovoice methodology
- 5 photographs taken per participant
- Semi-structured interviews
- Braun & Clarke reflexive framework – themes emergent from data
- Participant led – not researcher imposed
- UREC approved

Participants

11

Foundation Year Trainees



Settings

- Varied rotations across Community, Hospital & GP Practice

Cohort

- First post-2021 reform cohort
- Graduating from the University of Manchester

Results - Overview

Theme 1

Simulation as the Foundational Bridge to Practice

- ***University-led simulations and placements provide the essential clinical continuity for patient-facing roles***

Theme 2

Experience as the Active Driver of Readiness

- ***Preparedness accumulates through daily repetition and the reframing of initial uncertainty into competence***

Theme 3

Structural Demands as a Barrier to Readiness

- ***Business demands, operational tasks and portfolio misalignment can displace clinical learning opportunities***

Theme 4

Support Systems as the Catalyst for Readiness

- ***High quality supervision, peer unity and ongoing university support empowering professional autonomy and growth***

Theme 1: Simulation as the Foundational Bridge to Practice

Quote 1

- *"I think the SLEs was the thing that I've seen the biggest like effect of because it's almost like when a patient comes in with a common condition. They almost just feel like another actor to me, like we're back in uni… uni did well with replicating that scenario, because it's literally the exact same"*

Quote 2

- *"especially with like mydispense, it was similar to that stuff and also kind of through the dispensing workshop… It's a good opportunity to practice like noticing and spotting errors as I would do as a pharmacist before it gets ready for the final check"*

Quote 3

- *"I think the placements were the most helpful things that we did… I didn't think I was going to have to do manual blood pressure when I got to GP, but oh, I needed to know how to do manual blood pressure… All those practical classes we had were the most useful thing ever"*

Key Points

- SLEs mirrored the conditions of real practice – multiple participants felt not just the content, but the pressure, spontaneity and uncertainty from real patient interactions felt indistinguishable from SLE stations
- Mydispense and dispensing workshops built clinical continuity – simulation of accuracy checking and error-spotting translated directly into dispensary and ward-based practice
- Practical classes (OSCEs & physical examinations) proved to be unexpectedly essential – skills like manual blood pressure, chest examinations and vaccination technique were called upon in GP and community settings which trainees had not anticipated
- Placements stood out as the most valued clinical experience – across all 11 transcripts, hospital placements involving med recs, ward rounds and patient contact were referred to as the strongest foundation for clinical confidence

Theme 2: Experience as the Active Driver of Readiness

Quote 1

- *“At the start of pre-reg, I was really in Dreamland. I was like, ah, pass uni now, like you know, on to the next. Its calm. But as soon as I got into it, I was like, oh, this is actually really difficult. Didn’t know it was going to be like this… When I finished uni, I thought I was ready. When I got into it, I was like, did I even go to university? Because it seems like I didn't, but how much I don't know”*

Quote 2

- *"I finally like broke out of that uni mindset of everything has to be like pushed to somebody else to do. Now I'm actually taking responsibility for some things… my confidence has improved immensely”*

Quote 3

- *“I think to be better prepared for practice, it really just lies in experience and just doing. So I guess the more you do it, then the more you'd get better at it”*

Key Points

- Initial practice reality was a collective hurdle – trainees who felt confident at graduation described an immediate and humbling confrontation with the realities of practice, prompting them to question whether their university had prepared them at all
- Practical confidence developed gradually – self-perceived readiness grew week by week as trainees became familiar to tasks, environments and team dynamics; rather than through formal teaching
- Competence and readiness emerging through action – throughout the transcripts, trainees consistently highlighted that repeated practice was the irreplaceable driver of competence, with each day presenting new challenges which continuously enhanced their proficiency and practical capacity

Theme 3: Structural Demands as a Barrier to Readiness

Quote 1

- *"Usually I get made to go to the back to put stock away... almost getting me out of the way so I potentially don't slow things down. But in terms of my learning... I don't really learn much at all because I'm just in the back taking things out of boxes and putting them onto shelves"*

Quote 2

- *"I have said a few times, I want to do this one... But when the patient comes in, they just go and do it anyway, so it reduces my prep, my, my like readiness to practice in that sense, because I feel like I'm more so supporting the growth of the pharmacy more than learning about what I need to know in order to be a good pharmacist"*

Quote 3

- *"Yeah, I think the most I felt unprepared for was the portfolio...I know in uni we had, what's it called, Pebble Pad... there's so many different variations of things that we have to do on our portfolio... they could have explained PebblePad better to make us understand our portfolio in the future, but they didn't really bring it up"*

Quote 4

- *"Because at the moment in uni, you sort of get the, I can't remember, like the CPDs and stuff, but they don't really match to what this Foundation trainee e-portfolio wants from you. The forms are very different... I think it's the most time-consuming part other than revision"*

Key Points

- Operational demands restricted clinical exposure – some trainees reported being redirected to dispensing and stock-related tasks in instances regarding workload demands, limiting access to patient-facing opportunities at the expense of their development
- Portfolio misalignment and underpreparing created an avoidable burden – for some, the undergraduate requirement was perceived as a disconnected administrative exercise, rather than a meaningful tool for reflecting on clinical readiness
- Structural barriers were environmental – unlike knowledge gaps which could be addressed through self-study, these demands were imposed by the setting of the trainee, making external obstacles such as understaffing difficult to overcome regardless of individual effort or motivation

Theme 4: Supervision as the Pivotal Influence

Quote 1

- *"I definitely think supervision plays a massive role because if I didn't have a supervisor and I was put on the spot, I would have lost my confidence and got overwhelmed and been terrified"*

Quote 2

- *"Meeting friends and getting through it together. So you're not on your own…. There's always like someone there who can support you and help you and well, understand you as well because they're in the same situation"*

Quote 3

- *"I think definitely supervision and getting feedback is definitely one of the best things. I didn't realise at university how important, like, not negative feedback, but getting feedback on what you've missed or what you've done and how important that is"*

Quote 4

- *"The fact that the university keep up with us after we've graduated… the webinars and the clinical resources they provide definitely helped that transition"*

Key Points

- Supervision as a professional safety net – the presence of an experienced supervisor was seen as essential in preventing trainees from becoming overwhelmed in demanding clinical scenarios, preserving both their competence and level of confidence
- Peer support mitigates isolation – shared experiences with other colleagues navigating the same challenges fostered a sense of collective resilience and shared difficulty of transition
- Constructive feedback reinforcing clinical growth – in contrast to theoretical university assessments, feedback from supervisors in practice was recognised as being more valuable for its ability to highlight knowledge gaps and driving meaningful professional growth
- Sustained university support easing the transition –continued access to institutional resources through webinars and clinical material provided a familiar and stabilizing foundation during the early stages of foundation training

Summary

- **Simulation and placements** emerged as the strongest bridge between university and practice
- Despite initial academic confidence, readiness did not present to be a fixed outcome after graduation, but more so being an active process influenced by **daily immersion** – consistent with the concept of reality documented within literature
- Structural barriers such as operational demands and portfolio misalignment were identified as environmental obstacles beyond individual control, highlighting systemic issues requiring possible intervention rather than curriculum reform alone
- **Supervision and peer unity** served as the greatest catalysts for growth, transforming feedback from an academic grade into a practical tool for clinical practice

Recommendations

- Introduce **structured expectation-setting prior to graduation,** to better prepare students for foundation year realities
- Align **undergraduate portfolio tools** such as PebblePad with foundation year e-portfolios to reinforce consistency and reflective purpose (pharmacy context)
- To formalise **post-graduation university support** to continue the institutional engagement trainees find valuable

Directions for Future Research

- This study is limited to a single institution, which may benefit by expanding this Photovoice methodology across other schools of pharmacy within the UK in order to strengthen evidence whether these lived experiences are universal across the MPharm curriculum or specific to this cohort
- Longitudinal research following the same cohort beyond the foundation year is needed to assess whether perceived gaps in preparedness persist or resolve upon qualifying, with its impact on career retention
- Exploring supervisor perspectives to provide greater insight into the structural barriers identified and moreso why operational demands often take priority over educational learning in certain practice settings