Understanding developmental pathways of foundation (early career) pharmacists within Great Britain (GB)

Introduction: There is growing consensus internationally that healthcare professionals should not be trained for specific jobs, but to be flexible and adaptable. This approach will enable pharmacists to better respond to and meet the complex pharmaceutical care needs of patients and the public (1). Structured developmental pathways underpinned by evidence-based frameworks can facilitate the creation of a safe and effective pharmacist workforce that can better respond to future healthcare challenges. Development programmes for foundation pharmacists (FPs) at postgraduate level are still being refined, and no unified model for all pharmacy sectors exists. There is a need to understand how pharmacists develop and progress in their careers and professional practice, in particular their transition experiences, where evidence is limited.

Aim: To explore the professional development transition experiences of FPs undergoing structured work-based training.

Methods: A purposive sample of FPs working across community and hospital pharmacy within GB were recruited. Ethical approval was gained from the university Research Ethics Committee. Details of the study were shared on professional networks, social media and through gatekeepers. A topic guide was developed and piloted with 5 FPs. Semi-structured telephone interviews were conducted with 11 FPs, which lasted between 30 and 80 minutes. The interviews were audio-recorded, transcribed verbatim, coded using a grounded approach and thematically analysed using a constant comparison method (2), in NVivo® 12.

Results: The emerging themes were: individual development outcomes; organisational challenges to development; and a need for additional support. Participants reported positive changes in their confidence and clinical knowledge, which were attributed to a structured training programme and a supportive environment “there’s an aura of supporting you to do what you want to do”. However, there was a sense from some FPs that these improvements also developed over time with experience “in hindsight [the programme] has helped me, but I don’t think it would be any different if I completed it or not”. A lack of time, excessive workload and inadequate support and feedback were reported as barriers to professional development. Furthermore, participants recognised the importance of learning and continual development and its contribution to patient care “from a patient point of view, I think I’d rather be seen by someone who has [completed training] than not”. There was acknowledgement that further support for development at postgraduate level is required, including support from experienced colleagues, and guidance from pharmacy organisations.

Conclusions: To the best of our knowledge this is the first qualitative study exploring the transition experiences of FPs undergoing structured work-based training. Preliminary findings suggest FPs benefit can be better supported with challenges of transition. It is important to recognise that the findings of the study may not generalisable due to the small sample size. This study is part of a wider project; findings will be triangulated with findings from a knowledge acquisition study to build a picture of developmental pathways and transitions for FPs. This will enable policy makers, training providers, and educational bodies to develop programmes to support the transformation of a pharmacist workforce equipped for the future.

References