Table: Stakeholders' awareness and views of the role based on the RPS DPP competency framework*

Statement	Number of responses (%)		
	Yes	No	Unsure
Section 1 – The Designated Prescribing Practitioner			
Do you anticipate any issues with potential DPPs meeting the competencies that state: *DPPs should be experienced and active prescribers in a patient facing role*?	27 (28.1)	**58 (60.4)**	11 (11.5)
Do you anticipate any issues with potential DPPs relating to the *competencies around clinical and diagnostic skills*?	29 (30.2)	**51 (53.1)**	16 (16.7)
The framework states that DPPs should have *competence in the scope of practice relevant to the IP trainee* – do you see any issues with this?	33 (34.4)	**40 (41.7)**	23 (24)
Section 2 – Delivering the role			
Do you feel there will be any issues in a community pharmacy context relating to the DPP competencies around partnership working and taking a multidisciplinary team approach?	35 (36.1)	**40 (41.2)**	22 (22.7)
Do you feel that DPPs supporting independent prescribing trainees in community pharmacy will be able to access other practitioners better placed to support some aspects of trainee's learning?	**50 (52.1)**	6 (6.3)	40 (41.7)
Will DPPs for independent prescribing trainees in community pharmacy be in a position to identify and respond appropriately to concerns regarding the trainee's practice or behaviour?	**67 (69.1)**	7 (7.2)	23 (23.7)
Do you feel that there will be sufficient DPP capacity to effectively deliver the role and support the aspiration for increasing numbers of independent prescribing trainees in community pharmacy to meet the demands for new services such as Pharmacy First Plus?	19 (19.6)	**39 (40.2)**	**39 (40.2)**
Section 3 - Learning environment and governance			
Do you feel that DPPs for independent prescribing trainees in community pharmacy will be able to negotiate sufficient time to undertake the role effectively?	16 (16.7)	32 (33.3)	**48 (50)**
Will the DPPs for independent prescribing trainees in community pharmacy be able to create an environment that promotes equality, inclusivity, and diversity?	**75 (77.3)**	2 (2.1)	20 (20.6)
Will the DPPs for community pharmacy independent prescribing trainees in community pharmacy be able to understand their role in relation to the wider healthcare governance structures?	**70 (72.2)**	2 (2.1)	25 (25.8)
Do you feel that DPPs will be comfortable reporting any concerns about trainees through agreed processes between them and the university?	**80 (82.5)**	3 (3.1)	14 (14.4)
Do you feel that DPPs for independent prescribing trainees in community pharmacy will be able to negotiate appropriate support and resources to undertake the role effectively?	42 (43.3)	11 (11.3)	**44 (45.4)**

*Some missing data

Conclusion: There was positivity regarding DPP role, its acceptability in, and advantages for CP. Resource-related concerns were expressed that need further consideration to ensure effective implementation. This is the first study internationally to explore views on DPP role. Given the Scottish focus, findings may lack generalisability. Future research should focus on theory-based evaluation of structures and processes of implementation.

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IS THE POST-REGISTRATION FOUNDATION PROGRAMME FIT FOR PURPOSE FOR COMMUNITY PHARMACISTS? AN EXPLORATION OF PHARMACIST EXPERIENCES

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Introduction: The two-year, NHS Education for Scotland (NES) post-registration foundation programme supports early career pharmacists in patient-facing sectors of practice. The experiential programme, based on an eight-element competency framework, also includes webinars, online resources, and tutor support. Learners complete an online evidence portfolio and undertake a summative OSCE.

Aim: The aim of this paper is to report the experiences of the community-pharmacist participants, with a focus on the 'fitness-for-purpose' of the programme.

Methods: This was a longitudinal mixed-methods study theoretically underpinned by Miller's triangle and social cognitive theory. Eligible participants were all pharmacists registering for the programme in Scotland in September 2017 and February 2018, all participating Welsh community-pharmacists, and all tutors. Invitation packs were emailed by NES/HEIW staff with names forwarded to researchers following signed consent. Focus groups/interviews (face-to-face or virtual according to participant preference) were undertaken at start, mid-point and exit of programme, to explore expectations (benefits, social gains, professional identify), experiences (challenges, facilitators, meeting of learners' needs) and barriers. Proceedings were digitally recorded, transcribed verbatim and managed using NVivo. Thematic analysis (1) was based on social cognitive theory (transferable behavioural skills and professional attitudes). An inductive analysis additionally identified emergent themes. Participants in Scotland were invited to complete an on-line base-line questionnaire to describe their self-assessed competence against the NES Foundation framework (personal and professional practice, membership of healthcare team, communication, patient centred approach to practice). Data was analysed in SPSS using descriptive statistics. Themes from qualitative and quantitative data were integrated. IRAS ethical approval was not required; NHS Research & Development approval was given.

Results: 96 pharmacists registered for the programme: 18 community-pharmacists in Scotland (11 health boards); 14 community pharmacists in Wales. In Scotland 15 community-pharmacists completed questionnaires: 9 expected an 'increase in confidence' and 11 to provide 'better patient care'. Self-assessed competence against the framework was generally high. Across Scotland and Wales, 12 focus-groups (involving 19 community-pharmacists), 12 community-pharmacist interviews, 10 tutor focus-groups (8 community-pharmacist tutors) and 3 community-pharmacist tutor interviews were conducted.

At midpoint and exit pharmacists and tutors reported increased confidence, the ability to reflect and pride in their achievement. Barriers: included lack of protected time; workload; and lack of support (tutor and employer). There were also programme issues (practicalities of portfolio; workplace-based assessment, no access to medical records); and cultural issues in community-pharmacy ('speed & safety'; lack of recognition). Reasons for dropping out of the programme included: moved geographical area; too experienced; workload pressures; no incentive; no employer support. Four community-pharmacists in Scotland and none in Wales completed the programme.

Conclusion: Study limitations include the small numbers, programme delivery limited to Scotland and Wales, and limited response rate to focus-groups/interviews, exacerbated by COVID19. Overall community pharmacist expectations were met, and they perceived the programme was fit-for-purpose and worthwhile. However, barriers particularly related to the community pharmacy context, may have led to the high drop-out rate. These findings should be considered as the new UK-wide RPS curriculum for foundation pharmacists (2) is implemented in Scotland, to optimise its successful delivery.

References

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A SURVEY OF THE COMMUNITY PHARMACY WORKFORCE'S PREPAREDNESS FOR, AND RESPONSE TO, THE COVID-19 PANDEMIC IN NORTHERN IRELAND

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Introduction: Community pharmacy is one of the most accessible sectors in the health service and played a key role in responding to COVID-19 (1). Efforts to tackle COVID-19 have required an immediate response from the community pharmacy workforce.

Aim: To examine views and experiences of community pharmacists regarding changes in practice/processes in preparation for and response to the COVID-19 pandemic.

Methods: A telephone questionnaire was conducted across a geographically stratified sample of community pharmacists in Northern Ireland (NI). Based on the total number of pharmacies (N=528) and an anticipated response rate of 30%, up to 433 pharmacies were to be contacted to achieve a target sample size of n=130 (sampling fraction 24%). The questionnaire sections comprised: (1) measures taken to prevent COVID-19 infection; (2) response to the pandemic, i.e. immediate actions taken, effect on service provision and new/innovative ways of working; (3) pandemic preparedness; (4) communication with GPs and patients; (5) professional knowledge; (6) recovery and future outlook. Data were coded, entered into SPSS v27, and analysed descriptively. Free-text comments were summarised using thematic analysis.

Results: One hundred and thirty community pharmacists (175 approached) completed the questionnaire (74% response rate). Pharmacists responded comprehensively to implementing infection control measures, e.g. management of social distancing in the shop (n=125, 96.2%), making adjustments to premises, e.g. barriers/screens (n=124, 95.4%), while maintaining medicines supply (n=130, 100.0%) and advice to patients (n=121,