



# **Patient-centred professionalism among newly registered pharmacists**

Final report

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## 1 Background

Interest in professionalism has grown in recent years, which – at least in part – has been driven by reports of the unethical, illegal, or unprofessional behaviour of doctors and other health professionals. Restoring public trust, particularly in medicine and doctors, but also changes in public and patient expectations, as well as working conditions and context thus underlie attempts to define, describe, measure and assess professionalism in the healthcare professions.<sup>1,2</sup> Among the healthcare professions medicine leads the way in its attempts to engage in debate about professional values and behaviours in modern day healthcare. While sharing many features in common, definitions of professionalism, particularly medical professionalism, are numerous.<sup>3-8</sup>

Hafferty, following a review of historical and modern day definitions of medical professionalism, suggests that the definition of medical professionalism should be built on a tripartite framework, that of (1) core knowledge and skills, (2) ethical principles, and (3) a selflessness and/or service orientation.<sup>3</sup> Arnold and Stern define that “professionalism is demonstrated through a foundation of clinical competence, communication skills, and ethical and legal understanding, upon which is built the aspiration to and wise application of the principles of professionalism: excellence, humanism, accountability and altruism.”<sup>4</sup> These attributes and the need for a ‘new professionalism’ in medicine were consolidated with the publication of the Royal College of Physicians (RCP) report ‘Doctors in Society.’<sup>1</sup> This, following considerable consultation, described medical professionalism as a set of values, behaviours, and relationships that underpin the trust the public has in doctors.<sup>1</sup> The General Medical Council (GMC) has published ‘Good Medical Practice,’<sup>9</sup> which sets out the principles and values on which good medical practice is founded, and they describe these as “medical professionalism in practice.”

The importance of patients taking centre stage in the concept of professionalism is illustrated in their central presence in the many definitions of medical professionalism. The RCP report described medical professionalism as being realised through a partnership between patient and doctor,<sup>1</sup> and the ABIM describes the “core of professionalism as constituting those attitudes and behaviour that serve

to maintain patient interest above physician self-interest.”<sup>6</sup> Rosen and Dewar, in a discussion paper for the King’s Fund,<sup>7</sup> debate the definition of modern medical professionalism and then present views on establishing a new medical professional identity. They write that “at the heart of modern professionalism lies a duty to protect patient interests and enhance their experience of healthcare” (page 10). When discussing how to take modern professionalism forward and establish a new professional identity, they write that “in order to respond to current social, economic and political trends,” that this will have to “demonstrate a willingness to share decision-making with patients, should they wish” (page 47).

More recently, some authors have taken this one step further and drawn out the importance of describing patient-centred professionalism. Askham and Chisholm state that this is “best understood as doctors fulfilling their changing (and in some cases unchanging) roles in ways which coincide with changing (or unchanging) patient roles, as well as working with patients and others to see whether areas of conflict can be eased” (page 12).<sup>10</sup> However, there is continued debate on whether patient-centred professionalism does indeed embody a separate concept from post-modern professionalism, which incorporates the interests of patients and doctor-patient relationships as central.

It is not merely important to define professionalism, but the next step is to measure it, as practitioners will need to be able to demonstrate that they meet the required standards, which include professional attitudes and behaviour.<sup>11</sup> Rosen and Dewar,<sup>7</sup> when debating their views on modern medical professionalism and establishing a new professional identity, discuss that this will require the need for accountability, to ensure continued and justified trust by patients. Participation in some form of performance review which would report on content and quality of work would also become relevant. The basis for such accountability and revalidation has indeed been outlined in the White Paper ‘Trust, Assurance and Safety’<sup>2</sup> and is being implemented by the different healthcare professions, including pharmacy.

Nevertheless, in pharmacy, certainly in the UK at least, no such definition of professionalism exists. Questions remain as to whether the same characteristics are relevant to pharmacy education and practice, whether a consensus exists about them at all, and how they can be measured and assessed. It is possible for example,

that pharmacists would not reject the notion of personal autonomy as a professional value, as the RCP report has done.<sup>1</sup> It is not clear either, given the nature of particularly community pharmacy practice, whether the notion of team working as an important professional value would be endorsed by the majority of the pharmacy profession, as it has been in the RCP report.

However, there is some guidance on professional values and behaviour in pharmacy, which was set out in the Code of Ethics for Pharmacists and Pharmacy Technicians<sup>12</sup> and is now captured in the Standards of Conduct, Ethics and Performance.<sup>13</sup> This lists seven principles, three of which are concerned with the interests and welfare of patients, and their participation in decisions about their care. In the absence of other standards to define and describe professionalism, these principles, and the detail set out under each, are the standards of conduct, performance and fitness to practise set by the pharmacy regulator, until recently the Royal Pharmaceutical Society of Great Britain (RPSGB) and now the General Pharmaceutical Council (GPhC). They are thus important in guiding the practice of all pharmacists and pharmacy technicians. The recent report 'respect for medicines and respect for people' also emphasises the central place of patients' best interest within professional activities.<sup>14</sup>

The paucity of research was clearly recognised by the Pharmacy Practice Research Trust (PPRT), which has funded three projects into 'professionalism in pharmacy.' One of these was undertaken by two of this study's authors (KH and ES).<sup>15</sup> Using a qualitative approach of interviews, focus groups and documentary analysis of curriculum and teaching material, this explored what is understood by professionalism by undergraduate pharmacy students and teachers in three different UK schools of pharmacy. One key finding from this was that 4<sup>th</sup> year MPharm students' understanding of what professionalism is and entails particularly drew on experience they had gained in practice. Most of this work experience took place in community pharmacy, which has been supported in other studies.<sup>16,17</sup> However, it is not linked to the students' pharmacy degree, even though many students appear to be encouraged to undertake such work during their semester breaks. The 'professionalism in pharmacy education' study further showed that many students, and teaching staff, recognised the importance of practice exposure and endorsed that there should be more as part of the 4-year degree course.<sup>15</sup> However, students



also recognised that this role would most likely be fulfilled by their preregistration year.

A further PPRT funded 5-year longitudinal study of 2006 MPharm graduates (undertaken by two of this report's authors, KH and SW), concluded in 2009 in the pharmacists' second year following registration.<sup>16,18-22</sup> This has provided us with in-depth insights into students' and early career pharmacists' experiences and views of their career choice and training, but it has not done so with a focus on socialisation into the profession. Nevertheless, we do know from this study that experiences of work and training vary considerably according to the context of work (sector) and it is likely that these contextual differences will impact differentially on the development of professionalism amongst early career pharmacists.

With little practice exposure during the MPharm degree, the preregistration year is likely to shape and cement much of the deeper and more practical understanding of professionalism. A further important and relevant finding from the previously mentioned 'professionalism in pharmacy education' project is the importance of role models in the learning of professionalism, both amongst teaching staff (particularly practitioners) and principally in the practice setting.<sup>15</sup> Findings from the United States, also support the strong influence of role models on the professional socialisation of pharmacy students.<sup>23-25</sup>

Mentoring has also been found to play a critical role in the development of professional attitudes and behaviours during the early career years, and hence having a mentor is especially important for effective early career socialisation.<sup>26</sup> The above mentioned cohort study indicates that those working in the hospital sector were significantly more likely to have a mentor (74% vs 35%), and that more than nine out of ten pharmacists in the sample who had a mentor thought they were important.<sup>21</sup> This suggests a difference depending on sector of practice, with community pharmacists not benefitting at an early stage in their career from input by more experienced practitioners.

It is likely that preregistration tutors are role models as well as mentors for their tutees. Detailed guidance exists for both preregistration trainees and tutors regarding performance standards and competencies.<sup>27,28</sup> These performance

standards fall under the headings: personal effectiveness; interpersonal skills; and medicines and health.<sup>27</sup> They thus cover not only what trainees should be able to do, but also how they should behave, making an implicit (rather than explicit) link to professionalism. For tutors, standards are grouped into: being a role model; being a people manager; being a trainer and coach; being an assessor, thus explicitly stating the tutor's responsibilities as trainer, coach and role model. Nevertheless, no published research exists as yet that explores tutors' views of professionalism, or how this should be taught during the preregistration year. Also, not much is known about how preregistration and early career pharmacists' experience and learning of professionalism may differ depending on their sector of work.

Besides acknowledging the importance of role models and mentors, the professional socialisation literature further reports the influence of the professional and academic environments themselves.<sup>25</sup> Differences depending on sector of work have already been alluded to, and one important difference between community and hospital pharmacy may lie in the commercial nature of community pharmacy and the impact this has on professionalism and professional practice.<sup>14,29</sup> Another aspect of setting is the composition of the pharmacy team in either sector, where different team members are likely to influence the learning of professionalism, some of them possibly as non-pharmacist role models. Medicines counter assistants (MCA), dispensers and pharmacy technicians (PTs) may also hold their own views of professionalism, both how this applies to pharmacists, as well as themselves. This may be particularly relevant to registered PTs, to whom the Standards of Conduct, Ethics and Performance<sup>13</sup> also apply.

Currently, there are over 9,000 registered PTs, and this number is likely to increase with mandatory registration coming into effect from 1 July 2011.<sup>30</sup> To our knowledge, no study has looked at their views on professionalism in pharmacy, either as it is viewed and practised by them, or the role they play in the learning of professionalism by preregistration and early career pharmacists. Indeed, the role of teams is recognised in the recent publications on medical professionalism,<sup>1,7</sup> where the RCP report stresses that "the key to strong clinical teams are recognition, mutual respect, and an appreciation of the constant redefinition of boundaries among the team" (page 30). Particularly as pharmacy moves to a profession with an increasingly patient-centred and clinical role, as set out in the recent pharmacy White Paper,<sup>31</sup> the

success of this delivery will also depend on the support of the team within which pharmacists practise. Nevertheless, the impact of teams and different team members in pharmacy on professionalism has, to date, received no attention.

Nevertheless, there is some research involving non-pharmacist staff. One of the report authors (KH) was involved in a study that explored and defined the roles of dispensary support staff,<sup>32</sup> and these findings subsequently informed the now agreed definitions of pharmacy support staff.<sup>33</sup> Other work with support staff includes work on the role of MCAs in providing advice to patients about the purchase of OTC medicines,<sup>34-36</sup> or the impact of PTs on pharmacists' workload.<sup>37,38</sup> There is also some limited research into their roles, responsibilities and aspirations,<sup>39</sup> and more specifically the views of registered pharmacy technicians on continuing professional development have been sought.<sup>40</sup>

## **2 Aim and objectives**

The aim of this study was to understand and clarify how professionalism develops in pharmacists' early career years, and to consider the implications of this development for the delivery of quality patient-centred care.

The specific objectives of the study were to:

1. gather information about how professionalism develops during the early career years by:
  - i. exploring early career pharmacists' perceptions about professionalism, its relation to patient-centred care and its development in pharmacy training and practice;
  - ii. exploring the views of support staff and those involved in preregistration training (tutors) about professionalism and its development in pharmacy practice, and specifically in relation to early career pharmacists;
  - iii. describing role models and examining how they (including preregistration tutors and career mentors) influence the process of professionalisation
2. examine how the development of professionalism and the delivery of patient-centred care is influenced by the organisational and practice context in which patient care takes place

### **3 Methods**

This section describes the design of the study and the methods used. It outlines the research approach adopted by the team, research participants and the strategies devised to recruit participants, and the data collection and analysis undertaken

#### **3.1 Research approach**

As discussed in chapter 1 of this report, pharmacy professionalism is an under-researched concept. In order to support research in this area in 2008/9 the Pharmacy Practice Research Trust (PPRT) therefore commissioned a number of studies into 'professionalism in pharmacy', the study described here being one of these.

The research approach adopted for this particular study has been developed from insight gained from another of the PPRT commissioned studies, the 'professionalism in pharmacy education' project.<sup>15</sup> Since this 'professionalism in pharmacy education' project found that MPharm students expect to develop a deeper and more practical understanding of pharmacy professionalism post-graduation – that is, during pre-registration training and in early practice – the study reported here focuses on understanding how professionalism develops in pharmacists' early career years (defined for the purpose of the study as 1-2 years post-registration) and the roles played by pre-registration tutors and other members of the pharmacy team in the professional socialisation of pharmacy graduates.

Moreover, aside from evidence about professionalism in pharmacy gained through the other PPRT studies, the topic remains one that has received little attention in the pharmacy practice literature in the UK. We do know, from other work, that experiences of work and career development during the early years of a pharmacist's career are highly varied and context-specific,<sup>19,21,41</sup> but an understanding of the link between professional development and pharmacy practice during the early careers remains a gap in the literature; for example, little is known about how professionalism develops, who is influential in this development, and the extent to which the context of work (that is, sector of practice) influences development. Given this, our approach to this study was necessarily exploratory and designed to qualitatively investigate

what pharmacy professionalism is, and what and who in the practice setting shapes its learning and development during the years following graduation from the MPharm.

The methodological approach to the topic under investigation was qualitative, with focus groups used to collect data on pharmacy professionalism. The advantage of focus groups is that they provide insight into how participants interpret events; they also allow for discussion of relationships between events, practices, behaviours and attitudes, and are helpful at uncovering underlying assumptions that explain how and why people think as they do.<sup>42</sup> As a method, focus groups' strength is in the dynamic interaction between participants; they are an especially effective method when a study is aiming to unpack the ways that collective meanings are negotiated and elaborated, and are a key tool in researching difficult topics such as professionalism. Further detail about the focus group participants, sampling and recruitment appears later in sections 3.2 and 3.3 of this report.

Another important component of our research approach was to involve an expert panel in all stages of the study – from design, through recruitment, to analysis and interpretation of findings. Members of the expert panel included a regional pre-registration pharmaceutical advisor from hospital pharmacy; a regional lead for pharmacy support staff training and development; and a senior teacher practitioner and pre-registration pharmaceutical facilitator from community pharmacy. Having an expert panel to advise the project team ensured that the study remained grounded in changing practice and policy. Furthermore, a regular user (patient) of pharmacy services who had experience of interacting with both hospital and community pharmacists also contributed expertise to the project team, allowing us to incorporate the views and perspective of patients on pharmacy professionalism in the study.

### **3.2 Research participants and recruitment strategies**

After gaining ethical approval from North West NHS Research Ethics Committee, the team began recruiting subjects based in the north west region to participate in the focus groups. The sampling criterion for group composition aimed to maximise homogeneity in terms of role played in the pharmacy team, with participants sampled according to work role in order to establish some common ground between them that would act as 'social glue' during discussions about professionalism.<sup>43</sup>

As we were interested in investigating what pharmacy professionalism is, and what and who in the practice setting shapes its learning and development during pharmacists' early careers, we hypothesised that it would be important to gather a range of views on the topic from a range of perspectives. For this reason we sampled three different groups – early career pharmacists themselves, preregistration tutors and pharmacy support staff.

Each of the three different types of participants was identified and approached to take part in the study using different methods, as follows:

i. Early career pharmacists

Recruitment of early career pharmacists was restricted to those who had undergone preregistration training following a four-year MPharm in the UK – overseas trained pharmacists were excluded in order to be able to link findings from this study to the 'professionalism in pharmacy education' project, which specifically explored the teaching and learning of professionalism in the UK degree course. Using the Register of Pharmacists the research team contacted a representative sample of early career pharmacists (1-2 years post-Registration) and invited them to attend a focus group. Snowball sampling (where previous participants recruit future participants from among their colleagues) was also used.

ii. Preregistration tutors

The rationale for seeking the views of this group was based on the fact that tutors are expected to act not only as tutors or mentors, but also as role models,<sup>27</sup> and thus they potentially have a significant impact on both early career pharmacists' perceptions of professionalism per se and on its development in practice.

After consultation with relevant members of the expert panel, a number of methods were used to recruit pre-registration tutors: an email invitation was sent on our behalf through the regional tutor network, invitations were distributed at local and regional training events, and snowball sampling was also used.

iii. Pharmacy support staff

Because we hypothesised that other (non-pharmacist) members of the pharmacy team are likely to have an influence on early career pharmacists as such staff

contribute to the organisational context within which the pre-registration or early career pharmacists practise, we also sought the views of support staff for the study. To maximise the effectiveness of recruitment of this group of research participants we once again involved a member of the expert panel to help establish how best to identify and recruit members from this group in the absence of a list/register of all pharmacy support staff, particularly in community pharmacy.

Using the Register of Technicians the research team contacted a sample of pharmacy technicians and invited them to attend a focus group. To gain access to other types of pharmacy support staff, for whom a register does not exist (such as dispensers and healthcare assistants), snowball sampling was used.

Copies of the invitation letter, information sheets and consent forms provided to participants can be found in appendices A-C.

As we were also interested in the ways that professionalism and patient-centred care might vary according to the type of pharmacy a focus group participant was employed to work in, within each of the three groups of participants we aimed to run separate focus groups with staff working in the two largest sectors of the profession: community and hospital pharmacy.

### **3.3 Data collection**

Focus group topic guides were designed to facilitate an exploration with early career pharmacists of how they conceptualised and defined professionalism, and what and who in the practice setting had shaped this learning and development (copies of the focus group guides can be found in appendix D). Participants were first asked for their definitions of professionalism, and to identify and articulate the elements that they would include in a definition. Participants were asked their opinions on whether, and if so, how, professionalism differed between 'early career' and other pharmacists, and between pharmacy and other healthcare professions. They were also asked to consider professionalism not just from their own perspective, but also to consider how they thought patients viewed the subject.



Focus groups with preregistration tutors and support staff concentrated on professionalisation of early career pharmacists, although participants' views on their own professionalism were also sought as this is likely to shape their workplace behaviours and will likely influence how they are perceived as role models.

As well as discussing professionalism as an abstract concept, participants were asked for specific examples of behaviours, usually observed in other people, which demonstrated elements of professionalism being 'played out' in practice. Participants were also encouraged to define and describe 'unprofessional' attributes and behaviours, and to give (anonymous) examples of these. The focus group facilitator (RE or PL) prompted, where necessary, participants to describe the roles and behaviours of the various members of the pharmacy team, and the interplay between them, in these examples of (un)professional behaviours, and asked what in practice may act as either enablers of, or barriers to, patient-centred care and its delivery in the context of professional performance.

This method of collecting data related to specific events or incidents – the critical incident technique<sup>44</sup> (CIT) – and has three main principles: critical incidents must be based on factual accounts of real events where the purpose and consequences of behaviour are clear; the interview is focussed on the specific reasons for actions and behaviours; incidents are classified using inductive judgements.<sup>45</sup> While CIT has been used most recently in pharmacy practice research to investigate prescribing behaviours and medication errors,<sup>46,47</sup> it has been applied more widely in healthcare research to uncover information about the roles and performance of practitioners.<sup>45,48-50</sup> In these studies the CIT has usually been used in one-to-one interviews, so our use of this technique was novel. It allowed us to use the strengths of group interactions and dynamics occurring during focus groups, whilst relating discussions to specific events (incidents) rather than more general or abstract concepts.

In total, 12 focus group sessions were arranged. The first and last of these were attended by just one participant each (despite efforts by the researchers to recruit more pharmacists), and therefore were run as individual interviews. The first of these was the first session that we arranged, and the focus group interview schedule was worked through with the pharmacist who participated. Following this initial interview, the focus group schedule was amended slightly to improve the wording of the

questions, and the flow of the interview. Therefore, this interview can be considered akin to a 'pilot' interview, but the data generated were considered useful and are included in the analysis for this report. The last session to be arranged was attended by just one hospital pharmacist. In this interview, the researcher (RE) used the topic guide with this participant, covering the same questions that had been asked of participants in all the other groups, and also used extracts from the transcripts from the previous focus groups that had been shown to the expert patient, and asked this pharmacist for their reaction to these. This technique generated a considerable amount of data. The other 10 sessions followed a traditional 'focus group' procedure, and had between four and eight participants each.

The groups were 'type specific' and sector specific (only one type of interviewee attended the focus group) apart from one where both community and hospital pre-registration tutors attended. The groups were facilitated by one or both of the researchers (PL / RE), depending on the number of participants, and the topic was introduced, and the facilitator guided the discussion, working through the topic guide, but having minimal input beyond this, in order to allow the participants to express their views as much as possible.

### **3.4 Data analysis**

In order to analyse the data, digital recordings of the focus groups were first transcribed verbatim and then checked for accuracy. Following this, two distinct approaches to analysis were taken: first of all, general discussion of professionalism was subject to thematic analysis following a framework approach. Framework is an analytical process which involves a number of distinct though highly interconnected stages. The process has five key stages which are: familiarisation, identifying a thematic framework, indexing, charting, mapping and interpretation.<sup>51,51</sup> The first stage – of familiarisation – was achieved by two of the authors (RE and PL) being present at the data collection stage and through handwritten notes being made on salient points during the groups. These two members of the team also discussed the emerging themes after each group so that the process of identifying emergent themes could begin at this stage in the study.

The more systematic familiarisation with the data was achieved by RE reading the transcripts, and noting data that provided evidence to answer the research questions, as well as noting other salient points and themes that participants had mentioned. The next two of Ritchie and Spencer's stages – the indexing and charting, were the most intertwined in this project. A framework was produced which summarised the relevant data according to theme. This was arranged by participant type, to assist in comparison between groups. In this context, analysis sought to both make comparisons between focus groups as well as paying attention to individual voices: in fact, on analysing the focus group data, it was interesting to note that there were definitely areas where the participants were in agreement, and also others where there were 'intragroup' differences of opinion.

The other approach to data analysis was taken in relation to analysis of the critical incidents. Here data were classified and the classification used to construct a hierarchy of categories.<sup>44</sup> At this stage, the expert panel were invited to attend a meeting during which classification of the incidents was undertaken and validated. Comparisons between events described by practitioners from the two sectors of practice were made, as were comparisons between the three stakeholder groups. From this process of classification and ordering of CIs it was then possible to construct a model to describe how professionalism develops amongst early career pharmacists and the ways that this development is influenced by the social and pharmacy practice context – that is, by the sector of practice, skill mix, mentors etc.

## 4 Findings

In total, 53 pharmacists and members of pharmacy support staff took part in the project, of these, 51 participated in focus groups; table 4.1 below gives details of each focus group.

**Table 1: focus groups**

Focus group ID number	Participant type	Number of participants	Identifying key used in text*
1	Early career community pharmacists	6	CP A-F
2	Early career hospital pharmacists	4	HP A-D
3	Early career hospital pharmacists	4	HP E-H
4	Community pharmacy pre-registration tutors	8	CT B-I
5	Mixed pre-registration tutors	4	CT J-L and HT A
6	Hospital pharmacy pre-registration tutors	6	HT B-G
7	Community pharmacy support staff	5	CS A-E
8	Community pharmacy support staff	4	CS F-I
9	Hospital pharmacy support staff	5	HS A-E
10	Hospital pharmacy support staff	5	HS F-J

\* Where C = community; H = hospital; P= pharmacist (early career) T = tutor; S = support staff

Two participants were interviewed using one-to-one interviews:

An early career hospital pharmacist , identifying key HP I

A community pharmacy pre-registration tutor, identifying key CT A

Research findings in this chapter are arranged thematically. Within each theme, the data are used to demonstrate how participants articulated their understanding of the matter, and quotes from the focus group are interspersed with our interpretation of what was being said. In addition, where participants provided us with details of specific events – the critical incidents, as described in section 3.3 – these are shown in boxes numbered 1 to 18 throughout the chapter.

Findings cover how participants defined professionalism in terms of the values, attitudes, characteristics and/or behaviours that they believed patients expected from pharmacists. We distinguish between three different definitions: those that drew on ethical values and conduct, such as being hard-working or putting the patient first;

those drawing on more tangible knowledge and skills required for professional practice; and those conceptualising professionalism in terms of 'softer' skills such as being able to establish trust, or form a good relationship with the patient. Description of definitions of professionalism is followed by findings related to the participants' views on how professionalism is learned and developed – and in particular whether this is conceptualised as beginning in early life and as learnt while a student and developed during early professional practice. The chapter ends with findings considering organisational and contextual influences on professionalism.

#### **4.1 Defining professionalism: ethical values and conduct**

##### *4.1.1 General professional attitudes and conduct - respectable*

Professionalism was a generally familiar idea to participants in this study, although, because it is an abstract concept, describing it was often a complex matter. Although participants found it difficult coming up with an explicit definition, professionalism as a concept was mostly understood or characterised as a set of values and attitudes or characteristics and behaviours that those with it displayed. Confidentiality, honesty and trustworthiness were elements of professionalism that were mentioned spontaneously as being what patients wanted and expected from pharmacists. Confidentiality was mentioned by participants from all groups and honesty and trustworthiness were mentioned by pharmacists (but not support staff).

Irrespective of role or sector, or career stage, participants expressed similar sentiments even if different values and behaviours were singled out. Running throughout the data was the recurring theme of being a 'good' pharmacist overall.

*CT A: When you see pharmacists who are really professional, when I think about what I perceive as a good one, it's somebody who's just, kind of like, a wholly good pharmacist...(interview)*

So for example, support staff thought early career pharmacists who behaved in a 'mature' and 'appropriate' manner were professional:

*CS H: It's really hard to pinpoint it to a few words isn't it really?*

*CS F: A mature attitude.*

*CS H: Acting appropriately in your sort of situation and your surroundings.*

*CS I: More like an adult than a student.*

*CS H: [...] yeah...if you've worked in pharmacy for a while you see that many different ones coming through...sometimes you can see who's perhaps gonna have*

*the potential to be [...] good and some you think, "Bloody hell, what is going on here?" (focus group 8)*

This concept of professionalism as acting and behaving appropriately was echoed by one of the early career pharmacists themselves:

*CP F: I think from a patient's point of view they [...] see a professional as someone...acting professionally [...] the way you act...your demeanour, the way you portray yourself and the way you speak to people...your attitude at work...And...the public also demands certain attitudes and certain skills and behaviours from a professional...(focus group 1)*

Terms used in the quotes above, such as 'appropriately', and 'certain attitudes', are non-specific, and allow for a potentially wide range of attributes or characteristics to contribute to what professional means. However, some participants suggested that there were shared or accepted beliefs, amongst the general population, about what being professional means, and concepts of 'trust', as well as 'respect', 'integrity' and 'honesty' were mentioned by participants, such as the community pharmacy tutor quoted below:

*CT J: I think there are certain traits that the...certainly the British public...see as professional, traits like confidentiality like honesty and, and having that integrity as well so it's the expertise but also that mix of personality [...] (focus group 5)*

The quote above refers to a 'mix of personality' which seems to suggest that professionalism can be a core part of who a person 'is' and how they behave. Comments from the hospital tutor below echo the idea above that there is a 'general expectation' about how professional people behave, and includes pharmacists along with members of other traditional professions:

*HT A:...the idea was that you should behave as people would expect you to behave. If you were gonna go out and get drunk you didn't go out and get drunk in the town where you were working you went elsewhere...because people would respect a pharmacist and they would be a respected member of the community along with the doctor and the clergyman and the solicitor [...] (focus group 5)*

A further issue raised by the tutor above is that of professionals' behaviour outside the workplace or outside their working hours. The idea that professionalism – behaving appropriately – is something that extends beyond how a pharmacist behaves at work was notable, particularly amongst pre-registration tutors:

*CT J: [...] that's really what being a professional is about, you know, it's being professional in your approach to work and play. (focus group 5)*

The emphasis given to behaving well outside of work as well as in the workplace is perhaps because pharmacists, or at least early career pharmacists, typically live within, and therefore are seen by members of the community they serve:

*CT J: I used to work and live in the same town and I was acutely aware of how I acted when I went out for a night out in that town as well [...] [patients'] view of you is when you're standing there with [...] your white coat and your jacket and your tie on but also when you're down the pub. And they're equally as likely to ask you the same question as well [...]*

*CT K: I'm a pharmacist that works and lives in the same town and you know many a time on my days off I will bump into my customers and you are a pharmacist twenty four seven...(laughs) [...] if they've got a question instead of walking to the pharmacy they'll just ask you there...in Sainsbury's car park. And they still see you as the professional...you do have to be aware that [...] if you go on a night out...you will bump into someone that knows you [...] (focus group 5)*

While there wasn't universal agreement among the tutor focus group that non-work related unprofessional behaviour can impact on patient care directly, it can nevertheless have a negative impact on how the profession might be viewed by those who are potential recipients of that care. The critical incident presented below illustrates this.

#### **Critical incident 1 – pharmacist's unprofessional behaviour outside work**

*CT L: [...] a [...] drink one [...] it didn't impact so much on the patients but it certainly impacted on the team and resulted in that person rolling around fighting in the middle of the town they both worked in with another member of staff so that was...fairly well remembered in the town [...] I've come across you know pre-reg's that have gone out on a good night out and then did quite badly (laughs) where they're throwing up and then because they live in the same town the customers come in, "Oh I saw you on Saturday night, you know you were throwing your guts up, this, that and the other" [...] pharmacists as well...that's where you can be unprofessional - that your actions are then seen by all your customers and they do remember you.*

*Interviewer: Do you think that impacts on the patient then, in any way?*

*CT L: It certainly has...I mean I know one pharmacist had to move...moved out of the area cos he found it very difficult then to work cos...they would...want to double check everything, you know his advice, "Are you really sure that's what it is?" (laughs) because I think that trust element moves away...I think all patients trust a pharmacist when they go into a pharmacy that they don't know, if they know...have a bit of a history behind you that they've seen you drunk [...] or smoking right in front of the pharmacy or whatever it is, if they don't see that as being professional then ...that trust element moves away...(focus group 5)*

The quotes above seem to convey the idea that professionalism involves being a professional not only at work, but all the time. However, the tutor quoted below took a

different view, and while she is not advocating that pharmacists should behave 'badly' at any time, her comments suggest that she believes that the highest standards of professionalism can still be achieved by those who do not continue to 'be' pharmacists outside work:

*CT A: ... some of the best pharmacists I know are the ones who treat it as a job, so they turn up at eight o'clock in the morning, they go home at five o'clock in an evening, they do their job to an excellent standard while they're there and then they just go home and forget about it till they're in the pharmacy the next day [...] Some pharmacists take work home, think about it [...] go to meetings in an evening. That doesn't make them more professional, I don't think. (interview)*

The 'expert patient' who participated in this study was shown extracts from the focus groups and he agreed with those where participants were quoted as saying that pharmacists should be 'honest, have integrity, be knowledgeable and approachable'.

#### 4.1.2 Hard-working

As well as being generally respectable, generally conducting oneself well at work was considered important. Again, participants tended to mention several attributes together, such as being punctual, reliable and hard-working, which combined to provide a prevailing view of general professional attitude and conduct:

*CT A: [...] attitudes towards your work, whether you put effort in, whether you're perceived as lazy, arriving on time, you know, meeting commitments that you've made to people. And it's quite a holistic thing I think. (interview)*

Pre-registration tutors from both community and hospital mentioned several behaviours they had observed in early career pharmacists which they thought were unprofessional because they were a distraction from work, and also because they could give a poor impression to patients:

*HT E: we've had student [pharmacists] snogging in corridors [...] patients don't come when they're poorly to see that [...]*

*Interviewer: Yeah, anyone else got any examples?*

*HT F: [...] having mobile phones in the dispensary going off and [...] texting and you know that sort of thing so we've put a ban on mobile phones in the dispensary but again it's mainly [...] the younger ones that are just glued to their mobile phones [...]*

*HT B: We have it as a written rule for the same sort of reason people were answering them, their own phone instead of the department phone.*

*HT C: [...] I just can't believe that that will happen. You see I'm shocked that you have to have that written down...*

*HT F: And it is the younger ones [...]*

*HT B: [...] I mean we had to raise no chewing gum and things...it's a particular pet hate of mine actually people chewing.*



*HT C: I just can't believe that in the dispensary somebody would think it would be acceptable to just take their mobile phone out and just start texting.*  
*Interviewer: So that's unprofessional behaviour, why is that unprofessional?*  
*HT F: Because it's a distraction...*  
*GROUP: Yeah.*  
*HT F: ...not just for you but for everybody else.*  
*HT B: It's also sort of a bit of an abuse of time because you're not being paid to answer your own phone; you are being paid to work. (focus group 6)*

Community pharmacy support staff expressed similar views:

*CS G: I think everybody's come across it [pharmacists talking on their mobile telephones]...because I take my job so seriously not [...] in the fact that I'm deadpan I mean...I have a good laugh with everybody but I find that really unprofessional...*  
*GROUP: Yeah [...]*  
*CS F: [...] if they're locums I understand they need their phone but when they're just chatting [...]*  
*CS F: ... it just looks unprofessional and just shabby basically.*  
*CS I: It looks like they're not giving hundred percent to the job more to their social life or whatever [...] (focus group 8)*

A member of community pharmacy support described the following incident where she had observed an early career pharmacist conducting a personal conversation on his mobile telephone whilst dispensing, which not only looked disrespectful but she also thought that because he was not concentrating fully on the task in hand he would be more likely to make a mistake which could obviously potentially harm the patient, and furthermore, the patient would also know that he had not been concentrating properly.

### **Critical incident 2 – talking on the telephone whilst dispensing**

*CS F: [...] the particular person I was thinking about was checking a prescription with his mobile talking to his, his mate...about football trying to you know check a prescription and there's a customer and cos it's open plan the customer can see this and I'm going, "Sorry" you know like this feeling awful...*  
*Interviewer: [...] what makes that unprofessional? [...]*  
*CS G: It's disrespectful isn't it?*  
*CS F: ...one thing he's not concentrating cos you know yourself if, if you're doing anything and you're talking you're not concentrating and what if...you know I could have dispensed the wrong thing and he'd checked it and it had gone out and...this person could have come back and said, "Well he were on the phone"...*  
*GROUP: Yeah. (focus group 8)*

Lack of focus on, or dedication to, the task in hand was seen as unprofessional by pharmacy tutors and support staff. The community pharmacy support staff below explain why a lack of attention to detail when undertaking routine tasks such as putting stock away can indirectly affect patient care as it increases the likelihood of mistakes being made:

CS G: [...] I'll come in on the Friday morning and he's been on Facebook [...] as soon as you put on computer...I think what they do, they'll think, "Bloody hell it's quarter to six we better put this order away" and...you know stock rotation and I'll find split packs underneath with...

Interviewer: Are they put away in the wrong place or?...

CS G: ...in the right place but...say we've got four packs of Ramipril and a split one obviously they go underneath don't they under the four packs...on top and that's one of my biggest bug bears. That's the first thing you learn is stock rotation.

CS F: Yeah, and [...] you've got more idea if you do date checking as well in dispensary cos that's a pain.

Interviewer: So again would you say that's actually unprofessional the way he's put that away?

CS G: Yeah, definitely...because I mean like mistakes are made because...cos packs look so alike don't they in the dispensary? And you find like packs mixed up and [...] obviously just rushing, no care. (focus group 8)

#### 4.1.3 Putting the patient first

Most participants when asked directly to characterise patient-centred professionalism talked about the 'softer' concepts such as respecting the patient, treating them fairly, in a non-judgemental way, having compassion for them, essentially just putting them first:

Interviewer: [...] could you define patient-centred professionalism?

HP H: [...] you're always looking for the best interest of the patients...(focus group 3)

This early career hospital pharmacist had come to the hospital during the night to dispense medicines, something which she said had surprised some of her peers:

HP C: [...] a couple of times I've spoken to other pharmacists where I work about, you know, being on-call and I said, "Oh [...] I had to come in last night to get some antibiotics" and they say, "Oh" and I said, "Well I didn't really mind because this patient needed antibiotics" and I felt like I had to do that and...it didn't really bother me whatsoever because it's for a patient and I guess at the end of the day [...] you're paid to do that [...] and as a pharmacist you've got to put the patient sort of first I, I think, yeah....it's important. (focus group 2)

Being non-judgemental and unbiased towards patients and treating them equally, was mentioned by hospital and community tutors, and also by an early career hospital pharmacist:

HP A: Being able to provide a service that's equal, regardless of the patient's background and kind of maintaining a, a neutral stance towards them...(focus group 2)

Respecting the patient by keeping information about them confidential was raised as an issue, particularly by those working in hospital pharmacy:

*HP H: Maybe like you know sometimes when you're on a ward [...] patients might tell you things you know sometimes like a little bit embarrassing things that you know you might find...quite [...] amusing or funny but you know you can't obviously laugh at them or anything but then coming back to the department and like telling other people...(focus group 3)*

The hospital support staff quoted below had experienced pharmacists discussing patients in ways that they found disrespectful, and also thoughtless in that anyone might have a friend or relation in a similar situation and would not like to have that person spoken of in such a manner:

*HS C: [...] at lunchtime when we all sit together [...] you will often get pharmacists come back saying, "Oh such and such a person on a ward" and laughing and joking about them and it's something really, really confidential...really personal...and I just think, "Oh god", you know? I just hope it's not...one of my relations'. (focus group 9)*

The critical incident below further illustrates this.

### **Critical incident 3 – talking disrespectfully about patients:**

*HS C [...] they do discuss some real intimate things...at lunchtime, and I just think that's so unprofessional [...] they've just come back from a ward and they've said, "Oh she's not dead yet but she soon will be"...[or] "there's a smell by the bed"...god you know it could be one of our friends.*

*Interviewer: Are you talking about early career, younger pharmacists?*

*HS C: Yeah*

*HS E: I have seen them insensitive and it's not very nice to listen to is it? [...] young and old pharmacists really...it's probably a personal...personality trait [...] [to] find it amusing to add to a patient's misfortune if you like, like if they find it funny[...] (focus group 9)*

However, these were not seen as behaviours that all early career pharmacists engaged in – within the same focus group, this member of support staff asserted that she had not observed anything like this recently:

*HS D: ...years ago before all the Caldicott and all that training came in but...I don't think...I've never...I've not seen it you know in recent years. (focus group 9)*

This section has covered some of the definitions of professionalism grounded in a construction of the concept in terms of ethical values and conduct. In the next section, attention turns to the more tangible components such as professional knowledge and skills.

## 4.2 Defining professionalism: tangible elements

### 4.2.1 Sound knowledge to underpin practice

Knowledge was a recurring theme for all types of participants in this study. A number of different skills and attributes were specifically mentioned here, including knowledge and communication skills. Firstly, participants emphasised that without up to date professional knowledge they would not be able to provide patients with reliable advice, and being without it was quite simply unprofessional:

*CP F: [in the public's view]...knowledge obviously is vital and portraying the right advice all counts to being a, you know, a professional in, in your day to day job and acting professionally...*

*CP E: I think you have to be seen by the public as someone that they can trust so you've got standards and...they trust your advice so you've got to be like a professional and give good advice. (focus group 1)*

*HP E: [talking about a pre-registration tutor]...she's not really up to date with things or even...in the pharmacy in general just modern day things that are happening in a workplace and happening in other places and there's absolutely no go in her so to me I don't think that's very professional [...]. (focus group 3)*

The community pharmacy pre-registration tutors quoted below thought that pharmacists were often seen by patients as a knowledgeable 'experts' whom they could consult about medicines:

*Interviewer: [...] what do you think professionalism means to patients?*

*CT L: Maybe they see you as an expert because you practise...when you say...most patients that come in, come into a pharmacy and say, "Can I speak to the pharmacist?" and they may be seeing you as being the expert in pharmacy so as a professional they see you as the expert in your, in your subject and have that expectation I don't know of you being different.*

*CT J: I think that's very true, you are the expert [...]*

*HT A: I think it's true.*

*CT J: [...] on the drugs. (focus group 5)*

These tutors also agreed that it was not essential for a pharmacist to know the answer to every potential question they might be asked, but that having the ability and willingness to go and find further information when they did not know the answer, were important professional attributes:

*CT L: [...] whatever question [patients] have you may not be the expert but you'll certainly have a good go to find out [...] but they will see you as the expert who is the best person to answer their question or query or whatever they have. (focus group 5)*

The combination of having knowledge, admitting the limits of this knowledge, and being willing to find additional information was echoed by these community pharmacy support staff:

*CS G: And knowing that the pharmacist has got the knowledge as well.*

*CS I: And also admitting if they don't know something [...]*

*CS G: Yes*

*CS I: ...saying they'll do their best to actually find out...(focus group 8)*

The importance of pharmacists admitting when they have reached the boundaries of their knowledge is illustrated by the critical incident below in which a tutor describes a former pre-registration trainee who had not done this. He had gone ahead and advised a patient, which clearly had the potential to be dangerous:

#### **Critical incident 4 – not recognising / admitting the limits of one's knowledge**

*CT C: ...I had a...problem with my previous pre-reg...I failed him...one of the things that...he did...was...he used to say he was the pharmacist when they asked to speak to the pharmacist, so he used to say, "Oh I'm a pharmacist, it's alright", take them to one of our areas that you can't hear so well what's going on and that particular day the pharmacist on duty was already advising somebody...and he took some information from her and said, he said "I'll deal with it" and this gentleman that we don't know, who wasn't a regular, said he hadn't urinated for forty eight hours and what could he do? So one of the dispensary technicians who, sort of, overheard the question...afterwards she said to the pre-reg... "...what happened to that gentleman, cos the pharmacist is free now, is he waiting?" "Oh no, he's gone" "Oh, what did you do?" she said that he said "I sold him some Aquaban and told him to drink lots of water." Now we didn't know...the patient, never seen them before, couldn't trace him...But that's the sort of thing that that person who was at week fifty of his pre-registration training thought was acceptable, and he would've been doing that as a qualified pharmacist. And he is now qualified, by the way. (focus group 4)*

#### **4.2.2 Following rules versus using judgement and ethical decision-making**

Knowing and following rules was a recurring theme during the focus groups that were run for this study and was an aspect of professionalism that was raised by all types of participant. Pharmacy's regulatory body which set down rules and regulations (in the 'code of ethics') for conduct were mentioned by two community pharmacy tutors and one early career community pharmacist. One early career hospital pharmacist did cite 'going against the rules' as unprofessional behaviour. However, while pharmacists did not tend to see professionalism as keeping to the rules, support staff working in both community and hospital pharmacy did emphasise the importance of pharmacists following rules and keeping within their limits. In the focus group extract below, participants talked about standard operating procedures (SOPs) which are

found in all pharmacies and set down the processes by which the pharmacy should be run:

*CS B: [...] obviously keeping with the rules and regulations of the company.*

*CS D: It's about doing everything by the book isn't it? And not deviating.*

*Interviewer: What kind of book?*

*CS E: The SOP's.*

*CS D: Yeah, whatever you're told to do [...] even though you might not think it's the right way to do things you've got to do what you've been told.*

*Interviewer: Okay [...] does everybody agree with that?*

*GROUP: Yeah. (focus group 7)*

However, for pharmacists the issue was less clear-cut. The hospital pharmacist also talked about SOPs and why it may not always be possible to apply them 'to the letter':

*HP I: I think in dispensary situations SOP's are perfect, they work really well...because things are a little bit more structured and there's less variability there because we're all aiming for the same thing, whereas when you've got a patient in front of you they've not got the same sort of set of things they want to happen as you have on that day...I'm not saying that SOP's are bad or anything like that, they're perfect in a lot of situations but I don't think professionalism is 'just' sticking to them...(interview)*

A similar idea was expressed by this community early career pharmacist:

*CP D: [...] professional [...] sometimes I think of it as a level of qualification but also...sometimes [...] it's not always clear cut what the decisions should be and then you kind of take the decision when it might be an ethical based decision and there is no right answer but, yeah, you've got to be accountable for decisions that are not just written in law or whatever. (focus group 1)*

The hospital pharmacist quoted below was shown some extracts from the focus groups and commented on the support staff's discussion of SOPs. She had experience of working in both sectors of practice and explained why she thought that the nature of community pharmacy work made following SOPs more straightforward:

*HP I: ...some people have said about things like following SOP's and things like that which I know is a really big thing now.*

*Interviewer: Do you have a lot of SOP's in hospital then or...?*

*HP I: We do but I feel like the SOP's are [...] a bigger thing [...] bigger influence on practice in community...having locum'ed [in community]...whereas ours are there and we wouldn't deviate from them but they're more vague...I'd say, so it's a little bit more on the individual pharmacists [...] once you're on the wards there's no rules...to how you should do that ward or anything like that [...] So that's when you know, your character and time management and things like that come into play because there's no-one to say "This is how you should have done it" [...] [so the part where the community pharmacy support staff are talking about]...doing everything by the book [...] And not deviating. It's hard to do that sometimes when patients don't fall into that book and I think it's about professional judgement [...]*

*you've got to sort of think, think a little bit laterally...about how you're gonna get that drug into that patient [...] if someone's really poorly. (interview)*

The pharmacist quoted above refers to pharmacists using their 'professional judgement'. The critical incident below describes a situation that this early career pharmacist was facing in her work, where she was aware of the rules, but was faced with a patient who it seemed would not take their medicines if the procedures were followed, and she therefore had to decide between knowing what the rules were and what would help the individual patient with their medicines therapy.

#### **Critical incident 5 – deviating from SOPs to ensure patient takes medicine:**

*HP I: I've got [a patient] at the moment that's refusing [to swallow the tablets she has been prescribed] [...] At the moment we're crushing a drug we probably shouldn't crush...because that's the only way she'll have it but she might die if she doesn't have it, so... we're bending the rules completely...more than what anybody wants...than anybody would write down...but she's taken that risk on, the patient's taken it and the consultant's taken that risk on. ..And said "Yes, crush it," [...] it's Warfarin and she's had clots before and the next one could be quite bad...and the lady claims she can't swallow, although eats but won't take things unless they're in liquid form, but Warfarin doesn't come in liquid form...*

*Interviewer: It's not good practice to be crushing the tablets?*

*HP I: ...it's not good practice to crush it really no, definitely not that one so, yeah... she crushes it and mixes it with a bit of water and she's happy like that [...] the nurses do it [...] But everyone knows about it, yeah it's all written in the notes and everything you know, and that's deviating from a set of SOP's...*

*Interviewer: So an SOP would say "This tablet should not be crushed."?*

*HP I: Yeah.*

*Interviewer: Right and where does professionalism come in there? [...]*

*HP I: ...you've got to weigh it up...risk benefit and I think that's a professional attribute to be able to...weigh up a clinical situation like that...(interview)*

### **4.3 Defining professionalism: 'soft' elements**

This section is all about communication skills and styles, with both patients and colleagues, which are all relevant to patient care and an important and recognised elements of professionalism. Firstly, the importance of achieving a balance between having a high level of spoken English, whilst being able to communicate with patients was raised. Speaking English and speaking 'the patient's language' may not always be the same thing.

#### 4.3.1 *Appropriate language and manner with patients*

The issue of the 'level' of English spoken was a recurring theme amongst focus groups with tutors and support staff. Two community pharmacy tutors mentioned previous trainee pharmacists they had encountered whose spoken English they had considered 'poor':

*CT D: [...] last year [...] my pre-reg walked after twelve weeks [...] her appearance was awful, her punctuality was terrible, her English, her ability to speak English was very, very poor...(focus group 4)*

Basic fluency in English was not raised by other participants – but the more subtle issue of the 'language' and terminology used with patients was. Speaking to patients in language that they understand was discussed by support staff from both sectors. This was an area of professional behaviour which early career pharmacists were often seen to be lacking in:

*CS I: We have, we have a doctor's son that comes to ours and he hasn't got a flaming clue. (laughs)...it's the way he is with people, you [...] just [...] can't talk to people like that.*

*CS H: You see the other thing that I always say as well that when they are speaking to patients speak in laymen's terms don't...you know don't say, "Oh have you come for EHC?" [...] don't use all your pharmacy jargon because you know most of our patients are working class they wouldn't have a clue you know...(focus group 8)*

*HS D:I think at first when [early career pharmacists] start taking those drug histories that they're using terminology that the patient doesn't understand...they're not saying simple words for the patient...I always have to put that on every pharmacist's assessment that they've been using terminology that wasn't appropriate. (focus group 9)*

A similar point was also made by a community pharmacy pre-registration tutor, who described a trainee pharmacist he had worked with:

*CT K [...] my last pre-reg was from, was from India so he [...] spoke beautiful Queen's English, the only problem is that ninety percent of my patients had no clue what the technical terms were and hadn't heard that level of English spoken because it wasn't what was in the house. And I was quite hard on him about what levels of English I wanted from him because [...] I wanted him to be able to speak to the guys off the estate and that it'd be fine to be able to speak to the doctor [in a more formal manner] and come across proficiently which he had no problem with. (focus group 5)*

Although another community pharmacy tutor thought that it was also possible for pharmacists to become 'too colloquial' in the language they used with patients – that



it is not appropriate for the pharmacist to speak exactly as the patient speaks, but to retain some difference that sets their language apart as 'professional':

*CT F: I think the way you speak, your language and whereas you want to be able to communicate with customers on a one to one. You need to be also showing that you're professional in the language that you use [...] it just really is the way you speak, the clarity of your speech so there's, like, a fine line between using colloquialisms to getting the message across in a professional way as well. (focus group 4)*

This issue, of pharmacists needing to try and achieve the right tone and manner when talking to patients, was perceived by early career pharmacists themselves. This early career hospital pharmacist had noticed that support staff at her hospital spoke to patients in more 'everyday' language than she did, and she reflected that she felt a need to portray a 'professional' image, that was different to that of 'non-professional' staff, and part of this was in the way she spoke to patients:

*HP\_F: I find that there's quite a big difference in the way like technicians speak to patients and pharmacists speak to patients [...] I don't know if it's like an age thing because [...] a lot of the pharmacists in our hospital are like younger than the technicians but like the technicians I'd say are definitely [...] more informal and [...] speak like they would speak to any other person from the street or whatever whereas I think that [...] we feel like we have to portray this professional image so we're a little bit different [...] (focus group 3)*

Other pharmacists in the focus group with her further debated whether it was appropriate for pharmacists to be more formal with patients than the members of 'caring professions' like nurses or social workers might be. Some suggested that different professional roles might affect the way people talked to patients, and others thought individual personalities or communication styles would have more influence:

*HP F: I've had this discussion with my boyfriend cos he's training to be a social worker and he's sort of quite happy using like slang terms around service users and...I sort of say you know, "I don't think it's appropriate to refer to people [...] [by] calling them love and stuff like that" [...] I think the other pharmacists that I work with do kind of share that opinion that you speak to people in a professional manner and wouldn't necessarily call them by pet names [...]*

*HP H: [maybe it is related to the roles of] [...] pharmacists and doctors because [...] if you see on the ward environment like how nurses speak to patients [...] they are more likely to use terms like 'love' [...] so maybe it's just because they're in [...] more of a caring role...whereas we're more like medicines focused...*

*Interviewer: Do you think it's any more professional or unprofessional?*

*HP H: I don't think it's unprofessional, I think it's just within what they're doing.*

*HP G: Yeah I think it's okay in terms of what their role is but [...] you don't, you don't really hear any other pharmacists [doing that]...*

*HP\_E: I think it's just individual to actually the person themselves if it's their usual day language I think they will maybe [...] use it during the day[...] (focus group 3)*

These pharmacists from the community sector had perceived different reactions when talking to patients and recognised that patients would probably differ in terms of how they would prefer pharmacists to talk to them, and what they might consider professional:

*CP A: Yes for instance in the past like I've been very friendly to a patient and they've not necessarily liked that, they would want a bit more distance or...*

*CP D: Professional distance and support.*

*CP A: ...yeah professional distance and support whereas somebody else would actually tell me that they feel that I'm being a bit distant towards them when in fact I was just acting normally towards them so each person has got their own perception of what they consider to be professional behaviour. (focus group 1)*

The expert patient who took part in the study had experience of several different community pharmacies and described 'most' community pharmacists as 'pleasant' people to talk to. He singled out a negative example where he had found a pharmacist patronising and 'sarcastic' in the way she had spoke to him, and had also observed another pharmacist 'talking down to a patient', in both a literal sense, as they were sat on a high stool and did not get down to talk to the patient, and also in their manner and tone and he commented that pharmacists should talk to patients 'on their level'.

Interestingly, a member of support staff described a similar experience where, when visiting a pharmacy for her own personal use, she felt a pharmacist had treated her disrespectfully, again while sat on a high stool:

*CS E: ...she was just like talking to me from behind like the dispensary... "Oh yeah no we don't do that stuff here" and it was just so rude and I thought... '...I just can't be bothered even arguing with her"... I'd gone in to see if they...if they did the service like minor ailment which...I mean she could have come out and said, "No we don't" and you know being a bit polite about it but this was behind a corner she was talking to me. I could see she was sat on a stool and she was talking to me from round this corner and I just thought, "Oh my God I can't believe she hasn't even got up to talk to me" (focus group 7)*

#### 4.3.2 *Forming a good relationship with the patient*

As well as the language and terminology used when speaking to patients, several other qualities and skills were mentioned which contributed to making pharmacists

good communicators, and were thought to be relevant to patient-centred professionalism: being courteous, listening, and being confident.

Firstly, the importance of maintaining a 'nice' or 'polite' manner when interacting with others was a recurring theme in the focus groups. The member of support staff quoted below seems to be referring to treating patients with 'common courtesy':

*Interviewer: ...what do you think professionalism means to patients [...] ?*  
*CS B: I would say it's courtesy[...] being greeted [...] being treated the way you want to be treated which I think everybody's been brought up with that anyway so why deviate from that just because you're in a place at work? It should be even more so...at work because you're there to help somebody [...] you don't wanna leave somewhere where you're going [...] to be made to feel better or to get medication to help you [...] or for a family member or a friend when you're stressed and upset anyway and then come in and leave disappointed or upset or even more annoyed because of the way you've been treated while you've been waiting or being served. (focus group 7)*

The importance of listening to patients was raised in this early career pharmacist focus group:

*CP D: Listening I think's really important, patients expect you to I don't know listen to them if they haven't got an answer. They want to hear your opinion and but, yeah, you need to listen to them in the first place. (Community early career pharmacist focus group 1)*

As well as engaging with the patient and listening to them, retaining a calm or 'neutral' stance and not entering into arguments with patients was also seen as important:

*HT G: I think part of being a professional is when you don't get into the debates as well like with customers when they're moaning at you like, "Okay well I appreciate..." you know that kind of not getting in an argument with them [...]*  
*(focus group 6)*

A confident manner was seen as important, in order for patients to be convinced by the pharmacist, by participants from all community pharmacy groups, and by hospital early career pharmacists. This was expressed particularly by community pharmacy support staff, however support staff in this group had experienced early career pharmacists who did not come across as being confident:

*CS E:...cos sometimes you do find newly qualifieds will go out there and counsel...but I find they're not confident enough to give that advice to that customer...*

CS E: ...even though they are a pharmacist and they're like doubting them.  
CS B: Yeah a lot of them do literally physically sound scared when they're speaking to customers, you can hear their voice...  
CS C: Yeah, they'll be there with BNF and looking through that.  
CS A: ...shaking and we've got quite a few...one or two haven't we that look like they're about twelve, they're down here and they'll be like, "Can I speak to the pharmacist?" all you can hear, "That's me" (laughs)  
CS E: And the customer's quite shocked as well when they [find out they are the pharmacist]. (focus group 7)

This seemed to be a particular issue for the community pharmacy sector, because patients in this sector often use their local pharmacy regularly, being able to build and maintain a good relationship with them is particularly important for community pharmacists:

Interviewer: ...what would you say professionalism would mean to a patient?  
CS I: Confidence, yeah, confidence in them and want to return and that relationship...(focus group 8)

A community pharmacy tutor recalled an incident where early career pharmacists had behaved disrespectfully towards a patient:

**Critical incident 6 – talking disrespectfully to a patient:**

CT J: ... the patient...had come in for a prescription and they didn't have it...this patient had...a history of schizophrenia and gone round to about ten pharmacies and they didn't have it so by that time they were a bit aggravated. So the patient raised their voice a little bit and because...I think they've had a stroke as well so the speech was slurred...the two pharmacists that are dealing with this patient thought he was drunk... that was their excuse...and [the patient] got irate and then they started to...you know make jokes of him and, "Oh you're just drunk, this, that and the other"...

Interviewer: They made jokes...with the patient there?

CT J: ...yeah so said to the patient "Oh you're just drunk..." and you know it escalated to where the patient walked out...thinking... "They're just taking the rip out of me and they're supposed to call themselves pharmacists"...and one of them actually swore at the patient which was definitely not a good idea... so I would certainly say that's unprofessional...it's easy to define people, "Oh they're just drunk" or, "They're off their head, they've just abused some more drugs or taken some Diazepam" and they haven't, that's just the way they are because of...brain damage they have. But I would say...that's more extreme unprofessionalism. (focus group 5)

The early career hospital pharmacist below seemed to express some discomfort with observing hospital staff on ward rounds – which could include pharmacists – talking about patients while standing in front of them, but not actually talking to them enough:

*HP F: I think a lot of healthcare professionals when they see patients [...] I don't think it's intentional but I think quite often they can just view them as like objects you know as opposed to like individuals or people with feelings [...] sometimes if you're on a ward and [pharmacists are] stood at the end of the bed [...] discussing a patient who is obviously quite with it and he's like listening quite intently but they will be [...] talking about them like they're not even there or [...] in like third person terms [...] saying, "Put her on this" [...] and then at the end they'll have had their little discussion and they'll just say, "Right, well we're upping your...Fentanyl dose and then we're gonna try you with some whatever" [...] I think it's quite impersonal. And quite often I've thought, "Oh my god if that was me I'd be like "can you please like ask me or [...] at least acknowledge that I'm here when you're discussing me?" Cause they really don't a lot of the time.*

*HP H: I think even the pharmacists are like that sometimes like they'll be...they're trying to recall a particular patient and then you hear them say, "Oh yeah Mr Furosemide" or something [...] they're not thinking about the person they're just thinking about the drugs or the condition rather than the you know the person that's sat there. (focus group 3)*

The 'expert patient' who participated in this study had been a hospital in-patient several times, but recalled that pharmacists tended to just come to the ward, look at the chart by his bed and then leave, he had never knowingly spoken to a pharmacist on a hospital ward.

#### *4.3.3 Being approachable*

The data presented above showed that good communication skills were seen to be key to patient-centred professionalism, however, participants in this study also felt that it was important for patients to feel able to approach pharmacists in the first place – and that they can then put their knowledge and communication skills to good use. Early career pharmacists from both sectors of practice felt that they and their colleagues were generally seen as approachable:

*HP C:...[it is important] that [the public] feel that we're approachable and if they've got any problems with their medicines [they can come to us]... (focus group 2)*

*CP C: I think [...] the public do see pharmacy as a very trusted profession I mean they, they will ask a pharmacist for various, even embarrassing situations where as a pharmacist, as a professional we have to be a little bit more open as well cos they put a lot of trust in us [...] we have to sort of behave in a, in a manner that we're not embarrassed about it and [...] put them first and we do listen [...] and obviously give the right advice afterwards. (focus group 1)*

However, there was not universal agreement that all pharmacists were like this:

*I suppose it's the body language as well...the impression [patients] get from the way you're interacting with them because in the past I've seen examples of patients feeling a bit embarrassed or threatened by the pharmacist so they don't actually*

*divulge whatever information it is or ask any questions that they want to ask.  
(Community early career pharmacist 01)*

Comparisons were made between the approachability of pharmacists and doctors, and support staff from both sectors both thought that patients saw pharmacists as more approachable than doctors:

*CS G: I think they'll speak more to a pharmacist than the doctor as well...I think they're scared, some people are scared of the doctor [...] (focus group 8)*

*HT E: I think, cos a few of them as well they tend to tell you more as well sometimes cos they're not complying or don't do as they're told and they do tend to confide in you a little. Now whether because I think they don't tell the doctors cos they're frightened of what the doctor might say, disobeying what the doctor said so whether that's, they're not frightened of us...(laughs)*

*HT G: Yeah, no I've had that a lot who can tell you things they wouldn't tell a doctor.*

*HT E: ...and you tell the doctors and they go, "Well they never told me this"*

*HT G: I had a man tell me what he'd overdosed on once. (laughs) But he [...] refused to tell the doctors [but] he told me [...] (focus group 6)*

However, there was debate about this within the groups and the hospital pharmacy tutor quoted below thought that hospital pharmacists may be seen as less approachable.

*HT F: I think somebody said before we, we're seen by the public as the same but are we? Do, are we perceived slightly different by the public in terms of [...] they see us as sort of more rigid and medics and nurses [...] are more open and easy going with them maybe? [...] (focus group 6)*

An additional element of approachability for pharmacists, was patients' perception that they have more time for them than other healthcare professionals. In the community setting, their 'availability' was contrasted to the GP's, whereas in hospital it was in contrast to nurses.

*CS G: [...] I think as well because a doctor's on a time limit they feel that, "Oh I've been here ten minutes now" so they'll come and ask us...well the pharmacist or whatever you know any queries or anything and I think that's the difference [...] (focus group 8)*

*HT B: I think they think we've got more time, I don't think they think we're as busy...*

*HT F: You're spot on there.*

*HT B: ...as nurses...(focus group 6)*

The expert patient who participated in the study said that he perceived pharmacists as 'seeming to have more time' than doctors, although he also stated that usually he 'does not ask the chemist things I should have asked the doctor'.

#### 4.3.4 How professional trust is established with patients: dress

*HT G: I think we're probably less threatening...at least now we don't wear, wear white coats. (focus group 6)*

As indicated by the amount of 'talk' our participants engaged in specifically in relation to dress code, dressing the part and convincing patients they are dealing with a pharmacist professional is clearly seen as an important part of establishing trust, but most acknowledged it was only the start of building relationships with patients.

Analysis of the data revealed a considerable amount of talk about what pharmacists wear to work, and the relevance of this to professionalism. Several examples of what pharmacists wore were provided in response to questions about what defines both professional and also unprofessional behaviour. Although the connection is not made explicitly by participants themselves, underlying the narrative is that behaving and looking like a professional is one way trust is established between pharmacists and patients. Dressing 'smartly', that is, in formal, or business clothes was mentioned briefly by just one hospital early career pharmacist (and not at all by hospital tutors). However, smart dress was mentioned far more frequently by community pharmacists, both early career pharmacists and tutors:

*CP E [...] how they're dressed as well...their clothes [...] you see like someone in a suit or business dress that to me is what I think of when I think of professional. (focus group 1)*

*CT B: ...not turning up to work in the things that you wear in the garden. (focus group 4).*

The critical incident below provides a specific example of an early career pharmacist, described by a tutor, who thought the pharmacist had not dressed professionally.

#### **Critical incident 7 – the scruffy pharmacist:**

*CT D: ...my [pre-registration trainee] yesterday had a jumper and trainers on...And I just looked and thought "If my manager wasn't coming to do my assessment this morning, you'd be going home and getting changed." Seriously...shirts poking out the back and collars not put right, you know, just thinking about yourself, what other people perceive, the public [...] (focus group 4)*

The issue of others' perceptions is mentioned within the critical incident above, and in the focus group excerpt below, early career pharmacists raise the issue that pharmacists' appearance may inform what people think of them, and also that patients arrive in a healthcare setting, with a pre-formed expectation of what pharmacists and other healthcare professionals will look like, and should look like:

*CP C: Image, image.*

*CP E: Yeah it's just like a social thing isn't it? It's what we're used to.*

*CP C: For most people image is, that's the first thing they see...*

*CP A: You take someone seriously in a suit don't you?*

*CP C: ...do you know what I mean? I, I don't think it matters [...] probably ten, twenty years ago it mattered more, now I don't think it matters as much cos you do see a lot more, even doctors and they don't dress the same you know there's, it's a bit sort of dress down effect kind of thing. But even so image is important just sort of a smart appearance, people I, I feel do tend to take it a little bit more serious. (focus group 1)*

And the following quote adds further evidence that patients do hold these expectations:

*HP I: Someone told me I didn't look like a pharmacist the other day...she gave me what she thought was a stereotypical pharmacist...I mean, she'd been on the ward for a while so we're sort of chatting [...] she said "You don't look anything like what I expected a pharmacist to look like,"...I said "Well [...] what did you expect me to look like?" and she said "Either a dowdy middle-aged woman, or a man with glasses looking over them at you," and I was like "Oh!"...I think it's just something people think about especially as an older lady. (interview)*

The critical incident below describes a pharmacist who was not untidily dressed, but whom the early career pharmacist thought was 'unprofessional'. He also thought that patients or their relatives would perhaps not recognise this person as a pharmacist – or would assume that they were not a pharmacist – and related this to his own experience where from a lay person's experience he had deemed them not to be a 'health professional' and had been surprised, when he then started working at the same hospital, that this was in fact the pharmacist.

#### **Critical incident 8 – the inappropriately dressed pharmacist:**

*CP D: We had one pharmacist when I used to work in a hospital who would often dress quite inappropriately (laughs) like belly button piercing [...] and everyone was a bit like, "Whoa". She was a very good pharmacist and everyone knew it but [...] I often thought, "Gee that's a little bit unprofessional" [...] I remember when I was quite young [...] my uncle was in hospital and I thought, "Who's that lady coming round looking at all the beds?" [...] she was you know just wearing a little tiny skirt or something and you just think, "That can't be a doctor" [...] then when I was working there later I was like, "Oh it's that pharmacist."*



*Interviewer: Why do you think that's unprofessional?*  
*CP D: Well shocking old people (laughter) you know a bit distracting for...*  
*CP C: I think I would have quite enjoyed working alongside her. (laughter)*  
*CP D: I think a lot of the men did actually.*  
*Interviewer: Do you think that impacts on anybody at all about the way she looked or on the patient?*  
*CP D: I think a bit at first, the first impressions more than anything because she was really good and she knew everything she was talking about [...] so I think once you could get over the fact that she was a bit inappropriately dressed but, yeah, definitely I think relatives [...] were like, "What does she think she's doing?" [...] I don't think [that she is unprofessional] in any like in any of her actual practical job issues that she does but just in, yeah, patient's perception of them as a professional, it was a bit (laughter) (focus group 1)*

#### 4.3.5 Maintaining faith in the professional healthcare team

As well as behaving respectfully towards patients themselves, and maintaining patient confidentiality, it was also considered important that pharmacists did not criticise colleagues. This was mentioned repeatedly by pre-registration tutors from both sectors:

*CT K: I think one of the things that early career pharmacists [...] can do like as well...almost that feeling of, "Ooh something that [...] the doctor's done wrong here" and they can actually use that phrase and it's a phrase that should disappear out of our vocabulary all together [...] because they should be talking about what the drug regime is, making sure that they'll discuss and check things for them but they can damage credibility of other professionals and cause rows between them and I've seen that happen...(focus group 4)*

*HT A: I do think it's something that [...] early career pharmacists [...] do tend to sort of pick up on things to do with prescriptions and, and go at it like a bulldozer...it's sort of a more...almost a lack of tact and, and you know it's trying to deal with the situation without worrying the patient. (focus group 5)*

This tutor described his own approach, which he considered was a more professional way to act:

*CT G: I've never told a patient I'm ringing a GP for their prescription until I've sorted it out. Many times the patient doesn't even know that I've sorted something out. Now to me that's part of being professional, because [...] we've gotta keep the doctor/patient relationship as well [...] So a lot of the stuff that we do, we do behind the scenes [...] I'm quite happy to go in the back and ring the doctor up and have a chat with him about a particular medication, say "Look is this a good idea or what?" [...] then we just give it to the patient, say "Look we've had a chat with your GP and, you know, this is what he intended to do..." (focus group 4)*

Early career hospital pharmacists in one of the focus groups did raise this issue, and seemed to be aware of how this could affect the patient's regard for other healthcare professionals:

*HP G: [...] I think another professional thing is... sometimes when you're looking at a cardex [...] you'll notice that the nursing staff on the ward have been omitting a medication for like no reason [...] sometimes it's just not given and you're like, "Why's it not given?" "Oh we didn't know it was in the drawer" [...] and the patient might say to you. "Oh I've not had my eye drops or whatever for however long" and you'd see that it's written up on the cardex and that you provided some and it's there but the nursing staff haven't given it, I think you've gotta be like careful cos I think it'd be quite unprofessional if you were just to say, "Oh it's the ward's fault we sent it up [...] the nurses probably couldn't be bothered to check or [...] they didn't notice it there" so I think you know we're being professional with doing stuff like that. (focus group 3)*

### **Critical incident 9 – using clinical judgement**

*CT L ...I had a [locum pharmacist]... they were an early career pharmacist...they'd spotted...a theoretical interaction you know just between two anti-hypertensive's [...] [computer] PMR systems flag anything as four star as you know it's gonna be life threatening because it's two anti-hypertensives. They then told the patient that, "Oh this is dangerous [...] I'm gonna have to leave it for the other pharmacist to ring the doctor on Monday"... I mean it took me then twenty minutes to convince the patient on Monday afternoon that the doctor hadn't done anything wrong and that it was quite common to see these two drugs prescribed and it will be absolutely fine for them to take you know because it was atenolol and ramipril and how many times have we seen those both being prescribed on a prescription together? (laughs) But I then went back to the pharmacist as well and said [...] explained obviously, "Don't always use the PMR [it] is there to highlight it when you're labelling it but you know this is why you are a pharmacist because you make that clinical judgement, that this is gonna be okay or if it's really life threatening we're gonna ring the doctor to make sure this is gonna be all right" ...so they go, "Did you ring the doctor?" [I said] "No because you know I was pretty confident...that this is what the doctor wants to do with this one"...(focus group 5)*

In the critical incident below, a tutor with many years' experience of community pharmacy described a recent scenario where his pre-registration trainee had observed his conversation with a patient, and had seemed surprised at how long he spent listening to her issue about something that the trainee felt was more to do with the GP's prescribing. The tutor felt that sometimes it was worthwhile, and indeed professional, to devote time to the patient, even if the situation may be more to do with their interaction with their GP:

### Critical incident 10 – giving the patient enough time to tell their story

*CTL: ...I came across a patient today...a lady that had been prescribed penicillin by her doctor and she's always had Amoxicillin...for her throat infections... she said to me...I even said to this new doctor that I've always had...amoxicillin...why did he then give me penicillin?' It's very difficult as a pharmacist then to try and explain that...there's not a huge difference but I can see your point but you may have thought...discussed with the doctor and then they've wrote you a prescription for something different...she was basically getting everything off her chest and I just let her. I thought, "Best way let her just take everything off her chest so that...when she calms down...maybe we can get to a point where she either goes and sees the doctor again or she's happier taking the penicillin" and at the end...she was all happy, she was gonna go and see the doctor again.. And I said to my pre-reg... "How would you have handled it?" and he said, "Well it took a long time...about fifteen minutes of your time... You had quite a few things to check straight after...I would have probably sort of cut her short...just moved her on" and I said, "Well okay think about if you've tried to cut her short you might have ended up in an argument yourself with her... Sometimes you've just gotta let the patient get everything off their chest, okay there's lots of work that is gonna back up for you and you'll have to deal with that...but it's that moment for that patient, they've obviously come in, they've seen you as the pharmacist...just let them...naturally finish what they wanna say." So you do see that sometimes the judgement of early career pharmacists when they've not had the experience of patients is they will probably try and cut everything short and say, "... what are you telling me for? It's between you and the doctor..."...I think that may be where you can get unprofessionalism [...] cos sometimes [they] do [...] just cut people short, "Well this isn't my problem [...] The doctor's prescribed it for you why, why do you want me to explain it? Why don't you just go and tell the doctor what you think? [...]" and they do get into all sorts of arguments... I've seen that happen. (focus group 5)*

While pharmacists may sometimes need to question prescribers' decisions, or check things with them, equally their own work may be challenged by others. This member of hospital support staff explained that because there have been changes to the way some medicines are presented they need to be prescribed and dispensed slightly differently, but several times she has had to contact doctors or pharmacists when this has not been done correctly, but she has found that pharmacists have responded in a professional manner:

*HS I [...] because [the formulation of some drugs has changed] then they prescribed a new drug twice a day, and I've said, you know, 'maybe we need to look at that one again' [...] we're very lucky they haven't gone out of the department...I haven't had a response where anybody's, sort of, shot me down and said, you know, 'you're only a technician, I'm a pharmacist'. I've never...not, no...  
Interviewer: So you're saying they're quite professional in the way they've handled it?  
HS I: Certainly the ones I've dealt...yeah, come across, yeah. (focus group 10)*

### **Critical incident 11 – maintaining professionalism when dispensing is challenged:**

*HS I: Yeah, we had a doctor who prescribed Risperidone Consta injection weekly (laughter) and the pharmacist, who was...visiting...from the other site, come in to cover whilst our permanent pharmacist was on annual leave, quite happily let that go through [when they did their clinical check] because they don't know anything about Risperidone Consta, never having been used on the general site, so...I took that back [to the pharmacist] when I came to check it [...] and it was incorrect, obviously.*  
*Interviewer: ...how did the pharmacist respond to that?*  
*HS I: It was a really good response [...] and [the timing of the dose] was changed... (focus group 10)*

Whereas the critical incident below provides a negative example of a pharmacist shouting at a colleague in front of patients over a similar issue – the formulation of a drug:

### **Critical incident 12 – pharmacist shouting at a trainee**

*CP A: I was shadowing [the pharmacist on the ward] and she had a fight with an ICU [intensive care unit] nurse [...] [who] wanted controlled release morphine sachets, she was adamant they don't exist and this nurse said, "I've worked on a burns unit before and I've actually administered it" so she was standing there arguing for fifteen minutes, I opened my BNF and I was like, "There it is" it exists. And she didn't apologise to him and she just said, "That's your problem". (focus group 1)*

This section has set out how patient-centred professionalism was defined and understood by early career pharmacists, pre-registration tutors and pharmacy support staff. The next section focuses on the process of professionalisation.

## **4.4 How professionalism is learned and developed**

This section focuses on the development of patient-centred professionalism in pharmacy training and practice and how the delivery of patient-centred care is influenced by the organisational and practice context in which patient care takes place. Data presented in this section was generated in relation to open-ended questions about where and how participants thought professionalism developed.

### *4.4.1 Early life and university education*

Although the main focus was on the development of professionalism in practice, several participants spontaneously mentioned influences on professionalism that stem from before the time they entered pharmacy education or training, such as

innate personality traits or their upbringing (such as in section 4.3.2 on communication skills, where the participant talks about having common courtesy). The tutors quoted below discussed how pharmacists might attain the relevant professional attitudes and behaviours:

*HT C: Just, all like...you know imagine just getting your make up bag out and just being stood in the dispensary and freshening your make up, things that you just consider...unprofessional, it's attitudes and behaviours that you just like, just wouldn't do it, like getting out a sandwich.*

*HT B: But that's probably because somebody's instilled that in you and if no one has instilled it in you I don't know if you're born thinking it. (laughter) (focus group 6)*

The teaching and assessment of professional attributes and skills at university was also a recurring topic within the focus groups. Section 4.2.1 showed that scientific knowledge about medicines was a core component of pharmacy professionalism, as this knowledge underpins pharmacists' practice. There was a general consensus amongst participants that the pharmacy degree was where this professional knowledge was obtained:

*CP E: ...I got...my science and my knowledge from Uni [...] (focus group 1)*

Section 4.1.1 set out the elements of professionalism relating to respectable or ethical behaviour, and some early career pharmacists recalled being taught about these things at university:

*CP F: ...they instil it in you they say that's it's a profession and you've gotta abide by these conditions you know...you don't wanna be fights etcetera, or you know even your CRB [criminal records bureau] check...*

*CP A: [...] at...University they reinforce it...from the first year.*

*CP F: ... all the time drilling it into you that you know don't be getting into fights at the weekend on a night out [...] if you've got any criminal convictions make sure you let us know don't try and hide it [...] I remember that cos I put my hand up and said "I've got speeding tickets and points on my licence is that it?" they said, "No that's fine" [...]*

*CP E: ...I got, in law they mentioned that...*

*CP D: MEP [Medicines, Ethics and Practice].*

*CP E: ...yeah, they mentioned all that [...] (focus group 1)*

However, when it came to the aspects of professionalism relating to putting their scientific knowledge into practice, and particularly having the skills to communicate with patients, views on the extent to what, and how, pharmacy students were taught and assessed in these at university were more varied:

*CP E: ...I don't think I got anything about working in a pharmacy from Uni at all...attitudes, behaviour, none of it. How to talk to patients even...*

*CP C: No, same here [...] I didn't either...*  
*CP F: Maybe that could be due to different...practising and teaching from different universities [...].*  
*EC\_CP\_2: Yeah, different teachings from different universities.*  
*CP D: We did communication skills and all that but it was all just theory [...] (focus group 1)*

This early career hospital pharmacist thought that pharmacists' communication skills had improved in recent years – and that the 'new generation' of pharmacists qualifying have better communication skills than earlier cohorts of pharmacy graduates:

*Interviewer: ...do you think pharmacists are good at communicating [with patients]?*  
*HP I: I think they're getting better...Definitely. I think they're taught it at uni now...whereas I'm not sure we always have been.. It's hard because the people that go into pharmacy are commonly very sciencey in their background...you need to have that...broad background of...all the sciences and then bring it all together with the pharmaceuticals and pharmacology and things...but they might not necessarily have done any talking to people...so...we were taught at uni that you're a scientist first but I think it...seems to be the other way around in practice... You use all that knowledge, definitely...but you've got to have the softer side I think as well to talk to patients...yeah I think that's something that some pharmacists are missing, and I think people coming straight out of uni have got it because they, they've been taught it...the people that felt they didn't need to talk to patients are nearly finished with their career...(interview)*

And this pharmacist recalled being taught and assessed on communication skills at university:

*CP F: ... we used to have our dispensing classes which was basically starting from first year [...] we'd be given sort of prescriptions, printed prescriptions and we'd have to label everything and we'd have to go and sort of counsel the lecturer who'd then mark us on our communication skill and everything, and that was from first year. I remember because I used to absolutely cack it when I used to be dispensing (laughs) [...] we had to pass at a certain percentage...*  
*Interviewer: And what kind of professional things did you learn, what professional attitudes?*  
*CP F: Just I mean communication skills, being empathetic to, to the patient, sort of sympathetic, try and be understanding...try and be approachable [...] (focus group 1)*

However, quotes from other early career pharmacists suggested that softer skills such as communication were perhaps valued less than 'hard' science subjects:

*CP E: [...] whenever we did anything like that that was communications or a bit sort of like not defined, a subject like that it would tend to not, I don't think it was taken very seriously...*  
*CP C: No.*

*CP E: ...cos when people think, "Oh I've got communications" say it was called communications they'd be like, "Oh I've just got that later" and...nobody would care...they need to, I think build it into something cos if you were going to like your microbiology or something you knew what you were doing, you'd focus on it and you'd do it. But if it was just some like how to talk, people are like, "Oh I'm not bothered about that". I don't know how you would do that though.*

*CP C: It's hard until you actually have more sort of hands on, on the job kind of...you know you get a proper patient, you know you, you learn how to deal with angry patients, different types of patients until you get that you're not gonna develop are you? So I, I mean I don't think that was taken much seriously at university. (focus group 1)*

#### 4.4.2 Practice experiences

Early career pharmacists, tutors and support staff alike agreed that the pre-registration year and the very early years of practice as a qualified pharmacist were the time when early career pharmacists and pre-registration trainees learnt the most about professionalism:

*HP I: ...pre-reg. I'd say that's the biggest, the steepest learning curve...(interview)*

*HS F: It's a very steep learning curve for a pre-reg...(focus group 10)*

*HT F: I think a mixture of the pre-reg year [and]..the first year when I was qualified I started to, to realise that I had the responsibility then and I had to look around and see how I would be, how, how I would act and how it was appropriate, so probably those two years really. (focus group 6)*

In terms of how professionalism is learnt, materials such as 'medicines ethics and practice' (MEP) and the performance standards for pre-registration trainees<sup>27</sup> provide guidelines for pharmacy practice. Pre-registration tutors from both sectors of practice mentioned using these:

*HT E: we use the performance standards with them in their first year and also in their third year as part of the undergraduate curriculum...we actually use as examples...using pictures and saying to them, "Can you spot the unprofessional behaviour?" (focus group 6)*

*CT K: I must admit I think I use [the standards] a bit as a carrot and a stick...*

*GROUP: (laughter)*

*HT A: I was gonna say exactly the same thing actually.*

*CT K: ...this is probably where I've...I can get a bit formulaic with it but when...to me to prove competence...so it's a great way of sitting down and talking to them about which areas you want them to develop in the most... it gives you a chance to tailor those standards to your pre-reg I guess. (focus group 5)*

Early career pharmacists themselves also mentioned these documents, and the quotes below convey the sense that knowledge of these underpins their practice to an extent:

*CP B: the pharmacy profession is based on [MEP] so...our patients is our first concern and the second thing is we take responsibility for what we do...and trustworthy for the patient [...] [complying with ethical guidelines]. (focus group 1)*

*HP C: [...] it's in the code of ethics that you know you put the patient first and the public interest and all that [...] (focus group 2)*

Although communication skills are increasingly taught as part of pharmacists' undergraduate training, participants in this study still thought that these skills were certainly not fully developed when pre-registration trainees or pharmacists first arrived in practice. The tutors and support staff quoted below had observed this when early career pharmacists were faced with situations where there was a potential problem with a prescription or where they needed to use their professional judgement:

*HT A: ...I think a lot of them don't actually know or have never been taught what to say to a patient if they come against a problem with a prescription. You know...they will say things like, "Oh the doctor's made a mistake with this prescription, I think they've done something wrong, these two drugs don't go together...and it really does worry the patient and I'm...and I am surprised that they, they...this keeps happening because one of the first things that I was, I was taught is you shouldn't undermine the patient's confidence in their, in their doctor which is exactly what's happening by that sort of...that, that sort of terminology. (focus group 5)*

*CS J:...people skills isn't it? [...] if you've had university life...I mean I know you're used to students but not the general public, you know I think it does make a difference and, and if you're not outgoing [you may not handle challenging situations well]. (focus group 8)*

Both tutors and support staff thought that this was something that was learnt through experience in practice. The community tutor described this with reference to querying prescriptions:

*CT K: they haven't grasped that the way they put things is very, very important not just being delighted that they've spotted something [...]*

*Interviewer: Do you think that changes as they get more experienced?*

*GROUP: Yeah.*

*CT K: ...they suddenly realise that sometimes it's about the confidence and the drug regime as much as anything else and that by knocking confidence in whatever kind of regime they're on they don't get the best for the patients. (focus group 5)*

This member of hospital support staff gave an example of how a pharmacist might talk to patients:



*HS D: [...] I quite often have to assess pharmacists, newly qualified pharmacists taking drug histories and I find that it's experience that gives them the patient friendly language...*

*HS E: Explain in simple terms for patients.*

*HS D:...do you have any allergies? you know...would they say allergies? [...] it's just the way they word things isn't quite right but usually after they've been taking drug histories and speaking to patients for a while it develops because they, they get that the patient doesn't understand what they're asking them and eventually it comes. (focus group 9)*

Receiving feedback from others was also mentioned as an important way through which early career pharmacists can learn. The quote below relates to the Critical incident (page 36) where early career pharmacists had behaved inappropriately with a patient with mental health problems. Afterwards he had talked the incident through with these pharmacists:

*CT J: ...early career pharmacists...how they've acted with patients you know they've just purely been silly... immature... I had two pharmacists I had to speak to that... started to make a joke of this patient...[I spoke to them about the incident and said] "Where do you think this fits as a pharmacist? You're supposed to be a professional" ... both pharmacists said they'd never been taught that in their pre-reg or come across it.*

Community pharmacy support staff also described how they, together with the pharmacist they work with, who is a pre-registration tutor, play an important role in helping pre-registration pharmacists to learn to speak to patients in a way that they will understand:

*Interviewer: ... how do you think [pharmacists] learn to develop that way of speaking to patients?*

*CS I: I think by imitating...not imitating that's not the right word...copying us basically ...how...what we'd say to someone...if somebody came in and said, "Oh can I have the morning after pill?" then that's what I'd go back and say to you know the pharmacist and say...I wouldn't go in and say, "Oh she wants emergency hormonal you know contraception" and just things, little things like that really.*

*CS H: We, we do role play on that as well...*

*Interviewer: What, on EHC?*

*CS H:...on anything, the pharmacist will say to the pre-reg, "Can you explain that to [a] member of staff?" and they'll go, "well what it is, it's this", and they'll start going on and you're just like, "pphhf, I haven't got a clue what you're saying, simplify it, simplify it" and in end they're sort of like drawing you a picture to tell you how it works, you know, "That's better" you know so our manager's a really, really good tutor that way...(focus group 8)*

One member of community support staff also reported running role plays with pre-registration trainees and others in the focus group thought this was a good way to help them develop skills which were difficult to teach theoretically but tended to develop through 'doing':

*CS H: ...when we have any pre-reg's at our place we have to do a role play with them...*

*CS I: That's a good thing.*

*CS H: ...I'm always the role play person cos I give them every single scenario you can think of, I do it with every single...pre-reg that we have... And I'll say, "But please give me my Methadone, please, please" you know and I'm, I give them all this rubbish that addicts come out with. You know, "I'm pregnant and my baby needs it" they have everything. And they've got to deal with it on the spot...*

*CS I: ...I think ...whether they're a pharmacist or anybody you can't teach people how to behave, it's just telling them, well it's advising them isn't it? [...] sometimes it's just a case of actually being in that situation and learning if you've...perhaps made a mistake...[or] not come across in the right way, it's just learning isn't it?... (focus group 8)*

In this study, we were interested in participants' perceptions about role models and how they influence the process of professionalisation. The community pharmacy support staff quoted above described how they thought pharmacists could learn from them how to talk to patients. It is notable that early career pharmacists themselves did not mention learning from pharmacy support staff, or see them as role models. When they did describe role models, they tended to be pharmacists with more experience than themselves, usually pre-registration tutors. The hospital pharmacist quoted below recalled her tutor's skill in approaching doctors and raising issues about their prescribing with them:

*HP A: ... my pre-reg tutor was professional...I mean she was tiny but she had these heels on and you could hear her coming. And when she wanted something done she would go...approach any doctor and she would say, "Look I appreciate that you did this but can I recommend that?" and she was really professional in her manner. (focus group 2)*

In section 4.2.1, an early career pharmacist referred to a pharmacist who she considered to be a negative role-model due to her lack of effort to keep her knowledge up to date. In the critical incident below, a pharmacist describes another negative role-model. While this was clearly a negative example of a pharmacist's behaviour, but this pharmacist seems to have used the experience to reflect on how she can work to make sure that she does not behave in this way herself:

### Critical incident 13 – negative role model who avoided demanding patient

*HP B: [...] during my pre-reg when I did the six months training in community we actually had a situation where a patient kicked off over something in the pharmacy...and our pharmacy manager actually went to the back of the room. So rather than confronting the patient face on he actually went to the back of the room and me and the dispensers had to deal with that...but that made me realise that when I'm a pharmacist I didn't want to be like that and I want you know my workplace you know or colleagues to be able to rely on me so I think that was kind of a turning point for me seeing how he'd behaved inappropriately was actually, "Right well I'm hoping that you know I can take on that role and deal with situations." (Hospital early career pharmacist focus group 1)*

The practice environment as a whole, including both the physical setting and the people there, was seen as influencing the delivery of patient-centred care. For example, in a previous section of this report we have shown that being hard-working was cited as an important element of professionalism; the tutor quoted below conveys the idea that pharmacists will work better when they are part of a team in the pharmacy who work together well:

*CT B: [...] say they're working for a branch where they know and like the staff they will probably work harder and behave more professionally...work harder and be a better pharmacist that day...whereas if it's somewhere that they don't, they've never worked before and the staff are not very friendly they might just stand there and play with their phone all day. (focus group 4)*

Section 4.3.3 addressed the issue of pharmacists' perceived approachability by patients and this member of support staff suggested that not just the individual pharmacist, but the pharmacy shop environment might also contribute to an overall more informal atmosphere, that encourages patients to approach the pharmacist:

*CS H: Do you know what I think the difference is though? It's you get professionals in a doctor's surgery and professionals in a shop and [...] a shop [...] is a lot more relaxed and informal so I think might be a reason why...you know maybe...do you know what I'm saying? Like when you go to see the doctor they're in their own environment and you feel maybe not as comfortable in that environment whereas customers feel comfortable I would hope in a shop so that sort of sets the tone a little bit more relaxed...(focus group 8)*

This section has set out the views of participants in this study about the process of professionalisation for early career pharmacists, and how patient-centred care and professionalism develops. The next and final section in this chapter examines influences which participants believed could either challenge or encourage the delivery of patient-centred care.

## 4.5 Organisational and contextual influences

Analysis of the data generated for this study revealed a number of factors related to the organisational and practice context within which pharmacy services are delivered and which could impact on patient-centred professionalism.

### 4.5.1 Physical working environment

The early career hospital pharmacist quoted below thought that the open environment of the hospital ward might sometimes compromise confidentiality, although she spontaneously reflected that she had never heard of any feedback from patients on this:

*HP G: [...] I think it's hard to maintain confidentiality when you're on a ward with like ten other patients all side by side and you're trying to have a discussion with one person and everybody else can hear it [...] and perhaps they might...think that you've not been very professional that you've not taken them somewhere else but there's not always somewhere else to go and have that conversation, you don't really hear the feedback from them but I suppose they you know they might feel that. (focus group 3)*

Section 4.3.2 highlighted the importance of listening to patients and giving them full attention and a member of support staff explained how consultation rooms in community pharmacies could help pharmacists (or other pharmacy staff) to do this as they provided protection from the often busy shop environment:

*Interviewer: ... Do you think there's any difference between professionalism in pharmacy [compared to] doctors and nurses...?*  
*CS B: Well yeah...with doctors and nurses it's a lot more of a one to one cos you're actually sitting down...if you're a pharmacist or [a member of support staff and you] go into a consultation room then that is putting you on the same par as with a doctor or a nurse because you're literally face to face with them with no other distractions or rushes...you're not being kept from something else you're focusing on that person which you should do anyway but like I said if you're, if you're in a pharmacy and you're doing a prescription or you're serving somebody you've got everything else going on around you so you can't always give a hundred percent like you'd want to and you can't talk about everything in front of other people so it's not the same thing.*

### 4.5.2 Workload pressures

Section 4.3.1 illustrated the importance of maintaining a calm and polite demeanour as an aspect of professionalism, but several factors in the pharmacy practice environment that could challenge this were mentioned. For hospital pharmacy, the night shift or 'out of hours period' was mentioned repeatedly as a time when it could be more difficult to maintain a professional manner. Pharmacy services tend to be staffed by early career pharmacists during these hours and the tutors quoted below recalled experiences from the early days of their careers:

*HT D: [...] I used to work in a hospital whereby the junior pharmacists all did the on-call and the late nights and then you know sometimes when all the seniors walked out and they were left with all the work there could be times when, I suppose unprofessional things did happen not to an extent that it affected patient care, at least we tried not to but I know stress levels are high and sometimes when we spoke to people on the phone that I would say then there were times that it was unprofessional the way staff were spoken to...*

*HT E: ...I would agree with that...*

*HT D: Yeah, I think it's all to do with stress really...tempers flared especially if it was getting late at night, you hadn't probably had a rest for a couple of hours and there was still a lot of work to be done. Disputes between the other staff members like the technicians [...] whenever somebody weren't pulling their weight. And then we were having to do their work...take over dispensing and things like that. Sometimes with...patient safety I think decisions could be quite rash as well cos you were really tired and you were suffering from stress trying to sort everything out and had a lot of different decisions as well at the same time like your bleeper's going off quite a few times.*

*Interviewer: So is this during the evenings?*

*HT D: Yeah.*

*Interviewer: Okay, so that's something particular to hospital pharmacy then?*

*HT D: Yeah, definitely. (focus group 6)*

Working 'out of hours' was discussed at length in both early career hospital pharmacist focus groups and similar issues about working under pressure when tired were raised. Pharmacists said they often worked these shifts on an 'on call' basis where they were not actually in the hospital but were contacted as required. Sometimes it may be possible for the pharmacist to give advice over the telephone, but if a medical treatment needed dispensing they had to go into the hospital. In the critical incident below, an early career pharmacist described her own 'unprofessional' behaviour:

## Critical incident 14 – hospital dispensing out of hours

*HP A: Well I was on-call I've, I do have to admit I've been unprofessional a few times but I think it's because sometimes I just can't control my emotions and my temper (laughs)...I got called at two or three in the morning from some doctors in A&E [accident & emergency] asking me to come in and dispense [some ointment]...at first I kind of said, "Well can you not just use some other paraffin ointment?...it doesn't sound urgent... Try and find an alternative and then call me back" and then I got another call about fifteen minutes later from another doctor saying, "Look you really need to come in and dispense it because the patient suffers from erythematous psoriasis which can be life threatening...at the time I didn't know because newly qualified...what erythematous psoriasis is...[or] how serious it can be... I'd heard horror stories of people saying, "...I got called up for Aqueous Cream and yeah I told them to get lost"...And I thought well how serious can it be? So I went in and I got a couple of tubs of this paraffin...went up to A&E...because I wanted to confront the doctors who had...called me in for it... and then I said, "Look I can't believe you called me in for this" (laughs) I went off on a bit of a rant and I said to them, "Look do you know how ridiculous I feel walking through the hospital with just a tub of paraffin ointment at three o'clock in the morning?" and...walked off and I couldn't get back to sleep for about an hour because...I felt so infuriated that they couldn't find an alternative...But...looking back I think I could have handled that a lot better so that was definitely unprofessional...I mean I went back the next day to follow up and...saw the patient and she was very red everywhere and she was in quite severe pain...*

*Interviewer: So had she benefitted from getting that at the time that she did?*

*HP A: ...yeah I mean... the thing is regardless of what the condition is and regardless of what they ask you for it's always gonna benefit the patient anyway...I think next time I would just...ask more about the patient and try and keep my cool and...if they insist on me supplying something then I'll just have to do it as my job and just get over it really. But it didn't help going in the next day and so many pharmacists saying, you know, "How did it go?" and I said, "Well I got called for paraffin ointment" and everyone's reaction was, "You didn't go in did you?" and that just made me feel even more, "Oh I'm really stupid I can't believe I went in for it"... but...I'm glad I did...although I wish I hadn't shouted at the doctors. (focus group 2)*

In community pharmacy, a number of 'workplace pressures' were mentioned by this tutor:

*Interviewer: So do you think that professionalism is threatened or challenged by anything?*

*CT A: All the time.*

*Interviewer: Okay. What kind of things?*

*CT A: Pressures...workplace pressures...it is very hard sometimes not to shout at customers...you try to maintain professionalism by going round the back and slamming a few drawers so you can go back out there and actually be nice to patients, but the pressures that pharmacists are working under, seriously, I think, eats away at their professionalism.*

*Interviewer: What kind of pressures can you think of?*

*CT A: Just increasing number of scripts, increased public expectations is one of the biggest, and trying to divide yourself between service delivery and getting the prescriptions out accurately. Stick on a layer of pressure of fear of making some kind of horrendous dispensing error, with the added fear of maintaining your reputation and your professionalism...you're trying to juggle everything, and a customer interrupts you when you're checking a prescription and unfortunately you end up snapping at them, which is an example of unprofessional behaviour...and you say "Will you not interrupt me while I'm checking a prescription?" which is really*

*unprofessional, doesn't aid the patient in any way. But you're human and...it just makes it really hard. You feel you can't be human sometimes. (interview)*

The support staff quoted below described a pharmacist they had worked with previously, who could be considered a role model, as he managed to be professional but relaxed at the same time, but they felt that this way of working did not fit with new ways of working in pharmacy and perhaps suggests that pharmacists are under so much time pressure it is hard for them to be relaxed with patients:

*CS C: We had [name] didn't we? Who was a very, very old style chemist, he's retired now... he should have been a builder but he was one of those on the level with the older customers and he looked like your uncle and it was just the way he spoke to people he just instantly made you feel relaxed inside, like the old style pharmacists which is why he left cos he couldn't keep up with all the new stuff and he'd just rather just sit back with his newspaper under his arm and have a good chat with the customers. Now you don't get that any more...we don't have time, we have too many things to do.*

*Interviewer: Do you think that's professional or unprofessional?*

*CS C: It depends on the way it's done cos it's like before we were saying, "Oh yeah don't stand around with your newspaper and your, and your phone and this, that and the other but like you said in, in certain circumstances...you wouldn't even bat an eyelid...(focus group 7)*

#### *4.5.3 The commercial nature of community pharmacy*

Early career community pharmacists spontaneously raised the issue of being professional people who work within a business environment, who need to balance the interests of the business with the interests of patients:

*Cp E: [...] if you're in a business profession you know you like to put yourself first you wanna get ahead of other businesses but in pharmacy you know you have to put the patient care first don't you so you put someone else first, that's patient-centred.*

*CP A: It doesn't necessarily happen does it?*

*GROUP: No. (focus group 1)*

The issue of medicines use reviews (MURs) was raised repeatedly in focus groups with community and hospital participants alike (hospital pharmacists perceived their community counterparts to be under pressure to meet targets for MURs and other services). The community pharmacy tutors in the focus group below expressed dissatisfaction with the way that the MUR service had been incentivised and remunerated. They perceived an overall emphasis on quantity over quality, which they thought was a threat to professionalism, and one that pharmacists earlier in their careers might find more difficult to manage than themselves, due to having less confidence in themselves as professionals or their professional judgement:

CT I: [...] if somebody is [...] on your back phoning you to say "How many MUR's have you done today?" and I know that tomorrow I've got to go in and make up [...] Monday's and Tuesday's MUR, that to me is not professionalism, that's monetary targets and...

CT E: It's commercialisation.

CT D: I would say, I mean, I'm a pharmacist store manager but I'm, out of the fifteen stores in the area there are two of us left. So certainly in my company, you know, it's more about "How many MUR's have you done today?" than it is about "What is the quality of them?"

CT I: I think that's a threat to professionalism...

CT D: Yeah.

CT I: ...I think targets...

GROUP: Yeah, yeah.

CT I: [...] targets are a threat, and as an independent I only set my own targets for me, and I'm not answerable to anybody else apart...and bringing new pharmacists who are not confident, probably with being an older person you've got a lot of confidence, and I would not be told what to do if it...compromised my professionalism. But when I was younger I might not have been as confident...

Interviewer: Yeah.

CT C: Yeah, you're right...

CT I: ...and I might've and I might not have been able to turn round and say "Actually..."

CT B: No.

CT I: ...and I think that that is quite difficult when you're inexperienced. (focus group 4)

Early career pharmacists in the focus group extract below also debated MUR targets, and perceived both pressures which could run counter to being patient-centred, although pharmacist F seemed confident in his abilities to maintain his professional 'ethic', despite these pressures:

CP D: You know performance targets and everything, yeah.

CP E: I think the pharmacist[s] most of them that I know want to put the patient before...they get all these targets thrown at them...and they always moan about it because it's not what they want, they want to be patient-centred [...]

CP F6: I think [CP E]'s right there for example with the targets or for example MUR's I mean I work on an ethic where if I don't think the patient's gonna get anything out of me doing an MUR and the company who I'm working for are just gonna earn the twenty seven quid I won't do it. Because I think the patients should actually get something out of me doing it, carrying out the MUR whether it's an understanding or, or just a general for them just to highlight any points to me, that's the only reason why I'll do MUR's otherwise if the company says to me, "Do three MUR's today as a locum" I won't do them unless I think, "Yes I think this person will achieve something out of it"...(focus group 1)

#### 4.5.4 The supply focus of pharmacy work

Pharmacy work is primarily to do with medicines, and while pharmacists undertake a range of roles and provide various services, participants in this study seemed to think that patients are often primarily focussed on obtaining their medicines as quickly as possible. This can be the case whether a person has attended as an outpatient and



is waiting at the dispensary as described in the first early career hospital pharmacist focus group:

*HP B: ...[what] quite often is a problem [is] that when [patients] get to pharmacy they've just been waiting all day and they've just had enough so we end up getting the brunt of it. But like I said it's lack of understanding for them because I've had people say to me, "Well you just get a box off the shelf and stick a label on it"*

*HP D: : It happens loads in outpatients doesn't it.....that's what you, you spend your whole time doing isn't it like trying to calm people down and explain why there's a wait. (focus group 2)*

Or as described in the second focus group, they have been staying on a hospital ward and are waiting to be discharged:

*HP F: We have all our problems where patients are waiting to be discharged, the doctor tells them in the morning on the ward round they can go home and then doesn't write a discharge prescription. And the patient's sat there packed up waiting to go and you're walking round the ward and they say, "Oh are you sorting out my medicines?" and you've kind of got to tell them, "Well no we've not had a prescription yet" but you don't wanna do it in such a way that it makes them look down on the doctors and you know think any less of them. So you've gotta just try and you know explain what's happening but not make them lose faith with anybody else. (focus group 3)*

Elements of professionalism such as maintaining a polite and calm manner with patients can be challenged by an emotional patient, and the critical incident below was described by a pharmacist who had successfully managed to do this:

#### **Critical incident 15 – maintaining calm demeanour with stressed patient/ relative**

*EC\_HP\_2: ...I used to be a paediatric pharmacist so was working with...oncology clinics and those prescriptions are particularly large and take a long time to do plus we're always short staffed (laughs) so it just takes even longer. And one lady came with her daughter and we told her it was gonna be forty five minutes to an hour to which she got really angry and shouted at me in front of everybody. And obviously as a person your natural reaction is, "Well you can't shout at me" but as a professional you have to bite your tongue and I had to like take her into the room, calm her down and explain the situation...cos the patient was a child but it was her mum that didn't want to have to wait. But then you have to think about it from their perspective so...oncology...obviously it's a sensitive area, pharmacy is the end of the line so they've been waiting around in clinics all day... you know try and see it from their perspective and when I thought about you know where she'd been and, and the sensitive nature...of the child's condition you...just take it on the chin. But you know if that was outside in a shopping you know centre or something I probably would have been, "Well you can't speak to me like that"*

The data showed that in community pharmacy, patients can be similarly focussed on obtaining their medicines, but the context, and also the type of problem or illness that the patient presented with, were different. In the community pharmacy, the

pharmacist themselves can be easily 'accessed' by patients, and therefore an aggressive patient can require the pharmacist to be assertive. The critical incident below provides an example of a pharmacist who did not feel able to do this, and a member of support staff helped out:

#### **Critical incident 16 – responding to a patient's threatening behaviour**

*CS H: I've had one locum pharmacist...a lovely, really nice young lad but petrified of everything. He's absolutely scared to death of everything this young lad, he's about seven stone [...] we had an addict come in and he'd not picked up for so many days so he wasn't allowed his methadone and he were like proper kicking off [...] [the pharmacist said] "I don't know what to do" I said, "It's all right, I'll sort it" and I went up to this lad and I said, "Take your backside out of that door right now" you know he were up here this lad. [gestures to indicate a tall person] [...] he kicked off this addict and he said, "Shall I just give it him?" I said, "No, don't give it him, don't give in, do not give it him, no, no"*

*CS G: So you're having to act dead professional?*

*CS H: Oh yeah I told him straight me, I said, "Who the hell do you think you are?" you know [...] cos I'm so used...I've been there over ten years and I'm so used to addicts now they don't bother me at all.*

*Interviewer: And so you resolved it, not the pharmacist?*

*CS H: Yeah I sorted it out.*

The patient above made not only an unreasonable demand on the pharmacist, but requested something that the pharmacist was not lawfully allowed to do. There are other situations, where patients may request emergency supplies of medicines from community pharmacies if they have run out of their prescription medicines. The critical incident below describes a pharmacist who was erring on the side of caution and the law rather than using their professional judgement to decide on the most appropriate course of action which may sit somewhere between the best interest of the patient and the law and regulations:

#### **Critical incident 17 – exercising professional judgement in the supply of medicines**

*CS C: He was a newly qualified pharmacist and [...] there's following the rules and there's breaking them completely but there has to be a bit of grey on certain...you have to judge every case differently. I had a chap come in for his nebulas, waiting for a lung transplant, difficulty with his breathing and because for some reason the prescription has been filed or it was misplaced we didn't have the script so the pharmacist wouldn't let it go even though we've got other records of it...so I didn't want to leave this poor man struggling for breath at the counter so I got one of the other technicians to dispense it and I checked it myself and the checking technician and [the pharmacist] said, "You do that but I'm having nowt to do with it" but to me that was odd, leaving that patient struggling to breathe so you need a bit of grey.*

The hospital pre-registration tutor quoted below thought that the nature of pharmacists' work tends to involve them with a larger number of patients than other

healthcare professionals have, but with a less intense involvement with each individual patient. This could imply a different type of professionalism, one that is grounded in a different type of patient relationship than that between a doctor and patient:

*HT B: I mean sometimes because the doctors and nurses are looking at just, at one patient and we're not so closely involved with that one patient so you can maybe be better at looking at the good of society which can actually conflict with anyone patient, especially when you come to you know things like the very expensive cancer drugs and things and cost benefit and cost effectiveness and do you treat everyone a little bit or one or two people a big bit? (focus group 6)*

Finally, the hospital tutors quoted below recounted their previous experiences where they believed that patients had not seen them as professional people, and had perhaps not appreciated why they needed a university education, but had perhaps seen them as technical workers. This is linked to tasks that patients will have seen pharmacists undertaking:

*HT C: Yeah I think that the public have, in my experience, certainly when I was a more junior pharmacist that they didn't really appreciate what we did and didn't know why we had degrees and I think there's this, in community you're perceived as a shopkeeper and quite often the, I got you know, "It's all right mum it's just the pharmacist she's here to count your tablets" and that was...*

*HT E: Yeah, think we're technicians.*

*HT C: ...what they actually thought I did, went to count the tablets...and that used to really knock my confidence a bit and make me think that they didn't see me as a professional, you know? (focus group 6)*

## 5 Discussion

This report has presented the findings of a study of professionalism in early career pharmacists, from their perspective and that of pharmacy pre-registration tutors and pharmacy support staff. The aim of the study was to understand the concept of professionalism, how it develops and what influences it, and to consider the implications of this development for the delivery of quality, patient-centred care. Using a qualitative approach and undertaking focus groups with these three groups of participants from the two main pharmacy sectors, community and hospital, provided detailed and in-depth insight and explanations to address these aims. The use of the critical incident technique (CIT), which has traditionally been used in one-to-one interviews, worked particularly well. It allowed the research team to elicit views on professionalism in the abstract as well as in respect to specific examples (critical incidents), which was novel and has provided deeper and more concrete insight into professionalism and how this is developed in early career pharmacists.

Based on our analysis, the concept of trust emerges as the key theme underlying the narrative of the qualitative data generated for this study. Trust can be considered vital for any relationship, and perhaps unsurprisingly, given its centrality to definitions of doctors' professionalism, the importance of patients having trust in pharmacists was seen as imperative and at the heart of delivering care that is patient-centred. What became clearer with this investigation is what participants meant by trust: it was viewed as having three main elements: trust in the pharmacist's moral and ethical values (that they will do the right thing), trust in the pharmacist's ability (competence) and trust in the pharmacist's integrity (that a patient can tell them anything and trust they will be treated with respect).

This study also demonstrated, largely through recall of critical incidents related to examples of professionalism, how pharmacists ensured patients knew they could be trusted. Trust underpinned the relationship pharmacists had with patients, and it also underpinned the relationship these patients had with doctors, who they saw as the healthcare professional in whose direct and overall care they were. Pharmacists' role was that of a medicines expert, who took responsibility for medicines (and therapeutics to some extent), whilst the patient remained under the overall care and responsibility of the doctor. Pharmacists' professional role was thus not only

established through a trusting relationship between themselves and the patient, but also through a sense of responsibility to support and not to undermine the trust which not only existed, but was fundamental between, doctor and patient.

This study has also identified, in more general terms, what 'being (a good) professional' meant to participants. What follows is a discussion of findings in relation to three key findings about what makes a good pharmacist, tangible skills and 'soft' attributes. These elements were seen to contribute to the establishment and maintenance of patients' relationships with, and trust of, pharmacists. As this appeared to be key to (patient-centred) professionalism as it specifically applies to pharmacy, the discussion then goes on to propose a definition, or rather description, of professionalism in pharmacy, based on that made for medicine by the Royal College of Physicians (RCP).<sup>1</sup> Finally, this discussion reflects on how and where professionalism was perceived to be learned and developed, drawing out any specific differences which exist with regards to sector (community or hospital), and any threats to its development are noted. We conclude the chapter with a reflection on the strengths and weaknesses of the study, and with a brief section reporting conclusions and recommendations based on our findings.

### **5.1 Being a professional / being professional – being a 'good pharmacist'**

Our focus groups shed light on what it meant to be professional, to be a professional, and what it meant to be a 'good pharmacist.' As with existing descriptions of professionalism and its attributes, participants identified underlying values, as well as more specific attitudinal and behavioural attributes. Respondents talked about the responsibility that came with being a professional or a (good) pharmacist. They explained that this conduct and behaviour was relevant whilst they were acting in their capacity as pharmacists, but they also explained that a certain responsibility should be observed outside of their work environment and role. Here, respondents gave many examples of attributes which helped support (or indeed undermine) their own professionalism or that of others. Being respectable, honest and trustworthy were ones specifically mentioned, but they were also clearly evident in the critical incidents. Having respect for patients was another key attribute, where the importance of patient confidentiality featured. Respondents also noted the importance of being non-judgemental, which relied on them putting their own view

and preferences aside whilst putting the interests of patients first or central to their attitude and work.

Unlike previous studies exploring definitions and attributes of professionalism, this study used the 'critical incidents technique' to elicit and illustrate not only abstract descriptions but also specific examples of good – or bad – professionalism or related attitudes and behaviours. It is interesting to note that research participants found it much easier to describe attributes and incidents related to what makes a 'bad pharmacist' i.e. participants readily provided examples of unprofessional attitudes or behaviours. This demonstrates the difficulty participants had in defining and describing what professionalism actually is and involves, a difficulty that has been highlighted before.<sup>15</sup>

It is further interesting to note that, when discussing these negative examples of professionalism, and when further prompted to consider whether the recounted attitudes or behaviours were likely to have a negative impact on patient care, respondents felt that was not likely to be the case. However, it was noted that any such examples of unprofessional attitudes or particularly behaviour were still important, as they would undermine the trust that patients would otherwise have in pharmacists. This meant that some behaviours were recognised as being somewhat superficial, such as the 'requirement' to dress in a particular (professional) way, but that they helped support the pharmacist's standing as well as the trust the patients had in them. Not being able to establish trust, and allied concepts of untrustworthiness and lack of credibility, was thus seen as a threat to establishing a relationship or indeed partnership with the patient (and also the doctor). In other words, it was through establishing trust that professionalism was enacted; and through a trusting relationship pharmacists were able to use their medicines expertise to make the most effective contribution to patient care. This was particularly important, as pharmacists in both the community and hospital sector commonly do not 'know' the patient, or do not have the same long-standing relationship with a patient, that a doctor does.

## 5.2 Tangible elements – underpinning professionalism

There were a number of what we termed tangible elements of professionalism, which related to sound and up-to-date knowledge specifically focussing on medicines and their actions. It was this knowledge which made pharmacists into medicines experts, and which, in turn, gained them the trust and respect from patients (and doctors and other healthcare professionals). Being the medicines expert was, therefore, what was specific to pharmacists and was what defined their professional identity.

Whilst having sound and up-to-date medicines related knowledge and skills was a core attribute, the ability to reflect on and recognise one's own limitations was also noted as important and thus also recognised as a professionalism attribute. There was one useful critical incident, which illustrated an example of somebody, in this case a pre-registration trainee (so not yet a pharmacist), who had not recognised these limits. They had acted outside of their capacity and responsibility and, by acting in this way, had potentially compromised patient safety.

The attributes of sound knowledge and recognising one's limitations feed into another important attribute of professionalism, that of professional judgement. This does indeed require the relevant underpinning knowledge (and experience), so that a pharmacist not only recognises their limitations, but knows when they have sufficient knowledge (and experience) to use their judgement and make clinical decisions. This is where the notion of autonomy and ethical decision-making comes in, which is present in other professionalism definitions and descriptions. The 'critical incidents' that have been presented to illustrate this underline the centrality of the patient to the pharmacist's professionalism and their role as medicines expert. They further illustrate the pharmacist's focus on medicines, which is bound by the rules and regulations which underpin their role as well as rights and obligations with regards to medicines use. Professional judgement most commonly came into play when these rules were in conflict with the patient's best interest, and professional judgement was about a decision when and how to 'break the rules.' The point was made that the pharmacy (and particularly the dispensary in both community and hospital settings), due to its medicines focus, was much more rule bound than, for example, medicine as practised by doctors was. Here, evidence based practice / medicine would be important, but professional judgement was recognised as a key feature of a doctor's

professionalism, as a doctor would commonly act in situations of uncertainty. For pharmacists, the emphasis was specifically on the medicines, whilst responsibility, particularly for diagnosis, but also for how to treat the patient and make the diagnosis, rested with the doctor. The pharmacists' medicines focus, at least in relation to prescribed medicines (and particularly in community pharmacy), thus commonly reduced professional judgement to choices and decisions between the patient's best interest and legal requirements.

### **5.3 'Soft' – interacting and communicating with patients (and others)**

There was considerable discussion amongst all types of participants about the role and importance of interacting and communicating appropriately as an attribute of professionalism. This was mentioned particularly in relation to patients, but it also came into play with colleagues and other members of the pharmacy and wider healthcare team. Respondents recognised the importance of being able to use a range of styles and language when communicating, depending on whether one was interacting with a patient or a healthcare professional (or a member of the pharmacy team). It was important to be able to communicate at different levels and adapt one's language to the needs and requirements of the particular interaction. This meant avoiding technical terms and medical jargon when communicating with patients for example, whilst avoiding being patronising.

As part of interaction and communication, the importance of being able to listen was also stressed. The narrative in our findings here also touched on communication which truly did have the patient's best interest at heart, and that this had to involve listening to patients and taking their views and needs on board. This approach was less about 'telling people how to take their medicines,' which has been inherent to the use of terms such as 'counselling,' but one which aimed for (and achieved) a true / balanced interaction.

The underlying focus of the interaction, involving listening and communication, was thus one which helped to establish and maintain trust, and being able to form a relationship with the patient (or the doctor etc.). In this context, the importance of being and acting confidently (and having a confident manner) was recognised, which helps to instil confidence in others. Tutor and support staff participants particularly



recognised the importance of communication, manner (including confidence) and language. They also noted that this was something pre-registration trainees and early career pharmacists commonly lacked or struggled with. However, they emphasised that this was something that improved with practice, which is where it was mainly learnt (even though some examples were given of role plays at university having been good at preparing pre-registration trainees for practice).

#### **5.4 A definition and description of pharmacist professionalism**

The preceding sections discussed the key findings around how early career pharmacists define and describe professionalism and its attributes / elements, and how this relates to patient-centred care, whilst also incorporating the views of pre-registration tutors and pharmacy support staff. We would now like to use these findings and feed them into an attempt at defining professionalism as it applies specifically to (early career) pharmacists. In order to do this, we have taken the definition provided by the Royal College of Physicians (RCP) in 'Doctors in society: medical professionalism in a changing world'<sup>1</sup> as our starting point. As already mentioned in the introduction, they have defined that:

*“Medical professionalism signifies a set of values, behaviours, and relationships that underpin the trust the public has in doctors.”<sup>1</sup>*

Following on from our findings and preceding discussion, we would first of all argue that the above definition of medical professionalism would equally apply to pharmacy (pharmacist) professionalism. However, the RCP's 'Doctors in society' has also provided a description of medical professionalism, which sets out these values, behaviours and relationships in clearer terms:

*“Medicine is a vocation in which a doctor’s knowledge, clinical skills, and judgement are put in the service of protecting and restoring human well-being. This purpose is realised through a partnership between the patient and doctor, and one based on mutual respect, individual responsibility, and appropriate accountability.”<sup>1</sup>*

Looking at the different elements of this description, as with the definition, a number were indeed seen in our data, suggesting they would equally apply to pharmacy (pharmacist) professionalism. These were the knowledge underpinning pharmacists

as medicines experts, and the presence of (medicines related) clinical skills. There were also numerous examples of pharmacists using their professional judgement, and these were particularly noted in the context of acting in the interest of patients and their care, thus supporting patient-centeredness. The purpose of any healthcare professional's service, it could be argued, is to protect and restore human well-being.

It is probably at this point in the description, that pharmacy (and possibly numerous other healthcare professions other than medicine), diverges somewhat, and it is the next element of the RCP description which appears key. Here, it is asserted that the service of protecting and restoring human well-being is realised through a partnership between patient and doctor. From the findings presented in this report it would seem that pharmacists are medicines experts and do not have the same kind of one-to-one relationship with patients that doctors have. In most cases, the doctor-patient relationship will continue, whilst the pharmacist enters, complements and supports this relationship as a medicines expert, where the purpose of the use of medicines is indeed to protect and restore human well-being. We would therefore suggest that pharmacists' focus, as medicines expert, is patient-centred, but it is also one that focuses on, and thus recognises and supports (and actively acts not to undermine) the underlying doctor-patient relationship; in this sense, pharmacy professionalism seeks to protect the doctor-patient relationship while making sure that patients' well-being is protected and restored. Even where pharmacists establish some form of a one-to-one relationship with patients, for example when providing minor ailment services or acting as supplementary or particularly independent prescribers, they would still do so whilst a one-to-one relationship continues to exist between doctor and patient.

The key therefore is that pharmacists are medicines experts; pharmacists do, of course, act in the patients' best interest and (where possible) are patient-centred, but they also have an additional focus, and that is medicines. And it is their "knowledge, clinical skills and judgement" as medicines experts, which they use to support and supplement, thus entering and complementing, the doctor-patient relationship.

The rest of the RCP description of professionalism probably applies equally to pharmacy as to doctors. The partnership between pharmacists and the patient, and particularly between them, the patient, and the doctor is "based on mutual respect,

individual responsibility, and appropriate accountability.” Whilst suggesting the use of the same definition as that used for doctors,<sup>1</sup> our proposed description for professionalism in pharmacy (pharmacists) would be adapted as follows:

*“Pharmacy is a vocation in which a pharmacist’s knowledge, clinical skills, and judgement (as medicines expert) are put in the service of protecting and restoring human well-being. This purpose is realised through a partnership between the patient and pharmacist, which closely relates to, and supports, the partnership between patient and doctor. It is based on mutual respect, individual responsibility, and appropriate accountability.”*

Given, then, that we have suggested a definition and description of what professionalism in pharmacy is, and what it is that early career pharmacists in particular should strive to develop, we now return to discussing the ways that participants in our study conceptualised how it was learned and developed.

## **5.5 How professionalism is learnt and developed**

When early career pharmacists were asked about where they thought they learned professionalism, their immediate and initial reaction was to think of formal (didactic) education and this particularly meant formal, undergraduate pharmacy education encountered at university. Respondents gave some examples of where at university they had learnt (about) professionalism, and specifically which attributes had been covered there. However, there appeared to be large variations between recalled experiences. Whilst some felt they had received no teaching or learning of professionalism, other spoke of ethical standards found within the MEP and communication skills (particularly role plays) during dispensing classes. Some also mentioned that awareness of becoming a healthcare professional and the responsibilities that came with this were instilled at some universities. Some tutors commented on the fact that this kind of learning had gained increasing recognition over recent years, as they saw that students started their pre-registration training with a better understanding and appreciation of professionalism or at least certain elements of it.

One particular element which seemed to have been incorporated into university education was communication, and there were comments which emphasised that especially role plays had benefited students in preparing them better for practice.

Regular role plays were something that had been found to be particularly powerful in an earlier PPRT funded study into how professionalism is learnt and developed during university education.<sup>15</sup> However, something that was raised as potentially counteracting the success of professionalism teaching / learning whilst at university, was that assessments of 'softer' skills and attributes seemed to lack 'credibility.'

Tutors frequently mentioned performance standards when thinking about formal learning of professionalism, whilst, interestingly, early career pharmacists did not. This may suggest that early career pharmacists did not recognise their in-practice experience as actual (intended) learning. They tended to focus on a narrow definition of learning as being about formal, undergraduate education, about teaching and learning in formal, university settings. This may suggest that early career pharmacists do not yet value or recognise learning that is informal and tacit, which, in turn, may be a reflection of the lack of practice-based learning in the undergraduate curriculum.

Nevertheless, early career pharmacists, tutors and support staff alike agreed that the pre-registration year and the very early years of practice as a qualified pharmacist were the time where their professionalism, and understanding of it, developed. It was also recognised that this learning and development was not 'complete' at the end of the pre-registration year, and that about the first one or two years post registration were still crucial.

Whilst tutors saw themselves as role models, and early career pharmacists recognised them as role models, the latter did not appear to recognise any of the other members of the pharmacy team as role models or as important to their professional development. However, support staff did think they had a role to play in this, particularly in helping early career pharmacists to develop communication skills through emulating professional interactions, particularly with patients. That early career pharmacists had a narrow, intra- rather than inter-professional view of who was influential in their professional socialisation suggests that the contribution of support staff was undervalued by early career pharmacists.

## 5.6 Organisational and contextual influences

As well as unpacking the ways that professionalism is learnt and developed in practice, another objective of this study was to examine how the development of professionalism and the delivery of patient-centred care were influenced by the organisational and practice context in which patient care takes place. Through comparing data generated by hospital and community focus groups a number of important findings emerge related to either differences between the nature of work carried out in the two sectors and/or differences between the kinds of work pressures experienced by pharmacists working in hospital and community pharmacy.

Context was important in understanding differences in examples given describing professional judgement and ethical decision-making. Where community pharmacy practice was viewed as being more likely to rely on using Standard Operating Procedures (SOPs) and rules, hospital pharmacy practice that was ward-based was conceptualised as providing more opportunities for exercising professional judgement. However, the dispensary in hospital pharmacy was also seen as governed by SOPs and hence as not allowing practitioners as much scope to exercise professional judgement. However, this does not imply that the nature of work in community pharmacy was viewed as less conducive to being a 'good' pharmacist – there were many examples of professional judgement also given by community pharmacy participants in our study, but these tended to draw on different kinds of scenarios or incidents.

Another contextual factor potentially influencing the development of professionalism emerged from discussion about patient care and communication skills. Here, the physical work environment of hospital wards was cited as potentially undermining trust between patients and pharmacists in so much as the lack of privacy made it hard to have a confidential conversation. On the other hand, consultation rooms in community pharmacies were viewed in a positive light as allowing pharmacists (or other pharmacy staff) to interact with patients privately and away from an often busy shop environment.

Further differences between hospital and community pharmacy relate to differences

in the kinds of work pressures experienced by practitioners. In hospital pharmacy, providing a health service round the clock – and in particular, out-of-hours care provided by early career pharmacists – was viewed as stressful. In the community pharmacy context, a number of pressures were identified as contributing to work stress. Some of these pressures were associated with the commercial / business focus of community pharmacy and its drive to maximise profits that have increased pharmacists' workloads. Additional pressures were viewed as the product of the culture of community pharmacy in setting targets for practitioners to provide increasing numbers of new and extended services, such as medicines use reviews (MURs), which potentially undermine professional, patient-centred care. That community pharmacies maximise their provision of pharmaceutical services such as MURs for profit rather than for patient benefit has been noted elsewhere,<sup>52</sup> as has the negative impact of rising workloads on early career pharmacists' experiences of work.<sup>53</sup> The results of this study provide evidence of the ways that organisational pressures within community pharmacy have the potential to influence early career pharmacists' professional development.

## **5.7 Threats / challenges to professionalism**

On-call work in hospital pharmacy and commercially-driven service provision in community pharmacy may have created additional work pressures for early career pharmacists, but were not viewed as directly threatening to professionalism. What was seen as presenting a challenge to professionalism were a number of other aspects of providing patient care, such as when patients were believed to have unrealistic expectations of pharmacists' role in supplying medicines. Here, being able to dispense prescriptions as quickly as possible in order to prevent patients becoming impatient and/or distressed was frequently conceptualised as threatening to professionalism. In particular to the aspect of professionalism that is concerned with providing a service that protects and restores human well-being, since pressure to dispense at speed may increase the likelihood of making an error and therefore has implications for patient safety.

A number of critical incidents involved events when it was difficult to act professionally in the medicines-supply role when a patient, or the relative of a patient, was angry or upset. Communication, then, in some situations was key to not

undermining patients' trust in the pharmacist, and was something that was likely to be especially challenging for early career pharmacists who might lack sufficient practice-based experience to manage these difficult interactions effectively.

## **5.8 Strengths and limitations**

As a qualitative study, there are a number of strengths and limitations associated with our methodological approach. Certainly, the methods we used worked well in capturing a range of views and experiences, with participants freely offering definitions of professionalism and critical incidents grounded in accounts of real events. This then allowed us to analytically unpack a definition and description of pharmacy professionalism from our data that is both similar and different / distinct from that provided by the Royal College of Physicians (RCP) in 'Doctors in society: medical professionalism in a changing world'.<sup>1</sup>

Having an expert panel involved in all stages of the study also helped the team in gaining access to participants and in making inferences from our data that were grounded in policy and practice. The expert patient, too, helped us to gain insight into how pharmacy professionalism is perceived by pharmacy service users, and to determine aspects of professionalism that are relatively more or less important for patients to have trust in pharmacists' moral and ethical values, their ability and their integrity.

However, while providing us with a patient perspective on pharmacy professionalism and patient-centred care, the expert patient reflected that because he was an 'involved patient' (he helped to run a support group for people with heart disease) and was used to interacting with doctors and other healthcare professionals his experiences were not necessarily representative of other patients (pharmacy service users). Other participants in the research (early career pharmacists, pre-registration tutors and pharmacy support staff) were also not selected at random and consequently the number of participants in the study was too small to be representative of the populations from which they were drawn. However, representativeness is usually not an aim in qualitative research, and we did purposively sample a variety of participants from the two main sectors, community

and hospital pharmacy. Further research would have to investigate how representative these views are amongst larger groups of participants.

## 5.9 Conclusions and recommendations

In this concluding section of our report we reflect on our definition and description of pharmacy professionalism and make a number of recommendations particularly relating to in-practice learning.

At the outset of this study we aimed to describe and define professionalism with particular reference to pharmacists' early career years, and to consider the implications of this definition for patient-centred care. After completing our analysis and producing an account of our main findings, the team returned to definitions of professionalism identified at the outset of the study (and described in the background to the study in chapter 1) and compared between the results of our study and these definitions. Through an iterative process we were then able to first contextualise our findings in relation to the wider (medical) professionalism literature and to subsequently produce our own definition and particularly description of pharmacy professionalism grounded in a definition of medical professionalism produced by the Royal College of Physicians (RCP). Where our description is similar to that produced by the RCP is that it includes an understanding that professionalism is based on trust. Our description, like the RCPs, also recognises knowledge, clinical skills, and judgement as fundamental to professional practice, and that knowledge, clinical skills, and judgement '*are put in the service of protecting and restoring human well-being*'. The crucial difference between our description and that provided by the RCP arises out of pharmacy's medicines focus, and pharmacists' roles as medicines experts which pharmacists use to support and complement the doctor-patient relationship. Our first recommendation is therefore to take this description / definition of pharmacy professionalism and to undertake further research to test its usefulness and appropriateness.

Our findings suggest that early career pharmacists may not recognise in-practice experience as learning and development, but see learning as occurring particularly in formal settings. In this context it was interesting that early career pharmacists did not talk about pre-registration performance standards as underpinning their learning in



practice, whereas pre-registration tutors explicitly did. As currently these standards are used to guide learning and assessment during the pre-registration year, it would be useful to explore the reasons for these differences further. In addition, many of the professionalism attributes described by participants related to 'softer' attributes and skills, in the learning of which practice experience plays a significant role. The importance of such 'softer' skills needs to be recognised by both early career pharmacists, tutors and others, so that they can become a valued and recognised element of assessment; their assessment would require the use of validated tools. Finally, in order to effectively implement skill mix in pharmacy and prepare early career pharmacists for effective team working, the role of support staff in contributing to learning (and assessment) ought to be not only acknowledged but also formalised.

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## Appendix A: Invitation letter

Dr Penny Lewis  
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Oxford Road,  
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M13 9PT  
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10th February 2010

### **Professionalism in Pharmacy**

I am writing to invite you to participate in a research project which is being conducted by the Centre for Pharmacy Workforce Studies at The University of Manchester. This study is being funded by the Pharmacy Practice Research Trust; it aims to understand how professionalism develops in pharmacists' early career years, and its implications for the delivery of patient-centred care. We are contacting you to see if you would be interested in taking part in a focus group to talk about this topic with fellow early career pharmacists. We hope to conduct focus groups in a location that is convenient for you and they will take place in the early evening (we will provide food and drink).

Please could you read the enclosed information sheet and if you are happy to help with this research, please could you return the enclosed reply slip in the FREEPOST envelope provided. No stamp is needed! Alternatively, feel free to email me at the above email address.

If you require any further information please feel free to contact me by email, telephone or post.

To show our appreciation for you sharing your time and views with us, you will receive a £20 voucher, we will also provide drinks and sandwiches, and will pay travel expenses for attending the group. You may also find it useful to include as one of your CPD records if you so wish. You can, of course, opt out of the study at any time should you change your mind.

Thank you for your time.  
Yours sincerely,

Dr Penny Lewis

# Professionalism in Pharmacy

## Pre-registration tutors' Views

### What is 'professionalism' in a pharmacy context?

#### What makes a pharmacist 'professional'?

We are looking to gather the views of **pre-registration pharmacy tutors** about these and other questions about **professionalism** as part of a study being funded by the Pharmacy Practice Research Trust. The aim of the study is to understand how professionalism develops in pharmacists' early career years, and to consider the implications of this development for the delivery of patient-centred care. This study has been approved by the University of Manchester Ethics Committee and Local Research Ethics Committee.

### Why have you been chosen?

You have been chosen because you are a **pre-registration pharmacy tutor**.

### What will taking part involve?

You will be asked to take part in a **focus group** with other pre-registration tutors. The focus group will be arranged at a local venue at a convenient time. The researcher Penny Lewis will contact you to arrange this. The **focus group** will last between one and two hours and will be audio-recorded. Extracts of anonymous quotes may be used in reports and other publications to illustrate the presented analysis. However, you will not be identifiable from any such text. To show our appreciation for you sharing your time and views with us, we will provide **drinks and snacks**, and will **pay travel expenses and a £20 voucher** for attending the group.

### Are any risks or benefits involved?

There will be no direct benefits to participants; however, you might find it useful to include as one of your CPD records if you so wish. Furthermore, the information you provide will help us gain a better understanding of how practising pharmacists view professionalism. This, in turn, will enable us to make recommendations about the ways professionalism and patient-centred care might be developed, strengthened and promoted. It will also inform the wider debate about professionalism in pharmacy as well as other healthcare professions.

### Confidentiality

All information provided by you during the focus groups will be kept strictly confidential. The recording will be transcribed, and the audio-file will be kept on a password protected PC and destroyed at the end of the study. Any information will have your name and address removed so that you cannot be recognised from it. Study data and material may be looked at by individuals from the University of Manchester or regulatory authorities for monitoring and auditing purposes and this may well include access to personal information.

### What will happen to the results of the research study?

The results will first be published in reports to the funding body. They will also be published in professional and academic journals, but this can take a couple of years. You will obviously not be identifiable from any report or other publication.

### **What if there is a problem?**

#### Complaints

If you have a concern about any aspect of this study, you should ask to speak to the researchers who will do their best to answer your questions. If they are unable to resolve your concern or you wish to make a complaint regarding the study, please contact a University Research Practice and Governance Co-ordinator on 0161 2757583 or 0161 2758093 or by email to [research-governance@manchester.ac.uk](mailto:research-governance@manchester.ac.uk).

### **Do I have to take part?**

It is entirely up to you whether you want to take part or not. If you do not want to participate, you do not have to give a reason.

### **Contact for further information**

If you require any further information, or if you are concerned about any of the issues arising during the focus group discussion, please contact Penny Lewis, School of Pharmacy, The University of Manchester, Oxford Road, Manchester M13 9PT. Tel: 0161 306 1738 [penny.lewis@manchester.ac.uk](mailto:penny.lewis@manchester.ac.uk)

**If you are happy to help with this research,  
please complete all sections of the enclosed reply slip.**



Appendix C: Consent form

# Professionalism in Pharmacy



The University  
of Manchester

Please  
initial box

Have you read the information leaflet?

Have you had the opportunity to ask any questions you may have had?

Have you received a satisfactory response to those questions?

Have you received sufficient information regarding the study?

Do you agree for the interview to be audio-taped?

Do you understand that you do not need to participate in the study and if you do participate you are free to withdraw at any time without giving a reason?

Do you agree to take part in the study?

Dr Penny Lewis- Researcher

Signature: .....

Date: .....

**Appendix D: Focus group/interview topic guides**

**PROFESSIONALISM – Draft focus group topic guide**

**EARLY CAREER PHARMACISTS**

Introduction

**The processes for fostering and assessing professionalism amongst early career pharmacists [1-2 years post-registration], are not well understood. The aim of the study is to understand how professionalism develops in pharmacists' early career years, and to consider the implications of this development for the delivery of patient-centred care. The study is being funded by the Pharmacy Practice Research Trust and has received ethical approval.**

**The discussion is confidential and information analysed or reported from this interview will not enable anyone to recognise you. However, please do not reveal potentially compromising information, such as previously undisclosed criminal behaviour as despite the intended confidentiality of the proceedings, should you reveal serious behaviour (e.g. current drug addiction), we or others may be professionally obliged to inform the relevant regulatory authority. Also, please do mention anyone by name.**

**The focus group will last approximately one and half an hours and you may leave at any time. The interview will be recorded unless you are opposed to this. The sound files will be kept securely for five years after the study is completed and then destroyed.**

**Do you have any questions before starting?**

INTRODUCTIONS (1<sup>st</sup> name only)

Areas to cover

1. What do you understand by professionalism in pharmacy?

To discuss:

- Could you define professionalism?
- Could you define patient-centred professionalism?
- A value (or attitude) which exemplifies (un)professionalism
- A behaviour which exemplifies (un)professionalism
- Is there a difference between professionalism in pharmacy versus other health professionals, e.g. doctors, nurses?
- What do you think professionalism means to patients?
- Is there a difference between being a professional and doing a job?
- Is professionalism an issue? When does it apply? How often would you talk with colleagues about it? When? Why?  
(Include prompts from the performance standards)

**Professionalism:** “The Society views professionalism as the autonomous application of capability in a professional context and in a manner which meets the expectations of peers, patients, the public and society.”<sup>54</sup>

2. Can you provide examples where you think you have acted professionally or unprofessionally? [participants reminded not to mention anyone by name or report serious misdemeanours]
  - **Circumstances (time, place, who was there at the time)**
  - **Why was it (un)professional?**
  - **Did this behaviour impact on anyone and if so in what way?**
  - **Did this behaviour impact on the patient?**
  - **How did you decide or know to act in that way?**
  - **Would you/anyone else have done anything differently?**
  - **Examples of other participant’s similar or different experiences?**
  
3. How do you learn and develop pharmacy professionalism?
  - **The MPharm? What? How?**
  - **Practice? What? How?**
  - **When did you learn (the most) about professionalism?**
  - **How long does it take?**
  - **When will you know all there is to know about professional values, behaviour and relationships?**
  - **How do you learn and develop aspects of professionalism that are patient-centred?**
  - **The role of the pre-reg tutor and support staff in learning and developing professionalism**
  - **Do you have any role models? If so who are they?**
  - **In what way are they role models?**
  - **How have these role models influenced their learning of professionalism (esp patient centred professionalism)?**
  - **Are young pharmacists more or less professional than their senior colleagues?**
  - **The role of performance standards in learning**

4. When is professionalism / being professional difficult (to maintain)?  
***Do you think professionalism is threatened or challenged by anything?***
- **What do you think is the impact of this on delivering patient-centred care?**
  - **Opportunities**
    - o **clinical roles / payment for service**
    - o **differences by sector? CP v HP**
  - **Threats to professionalism**
    - o **traditionally in CP: business v health professional role – conflicting judgements**
    - o **new roles, e.g. pressures to do MURs (targets) ‘demanding’ / informed patients**

### Conclusion

I would like to thank you for your time. The focus group has been extremely valuable to the research. When the study is completed a summary of the findings can be sent to you if you wish. In the meanwhile please feel free to contact me if you have any questions or other issues you would like to discuss.

1. Royal Pharmaceutical Society of Great Britain. The Principles of Pharmacy Education & Training. Royal Pharmaceutical Society of Great Britain, 2008.  
<http://www.rpsgb.org.uk/pdfs/educprinciplesrept.pdf> (accessed 11 September 2008).

PROFESSIONALISM – Draft Focus group topic guide  
PRE-REGISTRATION TUTORS

Introduction

**The processes for fostering and assessing professionalism amongst early career pharmacists [1-2 years post-registration], are not well understood. The aim of the study is to understand how professionalism develops in pharmacists' early career years, and to consider the implications of this development for the delivery of patient-centred care. The study is being funded by the Pharmacy Practice Research Trust and has received ethical approval.**

**The discussion is confidential and information analysed or reported from this interview will not enable anyone to recognise you. However, please do not reveal potentially compromising information, such as previously undisclosed criminal behaviour as despite the intended confidentiality of the proceedings, should you reveal serious behaviour (e.g. current drug addiction), we or others may be professionally obliged to inform the relevant regulatory authority. Also, please do mention anyone by name.**

**The focus group will last approximately one and half an hours and you may leave at any time. The interview will be recorded unless you are opposed to this. The sound files will be kept securely for five years after the study is completed and then destroyed.**

**Do you have any questions before starting?**

Areas to cover

INTRODUCTIONS

Name and where work

- 5. What do you understand by professionalism in pharmacy?  
To discuss:**

- Could you define professionalism?
- Could you define patient-centred professionalism?
- A value (or attitude) which exemplifies (un)professionalism
- Professionalism V Poor professionalism – Unprofessional
- A behaviour which exemplifies (un)professionalism
- Is there a difference between professionalism in pharmacy versus other health professionals, e.g. doctors, nurses?
- Prompt with attributes of professionalism, i.e. values, attitudes, behaviours – and whether they are present in pharmacy?
- What do you think professionalism means to patients?
- Is there a difference between being a professional and doing a job?
- Is professionalism an issue? When does it apply? How often would you talk with colleagues about it? When? Why?

**Professionalism:** “The Society views professionalism as the autonomous application of capability in a professional context and in a manner which meets the expectations of peers, patients, the public and society.”<sup>54</sup>

6. Can you provide examples where you think early career pharmacists have acted professionally or unprofessionally? [participants reminded not to mention anyone by name or report serious misdemeanours]

- **Circumstances (time, place, who was there at the time)**
- **Why was it (un)professional?**
- **Did this behaviour impact on anyone and if so in what way?**
- **Did this behaviour impact on the patient?**
- **How did you know it was (un)professional?**
- **Would you/anyone else have done anything differently?**
- **Examples of other participant’s similar or different experiences?**

7. How do you learn, teach and develop pharmacy professionalism (esp. patient-centred aspects)?

- **When did you learn (the most) about professionalism?**
- **The MPharm? What? How?**
- **Practice? What? How?**
- **Influence of role models**
- **How long does it take? (learn and therefore teach)**
- **How do you learn and develop aspects of professionalism that are patient-centred?**
- **What is required to be a tutor in order to teach and support professionalism? (prompt with tutor competencies)**
- **The role of the pre-reg tutor and support staff in learning and developing professionalism**
- **The role of performance standards in learning and teaching (clarify meaning)**
- **Are young pharmacists more or less professional than their senior colleagues?**
- **Does your relationship with the pre-reg continue after the pre-reg year?**

8. Do you think professionalism is threatened or challenged by anything?
- **What do you think is the impact of this on delivering patient-centred care?**
  - **Opportunities**
    - o **clinical roles / payment for service**
    - o **differences by sector? CP v HP**
  - **Threats to professionalism**
    - o **traditionally in CP: business v health professional role – conflicting judgements**
    - o **new roles, e.g. pressures to do MURs (targets)‘demanding’ / informed patients**

### Conclusion

I would like to thank you for your time. The focus group has been extremely valuable to the research. When the study is completed a summary of the findings can be sent to you if you wish. In the meanwhile please feel free to contact me if you have any questions or other issues you would like to discuss.

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<http://www.rpsgb.org.uk/pdfs/educprinciplesrept.pdf> (accessed 11 September 2008).

PROFESSIONALISM – Draft Focus group topic guide  
PHARMACY SUPPORT STAFF

Introduction

**The processes for fostering and assessing professionalism amongst early career pharmacists [1-2 years post-registration], are not well understood. The aim of the study is to understand how professionalism develops in pharmacists' early career years, and to consider the implications of this development for the delivery of patient-centred care. We are interested in your views as you work alongside these individuals. The study is being funded by the Pharmacy Practice Research Trust and has received ethical approval.**

**The discussion is confidential and information analysed or reported from this interview will not enable anyone to recognise you. However, please do not reveal potentially compromising information, such as previously undisclosed criminal behaviour as despite the intended confidentiality of the proceedings, should you reveal serious behaviour (e.g. current drug addiction), we or others may be professionally obliged to inform the relevant regulatory authority. Also, please do mention anyone by name.**

**The focus group will last approximately one and half an hours and you may leave at any time. The interview will be recorded unless you are opposed to this. The sound files will be kept securely for five years after the study is completed and then destroyed.**

**Do you have any questions before starting?**



## Areas to cover

9. What do you understand by professionalism in pharmacy?

**To discuss:**

- **Could you define professionalism?**
- **Could you define patient-centred professionalism?**
- **A value (or attitude) which exemplifies (un)professionalism**
- **Professionalism V Poor professionalism – Unprofessional**
- **A behaviour which exemplifies (un)professionalism**
- **Is there a difference between professionalism in pharmacy versus other health professionals, e.g. doctors, nurses?**
- **Prompt with attributes of professionalism, i.e. values, attitudes, behaviours – and whether they are present in pharmacy?**
- **What do you think professionalism means to patients?**
- **Is there a difference between being a professional and doing a job?**
- **Is professionalism an issue? When does it apply? How often would you talk with colleagues about it? When? Why?**  
*(Include prompts from the performance standards)*

**Professionalism:** “The Society views professionalism as the autonomous application of capability in a professional context and in a manner which meets the expectations of peers, patients, the public and society.”<sup>54</sup>

10. Can you provide examples where you think early career pharmacists have acted professionally or unprofessionally? [participants reminded not to mention anyone by name or report serious misdemeanours]

- **Circumstances (time, place, who was there at the time)**
- **Why was it (un)professional?**
- **Did this behaviour impact on anyone and if so in what way?**
- **Did this behaviour impact on the patient?**
- **How did you know it was (un)professional?**
- **Would you/anyone else have done anything differently?**
- **Examples of other participant’s similar or different experiences?**

11. Do you have a role in the development of early career pharmacists’ professionalism (esp. patient-centred aspects)?

- **How, when and in what way**
- **The role of performance standards (ensure understanding of term)**
- **How long does it take to become a professional?**

- How do EC pharmacists learn and develop aspects of professionalism that are patient-centred?
  - o Role models?
- When will you know all there is to know about professional values, behaviour and relationships?
- Are young pharmacists more or less professional than their senior colleagues?
- The role of the pre-reg tutor and support staff in learning and developing professionalism
- Do you have any role models? If so who are they?

12. When is professionalism / being professional difficult (to maintain)?

***Do you think professionalism is threatened or challenged by anything?***

- What do you think is the impact of this on delivering patient-centred care?
- Opportunities
  - o clinical roles / payment for service
  - o differences by sector? CP v HP
- Threats to professionalism
  - o traditionally in CP: business v health professional role – conflicting judgements
  - o new roles, e.g. pressures to do MURs (targets)
  - o 'demanding' / informed patients

### Conclusion

I would like to thank you for your time. The focus group has been extremely valuable to the research. When the study is completed a summary of the findings can be sent to you if you wish. In the meanwhile please feel free to contact me if you have any questions or other issues you would like to discuss.

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