

## Further assuring standards for pharmacy professionals

### Online workshop report

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#### Purpose of this document

The purpose of this document is to report on the results of the General Pharmaceutical Council's Clever Together online crowdsourcing workshop on further assuring standards for pharmacy professionals. In doing so, this document will:

- present how we analysed the participants' contributions
- summarise feedback from participants on what they like and dislike about the pilot, plus
- present ideas from participants on areas for possible improvement

This report also outlines some of the implications of these findings.

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## Executive summary

The objective of this online workshop was for volunteers from our continuing fitness to practise (CFtP) pilot to share their experiences, discuss what works well and what doesn't work so well, and consider solutions to any challenges they have in participating in the pilot.

Our analysis of 2000+ contributions (comments, ideas and votes) made by over 250 pilot participants generated over 400 comments and ideas in total.

Table 1 provides a summary of most discussed ideas categorised by overarching theme.

Theme	Summary of most discussed ideas
Peer discussion (c300 responses)	<p>The large majority of comments related to requests for more information on how the peer discussion process should work and a request for more guidance on what we were looking for in terms of outcomes.</p> <p>Those who had completed the peer discussion process said they found it useful, and we heard that although finding a peer when you are the sole pharmacist running a pharmacy may be tricky, it is not impossible.</p> <p>The group suggested a number of solutions for those experiencing difficulty finding a peer and provided ideas on where they could go for support.</p> <p>Several respondents highlighted that the Royal Pharmaceutical Society (RPS) has automated peer assessment tools as part of the Foundation programme and Faculty and asked whether these could be used for further assuring standards.</p> <p>As a result of this feedback we plan to provide further guidance on the peer discussion process. We will also look more closely at processes used by external organisations such as the RPS and consider how approaches used by external stakeholders may complement our framework.</p>
Filling in the forms / IT and technology (over 850 responses)	<p>This theme was the most popular in terms of number of responses.</p> <p>In relation to filling in the forms the vast majority said they liked the new format and agreed that the new forms were simpler, easier and less time consuming to complete than the existing recording platform for continuing professional development available via <a href="http://uptodate.org">uptodate.org</a></p> <p>A number of respondents reported problems with using the temporary IT platform used in the pilot, and we also received feedback relating to IT improvements.</p> <p>We have captured all the comments received and plan to share them with our IT developers when the new recording site is built.</p>
Guidance and examples	<p>The majority agreed that the supporting guidance document was easy to read and the examples provided were helpful.</p> <p>There was some confusion regarding what we expected from the case</p>

<p>(c250 responses)</p>	<p>study component and a few individuals highlighted that the term ‘case study’ usually refers to a review of a patient’s clinical condition or treatment.</p> <p>Some respondents requested more guidance on the case study and peer review components and there were also requests for further examples of good entries from ‘all walks of pharmacy and at different levels’.</p> <p>As a result of this feedback we will re-visit terminology, produce additional guidance and further examples of good entries.</p>
<p>Benefits to patients or service users (c200 responses)</p>	<p>The majority of responses concerned re-wording the question on benefits that appears on the forms. Many felt that the question should be expanded to include ‘personal benefit’ to themselves as a pharmacy professional as well as benefits to patients or service users. We also heard that the benefits of learning might not always be immediate and/or might have an indirect impact.</p> <p>There was some discussion regarding the term ‘service users’ and the general consensus was that the definition provided in the supporting guidance was sufficiently broad.</p>
<p>What’s missing? (c500 responses)</p>	<p>We were pleased to receive a high level of responses regarding areas for improvement.</p> <p>The majority of comments related to IT improvements. We also received requests for the GPhC to link its system to that of the RPS so that registrants did not have to record the same type of information twice and could for example signpost to their RPS Faculty portfolio. Many respondents also suggested improvements to the forms such as re-wording questions.</p> <p>We looked at the feasibility of each suggestion and collated a list of ideas.</p>

Some key observations from our analysis are:

- The online workshop’s participant population is broadly representative of the General Pharmaceutical Council’s pilot group population, with pharmacists having a larger than expected participation rate compared to pharmacy technicians.
- The percentage of contributions (comments and ideas) made by pharmacists and pharmacy technicians who joined the workshop was similar.
- Stratification by their setting revealed a spread of contributions from registrants based across all settings of practice and across all three GB countries.
- The top three ideas (by number of counts) related to IT improvements, a call for the regulator to create stronger links with the Royal Pharmaceutical Society and feedback on issues that relate to filling out the forms.
- Further analysis by participant type showed that pharmacists (rather than pharmacy technicians) were suggesting creating links with the RPS.

- The top three ideas under ‘what’s missing?’ also related to IT improvements, creating links with the RPS and feedback on issues relating to filling out the forms. The vast majority of improvements suggested are feasible.

This report presents our analysis of participants’ qualitative contributions.

## Our campaign objective

To provide:

- Contributory data for evaluation of policy proposals based on participants’ feedback
- A single point of communication / community for pilot volunteers
- Rapid trouble-shooting when problems affect groups of volunteers during the pilot

## Our challenge question

To achieve the above objective we posed a challenge question:

*“Please share your experiences and tell us what works well, tell us what needs improvement and ask questions about our processes”*

Participants in our online workshop answered the challenge question under five overarching themes:

- i. Peer discussion;
- ii. Filling in the forms (includes feedback relating to IT and technology);
- iii. Guidance and examples;
- iv. Benefits to patients or service users; and
- v. What’s missing?

## Inviting our crowd

We used a personalised email to open the invite to participate in this online workshop to all of the CFtP pilot participants plus members of the CFtP advisory group (1300+ people) and highlighted that the workshop would be open for one month (20<sup>th</sup> July – 17<sup>th</sup> August 2016).

## Empowering our crowd

We empowered our crowd to share and build insights / solutions to our challenge question in a number of ways:

- by ensuring they had access to the campaign platform through any web-enabled device so they could access the tools to share and then build and prioritise ideas (through commenting and voting);
- by ensuring we had a nominated staff member to facilitate the process and answer enquiries;
- by using the following communication tools to get our crowd interested and inspired to take part in the conversation:
  - an invitation email to all participants;
  - two reminder emails to all participants; and
  - a close and thank you email to all participants.

## Understanding our crowd's contributions – analysis

To understand our crowd's contributions we analysed both participation data and comments (ideas and suggestions) submitted by pilot volunteers.

### Participation

#### Key observations

A total of 1354 people were invited to take part in the online workshop, and 383 (28%) of them took part.

Of those who participated:

- 259 (68%) were active participants – submitting ideas, votes and/or comments; and
- 124 (32%) logged in to the platform as observers – taking time to view the content but electing not to share contributions.

The profile of participation in terms of type of registrant, role, setting of practice and country showed a wide demographic spread with the majority of contributions being made by registrants based in England, Scotland or Wales. As the invite was sent to all our pilot participants, we feel comfortable that the conclusions we reach are reliable and not skewed by any particular subset of GPhC's registrants.

#### User geography

Pharmacy professionals contributed to the platform from England, Scotland and Wales and wherever they were located at the time of the workshop. As a result we have received logins from North America, South America, Europe, Madagascar etc.



## Participation Analysis

In terms of comments and ideas we have analysed the data by:

- type of registrant (pharmacist or pharmacy technician)
- setting of practice
- country of practice

We have also included some data on staff and advisory group member contribution rates for completeness.

We note:

- We received 403 comments and ideas in total from pharmacists and pharmacy technicians based in England, Scotland and Wales;
- Both registrant types are represented, with pharmacists having a larger participation rate than pharmacy technicians
- Pharmacists and pharmacy technicians who joined the discussions made a similar percentage of contributions (comments and ideas);
- We have representation from registrants in all settings of practice;
- We have representation from registrants based in each GB country.

The following subsections share the stats that underpin these observations:

*Table 2: Type of registrant*

	% Total Registrants (pilot)	% Total Participants (online workshop)
Pharmacist	1045 (77.70%)	352 (87.34%)
Pharmacy Technician	300 (22.30%)	51 (12.66%)

*Table 3: Number of contributions by participant type*

	Pharmacist		Pharmacy Technician		Advisory Group		Staff		Total Number	Total %
	Number	%	Number	%	Number	%	Number	%		
<b>Comment</b>	222	63.07	33	64.71	25	78.13	30	75.00	310	65.26
<b>Idea</b>	130	36.93	18	35.29	7	21.88	10	25.00	165	34.74
<b>Grand Total</b>	352	100.00	51	100.00	32	100.00	40	100.00	475	100.00

*Table 4: Country and setting*

	England	Scotland	Wales	Grand Total
<b>Pharmacist</b>	<b>305</b>	<b>37</b>	<b>10</b>	<b>352</b>
academic / educational	42	10		52
advisory / regulatory	43	3		46
Hospital	49	2	8	59

independent community pharmacy	54	7		61
industry / science	11	1		12
Military	5			5
multiple community pharmacy	69	5	2	76
primary care / GP practice	27	9		36
secure (prison / mental health)	5			5
<b>Pharmacy Technician</b>	<b>46</b>	<b>5</b>		<b>51</b>
academic / educational		3		3
advisory / regulatory	1			1
Hospice	1			1
Hospital	25			25
Military	2			2
multiple community pharmacy	5			5
primary care / GP practice	9	2		11
secure (prison / mental health)	3			3
<b>Grand Total</b>	<b>351</b>	<b>42</b>	<b>10</b>	<b>403</b>

## Content analysis

### Key observations

- Online workshop participants offered a total of 2000+ contributions that comprised of comments, ideas and votes.
- Contributions could be broadly categorised under 5 overarching themes:
  - Peer discussion;
  - Filling in the forms (includes feedback relating to IT and technology);
  - Guidance and examples;
  - Benefits to patients or service users; and
  - What’s missing?
- We developed three different coding frameworks to help us codify contributions from participants, in order for us to be able to examine themes and understand the deeper semantics of the conversation. The coding frameworks were as follows:
  1. Tone of comment (positive, negative, neutral);
  2. Whether a new approach has been suggested on how to improve the processes; and
  3. Feasibility of taking forward the new approach (feasible, not feasible).
- About a quarter of comments made by participants had a positive tone, nearly two thirds were neutral and the remainder had a negative tone regarding aspects of the pilot. We noted that participants regardless of whether their initial tone of comment was positive, negative or neutral put forward suggestions on areas for future improvements.
- We collated a summary table of every idea submitted and ordered it by number of counts. The top three ideas related to IT improvements, creating links with the RPS (suggested by pharmacists) and feedback on issues relating to form filling.
- We captured all the suggestions for improvements under the ‘What’s missing?’ theme, grouped similar ideas together under new more meaningful headings and then produced a

summary table of results. The vast majority of suggestions under ‘What’s missing?’ also related to improving the IT system, links with the RPS and filling in the forms.

- As part of our qualitative analysis we have also presented quotes from the top two favourite ideas submitted under each of the five overarching themes.

### Key statistics

In total our crowd (pilot participants, advisory group members, and staff) contributed:

- 168 ideas;
- 309 comments; and
- 1616 votes.

(Total: 2,093 contributions of which 403 were ideas and comments made by pilot participants – remainder were made by advisory group members or staff).

### Content analysis – data tables

We analysed the content in different ways and tables of data summarising our findings appear in appendix A at the end of this document:

Table 5 - Contributions by overarching themes

Table 6 - Tone of feedback / suggestions for a new approach

Table 7 - Summary of ideas submitted by number of counts (5 or more)

Table 8 - Summary of ideas (5 counts or more) by participant type

Table 9 - ‘What’s missing?’ - A list of suggested areas for improvement (in alphabetical order)

### Crowd’s favourite ideas per overarching theme – quotes

For the ‘peer discussion’ theme, we learned that the crowd’s favourite top two ideas were:

- **Title:** How to define a peer discussion?  
**Quote:** “I would like more information on how to define a peer discussion.” (14 likes, 0 dislikes, 4 comments – weighted score: 14).
- **Title:** CPD entries and Peer Discussion  
**Quote:** “I have found the new format of CPD entries much simpler to complete and I think still capture what we need to reflect on and learn from. I have found completing the peer discussion also very useful for myself and my colleague. It gave us a ring fenced time to discuss and reflect on many relevant issues.” (10 likes, 0 dislikes, 2 comments – weighted score: 10).

For the ‘Filling in the forms’ (includes feedback relating to IT and technology) theme, we learned that the crowd’s favourite top two ideas were:

- **Title:** Filling out the forms  
**Quote:** “I find the new forms for CPD, peer discussion and case study easier to complete than the CPD entries on the GPhC’s existing online recording platform (uptodate.org). There are fewer questions and it takes less time.” (42 likes, 0 dislikes, 6 comments – weighted score: 42)

- **Title:** Acknowledgment of receipt for entries / list of previously submitted entries  
**Quote:** "It would be good to have the receipt of the entry acknowledged by email, as there is no longer a screen that displays previously submitted entries. The new system is a lot quicker and easier to use, as such I can often log on and make entries as the time of the learning experience. However I do sometimes find myself forgetting whether I did actually write the entry at the time and there's no way to go back and see what I have already covered." (37 likes, 0 dislikes, 0 comments – weighted score: 37)

For the 'Guidance and examples' theme, we learned that the crowd's favourite top two ideas were:

- **Title:** Guidance and examples  
**Quote:** "The supporting guidance document is easy to read and I found the examples of completed entries helpful when I started to write my entries." (35 likes, 0 dislikes, 11 comments – weighted score: 35)
- **Title:** Case Study – what is standard 3?  
**Quote:** "I would prefer the system to be self-explanatory rather than have to read pages of guidance documentation beforehand. I was left asking 'what is Standard 3 of the Standards for Pharmacy Professionals'. Why not provide an explanation on the page or, better still, provide a link to where the standard can be found on the GPhC website? It took me a while to find what it was in order to understand what was required." (26 likes, 0 dislikes, 5 comments – weighted score: 26)

For the 'Benefits to patients or service users' theme, we learned that the crowd's favourite top two ideas were:

- **Title:** Benefit to my career and development rather than to patients  
**Quote:** Every form asks me what the benefit to my patients or service users is. What if there isn't a benefit to them, but only to me and/or my colleagues? It's not clear if I should record details of activities that I have undertaken that have helped me further my career or to develop myself personally. (26 likes, 1 dislike, 10 comments – weighted score: 25)
- **Title:** Easy to use but...would this really provide assurance of continuing fitness to practise?  
**Quote:** "The templates \*are\* really easy to use, but the flip side of this is that CPD entries will tend to be basic and would not in my opinion, be able to provide assurance of continuing fitness to practise alone (which I understand to be the key aim of this programme). With the exception of "communicate effectively" there isn't a systematic link between the CPD entries and the new GPhC standards for pharmacy professionals which should be fundamental to CFtP either directly or via existing professional development/competency frameworks. The model also doesn't include "multi-source feedback" or "peer assessment" (I don't mean review of CPD) mechanisms which I believe is a weakness." (13 likes, 0 dislike, 5 comments – weighted score: 13)

For the 'What's missing?' theme, we learned that the crowd's favourite ideas were:

- **Title:** Spell check  
**Quote:** "It would be great to have a built in spell check facility for those like me who have terrible trouble with their words". (32 likes, 0 dislikes, 5 comments – weighted score: 32)

- **Title:** Upload evidence

**Quote:** “I would like to have had the opportunity to upload more evidence, for example a certificate of attendance to a course as well as another example of documents I may have written as evidence.” (25 likes, 0 dislikes, 2 comments – weighted score: 25)

## Understanding our crowd’s contributions – discussion

A pharmacist member of the CFTP staff team completed the semantic analysis of the data and the head of department conducted a sense check to challenge and validate the staff member’s conclusions.

The discussion that follows is based on the tables of data that appears in appendix A.

### *Crowd’s favourite ideas per overarching theme – summary of the most discussed ideas*

Theme	Summary of most discussed ideas
Peer discussion (c300 responses)	<p>The large majority of comments related to requests for more information on how the peer discussion process should work. Respondents asked for more guidance plus clarification on what we were looking for in terms of outcomes.</p> <p>We heard that participants who had completed the actual process found it useful and although finding a peer when you are the sole pharmacist running a pharmacy may be tricky, it is not impossible. The group suggested a number of solutions for those experiencing difficulty finding a peer and gave examples of types of individuals or organisations that could help in this type of scenario.</p> <p>One individual suggested that it might be helpful to change the name ‘peer’ to ‘colleague’ and others agreed. Several respondents highlighted that the RPS has an automated peer assessment tool for those working their way through the Foundation programme which is very similar to their Faculty one. This tool is available to members in the form of an online questionnaire to gather feedback from a range of nominated co-workers. Respondents asked whether these could be used for further assuring standards for pharmacy professionals.</p> <p>In terms of finding a peer, the group offered the following solutions:</p> <ul style="list-style-type: none"> <li>• Attend a Centre for Pharmacy Postgraduate Education (CPPE) clinically focused learning session called a ‘focal point workshop’ that has a section for participants to discuss how they will change their practice as a result of the learning</li> <li>• Attend a practice based small group learning (PBSGL) session via NHS Education for Scotland (NES)</li> <li>• Ask your superintendent</li> <li>• Find a peer using your Local Practice Forum or Local Pharmaceutical Committee</li> <li>• Ask your pre-registration student.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ask your prescribing mentor</li> <li>• Ask a patient</li> <li>• Approach colleagues who might not be pharmacy professionals</li> <li>• Find a coach using existing NHS networks</li> <li>• Use an automated process for collating peer review (use RPS Foundation / Faculty peer assessment tools)</li> <li>• Use your personal development review as the basis for a peer discussion</li> </ul> <p><u>Our response</u></p> <p>As a result of this feedback we plan to provide further guidance on the peer discussion process. We will also look more closely at peer discussion processes used by external organisations such as the RPS and consider how they may complement our process.</p>
<p>Filling in the forms / IT and technology  (over 850 responses)</p>	<p>This was the most popular theme in terms of number of responses.</p> <p>In relation to filling in the electronic forms the vast majority said they liked the new format and agreed that the new forms were simpler, easier and less time consuming to complete than the existing recording platform available via uptodate.org</p> <p>A number of respondents reported problems with using the temporary IT platform used in the pilot. Participants reported issues with the 'next' and 'submit' button, links not working, files disappearing and various other IT-related issues relating to the temporary platform.</p> <p>The group suggested a number of improvements in relation to both the forms and technology and these have been collated under the 'What's missing?' theme.</p> <p><u>Our response</u></p> <p>We plan to review the forms in light of the feedback received and share suggestions relating to IT with our developers when the new recording site is built.</p>
<p>Guidance and examples  (c250 responses)</p>	<p>The vast majority agreed that the supporting guidance document was easy to read and the examples provided were helpful. Some respondents were confused about the case study and peer discussion components of the framework and asked for more guidance on these areas, plus further examples of good entries from 'all walks of pharmacy and at different levels'.</p> <p><u>Our response</u></p> <p>As a result of this feedback we will update the guidance document and produce more examples of good entries.</p>
<p>Benefits to patients or service users  (c200 responses)</p>	<p>The majority of feedback in relation to the question on benefits concerned re-wording. A significant number of respondents felt that the question should be expanded to include personal benefit / relevance to themselves as a pharmacy professional as well as benefits to patients or service users.</p> <p>A few suggested that the tense of the question should be changed to allow</p>

	<p>them to record learning that had been undertaken but had not yet been put into practice to the benefit of others.</p> <p>There were also a wide range of views regarding the definition of the term 'service users'. Some respondents had concerns that those in non-patient facing roles might find it hard to identify who their service users were, whereas a majority argued that the definition of service users used in the supporting guidance document was sufficiently broad.</p> <p><u>Our response</u></p> <p>As a result of this feedback we will review the wording of the question on benefits and draw attention to the definition of 'service users' provided in the supporting guidance.</p>
<p>What's missing? (c500 responses)</p>	<p>We were pleased to receive a high number of suggestions regarding areas for improvement under the 'what's missing?' theme.</p> <p>The majority of comments related to IT improvements. We also received a number of requests for us to link our system to that of the RPS, feedback on improvements to the forms plus suggestions on possible 'additional evidence' that could be incorporated into the model.</p> <p>A summary of comments is provided below and each suggestion made will be considered on its own merit and as part of the wider pilot evaluation.</p> <p><u>Forms</u></p> <ul style="list-style-type: none"> <li>• Include 'personal benefit / personal relevance' in addition to benefits to patients or service users in the questions</li> <li>• Change the tense of the 'benefit' question to 'How may..?' or 'How does..?'</li> <li>• Clarify who the term 'service users' applies to</li> <li>• Make the questions on the case study form clearer</li> <li>• Explain the difference between planned and unplanned CPD</li> <li>• Consider merging the planned and unplanned CPD forms into one</li> <li>• Map the forms to the Standards for Pharmacy Professionals or competences.</li> <li>• Consider changing the term 'peer' to 'colleague', and 'case study' to 'reflective account'</li> </ul> <p>A few respondents also suggested that the forms were too basic and might not necessarily provide the level of assurance we were seeking.</p> <p><u>IT and technology</u></p> <ul style="list-style-type: none"> <li>• Include a functionality to view a record history of entries written and submitted</li> <li>• Include edit, save, print buttons</li> <li>• Include a spell check functionality</li> <li>• Include a field for adding the title of the entry</li> </ul>

- Add a date so you know when you have made an entry
- Develop an app for smartphones
- Include information prompts on the recording site with links to the supporting guidance
- Allow more than one upload and links to external portfolios
- Send an acknowledgment email when entries have been submitted

#### RPS

There was strong support amongst pharmacists for closer working with the RPS and reference was made to their virtual network programme, mentoring programme, local practice forums, Faculty programme and portfolios. We heard that registrants were keen to avoid duplication of effort in terms of recording and wanted to be able to tap into existing resources they may already have compiled (learning portfolios etc).

#### Additional evidence

Respondents provided feedback on additional sources of 'evidence' they would like to see added to the model. Suggestions included a process of 360 degree feedback, a formal assessment, a credit system for attending or completing courses, plus access to a template for writing a personal development plan.

#### Link to professional standards

One individual noted that with the exception of 'communicate effectively' (case study) there is no systemic link between the forms and our new Standards for pharmacy professionals and argued that this should be fundamental to further assuring standards either directly or via existing professional development / competency frameworks.

A small number of participants agreed with the idea and suggested we add a dropdown list with the standards for candidates to indicate which ones had been met prior to submission.

#### Summary

In total, 49 out of the 53 comments suggested under the 'what's missing?' theme were considered to be feasible. The key researcher categorised use of a credit system for attending courses or events, and linking to the existing CPD uptodate.org system as 'not feasible' (the former because it was akin to continuing education and the latter for practicality reasons).

As we received a high number of ideas and suggestions for improvements it was felt that each suggestion should be considered on its own merits and as part of the wider pilot evaluation and further breakdowns by

conversation flow were not necessary. The general gist of ideas by participant type can be seen in table 7 (Summary of ideas – 5 counts or more – by participant type) and we noted that only pharmacists were suggesting stronger links with external organisations such as the RPS and CPPE.

We also heard that pharmacy professionals were keen to have support and we will continue to work with external organisations to ensure that appropriate support mechanisms will be in place prior to rollout.

## Plan and act

The objective of this online workshop was for volunteers from our pilot to share their experiences, discuss what works well and what doesn't work so well, and consider solutions to any challenges they have in participating in the pilot.

We categorised what we heard under general themes (peer discussion, filling in the forms / IT and technology, guidance and examples, benefits to patients or service users, what's missing?) and with your help have identified areas for future improvement.

## Next steps

The next step of this process is to act on what we have heard and to share the results of this analysis plus the raw data with the external supplier (Solutions for Public Health) so that they can consider the feedback as part of the formal independent evaluation of the pilot. The team will also reflect on the comments made – it will be used to help develop guidance, inform our consultation and our approach to further assuring standards for pharmacy professionals as a whole.

## Appendix A – tables of data

Table 5: Contributions by overarching themes

Themes	Pharmacist		Pharmacy Technician		Advisory Group		Staff Number		Total Number	Total %
	No.	%	No.	%	No.	%	No.	%		
Benefits to patients or service users	31	8.81	9	17.65	2	6.25	5	12.50	47	9.89
Filling in the forms	123	34.94	24	47.06	5	15.63	15	37.50	167	35.16
Guidance and examples	40	11.36	5	9.80	1	3.13	1	2.50	47	9.89
Peer discussion	87	24.72	8	15.69	12	37.50	13	32.50	120	25.26
What's missing?	71	20.17	5	9.80	12	37.50	6	15.00	94	19.79
<b>Grand Total</b>	<b>352</b>	<b>100.00</b>	<b>51</b>	<b>100.00</b>	<b>32</b>	<b>100.00</b>	<b>40</b>	<b>100.00</b>	<b>475</b>	<b>100.00</b>

Table 6: Tone of feedback / suggestions for a new approach

Challenge Name	Positive	Neutral	Negative	Total
Benefits to patients or service users	3	13	3	19
Filling in the forms	28	47	19	94
Guidance and examples	8	6	10	24
Peer discussion	12	11	5	28
What's missing?	7	49	1	57
<b>Grand Total</b>	<b>58</b>	<b>126</b>	<b>38</b>	<b>222</b>

Table 6: Summary of ideas submitted (by 5 counts or more)

Idea Name	Number of Counts
IT issues - add record history/edit/save/print/spellcheck/date functionalities	70
General (staff contributions)	49
External - RPS (forge links / utilise resources)	32
IT - add a next / submit button	23
Forms - positive feedback	22
IT - develop a Smartapp	12
IT - add information prompts	12

Forms - include personal benefit or relevance in questions	12
Forms - who are service users? Clarification sought.	11
Forms – confusion regarding how to complete a case study	10
Additional evidence - upload documents	9
Examples - add more	8
Peer discussion - finding a peer - potential issue for some	7
Additional evidence - credit system	7
Guidance - verify with peer that discussion took place?	7
Forms - too basic - assurance issue	6
Guidance - case study - add more detail	5

*Table 7: Summary of ideas (5 counts or more) – by participant type*

Idea Name	Registrant Type	Count of Idea
IT issues - record history/edit/save/print/spellcheck/date	Advisory Group	1
	Pharmacist	53
	Pharmacy Technician	12
	Staff	4
General feedback from staff	Advisory Group	3
	Pharmacist	19
	Pharmacy Technician	4
	Staff	23
External - RPS (forge links / utilise resources)	Advisory Group	13
	Pharmacist	19
	Pharmacy Technician	5
IT - next / submit button	Pharmacist	18
	Pharmacy Technician	5
Forms - positive feedback	Advisory Group	1
	Pharmacist	15
	Pharmacy Technician	5
	Staff	1
IT - develop a Smartapp	Pharmacist	9
	Pharmacy Technician	3
IT - add information prompts	Pharmacist	11
	Pharmacy Technician	1
Forms - include personal benefit or relevance in questions	Advisory Group	1
	Pharmacist	9
	Pharmacy Technician	2
Forms - who are service users? Clarification sought	Pharmacist	8
	Pharmacy Technician	2
	Staff	1

Forms - Case Study - explain what Standard 3 means	Pharmacist	10
Additional evidence – add functionality to upload multiple documents	Pharmacist	6
	Pharmacy Technician	3
Examples - add more	Pharmacist	7
	Pharmacy Technician	1
Additional evidence - credit system	Pharmacist	7
Guidance - verify with peer that discussion took place?	Advisory Group	1
	Pharmacist	5
	Pharmacy Technician	1
Peer discussion - finding a peer - potential issue	Advisory Group	2
	Pharmacist	4
	Staff	1
Forms - too basic - assurance issue	Advisory Group	1
	Pharmacist	4
	Pharmacy Technician	1
Guidance - case study – add more detail	Pharmacist	5

Table 8: *'What's missing'? – Suggested areas for improvement*

	Feasible	Not feasible
<b>What's missing?</b>	<b>53</b>	<b>4</b>
Additional evidence - 360 feedback	2	
Additional evidence - Assessment	1	
Additional evidence - credit system for courses		3
Additional evidence - personal development plan	1	
Additional evidence – add functionality to upload multiple documents	6	
Examples - add more	2	
External - Foundation School links	2	
External - RPS links	10	
Forms - add competences	1	
Forms - mixed feedback	1	
Forms - personal benefit or relevance question is missing	1	
Forms - too basic - assurance issue	2	
Forms - too basic - include additional questions	1	
General - typos on pilot communications	1	
Guidance - case study - more information needed	1	
IT - add information prompts	1	
IT - Smart App	7	
IT issues - record history/edit/save/print/spellcheck/date	9	1 (link to uptodate.org)

Multiple - forms too basic/dropdown menus/facility to upload additional evidence/view record history/save/edit/better technology	1	
Multiple - IT - 'Next / Submit' button issue / link to standards and competences	1	
Multiple - view record history / edit / save / upload more than one document / spellcheck	1	
Nil of note	1	
<b>Grand Total</b>	<b>53</b>	<b>4</b>