Qualitative research into Registration Assessment performance among Black-African candidates

Report to the General Pharmaceutical Council

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Contents

Executive Summary

1. Introduction

- The General Pharmaceutical Council (GPhC) is the independent regulator for pharmacists, pharmacy technicians and registered pharmacies in Great Britain. The GPhC registers pharmacists and sets the standards of education and training which pharmacists must meet in order to join the GPhC register.

- The most frequent way to join the GPhC register, is for candidates to successfully complete a four-year accredited MPharm degree, a year of pre-registration training and sit and pass the Registration Assessment.

- Alternatively, pharmacists who qualified outside the European Economic Area (EEA) can apply to join the register on successful completion of a one year Overseas Pharmacists' Assessment Programme (OSPAP), a year of pre-registration training and sitting and passing the registration assessment.

- Since 2013 the GPhC has collected data on candidate performance in the Registration Assessment according to self-declared ethnic group. For the three years over which data has been collected results have shown that in comparison to other groups overall, self-declared Black-African candidates have performed less well.

- In October 2015, OPM was commissioned to conduct qualitative research to improve the GPhC's understanding of why overall, in comparison to other groups, Black-African candidates have performed less well in the Registration Assessment. This involved looking at Black African candidates' experiences of their undergraduate education, pre-registration placement and at their performance in the registration assessment.

- The research comprised a scoping phase, interviews and focus groups with Black-African trainees and recently registered pharmacists and interviews with people who are involved in pharmacist education and training. The sample covered a diversity of education and training experiences and demographic characteristics, but included only those who completed an MPharm degree.

2. Registration Assessment performance

- In 2013 the pass rate, in all cases for first-time sitting candidates, for the White-British cohort was 93%, while for the Black-African cohort it was 54%. Although less pronounced, this pattern persisted in 2014. In 2015 the pass rate for the White-British cohort was 88% compared to 54% for the Black-African cohort.

- The profile of Black-African candidates who failed the Registration Assessment in 2013-2015 shows that a notable proportion (27%- 32%) are mature students. The

gender and pre-registration placement trends among Black-African candidates who fail are in line with other ethnic groups.

- Previous research by the GPhC showed that the 2013 cohort of Black-African candidates were more likely to have progressed to higher education via non-traditional routes[1],and that a greater proportion than average of the fail cohort had resat at least one MPharm degree assessment.

- Previous survey findings found that satisfaction among 'Other ethnic groups' (which includes 'Black-African') was lower than for 'White' and 'Asian' across a range of quality indicators.

3. School of Pharmacy experience

- Research participants came to pharmacy from varied backgrounds. Around half had completed some of their secondary education overseas and over a third were mature students.

- The pharmacy course is characterised as intensive and demanding with both challenging and interesting course content. It requires a high level of personal commitment to succeed.

- Approaches to teaching and learning employed in Schools were perceived to help or hinder some students' achievement. Overseas students in particular experienced challenges in language and IT proficiency and in adapting to new styles of learning and assessment.

- Feedback from tutors was not always felt to be personalised while being proactive in engaging with tutors was key to accessing detailed feedback. For those who were less confident, including overseas educated participants and those with accents or a poorer command of English, this could be a barrier to tutor engagement.

- Participants' pharmacy course peers were a key source of academic and emotional support and identified as a key factor that helped or hindered achievement. Some Black-African participants had found it difficult to form networks with peers from other ethnic backgrounds. Mature students and overseas students in particular expressed feelings of isolation.

- Financial pressures, undertaking employment and attending to family commitments were all highlighted as factors that adversely impacted on participants' learning; these factors were particularly evident among mature students. Personal circumstances could, however, strengthen students' resolve to manage their time effectively through goal setting, forward planning and by making the most of the available time in the day.

That is by routes other than via A-levels or Scottish Highers

4. Pre-registration placement experience

- Getting a pre-registration placement of their choice could be difficult. Hospitals were regarded as the most competitive and believed by some to be out of reach for students like them. A small number thought that applying to community placements was open to prejudices against an applicant's appearance or accent. For a small number of overseas students and some Heads of School the issue of securing a visa was identified as a barrier to securing a preferred placement.

- A significant proportion of community placements are very good but it was accepted that this quality of experience is not universal, with some community tutors seen to lack the appropriate knowledge, experience and commitment to undertake the role effectively. The adverse impact of poor quality community placements on some students was widely acknowledged with several Heads of School identifying steps they are taking to better support students through their training placements.

- Peer relationships continue to be a significant source of support throughout the pre-registration placement year and in preparing for the Registration Assessment. A number of trainees felt isolated if they were unable to maintain relationships from university or form new relationships during training.

- Financial constraints, family commitments and long commutes were identified as factors that contribute to a more challenging pre-registration experience. A trainee's choice of placement could be affected by the need to accommodate other commitments.

- During their placement trainees accessed additional training and support provided by their School of Pharmacy and external training sessions. Additional training was extremely useful in preparing them for the Registration Assessment, though access to training and support was variable.

- Access to study time, study materials and mock exams were felt to be important aspects of assessment preparation but access to these was variable. Participants requested more guidance from the GPhC on how to focus their revision. Those with good tutors and solid peer networks were in a better position to address these challenges.

5. Experience of the Registration Assessment

- It was frequently noted that the Registration Assessment was surprising in its content and format, with participants reporting challenges in accessing relevant past papers and revision guidance to prepare themselves.

- The importance of self-directed study, pacing revision throughout the year, and focusing on calculations were all highlighted as factors that enabled participants to pass the Registration Assessment.

- Awareness of the differing levels of overall attainment between Black-African students compared to those from other ethnic backgrounds was varied. Reflecting on these discrepancies students and tutors pointed to the experiences of overseas students, mature students, students with personal circumstances that adversely impact on their study, and the quality of some pre-registration placements as all factors that potentially contribute to poorer outcomes.

6. Conclusions

The research accessed a wide range of different experiences that points to a complex interplay of factors that influence the experience and performance of Black-African students during their pharmacist education and training pathway.

In drawing our conclusions it is important to note that many Black-African trainee pharmacists, including overseas students and mature students, are highly motivated, do not experience the impact of the disadvantaging factors and are very successful in their education and training. That said, this research has shed light on some issues that are specific to students from Black-African backgrounds, including:

- A significant proportion of Black Africa students who failed the Registration Assessment on first sitting were **mature students**. It is evident that family commitments and financial responsibilities present challenges to mature students' ability to meet course requirements, to undertake the additional studying required; and to form supportive peer networks all of which are described as essential to success in both the MPharm degree and the pre-registration placement.

- Just under half of those we spoke to had undertaken all or part of their **secondary education overseas**. Overseas students often face a number of issues including different teaching, learning and assessment styles; a more deferential approach to academic staff; less confidence to ask questions and seek feedback; difficulties forming supportive peer networks; the perceptions and assumptions of some tutors and trainers; their overseas status; and visa issues restricting their pre-registration placement options.

- Some Black-African students talked about being **a small minority** in their School of Pharmacy among large cohorts of White and Asian students. This could lead to feelings of isolation and exclusion and difficulties in forming productive study groups or supportive peer networks.

- The research unearthed some examples of **explicit prejudice towards and perceptions of implicit bias against** Black-African students particularly where they had undertaken their secondary education overseas. Related to this was a perceived **lack of Black-African role models** within the pharmacist education and training pathway to guide, inspire and motivate students of a similar background.

The research also surfaced issues that are not specific to students from a Black-African background, but are important in shaping trainees' experience and ability to succeed in the Registration Assessment. These include:

- The **sheer workload** of an MPharm degree and the commitment, self-discipline and additional studying required to be successful.

- The **lack of personalised feedback** in some Schools **and robust university tutoring arrangements** during the pre-registration training.

- The **poor quality of some community pre-registration placements** which our data suggest that both mature students and overseas students are more likely to end to end up in.

- The transition from the syllabus and structured learning offered at university to **a more self-directed style of learning** during the pre-registration placement.

While these issues are not specific to students from a particular background, it is plausible that some Black-African trainees may be less resilient in the face of these challenges if they are also burdened with personal commitments, have a lack of support networks, a lack of confidence to challenge and a lack of knowledge about what to expect and where to seek additional support if required.

7. Looking to the future

The following possible actions may help improve the experience and performance of some Black-African trainees and at the same time offer benefits to all pharmacy students and trainees, and ultimately to the pharmacy profession.

For Schools of Pharmacy

1.   More proactive approaches to student integration

Overseas students in particular struggled to adapt to a new style of teaching and assessment and some talked about challenges with language and IT proficiency. Some mature students and overseas students felt isolated from their peer groups. Students from a range of backgrounds supported a more proactive approach by Schools to aiding integration.

2.   Equity of access to tutors and personalised feedback

It was suggested that more assertive students tend to have better relationship with tutors and other academic staff. Overseas students in particular were more deferential and less confident about asking for help or feedback. Schools should ensure that they have tutoring arrangements in place that provide equal opportunities to have one to one discussions with tutors, and that feedback is consistently given and is personalised and specific.

3.   A robust approach to equality and diversity

Participants talked about incidents of both implicit and explicit prejudice and it is important that Schools have a robust approach to equality and diversity. Some Schools ensure all staff have undertaken equality and diversity training, and know how to recognise and manage unconscious bias. Schools are encouraged to have a diverse range of academic staff and guest speakers to inspire and motivate.

4. Additional, proactive support for mature students

Personal circumstances are clearly affecting some Black-African students' ability to study, particularly mature students. A significant number of the mature students who participated in this research were also overseas students and therefore faced challenges of integration. Schools should take a proactive approach to recognising and supporting the challenges faced by mature and overseas students.

Pre-registration training placements

The following possible actions relate to pre-registration training placements. We recognise debate among research participants about who should take responsibility for implementing the suggested actions. Schools of Pharmacy, training providers, the GPhC and the NHS education authorities in England, Scotland and Wales all have a role to play in improving the standard of all pre-registration placements.

5. Better regulation and quality assurance of community pharmacy placements

The majority of people involved in the education and training of pharmacists we spoke to are clear that the poor quality of some community placements is a fundamental issue and called for better regulation or quality assurance of placements to be made a priority, although many were keen to point out that a significant number of community placements are very good.

6. Additional training for both trainers and trainees

It was argued there should be a requirement for pre-registration trainers to undertake additional training to ensure their knowledge, practice and equality and diversity awareness is up-to date and that they understand what is expected of their trainees in the Registration Assessment. It should be a requirement that smaller community placement providers enrol their trainees in an external training programme to supplement their training and development and to help trainees maintain a peer network.

7. Protection of study time

In some community placements participants' study time was irregular or discarded when the business required it. It was argued that community trainees need more mandated time to study and that there should be minimum requirement that community pharmacies have to meet and protect.

The General Pharmaceutical Council

8. Guidance on the changing nature of assessment and raising awareness about accessing past papers

There was much discussion about the recent changes to the Registration Assessment with the GPhC provided syllabus described as providing no clear pointers around how to study for the new format of exam. It was argued it could be difficult to access past papers and that that often the past papers were a different format to what students faced in the assessment. In fact the GPhC do not recommend that participants access past papers because the exams change substantially each year. Students would welcome clearer guidance and greater efforts to communicate from the GPhC.

9. Widen the data collected on candidate performance in the Registration Assessment to include insight into whether a candidate completed their secondary education overseas.

This research suggests that students who completed their secondary education overseas may face a range of additional challenges during their pharmacist education and training. However, the GPhC does not currently monitor where a student completed their secondary education so there is no reliable evidence about whether overseas students are disproportionately represented among Black-African students who fail the Registration Assessment. We recommend the GPhC monitor where a student completed their secondary education as part of the data collected on candidate performance.

1. Introduction

This report presents the findings of a qualitative study which explored Black-African candidates' experiences of pharmacist pre-registration education and training. The research was carried out by OPM on behalf of the General Pharmaceutical Council (GPhC).

1.1 Research context

The GPhC is the independent regulator for pharmacists, pharmacy technicians and registered pharmacies in Great Britain. It is their job to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy. The GPhC have these core functions:

- Setting the standards of education and training which pharmacists and pharmacy technicians must meet in order to join the GPhC register and to remain registered throughout their professional life.

- Registering pharmacists and pharmacy technicians and setting the standards of conduct and performance which they must meet in order to stay on the GPhC register.

- Setting standards which must be met by the owners of registered pharmacies and the pharmacists who act as superintendents in company-owned pharmacies.

- Registering pharmacies which meet those standards and inspecting them to check that they continue to do so, as the services they provide and the environment within which they operate constantly change.

- Taking action when GPhC standards are not met.

To qualify as a pharmacist in the Great Britain, candidates must complete a four-year accredited MPharm degree or a one year accredited Overseas Pharmacists' Assessment Programme (OSPAP). Following successful completion of the MPharm or OSPAP, candidates undertake a year of pre-registration training and must sit and pass a registration assessment. Candidates must pass both their pre-registration training year and the registration assessment in order to apply to register as a pharmacist. MPharm graduates only and their Registration Assessment are the focus of this research.

Since 2013 the GPhC has collected data on candidate performance in the Registration Assessment according to self-declared ethnic group. For the three years over which data has been collected results have shown that in comparison to other groups overall, Black-African candidates have performed less well.

1.2 Research aims and objectives

The purpose of this study was to conduct qualitative research with Black-African trainees and recently registered pharmacists, and people who are involved in their education and training

(either during their time as students or when pre-registration trainees) in order to improve the GPhC's understanding of Black-African candidates' experiences of pharmacist pre-registration education and training. We also explored the barriers and enablers they may have encountered during their studies in order to gain insight into why overall, in comparison to other groups, Black-African candidates have performed less well in the Registration Assessment. This research was exploratory in nature but was guided by the following research questions:

- What have the experiences of Black-African candidates been while studying for their MPharm degree?

- What have the experiences of Black-African candidates been in relation to their pre-registration training?

- What barriers or obstacles have they encountered in the course of their studies and training? What specific areas of difficulty have they encountered?

- What enablers have they encountered that they found helpful? What specific areas of assistance have they encountered?

- What types of peer support have they experienced (if any) and what impact has this had?

- What has been their specific experience of the learning environment and how might this have helped or hindered candidates' performance?

- How do personal circumstances outside the students' academic and training commitments impact on their ability to perform well?

- Are the education and training pathways perceived as fair for all?

- Are trainees, educators and trainers aware of gaps in attainment between different groups of trainees? If so, what do they believe causes this?

- Is there any further support that students and trainees believe would be beneficial?

- What does a supportive learning environment for pre-registration trainees involve?

- How, if at all, could the current support provided to trainees be improved?

- What changes, if any, could be made to education and training pathways to ensure these are fair for all?

1.3 Research design

A detailed description of the research methodology is included at Appendix 1. In summary the research comprised a scoping phase, interviews and focus groups with Black-African trainees and recently registered pharmacists, all of whom were MPharm graduates, and interviews with people who are involved in pharmacist education and training.

Scoping research (September 2015 – October 2015) - At the outset a review of relevant data and documents was undertaken to ensure that the study builds on and extends the

existing evidence base as much as possible. The scoping stage informed the development of the research tools and our sampling approach.

Interviews with Black-African trainees and recently registered pharmacists (November 2015 – December 2015). Interview participants were recruited via the GPhC on an opt-in basis. In depth semi-structured interviews were conducted by telephone with 28 participants, each lasting 1 hour. The interview discussion guide is shown at Appendix 2.

Focus groups with Black-African trainees and recently registered pharmacists (December 2015). Focus group participants were also recruited via the GPhC on an opt-in basis. Three focus groups were held, two in London and one in Birmingham, each lasting 2 hours. Twenty participants attended overall. The focus group discussion guide is shown at Appendix 3.

Interviews with people who are involved in pharmacist education and training (December 2015 – January 2016). Interview participants were selected by the GPhC. In depth, semi-structured interviews were held by telephone with 10 participants, each lasting 1 hour. The interview discussion guide is shown at Appendix 4.

Sample achieved

In recruiting research participants quotas for target groups were set in discussion with the GPhC, with the broad aim of ensuring that a mix of experiences and personal characteristics were included.

As shown in Figures 1 and 2 below, the sample covered a diversity of education and training experiences and demographic characteristics which enabled the research team to explore a range of factors, influences and experiences underlying the research questions.

Definitions

Black-African: This research focuses on those whose self-declared ethnic group is Black-African.

Overseas students: When we refer to overseas students in this report we are referring to people who have completed their secondary education overseas, usually in Africa, but have undertaken their MPharm degree in the UK.

Figure 1: Sample profile of interviewees
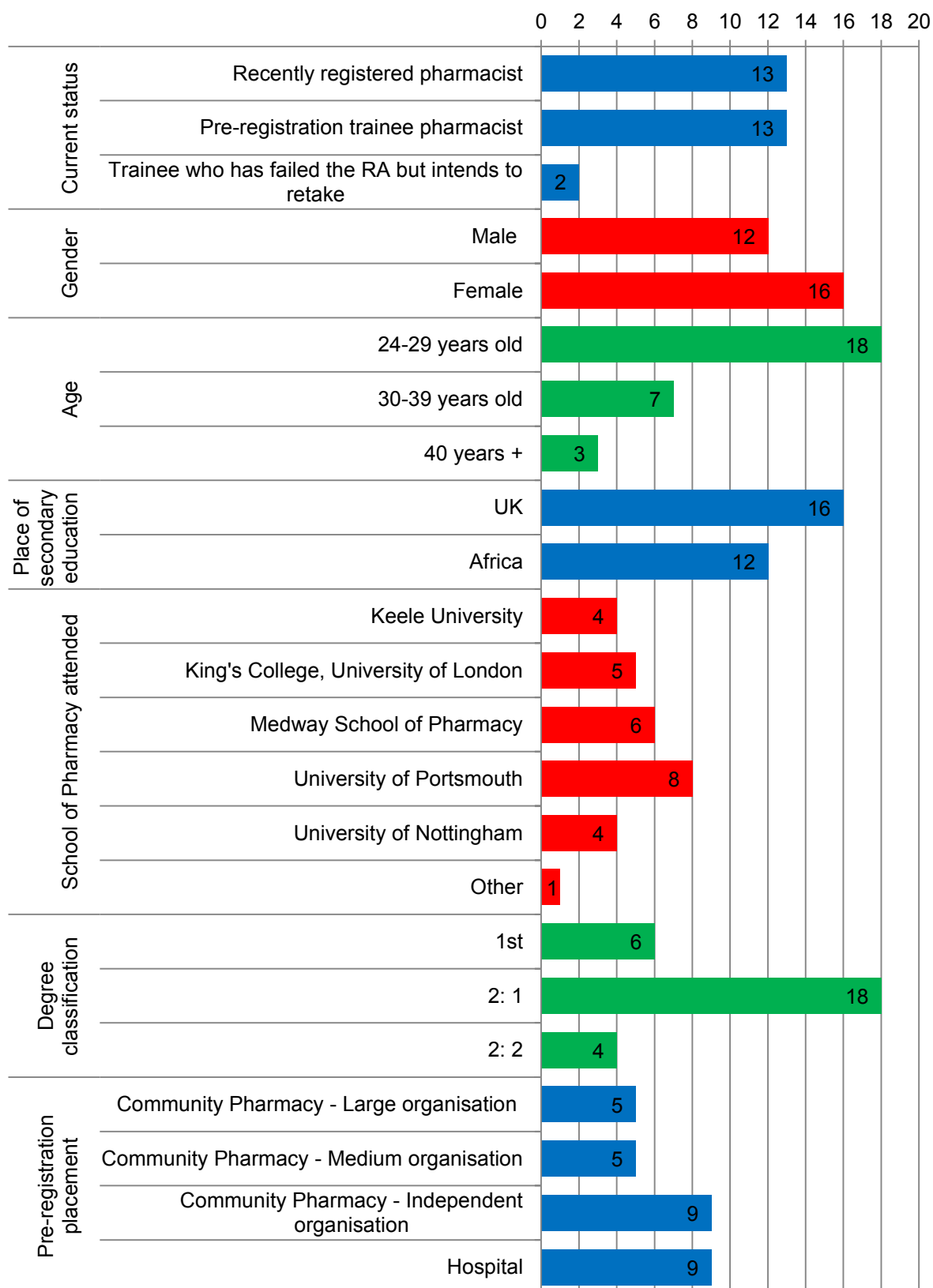
Figure 2: Sample profile of focus group participants
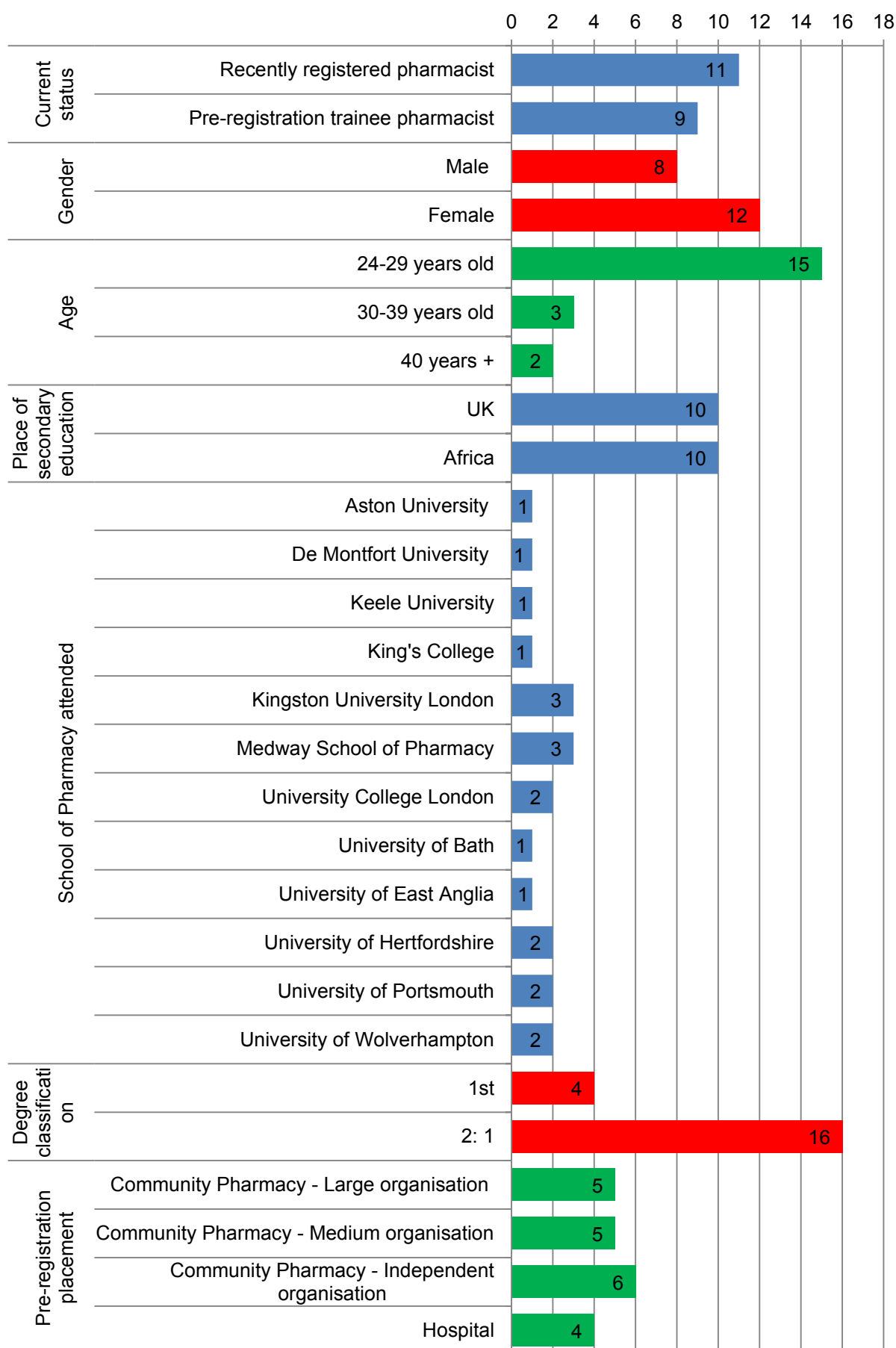
1.1 Reading this report

Chapter two provides an overview of the performance and profile data collected by the GPhC on candidate performance in the Registration Assessment.

The remainder of the report presents the findings of the qualitative research conducted with Black-African trainees and recently registered pharmacists, and people who are involved in their education and training. Guided by the research questions this report describes the key themes and patterns that have emerged following analysis of the data collected.

Qualitative research is not designed to enable quantitative or numerical analysis and this report does not provide any statistical findings or inferences. Qualitative methods are used to explore individual experiences, circumstances and contexts and so provide insight into the range of factors which influence or affect the focus of the research.

Hence the findings reported here give an overview of peoples' experiences and perceptions and do not necessarily present facts about pharmacist education and training.

The report uses verbatim quotations throughout. In order to preserve participants' anonymity, quotations are referenced only by gender and current status (i.e. trainee or registered pharmacist) and where relevant whether they are a mature student or an overseas student.

1.2 Structure of the report

The next five chapters of this report set out the findings from the research.

Chapter 2 sets the scene by providing an overview of the performance and profile data collected by the GPhC on candidate performance in the Registration Assessment.

Chapter 3 focuses on research participants' experiences during their time at university and provides an overview of the barriers, obstacles and enablers research participants encountered while doing their degree.

Chapter 4 explores research participants' experiences during their pre-registration placement and describes the factors which were perceived by research participants to have had either a positive or negative impact on their training and development.

Chapter 5 then looks at research participants' reflections on the Registration Assessment and the factors that they consider helped or hindered their performance.

Chapter 6 draws together the patterns that emerged and the main conclusions of the research.

Chapter 7 reflects on their implications and possible actions.

2. Registration Assessment Performance

Since 2013 the GPhC has collected data on candidate performance in the Registration Assessment according to self-declared ethnic group. As set out in Figure 3 for the three years over which data has been collected results have shown that in comparison to other groups overall Black-African candidates have performed less well[2].

In 2013 the pass rate for the White-British cohort was 93%, while for the Black-African cohort it was 54%. Although not as pronounced, this pattern persisted in 2014 when the pass rate observed for the White-British cohort was 95%, compared to 72% for the Black-African cohort. In 2015 the gap widened once again, in that the pass rate for the White-British cohort was 88% compared to 54% for the Black-African cohort.

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[2] For RA candidates who are selecting their ethnic identity the following sub-options are available underneath the category – 'Black or Black British': Caribbean/African/Other.

Figure 3: GPhC Registration Assessment - first attempt, MPharm candidate performance, June sitting by ethnicity[3]
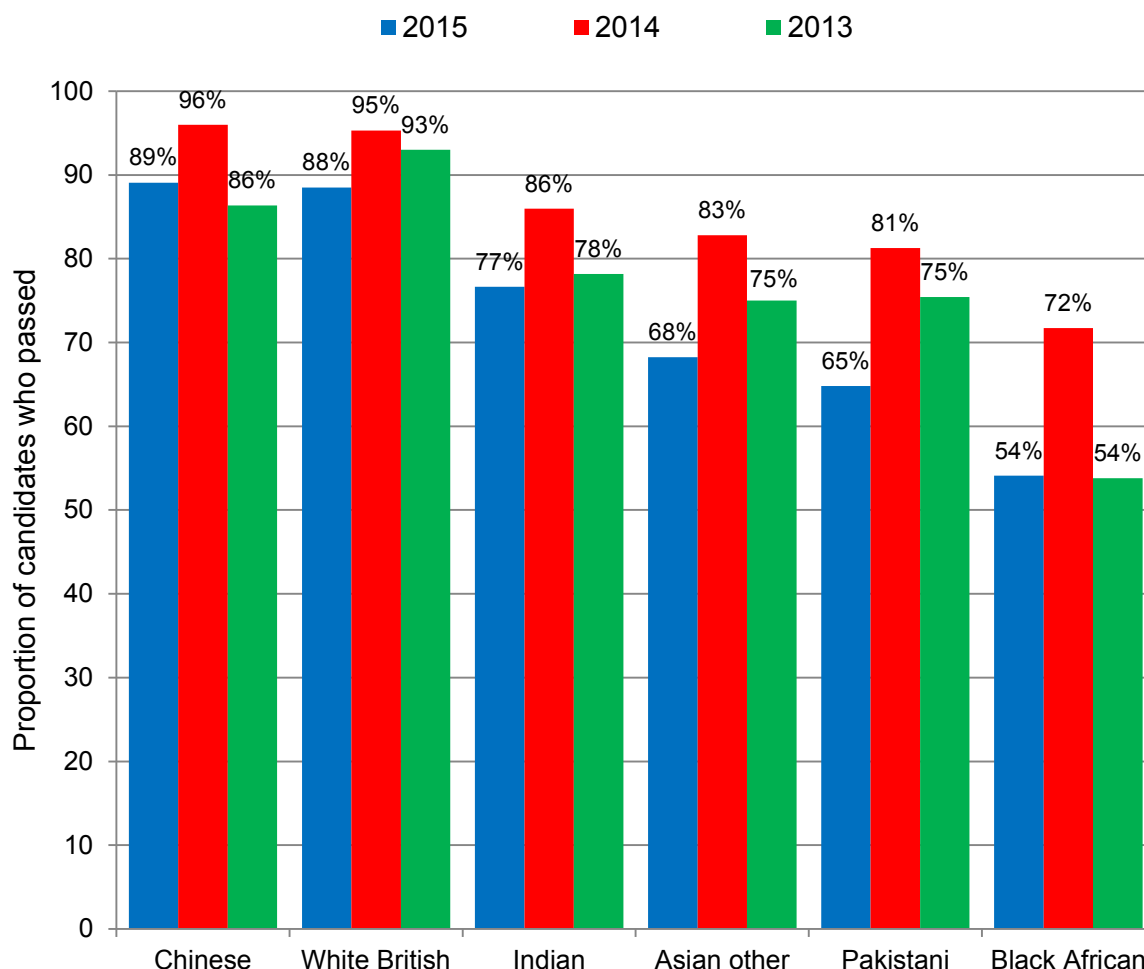
2.1 Previous research

In 2013 when evidence of this significant variation was first recorded it prompted the GPhC to investigate further why Black-African candidates underperformed as a group in comparison to others. In their paper, *Performance of 'Black - African' candidates: June 2013 Registration Assessment*[4], written for the GPhC Council in June 2014 the GPhC reported that "*the relative underperformance of 'Black and Minority Ethnic' (BME)*[5] *students in UK*

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[3] This figure presents data on the performance of the main self-designated ethnic categories of candidates sitting the assessment for the first time and in the June sitting only. Other categories had <100 members and have been excluded on the basis that the data are less reliable for less populous categories

[4] Available here: https://www.pharmacyregulation.org/sites/default/files/2014-06-12_gphc_council_papers_-_public.pdf

[5] Most studies deal with the experience and performance of 'black minority ethnic' students, which includes Asian/Chinese students as well as 'Black-African' students.

higher education is well documented. [67891011] *Studies have shown consistently that performance by ethnicity varies by up to 20%, with 'White' students outperforming 'Black' and 'Asian' students by up to that amount. Further, studies have shown that other positive/negative predictors of success include gender, social and/or educational background."*

Further, the paper stated that "*nationally, BME students are more likely to progress to higher education via non-traditional routes and Registration Assessment 'Black-African' candidates with these entry profiles are significantly over-represented in the cohort for June 2013 (and other cohorts). Again nationally, BME students are less likely to progress as planned though higher education, and 57% of the June 2013 'Black-African' fail cohort resat at least one MPharm degree assessment - this is far higher than the average for MPharm students."*

The paper goes on to say that in comparison to undergraduate study, the GPhC know comparatively little about trainee performance in preregistration training. Unless concerns about a trainee are brought to their attention the data the GPhC hold about an individual are minimal, typically just four tutor signoffs (at 13, 26, 39 and 52 weeks). For this reason the GPhC were unable to say much about the training performance of any individual or group. However, in the *2014 survey of pharmacist pre-registration training*[12] it was found that satisfaction among 'Other ethnic groups' (which includes 'Black-African') was lower than for 'White' and 'Asian' across a range of quality indicators.

The GPhC concluded that "*drawing these points together does not explain underperformance by 'Black-African' pharmacy trainees but it suggests that pharmacy is reflective of the broader post-compulsory education picture for this group."*

The paper[13] went on to explain that after releasing the results of the June 2013 Registration Assessment the GPhC liaised with the five schools of pharmacy with the highest

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[6] Broeke, S. and T. Nichols (ND), *Ethnicity and Degree Attainment*, Department for Education and Skills, Research Report RW92

[7] Connor, H., C. Tyers and T. Modood (2004), Why the difference? A closer look at Higher Education Minority Ethnic Students and Graduates

[8] Equality Challenge Unit, Equality in higher education, Statistical report 2010 (2010)

[9] Equality Challenge Unit/Higher Education Academy, *Ethnicity, gender and degree attainment project, final report* (2008)

[10] HEFCE (2013) Differences in degree outcomes: key findings

[11] National Union of Students, Race for equality, a report on the experiences of Black students in further and higher education (2010)

[12] 2014 Survey of pharmacist pre-registration training (University of Bradford/Information by Design on behalf of the GPhC, 2014)

[13] Available here: https://www.pharmacyregulation.org/sites/default/files/2014-06-12_gphc_council_papers_-_public.pdf

concentration of 'Black-African' students who failed (55% of the total between them[14]) and asked them to examine MPharm entry qualifications, MPharm progression data and final degree classifications to try to identify correlations and common patterns.

"All schools were able to confirm that, broadly speaking, their 'Black-African' fail students conformed to the national profile, in that they had non-traditional entry qualifications, many had failed assessments on course and most had been awarded lower degree classifications. Further, schools were able to confirm that their 'Black- African' students had performed poorly in relation to their year cohort."

2.2 A closer look at the data

The performance data collected by the GPhC does not currently record information regarding entry qualifications or routes into education. However, taking a closer look at the profile of those Black African candidates who failed the Registration Assessment in 2013-2015 suggests that a notable proportion (27% in 2015; 39% in 2014; and 42% in 2013) are mature students (30 years old and above), as shown in Figure 4 below. Further to this and as outlined in Figure 5 mature students are over-represented among all Black African candidates (pass or fail) compared to other ethnic groups.

The gender and pre-registration placement trends among Black-African candidates who fail and as illustrated in Figure 4 are in line with other ethnic groups.

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[14] Note that at the school level, the numbers of failing 'Black – African' candidates is not large and is <30 in all five schools.

Figure 4: Profile of Black-African, MPharm candidates who failed the Registration Assessment at their first attempt (June sitting)
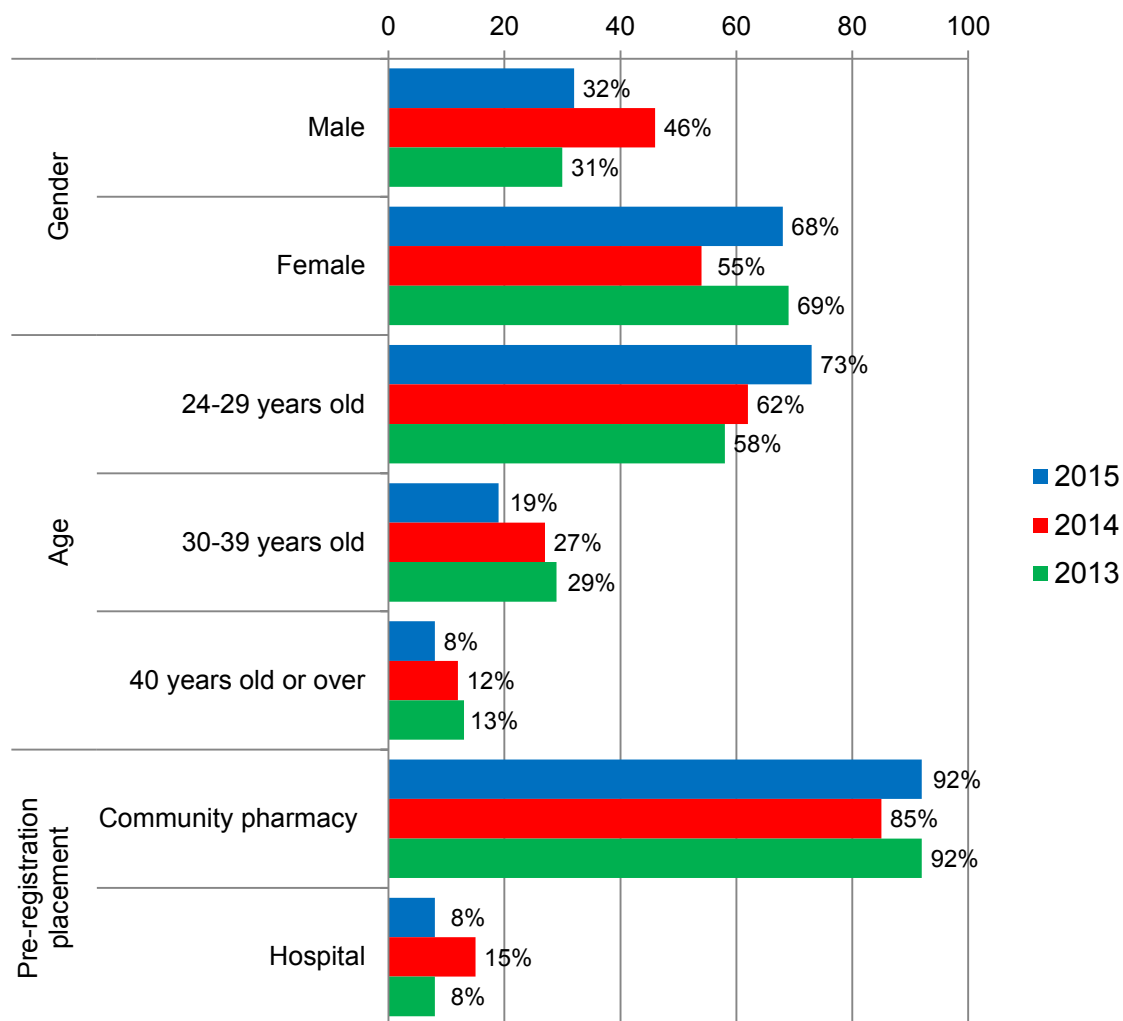
Figure 5: Proportion of <u>all</u> first attempt MPharm candidates and those MPharm candidates who <u>fail</u> who were aged 30 years old or above by ethnic group
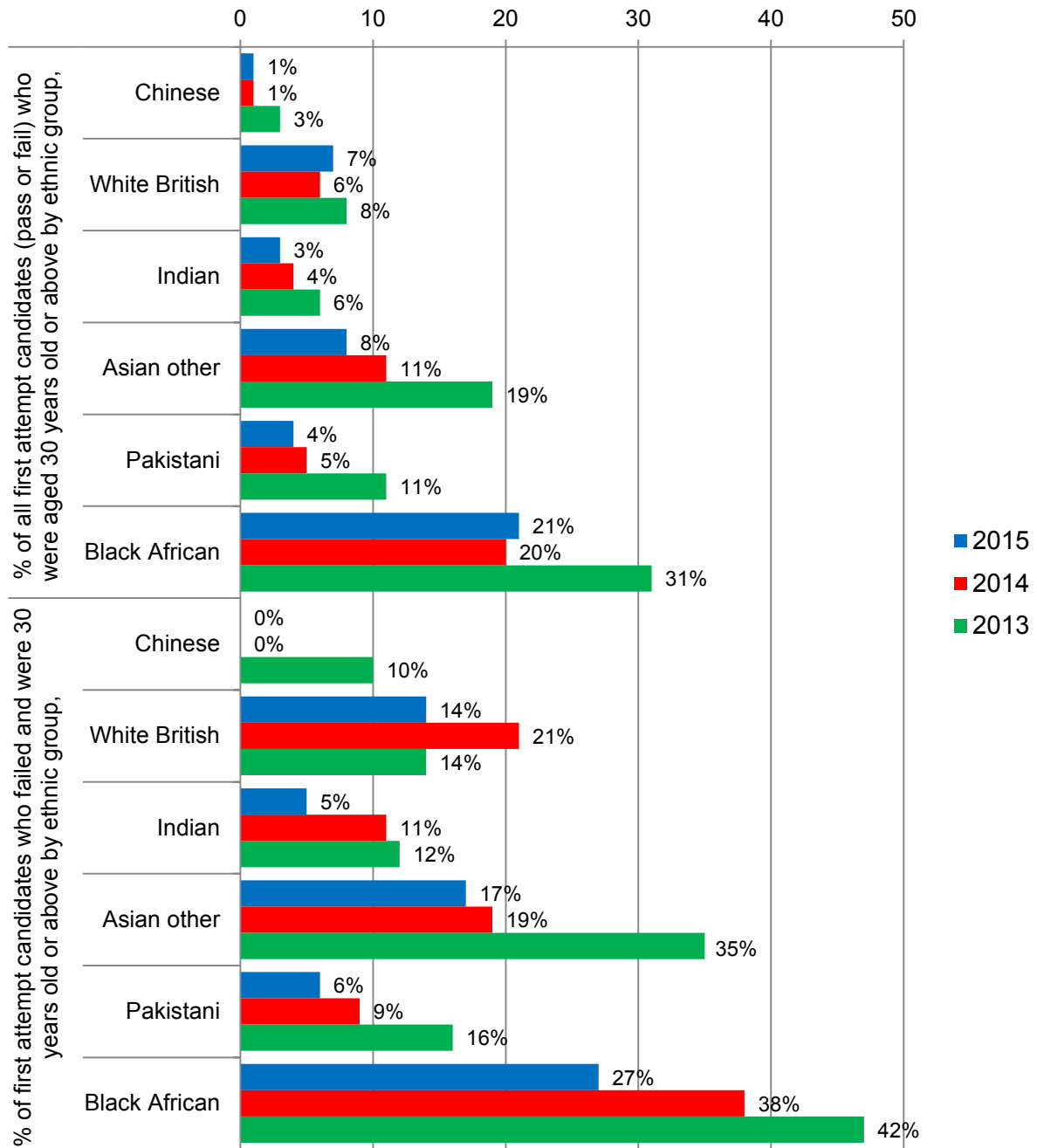
Although the evidence reported above offers some interesting insights into the profile of those Black-African candidates who fail the Registration Assessment there remains a need to explore Black-African candidates' specific experiences of pharmacist pre-registration education and training and of the barriers and enablers they may have encountered during their studies to gain further insight into why overall, in comparison to other groups, more Black-African candidates experience a less favourable outcome from their studies. That is the purpose of this research and the findings set out below describe the key themes and patterns that have emerged.

3. School of Pharmacy experience

3.1 Routes into Schools of Pharmacy

Participants had varying educational backgrounds and routes into pharmacy. Just under half of those we spoke to had undertaken all or part of their secondary education overseas. Just over a third came to pharmacy as a mature student, some of whom had already gained a first degree in a related science or medical field. Motivations for applying for pharmacy were individual, but common reasons included a desire to work in a clinical field, and to embark on a career with a clear professional pathway.

Participants chose the School of Pharmacy that provided the best fit to their personal circumstances and level of qualification. The location of a School was the primary driver for many, particularly for students who needed to remain at home because of family commitments or financial constraints. Other factors that influenced choice included: recommendations from previous students, the School's reputation, and the extent to which the participants felt the learning environment was suitable for them.

"I went to interviews and one that stood out was Hertfordshire. I was 35 and they explained I wouldn't be only mature student coming in." (Male, trainee re-taking Registration Assessment, mature student)

3.2 Overall experiences

Across Schools the pharmacy course was characterised as being intensive and demanding, requiring a high level of personal commitment to succeed. The workload of the course was commonly identified as being the most challenging aspect, particularly for those balancing study with work and family commitments. Participants most enjoyed the interesting course content, with opportunities for practical lab work, case studies and independent research all noted as highlights of their experience.

3.3. Course content, style and assessment

Participants described the pharmacy course content as challenging in that it required knowledge spanning many subject areas. The extent of the challenge often depended on the subject areas students had studied prior to starting their degree.

"The first year was challenging it was very science focused– I nearly left in the first year. As it got more clinical I got more interested. What I realised was that lots of the other students hadn't studied chemistry, for example, at A-level so they needed this grounding." (Female, recently registered)

"I would say the biology aspect was less enjoyable as I came from a purely chemistry background. I had to strive in this area to keep up." (Male, recently registered)

Different approaches to teaching and learning were identified both across the Schools of Pharmacy and between tutors within the same School. A key distinction in approach was made between teaching that steered students towards learning 'from the book', and teaching that encouraged critical thinking and the application of knowledge to problem-solving. The latter approach was more frequently described and participants felt it lent itself better to the scenario and concept based assessments they encountered at university or during the Registration Assessment.

The teaching styles and approaches employed were perceived to help or hinder some students' achievement on the course depending on their preferred style of learning. Overseas students in particular could struggle to adapt to a new style of teaching and assessment: these participants described the learning and assessment approach overseas as being more 'straightforward' requiring them to take copious amounts of notes and learn by rote.

"In my country nobody in the exams cares about you drawing pretty pictures to get an extra mark. For people not used to that may be harder to get extra marks." (Female, trainee, overseas educated)

"Back home when you ask the teacher a question they answer it; here they just ask it back to you." (Female, recently registered, overseas educated)

Some overseas students described overcoming barriers with their English and IT proficiency, and as a consequence their assignments took longer to complete.

"Everything was computer based- what would have taken half an hour took me much longer" (Female, recently registered, overseas educated, mature student)

A couple of the Heads of School also highlighted the challenges different learning styles and language proficiency can present for some overseas students in particular.

"With overseas students we do see a difference in pedagogic experiences – they tend not to do as well because of expectation of rote rather than skills based learning, lack of independence as learners and sometimes language difficulties" (Head of School)

3.4 Relationships with tutor and academic staff

The student-tutor relationship and good access to tutors were seen as important aspects of a student's experience at university. Developing a positive relationship with tutors was perceived to be beneficial in a number of ways; for example, it could help secure a dissertation tutor and topic of choice, enable students to access guidance about the pre-registration placement application process, and receive more personalised feedback and

support. While some participants described having an excellent relationship with their tutors, others felt their relationship was less productive.

"My personal tutor was very good, very open and friendly and also a pharmacy professional herself, not a scientist so really understood the profession" (Female, pre-registration trainee)

"We had a few tutors, I had a 4th year tutor, system was not helpful, they were too busy. We had academic tutors – but you only go to them if you have an issue, couldn't really go to them for help with elements of your course as they lacked relevant knowledge" (Female, recently registered)

Some felt that the more assertive students tend to have better relationships with tutors and other academic staff. Indeed there is some evidence that the students who excelled and who had good experiences were particularly proactive when it came to seeking feedback and posing questions during lectures. While some form of feedback on coursework was always provided, being proactive about approaching tutors and asking questions was important. Overseas students in particular talked about being more deferential towards tutors and other academic staff and being less confident about asking questions during lectures or for help or feedback.

"Most [tutors] never send comments unless you go and see them. But not all of us can easily see a tutor…I wasn't brought up in a culture of challenging people. I really needed feedback so I could improve." (Male, recently registered, educated overseas, mature student)

Participants' accents or command of English could also be seen as being a barrier to tutor or other academic staff and student engagement. For example, when asking questions in lectures, one participant explained that lecturers would struggle to understand their accent, resulting in them losing confidence to ask questions in the future.

All but one of the Heads of School we spoke to felt they have fairly robust tutoring arrangements in place with specific times for one-to-one sessions, although the size of tutor groups ranged from 8 to 20 students. One Head of School did acknowledge that feedback given was not personalised enough and there was a desire amongst students - *'both good and poor'* - for more individualised, specific feedback.

3.5 Relationship with peers

For pharmacy in particular, forming relationships with peers was identified as being one of the most important factors that helped or hindered a student's achievement. The pharmacy course content is challenging so drawing on the academic and emotional support of peers is regarded as essential. The volume and depth of material to learn and the intensity of the workload means that studying collectively and sharing learning across peers was seen as the most efficient and effective means to succeed. For example, in one case a student who academically excelled during the MPharm, emphasised that being part of a regular study

group was helpful partly because she took on a role explaining difficult content to her colleagues, and this helped to consolidate her learning.

For some participants, peer support compensated for the lack of support from tutors, particularly for those who felt less able to be proactive in seeking additional support when they faced challenges. The support of peers from a preceding pharmacy cohort was particularly helpful for guiding students through their coursework assignments, with some notes recycled from year to year. Participants described a currency of 'insider knowledge' that existed among students. Those with strong peer networks benefited from the sharing of resources, past assignments and revision notes.

"If we were given a practical and had to do the write up you wouldn't know how to go about it, [another] student would know someone who had done that assignment before and would know how to structure it." (Male, trainee, overseas educated)

Some mature students and overseas students did however talk about feeling isolated from their peer groups and finding it difficult to form networks. Some mature students felt they stood as outsiders in relation to their younger peers. They were also more often absent from academic and social engagements due to personal commitments. It was these students however, that felt they could benefit the most from peer support:

"It was one of the major reasons I got through, days I can't make it to lectures, my colleagues would have recordings and notes, I relied a lot on them to keep me up to date." (Male, recently registered, mature student)

As a minority ethnic group on the pharmacy course, some, but not all, Black-African participants found it difficult to form networks with peers from other ethnic backgrounds. This was particularly common amongst mature students who had undertaken secondary education overseas. Some students, including those who were younger and British educated, observed that when they were expected to work in groups at university, they often formed around ethnic groups (i.e. groups of white students, Asian students or Black students).

"Not many were willing to work with me. I wanted to do group studies and it wasn't until the third year that I found someone in the same position. The person I worked with – we were all African. It was a dream to help each other." (Male, recently registered, overseas educated, mature student)

"Mature African students were more likely to work with other mature students, the younger students don't want to be with us as they have their friends and peers. I was open but people were not open to me." (Male, recently registered, overseas educated, mature student)

"Groups formed along ethnic lines, white people stuck with white people and Asians and black kept to themselves." (Female, trainee)

3.6 Personal circumstances

Experiencing financial pressures while studying was the most frequently cited personal circumstance that adversely impacted participants' experience of university. A number of participants we spoke to, particularly mature students, worked alongside their study, with a number working evening or night shifts. The impact of financial constraints manifested in a number of ways: it could affect where they lived and the length of their daily commute; it affected the time available to study, and the time at which they could study.

Those who attended to family commitments alongside their study highlighted this as a challenging aspect of their experience, noted particularly by mature students with children. Having the financial responsibility of a family further increased the need for these participants to work alongside their study. We spoke to a number of interviewees who faced the multiple challenges of balancing study, night time employment and family.

"I had to work as a security guard overnight during my studies. I would almost fall asleep during lectures and have to drink a lot of coffee then needed to go to the toilet a lot, other students would laugh and didn't understand." (Male, recently registered, overseas educated, mature student)

Difficult circumstances could strengthen students' resolve to manage their time effectively through goal setting, forward planning and by making the most of the available time in the day. While family commitments left students time poor, they were also the reason these students were so motivated to succeed.

"I was working full time and my wife was going through a spell of ill health and I was commuting from Kent to London twice a week… During the day at lunch break or any spare time I would end up in the library making sure I took every opportunity to do coursework and notes. I had no social life." (Male, trainee, overseas educated, mature student)

"You kind of plan around it so that after staying up till 2am you get four hours sleep… having four or five hours sleep was the norm… I felt it was my responsibility to negotiate these challenges; my target was not to fail the exams." (Male, recently registered, overseas educated, mature student)

There were circumstances where working alongside study could be advantageous for students. It was relatively common for a student's part-time employment to be in a pharmacy based role which gave them grounding in the basics of pharmacy and prepared them for the pre-registration placement. Mature students with a first degree in a science related subject, or work experience in a related role felt this placed then at an advantage in some areas of the course.

Nonetheless, there is no denying the strain personal circumstances place on some Black-African students, particularly mature students. Personal circumstances were commonly acknowledged amongst Heads of School as undermining some Black-African students' ability to study.

"Many Black-African students have huge family commitments, many expectations within the household and not just female students" (Head of School)

"Some students have to work – we encourage them not to work in term time but we recognise this isn't possible for all. We talk to the students a lot because engagement and attendance at lectures is a real issue for us. Many just look at on-line materials which isn't the same at all" (Head of School)

3.7 Quality of learning environment

In the context of the challenging factors outlined above, the university learning environment was not identified as a factor that significantly impacted on a participant's success or lack of it on the course. Most students overall felt that their School was well equipped for the course and provided adequate learning materials and places to study. Some school libraries could be prone to overcrowding, requiring students to restrict their study to home or during off-peak hours. It was also common for there to be shortages of key recommended texts and so some participants chose to purchase their own or incurred library fines to secure the texts they needed.

Alongside physical resources, it was common for Schools to use online platforms for managing and sharing course content such as lecture notes and recordings and study materials. The vast majority of participants welcomed this move to on-line learning as it enabled them to manage their study alongside external commitments with greater flexibility.

"It was good because you could access materials online, and so from home, and you had recordings from lectures and podcasts." (Male, recently registered, mature student)

4. Pre-registration training placement experience

4.1 Routes into training placement

The majority of participants in this research undertook their pre-registration training in a community setting, ranging from small independent pharmacies to large chains. Approximately a quarter undertook their placement in a hospital.

Just over half those interviewed indicated that they had secured their preferred placement type. In a few of these cases being proactive about securing a relevant work placement in the third year of their MPharm or working part time in their desired setting was felt to have strengthened their applications. Those who preferred a hospital placement were attracted by the opportunity for patient interaction and what they perceived to be a more clinically focused role. Those who preferred a community setting felt that it offered the flexibility to work closer to home, enhanced employment prospects, and a variety of people to work with.

When reflecting on the reasons why they had failed to secure their placement of choice, where this was the case, some cited a lack of understanding or attention to the application process which meant that they missed key application deadlines. Others applied for their preferred choice but were not offered an interview, or received an interview but were not selected. This was common when applying for hospital placements, regarded as the most competitive, and believed by some to be out of reach for students like themselves:

"I wanted to go to hospital – didn't even get a reply from them, I knew they wouldn't take me." (Male, trainee, overseas educated, mature student)

"I was also told by a visiting speaker that international students wouldn't get a placement in a hospital as there is an over-supply of pharmacists and they wouldn't get dispensation to employ non-EU so I didn't apply even though I wanted to". (Female, trainee, overseas educated)

Participants came to this belief either from discussions pre-application or by multiple rejections during the application process. Some argued that there is a lack of transparency about the criteria hospitals used to select applicants, and some who attended hospital interviews had felt underprepared for the difficult questioning the interview entailed.

Despite this perception, interviewees involved in NHS pharmacist education and training are confident that the NHS pre-registration recruitment process is robust. For the past four years, and in line with good practice, no name or details about age, gender, or ethnicity are included in the application process. Further, the year after this practice was implemented a comparison was made with the previous year and there was found to be no notable difference in the profile of those who were shortlisted. It was suggested that this is further evidence that the recruitment process is fair and unbiased and candidates are shortlisted because they meet the required criteria.

Some community placements too were felt to be difficult to secure. A small number of participants thought that the process of applying to community placements was open to prejudices against an applicant's appearance or accent because it relied on the judgement of independent employers:

"You may want a local placement – and want that area but the pharmacy may not be willing to accept people of your sort – so may have to travel around and submit a CV and may never get a call." (Male, recently registered, overseas educated, mature student)

"In one of my interviews for a community placement I was told that I might do better to remove my headscarf. My tutor in university, when I told her she said: 'you can report him to General Pharmaceutical Council if you want', but I didn't want to cause trouble." (Female, recently registered, overseas educated)

"Everyone wants someone who had previously been on placements, I didn't do pharmacy as work experience…you can't compare yourself with someone who went to school here. The settings always want the best so we take what we can get." (Male, trainee, overseas educated, mature student)

4.2 Student visas

For a small number of overseas students and some Heads of School the issue of securing a visa to undertake a pre-registration placement was an increasing challenge. The Royal Pharmaceutical Society has withdrawn their sponsorship of extended visas for overseas students, who can now only stay on after their studies if they get a tier two visa. This requires a trainee to earn over £20,800 a year. It was argued that this level of salary is only available in a hospital placement yet, as discussed, overseas students find it more difficult to secure placements in hospitals. It was suggested that this is because hospitals are looking for pharmacists who want to work in the NHS once registered and there is a risk overseas students may return to their country of origin once registered. It was suggested that as a consequence overseas students tend to end up in small independent pharmacies working long, additional hours to make up the salary required.

It was suggested by some Heads of School that a single five-year integrated programme of pharmacist education and training, with joint responsibility from universities and employers as considered in *Modernising Pharmacy Caree*rs would address the dual challenges faced by overseas students in securing both a visa and a hospital pre-registration placement. Indeed two Schools of Pharmacy have introduced an integrated MPharm degree which involves a 5 year course with two 6 month pre-registration placements – the first 6 month placement is undertaken in the 4th year and the second 6 month placement is undertaken in the 5th year – one placement is in a hospital setting and one is in community setting. It is an expensive model because the pre-registration placements have to be funded and the university monitors the pre-registration placements which is resource intensive. Currently

only overseas students are enrolled in this integrated course because they are willing to pay to overcome the visa issues.

4.3 Pre-registration placements

Participants' experiences of their pre-registration placement were highly varied both across and within placement types. Their experience was shaped by a number of factors including: the type of setting; the nature of the work undertaken; relationships with tutors and colleagues; and the impact of personal circumstances.

In many ways the pre-registration year was felt to be more demanding than university as it required participants to combine long working hours with evening and weekend study. Trainees are expected to structure their study independently and this transition from student life into full time employment could leave some participants feeling isolated. Trainees need to establish their role within a workplace culture where the relationships formed with colleagues have a significant impact on a trainee's experience.

While the pre-registration year was demanding for trainees, it was also regarded as a rewarding experience. Participants highly valued the opportunity to gain practical experience within a clinical environment with the chance to learn new skills and address challenges. They enjoyed working as part of a team and engaging with patients. There were however some cases where trainees felt they had learnt and gained very little from their placement, and there was an overwhelming perception that the poor quality of some community placements does undermine trainees' opportunities to learn and develop.

4.4 Relationships with tutors and colleagues

Trainees' relationships with their tutors were again identified as an important aspect of their experience. In community settings - and small independent pharmacies in particular - the relationship with the tutor was seen by participants to be of great significance because of the close proximity in which the trainee and tutor work.

There were many examples of trainees who received high quality support and guidance from their tutor across all types of placement setting. The tutor relationship was regarded as most effective when the tutor took an active interest in developing their trainee and gave continual support and constructive challenge throughout the placement. It was helpful when tutors provided a structure to the placement which the trainee could align with their study for the Registration Assessment.

"He came to me with questions and set me tasks to do daily. He sent me any articles he came across from the pharmacy industry …he took an interest in my learning…he was a real father figure" (Female, trainee re-taking Registration Assessment)

It was widely asserted that the quality of tutors in the community is variable. Some tutors were seen to lack the experience to offer appropriate training and development. Some

trainees perceived their tutor's knowledge to be outdated and out of touch with the current requirements of the Registration Assessment.

A tutor's attitude towards the training and development of their trainee was significant. We were told that some tutors displayed little interest in training and developing their pre-registration trainee but rather treating them as a spare pair of hands, or were simply too busy to offer the support required. Some overseas students found it difficult to adjust to a more light-touch approach to training guidance:

"[There should be] a bit more conversation with tutors and a bit more understanding about what you need to do. In Nigeria we tend to explain things more, in England they show you what to do and they let you do it." (Male, trainee, overseas educated)

It was repeatedly noted that some trainees in the community were spending significant proportions of their working days undertaking activities that did not contribute towards their development or learning for the Registration Assessment. Such activities included unpacking deliveries, delivering medications and- less commonly - cleaning the pharmacy. Interviewees talked about having to work all day and then spend several hours in the evening on additional learning that was not being covered during their placement.

Trainees' relationships with their placement colleagues were equally varied. Placement colleagues could be a great source of support and guidance. There were some trainees, however, who felt they were treated with a lack of consideration, contributing to a more challenging placement experience.

Overseas students were seen to be more vulnerable to being poorly treated by tutors and colleagues. Some overseas students perceived their tutors to hold the attitude that they should be grateful for their placement, regardless of the quality of the experience. When one trainee raised a complaint with the tutor, they were told that they *"wouldn't get this [training] in Zimbabwe."* Others had experienced similar attitudes:

"We have a pre-reg at my pharmacy now [of another ethnicity] and he expects certain things. I was made to feel as though I was lucky to be there." (Male, recently registered, overseas educated, mature student).

In instances where trainees were dissatisfied with the quality of their placement the tutor/trainee relationship was highlighted as particularly problematic; trainees explained that they were reluctant to challenge the person wielding the power to sign off their competencies. Again, overseas students felt they were more at risk as they may be less equipped with knowledge of the system and mechanisms for support which would give them the confidence to challenge.

The adverse impact of poor quality community placements on some Black-African students was a sentiment that was echoed by a number of the wider stakeholders who participated in the research. Although some were keen to point out that a significant number of community placements are very good- led by dedicated, experienced pharmacists who train and develop their students, it was accepted that this quality of experience was not universal.

"The fundamental problem is the poor quality of community training" (Head of School)

A number of the Heads of School talked about the steps they are taking to better support their students through their training placements including university tutors maintaining contact throughout the placement; extending on-line access to materials, and providing additional weekend training workshops. Nevertheless these activities are resource intensive for the Schools. The majority of stakeholders argued that the GPhC should take a more pro-active role in quality assuring pre-registration placements in the community.

"The General Pharmaceutical Council should be doing more monitoring of the community placements…Need to ensure that we are providing the best education possible to future pharmacists and this includes during pre-registration placements." (Head of School)

"In Scotland the way it is quality assured is that when a training site is flagged as where a trainee is not being supported, they actually go further and investigate that because they have the safeguards in place, but in England they don't have that yet" (Training provider)

4.5 Relationship with peers

The peer relationships formed at university continue to be a significant source of support throughout the pre-registration placement year. Peer relationships were an important tool in the preparation for the Registration Assessment and those who maintained them benefitted from learning from peers' experiences across different placement settings:

"Those of us in same uni – we set up a social media group who could exchange ideas and pose questions… It continued to be important right through to the end." (Male, recently registered, mature student)

"Back at uni we had a study group – this continued after university, we met once a month to review our progress and learn from different experiences." (Male, recently registered, overseas educated, mature student)

Participants who were unable to maintain relationships with university peers could form new relationships with other pre-registration trainees on their placement or external training programmes. There was however a number of trainees who felt isolated from peers during this period and that this placed them at a disadvantage when it came to preparing for the Registration Assessment.

4.6 Personal circumstances

The personal circumstances of participants during their time at university continue to have impact during their pre-registration year. Financial constraints, family commitments, and ill health are some of the factors that contributed to a challenging pre-registration experience.

Some participants felt these challenges were more acutely experienced during their pre-registration year compared to their time at university. For example, parents working full time on a placement had less flexibility to meet their childcare needs. A number of participants felt financially worse off because they had left higher paid employment for the placement, which was widely regarded as poorly paid.

"I continued working at weekends…The pharmacy job is tough you are on your feet the whole day. As a student you can sit a bit – what I tried to do was wake up early and do three hours study before I go to work." (Male, trainee, overseas educated, mature student)

When it came to preparing for the Registration Assessment the revision materials and resources on offer through private training providers could be costly. Not all trainees could afford to purchases past papers or attend mock exams which could cost up to £150 each time. Attending mock exams also required long distance travel and time away from other responsibilities, which was not feasible for some trainees. We note that information provided by the GPhC is freely accessible

The challenges associated with long commutes were more frequently highlighted during the pre-registration year as some trainees were unable secure a placement close to their home. This often undermined their ability to undertake the additional study they would have liked alongside their work.

"It was the travel distances that made it very difficult; the company didn't see that there was anything wrong with that." (Male, recently registered, overseas educated, mature student)

4.7 Access to training and support

Provided by Schools of Pharmacy

The Schools of Pharmacy maintained varying degrees of contact with participants during the pre-registration year. Once they had begun a placement, some participants said they had no further contact with their university. Other Schools provided revision sessions for their pre-registration trainees and continued access to tutors and university resources.

There was consensus among trainees we spoke to that Schools of Pharmacy should continue to play a role in supporting their students in preparation for the Registration Assessment. This was particularly important for preparing trainees for changes in the assessment style. The five year M-Pharm incorporating the pre-registration year was regarded as a useful model.

Provided by training placement

Alongside the pre-registration placement, participants accessed a variety of external training programmes in preparation for the Registration Assessment. Trainees in hospital settings described receiving a comprehensive package of training including regular external

conferences, study days and revision materials. Sometimes this was organised regionally such as the NHS provided London Pharmacy Education and Training (LPET) network.

Trainees within community pharmacy chains attended in-house training; Day Lewis, Boots and Lloyds all hold monthly training days. Similarly, trainees in independent pharmacies could enrol onto externally provided training programmes and attend training on a monthly or quarterly basis.

Training programmes were generally regarded as a very useful resource in preparing trainees for the Registration Assessment that helped to structure learning and guide revision strategy. Mock exams enabled trainees to measure their progress and receive feedback on areas of weakness. These sessions could help to mitigate the effects of poor quality placements and provide new opportunities for forming peer relationships.

Access to external training and study was not however consistent. Some trainees attended a study day every fortnight while others attended monthly or quarterly. In a small number of cases we were told that a trainee had not been enrolled into external training by their tutor, or had been required to fund the training themselves.

"My tutor was preoccupied, he took a back seat in the pharmacist role…he claimed he forgot to book my training in London so I had to drive to Derby and missed out on opportunities to do other training courses." (Male, trainee re-taking Registration Assessment, mature student)

4.8 Access to study time, materials and mock exams

Trainees received varying levels of protected study time during their placement; some reported having no allocated study time while others had one hour or more each day, or a half day per week. Some community placements were felt to be particularly poor in not allowing their trainees sufficient time to study; these participants' study time was irregular or discarded when the business required it. Some trainees had their study time allocated during the lunch break, or in 30 minutes timeslots that were too short for in-depth learning.

"We are meant to take the lead when it comes to our own studies and training, but what should also be done is having a structured study time that irrespective of the needs of the business is protected, because for me studying when sitting down in blocks is better." (Male, trainee, overseas, mature student)

Trainees accessed study materials and mock exams from a variety of sources: universities, tutors, former trainees, pre-registration peers and training providers were all sources of guidance for the Registration Assessment.

"My tutor was really helpful, she had all these past papers and went through them [with us]. I had a lot of access to past papers; my colleagues gave me a whole bunch of documents. Also our clinical meetings with other pre-registration students were helpful as we did past papers. The hospital reimbursed our travel to these events which made a difference." (Female, recently registered)

Access to past papers from private providers was seen as critical for success but ease of access to appropriate papers was variable. The use of online revision tools was common and regarded as important. These can be costly, so sharing subscriptions with peers was one helpful approach.

However, the perceived lack of guidance from the GPhC on what to study for Registration Assessment was a strong recurring theme. We were told that their syllabus is 'generic' and that available mock exams are not reflective of the new style. Again, those with good tutors and solid peer networks are in a better position to address these challenges.

5. Experience of the Registration Assessment

5.1 Experiences of the Registration Assessment

Among those who had undertaken the Registration Assessment there was a broad consensus that it had been highly challenging in terms of the difficulty of questions and the speed at which they needed to be answered. Participants expressed their surprise at the content of the assessment: a number of trainees commented that they had gone into the assessment feeling reasonably prepared to be confronted with questions and a format that was unrecognisable from what they had revised:

"On every level it was a very different form of assessment. It was daunting and tiring- you were not sure of anything. I personally thought I hadn't passed." (Female, recently registered)

The GPhC-provided syllabus[15] was described as being 'very vague' and lacking detail, providing no clear pointers about how to study for the new exam. The paper was described by many as 'random', involving some degree of luck to answer questions correctly.

Trainees we spoke to also levelled criticism at the nature of the assessment because the practice gained in their pre-registration placement was not reflected sufficiently in the questions. It was frequently argued that the content of the assessment placed trainees in community placements at a disadvantage as they had fewer opportunities to gain the clinical knowledge required to answer certain questions.

"The assessment focuses on stuff we don't do. Some of it is more familiar to hospital placements, but community based where most African trainees will be; we don't use those calculations." (Male, recently registered, overseas educated, mature student)

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[15] An assessment framework has now replaced the previous assessment syllabus. The framework can be found at: http://www.pharmacyregulation.org/53-registration-assessment-framework

However, some hospital trainees also felt aspects of the assessment were unfair to them, for example, where it required them to have knowledge of drugs they had not come across.

5.2 Passing the Registration Assessment

Participants who had recently registered as pharmacists reflected on the factors that played an important role in helping them to pass the Registration Assessment. Their reflection provides insight into what is required of trainees, in general, to pass, and may shed light on some of the reasons other trainees fail. A key theme to emerge from this exploratory research was a high degree of self-direction successful trainees displayed together with an acceptance from the outset of their personal responsibility to learn what they needed for the assessment whatever their experience at university or on placement.

"I told myself my pre-reg relies on me and not my tutor" (Female, recently registered, overseas educated, mature student)

Another key theme was the pace at which trainees were able to prepare for the assessment. Spreading learning throughout the year was considered essential, including getting a good number of the required competencies signed off early in the year and sustaining a commitment to revision in the evenings and weekends.

In preparing for the assessment, a number of highly disciplined revision techniques were seen to be successful. Focusing on calculations was notably important as these were perceived to be one of the most challenging elements of the Registration Assessment. Registered pharmacists described how they practiced calculations intensively throughout the year, practicing a set number of calculations each day, and training themselves to complete mock calculations papers with time to spare.

5.3 Awareness of different levels of attainment

Participants were asked whether they were aware of the differing levels of overall attainment between students from a Black-African background compared to those from other ethnic backgrounds. Some, but not all, students had some awareness of the discrepancies prior to participating in this research, having seen the attainment figures published by the GPhC.

The publication of these figures was felt, by some but not all, to be unhelpful for both current and future Black-African pharmacy students. It was argued that the data may cause students anxiety about their chances of succeeding in the exam, and have the impact of demotivating people part-way through their study. Further the publication of the figures could damage the perception of Black-African students' competence by their university and placement tutors. Some trainees felt that their tutors held low expectations for their success from the outset:

"When I passed [the Registration Assessment] I told my tutor and he was actually surprised he said: 'Oh, you passed?'" (Male, recently registered, overseas educated, mature student)

When reflecting on the reasons why these discrepancies might exist, students and tutors pointed to the experiences of overseas students, mature students, students with personal circumstances that adversely impact on their study, and the quality of some pre-registration placements as all being factors that potentially contribute to poorer outcomes.

Some trainees discussed these figures within the context of how they perceived Black-Africans' role within pharmacy more broadly. The attainment figures were seen as symptomatic of the marginalisation of people with Black backgrounds across pharmacist education and practice. They had first-hand experiences of working in settings where they were made to feel as though they didn't belong by colleagues and customers alike.

It is important in this context to remember that many Black-Africans are very successful in their pharmacist education and training, and that this group includes a good number of overseas students and mature students. Some trainees were therefore surprised by the findings as they felt these didn't resonate at all with their own experience or that of their peers.

We also encountered a degree of scepticism about the meaningfulness of the data. It was pointed out that the very small number of Black-African trainees at some Schools makes it inappropriate to draw strong conclusions about differential success rates between groups. Tutors too cautioned that the data should be interpreted carefully, especially given the overall pass rate for some Schools is lower than that for Black-African students nationally.

6. Conclusions

The research generated a significant volume of rich qualitative data, encompassing a range of different of MPharm and pre-registration experiences, Qualitative research is not designed to enable quantitative or numerical analysis and this report does not provide any statistical findings or inferences. Qualitative methods are used to explore individual experiences, circumstances and contexts and so provide insight into the range of factors which influence or affect the focus of the research. Hence the findings reported here give an overview of peoples' experiences and perceptions and do not necessarily present facts about pharmacist education and training.

So while a study of this nature cannot claim to be wholly comprehensive, it has pointed to a complex interplay of different factors that influence the experience and performance of Black-African students during their pharmacist education and training pathway.

We have identified a number of themes in the data which have been outlined above. Some of these are particularly pertinent to Black-African students and others have more general relevance but when taken together, can impact disproportionately on Black-African students and affect their performance and prospects. The extent to which some Black-African candidates experience the negative impacts of different factors varies and this variation appears to be quite strongly influenced by their diversity characteristics and the dynamics of intersectionality. For example the experiences of candidates can be very similar but the adverse perceptions and impact can be multiplied if you are a Black-African mature student or a Black-African overseas student or indeed both.

It is important to note in drawing our conclusions that many Black-African trainee pharmacists are highly motivated, do not experience the impact of the disadvantaging factors discussed here and are very successful in their education and training, including overseas students and mature students. Indeed participants highlighted a range of activities which helped them to excel during their education and training.

That said, it is possible to distil some key messages from the findings that are likely to have wider applicability for Schools of Pharmacy, pre-registration training providers, the GPhC and others who wish to support and improve the performance of Black-African students.

The research has shed light on some issues that are specific to students from Black-African backgrounds, including:

- A significant proportion of Black Africa students who failed the Registration Assessment on the first sitting were **mature students**. It is evident from this research that family commitments and financial responsibilities which many mature students are trying to juggle while studying present challenges to their ability to meet course requirements; to undertake the additional studying required; and to form supportive peer networks- all of which are frequently described as essential to success in both the MPharm degree and the pre-registration placement.

- The performance data collected by the GPhC on candidate performance in the Registration Assessment does not currently monitor where a student completed their secondary education (i.e. in the UK or overseas) so there is no reliable evidence about whether **overseas students** are disproportionately represented among Black-African students who fail the Registration Assessment. Nonetheless, just under half of those we spoke to had undertaken all or part of their secondary education overseas. Overseas students often face a number of issues that are perceived to undermine their success, including different teaching, learning and assessment styles; a more deferential approach to academic staff; less confidence to ask questions and seek feedback; difficulties forming supportive peer networks; the perceptions and assumptions of some tutors and trainers, their overseas status and visa issues restricting their pre-registration placement options.

- Some Black-African students talked about being **a small minority** in their School of Pharmacy among large cohorts of White and Asian students. This could lead to feelings of isolation and exclusion and difficulties in forming productive study groups or supportive peer networks.

- The research unearthed examples of **explicit prejudice and perceptions of implicit bias** towards Black-African students particularly where they had undertaken their secondary education overseas. Bias, whether overt or implied, was perceived to lead some trainers to have lower expectations of Black-African students; to adversely affect the pre-registration placements students either applied for or were offered; and to undermine some Black-African students ability to learn, develop and reach their full potential. Related to this was a perceived **lack of Black-African role models** within the pharmacist education and training pathway to guide, inspire and motivate students of a similar background.

The research also surfaced many issues that are not specific to students from a Black-African background, but are felt to be important in shaping trainees' experience and ability to succeed in the Registration Assessment. These include:

- The **sheer workload** of an MPharm degree and the commitment, self-discipline and additional studying required to be successful.

- The **lack of personalised feedback** in some Schools **and robust university tutoring arrangements** during the pre-registration training year.

- The **poor quality of some community pre-registration placements** which it is suggested in our data that both mature students and overseas students were more likely to end to end up in.

- The transition from the syllabus and structured learning offered at university to **a more self-directed style of learning** during the pre-registration placement.

While these issues are not specific to students from a particular background, it is plausible that some Black-African trainees may be less resilient in the face of these challenges if they are also burdened with personal commitments, have a lack of support networks, a lack of

confidence to challenge and a lack of knowledge about what to expect and where to seek additional support if required.

7. Looking to the future

Reflecting on the experiences of the Black-African trainees and recently registered pharmacists and considering the views of the people who are involved in their education and training, we draw out the following possible actions that may help improve the experience and performance of some Black-African trainees and at the same time offer benefits to all pharmacy students and trainees, and ultimately to the pharmacy profession.

For Schools of Pharmacy

1. **More proactive approaches to student integration**

Overseas students in particular talked about struggling to adapt to a new style of teaching and assessment and some talked about the challenges they faced with language and IT proficiency. Some mature students and overseas students talked about feeling isolated from their peer groups and finding it difficult to form supportive networks. A small number talked about being purposefully excluded from study groups by their peers. British educated and younger students also supported a more proactive approach by Schools to aiding integration. We heard good examples where some Schools are already taking a more pro-active approach including:

- Providing overseas students with an orientation week at the beginning of the course and before other students arrive. This time is used to break down cultural barriers, explain what it is like to live in the UK, the education system and teaching styles etc.

- Providing a buddy or mentoring system where students from the years above support new students to settle in or provide on-going academic support during their studies.

- Offering additional language or IT support if required.

- Randomly allocating students to study groups and rotating students each term to encourage inclusivity.

- Facilitating online student communities which can encourage greater connections between students from different backgrounds

2. It would be interesting to explore these instances of good practice further to better understand their effectiveness i**n** these contexts **Equity of access to tutors and relevant, personalised feedback**

The student-tutor relationship and good access to tutors were seen as an important aspect of student's experience at university. Developing a positive relationship with tutors was perceived to be beneficial in a number of ways. However it was suggested that the more assertive students tended to have better relationship with university tutors and other academic staff. Overseas students in particular talked about being more deferential towards

tutors and other academic staff and being less confident about asking questions during lectures or for help or feedback. Schools should ensure that they have robust tutoring arrangements in place where students are given equal opportunities to have one to one discussions with tutors to ask questions and discuss the challenges they are facing. Further Schools should ensure that feedback is consistently given and that it is personalised and specific about a student's strengths and weaknesses.

3.   A robust approach to equality and diversity

A number of research participants talked about incidents of both implicit and explicit prejudice they had encountered during their education and training. It is important that Schools have a robust approach to equality and diversity. Again some Schools gave some good examples of their approach, including ensuring all staff have undertaken equality and diversity training, and how to recognise and manage unconscious bias. Further, students talked about the potential benefits of more exposure to Black-African role models and of Schools having a diverse range of academic staff and guest speakers to inspire and motivate them.

4.   Additional, proactive support for mature students

Personal circumstances including family commitments and financial responsibilities are clearly affecting some Black-African students' ability to study, particularly mature students. A significant number of the mature students who participated in this research were also overseas students and therefore faced further challenges of integration. Schools should take a proactive approach to recognising and supporting the challenges faced by mature students. For example students would welcome:

- Flexibility of coursework deadlines and reduction in penalties if students have a good reason for not meeting course requirements.
- Timely, accurate and specific feedback.
- Ensuring lecture notes and course materials are easily accessible should students wish to revisit them.
- Encouragement to access support and pastoral care should they require it and better sign posting to external support organisations.

Pre-registration training placements

The following possible actions relate to pre-registration training placements. There is debate among research participants about who should take responsibility for progressing and implementing the suggested actions. Schools of Pharmacy, training providers, the General Pharmaceutical Council and the NHS education authorities in England, Scotland and Wales all have a role to play in improving the standard of all pre-registration placements but predominantly the placements in some smaller, independent pharmacies. Although this issue is not specific to students from any one background it is probable that both mature students (who are over-represented among Black-African students) and

overseas students tend to have placements in smaller, independent pharmacies. We note that NHS Education Scotland undertakes quality assurance of the majority of pre-registration placements in Scotland[16]

5.   Better regulation or quality assurance of community pharmacy placements

The majority of people involved in the education and training of pharmacists that we spoke to were clear that the poor quality of some community placements is a fundamental issue and called for better regulation or quality assurance of placements to be made a priority, although many were keen to point out that a significant number of community placements are very good. Nonetheless, it was argued that either the GPhC as the body responsible for registering pharmacies and inspecting them, or the NHS education authorities in England, Scotland and Wales as the funders of pre-registration placements should take the lead in ensuring that pharmacies who take trainees are meeting their responsibilities to train and develop trainees to a high standard.

6.   Additional training for both trainers and trainees

In order to improve the standard of some community placements, particularly those that do not have the infrastructure or resources available to larger enterprises, it was argued that there should be a requirement for pre-registration trainers to undertake additional, external training to ensure that their knowledge and practice and equality and diversity awareness is kept up-to date and that they understand what is expected of their trainees in the Registration Assessment. Further it should also be a requirement that smaller community placement providers enrol their trainees in an external training programme to supplement and enhance their training and development and to help trainees maintain a network of supportive peers.

7.   Protection of study time

Some community placements were felt to be particularly poor at allowing their trainees sufficient time to study; these participants' study time was irregular or discarded when the business required it. It was argued that community trainees need more mandated time to study and that there should be minimum requirement that community pharmacies have to meet and protect.

The General Pharmaceutical Council

8.   Guidance on the changing nature of assessment and raising awareness about accessing past papers

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[16] http://www.nes.scot.nhs.uk/education-and-training/by-discipline/pharmacy/pre-registration-pharmacist-scheme.asp

There was much discussion amongst research participants about the recent changes to the Registration Assessment. The GPhC- provided syllabus was described by respondents as vague and lacking detail, providing no clear pointers around how to study for the new format of exam. It was also argued that it could be difficult and/or expensive to access past papers from private providers especially if you did not have good peer networks or access to additional training and support outside your pre-registration placement. It was noted that often the past papers were a completely different format to what students faced in the actual assessment. In fact the GPhC do not recommend that participants access past papers because the exams change substantially each year. Students would welcome clearer guidance from the GPhC and greater efforts to communicate what resources would be useful for the assessment and the fact that everyone has free and equal access to GPhC support material.

9. **Widen the data collected on candidate performance in the Registration Assessment to include insight into whether a candidate completed their secondary education overseas**

This research suggests that students who completed their secondary education overseas face a range of additional challenges during their pharmacist education and training. However, the performance data collected by the GPhC on candidate performance in the Registration Assessment does not currently monitor where a student completed their secondary education (i.e. in the UK or overseas) so there is no reliable evidence about whether overseas students are disproportionately represented amongst Black-African students who fail the Registration Assessment. We recommend that the GPhC monitor where a student completed their secondary education as part of the data collected on candidate performance to give a more grounded insight into this issue.

Appendix 1: Methodology

Scoping stage

At the outset a review of relevant data and documents was undertaken to ensure that the study builds on and extends the existing evidence base as much as possible. The review included the GPhC's in-house candidate performance data for 2013, 2014 and 2015, the Pre-registration survey findings (2014; 2013), and relevant GPhC Council papers. The scoping stage informed the development of the research tools and our sampling approach, which in turn led to the collection of qualitative data. The approach was robust, considered, and exploratory, however it is important to note that it did not create any new quantitative data.

Telephone interviews and focus groups with Black-African trainees and recently registered pharmacists

Twenty eight telephone interviews were conducted with Black-African trainees and recently registered pharmacists.

Three focus groups (involving 20 people in total) were also conducted with Black-African trainees and recently registered pharmacists, as follows:

1) 8th December 2015 at the GPhC offices, London. Five participants attended.

2) 10th December 2015 at Aston University, Birmingham. Seven participants attended.

3) 15th December 2015 at the GPhC offices, London. Eight participants attended.

The interviews and focus groups were conducted using topic guides which were designed in collaboration with the GPhC and are shown in Appendix 1 and 2.

The interviews were used to gain individual accounts about their experiences through the pharmaceutical education and training pathway and their ideas about what might be introduced to better support trainees.

The focus groups were used to sense check themes emerging from individual interviews - to see if they resonated - then focused on examples of good practice and generating suggestions for how to support progression in the future.

The telephone interviews lasted on average one hour and the focus groups lasted two hours and both were digitally recorded with the prior consent of participants to facilitate analysis. Participants received £40 for participation in a telephone interview and £60 for participation in a focus group.

Sampling and recruitment

Recruitment for participation in a telephone interview or focus group started in October 2015 and continued through until December 2015.

Black-African trainees and recently registered pharmacists (c.2013 to 2015) were contacted, in writing, by the GPhC and invited to opt-in to participate in the research. If candidates wished to opt in they were asked to complete a short screener questionnaire providing both demographic information and information about their pharmaceutical education and training pathway. A copy of the invitation and the screener questionnaire can be found in Appendix 5.

The research team then re-contacted a selection of participants to interview or participate in the focus groups. One hundred and fifty four Black-African candidates registered their interest in participating in the research.

A target of 30 interviews and quotas for target groups were set in conjunction with the GPhC, with the broad aim of ensuring that a mix of experiences and characteristics were represented.

The sampling criteria included:

- School of Pharmacy attended: we tried to ensure we included schools with higher proportions of Black-African students, both higher and lower performing Schools in terms of Registration Assessment performance as well as a geographical spread- five schools were targeted- Kings College London, Nottingham University, Keele University, Medway University and Portsmouth University.

- Demographics: age and gender

- Current status: a pre-registration trainee pharmacists who have not yet undertaken the Registration Assessment; pre-registration trainee pharmacists who have failed the Registration Assessment but intend to re-take; and recently registered pharmacists

- Sector/ organisation type that people are or did undertake their pre-registration training in

Forty five candidates were invited to participate in interviews and 28 were achieved. We had hoped to interview more pre-registration trainee pharmacists who have currently failed the Registration Assessment but intend to re-take, however only three candidates in this position opted in to participate in the research.

Thirty candidates were invited to participate in the three focus groups and were selected on the basis of both ease of access to the chosen venues and with the aim of ensuring that a mix of experiences and characteristics were represented – 20 people attended the focus groups.

Sample achieved

The sample achieved is outlined in the introduction to this report.

Ethical considerations

Ethical considerations were paramount in recruitment and fieldwork for the qualitative research.

During recruitment, the purpose of the research and what taking part would involve were clearly explained, both on the invitation letter and over the telephone or in person, there was no pressure to take part, and interviews were scheduled at a time convenient to the participant and they were made aware that they could change or cancel their participation at any time with no adverse consequence.

During the fieldwork, confidentiality of data was clearly explained at the outset. If at any time the interviewee was reluctant to talk about something, the interviewer would encourage them sensitively, for example by reassuring of confidentiality and the usefulness of their contribution to the research, offering to return to a topic later in the interview. Interviewees would never be pressured to continue with questions or topics that they preferred not to discuss.

Telephone interviews with people who are involved in pharmacist education and training

Nine telephone interviews were conducted with people who are involved in pharmacist pre-registration education and training (either during their time as students or as pre-registration trainees). Interviewees were selected by the GPhC and sent an e-mail by the GPhC making them aware of the research and seeking their participation. The research team then contacted interviewees to set up the telephone interview.

The interviews were conducted using a topic guide which was designed in collaboration with the GPhC and is shown in Appendix 4. The interviews were used to explore different stakeholders' perspectives about the differential attainment levels between different groups of students and what further support might be beneficial to students/trainees in the future.

Interviews took place over the telephone, lasted on average one hour and were digitally recorded with the prior consent of participants, to facilitate analysis.

Analysis of data

Transcripts of the interviews and focus groups were analysed using the 'Framework' approach[17]. The first stage of analysis involves familiarisation with the data and identification of emerging issues to inform the development of a thematic framework. This is a series of

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[17] Ritchie J, Spencer L, O'Connor W, Morrell G & Ormston R (2014) 'Analysis in Practice', in Lewis J and Ritchie J (Eds.) *Qualitative Research Practice: A Guide for Social Science Students & Researchers*, London: Sage

thematic matrices or charts, each chart representing one key theme. The column headings on each theme chart relate to key sub-topics, and the rows to individual participants. Data from each case is then summarised in the relevant cell. Organising the data in this way enables the views, circumstances and experiences of all respondents to be explored within an analytical framework that is both grounded in, and driven by, their own accounts. The thematic charts allow for the full range of views and experiences to be compared and contrasted both across and within cases, and for patterns and themes to be identified and explored.

Appendix 2: Interview discussion guide for trainees and recently registered pharmacists

Interviewer introduces self and OPM

- Thank you for agreeing to participate in this research study.

- OPM is an independent social research and not for profit organisation who work with organisations providing services to the public to help them develop and improve outcomes for the communities they serve.

Purpose of the interview

- One of the General Pharmaceutical Council's (GPhC) core regulatory functions is the setting of education and training standards that pharmacists and pharmacy technicians must meet in order to join their register.

- As part of their work in this area they oversee the final Registration Assessment, and this includes the monitoring of performance. Since 2013, they have collected data on candidate performance in the Registration Assessment according to self-declared ethnic group. For the two years over which data has been collected, results have shown that in comparison to other groups, overall Black-African candidates have performed less well.

- In order to gain further understanding of this pattern, the GPhC have commissioned OPM to undertake interviews and focus groups with recently qualified Black-African pharmacists, as well as current Black-African trainees.

- In this interview I will ask you about your experiences through your pharmaceutical education and training pathway and your ideas about what might be introduced to better support trainees.

Practicalities – interviewer notes to interviewee

- The interview will last approximately 1 hour. If for any reason you need to stop the interview before then, please let me know.

- I would like to record our conversation so that I can refer back to any points made if necessary. The recording is for my purposes only and will not be passed to the GPhC or shared with anyone outside of the research team. Is it ok for me to record our conversation?

- I will also be taking a note of the conversation as we speak. Notes of individual interviews will not be passed to the GPhC and all findings, quotes and examples will be anonymised in the final report to the GPhC. The GPhC do plan to publish the report.

- The GPhC will not know who has been interviewed so please speak freely. But if there is anything you share that you feel could compromise your anonymity, please let me know.

- If there are any questions you feel do not apply to you or you feel unable to respond to, please let me know.

- The interview will be open and conversational in form. Are you sat somewhere where you feel comfortable talking?

- Do you have any questions before we begin?

Interview

Overall pharmaceutical education and training pathway

1. Why did you decide to study pharmacy? When did you decide (i.e. at school, once in employment etc.)?

2. Please give me a brief overview of your education and training pathway?

Probe:

- o Which School of Pharmacy did you go to?

- o Did you do a degree or an MSc or Diploma (Note: overseas students will have done an MSc or Diploma)

- o What entry qualifications did you need?

- o What classification did you achieve?

- o Where did you do your training?

- o How did you secure your placement? What entry requirements did the training organisation ask for?

School of Pharmacy experience

1. Why did you choose the School that you did? What influenced that choice?

2. Please describe your overall experience of doing your degree/ MSc/ Diploma?

Probe:

- o What did you find most challenging?

- o What was less challenging?

- o What did you enjoy most?

- o What did you enjoy least?

3. How did you find the learning environment the School provided? How might this have helped or hindered your performance on the course?

Probe:

- o Did you have time and a quiet place to study?

- o Access to course materials/ text books etc.?

- o Sufficient access to tutors?

- o Feedback on your coursework?

4. What, if anything, did you find difficult in the course of your studies?

5. What support/ help/ assistance did you encounter that you found helpful? Please explain why it was helpful?

6. What types of peer support have you experienced (if any) and what impact has this had?

Probe:

- o Fellow students?
- o Academic staff
- o Visiting pharmacists?

7. Did personal circumstances outside academic commitments impact on your ability to study/ learn?

Probe: Did you have a tutor or someone else with whom you could discuss any potential issues relating to how your personal commitments were impacting on your ability to study/ learn?

8. In your opinion was your degree/ MSc/ Diploma course fair for all in the way that the course was delivered? Why?

9. In your opinion was your degree/ MSc/ Diploma course fair for all in the way that the course was assessed? Why?

10. Are/ were you aware of differential attainment levels between different groups of students? If so, what do you believe causes this?

11. Is there further support you believe students in general would benefit from?

12. Is there further support you believe students like yourself would particularly benefit from?

Training experience

15. Were you able to get on to your preferred training placement?

16. Why did you choose the training that you did? What influenced that choice?

17. Please describe your overall experience of your training placement?

Probe:

- o What did/ are you find(ing) most challenging?
- o What was/ is less challenging?
- o What did/ are you enjoy(ing) most?
- o What did/ are you enjoy(ing) least?

18. How did you find the quarterly progress reviews?

Probe:

- o Were all your progress reviews signed off as satisfactory the first time or did you have to be reassessed?

- o What was helpful at this time?

- o If reassessed, what was it you struggled with? Found difficult?

19. How did/ are you find(ing) the training environment? How does/might this have helped or hindered your performance?

Probe:

- o Access to supportive colleagues?

- o Access to relevant materials/ text books etc.?

- o Sufficient access to trainers?

- o Feedback on your performance?

20. What, if anything, did/are you find(ing) difficult in the course of your training?

21. What support/ help/ assistance did/ have you encounter(ed) that you found helpful? Please explain why it was helpful?

Probe:

- o Are you aware of any pharmacy support organisations?

- o If yes, did you contact/receive support from them?

22. What types of peer support have you experienced (if any) and what impact has this had?

Probe:

- o Fellow trainees?

- o Registered pharmacists?

- o Other staff in the pharmacy

- o Other?

23. How would you describe your relationship with your training tutor? How did this influence your overall training experience?

24. Did/ do personal circumstances outside training commitments impact on your ability to study/ learn?

25. In your opinion are the training pathways available to trainee pharmacists fair for all in the way that the training is delivered? Why?

26. In your opinion are the training pathways available to trainee pharmacists fair for all in the way that trainees are assessed? Why

27.   Are/ were you aware of differential attainment levels between different groups of trainees? If so, what do they believe causes this?

28. Is there further support you believe trainees like yourself / trainees in general would benefit from?

Registration Assessment

24. How did you find the registration assessment?

25. Did you pass first time? If not, why did you not pass/ what did you fail on?

26. Are/ were you aware of differential performance between different groups of trainees? If so, what do they believe causes this?

27. Is there further support you believe trainees like yourself/ trainees in general would benefit from?

Looking to the future

28. Is there any further support that students/trainees believe would be beneficial to students/ trainees in general?

29. Is there any further support that students/trainees believe would be beneficial to students/ trainees from a similar background to yourself?

30. What does/ would a supportive learning environment for post-graduate trainees involve?

31. How, if at all, could the current support provided to trainees be improved?

32. What changes, if any, could be made to education and training pathways to ensure these provide:

    o   a fair experience for all trainees?

    o   fair outcomes for all trainees?

Thank the interviewee for their time and close.

Appendix 3: Focus group discussion guide for trainees and recently registered pharmacists

Facilitator introduces self and OPM

- Thank you for agreeing to participate in this research study.

- OPM is an independent social research and not for profit organisation who work with organisations providing services to the public to help them develop and improve outcomes for the communities they serve.

Purpose of the focus group

- One of the General Pharmaceutical Council's (GPhC) core regulatory functions is the setting of education and training standards that pharmacists and pharmacy technicians must meet in order to join their register.

- As part of their work in this area they oversee the final Registration Assessment, and this includes the monitoring of performance. Since 2013, they have collected data on candidate performance in the Registration Assessment according to self-declared ethnic group. For the two years over which data has been collected, results have shown that in comparison to other groups, overall Black-African candidates have performed less well.

- In order to gain further understanding of this pattern, the GPhC have commissioned OPM to undertake interviews and focus groups with recently qualified Black-African pharmacists, as well as current Black-African trainees.

- In this discussion I will ask you about your experiences through your pharmaceutical education and training pathway and your ideas about what might be introduced to better support trainees.

Practicalities – facilitator notes to participants

- The discussion will last approximately 1.5 to 2 hours.

- I would like to record our conversation so that I can refer back to any points made if necessary. The recording is for my purposes only and will not be passed to the GPhC or shared with anyone outside of the research team. Is it ok for me to record our conversation?

- I will also be taking a note of the conversation as we speak. Notes will not be passed to the GPhC and all findings, quotes and examples will be anonymised in the final report to the GPhC. The GPhC do plan to publish the report.

- Establish ground rules – Listen to each other, take turns to speak, don't all speak at once. Respect each other's opinions. It is ok to have different views. You don't have to answer questions if you don't want to. Ask if you don't understand anything. Confidentiality, what is said within the group should not be repeated outside the group.

Do you have any questions before we begin?

Introductions (10 mins)

1. Please tell us your name and give me a brief overview of your education and training pathway?

Probe:

- o Where did you undertake your secondary education, in the UK or abroad?
- o Which School of Pharmacy did you go to?
- o Where did you do your training?
- o What are you currently doing?

Experiences through the pharmaceutical education and training pathway

School of Pharmacy (15 mins)

13. Thinking about your overall experience of doing your <u>degree/ MSc/ Diploma</u>…

Ask people to think about their experience in the widest sense from the learning and development aspects through to social and personal aspects.
- o Which 3 things most helped your performance on the course?
- o Which 3 things most hindered your performance on the course?

Ask them to consider for a couple of minutes and note down on post it notes and then feedback.

Facilitator to summarise discussion and check back 'are these the main positives and negatives'?

Pre-registration placement (15 mins)

14. Thinking about your overall experience of doing your pre-registration placement…

Again ask people to think about their experience in the widest sense from the learning and development aspects through to social and personal aspects.
- o Which 3 things most helped your performance during the placement?
- o Which 3 things most hindered your performance during the placement?

Ask them to consider for a couple of minutes and note down on post it notes and then feedback.

Facilitator to summarise discussion and check back 'are these the main positives and negatives'?

Registration assessment (15 mins)

15. Thinking about your experience of preparing for and undertaking the registration assessment…

Again ask people to think about their experience in the widest sense from the preparation, content and structure through to personal circumstances.

- o   Which 3 things most helped your performance with regards to the registration assessment?

- o   Which 3 things most hindered your performance with regards to the registration assessment?

Ask them to consider for a couple of minutes and note down on post it notes and then feedback.

Facilitator to summarise discussion and check back 'are these the main positives and negatives'?

Performance of Black African candidates (15 mins)

16. Are/ were you aware of differential attainment levels between different groups of students?

17. What do you believe causes this?

18. Begin unprompted then share/explore themes which emerged from the interviews:

- o   Overseas (language, learning style, personal commitments)

- o   Forming peer groups

- o   Quality of support from tutor

- o   Personal confidence / assertiveness

- o   Quality of community placements

Looking to the future (30 mins)

Thinking about the trainees who are coming up behind…

Facilitator to encourage reflection on the things that participants believe hindered their performance as well the causes of differential attainment levels between different groups of students…

19. What changes, if any, could be made to Pharmacy education and training to ensure fair outcomes for all trainees?

20. Facilitator to reflect back changes discussed and for each individual suggestion explore: Who do you think should take responsibility for implementing/ facilitating this change?

Probe: Have the following mapped out on a flip chart to capture notes on each:

- o   Schools of Pharmacy?

- o   Those offering pre-registration placements?

- o   The General Pharmaceutical Council?

- o   Others?

Use post-it notes or a flip chart paper grid to capture recommendations for the above.

21. Is there any further support that you believe would be beneficial to students/ trainees from a similar background to yourself?

22. Facilitator to reflect back the ideas discussed and for each individual suggestion explore: Who do you think should take responsibility for implementing/ facilitating this support?

Probe: Have the following mapped out on a flip chart to capture notes on each:

- o   Schools of Pharmacy?

- o   Those offering pre-registration placements?

- o   The General Pharmaceutical Council?

- o   Others?

Thank the participants for their time and close.

Appendix 4: Interview discussion guide for educators and trainers

Interviewer introduces self and OPM

- Thank you for agreeing to participate in this research study.

- OPM is an independent social research and not for profit organisation who work with organisations providing services to the public to help them develop and improve outcomes for the communities they serve.

Purpose of the interview

- One of the General Pharmaceutical Council's (GPhC) core regulatory functions is the setting of education and training standards that pharmacists and pharmacy technicians must meet in order to join their register.

- As part of their work in this area they oversee the final Registration Assessment, and this includes the monitoring of performance. Since 2013, they have collected data on candidate performance in the Registration Assessment according to self-declared ethnic group. For the two years over which data has been collected, results have shown that in comparison to other groups, overall Black-African candidates have performed less well.

- In order to gain further understanding of this pattern, the GPhC have commissioned OPM to undertake interviews and focus groups with trainees and recently qualified pharmacists, and to talk to people who are involved in their training – either during their time as students or as pre-registration trainees – which is why we're pleased to be able to talk to you.

- In this interview I will ask you about your involvement in and contribution to the pharmaceutical education and training pathway, and about any ideas you may have about what might be introduced in future to better support trainees.

Practicalities – interviewer notes to interviewee

- The interview will last approximately 1 hour. If for any reason you need to stop the interview before then, please let me know.

- I would like to record our conversation so that I can refer back to any points made if necessary. The recording is for my purposes only and will not be passed to the GPhC or shared with anyone outside of the research team. Is it ok for me to record our conversation?

- I will also be taking a note of the conversation as we speak. Notes of individual interviews will not be passed to the GPhC and all findings, quotes and examples will be anonymised in the final report to the GPhC. The GPhC do plan to publish the report.

- The GPhC will not know who has been interviewed so please speak freely. But if there is anything you share that you feel could compromise your anonymity, please let me know.

- If there are any questions you feel do not apply to you or you feel unable to respond to, please let me know.

- The interview will be open and conversational in form. Are you sat somewhere where you feel comfortable talking?

- Do you have any questions before we begin?

Interview

Interviewee's role in the pharmaceutical education and training pathway

3. Please give me a brief overview of your role in the education and training pathway?
Probe:

   o Where are you based? Who do you liaise with/ work with as you exercise your role in the training pathway?

   o Which School of Pharmacy, Industry, Organisation? OR What part of the country?

   o How long have you held this role?

   o Briefly, what did you do before taking on this role?

School of Pharmacy tutors (primarily)

4. Please tell me a bit about your department?

Probe:

   o How large is your department?

   o Number of students?

   o Level of entry requirements?

   o Any comments about typical mix of ethnicity?

   o Other trends in student participation?

   o No of teaching staff?

   o Your particular role? Specialism?

5. Please describe the overall approach/ ethos of your School's degree/ MSc/ Diploma?
PROMPT IF NECESSARY: trainees we have spoken to have talked about the differing styles they are aware of e.g. lab based, case study approach, business focused etc.

Probe:

   o How would you describe yours?

   o Are there any particular reasons for that approach?

6. Do you (and your colleagues) have any plans to change or adapt your approach in the future?

7. How would you describe the learning environment the School provides?

Probe: Do you think students in your School generally have:

- o   Time and a quiet place to study?

- o   Access to course materials/ text books etc.?

- o   Sufficient access to tutors?

- o   Feedback on their coursework?

8. What, if anything, do students tend to find difficult in the course of their studies? PROBE: Feedback from the National Student Survey, or other feedback routes?

9. When students do experience difficulties what tends to happen?

Probe:

- o   What support/ help/ assistance is available?

- o   What kinds of students tend to make use of it?

- o   Are you aware of students whose personal circumstances outside academic commitments may impact on their ability to study/ learn?

- o   Are you aware of students who don't make use of the support available?

10. In your opinion is this degree/ MSc/ Diploma course fair for all in the way that the course is delivered? How can you be confident this is the case?

11. In your opinion is this degree/ MSc/ Diploma course fair for all in the way that the course is assessed? How can you be confident this is the case?

12. What role do you/ your School play in supporting students to secure the training placement of their choice?

13. Do you consider students at your School are equally well prepared for pre-registration training in hospitals, industry, and community pharmacies of different sizes? What are the main reasons for your view?

14. What support does your School provide in preparing trainees for their Registration Assessment?

Probe:

- o   Revision sessions,

- o   Past papers,

- o   External courses,

- o   Informal guidance etc.

15. Do you consider students at your School are equally well prepared for their registration assessment? What are the main reasons for your view?

16. Are/ were you aware of differential attainment levels between different groups of students (particularly Black African students)?

Probe:

- o   In the degree course?

- o   In the Registration Assessment?

- o   What do you believe causes this?

17.   Is there further support you believe students in general would benefit from?

Probe:

- o   In their degree course
- o   In their training placement
- o   Preparation for the registration assessment

18.   Is there further support you believe Black African/ other minority students would particularly benefit from?

19.   Looking forward are there any changes in the way your programme of study/ programmes of study you come into contact with is designed, delivered and assessed which are expected to change? What are the main reasons for these changes?

20.   Are there other areas where you think change is needed/ would be desirable? Why?

21.   Any other comments?

Placement Training (mainly for training managers and trainers)

22.   Please describe the training setting where you work and your role in it/ your role in relation to the training settings you interact with.

23.   How long have you been in this role?

24.   How many pre-registration trainees are taken on in general? How are they selected? Have the numbers increased or decreased in recent years? Views about any trends in type and number of trainees?

25.   If/ in relation to a community pharmacy - Why did you decide to offer training placements? What influenced that choice?

26.   In your role as placement trainer/ manager what pharmacy networks are you aware of / involved in?

27.   Do you access/ encourage access to any kind of professional development that specifically relates to this role (as a placement trainer)?

Probe:

- o   If yes, what?
- o   If no, would this kind of activity be interesting/ useful to you? Who could/ should provide it?

28.   When trainees take a placement with you/ in your organisation/ are placed by you what can they expect to receive?

Probe:

- o   On the job training with knowledgeable pharmacy staff?
- o   Access to supportive colleagues?
- o   Access to relevant materials/ text books etc.?

- o Supported access to additional training courses?
- o Feedback on their performance?
- o Anything else?

29. Is there anything that trainees tend to ask for which you are unable/unwilling to provide? What/ why is that?

30. What do you expect from your trainees/ trainees you place?

Probe:

- o Contribution to the daily work of the pharmacy
- o An interest in learning about running a business
- o Commitment to extending their pharmacy knowledge
- o A good team player
- o Anything else?

31. Is there anything in particular that you would like to see more of in the trainees who work with you? What/ Why is that?

32. Do you have any general comments about the level/ preparedness (etc.) of the trainees who come to you?

33. What is your general approach/ what do you expect in relation to the quarterly progress reviews?

Probe:

- o Are most progress reviews signed off as satisfactory the first time or do trainees have to be reassessed?
- o If there is a need to reassess, what do trainees tend to struggle with or find difficult?

34. Do you encounter many trainees whose personal circumstances outside training commitments impact on their ability to study/ learn? Why is this?

35. What kinds of support are available to trainees who may have difficulties? Do you know how useful such trainees find different sources of support?

36. In your opinion are the training pathways available to trainee pharmacists fair for all in the way that the training is delivered? Why?

37. In your opinion are the training pathways available to trainee pharmacists fair for all in the way that trainees are assessed? Why?

38. Are/ were you aware of differential attainment levels between different groups of trainees (particularly Black Africans)?
Probe:

- o In their progress reviews?
- o In their registration assessment?
- o If so, what do they believe causes this?

39. Is there further support you believe trainees in general would benefit from?

40. Is there any kind of support you would benefit from as a placement trainer?

41. Are you planning to introduce any changes to the way you deliver or assess placement training?

Looking to the future

42. Is there any further support that you believe would be beneficial to students/ trainees in general?

43. Is there any further support/ information that you believe would be beneficial to tutors/ trainers in similar roles to yourself?

44. In an ideal world what does/ would a supportive learning environment for post-graduate trainees involve?

45. How, if at all, could the current support provided to trainees be improved?

46. What changes, if any, would you want to make to education and training pathways to ensure these provide:
    a. a fair experience for all trainees?
    b. fair outcomes for all trainees?

Thank the interviewee for their time and close.

Appendix 5: Research invitation and the screener questionnaire

Research invitation

Dear recipient,

I am writing to invite you to participate in a research project we are undertaking to investigate the pre-registration training experiences of Black-African trainees.

One of our core regulatory functions at the General Pharmaceutical Council (GPhC) is the setting of education and training standards that pharmacists and pharmacy technicians must meet in order to join our register.

As part of our work in this area we oversee the final Registration Assessment, and this includes the monitoring of performance. Since 2013, we have collected data on candidate performance in the Registration Assessment according to self-declared ethnic group. For the two years over which data has been collected, results have shown that in comparison to other groups, the Black-African cohort has performed less well.

In order to gain further understanding in relation to this trend we have commissioned an independent Research Consultancy to undertake interviews and focus groups with recently qualified Black-African pharmacists, as well as current Black-African trainees. It is our hope that we can learn more about the specific experiences that the Black-African cohort encounter in their training year – with a view to potentially introducing interventions to better support trainees.

We would like to invite you, as a candidate or recently qualified pharmacist, to participate in this project. Here is a link to a short screening survey that will establish eligibility to take part.

Link to research screener questionnaire

Or alternatively please contact xxxx at OPM on 020 7239 xxxx who will go through the screening survey with you.

Please register you interest by **Friday 30th October 2015**.

Registering your interest does not however guarantee you will be invited to take part in the research as we are seeking a range of participants within a relatively small research sample. Interviews will be conducted over the phone and as a thank you for their participation, interviewees will be paid £40. If you participate in a focus group you will receive a payment of £60.

Should you participate in an interview or focus group, any information you provide will be treated with strict confidentiality, and we will ensure anonymity in reporting.

Yours,

Hugh Simpson

Screener questionnaire

1. **Would you describe your ethnic group as Black African? (PLEASE TICK ONLY ONE)**

   o   Yes

   o   No

2. **Please provide your contact details below:**

   o   Name:

   o   Address:

   o   Telephone no:

   o   Email:

3. **Which of the following best describes your current status? (PLEASE TICK ONLY ONE)**

   o   I am a pre-registration trainee pharmacist who has not yet undertaken the General Pharmaceutical Council Registration Assessment

   o   I am a pre-registration trainee pharmacist who has failed the General Pharmaceutical Council Registration Assessment but intend to re-take

   o   I am a recently registered pharmacist

   o   Other

4. **What type of pharmacy degree did you complete before your pre-registration training? (PLEASE TICK ONLY ONE)**

   o   MPharm

   o   Overseas pharmacists assessment programme - Diploma

   o   Overseas pharmacists assessment programme – MSc

5. **What classification/ mark did you achieve in the pharmacy degree you completed before your pre-registration training? (PLEASE TICK ONLY ONE)**

   o   1st

   o   2.1

   o   2.2

   o   3

   o   Pass

   o   Merit

o   Distinction

6. Which UK School of Pharmacy did you attend? (PLEASE TICK ONLY ONE)

o   Aston University (Birmingham)

o   Bradford University

o   Cardiff University

o   De Montfort University (Leicester)

o   Keele University

o   King's College, University of London

o   Kingston University London

o   Liverpool John Moores University

o   Medway School of Pharmacy, Universities of Greenwich and Kent

o   Robert Gordon University (Aberdeen)

o   University College London

o   University of Bath

o   University of Brighton

o   University of Central Lancashire (Preston)

o   University of East Anglia (Norwich)

o   University of Hertfordshire (Hatfield)

o   University of Huddersfield

o   University of Manchester

o   University of Nottingham

o   University of Portsmouth

o   University of Reading

o   University of Strathclyde (Glasgow)

o   University of Sunderland

o   University of Wolverhampton

7. In which sector/ organisation type, are you or did you, undertake your pre-registration training? (PLEASE TICK ONLY ONE)

o   Community Pharmacy - Large organisation (national chain of pharmacies - 100 or more pharmacies)

o   Community Pharmacy - Medium organisation (non-national chain of pharmacies - 6 to 99 pharmacies)

o   Independent Community Pharmacy - Independent organisation (community pharmacies with 1 to 5 pharmacy premises)

- o   Hospital
- o   Industry

8. Are you (PLEASE TICK ONLY ONE)

- o   Male
- o   Female
- o   Transgender
- o   Other

9. What age are you? (PLEASE TICK ONLY ONE)

- o   24-29
- o   30-34
- o   35-39
- o   40-44
- o   45 +