



School of Pharmacy and Bioengineering

Impact of COVID-19 pandemic on pre-registration training and provisional registration

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Executive Summary

1. Introduction

- The General Pharmaceutical Council (GPhC) is the regulator for the pharmacy profession in the UK. They are responsible for setting standards for pharmacy professions to enter and remain upon the register.
- Registration as a pharmacist in the UK usually consists of four steps: appropriate training (either an MPharm degree or OSPAP programme) with an accredited HEI; one year of pre-registration training in an approved training placement; success in the GPhC registration assessment; self-declaration of fitness to practise and application to join the register.
- Currently the pre-registration training year is completed under the supervision of a designated tutor and follows a syllabus consisting of 76 performance standards to be met by the end of the training year. Trainees are required to have regular, documented reviews at 13, 26 and 39 weeks before being signed off by their tutor as ready to enter the registration assessment.
- Normally the registration assessment is paper-based and takes place in large halls to accommodate large numbers of candidates (e.g. EdExcel in London) and comprises two papers.
- The restrictions on social distancing and large gatherings implemented in March 2020 as a result of the COVID-19 pandemic resulted in the 2020 registration assessment dates (in June and September) being postponed. To enable pre-registration trainees from the 2019/20 cohort to enter the pharmacy workforce, in May 2020 the GPhC Council approved a policy of provisional registration of pre-registration trainees as pharmacists, working under a series of restrictions related to scope of practise and supervision.
- In January 2021, the GPhC commissioned Keele University to investigate the impact of the pandemic on pre-registration training and provisional registration in the United Kingdom from the perspectives of trainees, provisional registrants, and pre-registration tutors. The GPhC also asked the team to explore the awareness of participants of the new standards for the initial education and training of pharmacists as approved by the GPhC Council in December 2020.
- The research comprised a series of semi-structured interviews with pre-registration trainees, provisional registrants and pre-registration tutors. The sample included a diversity of demographic characteristics and sectors of training.

2. Effect of the pandemic on pre-registration training

- Patchy availability of personal protective equipment (PPE) in the early stage of the first wave of the COVID-19 pandemic was reported across all groups interviewed. This

improved as time went by and all trainees and tutors reported that full risk assessments were carried out and trainees required to work from home were supported to do so.

- Changes to training plans for both the 2019/20 and 2020/21 cohorts of preregistration pharmacist trainees were reported across the interviews. Trainees reported that the changes were to practical activities but understood that these were necessarily constrained by the restrictions placed upon work through the use of PPE and social distancing requirements.
- Trainees working in community pharmacy placements reported having to work extra hours, mirrored by community pharmacy tutor reports of the greatly increased workload in that sector during March and April 2020. Very few of the trainees working in hospital reported having to work extra hours or change shifts.
- Cancellation of cross-sector training, cancellation of ward rotations and the requirement to work at home were the most reported changes affecting the 2019/20 cohort of trainees.
- Cancellation of regional training days (in both community and hospital placements), a reduction in available services for trainees to experience (e.g. methadone supervision in community pharmacy settings), and cancellation of cross-sector placements were the most reported revisions to training plans for the 2020/21 cohort of trainees.
- The tutors reported that the second wave of the pandemic (January - March 2021) had an impact upon the training plans of hospital pharmacy trainees, with no reports of any changes within the community pharmacy sector. There were reports of trainees being redeployed into areas that were not part of the original training plan but did utilise the skills of the trainees to their fullest.
- Overall, tutor / tutee interactions appear to have remained regular and robust despite many interactions, particularly within hospital pharmacy, moving online.
- Pre-registration pharmacist trainees did not report any significant effects of the pandemic changes on their confidence or outcomes. Tutor interviews indicate that the effect of the pandemic on the 2019/20 cohort of trainees was minimal as most pre-registration performance standards had been met by the time restrictions came into being. Most tutors expressed a concern that their 2020/21 trainees had lost the opportunity for informal networking and support from their pre-registration peers due to the move of both local and regional training days being moved online.

3. Provisional registration

- Those interviewees who had remained as pre-registration pharmacists were overall negative towards the GPhC's approach to provisional registration. They expressed anger at being ineligible for provisional registration based upon their failure at the registration assessment. They gave a counter-argument of being more experienced pre-registration pharmacist trainees (by at least one year) at the point provisional registration was introduced and that there was no guarantee that those who were eligible for provisional registration would pass the registration assessment.

- All three groups of interviewees were supportive of the concept of provisional registration. The provisional registrants were overall confident of their skills and abilities to work as provisionally registered pharmacists.
- Those tutors who had worked with provisional registrants were much more confident in tutor sign off alone if the provisional registrants had been trained by their own organisation. For the provisional registrants where this was not the case, tutors generally stated that the safety net provided by the registration assessment was of value to them and a small number of provisional registrants agreed with this stating that the registration assessment validated them.
- There was strong consensus across the interviews that provisional registrants were seen to be of equal status to newly-registered pharmacists and were treated the same in terms of induction, supervision and training, and workload. Provisional registrants reported that they were viewed as pharmacists by both patients and other healthcare professionals.

4. The registration assessment and mental health

- All interviewees spoke of how the long delay to the registration assessment had adversely affected the mental health of pre-registration trainees and provisionally registered pharmacists. The words “anxious” and “stressed” occurred in every interview.
- The GPhC’s communication around the revised registration assessment dates was perceived as poor by nearly all interviewees. Provisional registrants stated that this placed undue stress on them as they were unable to plan their revision or take suitable time off work.
- The consequences of failure at the registration assessment were perceived as “harsh”, “catastrophic” and “terrifying” by provisional registrants and as deeply unfair by tutors where they had worked safely with provisional registrants for the nine months prior to the assessment. These consequences included loss of personal confidence, feelings of shame, and loss of income.
- The ability to take time off to prepare for the assessment was very difficult for many provisional registrants. Within hospital pharmacy, large departments often had many provisional registrants working and service provision was affected by all these members of staff having to be released on the same day.
- Holding the registration assessment in mid-March was problematic for NHS organisations whose annual leave year ends in April. Many members of staff, due to the pandemic, had accrued annual leave which needed to be taken at this point in time; prioritising the provisional registrants over other members of staff was not possible.
- The timing of the release of the booking system for the Pearson VUE centres was questioned; this was during working hours on a week day and may have affected service provision.

- There was very broad consensus across all groups of interviewees that the move to an online registration assessment was a positive step forward, and one that was possibly long overdue.

5. The new Initial Education and Training Standards for pharmacists

- There was a lack of awareness of pre-registration trainees and provisional registrants of the new standards for the initial education and training of pharmacists (IETS). Those that were aware were positive towards the changes within these.
- Hospital pharmacy tutors were more aware of the new standards than those based within community pharmacy. Most tutors commented that communication from the GPhC on the new standards had been lacking.
- Most tutors agreed that new IETS were needed but there was a large degree of hesitancy towards the introduction of independent prescribing training into the first five years of a pharmacist's education. The most common reason for this was the need for considerable exposure to patients during these first five years and that independent prescribers needed sufficient experience "on the job" before being able to prescribe safely.

6. Communication

- The issue of communication by the GPhC was an incidental finding of this research project. None of the questions in any of the topic guides mentioned communication as an area to explore and yet it was raised in nearly every interview. Failure in communication by the GPhC was reported in relation to both the delay to, and revised date of, the registration assessment and the implementation of the new education and training standards.

Recommendations

1. The GPhC should review its communication strategies in terms of timeliness, transparency and clarity. Clear reasons for the ongoing delays to the registration assessment if given to pre-registration trainees and provisional registrants may have mitigated some of the uncertainty and hence stress and anxiety experienced by these groups. There is some evidence that emails, the primary method of communication used by the GPhC to its registrants, were either unread or not read in a timely manner due to work pressures.
2. There is broad support for the move to an online registration assessment and this delivery mode should be continued beyond this year. Some consideration should be

given to further training of examiners across many examination sites, including those sitting at home, to ensure consistency of experience for candidates. Other sites for the assessment, such as higher education providers, should also be explored.

3. The new support requirements for provisional registrants in the workplace were generally well accepted. There was also support from the tutors for trainees working autonomously towards the end of their training year. The development of a short period of time (six to eight weeks) where foundation year pharmacists are provisionally registered would appear to be favourable and may be of use in the integration of independent prescribing training within the foundation year.
4. Consideration should be given to scoping the impact of the introduction of independent prescribing training into the first five years of pharmacist education on job satisfaction and retention of those pharmacists currently on the register without the qualification.

1. Introduction and Background

The process for becoming a UK registered pharmacist generally consists of four steps. The first is a period of training either on an MPharm degree programme or an Overseas Pharmacist Assessment Programme; both of these are provided by Schools of Pharmacy and are accredited by the General Pharmaceutical Council (GPhC). The second is a one-year period of training, currently known as the pre-registration training year. The third is the registration assessment which must be taken and passed before a pre-registration trainee can register as a pharmacist with the GPhC. The final step is self-declaration by the trainee of their fitness to practise as a pharmacist and their application to join the register held by the GPhC.

1.1 Pre-registration training¹

The pre-registration training year is an entirely work-based placement, fully salaried, during which the pre-registration pharmacist trainee works under the supervision of a tutor at an approved training site. The training year follows a syllabus set by the GPhC and which, until July 2021, comprised 76 performance standards, derived from Standard 10 of the Initial Education and Training of Pharmacists² (IETS) that the pre-registration pharmacist trainee has to demonstrate and have signed off by their pre-registration tutor. Within the training year there are three critical touch points at 13, 26 and 39 weeks where the trainee and their tutor must formally record the progress of the trainee against the performance standards. The 39-week progress report must be sent to the GPhC. Trainees are required to develop a portfolio of evidence to support their development against the performance standards and competence is determined by the tutor through observation of practice before final sign off by the tutor which forms part of the process of entering the registration assessment.

1.2 The registration assessment³

The final step before registration is success within the registration assessment. This is in place to ensure that all trainees have the same minimum standard of ability no matter where they trained in Great Britain. A trainee is eligible to sit the assessment if they have a satisfactory 39-week progress report. The assessment comprises two parts; part 1 contains 40 calculations questions and part 2 is made up of 120 multiple choice (MCQ) questions. The questions are based upon the registration assessment framework which covers most, but not all, of the learning outcomes in Standard 10 of the IETS. Both papers must be passed for a trainee to be successful in the assessment. There are two sittings of the registration

¹ <https://www.pharmacyregulation.org/education/pharmacist-pre-registration-training-scheme>

² <https://www.pharmacyregulation.org/performance-standards>

³ <https://www.pharmacyregulation.org/the-registration-assessment>

assessment in a calendar year, usually in June and September and, prior to the COVID-19 pandemic, the assessment was paper-based and taken in large assessment centres across the UK. Once a trainee has passed the registration assessment, they are eligible to apply to the register of pharmacists within the UK.

Normally, the registration assessment is administered as a paper-based exercise within large halls located regionally across Great Britain (for example, EdExcel in London). However, the Covid19 pandemic prevented the GPhC from administering the assessment in this way and so an alternative solution had to be sought. This inevitably involved a delay in when the registration assessment could be held and the two sittings scheduled for 2020 in June and September were cancelled.

1.3 Provisional registration

The GPhC recognised that temporary measures were needed to be in place to make sure that pre-registration trainees who had completed their 52 weeks of training were able to continue to practise, albeit without the formal requirement of sitting and passing a registration assessment. This continuity of practice was particularly important because the demand for NHS services in pharmacy had never been so high.

On 21st May 2020, the GPhC Council approved a policy of provisional registration of pre-registration trainees as pharmacists⁴. The purpose of the policy was stated as:

... to amend the criteria for registering as a pharmacist for a time-limited period in order to allow pre-registration trainees who have been unable to sit the registration assessment and who meet specific requirements to be provisionally entered on Part 1 of the register.

In order to join the provisional register individuals must have:

- been awarded a GPhC-accredited Master of Pharmacy (MPharm) degree or Overseas Pharmacists' Assessment Programme (OSPAP)
- successfully completed 52 weeks pre-registration training in 2019, 2020 or 2021
- not previously failed the registration assessment
- self-declared that they are fit to practise as a pharmacist; that they have read and understood the parameters within which they must practise if their application is successful; an undertaking to do so

Provisional registration has enabled the 2019-20 cohort of pre-registration trainees to complete their pre-registration training and, subject to satisfactory sign off by their tutor, enter employment as a pharmacist practising under restrictions as outlined below:

1. Provisionally registered pharmacists cannot work as a locum pharmacist

⁴ https://www.pharmacyregulation.org/sites/default/files/document/initial-education-and_training-standards-for-pharmacists-criteria-for-registering-provisionally-july-2020.pdf

2. They must work under the supervision of a senior pharmacist who must be contactable by the provisional registrant for support and guidance
3. A risk assessment must be undertaken before a provisional registrant commences work and at monthly intervals thereafter
4. Provisional registration is only for a 12-month period. Following this, renewal of registration is subject to the provisional registrant having sat and passed the registration assessment.

As of 15 November 2020, GPhC had provisionally registered 2,583 pharmacists with a much smaller number of trainees electing to remain as pre-registration trainees with no authorisation to practise. The two usual registration assessment dates for 2021 have also been delayed by at least one month (to 27th, 28th and 29th July, and 16th November). As a result, provisional registration has been extended to January 2022 to allow the 2020/21 cohort of preregistration trainees to take up offers of work as they would have done had the delay not been in place (e.g. on 1st August for NHS posts).

1.4 Future developments in pharmacy education

In July 2020 a joint announcement from the GPhC and the Chief Pharmaceutical Officers for England, Wales, Scotland and Northern Ireland⁵ introduced significant reforms to the initial education and training of pharmacists across the first five years of education (i.e. the four years of the MPharm degree and the fifth, pre-registration year). These reforms have led to the introduction of a new set of standards for the initial education and training of pharmacists in January 2021 following approval by the GPhC Council. The reforms include the restructuring and renaming of the pre-registration training year to a foundation year; the most significant reform is the aim for all new registrants to be independent prescribers subject to consultation and any necessary changes to regulation within each of the devolved nations. The changes to undergraduate education will be phased in from September 2022 whilst the change from pre-registration training to a foundation year of training takes place in July 2021.

1.5 Context for this research project

The COVID-19 pandemic has brought several challenges within healthcare and no more so than in the pharmacy sector, where pharmacies continued to serve their communities throughout the waves of the coronavirus. Pressures were heightened on pharmacy staff as other healthcare provision was either no longer as accessible or greatly reduced (GP practices), or only reserved for emergency care (as in the case of hospitals). The impact of this was that healthcare was displaced, with pharmacies stepping up to provide vital medication

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https://www.pharmacyregulation.org/sites/default/files/document/joint_letter_from_cphos_and_uk_pharmacy_regulators_28_july_2020.pdf

and health advice to patients. During this time, pharmacies have had to also contend with the heightened health risks of serving patients who may be knowingly, or unknowingly infected with the virus. Such unprecedented times for the sector have been challenging for the most experienced of pharmacists and their teams, so it is likely that it has been a difficult time for pre-registration trainees working towards completing their training and preparing to sit the registration assessment. What would have been in previous years a relatively straightforward route for trainees to complete their 52 weeks of training and prepare to sit the registration assessment has been completely disrupted.

In January 2021, the GPhC commissioned Keele University to investigate the impact of Covid-19 on pre-registration training and provisional registration. The following areas were deemed to be of critical importance in developing an in-depth and robust understanding of the effect of the pandemic on training:

- The pandemic's effect on placement training experiences, including whether there has been enough opportunity to complete their training plans as anticipated. Also, whether they have had access to, and enough time with tutors (and vice-versa).
- The experiences of working on the front-line as part of their training. This would include potential health risks of infection, access to personal protective equipment and feeling 'safe'.
- The reasons for which (a small number of) pre-registration trainees who were eligible, but chose not to apply for, provisional registration.
- Whether provisional registrants are aware of the role of GPhC inspectors, and whether they have had first-hand interactions with such inspectors, and if so, how they felt about that interaction.
- How provisional registrants feel about their current situation where they have completed their training to register as a fully practising pharmacist, but are 'only' a provisional pharmacist until they have sat the examination which has had to be delayed. Also, their experience of working with service users and their pharmacy/healthcare teams with the title of 'provisional pharmacist'.
- The views of provisional registrants around the delay to the registration assessment and their preparedness/confidence to sit the exam, particularly when they are now largely working in a role very similar to a fully practising pharmacist.
- What insight can tutors provide on the experience of provisional registrants as impacted (or not) by the pandemic? And how does this compare to their ability to cover the training in previous years? Their views as to the preparedness of provisional registrants to sit the forthcoming registration assessment is also important.
- Do tutors have any views around the move to candidates sitting the registration assessment at test centres compared to how they have been administered in the past?
- Any views participants want to share around the educational reforms and revised standards for pharmacy training that the GPhC are due to implement imminently.

To gather data to answer these questions, three groups of participants were targeted for the project namely:

- Provisionally registered pharmacists

- Those who had remained as pre-registration pharmacist trainees either by choice, or because they had failed the registration assessment before the pandemic
- Pre-registration tutors.

2. Method

Semi-structured interviews were agreed to be the most appropriate method for collecting the qualitative data for this project. This method has several advantages for this type of research. Firstly, they provide a clear framework by which the conversation with the participant can be guided through the use of a topic guide. Secondly, they allow participants to articulate their thoughts in an open and meaningful way through the use of open questions and appropriate prompts. Thirdly, they minimise interviewer bias by providing a clear set of questions to be followed.

Following an inception meeting with the GPhC team in late January 2021, a project plan and timeline was agreed and the topic guides for the three sets of participant groups were agreed. The project was then submitted for ethical approval by the Faculty of Medicine and Health Sciences Ethics Panel; this was granted in February 2021.

Recruitment emails were sent by the GPhC communications department to all provisionally registered pharmacists, pre-registration trainees from the same cohort, and pre-registration tutors. Embedded within these emails were links to Microsoft Forms which provided the research team with contact details and basic demographic information (gender, ethnicity, sector of practice, country of practice) about those expressing an interest in participating in the project. Once an expression of interest was registered, a participant information sheet and consent form were sent via email and, once returned, a further email to set up a convenient date and time for the interviews to take place.

Three separate topic guides were developed for the project, one for each group of participants; these can be found as Annexes A-C. Interviews were conducted, and recorded with consent, via Microsoft Teams with the recordings then transcribed verbatim.

A framework analysis was conducted on the transcripts from each of the three participant groups to identify the key themes raised in answer to the questions posed by the GPhC.

3. Results

In total 45 interviews were conducted, this comprised of 21 provisional registrants, 8 pre-registration pharmacist trainees and 16 tutors. This section will firstly report pre-registration trainees and provisional registrants' perspectives. A breakdown of interviewees by sector of practice can be found in Annex D.

Note: in this study, those who remained as pre-registration trainees were those who were either not eligible to apply for provisional registration or who had chosen not to be provisional registrants for personal reasons. The majority of interviewees were from the former category having failed the registration assessment prior to the 2019/20 cohort of trainees entering pre-registration training.

3.1 Pre-registration trainees and provisionally registered pharmacists

3.1.1 Effect of the pandemic on pre-registration training

The majority of the pre-registration pharmacist trainees who completed their pre-registration training during 2019-20 reported to have had changes made to their pre-registration training plan due to the pandemic. Most participants reported completion of training plans but with some adaptations, mostly because of the COVID-19 pandemic. In a small number of cases there were reports of a lack of awareness regarding a specific training plan.

Hospital pharmacists mostly reported that their rotations had been cancelled, their cross-sector experience cancelled, and many were working remotely and not on the wards. Those on split placements did not always get to complete training in all sectors as planned. Lack of patient contact was commonly reported.

"[I] Never got time to do the practical things with patients, it was all very much read about it."

"experience with talking to patients in consultations, experience of services these all stopped because you didn't know if you should be providing it because you didn't know if you had adequate PPE"

In terms of extra hours of work undertaken as a result of COVID-19, there were a few reports; most of these were provided by participants who had been working in the community sector.

"I did have to cover extra hours in pre-registration, obviously when people were contracting COVID and things like that."

Some of those working in hospital did report to working different shift patterns or volunteered to work paid overtime as a result of the pandemic.

Many of the provisional registrants reported to have had good or very good tutor support during their pre-registration training, with one stating *"I couldn't have asked for anything*

more" when asked about this aspect of their training. Many reported the support being more virtual as their tutor was in a different branch or hospital or was shielding at home, although there were some that did not have such a positive experience.

"Tutor meetings were regular, but I didn't receive sufficient support as a training pharmacist, more as an additional member of staff to support the department."

"In terms of your pre-reg you are meant to meet your tutor every 2 weeks but that didn't happen."

Reports highlighted that risk assessments were mostly completed, and PPE was provided for pre-registration trainees and provisional registrants in most circumstances. Some reports discussed that PPE was not implemented as early as it should have been, and isolated reports revealed that in some scenarios PPE provided was not fit for purpose within high risk COVID-19 settings and in others, it was not provided at all.

Examples of difficulty with social distancing in the community pharmacy setting were reported;

"...it was pretty nerve racking, just because you weren't able to stand 2 meters away from each other as hard as you could try."

"There was enough PPE, I would say we didn't wear it for most of my training not until the end. It depended upon which pharmacist was on during the day, some locums especially didn't wear it and then the team didn't wear it. I think in terms of, we were very close to each other all of the time, if one of us got it we were all going to get it."

Some of those working in community commented on how at the beginning of the pandemic their workload significantly increased due to the GPs closing their doors. At this time PPE was not necessarily available or sufficient and this was felt unfair.

"Doctor's surgeries stopped seeing patients and they started referring patients to us, go and get your blood pressure taken there, well why should we put ourselves at risk when you guys won't bother."

3.1.2 Provisional Registration

Most of the pre-registration trainees that were interviewed were not eligible to join the provisional register. These participants reported feeling as though they had been treated unfairly and they were not gaining the same support as those who were provisionally registered.

"...having had two more years experience than them and just being totally disregarded and saying that you're not, you're not making the cut for this."

"...needed same support as prov regs but did not receive same support, felt lost as a group."

"I think we were in a unique group that was left out, left out of the whole planet"

"I think we were not treated fairly."

"...resitters were the forgotten ones."

"Provisional measures have been extended to January 2022, which I can't understand because you're letting these provisionally registrants practise without sitting an exam ... we sit the exam and they might fail and then they can't practise as a pharmacist. So I don't find any logic behind what they have done to be quite honest, there's no logic behind it."

A small number of pre-registration trainees had chosen not to join the provisional register either because they were taking another career path or lacked confidence to enter practice. None of the interviewees had any interaction with the GPhC inspectors during their time as provisional registrants.

Many participants reported feeling confident in joining the provisional register, however many did so as they felt they had to due to their financial situation. Some mentioned they felt they had 'imposter syndrome' when practising as a provisional registrant.

Provisional registrants provided mixed opinions on the support they received during their provisional registration, with the majority interviewed feeling they had received good support.

"I couldn't have asked for anything better. It's been 100% better than the pre-reg support."

"There was always like a specified person you could go to with queries and questions"

"I did ask for support numerous times, but I don't feel personally that I got the support that I needed."

Some hospital employees reported that they did not feel it was any different to the support provided in previous years to band 6 pharmacists, as in hospital there is more of a structured approach to training newly qualified pharmacists.

Some community provisional registrants reported that they felt that the support should be adopted for future years for all newly qualified as they felt it was something missing within the community sector.

3.1.3 Reactions to the provisional registrant role of patients, pharmacists and other healthcare professionals

Overall, participants reported that they perceived that patients were not aware of their provisional registrant title and viewed them as a pharmacist. There were some reports which discussed provisional registrants introducing themselves to patients using their provisional title:

"I've introduced myself as one of the provisional pharmacists, but I can't think of a time when a patient has turned around and asked me to explain."

Most also reported that other HCPs were not aware and if they were, they had an understanding and could empathise and show support as they had been in a comparable situation. Some participants mentioned how other professional bodies had managed the pandemic effect on their trainees and felt the GPhC could have done more in this respect.

"Other healthcare professionals have also like related to it, not so much nurses, but some of the doctors mentioned that they were on a provisional sort of thing as well and they kind of like, you know, we understand that I'm in the similar situations and it's quite frustrating and then sort of make comments like your professional body sound worse than ours."

Interestingly, participants reported mixed reactions from pharmacy colleagues (positive and negative) towards the provisional title. Examples include provisional registrants feeling like pharmacy colleagues made them feel they were not good enough, one participant commented *"I probably would say I was treated more like a fully registered pharmacist by the GP surgery than the staff in the pharmacy itself"*. Other participants stated that their pharmacy colleagues *"all treated them as a pharmacist but knew they needed to sit the exam"* and described their colleagues as being *"supportive"*.

3.1.4 Consequences of registration assessment failure

The consequences of failure were described as *"terrifying"* *"harsh"* and *"catastrophic"*. The fear of failure plus the pressure of working full time as a pharmacist during a pandemic, alongside the pressure of a future exam led to much stress and anxiety. Many reported that failure would make them feel ashamed or not trustworthy. Example quotations are provided below supporting feelings around the consequence of failure.

"I don't know how to describe it like you've been practising for nine months and then suddenly because of an exam you get told you can't practise. I mean that in itself sounds ridiculous, I don't know what I would do. I don't know how anyone would take us seriously after that to be honest."

"It basically ruins everything. It ruins your income, your profession, the belief of other people in you. Although it might be that the failure is, you know, just something that is, has nothing to do with your knowledge. It might be just stress or something."

Many commented on the difference on completing the registration assessment whilst being provisionally registered as more pressured and high-stake than completing it at the end of their pre-registration training.

"I think there's a bit more on the line than if you fail at the end of pre reg. So you kind of just delay in the point at which you can move onto a fully qualified position, whereas for provisional registrants were already in fully qualified positions."

"As a pre reg you are sitting the exam, you have everything to gain and nothing to lose because you're not a pharmacist. Whereas as a provisionally registered you have everything to lose and nothing to gain because you were doing the job anyway."

3.1.5 Registration assessment delay

Most participants acknowledged their understanding regarding the need for a delay to the registration assessment due to the pandemic; however, there were lots of negative perceptions around communication regarding this, with particular reference to the extensive time it took for the new assessment date to be circulated. Both pre-registration and provisional pharmacists strongly expressed their dissatisfaction with the communication from the GPhC regarding the assessment delay; some examples of this are provided in the quotes below.

"...frustrating and just not knowing and I feel like there's just been a lack of communication overall and it's just it just felt like it's been dragged out."

"a lot of unclear communication."

"I think the communication from the GPhC in general about this has been ridiculously appalling."

"They then took forever to tell us about provisional registration, and then once we run the provisional register, they took forever to tell us about a new exam date."

"...we were just left hanging there waiting to find out what the next steps were. Never any clarity."

"...we don't know or we'll get back to you or just wait for an email."

Participants generally reported a lack of understanding regarding the reasoning for the long delay to the assessment and some compared this to higher education institutions and other professional bodies, inferring that such bodies were able to organise their online assessments more efficiently - *"other bodies seemed to work faster."*

This delay also impacted upon provisional registrants' ability to practice, some participants reported having to take time off with ill health due to the added pressure of the assessment delay on top of a pandemic and a high workload.

Health and wellbeing was a key theme highlighted when discussing delay to the registration assessment; several participants reported feeling 'anxious' or 'stressed' as a result of both the lack of and delay in communication, e.g. *"I was stressed I would cry a lot."*

Several provisional registrants who worked in a hospital setting with a high number of provisionally registered pharmacists within their department reported not being able to book either any or sufficient annual leave in order to feel fully prepared for the assessment. Of the pre-registration trainees interviewed, the majority reported having sufficient time to prepare,

this was because many were working as pharmacy technicians and were able to book time off.

3.1.6 Registration assessment format

Participants were generally positive about the changes made to the format of the registration assessment. Many felt the online format was easier to navigate and the information was easier to use with comparisons made to the paper resource pack. Another advantage to the online format, as reported by several participants was there was no need to transfer answers on to marking grids. Further quotations regarding the online format are provided below.

"I preferred the online format because it was nice being able to flag questions up instead of having to flick back through your whole paper and also the SPC question was within the question so you don't have to flick through a massive booklet either."

"I actually preferred the fact that it was online because it just felt like it was easier. I mean, we do a lot of things with technology anyway."

"Reflects more of a real-life situation as you would look up information electronically in practice."

There were a couple of negative reports regarding lack of consistency in process at test centres and also between invigilators for those assessed in the home setting; these related to the rules surrounding implements (e.g., cloths and whiteboards).

A few participants commented on the Pearson VUE centres after discussion with peers: *"It feels like we've had different experiences."*

3.1.7 Education reforms and revised standards

Not many of the participants were aware or had any in-depth understanding of the education reforms or the new standards for the initial education and training of pharmacists. Those that were aware had mixed views on these; these are provided below.

"The idea of being a prescriber straight off would be great."

"...anything to standardise the process would be good as everyone has different experiences, both at University and during pre-reg."

"Experience obviously plays a part in becoming an IP, that's why 2 years patient facing is a requirement at the moment of becoming one. I feel like that if they replace it with this foundation year and properly integrate a real structured clinical programme to it, to try and supplement the two years of experience that you might not have, would obviously help, but I'm still undecided if the people coming out of MPharm and then out of the foundation year would actually be ready to prescribe. I suppose you could

say the same thing about Drs but they get a lot more placements during uni and a lot more clinical training."

It was clear from the interviews that there are mixed sentiments about how participants feel about joining the pharmacy profession as a fully registered pharmacist. Some were excited and said "it's all I've ever known". Others were less positive and have considered leaving the profession because of how the GPhC have handled the situation.

"I want to leave to be honest with you...I know it's difficult all what's going on but I feel like in comparison to other people in other professions and other professional bodies they just dragged their feet and I felt unsupported. If that's the regulatory body that is supposed to regulate the pharmacists across the country in the UK and uphold standards and protect the public I think it's just a bit of a poor show really."

"I definitely feel more negative about the profession and the way it's regulated."

3.2 Pre-registration tutors & provisional registrant supervisors

3.2.1 Effect of the pandemic on pre-registration training

It should be noted that the original brief for this research project was to explore the effect of the COVID-19 pandemic upon pre-registration training for the 2019/20 cohort of pre-registration trainees. However, the majority of interview participants also wished to talk about their current pre-registration trainees (the 2020/21 cohort) given that they had completed nearly all of their training under pandemic conditions. We have reported the findings for both cohorts as there were some interesting comparisons and similarities between the two as well as to training that happened prior to the first lockdown at the end of March 2020.

3.2.1.1 2019/20 cohort

No participants reported any unplanned changes to training unrelated to COVID-19 and no participants reported any difficulties due to lack of PPE. For the 2019/20 cohort of pre-registration trainees all participants stated that, on the whole, most competencies had been met and the pandemic only affected the tail-end of training.

For this cohort within hospital pharmacy, the most common initial change was the cancellation of ward and departmental rotations and any remaining cross-sector placements (although some cross-sector training within GP practices did occur). Several respondents stated that work plans were changed to allow trainees to remain working on one ward for an extended period of time rather than two to three weeks as had been the norm within their rotas. This was felt to be more beneficial for the trainees, not only for safety reasons but also for training purposes.

"...actually that worked really well and it prepared them better for registration. And we've actually continued that this year because it was so successful. We found that giving them, I think they had two or three months in one area, where typically they would have moved every three or four weeks, but keeping them with that longer rotation actually really helped. So, we've kept that for this year."

Several hospital tutors remarked that after the initial surge of activity in March 2020, it actually became quite difficult to find sufficient work for some pre-registration trainees as all elective activities were cancelled by Trusts and non-COVID-19 areas of their hospitals became very quiet. One Trust redeployed their trainees to work in stores at a Nightingale hospital, and into aseptic services in a technical role.

Community pharmacy participants reported very different workload issues which resulted in very similar changes for their trainees. The initial lockdown in late March 2020 resulted in a huge spike in dispensing workload in community pharmacy, coupled with the need for some staff to remain at home as they were classified as medically vulnerable. This meant that for a period of time, pre-registration trainees were expected to work much more flexibly:

"I think especially in March, when the lockdown started for the first, probably for the first run, about four weeks training had to be like postponed or suspended for the time being. The reason behind this was obviously the workload had dramatically, crazily increased [with] basically two months' worth of workload just squeezed into two weeks. And obviously [in] the store we were still trying to figure out what time we were opening and closing and some staff had to be sent home."

Other changes to community pharmacy training plans were made because services which are usually provided by community pharmacies were either greatly reduced or stopped completely. This included supervision of methadone patients, blood pressure measurement, and one-to-one consultations as most consultation rooms could not be used due to social distancing requirements. One community pharmacy tutor reported that because of the extra workload, some review dates were moved, with the exception of the 39-week review. Following this initial spike of intensive activity, community pharmacy participants reported that as the initial demand for prescriptions tailed off, their pharmacies became much quieter due to lack of patient footfall and allowed more formal meetings to resume.

The second most commonly reported change across all sectors was that in-house, face-to-face weekly training sessions were cancelled due to both safety and staff availability reasons. During the first lockdown, several pre-registration trainees were told to work from home until risk assessments could be completed. However, all hospital tutors interviewed stated that face-to-face tutoring was replaced very quickly with online contact, usually through Microsoft Teams, including online learning packages. Most participants found this to be very useful and felt that this meant that they had had more than sufficient time, albeit remotely, with their tutees. The only stated difficulty was with a pre-registration trainee who had to remain at home shielding due to being classed as medically vulnerable; in this case the difficulty was with completing some of the pre-registration competencies.

Within community pharmacy, tutors remained working closely with their trainees within the workplace but for social distancing reasons had to adapt how they interacted with their trainees in terms of giving advice and feedback upon performance.

Finally, all participants reported that regionally organised study days were either completely cancelled or moved to a form of online learning.

3.2.1.2 2020/21 cohort

Most participants reported that they had implemented learning from the first wave of the pandemic into their training plans for the 2020/21 trainees. Within the hospital sector, online training was formalised both at local and regional levels; this latter was also the case within the community pharmacy sector. Several participants were working with pre-registration trainees from split-sector placements (in all cases the second sector was within GP practice) and all reported that the GP sector training had been successful despite the move to online consultations within primary care. Several hospital pharmacy tutors reported that induction of new trainees was difficult as social distancing requirements meant that all of the new trainees could not be in the same room at the same time to receive induction training. (It should be noted that the smallest number of hospital trainees reported by tutors was four in each cohort, with the largest being 12). With appropriate risk assessments and PPE in place training plans were implemented without difficulty from August 2020 through the first five months of the pre-registration training year.

The second wave of the pandemic, in January 2021, affected hospital pharmacy training much more than within community pharmacy settings; no participants from this latter sector reported making any changes to training plans as a result of the second wave.

From Jan 2021 onwards many hospital participants reported that training plans were disrupted - "...[we] threw the training plan up in the air and started again!". Lack of specialist staff availability due to workload pressures resulted in specialised online training not being delivered. However, all participants who reported this issue stated that this was replaced with alternative online learning. Trainees were redeployed within Trusts to areas and tasks for which they were best trained and therefore most useful. These tasks included working within stores, the dispensary and, on wards, performing medicines reconciliation - "[Pre-regs were] used for the skills they had acquired to that point".

3.2.2 Access to trainees

All participants reported that, apart from having to make the changes outlined above, they continued to have good access and interaction with their trainees. Within the hospital sector this was either face to face, or remotely. Within the community pharmacy sector the amount of one-to-one communication was largely unchanged (unless a trainee was required to remain working at home), but the nature of this communication changed due to social distancing requirements and workload.

“..we had a lot of one to one conversations in the consultation room where we can be more private but a lot of the conversations I've had with him have been on the job as things have happened, so I probably reduced the number of one to one consultations we've had. Normally that would be at least once a week, and that's probably gone down to once a fortnight once a month, and it's been more on the on the job as incidents happened to discuss it there and then with him. And probably the feedback that I've given has being tailored so it can be heard by the whole of the pharmacy team, whereas if it had been more one to one, it might have been, I don't know, a little bit more critical, shall we say.”

3.2.3 The pre-registration experience

All participants reported that they felt that the 2019/20 cohort had had a good pre-registration experience and that, on the whole, the trainees had understood the reasons why training had to be rearranged at short notice. As described above, several hospital tutors stated that the decision to leave trainees on a ward for a period of two or three months instead of moving around every three or four weeks was actually of great benefit to the trainees. The main issue reported for this cohort by the majority of participants was that of the delay to the registration assessment which will be covered in more detail later in this chapter.

Thoughts around the experience of the current (2020/21) cohort of trainees were that these had had a lesser experience compared to the year before. This was despite training plans being adapted and fewer *ad hoc* changes being made as a result of the pandemic. For all sectors, the cancellation of regional, large group *in situ* study days was given as the primary example of a lesser experience for this group of trainees. Participants from both community and hospital sectors stated that they felt this was a real loss to their trainees.

“I think he's missed that, I really do, by not being able to discuss matters with pre-regs in a similar situation and I think that's a big deal when you go to these training meetings.”

“They certainly missed out regionally in our region. We have regional study days and they've been carried on to some extent. But again, it's all been online, so they've missed the interaction with other pre-regs, networking, et cetera. Yeah, so some things like the first aid [training] haven't happened at all because they couldn't do it - really need to be practical and they couldn't do it.”

“I think it's this year that has been the most significantly affected - the 2021 cohort - because literally I've seen them all together in a room once and they have hugely missed out on those. You know I work in a big organization and they come to us because they want to build up a new friendship group and have a big team of people and they haven't built those relationships at all. Normally there is a lot of peer support and they meet together - they talk about their training, they learn from each other, even over lunch and all of that has been lost.”

Other reasons given for the 2020/21 cohort having had a lesser experience included: trainees being deployed into areas they weren't expecting and loss of rotations (hospital sector); less time with pharmacists due to workload issues (hospital sector); cross sector training either cancelled or reduced (both sectors); lack of patient interaction due to COVID-19 restrictions and PPE (both sectors); loss of core services due to COVID-19 (community sector).

One hospital tutor outlined a major difficulty for their trainees as being competition for pharmacist support with the provisionally registered pharmacists within their department:

"...we've got the pre-regs saying because they've got the provisional registrants as well, they were competing with them for education and that the prov regs still needed support from the pharmacist and the pre-regs also wanting support of this kind so a sort of battling."

3.2.4 Impact upon pre-registration trainees

Participants were specifically asked what they thought the overall impact of working in the pandemic had been on their trainees. Most stated that for the 2019/20 cohort, the changes had happened very late in their training and so the impact had been minimal. Several participants, in both sectors, stated that the impact of the pandemic for the 2020/21 cohort had been positive as the trainees had been "thrown into the deep end" and had realised that they had a lot to offer to their workplace and so had gained confidence.

"They kind of have been thrown in the deep end a bit because we have been short staffed due to COVID - people going off sick, isolating, et cetera. So, they have had to do more earlier."

"[My] pre-reg has had to develop new skills such as communication when in PPE and through perspex screens; more challenging for them but they will be fine for practice."

3.2.5 Safety of provisional registrants for practice

Of the community pharmacy tutors interviewed, none had worked with a provisionally registered pharmacist and so had no direct experience of a provisional registrant's safety to practise. However, all stated that they felt that their own pre-registration trainees were safe to practise as provisional registrants following tutor sign off.

Trust in one's own trainee(s) was a common theme across most of the interviews. Several hospital participants stated that they were happy to work with those provisionally registered pharmacists who had undertaken their training in the same NHS Trust - *"they were really good because they'd already trained here"* and *"We knew where ours came from"*. All hospital tutors interviewed told us that rigorous quality assurance and induction processes were in place for the provisional registrants and but some stated that they felt the GPhC

registration assessment was another measure of quality that was missing. One tutor expressed this as a “hard stop” that could be relied upon:

“We were confident in our signing off procedures, [but] it felt very uncomfortable not having that hard stop of the pre-reg exam that we’re all used to. Because I think we’ve all kind of got used to that being a tester of their knowledge base, and you sort of feel more confident if they’ve done their portfolio and they pass the exam they’re rounded in their knowledge. I think for our trainees we were happy that they were safe. It was just hard to adapt to not having that kind of hard stop assessment if there were any key issues.”

The majority of hospital participants reported that, as was common with newly registered pharmacists, there were degrees of confidence within the provisional registrants themselves. Those who had experience with those entering hospital practice from a community pharmacy pre-registration training placement found that the provisional registrants had struggled to get up to speed with the workload of a hospital pharmacist, particularly in terms of managing an autonomous workload, and that, because of the pandemic, these had taken longer to establish themselves in practice than would have been expected. One tutor felt that the provisional registrants they had worked with lacked confidence in their own abilities because they had had it drummed into them that they “*can’t progress unless there’s evidence to show that they’ve passed something. The GPHC exam was their security blanket. To say that yeah, they passed the year, but also passing this exam means that I’m now ready and competent and you know, begin to be registered as a pharmacist*”. This particular tutor had the opposite view point to their provisional registrant colleagues in that the tutor felt that the provisional registrants were very safe to practise and that “*anyone could have a bad day and fail the exam*”. Another tutor had a similar perception of this issue:

“They haven’t had the exam to actually prove they did know what they were doing and so that that was a bit of an issue and it did take longer to get them up to speed.”

The research team was also asked to investigate the thoughts of tutors on the inclusion of a period of provisional registration during Foundation Year to prepare for prescribing practice. Most of the hospital tutors stated that this was already in place to some extent, albeit as an informal process, whereby trainees were given a degree of autonomy with a ward-based workload and clinical screening tasks which they were expected to manage by themselves under supervision. This type of practice was not evident in the community pharmacy tutor responses, but they were cautiously supportive.

3.2.6 Timing of the registration assessment and preparedness of provisional registrants

Three distinct themes emerged from the interviews when participants were asked for their thoughts on the timing of the registration assessment.

The first was the degree of anxiety, stress and confusion that the provisional registrants had experienced with the delay to the assessment; all interview participants mentioned this. Tutors mentioned several causes of this stress and anxiety with key reasons being: the delay in registration “hanging over” the provisional registrants and “having to keep on top of their game for nearly a year”; the delay to the assessment resulting in them over-preparing for the assessment and “winding each other up” by trying to guess which questions they might be asked; the communication of different potential dates (November, January and then March) meaning that any revision strategies developed became obsolete. One community pharmacy tutor felt that the GPhC had been over-cautious and that the delay had been “too long and could have been sorted sooner”.

The second theme was around the impact of the final date of the registration assessment on hospital departments. Nearly all tutors interviewed from this sector commented on the fact that March is the end of the NHS annual leave year and, with the pandemic, many staff were requesting time off at around the time of the assessment as they had not used up their annual leave prior to this. In departments with a large number of provisional registrants (one tutor spoke of 14 in their department), allowing them to take more than a couple of days off as preparation time immediately before the assessment proved to be impossible. Coupled with this, those departments with a large number of provisional registrants found it very difficult to ensure that all services were provided with so many staff absent on any one working day. They felt that the GPhC had forgotten that the provisional registrants were part of the workforce rather than supernumerary to it as pre-registration trainees are.

The third theme mentioned by several tutors was that while they understood the need for the delay to the registration assessment, they felt it was potentially very unfair to the provisional registrants who had essentially been practising as pharmacists (with limitations and under supervision) for nine months.

“[It] would have been a travesty if lots of them had failed”

“I'm not comfortable with the fact that we allowed people to practice for nine months, but then they still had to pass an assessment in order to become a pharmacist. It's just doesn't quite feel right in my mind and so I think it took too long.”

“I think that they were working as a pharmacist, but then still had to do this exam I think they found it quite difficult to sort of come to terms with really that they might have been practicing for nine months and then may fail this exam, yet they've been OK to work.”

All tutors interviewed agreed that their provisional registrants, or previous pre-registration trainees, were prepared for the examination (despite the provisional registrants' own perceptions of their readiness), mainly because they had been very well supported during the lead up and had been practising for the whole time.

3.2.7 The format of the registration assessment

There was universal agreement within the interviews that the move to an online assessment was a good thing. Three tutors reported that some of their provisional registrant colleagues were anxious about the move to an online version, but only because they had not had a chance to practice in this format.

Several tutors mentioned that their provisional registrant colleagues had liked being able to highlight items within questions and utilise a search function, which was better than the paper-based format used previously. One tutor felt that:

"...the GPhC should have done this years and years ago. Having a paper-based exam is pretty archaic and I think they've flagged this themselves. I mean this is something that should have been done some years ago, and it felt like, and I think the trainees agree that it felt like it was a pandemic that caused this change in thought rather than this would eventually been online. They still probably would have done a paper-based exam for, you know, many years to come."

About half of the tutors interviewed reported that their trainees had managed to book into the Pearson VUE centres of their choice whilst the others stated that their colleagues had to travel to centres which were further away. One tutor, based in the east of England stated that their colleagues had to travel into London as this was the closest centre in terms of travel time and that this had created extra stress for them due to travelling, and having to stay in a hotel, during the pandemic. None of the tutors had any direct knowledge of any issues at the Pearson VUE centres, but three did report that they had heard of problems with taking water into exam rooms and access to toilets.

Several tutors stated that they thought that the registration assessment could be taken in the workplace, if sufficient suitable facilities were available, and that tutors should be trusted to invigilate the assessment. Other suggestions included the assessment being taken at Schools of Pharmacy or at home (one tutor observed that this had been done for the Prescribing Safety Assessment taken by medical students and F1 trainees).

One tutor did question the length of time between the registration assessment sittings and the release of results to candidates:

"The question is why has it taken actually longer to get the results back from an online version of an exam compared to the paper based one? Because with a paper based one they will do it at the end of June and then they'll get the results by the end of July. But with this version? They were doing it in the middle of March and they weren't getting it until the end of April, so it's actually a longer time for a style of assessment which should give you an instant result. So there was questions there saying why is it taking so long which would add to the anxiety and concerns that our trainees have been feeling."

3.2.8 New education and training standards

When asked about the new education and training standards for pharmacists, there was a large difference in awareness between tutors in both sectors of practice, with some stating that they had only briefly looked at the new standards as they had only very recently become aware of their existence. These tutors all commented that they felt the communication strategy around the introduction of the new standards was very poor and one hospital tutor felt that their introduction in the summer of 2021 following a year of pandemic working was poor timing. It was generally agreed that there was a need for new, more up-to-date standards to reflect the changes in practice and the direction of travel for the profession. However, there was a split in opinion on the introduction of independent prescribing into the first five years of training (i.e. the MPharm and Foundation Year), around two key themes.

3.2.8.1 Safety of newly qualified pharmacists registering as independent prescribers

There was cautious support for the introduction of independent prescribing into the first five years of pharmacist education and training. Two community pharmacists thought that this was a great thing and that an independent prescribing qualification would be essential for the future of community pharmacy services.

"I think you know IP is essential. You know more and more pharmacists are now working in surgeries and I think they need those IP skills to be able to expand their role. And to you know, have a bigger impact on the health of the customers that they're the serving. And it's not just a question of just waiting for a doctor's prescription if they can, proactively, you know, make a difference."

"[Community pharmacy should be] a place that people can access on the High Street. Very accessible, no appointment required and we can give really solid clinical advice. It doesn't replace the GP service by any means, but it means that we can really support the NHS by avoiding people having to go to doctor's surgeries so they can just do the more serious conditions."

There was a much greater degree of caution amongst the hospital tutors, nearly all of whom commented that they thought that newly registered pharmacists would require much more experience in practice to be safe independent prescribers. Their comments included reference to the undergraduate MPharm courses requiring much more patient exposure than is current.

"It scares me amazingly to think that newly qualified pharmacists are going to be able to prescribe and a lot of the pharmacists I work with all agree, and a lot of the young ones say the same thing. You know, to suddenly come out of university and be able to prescribe. It's scary. I don't disagree with them learning about it during their training, but I think there ought to be a year or so after they qualified before they are allowed to prescribe. I don't see that they'll know enough about what they don't know."

"I've always thought that you need time to learn to be a pharmacist before you can learn to be a prescriber, so I've always kind of been against prescribing from day one, and I know there are very valid reasons for prescribing from day one, but I think you need more time in practice."

3.2.8.2 Preparedness of the profession for an influx of independent prescribers

Some tutors expressed disquiet about an influx of newly qualified, independent prescribing pharmacists in both the short and medium terms. There were two main reasons cited for this: whether there were currently any roles within the pharmacy workforce for those newly registered to fill and to practice their skills; and those experienced pharmacists who were not independent prescribers being left behind.

"Hospital Trusts aren't ready yet. We barely know what we're doing with our own prescribers at the moment, let alone ones that will be coming out of university and then doing their prescribing training during their foundation year."

"There may be some resentment from qualified pharmacists as they still have to do an IP course."

One tutor was particularly exercised about this second issue. They had recently decided to move jobs and take up a role as a Primary Care Network (PCN) pharmacist and train as an independent prescriber through this new position. They were particularly bitter at having to follow the CPPE framework for a lengthy period of time before being allowed to start their IP course and stated that it was *"very frustrating to know that I have to do all this over two years when I've been qualified for 10 years and the new ones will be qualifying straight away. My PCN colleagues feel the same way."*

3.2.9 Communication

A final theme emerged from the series of tutor interviews that did not form part of the initial interview topic guide but did show strongly in the majority of interviews. This was around communication by the GPhC regarding the introduction of the new education and training standards, but particularly around the dates of the registration assessment. Seven tutors felt strongly enough to bring this up as a separate issue at the end of their interviews and felt that the communications strategy around the dates of the registration assessment cause a lot of extra, and unnecessary, stress and anxiety for candidates. Several stated that the provisional registrants they were working with felt very frustrated with the lack of clarity around the delay, despite being accepting of the need for a delay. One tutor stated that they felt *"very let down by the GPhC in terms of communication and guidance and long delays"*.

4. Discussion

For this research project the team interviewed three groups of participants: provisionally registered pharmacists, pre-registration trainees and pre-registration tutors. The pre-registration trainees were a diverse group consisting of those who had chosen to remain as pre-registration pharmacists for personal reasons and those who were ineligible to join the provisional register. Most pre-registration tutors wanted to give their thoughts on how the pandemic had affected both the 2019/20 and 2020/21 cohorts. This discussion will therefore consider a range of perspectives from tutors, pre-registration trainees and provisional registrants.

Despite difficulties in recruiting to the study (which will be discussed later), analysis shows that we reached data saturation with the provisional registrant participants and with the tutor participants. We interviewed a smaller number of pre-registration trainees which was to be expected given that there remained very few of these from the 2019/20 cohort but, apart from some differences due to the reasons why they had retained their pre-registration status, their experiences of the pandemic were broadly the same as for those who had gone on to join the register as provisional registrants. Those who had previously failed the registration assessment (prior to 2019/20 cohort) voiced broadly similar views, however in addition some strong views that applied to this specific cohort related to ineligibility to join the provisional register.

In preparing to discuss the findings of this project, the research team have been unable to find any other similar research exploring the effect of COVID-19 pandemic on pre-registration training and provisional registration. Despite the small number of participants within our study, we feel that some valuable insights have been gained.

We will discuss our findings under five broad themes namely:

1. Effect of the pandemic on pre-registration training
2. Provisional registration
3. The registration assessment and mental health
4. The new Initial Education and Training Standards for pharmacists
5. Communication

4.1 Effect of the pandemic on pre-registration training

The most common change to training mentioned by all three groups of interviewees was the reduction in practical experience at certain points within the pandemic, most notably in late March 2020 at the beginning of the first wave and first lockdown of the pandemic. From the perspective of those who were pre-registration trainees at the time, it was seen as a loss of practical experience whilst the tutors articulated this more clearly as a risk management exercise whereby trainees were removed from high risk areas of work (including cross-sector

training), particularly in the secondary care sector. The need to work remotely was more commonly reported across hospital trainees; several trainees and hospital tutors commented that this had happened either to them or within their department. Very few of the trainees working within hospital pharmacy reported that they had been asked to change their shifts or work extra hours.

Within community pharmacy however, it appears that the situation was very different. Most trainees reported that they were required to work extra hours and this was confirmed by the tutors from this sector. This is not a surprising finding; in August 2020 the *Pharmaceutical Journal* reported the findings of its 2020 salary and job satisfaction survey which showed that 65% of community pharmacists has worked extra hours during the pandemic and 50% had done so unpaid.⁶ As community pharmacy teams are much smaller than their hospital counterparts, they are much more likely to be adversely affected by the absence of staff due to self-isolation or because of medical vulnerability in the pandemic. As reported by the community pharmacy tutors, the community pharmacy workload increased dramatically in March and April 2020 as patient access to GP services and Accident and Emergency declined, along with a huge rise in prescription demand (in some cases up to 33%⁷). Overall community pharmacy trainees were understanding of the need for them to work increased hours and so this was not reported as a problem.

Access to personal protective equipment (PPE) in the early stages of the pandemic appears to have been patchy in both sectors of practice, a finding also seen within the medical profession⁸. Within hospital pharmacy, as mentioned above, it appears that the risk to the trainees was mitigated by remote working in the first instance; as the situation became more stable, the trainees could return to the workplace. Within community pharmacy this mitigation step does not appear to have been taken unless the trainee was classified as medically vulnerable. PPE provision within community pharmacy was more difficult; it was not until August 2020 that community pharmacies were able to obtain free PPE supplies from the government. This was mentioned by some of the community pharmacy trainees in the context of some service provision, including face-to-face patient counselling, ceasing. Social distancing rules were identified as being more difficult to adhere to within a close-working community pharmacy setting.

The interviews with trainees did not show any disquiet in the level of training received during the early phase of the pandemic and the tutor interviews echoed this with most tutors of the opinion that as the first lockdown occurred towards the tail end of the training year, most of the pre-registration performance standards had been met by their trainees. The majority of

⁶ *The Pharmaceutical Journal*, PJ September 2020, Vol 305, No 7941;305(7941):DOI:10.1211/PJ.2020.20208288

⁷ Wickware C. Pharmacies' dispensing increases by up to a third as a result of COVID-19, survey finds. *Pharm J* 2020. doi:10.1211/PJ.2020.20207917

⁸ Emma Jane Norton, Ioannis Georgiou, Alex Fung, Armin Nazari, Soham Bandyopadhyay, Kate E A Saunders, Personal protective equipment and infection prevention and control: a national survey of UK medical students and interim foundation doctors during the COVID-19 pandemic, *Journal of Public Health*, Volume 43, Issue 1, March 2021, Pages 67–75, <https://doi.org/10.1093/pubmed/fdaa187>

tutors interviewed felt that there was a greater impact of the pandemic on the 2020/21 cohort of trainees as they had started their training under pandemic working restrictions and this had continued to the time of the interviews (and continues to the time of the writing of this report). With regard to training plans for this year, many tutors spoke of learning from the first pandemic wave particularly with respect to the use of technology to deliver online learning and online tutor contact. Current training plans were revised, with cross-sector training again being a casualty of the risk management process. The greatest loss, according to the tutors in both sectors, was that of the regional study days where trainees have the opportunity for informal interaction and networking with their peers. As the trainees interviewed for this project were not, on the whole, adversely affected (those that mentioned cancellation of study days confirmed that it was only the last one or two in year-long series), the impact of this loss of networking for the 2020/21 cohort has not been explored in this project. Likewise the impact of the loss of cross-sector training has not been covered by this project; both of these areas are worth deeper exploration by the GPhC, particularly in the context of the impact of the pandemic on the mental health of trainees (covered later in this discussion).

The second wave of the pandemic, which was at its peak from December 2020 through to March 2021 had a much greater impact on the secondary care sector in terms of alteration of current training plans. None of the community pharmacy tutors interviewed mentioned this as an issue, but nearly all hospital tutors described some alterations to the current, already modified, training plans; often these alterations were extreme. However, these tutors also highlighted that they felt that the trainees had gained much from this experience as they were utilising their skills and working closely within clinical teams. One issue identified by one tutor was around evidence for the pre-registration portfolio and how their trainees did not have the critical thinking skills necessary to see how their changed working circumstances could be used to evidence some competencies. This is perhaps an area where guidance from the GPhC on what might constitute suitable evidence given the pandemic situation may have been useful.

It was encouraging to discover from the interviews that, broadly, good tutor support remained in place. Trainees appear to have understood why tutor support was reduced or altered and most felt that, given the circumstances, they had still received the support they needed for their personal development. Similarly, the tutors mostly stated that they had sufficient contact time, particularly those working in community pharmacy. Those in hospital settings found other mechanisms, e.g., WhatsApp, personal phone calls, online meetings. Despite initial difficulties with technology, most found that this was a positive during the pandemic for both training and one-to-one support. Within community pharmacy, the pandemic appears not to have changed tutor support greatly, given adjustments for social distancing, PPE, etc., but the nature of support may have changed. Like many experiences in the pandemic, it seems that lessons have been learned from the use of technology that could be employed in future training programmes regardless of any pandemic situation.

4.2 Provisional registration

Firstly, there were mostly negative feelings reported by those ineligible to join the Register as provisional pharmacists, most notably those who had previously failed the registration assessment prior to 2019-20. These interviewees were very angry as they felt they had much more experience as a pre-registration trainee (at least a year) but were not eligible because of exam failure. Their question is valid; what makes them different to someone who has not yet taken the exam as where is the guarantee that the trainees in the later cohort would have passed the exam? Indeed, the results of the registration assessment held in March 2021 suggest that 12% of candidates should not have been in practice as provisional registrants for nine months⁹. This is a very crude measure and an equally crude argument, but the disenfranchisement of this group of potential pharmacists could have future repercussions on the profession as a whole. Despite their feelings towards the GPhC, this group were positive towards the title of provisional registrant itself but aggrieved by disparity in pay as they were generally employed as dispensers or pharmacy technicians whilst the provisional registrants were paid as pharmacists.

Secondly, provisional registrants were mostly positive and confident about joining the register, with reference to the value of the experience and bridging the gap to pharmacist status. It is interesting to note that some pre-registration tutors commented on the lack of validation by a pass in the registration assessment, which appeared to make some provisional registrants less confident in their abilities despite the confidence of their peers, senior colleagues and other healthcare professionals. A small number of provisional registrants agreed with this, reporting that passing the exam would validate their status; some reported that the assessment should not be a necessary requisite. There was strong consensus across all groups interviewed that provisional registrants were treated in the same manner as newly-registered pharmacists in all sectors of practice. Of particular note, in the hospital setting, provisional registrants felt like they received the same support as per band 6 pharmacists as support mechanisms were already present prior to the pandemic; in comparison, in community pharmacy, extra support was introduced as a result of the pandemic and was perceived to be a positive addition to aid development. Learning points should be taken from this, and feed into the design of future post-registration education and support strategies.

Most of the experience of working with provisional registrants came from those tutors based within the hospital sector; this is not unexpected in this situation given that most community pharmacists are single-handed practitioners and so were unlikely to have encountered a provisional registrant to work with directly. However, the community pharmacy participants had kept in touch with their previous pre-registration trainees to provide ongoing support and so had views on provisional registration. This is despite the stated comprehensive quality assurance, induction processes and support packages in place for the provisional registrants

⁹ <https://www.pharmacyregulation.org/sites/default/files/document/registration-assessment-march-2021-statistics.pdf>

employed by their organisations. If a similar supervisory role were included in training in the future, improving standardisation across such would be beneficial.

This project appears to show that the registration assessment has a two-fold purpose in the eyes of pre-registration tutors. The first was that it would have given more confidence to the provisional registrants as they *"would know what they don't know"*. The second was the most common theme in all the tutor interviews: trust in another tutor's training and sign off. All tutors, regardless of sector of practice, were very confident in those provisional registrants they had personally trained, but nearly all hospital tutors felt they needed the back-up of the registration assessment for those they hadn't. This would appear to demonstrate that there is a lack of confidence in the process through deficiencies including a lack of mandatory tutor training, quality assurance, and standardisation in approaches to portfolio completion and sign-off during the pre-registration training year.

4.3 The registration assessment and mental health

There was unanimous agreement across all interviewees on the impact of the delay to the registration assessment on the mental health and wellbeing of provisional registrants and trainees; the words "stress" and "anxiety" occurred in all interviews. There were multiple reasons given for feeling stressed and anxious, as outlined below. These were noted by all those interviewed.

1. Communication regarding the delay to the assessment. There was acceptance by nearly all interviewees that the delay to the exam was both understandable and needed but communication about when the revised date of the assessment would be was perceived as very poor by nearly all participants. The uncertainty was perceived as "hanging over" provisional registrants making some of them feel paralysed as to their future. Both provisional registrants and tutors commented that revision strategies were not possible due to the changes in messaging from the GPhC. Similar, but even stronger, views were expressed by trainees who had previously failed the registration assessment. Suggestions for better communication include the need for: a timelier approach, providing more clarity and with better transparency. This would allow for better preparation and organisation for both revision (from perspective of trainees) and annual leave plans (from perspective of all).
2. The consequences of failure. The topic guides for the interviews of provisional registrants and tutors differed on this point in that it was a direct question for the provisional registrants and was not asked of the tutors. Despite this, very strong feeling emerged from the tutor interviews about the consequences of failure. Highly emotive language was used by some provisional registrants in their interviews - *'terrifying'*, *'harsh'* and *'catastrophic'* for example. Some interviewees talked of feeling ashamed or untrustworthy if they failed and many spoke of a potential financial impact and uncertainty around their future career. Some tutors also used similar emotive language and there was an overall feeling of injustice for those provisional registrants who had practised safely for nine months and then would suddenly be unable to

work. There was a clear link between the delay in the registration assessment and the negative feelings towards the consequences of failure. Completing the registration assessment whilst being provisionally registered was perceived as more pressured and high-stake than completing it at the end of their pre-registration training. If the registration assessment was taken earlier in the educational path (during the MPharm) this could help to mitigate similar issues in the future should they arise. Alternatively, if a standardised, quality assured portfolio assessment strategy was introduced, is there a continued need for a registration assessment? This is supported by a small number of provisional registrants and two tutors who queried the need for a registration assessment.

3. Booking into Pearson VUE test centres. There were some reports in the interviews of difficulties in booking into the most convenient Pearson VUE centre for the registration assessment. However, it is encouraging that, despite the (anecdotal) reports of many candidates being unable to find a place near to them and being forced to travel long distances at the time the booking system was released¹⁰, for the majority no issues were reported. Neither did we discover any first-hand reports of major difficulties within the Pearson VUE centres. Regarding home sittings, a couple of inconsistencies regarding the application of examination rules were reported; going forward from this, training and guidance for examiners needs to be reviewed if online assessments are used.
4. Study time. Many provisional registrants felt that they were unable to take as much study time as they needed to prepare for the assessment and many tutors confirmed that it was difficult to allow candidates much in the way of annual leave to prepare. This was because the assessment coincided with the end of the annual leave year in the NHS where, due to the pandemic, many members of hospital staff were also wanting to book annual leave. Issues highlighted are strongly linked to the delay in the assessment and communication (see point 1 on communication). From reports, it is implicit that if communication and thus planning were improved, this may positively contribute to better mental health and wellbeing during assessment preparation.

A secondary issue regarding the booking process for the Pearson VUE centres came through the tutor interviews and is worthy of note by the GPhC. Several tutors mentioned that the booking system went live in the morning of a working day, which had two effects. Firstly, some provisional registrants did not want to undertake their normal duties as they wanted to make sure they had booked a place at the test centre of their choice. Secondly, those provisional registrants who did undertake their duties as required were more stressed as they felt they had missed the opportunity to secure a place at their chosen test centre. This appears to have been another unforeseen consequence of the process by the GPhC and, if the process is to remain online in the future, needs to be taken into account to avoid, as far as possible, impact upon the working environment of the candidates.

As mentioned in point 4 above, allowing candidates time off from work to prepare for the registration assessment was problematic for NHS employers. A further, potentially

¹⁰ <https://www.chemistanddruggist.co.uk/news/gphc-vows-improve-comms-and-booking-process-after-first-online-exam>

unforeseen, consequence of the timing of the assessment dates was the difficulty of NHS employers releasing large numbers of candidates, all of whom were working in the role of a pharmacist, on the same day to take the exam. Despite the assessment being available on two different days, some hospital pharmacy departments had large numbers of provisional registrants (up to 14 in one reported case) to release at the same time, meaning that services were affected. This should not be an issue for future iterations of the registration assessment as those taking it should all be foundation year pharmacists and so supernumerary to departments, but this impact should be noted.

Overall, there was very broad support across interviewees for the online format of the registration assessment with a general feeling that this was one good outcome of the pandemic; this was a forced change to the delivery mode of the exam that was long overdue.

4.4 New standards for the initial education and training of pharmacists

Amongst the pre-registration and provisional registrant interviewees, there appeared to be a lack of awareness of the new education and training standards. However, those who had some insight were mostly positive towards the changes. This reported lack of communication has highlighted a need to revisit communication strategies to promote awareness and understanding of important developments for the profession.

The data from this project suggest that the introduction of the new education and training standards, particularly the new indicative learning outcomes (ILOs) for the newly-titled Foundation Year caught the pre-registration tutors by surprise, particularly given that they were first announced in December 2020. However, as this was at the time of the growing second wave of COVID-19 infections and hospitalisations it is perhaps not at all surprising. The hospital pharmacy tutors were more aware of the content of the new standards with the community pharmacy participants more likely to have only “glanced” at them or “read them over quickly”.

The responses to the new standards, particularly the introduction of independent prescribing training was polarised as outlined in the results. This is not an unexpected finding; the current requirements to become a pharmacist independent prescriber¹¹ set by the GPhC include the following (amongst others):

1. Applicants must have at least two years' appropriate patient-orientated experience post registration, in a relevant UK practice setting.
2. Applicants have an identified area of clinical or therapeutic practice in which to develop independent prescribing practice. They must also have relevant clinical or therapeutic experience in that area, which is suitable to act as the foundation of their prescribing practice while training.

¹¹ <https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-january-19.pdf>

These requirements are now embedded within UK pharmacy culture and practice and so the degree of caution expressed by the participants in this study is understandable.

4.5 GPhC Communication

The issue of communication by the GPhC was an incidental finding of this research project. None of the questions in any of the topic guides mentioned communication as an area to explore and yet it was raised in nearly every interview across the board. Failure in communication by the GPhC was reported in relation to both the delay to, and revised date of, the registration assessment and the new education and training standards.

4.6 Limitations

The project team, because of GDPR requirements, relied upon email communications from the GPhC to recruit to the study. Whilst we are not suggesting that this is a major factor in difficulty recruiting to the study, the team did receive anecdotal reports of GPhC emails being found in recipients' junk email boxes. Likewise, during the time of a pandemic, some pharmacists' time to check personal emails, and prioritisation of information therein, is likely to have been compromised.

We originally aspired to recruit all pre-registration trainees and provisional registrants prior to release of the registration assessment results, however, owing to slow recruitment to the study this was extended past this date. We extended our recruitment strategy in to attempt to improve tutor participation; unfortunately, there was limited interest to participate. However, across both trainee, provisional registrant and tutor interviews we quickly reached data saturation and no new themes emerged.

Being cognisant of long working hours amongst potential participants, we wanted to provide more opportunities for those interested to be able to participate in the study; within our recruitment strategy we provided a wide range of times for interviews to be conducted, this included unsociable hours also.

Not all interview questions were suitable to ask of all interviewees, notably across the trainee cohort (e.g. those trainees who had failed the assessment prior to 2019/20 cohort of trainees). In addition, as three interviewers conducted the interviews in this study, we acknowledge potential variability in interview style. However, the standard interview pro-forma was followed as closely as possible by the interviewers to optimise comparability of responses.

5. Recommendations

The research team recognise that the COVID-19 pandemic was an extraordinary, unprecedented event with effects on pre-registration training that could not have been predicted. Likewise, we recognise that many of the outcomes described in this report are unlikely to occur again as provisional registration will only remain in force until January 2022; the arrangements for the 2021 registration assessment dates have already been made. However, there are huge changes on the horizon for the profession of pharmacy, with the introduction of the new standards for the initial education and training of pharmacists which will have significant impact on pre-registration tutors (or designated supervisors as they will be known from July 2021 onwards). The recommendations in this section are therefore written in the light of learning from the extraordinary circumstances of the pandemic through this study and applying this learning to the changes that lie ahead.

1. The GPhC should review its communication strategies. This should include transparency, clarity and timeliness. Many participants were accepting of the need for a delay to the registration assessment but did not understand why it took nine months from the decision to cancel the 2020 registration assessments (March 2020) to the rearranged dates being confirmed (January 2021). This lack of clarity and understanding compounded the natural stress and anxiety experienced about the exam. Comments were made about other professions and universities being able to rearrange their provision more quickly than the GPhC. There is some evidence that email messages from the GPhC are not read, or not read thoroughly and, as this is currently the primary means of communication by the GPhC to their registrants, this is a matter of concern at a time of great change within the profession.

Better communication strategies should allow for better planning of elements such as training leave, annual leave, and assessment preparation, and should mitigate against some of the adverse effects on mental health and wellbeing reported above.

2. The online examination appears broadly to be accepted as the way forward for the registration assessment and this should remain in place beyond the current year. However, consideration should be given to the time the booking system for places at Pearson VUE centres is released so that the impact upon the working day and service provision is minimised. There should also be further training for examiners to optimise consistency in experience for candidates across all examination centres and for those sitting at home. Thought should also be given to working more closely with higher education providers to provide centres for the registration assessment. Their facilities are likely to be available at the times of the year the examination is usually held and they have long experience in running assessments. The issues around the release of staff on the same day for an assessment should not apply in future

assessments as those sitting the assessment should be supernumerary to their workplace.

3. The new support requirements for provisional registrants in the workplace were generally well accepted. The GPhC should work closely with the Special Education Bodies for the devolved nations (HEE, HEIW, and NES), along with the PSNI to retain this support in the new foundation year. There was also support from the tutors for trainees working autonomously towards the end of their training year (this appears to be almost routine practice during hospital pre-registration training). The development of a short period of time (six to eight weeks) where foundation year pharmacists are provisionally registered would appear to be favourable and may be of use in the integration of independent prescribing training within the foundation year.
4. Consideration should be given by the GPhC to scoping the pharmacy profession on the personal and professional impact of the introduction of independent prescribing training much earlier in the pharmacist education continuum. Some tutors were very vocal about feeling left behind, or having to follow a much more convoluted training pathway (despite many years' experience in practice) to achieve parity with newly registered pharmacists in the future. This ill-feeling could have a significant impact upon retention of pharmacists in the future and this effect should be modelled if possible.

Annex A: Pre-registration trainee topic guide

Theme	Question areas
Pandemic effect on pre-registration training	<ul style="list-style-type: none"> • Any unplanned changes? <ul style="list-style-type: none"> ○ Impact of Covid ○ Non-Covid related unplanned changes • Completion of training plan • Access to tutor • Safety at work, including access to PPE <ul style="list-style-type: none"> ○ Risk assessments by employers
Provisional pharmacist status	<ul style="list-style-type: none"> • Decision not to provisionally register • How do they feel about provisional registration?
Registration assessment	<ul style="list-style-type: none"> • Are you planning to/Did you sit the registration assessment in March 2021? (depends on interview pre/post assessment date) • Delay to the registration assessment <ul style="list-style-type: none"> ○ Impact of this upon mental health and wellbeing ○ Impact upon practice ○ Preparation time and preparedness ○ Consequences of failure • Format of registration assessment <ul style="list-style-type: none"> ○ Online vs paper based ○ In situ assessments at test centres ○ Other sitting (e.g. home environment)
New GPhC standards	<ul style="list-style-type: none"> • Awareness of new standards • Thoughts on the greater integration of clinical training, including IP training, across a five year continuum • Does provisional registration have a place in the new fifth-year to allow a degree autonomy of practice prior to any final assessment?

Annex B: Provisional Registrant topic guide

Theme	Question areas
Pandemic effect on pre-registration training	<ul style="list-style-type: none"> • Any unplanned changes? <ul style="list-style-type: none"> ○ Impact of Covid ○ Non-Covid related unplanned changes • Completion of training plan • Access to tutor • Safety at work, including access to PPE <ul style="list-style-type: none"> ○ Risk assessments by employers
Provisional pharmacist status	<ul style="list-style-type: none"> • Decision to provisionally register • Preparedness for practise <ul style="list-style-type: none"> ○ Was tutor sign off sufficient to demonstrate competency for practise? • How do they feel about being “almost” a registered pharmacist? • Support provided by employer/ supervisor • Expectations of employers <ul style="list-style-type: none"> ○ Rates of pay • Reactions of service users, pharmacy colleagues and other healthcare professionals to “provisional” title
Registration assessment	<ul style="list-style-type: none"> • Are you planning to/Did you sit the registration assessment in March 2021? (depends on interview pre/post assessment date) • Delay to the registration assessment <ul style="list-style-type: none"> ○ Impact of this upon mental health and wellbeing ○ Impact upon practice ○ Preparation time and preparedness ○ Consequences of failure • Format of registration assessment <ul style="list-style-type: none"> ○ Online vs paper based ○ In situ assessments at test centres ○ Other sitting (e.g. home environment)
GPhC inspectors	<ul style="list-style-type: none"> • Any interactions with GPhC Inspectors? • Outcomes of these
New GPhC standards	<ul style="list-style-type: none"> • Awareness of new standards • Thoughts on the greater integration of clinical training, including IP training, across a five year continuum • Does provisional registration have a place in the new fifth-year to allow a degree autonomy of practice prior to any final assessment?

Annex C: Tutor and Supervisor topic guide

Theme	Question areas
Pandemic effect on pre-registration training	<ul style="list-style-type: none"> • Which training plan did they have access to? (Company, NHS, own) • Completion of training plan <ul style="list-style-type: none"> ○ Were there any unplanned changes during the training year? ○ (Probe whether these were separate to the impact of Covid) ○ Access to support from employing organisation • Access to trainee to provide support • Compare 2019/20 and 2020/21 experience with previous years • How do they think their tutees would rate their training experience? • Impact of Covid - positive or negative on trainees (confidence)
Registration assessment	<ul style="list-style-type: none"> • Preparedness of trainees to become provisional registrants <ul style="list-style-type: none"> ○ Safe to practise under revised supervisory arrangements? ○ Was tutor sign off sufficient to demonstrate competency for practise? • Preparedness of provisional registrants for the registration assessment • Format of registration assessment <ul style="list-style-type: none"> ○ Online vs paper based ○ In situ assessments at test centres ○ Other sitting (e.g. home environment) • Timing of the registration assessment
New GPhC standards	<ul style="list-style-type: none"> • Awareness of new standards • Thoughts on the greater integration of clinical training, including IP training, across a five year continuum • Does provisional registration have a place in the new fifth-year to allow a degree autonomy of practice prior to any final assessment?

Annex D: Breakdown of participants

Pre-registration trainees				
Number interviewed	Community (large multiple)	Community (small multiple / independent)	Hospital	Other
8	2	4	1	1 (Industry / Community split)
Provisional registrants				
Number interviewed	Community (large multiple)	Community (small multiple / independent)	Hospital	Other
21	2	3	15	1 (Primary Care)
Tutors and supervisors				
Number interviewed	Community (large multiple)	Community (small multiple / independent)	Hospital	Other
16	3	0	11	2 (1 x Mental Health Trust, 1 x Primary Care)