

An Evaluation of Models of Support for Community Pharmacy Registrants' Development

Final Report

October 2022

Sophie Bartlett & Alison Bullock



October 2022



Cardiff University School of Social Sciences
Glamorgan Building, King Edward VII Avenue
Cardiff
CF10 3WT

bullockad@cardiff.ac.uk

Acknowledgements

We would like to acknowledge the pharmacy section of Health Education and Improvement Wales (formally the Wales Centre for Pharmacy Professional Education) for commissioning and funding this study. We would like to offer our thanks to the pharmacists, employers, mentors and HEIW Leads who kindly consented to take part in this study and gave up their time in interviews, focus groups or surveys. Finally, we would like to thank Michele Sehwat for providing all relevant information around the protected time pilot and for the invaluable support and feedback throughout this study.

Table of Contents

Executive Summary	ii
Introduction	1
Method	2
Results	3
Motivations for Pursuing Protected Time	4
Time Away from Service Provision	4
Access to Support.....	4
Expand Scope of Practice	5
Choosing a Protected Time Model	5
Time Used	6
Course Attendance.....	7
Engaging with Mentor	7
Shadowing Other Healthcare Professionals	7
Self-Guided Study.....	8
Benefits of Protected Time.....	8
Gaining Support from Employers	9
Protecting Personal Time	10
Benefits to Wider Pharmacy and Patient Care	10
Independent Prescribing	11
Increased Access to Support and Reduced Isolation	12
Challenges in Using Protected Time	14
Arranging Time and Sourcing Backfill	14
Impact of Covid-19	14
Achievements and Impact of Protected Time	15
Suggested Improvements to Protected Time Models	16
Clarity around Using Time	16
A HEIW-Approved Library of Resources	16
Protected Time for Other Pharmacy Staff	17
The Future of Protected Time for Community Pharmacists	17
Pre-Determined Protected Time Slots.....	18
Non-Patient-Facing Hours	19
Models of Protected Time.....	21
Discussion.....	22
Conclusion and Recommendations	24
Appendices.....	25
Appendix 1 – Example of Online Diary	25

Appendix 2 – Question Schedule for Pharmacist Focus Groups/Interviews on Self-Directed Model	28
Appendix 3 – Question Schedule for Pharmacist Focus Groups/Interviews on In-Practice Support Model.....	29
Appendix 4 – Question Schedule for Pharmacist Focus Groups/Interviews on Credit-Bearing Model.....	30
Appendix 5 – Employer Online Survey	31
Appendix 6 – Mentor Online Survey	36

Executive Summary

Introduction

Pharmacists play an important role within the healthcare system and are increasingly assigned new responsibilities and services. Continuing professional development (CPD) for pharmacists helps to ensure they keep pace with their evolving role, however there is currently no provision for CPD in the NHS contract for community pharmacists. In response, Health Education and Improvement Wales (HEIW) initiated three models of protected time that provided funding to support the development of community pharmacy registrants: self-directed CPD, in-practice support with a dedicated mentor, and credit-bearing qualifications. The purpose of this study was to evaluate the outcomes of the three models and provide evidence to inform future policy.

Method

This study followed a mixed method design involving multiple participant groups. Data were collected from online diary entries, focus groups, interviews, and surveys, and included pharmacists, employers, mentors and HEIW Leads.

Results

In total, the study yielded 96 online diary entries from pharmacists, over four hours of conversation data from 15 pharmacists and three HEIW leads via focus groups and interviews, and 15 online survey responses from employers and mentors.

Pharmacists' key motivations for pursuing the protected time pilot centred around opportunities to step back from service provision, to access support, and to expand their scope of practice.

Despite the three different models of protected time, there were many similarities among pharmacists across different models in how they used their time. Many pharmacists reported accessing formal training courses, shadowing other pharmacists or healthcare professionals, and undertaking self-guided study such as researching guidelines and reflecting on scope of practice.

Overall, the opportunity for protected time was regarded as hugely beneficial. Pharmacists commented on the benefits not only to themselves but to their employer, their colleagues, and to patient care. Such benefits arose from the opportunity to expand services and expand pharmacists' scope of practice.

Some pharmacists felt the protected time opportunity had enabled them to gain support from their employer to pursue courses and training that would not have been possible otherwise. Had it not been for the protected time, many felt they would have needed to sacrifice personal time in order to focus on their development.

Many pharmacists were Independent Prescribers and commented on how they had been able to expand their scope and manage more of the conditions that presented in their pharmacy. Pharmacists across all three models noted how the protected time enabled them to benefit from engaging with other pharmacists and healthcare professionals. Such interactions provided feedback and reassurance to pharmacists and also reduced feelings of isolation.

There were some challenges faced by the pharmacists, the key one concerned arranging protected time and sourcing backfill. The increasing cost and limited availability of locums was reported as a key barrier and was only exacerbated by the Covid-19 pandemic.

Pharmacists were forthcoming in suggesting improvements to the protected time models. There was a desire for a HEIW library of trusted resources to help pharmacists access courses and material of greatest relevance and quality. This was reported by HEIW as something they were actively working towards. There was also uncertainty among pharmacists around which protected time model they were enrolled on and how time could be allocated, indicating a need for greater clarity.

Pharmacists were unanimous in the view that protected time is essential for community pharmacists and hoped that it was something that would continue, particularly as pharmacists take on more services. There were mixed views on how protected time could be upscaled and clear acknowledgement of the challenges associated with such a task. One suggestion was the introduction of pre-determined protected time slots to ensure absences from services would be regular and known well in advance. Some suggested that these time slots could be organised at the Health Board or company level. This approach was seen as a potential way of alleviating the challenges in arranging backfill but would not overcome the financial challenges associated with rising locum costs. Others suggested the introduction of non-patient-facing hours, akin to arrangements in general practice settings. However, reducing patient-facing hours was seen by some as problematic, particularly as community pharmacies deliver additional services.

Discussion

Although small in scale, this study has demonstrated the value of providing protected time to community pharmacists and the range of learning and development that can be achieved. Outcomes from the three different models have also demonstrated how community pharmacists do not necessarily require formal courses to enhance their development and that there is a place for self-directed learning.

The similarities across models in the use of protected time and the benefits yielded, in conjunction with the confusion surrounding the different models, lends argument to removing distinct models and instead offering a broader option of protected time. Such a model would see all community pharmacists presented with a set budget for protected time and the responsibility in determining how the time is used.

Although a key objective of this study was to compare the three models, the findings indicate that more pertinent is how protected time is implemented and financed in practice. Suggestions were offered about how protected time might be upscaled, however neither pre-arranged time slots nor non-patient facing hours were without their limitations or financial implications.

Leads at HEIW acknowledged the need for a pragmatic approach moving forward in order to balance the needs of community pharmacists, patients, and employers, as well as the financial constraints. Nonetheless, community pharmacists were distinguished as isolated, sole practitioners who present greater risk to the quality of care and safety of patients. HEIW leads felt that this sufficiently justified ensuring community pharmacists have access to protected time and opportunities to engage with other healthcare professionals.

Conclusion

Protected time needs to be available to community pharmacists and should allow for varied professional development activities that suit the individual needs of pharmacists. It is suggested that HEIW move away from distinct models and adopt a broad approach to the provision of protected time. This should eliminate confusion and allow pharmacists to use time most appropriately.

At present, there is no ideal solution to the backfill challenge associated with protected time however consideration of Health Board or company-level organisation of regular protected time slots, or the introduction of non-patient-facing hours is recommended.

Introduction

Pharmacists are crucial professionals within the healthcare system. Their role is continually evolving, and they are increasingly assigned new responsibilities and services.

Continuing professional development (CPD) is a valuable part of personal and career development for any professional. CPD for pharmacists helps to ensure they keep pace with their evolving role. Evaluation of approaches to CPD for pharmacists has demonstrated various benefits, for example, arising from local tutor input, but also identified that lack of protected time is a key barrier for pharmacists¹. At present, there is no provision for CPD in the NHS contract for pharmacists working in community settings.

In response, Health Education and Improvement Wales (HEIW) initiated three models of protected time to support the self-development of community pharmacy registrants. The intention of such models is that they will provide pharmacists with sufficient time and opportunity to build credentials and develop their careers. The three models are as follows:

1. **Self-Directed CPD** (referred to herein as the self-directed model): Provides pharmacists with 12 days of protected time. Pharmacists use this time to organise their own learning and development that can be mapped against a recognised framework (e.g. the independent prescribing competency framework and the advanced practice framework.)
2. **In-Practice Support** (referred to herein as the in-practice support model): Provides pharmacists with 12 days of protected time to organise their own learning and development (akin to self-directed model) as well as 6 days of protected time for a dedicated mentor to work with the pharmacist to guide their learning and provide feedback
3. **Credit Bearing Qualifications** (referred to herein as the credit-bearing model): Provides pharmacists with 15 days of protected time to pursue accredited qualifications or modules that require 'in-practice' activities and assessments (e.g. minor ailments, triage and treat).

Community pharmacists were invited to apply for support from one of these three models. A total of 42 applications were received across the three models. Twenty-three pharmacists applied to the credit-bearing model, all of whom were accepted. HEIW reviewed the self-directed and in-practice support model applications collectively before assigning individuals. In total, 19 applied for one of these two models, eight were assigned to the self-directed model, six to the in-practice support model, and one was assigned to the credit-bearing model. Four of the 19 applications were not approved for one of two reasons: either applicants were already receiving some level of funding for training and development, or their applications did not provide enough detail around their intended development.

¹ Donyai P, et al. 2011. British Pharmacy Professionals' Beliefs and Participation in Continuing Professional Development: a review of the literature. *International Journal of Pharmacy Practice* 19(5), pp. 290-317. DOI: 10.1111/j.2042-7174.2011.00128.x

A summary of applications, enrolments, and completions of the three models is provided in Table 1.

Table 1 – Applications, Enrolments, and Completions of the Three Protected Time Models

	Applied	Enrolled	Completed (accounting for dropouts)
Self-Directed Model		8	6
In-Practice Support Model	19	6	6
Credit-Bearing Model	23	24	20

The purpose of this study was to evaluate the outcomes of the three models and provide evidence to inform future policy and HEIW’s response to the NHS Education Commissioning and Training Plan². The intention is that findings from the evaluation will help to inform options for supporting the transition to the new General Pharmaceutical Council’s (GPhC) Initial Education and Training Standards³ (IETS) for pharmacists and pharmacy technicians.

The specific objectives of this evaluation were threefold:

1. Identify the perceived benefits and drawbacks of each model
2. Compare the inputs and outcomes of each model
3. Suggest recommendations for future policy

Method

This study followed a mixed method design involving multiple participant groups. Data were collected from online diary entries, focus groups, interviews, and surveys, and involved pharmacists, employers, mentors and HEIW Leads.

Data were collected across three phases:

Phase 1: Pharmacists on the protected time models were sent monthly invitations (between October 2021 and July 2022) to submit an online diary entry detailing the amount of protected time they had utilised that month, how the time had been used, the usefulness of this time, and any benefits or achievements resulting.

Phase 2: Pharmacists were invited to one of three focus group discussions (one for each model of protected time) approximately midway through the pilot year to elicit more detailed feedback on their experiences. Those who could not attend their designated focus group event were invited to one-to-one telephone interviews. Employers of pharmacists on the protected time models were invited to complete an online survey

² <https://heiw.nhs.wales/education-and-training/education-and-training-plan/>

³ <https://www.pharmacyregulation.org/initial-training>

about their views of the protected time opportunity, and mentors for the in-practice support model were also invited to complete an online survey.

Phase 3: The evaluation team presented preliminary findings from Phase 1 and 2 to Leads at HEIW, followed by a focus group discussion to reflect on the findings.

The diary entry templates, question schedules and surveys used in the evaluation are provided in Appendices 1-6. A favourable ethical opinion was granted for this study by the Research Ethics Committee at the School of Social Sciences at Cardiff University (SREC #33). The evaluation team received permission from participants for all interviews and focus groups to be recorded and transcribed.

All quantitative data from surveys were transferred into Microsoft Excel for descriptive analyses. All qualitative data from surveys (open text responses), focus groups and interviews were transferred into NVivo for pattern coding and thematic analysis.

The study yielded primarily qualitative data. Results are reported according to eight key topics:

- Motivations for Pursuing Protected Time
- Choosing a Protected Time Model
- Time Used
- Benefits of Protected Time
- Challenges in Using Protected Time
- Achievements and Impact of Protected Time
- Suggested Improvements to Protected Time Models
- The Future of Protected Time for Community Pharmacists

When reporting the results, the participant group is identified (pharmacist, HEIW Lead, employer, mentor), the source of data (survey or focus group (FG)/interview) and in the case of pharmacists, the model of protected time they were pursuing.

Results

In total, the study yielded the following data:

- 96 online diary entries from pharmacists between October 2021 and July 2022
 - 34 entries from those on the self-directed model
 - 27 entries from those on the in-practice support model
 - 35 entries from those on the credit-bearing model
- 15 pharmacists engaged in either a focus group or telephone interview
- 12 online survey responses were received from pharmacists' employers⁴
- 3 online survey responses from mentors for the in-practice support model
- 3 HEIW Leads engaged in a focus group

For the focus group and interview data, a total of 4 hours and 15 minutes of conversation data was obtained. The average focus group duration was approximately 40 minutes, and

⁴ It is important to note that of the 12 survey responses from employers, nine of them were also pursuing a protected time model themselves.

the average interview duration was approximately 24 minutes. Further details are presented in Table 2.

Here it is apparent that a relatively equal spread of voices from pharmacists across the three protected time models was achieved.

Table 2 - Summary of Focus Group and Interview Data

	Data Collection Method	No. participants	Duration	Total Data
Self-Directed Model	Focus Group	3	00:44:19	4 participants 01:00:56 conversation data
	Interview	1	00:29:30	
In-Practice Support Model	Focus Group	4	00:44:19	5 participants 01:04:31 conversation data
	Interview	1	00:20:12	
Credit-Bearing Model	Focus Group	4	00:37:28	6 participants 01:22:47 conversation data
	Interview	1	00:21:16	
	Interview	1	00:24:03	
HEIW Leads	Focus Group	3	00:33:48	3 participants 00:33:48 conversation data
Total				18 participants 04:14:55 conversation data

Motivations for Pursuing Protected Time

Given that engaging with a protected time model was a voluntary option, community pharmacists were asked for their motivations in pursuing this opportunity and what they hoped to gain from the experience.

Time Away from Service Provision

Some pharmacists reported having pre-existing learning and development goals, but they had either not been able to pursue them at all due to workload challenges, or they had found it very difficult to find the time where “community pharmacy is a 100-miles-an-hour profession” (Pharmacist, Self-Directed Model, FG/Interview). When the protected time pilot arose, they saw it as an opportunity to pursue their desired development:

*Just the ability to almost, less guiltily focus on that element of work, because it's very important and it's something that can be very easily lost when you're trying to juggle a million things all the time.
(Pharmacist, Credit-Bearing Model, FG/Interview)*

For community pharmacists, it's usually very difficult to convince the employer to get any time off, even unpaid time off, not to be in a pharmacy. So, it has made it way easier to complete the [independent prescribing] course (Pharmacist, Credit-Bearing Model, FG/Interview)

Access to Support

Time to access support from other healthcare professionals was perceived as an opportunity offered by the three protected time models, not just the in-practice support model. This opportunity was seen to be important in gaining specific feedback and “reassurance from other colleagues” (Pharmacist, Self-Directed Model, FG/Interview).

For me, it was the opportunity to speak to other professionals. I could go off and learn my own thing but unless you have conversations with people who are already doing it, I think it's difficult to figure out how you're going to apply it. I think speaking to somebody else and being able to ask them questions and have discussions is really important. (Pharmacist, Credit-Bearing Model, FG/Interview)

I needed something that was condition specific so I could develop what I wanted to do and go and spend some time with somebody who was doing it, and analyse what was I doing well, what was I doing not so well? (Pharmacist, Self-Directed Model, FG/Interview)

Expand Scope of Practice

Many pharmacists, across all three protected time models, were looking to expand their scope of practice and enhance their clinical knowledge, feeling that “*there's so much more to learn*” (Pharmacist, In-Practice Support Model, FG/Interview). Pharmacists' comments typically centred around utilising their Independent Prescribing status and delivering minor ailments clinics and services:

I'm already an IP pharmacist, so I was looking to expand my scope further. We were encouraged to expand our scope into the management of minor ailments and to offer a holistic minor ailments clinic. (Pharmacist, Credit-Bearing Model, FG/Interview)

The opportunity to have protected time to increase your scope because obviously with the service of minor ailments, nobody can ever define what minor ailments are. So, to have the ability to get this time to go out there and not only expand on the areas I do focus in, but add new areas. (Pharmacist, In-Practice Support Model, FG/Interview)

Choosing a Protected Time Model

Pharmacists were asked about how they had decided which model of protected time they wanted to pursue and why they had chosen one over others. Those who pursued the credit-bearing model often valued the structure:

The fact that it's a credit bearing model does offer this structure and ensures that I worked through things in a reasonably logical way and make sure [I] don't miss anything. (Pharmacist, Credit-Bearing Model, FG/Interview)

It was the focus element [...] I think the university ones [credit-bearing model] suited me a bit better. I was also open to the idea of having it self-directed but it's quite easy to procrastinate because it's difficult to do a structure of what you're learning. (Pharmacist, Credit-Bearing Model, FG/Interview)

Those on the in-practice support model had sought a dedicated mentor to provide guidance and feedback on their development. Similar to the credit-bearing model, having a mentor was seen to provide some structure to pharmacists' development and helped to address specific gaps in their knowledge:

I think if I'd had to just do it as and when [self-directed] it wouldn't have been as structured, and I'd probably wouldn't have got as much time in with my mentor. (Pharmacist, In-Practice Support Model, FG/Interview)

I wouldn't have done it [self-directed option] at the time. Because I had a specific gap in my knowledge, I felt I needed face-to-face time with the mentor in clinical practice. (Pharmacist, In-Practice Support Model, FG/Interview)

Those who pursued the self-directed model were looking for some “headspace to focus” and time to “take a step back” from service to reflect on their scope of practice and development needs:

It wasn't that I needed a specific course, it was that headspace to have that pause and reflective process really and think, ‘where am I going in the future with IP?’, and self-directed did suit me. (Pharmacist, Self-Directed Model, FG/Interview)

The self-directed learning it gave me the flexibility to do what I wanted when I needed to rather than being directed, it allowed me to take a step back. (Pharmacist, Self-Directed Model, FG/Interview)

Time Used

When pharmacists submitted their monthly online diaries, they were asked to indicate how much protected time they had used for that month. The number of diary entries and time used for each month between October 2021 and July 2022 is summarised in Table 3.

It is important to note that these values are only based on those who submitted diary entries for that month and so do not necessarily reflect the true totals. Furthermore, some pharmacists indicated they were unsure how many hours they had utilised, or had not used any protected time that month, and so these have been excluded from the calculation of average time used (fourth column). The number of entries with either missing data or an entry of zero hours are shown in brackets in column two.

Table 3 – Summary of Monthly Diary Entries and Use of Protected Time

Month	No. Diary Entries	Total Protected Time Used	Average Protected Time Used
October 21	12 (2)	183.0 hours	18.3 hours
November 21	12 (1)	193.5 hours	17.6 hours
December 21	10 (4)	106.0 hours	17.7 hours
January 22	14 (2)	205.5 hours	17.1 hours
February 22	13 (1)	205.5 hours	17.1 hours
March 22	11 (0)	169.0 hours	15.4 hours
April 22	7 (1)	87.5 hours	14.6 hours
May 22	5 (0)	96.0 hours	19.2 hours
June 22	7 (2)	51.0 hours	10.2 hours
July 22	5 (1)	33.5 hours	8.4 hours
Total	96	1330.5 hours	

From Table 3 it is evident that the highest number of entries were submitted in January 2022 and the greatest amount of protected time was utilised in months January and February 2022.

As well as asking about the amount of protected time pharmacists had used each month, respondents were also asked to report how they had made use of such time. Despite the three different models of protected time, there were many similarities among pharmacists across different models in how they used their time.

Course Attendance

Many pharmacists reported using their protected time to attend courses, including “*university lectures*” as well as courses hosted by the Royal Pharmaceutical Society, HEIW and other providers. Courses included both “*face-to-face classes*” as well as “*online teaching*” (Pharmacist, Credit-Bearing Model, Diary Entry) and were attended by pharmacists other than those enrolled on the credit-bearing model of protected time:

Attended the RPS webinar (2 hours) on "competency framework and changing scope of practice" (Pharmacist, Self-Directed Model, Diary Entry)

Attendance to 4 study days covering a range of minor ailment conditions including burns, wound care, dementia, and GUM. (Pharmacist, Credit-Bearing Model, Diary Entry)

Online training modules on UKMEC. (Pharmacist, Self-Directed Model, Diary Entry)

I had a virtual training day on 6th Jan by HIEW on introduction to leadership where we looked at managing meetings, project management and problem solving. (Pharmacist, Credit-Bearing Model, Diary Entry)

Engaging with Mentor

Naturally, pharmacists on the in-practice support model reported using their protected time to engage with their mentor. This involved “*discussing learning objectives and my scope of practice*” (Pharmacist, In-Practice Support Model, Diary Entry) and running clinics together:

I have spent time with a mentor running an acute service for patients within the out of hours setting (Pharmacist, In-Practice Support Model, Diary Entry)

Protected time has allowed me to take part in a zoom meeting with my RPS mentor. [...] During this meeting we explored the advanced practice model. We were in agreement that stage 2 would be the appropriate level for me to aim for. (Pharmacist, In-Practice Support Model, Diary Entry)

Shadowing Other Healthcare Professionals

However, pharmacists on the in-practice support model were not the only ones to receive support and mentorship. Pharmacists across other models reported using their time for “*observing*” and “*shadowing*” other healthcare professionals such as GPs, nurse practitioners, and dermatologists. Some also met with their Designated Prescribing Practitioner (DPP):

Worked within acute out-of-hours setting with GP mentor and with a nurse practitioner to look at some key acute management experiences in managing conditions relevant to my practice. (Pharmacist, In-Practice Support Model, Diary Entry)

I have shadowed [name, pharmacist] carrying out his contraceptive IP clinic. This is an area I aim to expand my scope ASAP to add it to the consultations [name of pharmacy] can see. (Pharmacist, Self-Directed Support Model, Diary Entry)

The first day was spent with my DPP, reviewing my progress against the GPhC and RPS IP framework. An action plan was generated where gaps in knowledge still existed or further portfolio evidence was required. (Pharmacist, Self-Directed Support Model, Diary Entry)

Self-Guided Study

Many pharmacists across all three models reported to have undertaken self-guided study during their protected time. This self-guided study involved “structured revision”, “researching guidelines”, “reading” (Pharmacists, Multiple Diary Entries), and “reflect[ing]” for example on “own IP scope of scope of practice and where my weaknesses and strengths were and any required actions” (Pharmacist, Self-Directed Model, Diary Entry):

Researching current treatment therapies and regimens for the minor illnesses that are included in my scope. Started to construct consultation crib sheets for the most common infections seen to ensure that appropriate red flags are always covered and appropriate safety netting. (Pharmacist, Self-Directed Model, Diary Entry)

Afternoon session spent doing some reflective data collection of my Independent Prescribing frame of competency. (Pharmacist, Self-Directed Model, Diary Entry)

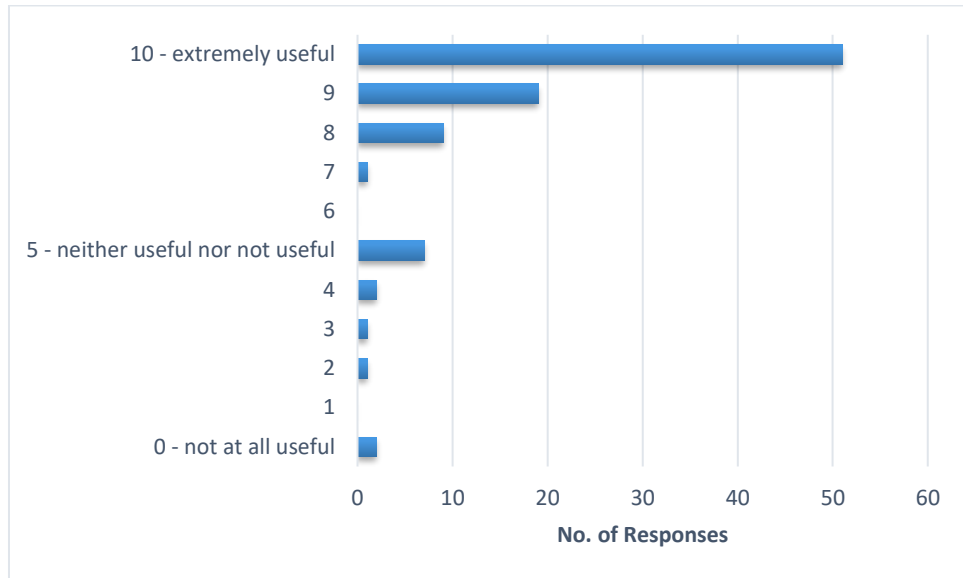
Self-directed study around scope of practice and minor illness and infections. Practice history and examination techniques. (Pharmacist, In-Practice Support Model, Diary Entry)

Benefits of Protected Time

Overall, the opportunity for protected time was regarded by pharmacists as “invaluable” (Pharmacists, Multiple Diary Entries), “hugely beneficial” (Pharmacist, Self-Directed Model, Diary Entry) and “extremely useful” (Pharmacist, In-Practice Support Model, Diary Entry) to their development. Having the protected time and opportunity to arrange backfill cover provided an “uninterrupted space to learn” (Pharmacist, Self-Directed Model, Diary Entry) that is not typical of the “100-miles-an-hour” (Pharmacist, Self-Directed Model, FG/Interview) environment of community pharmacy.

In the online diaries, pharmacists were asked to indicate how useful they had found the protected time for that month on a scale of 0 to 10 (0=not at all useful 10=extremely useful). Figure 1 summarises the distribution of pharmacists’ responses. Here it is apparent that of the 93 pharmacists who responded to this question throughout the 10 months, 51 (54.8%) rated the usefulness of their protected time as a 10. These scores yielded an average score of 8.7 for the usefulness of protected time.

Figure 1 – Pharmacists’ Ratings of the Usefulness of their Protected Time



In focus group and interview discussions, pharmacists provided further detail and elaboration about what they found useful and the specific benefits they had gained from the protected time opportunity.

Gaining Support from Employers

Although some pharmacists reflected on how their employers readily recognised the importance of training and development and had been “very supportive” (Pharmacist, Self-Directed Model and In-Practice Support Model, FG/Interviews) of them pursuing the protected time pilot, this was not a unanimous experience.

Some pharmacists reflected on how without the protected time opportunity, they “would not be released from my day job to develop my skills and expertise” (Pharmacist, Credit-Bearing Model, Diary Entry). The protected time pilot therefore enabled pharmacists to gain support from their employers to pursue courses and training that otherwise “would have been totally unfeasible” (Pharmacist, Credit-Bearing Model, FG/Interview):

When I looked at taught classes and credit bearing modules that were available, there weren't a great deal that were available outside of working hours so it became my only option that I could take on something that was within working hours. My employers weren't directly supportive of that initially, but when there was the opportunity to get backfill then it became something they were willing to go along with. [...] But I think if it wasn't for the case of us having the protected learning time in the backfill payments, it would have been totally unfeasible for it to have happened. (Pharmacist, Credit-Bearing Model, FG/Interview)

If I didn't have this [protected time] I wouldn't be doing it, I don't think. Well, I would be expected to fund it and do it in my own time, which when I applied was not possible. (Pharmacist, Credit-Bearing Model, FG/Interview)

One pharmacist reflected on how they felt their employer had recently “switched attitude” as “funding has been improved” (Pharmacist, In-Practice Support Model, FG/Interview)

Protecting Personal Time

Having designated time set aside from their day-to-day, patient-facing role was crucial to the pharmacists. Pharmacists commented on how their development would have required them to “sacrifice” their “personal”, “holiday” or “family time” and would have negatively “effected work-life balance” (Pharmacist, Self-Directed Model, Diary Entry) and had an “impact on wellbeing” (Pharmacist, Self-Directed Model, Diary Entry):

I think it's really useful. As a pharmacist who has done a course previously and struggled with everything and do their mentor days on their days off and then doing essays until midnight. ... I felt I've been able to keep up with the deadlines and keep up with things, So, it has been really helpful to manage the workload and the time. (Pharmacist, In-Practice Support Model, FG/Interview)

Education and Training Leads at HEIW and mentors were also forthcoming in acknowledging the challenge of time and work pressures that are faced by community pharmacists and the advantage of having “time out of practice” and “space for reflection” (Mentor, Online Survey Responses):

If you've got home life, you've got family and everything, where do you fit it all in? And is it fair that we expect these people to try and fit it in or do a bit where they can? (HEIW Lead, FG)

Benefits to Wider Pharmacy and Patient Care

Pharmacists commented on the benefits of the protected time opportunity not only to themselves but to their employer, the “whole team that they work with” (Pharmacist, Credit-Bearing Model, FG/Interview), and to patient care. These benefits were yielded through the opportunity to “expand a service that is a benefit to the whole primary care network and for patients” (Pharmacist, Self-Directed Model, Diary Entry).

Pharmacists felt that “from the employer point of view, ultimately, there is no doubt that they will benefit from this, from our qualifications as well in the future” (Pharmacist, Credit-Bearing Model, FG/Interview). Some also pointed out some of the financial advantages of pharmacies having pharmacists with Independent Prescriber status:

For a pharmacist who is offering an IP service for four and a half days a week, that pharmacy can have a payment issued for £30,000 more compared to a pharmacy that didn't have an IP service. So, in real numbers, if you are offering an IP service and the pharmacy next door isn't, then you can be £30,000 better off in income for this year alone. So, I think there are real financial benefits to us having this training. (Pharmacist, Credit-Bearing Model, FG/Interview)

Employers themselves echoed such views. When asked in the online survey what they perceived to be the benefits of having an employee pursue the protected time, many reported on the opportunity to “widen” and “increase” “scope of practice” and offer “increased service delivery”.

In terms of the wider team, pharmacists felt they could better support their colleagues by sharing their new learning:

Now the big thing is the common ailment scheme, so this has allowed me to approach it in a more appropriate and efficient manner. So, it's not just me benefitting but the branch will be benefitting from this, and obviously my staff sometimes they need some sort of advice I can just save them some time. (Pharmacist, Credit-Bearing Model, FG/Interview)

Regarding patient care, pharmacists commented on how the protected time permitted them to “widen the scope” of services available:

I've got this opportunity to prescribe for my patients... I can deliver quicker access to healthcare. [...] Improve uptake of the services and quicker, quality-driven and clinical skills-orientated service for my patients (Pharmacist, Credit-Bearing Model, FG/Interview)

It has enabled me to quickly get both the confidence and competence to rapidly up skill in my IP. This has allowed me to provide a service that is massively beneficial to the pharmacy, the local practices, and the patients. (Pharmacist, Self-Directed Model, Diary Entry)

Independent Prescribing

Related to the benefits to wider pharmacy and to patients, many pharmacists pursuing protected time were Independent Prescribers but reflected on the “limited benefit” of their very specific area of prescribing. In response, some pharmacists noted how pursuing credit-bearing modules was permitting them to expand the scope of their independent prescribing, and offer more services to “manage conditions that are presenting in your pharmacy”:

They [employer] offer an IP service... through the course that I'm on now, we cover a broad range of different conditions and already I'm seeing a range of conditions that I could manage in an IP setting. So, it's about slowly expanding my scope into these things I now feel like I have some competence in. (Pharmacist, Credit-Bearing Model, FG/Interview)

For pharmacists, when they come out with IP, the scope of practice can be so focused that it can be of limited benefit. It offers you the potential to understand the condition and the management of it in great depth, but to work on a day-to-day basis, offering a holistic beneficial service, you do need to broaden that slightly to be able to manage conditions that are presenting in your pharmacy. (Pharmacist, Credit-Bearing Model, FG/Interview)

Others had sought support from more experienced Independent Prescribers through their protected time or merely found the protected time “100% useful” as it allowed them to take a step back and have some “headspace to focus on how to build on what I've learned on the IP course” (Pharmacist, Self-Directed Model, FG/Interview):

I do technically work with two or three other pharmacists and that's all fine, but because I'm the only one who's now qualified as an IP... when it comes to actually diagnosing minor illness, I can't really gain much from them. Whereas personally, I like being with an IP because they're a step above, their knowledge is so much more and in certain situations it's good to bounce off colleagues who are more knowledgeable than you and more experienced than you. (Pharmacist, In-Practice Support Model, FG/Interview)

With this self-directed learning, I could spend time with other colleagues and refresh my understanding of the competency frameworks because I was very new to IP, and I found that to be beneficial to give me just that extra competence and confidence heading into the IP profession. (Pharmacist, Self-Directed Model, FG/Interview)

Increased Access to Support and Reduced Isolation

Receiving guidance and feedback from a dedicated mentor was a benefit commonly reported by pharmacists on the in-practice support model. However, many of these pharmacists also reported having engaged with other healthcare professionals, not just their mentor, and how such experiences had helped them to develop more efficiently:

He (mentor) structured the training as I'm developing and getting more responsibility through time, and then his feedback from has been really helpful. Whereas if I didn't have a mentor, I wouldn't have anyone to tell me where I was going wrong, where I was going right. So that feedback, the guidance from the examinations, I found the most important. (Pharmacist, In-Practice Support Model, FG/Interview)

Sitting in with consultations, whether that would be my mentor or other clinicians in the surgery just to have an idea of what the consultation looks like because it was completely starting from the beginning for me and just sitting in with them, discussing cases with them. (Pharmacist, In-Practice Support Model, FG/Interview)

I have a couple of mentors. So, one in GP practice, one who's a pharmacist. I've also done time in UHW [University Hospital Wales], working with departments in there because it's finding the best person to learn from. (Pharmacist, In-Practice Support Model, FG/Interview)

Pharmacists also gained a sense of “reassurance” that their current practices were sound, thus improving their confidence:

I'm still learning and still gaining confidence, so sometimes I'm thinking in my own head 'right this patient has got this wrong with them and this is the treatment they need', but I'm not sure so I'll go and get a GP, I'll talk it over and he comes up with exactly the same idea as me and I'm thinking, 'great, brilliant, that's exactly what I would have done.' So, my confidence grows. (Pharmacist, In-Practice Support Model, FG/Interview)

As previously highlighted, engaging with other healthcare professionals was not a benefit exclusive to pharmacists on the in-practice support model. Many pharmacists on the self-directed and credit-bearing models reported having used some of their protected time to interact with other pharmacists and healthcare professionals. These pharmacists valued such an “opportunity to network with other healthcare professionals” (Pharmacist, Credit-Bearing Model, FG/Interview).

I wanted to find some way of getting that feedback, and there was nothing there. If I worked in 111 or in an urgent care centre, there's a GP next door, but I've got nobody. So, how do I find out best practice? How do I ask questions about things I'm not sure of? So, it [protected time pilot] just seemed like an ideal opportunity. (Pharmacist, Self-Directed Model, FG/Interview)

[I] took time to meet other prescribers to discuss how they expand their formulary and about our experiences so far. Also met with a pharmacist currently undertaking the IP course and discussed different aspects and their experiences and if anything has changed in the short time since I completed the training. (Pharmacist, Self-Directed Model, Diary Entry)

There was also a perception among pharmacists that there was only so much learning to be gained from a course or through self-study and that sometimes, learning from others and “get[ting] feedback” was “the best way to learn” (Pharmacist, Self-Directed Model, FG/Interview):

Sometimes the best way to learn is just having that conversation with your colleagues about what they're doing. So, just by visiting another pharmacy, ... just observing someone in practice. [...] Catching up with your colleagues and talking about what they're up to, what they've been doing, what have been the challenges, how they've overcome that; that space alone is invaluable. (Pharmacist, Self-Directed Model, FG/Interview)

Pharmacists reflected on community pharmacy as a “very isolated” profession where “you just get used to working on your own” (Pharmacist, In-Practice Support Model, FG/Interview). Interacting with others was seen as “something you can't really do” (Pharmacist, In-Practice Support Model, FG/Interview) under normal circumstances. The availability of protected time had highlighted the value of such interactions and “how much help was out there” that they “hadn't been aware of” (Pharmacist, In-Practice Support Model, FG/Interview):

I think it's highlighted how isolating being a community pharmacist is and going forward, even if I'm 10 years qualified and experienced as a prescriber, I still only learn from myself and my own patients. So, I think it made me realise how valuable it is to actually learn off other people and we don't get that opportunity in community pharmacy. I may treat someone, I may have made a certain decision, but how will I ever know if that was right or wrong? So personally, I feel like going forward, most IPs and community pharmacists should have a mentor in a different environment or somebody to bounce off, whether that's the GP or a fellow IP. (Pharmacist, In-Practice Support Model, FG/Interview)

HEIW Leads felt this isolating environment and the nature of community pharmacists as “sole practitioner[s]” had implications for the quality of care and safety of patients and that “all of the pharmacists need to have time with others, whether it's their own peers or other peers within the multidisciplinary team” (HEIW Lead, FG). HEIW Leads perceived that “community pharmacy has a unique need to have some protected time that allows them to have those professional conversations within a multidisciplinary team” and was crucial in alleviating the risks of such an environment:

As we know from GPs, when you have somebody who's a sole practitioner, they are more risky. Because of the fact they don't have anybody to discuss things. It is not their lack of professionalism, it's just they don't have that professional interaction and if we want community pharmacists to be embedded in a multidisciplinary team, the only way that's going to happen is for people to have time to be able to have those discussions with the rest of the multidisciplinary team. (HEIW Lead, FG)

Similarly, when asked what they perceived as advantages to the pharmacists who pursued the protected time, there were reports from employers around the “*loss of ‘silo’ isolation’ and the ability to develop networks*”.

Challenges in Using Protected Time

Despite the wide benefits, the protected time models were not without their challenges. These typically related to arranging time and sourcing backfill, rather than being specific to any particular model.

Arranging Time and Sourcing Backfill

A commonly reported challenge in pursuing the protected time models was that the locum rates “*are not cheap and prices are spiralling up and up*” (Pharmacist, In-Practice Support Model, FG/Interview) and “*the rate fluctuates*” (Pharmacist, Credit-Bearing Model, FG/Interview). This made it hard to anticipate and meet the cost of cover:

*It's difficult. It's a different way as a contractor, because sometimes that funding might not cover the full amount of locum time.
(Pharmacist, Credit-Bearing Model, FG/Interview)*

Issues were not just isolated to the cost of locums but also presented around their availability. Some pharmacists reflected on “*a few issues with not having locums*” (Pharmacist, In-Practice Support Model, FG/Interview):

There was the issue last year with where he [employer] was struggling to get locum cover, just couldn't for people to have days off, it was just a nightmare. Locums just didn't want to take the work. I think it was a shortage, but yeah, it was hard. (Pharmacist, Credit-Bearing Model, FG/Interview)

Such challenges were also reflected by employers in their online surveys. When asked about the biggest challenge in having an employee pursue the protected time pilot, common reports centred around “*backfill*” and “*locum availability*”. Some also highlighted how locum availability issues were exacerbated by the need for “*ensuring locums accredited to continue the provision of services*”, for example needing to cover particular services and clinics or being of Independent Prescriber status.

Although six employers felt the release of the pharmacist had had ‘not a lot’ of impact on service provision, five felt it had had ‘quite a lot’ of impact. Furthermore, eight employers reported a level of difficulty in arranging backfill (very difficult, difficult, or somewhat difficult), compared to just two who found it ‘easy’ or ‘somewhat easy’.

An important finding from the mentor surveys was that when asked about backfill arrangement to cover their time as a mentor, all three who responded to the survey reported that “*no backfill was required*” and that they carried out their role in their “*own time*” or as “*part of my day job*”. This implies that the in-practice support model was not properly utilised.

Impact of Covid-19

The timeline of this protected time pilot also coincided with a wave of the Covid-19 pandemic. This meant that pharmacists were often faced with last minute sick-leave and backfill cancellations which resulted in them having to rearrange their protected time:

We've also had challenges with Covid [...] In the last few weeks, I've had to give up a few of those [protected-time days] to provide patient facing services, so it's a very unpredictable environment. It's easing, but we've had those challenges. (Pharmacist, Self-Directed Model, FG/Interview)

The difficulties I encountered was obviously this wave of Covid, so I had a regular slot on a Friday afternoon where I'd go in [to visit mentor] and then from December, I was just messaging him saying, 'oh, can't come in today, I've got two staff off'. (Pharmacist, In-Practice Support Model, FG/Interview)

Staff at HEIW also recognised how Covid had “exacerbated that short notice cancellation” of service backfill.

Achievements and Impact of Protected Time

In their online diary entries, pharmacists were asked to identify achievements they had gained through the use of their protected time. Pharmacists reported on various clinical skills they had developed as well as course completions and accreditations:

I have started developing my patient history taking, examination techniques and clinical knowledge to support with my non-medical prescriber and minor illness management courses. (Pharmacist, In-Practice Support Model, Diary Entry)

Completion of minor illness course. (Pharmacist, Credit-Bearing Model, Diary Entry)

I have achieved a 100% score on my OSCE and submitted my blogs. (Pharmacist, Self-Directed Model, Diary Entry)

Yellow fever accreditation for the next 2 years. (Pharmacist, Self-Directed Model, Diary Entry)

Some also reported on expanding their scope of practice, allowing them to see more patients, and taking on referrals from their local surgery:

The ability to prescribe for some conditions in children which I could not previously treat. (Pharmacist, Self-Directed Model, Diary Entry)

Referrals from the surgery have begun in earnest. 24 per day are now booked 3 days a week via the surgery saving over 70 GP appointments per week. (Pharmacist, Self-Directed Model, Diary Entry)

In the online survey, employers were also forthcoming in sharing their views around their pharmacist's development. Ten employers reported that their pharmacist's clinical knowledge had improved since pursuing the protected time, this included dealing with minor ailments, in performing clinical assessments and in independent prescribing.

Many pharmacists reported on an “increase in confidence” (Pharmacists, Multiple Diary Entries):

I have become far more confident in diagnosing and treating moderate to severe ear infections as well as plenty of skin conditions. (Pharmacist, In-Practice Support Model, Diary Entry)

I have gained confidence in my clinical abilities, spending time with patients and developing my own style of history taking. (Pharmacist, In-Practice Support Model, Diary Entry)

Again, employers had noticed pharmacists' increased confidence, and was the most commonly reported non-clinical/soft skills gain employers had witnessed. Similarly, all three mentors who responded to the survey shared the view that the pharmacist's confidence had improved.

Suggested Improvements to Protected Time Models

Although pharmacists were forthcoming in their perceived benefits of the protected time models, they also voiced suggestions for improvements.

Clarity around Using Time

In terms of accessing protected time, pharmacists reported being unsure on "how the time was allocated" (Pharmacist, Credit-Bearing Model, FG/Interview) and what qualified as a suitable activity for arranging backfill.

For the credit-bearing model in particular, there appeared to be some uncertainty around whether the time could only be used for university days or if they could also take time for self-study:

*I was just wondering how the time was allocated. If you applied for credit bearing module, do you just get backfill for the days that you're in university or is there like another option? For instance I've been backfilled now for my time in uni but today is my day off so I've gone to work with the surgery to sit in on the minor illness clinic to get more of an understanding about how things work in practice. So obviously I've used my own time for that. Was there an option to expand that and have a few in-practice days as well as like the university days?
(Pharmacist, Credit-Bearing Model, FG/Interview)*

A HEIW-Approved Library of Resources

Pharmacists on the self-directed model, reported a desire for a "library" or "menu" of "trusted sources or resources" and "recommended reading list". Pharmacists reflected on the myriad resources and material available and the difficulty in knowing those of most relevance and high quality:

*Something that I really feel that HEIW could develop, would be like a menu library of trusted sources ... a lack of competence might be in otitis media, i.e. ear infections, these are the kind of menus of resources that we would recommend. If it is the UTIs as an area of weakness, these are the resources that you can go and read. So that we have a library of resources that when you've done that self-reflective analysis, this is my weakness, these are some of the resources that HEIW could then give access to, and I think that would be really useful exercise.
(Pharmacist, Self-Directed Model, FG/Interview)*

Leads at HEIW recognised this challenge and that a HEIW-library was something they were actively working towards:

We are looking at all resources out there because I would agree, that the amount of e-resource available, is huge. So, we are trying to almost

have a library... it's going to take a long time to sort it and it's going to need constant updating, but it might give them a reference point on our website going forward about if you're doing IP and you want to do this then why don't you look at this or why don't you look at that? (HEIW Lead, FG)

Protected Time for Other Pharmacy Staff

Some pharmacists, particularly those who were employers mentioned a desire for the protected time models to be available to other pharmacy staff. Pharmacy technicians were mentioned in particular as individuals who would benefit from the opportunity:

I don't know to what extent it's appropriate for something like this to be expanded to other colleagues in the pharmacy, like technicians to develop and upskill as well. (Pharmacist, Credit-Bearing Model, FG/Interview)

I don't think it's just protected learning time for pharmacists. I think for our technicians and our ACTs [accuracy checking technicians], they get this learning time during their training [...] Whilst all these formal training qualifications are there, what support is there for them? Because without them being upskilled and keeping up to date, it means I'll have to end up doing the bits they can't do. So, it's not just me, it's the team below me. (Pharmacist, Self-Directed Model, FG/Interview)

However, HEIW highlighted that the models were available to community pharmacy technicians as well as community pharmacists and that some had pursued this opportunity.

The Future of Protected Time for Community Pharmacists

Pharmacists were unanimous in the view that “*protected time is essential*” (Pharmacist, Self-Directed Model, FG/Interview), “*massively*” important to community pharmacists (Pharmacist, Credit-Bearing Model, FG/Interview), and “*is vital moving forward*” (Pharmacist, Self-Directed Model, FG/Interview).

Pharmacists reflected on how they were “*grateful that there was something like this finally available*” (Pharmacist, Credit-Bearing Model, FG/Interview) and that they “*hope it's something that can continue*” (Pharmacist, Credit-Bearing Model, FG/Interview):

I'm just really hopeful that some form of backfill and protected development time can be offered to other pharmacists for them to do similar things. (Pharmacist, Credit-Bearing Model, FG/Interview)

I do believe that this study time should be available for certainly all newly qualified IPs for the first year of their practice as a minimum. (Pharmacist, Self-Directed Model, Diary Entry)

Protected time was perceived to be particularly important in the context of the rapidly evolving profession and revised initial education and training standards:

It is really important to be able to have the time to develop in a rapidly changing and demanding profession. (Pharmacist, Credit-Bearing Model, Diary Entry)

There was also a perception that protected time was crucial to workforce retention and attracting newly qualified pharmacists into community pharmacy. The community sector was highlighted in contrast to hospital and primary care pharmacy where protected time was seen as being more readily available:

We know that to enable to pull people into workforce, into the sector, we need to be making sure that we are seen as a profession in community pharmacy giving protected time. And that we know that our primary care colleagues and our secondary care colleagues are having protected time. So, we need to make sure that community pharmacy is not seen as a disadvantage around protected time. (Pharmacist, Self-Directed Model, FG/Interview)

We have to get protected time for the colleagues coming behind. Otherwise, we'll lose them, the best ones will leave. (Pharmacist, Self-Directed Model, FG/Interview)

Some reflected the view that the pressures on community pharmacy are greater than in other sectors due to the need to “deliver the business”:

Protected learning time for community pharmacists is vital moving forward [...] it is a different pressure on the time of community pharmacists and that's because they work in a business environment where the pressure's on to deliver the business, pay the bills, pay the staff, get the prescriptions out and you're contracted to do work. (Pharmacist, Self-Directed Model, FG/Interview)

However, given that this was a pilot of protected time for community pharmacy, with limited availability for uptake, pharmacists were asked about their views towards the future and how such an opportunity might be up scaled. There were two main suggestions among pharmacists in how protected time opportunities could be rolled out across community pharmacy in Wales. One was making protected time more structured, with pre-determined days of the month to permit advanced planning and backfill. Another suggestion was periodic closures of pharmacies so that pharmacists had non-patient-facing time for training and development.

Pre-Determined Protected Time Slots

Some pharmacists felt that pre-determined protected time slots and thus known absences from service would help to alleviate some of the challenges in arranging locum cover:

If it was structured, for instance, one day per month, one day out of every 20, then that makes it quite feasible if it's on a rolling basis to employ another pharmacist to backfill on a regular routine for those absences. (Pharmacist, Credit-Bearing Model, FG/Interview)

This would potentially alleviate some pressure from employers; from the survey responses, seven out of 12 indicated they required more than two weeks' notice of when their pharmacist was going to take protected time.

There was also discussion around the possibility of organising protected time at the Health Board or company level, and how this could be a key facilitator to this structured approach to release:

Why don't the Health Board get involved and do a rota so that these two pharmacies shut the first Wednesday afternoon of the month? (Pharmacist, In-Practice Support Model, FG/Interview)

From the business point of view, if you have a couple of pharmacies or if it's a chain of pharmacies, it doesn't have to be exactly the same day, let's say if it was a one Monday for this this branch, but Tuesdays for the other branch, so it's easily predictable and easy to get the locums or get the fellow colleagues to cover to fulfil that time. (Pharmacist, Credit-Bearing Model, FG/Interview)

However, some felt that “protected learning time has its challenges” (Pharmacist, Self-Directed Model, FG/Interview) and were concerned that the struggles they had faced this year around sourcing backfill would only be exacerbated by a wider rollout of protected time opportunities. Instead, they felt there was a need to be “more creative”:

Protected learning time has its challenges because as an employer, you're providing that backfill. You have to go to the locum market in order to release that pharmacist and there's no other way of doing it. I think my concern is if we extrapolate that to multiple pharmacies, we're going to actually be more demanding on the workforce [...] So, I think that it's worked well in the pilot, but I think as the numbers grow, we will have to be a bit more creative with how we provide protected learning time. (Pharmacist, Self-Directed Model, FG/Interview)

Non-Patient-Facing Hours

The other key suggestion that surfaced among pharmacists in terms of scaling up protected time, was the possibility of pharmacies having non-patient-facing hours. Many comparisons were drawn against general practitioners with comments around protected time being “something my GP colleagues have had for years” (Pharmacist, In-Practice Support Model, FG/Interview) through regular surgery closures:

Our GP colleagues get their protected time and their half day closing, it's just something to get a bit more structured CPD. (Pharmacist, Self-Directed Model, FG/Interview)

If GP surgeries can close for half a day, once a month, why can't community pharmacies as well? (Pharmacist, In-Practice Support Model, FG/Interview)

Some pharmacists felt there was learning to be gained from general practitioners in terms of how to evidence and quantify an appropriate amount of protected time:

How did the medical profession come up with their allocated protected learning time? What was their evidence based around X number of hours per week or per month [that] seemed to satisfy their regulator? We don't have that data in the pharmacy profession because this is new territory we're heading into. (Pharmacist, Self-Directed Model, FG/Interview)

Others argued that “Covid has shown that it is possible” (Pharmacist, In-Practice Support Model, FG/Interview) to implement such closures and that it would not be detrimental to services:

How do we get our local health boards to acknowledge that community pharmacy doesn't need to be providing patient facing services for 45 hours a week or more continuously for 52 weeks a year? It's OK to close for half a day. And I think that we've probably got enough data to show that during Covid, a lot of pharmacies did close for two hours during the daytime. And as far as I'm aware, there was no adverse event that occurred in that time. (Pharmacist, Self-Directed Model, FG/Interview)

However, this suggestion was one that received conflicting views. Some felt that periodic closures of pharmacies were “not necessarily the best option” and questioned whether such an approach was “sustainable with the current terms of service” (HEIW Lead, FG). Comments were made around the duty on pharmacies to “be open and accessible for the patients” (Pharmacist, Credit-Bearing Model, FG/Interview). The expansion of pharmacy services and the absence of an appointment-based service (as is the approach in general practice surgeries) were perceived by some pharmacists and HEIW leads as “problematic” to the closure route:

I know that in GP surgeries it works because all the appointments are booked in advance, and it can be moved around, while pharmacy is more demand-and-supply and closing, it's not necessarily the best option here. (Pharmacist, Credit-Bearing Model, FG/Interview)

Going forward, we're doing more and more services, so if we're closing for training, how is that going to be perceived by your patients if you're closed? I know GPs used to do it regularly, but is that right? Is that the route we want to go down? I'm not saying it's not the right route, but from a patient perspective, is that right? (HEIW Lead, FG)

However, other Leads at HEIW reflected on a case of a catch-22. Community pharmacists are increasingly expected to deliver more services but unless they have the time to learn and train in delivering such services then they cannot be implemented. Instead, there was a need for a “pragmatic” approach to ensure the “best patient services” are provided:

Should we be closing so patients can't get services? But then if people can't develop themselves, they can't provide the service anyhow. So, we're never going to get the patient services because there isn't the time for the people to go and train to be able to give the services. So, at some point, you've got to have a pragmatic view of how do we support these people to get the development they need to provide the best patient services? (HEIW Lead, FG)

Aside from the approach to upscaling protected time for community pharmacy, whether that be through backfill or pharmacy closures, some pharmacists highlighted that from the employers' and contractors' perspectives, it “becomes very difficult when you've got companies and a business to run” due to the potential financial implications of issuing protected time. Some employers who themselves were on one of the protected time models reflected on their wider experience of having to provide protected time to their employees and how “we're finding it difficult, we are trying to give a minimum of one day per quarter to all the IPs to have that headspace and it is difficult, it is expensive” (Pharmacist, Self-Directed Model, FG/Interview):

We want to get this protected time... but it's going to be bigger, it's not going to be straightforward, it's going to need a change in contract and

agreements, because the companies... unless they're getting money for it, they're going to also say no. (Pharmacist, In-Practice Support Model, FG/Interview)

If we could deliver a mechanism that enabled these pharmacists to have protected educational time that did not mean that there was money exchanged, but it just meant that there was protected educational time that was not incurring additional costs to that business or to that contractor. I think most contractors would be very, very supportive of it. (Pharmacist, Self-Directed Model, FG/Interview)

Both pharmacists and HEIW Leads recognised the difficulties in balancing developmental needs with financial challenges:

The bottom line is we really value this time, if we could scale it up, how could you manage that? Because let's be honest, there's not a lot of money floating around. (Pharmacist, Self-Directed Model, FG/Interview)

It's always a case of financial stuff. But it shouldn't be siphoned off at the top, at the global sum, it should be additional, but again, that's a big undertaking. [...] But I'd like to think it wouldn't be top sliced. It would be additional money. But that's the big challenge. (HEIW Lead, FG)

HEIW Leads also felt such challenges would be “fundamental” to “discussions about primary care academies” that are currently being planned for setup in each Health Board in Wales. These academies will be responsible for coordinating and delivering local training and education in primary and community care⁵:

I think this should be funding from HEIW that goes into the academy [...] And I think the academies could manage that, rather than HEIW doing all of this work, we just say, 'right, you've got X number of community pharmacies and pharmacists, here's a pot of money, of which, some of that money needs to be used for protected time for your community pharmacist to learn with and from others'. (HEIW Lead, FG)

Models of Protected Time

One objective of the evaluation was to explore the various inputs and outcomes of the different models of protected time. It is apparent from the results reported thus far that many benefits and challenges were not unique to one model, and there were many similarities in how time was used.

A key finding that surfaced from the evaluation process was the uncertainty among the pharmacists around which protected time model they were enrolled on, whether the self-directed model, the in-practice support model, or the credit-bearing model. Although only two pharmacists specifically commented on their confusion, it was indirectly evident from multiple misalignments in the online diary entries between the model pharmacists reported to be on and the model they were officially listed on:

I thought I was on the self-directed, but I might be wrong. I'm very confused about what model I'm on. I know I'm not on the one to go to university (Pharmacist, In-Practice Support Model, FG/Interview)

⁵ <https://heiw.nhs.wales/programmes/primary-care/>

I think the process at the start might have been a tad confusing between the different types of study [models], but it was only when I reached out to them that it made a bit more sense. (Pharmacist, Credit-Bearing Model, FG/Interview)

Leads at HEIW however were “not surprised” by this confusion and recognised that this was a pilot and new to the pharmacists:

I'm not surprised people were confused by the models. You think it's clear, don't you, when you're write out the definitions? But it's brand new to them. (HEIW Lead, FG)

Upon hearing some of the preliminary results from the data collected from pharmacists, HEIW considered how they envisioned protected time to be modelled in the future. Here there were comments about keeping separate distinct models in order to provide a “menu” of “options”, as well as removing the structure and just having funding aside for protected time.:

There isn't one model that fits all, and so the fact that there was this menu... there's a time and a place for a qualification and then at different points in their career, people need different things, and so it's quite nice that they've had the options here and it's just building up familiarity in the workforce about what to access when. (HEIW Lead, FG)

The models were there to test them to see. I think it gets to the point where all of them has a value in some way... So, I think it should be, 'here's a pot of money, these are the range of things you could do with that pot of money. Choose what you want to do'. [...] So, I don't think we'd want to go down the very strict models going forward. I think we'd want to just make money available. (HEIW Lead, FG)

Discussion

Continued professional development is a fundamental aspect of working as a professional, and community pharmacists are no exception. Although small in scale, this study has demonstrated the value in providing protected time to community pharmacists and the range of learning and development that can be achieved. Outcomes from the three different models has also demonstrated how community pharmacists do not necessarily require formal courses to enhance their development and that there is a place for self-directed learning.

Despite the three distinct models, feedback from pharmacists on how they used the protected time highlighted multiple similarities across the models. Among those on the self-directed model, some pursued formal courses with this time, others sought out individuals to act as mentors. Of the pharmacists on the credit-bearing model, many reported using some of their time for self-directed study such as researching, reading, and reviewing material and resources, or finding other pharmacists or GPs to shadow.

Results also demonstrated the presence of some confusion among pharmacists around the different models, and how mentors had not been issued financial backfill. This, in conjunction with the similarities in how time was used across the models and the clear

value and benefits unanimous across the three, lends argument to removing distinct models and instead, offering a broader option of protected time. Such a model would see all community pharmacists presented with a set budget for protected time, for example the equivalent of 15 days; it would then be their choice to determine how the time was used. As an example, one pharmacist might use the full budget to cover their own protected time for self-directed study, another pharmacist may use some of their budget to cover the backfill of a mentor. Such an approach would also support the suggestion about a HEIW-approved library of accredited qualifications, modules, and resources that pharmacists could turn to when planning how to use their time most appropriately. For pharmacists seeking support from other pharmacists or healthcare professionals, HEIW might look to develop a list of 'approved mentors' who can offer this.

Where an objective of this study was to compare the three models and identify the benefits and drawbacks of each, the findings suggest that it is not a case of identifying the best model. More pertinent is how protected time is implemented and financed in practice.

Although pharmacists expressed the value of protected time and the importance of its availability in future, they acknowledged the challenges that accompany the provision of protected time and the implications on finances, provision of services, and patient care. Two main suggestions were offered on how protected time might be upscaled for community pharmacists. One option involved the rollout of pre-arranged time slots for protected time whether at an individual pharmacy level or at the Health Board or overarching company level. This approach would permit more advanced planning and thus could help to alleviate the challenges of arranging locum backfill. However, such an approach would not overcome the financial challenges associated with rising locum costs and releasing pharmacists from service.

The other suggestion involved introducing non-patient-facing hours to community pharmacies through temporary closures. Some felt that the Covid-19 pandemic had demonstrated the feasibility of such an approach, however others saw reducing patient-facing hours as problematic, particularly as community pharmacy takes on more services. This approach would eradicate the challenge of sourcing backfill, and impact on patients could be minimised by rotating pharmacy closures within a cluster. Nonetheless, there remain financial implications arising from the closing pharmacies.

Leads at HEIW acknowledged the need for a pragmatic approach moving forward in order to balance the needs of community pharmacists, patients and employers, as well as the financial constraints. HEIW felt it was clear that protected time is needed and if community pharmacists are to continue to expand their scope and offer more services, then they need to have the time to upskill and ensure their competency and confidence.

Community pharmacists were distinguished from hospital and general practice pharmacy, as well as other healthcare professionals. The community pharmacy environment was recognised as isolated, involving sole practitioners which presents greater risk to the quality of care and safety of patients. HEIW felt that this sufficiently justified the need to ensure community pharmacists have access to protected time and opportunities to engage with other healthcare professionals.

Conclusion and Recommendations

In response to the findings from this study, a series of recommendations are provided for consideration when looking to the future of protected time for community pharmacists in Wales:

- Protected time needs to be available to community pharmacists and they need to be able to pursue activities and learning that is most suited to them.
- There is no ideal solution to the backfill challenge associated with protected time however consideration of several options is recommended, including Health Board or company-level organisation of regular protected time slots, or the introduction of non-patient-facing hours.
- Protected time does not need to be used purely for the pursuit of credit-bearing qualifications; there is a place for self-directed learning and one of the most valuable uses of protected time in supporting pharmacists' development is through engaging with other pharmacists and healthcare professionals. Any model of protected time should allow for varied professional development uses.
- It is suggested that HEIW move away from distinct models and adopt a broad approach to the provision of protected time. This should eliminate confusion and allow pharmacists to use their time most appropriately.
- HEIW could support pharmacists make good use of protected time through the provision of a HEIW library of approved qualifications, modules, resources and reading.
- Each pharmacist has unique development and support needs, and it should be for them to identify their strengths, weaknesses, and learning needs.

Appendices

Appendix 1 – Example of Online Diary

Online Diary July - Pharmacy Models of Support

0% complete

Page 1: Welcome

Welcome to the online diary for the HEIW Models of Support for Community Pharmacists. Here you can provide information on how you have been using your protected time and what you have achieved. We will issue this online diary to you once a month whilst you are enrolled on one of the support models.

We will ask you to provide your name so that we can confirm with HEIW who has used their protected time and they can issue any relevant backfill payments (relevant only for self-directed CPD and 'in-practice' support). It will also enable us to link together diary entries from different individuals. Beyond this, your name will not be extracted for analysis, and you will not be identifiable in any report. We will only confirm to HEIW that you have utilised the protected time; none of the raw content or responses will be shared with HEIW and will be confidential to the research team.

If you prefer, you can specify that you only want your diary entry to be used as confirmation of utilisation of protected time and decline that it is used in the evaluation.

An Information Sheet with full details on the study and how your data is used and stored can be accessed [here](#).

For the purposes of this online diary, Cardiff University (UK) is the data controller. All data collected will be held securely by the survey software provider under contract and then retained by Cardiff University in accordance with Cardiff University and General Data Protection Regulation (GDPR).

Cardiff University is committed to respecting and protecting your personal data in accordance with your expectations and Data Protection legislation. The University Data Protection Officer can be contacted at inforequest@cardiff.ac.uk. Further information about Data Protection can be found [here](#).

Your responses to the diary entries will only be accessed by the evaluation team. Cookies or personal data stored by your Web browser are not used in this survey.

If you have any questions, please contact the Principal Investigator, Alison Bullock at BullockAD@cardiff.ac.uk

Thank you for considering your participation.

Page 2: Use of Protected Time

Which of the three models of support are you enrolled on? (click on 'more info' if you are unsure) *
Required

[More info](#)

- Self-Directed CPD
- 'In-Practice' Support
- Credit-Bearing Qualifications

Please indicate the number of **hours of protected time** you have utilised between the **1st and 31st July 2022**.

This part of the survey uses a table of questions, [view as separate questions instead?](#)

On a scale of 1 to 10, how **useful** has the protected time between the **1st and 31st July 2022** been for your **professional development**?

Please don't select more than 1 answer(s) per row.

	0	1	2	3	4	5 - Neither Useful nor Not Useful	6	7	8	9	10	
Not at all Useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremely Useful

Please give a brief description of the **professional development activities** you have undertaken during your protected time **between the 1st and 31st July 2022**.

If applicable, please give a brief description of any **achievements** you have attained through your protected time **between the 1st and 31st July 2022**.

Please provide any **reflections** you have on the **usefulness or benefit** of having this protected time.

Page 3: Confirmation of Protected Time Utilisation

We ask that you provide your full name.

We require this in order to inform HEIW who has used their protected time and require backfill payments to be issued for the self-directed CPD and 'in-practice' support models . Your name will also enable us to link together the multiple diary entries you provide over time.

Beyond this, your name will **not be extracted for analysis**, and **you will not be identifiable in any report**.

We will only confirm to HEIW that you have utilised the protected time; none of the raw content or responses will be shared with HEIW and will be confidential to the research team.

Please provide your **full name**. *Optional*

We would like to use your anonymised responses in our evaluation of the various models of support for community pharmacist registrants' development. However, if you would prefer we do not use your responses in the evaluation, you can indicate so here.

If you consent to us using your anonymised responses in our evaluation, you are confirming that you understand that your data will be held securely and that when this information is no longer required for this purpose, official university procedure will be followed to dispose of your data.

If you have any questions or queries, please email Alison Bullock directly on BullockAD@cardiff.ac.uk

Please indicate your consent, or decline of consent below. * *Required*

- I consent to the use of my anonymised diary entries in the evaluation study and for ensuring relevant backfill payments are issued
- I consent only to the online diary being used for the purposes of ensuring relevant backfill payments are issued, I do not consent to the use of my diary entries in the evaluation study.
- I do not give consent (please note if this option is selected, relevant backfill payments will not be issued).

Appendix 2 – Question Schedule for Pharmacist Focus Groups/Interviews on Self-Directed Model

Motivations

Taking part in the protected time for CPD initiative was optional. What motivated you to take up the offer?

Were your **employers supportive** of your decision?

Given that there are three protected time models, what made you **specifically choose** the self-directed time?

Had this option not been available, **would you have pursued one of the other two?** (in-practice support or credit-bearing modules)

What were you hoping to **gain** from this model of protected time?

What came first – did you find out about the opportunity for protected time and then looked for a relevant learning framework, or did you want to pursue a particular framework and then saw the protected time programme as a vehicle to do so?

Arranging Time

How have you found the process of **arranging** your protected time?

Have your managers been **supportive**?

How easy has it been to **align** your booked time with when you need to take it?

Have there been any additional **pressures** due to workforce shortages?

Use of Time

How have you typically been **using** the protected time? What **activities** do you undertake?

How have you found the **self-directed** element and need to **plan your own learning**?

Do you feel there would have been any **added value in having a mentor**?

Impact of Time

How have you found having the opportunity to **step away from your patient-facing role**?

So far, what have you **gained** from having the protected time?

a). particular achievements or learning gains? Qualifications?

b). soft skills, e.g. time management, confidence, leadership

Do you feel your use of the protected time has had an **impact on your practice**?

Benefits, Challenges, Improvements

What do you see as the biggest **benefit** of pursuing the self-directed CPD model?

Do you feel the protected time has had an impact on your levels of **job satisfaction** or **wellbeing**?

Have there been any **challenges** from pursuing this model?

What is your view on **how HEIW provided** the model and time?

Do you have any suggestions for **improvements**?

Do you have any other comments?

Appendix 3 – Question Schedule for Pharmacist Focus Groups/Interviews on In-Practice Support Model

Motivations

Taking part in the protected time for CPD initiative was optional. What motivated you to take up the offer?

Were your **employers supportive** of your decision?

Given that there are three protected time models, what made you **specifically choose** the in-practice support?

Had this option not been available, **would you have pursued one of the other two?** (self-directed time or credit-bearing modules)

What were you hoping to **gain** from this model of protected time?

What came first – did you find out about the opportunity for protected time and then looked for a relevant learning framework, or did you want to pursue a particular framework and then saw the protected time programme as a vehicle to do so?

Arranging Time

How have you found the process of **arranging** your protected time?

Have your managers been **supportive**?

How easy has it been to **align** your time with your **mentor's** time?

Have there been any additional **pressures** due to workforce shortages?

Use of Time

How have you typically been **using** the protected time? What **activities** do you undertake?

What is the **nature of support** that your mentor provides?

What do you perceive to be the **added value of having a mentor**?

Impact of Time

How have you found having the opportunity to **step away from your patient-facing role**?

So far, what have you **gained** from having the protected time?

a). particular achievements or learning gains? Qualifications?

b). soft skills, e.g. time management, confidence, leadership

Do you feel your use of the protected time has had an **impact on your practice**?

Benefits, Challenges, Improvements

What do you see as the biggest **benefit** of pursuing the in-practice support model?

Do you feel the protected time has had an impact on your levels of **job satisfaction** or **wellbeing**?

Have there been any **challenges** from pursuing this model?

What is your view on **how HEIW provided** the model and time?

Do you have any suggestions for **improvements**?

Do you have any other comments?

Appendix 4 – Question Schedule for Pharmacist Focus Groups/Interviews on Credit-Bearing Model

Note: Remind participant that our focus is on having the protected time to pursue the modules – not the quality of the module or course itself.

Motivations

Taking part in the protected time for CPD initiative was optional. What motivated you to take up the offer?

Were your **employers supportive** of your decision?

Given that there are three protected time models, what made you **specifically choose** the credit-bearing modules?

Had this option not been available, **would you have pursued one of the other two?** (self-directed time or in-practice support)

What were you hoping to **gain** from this model of protected time?

What came first – did you find out about the opportunity for protected time and then looked for a relevant programme, or did you want to pursue a particular programme and then saw the protected time programme as a vehicle to do so?

Arranging Time

How have you found the process of **arranging** your protected time?

Have your managers been **supportive**?

How easy has it been to **align** your booked time with the **programme requirements and assessments**?

Have there been any additional **pressures** due to workforce shortages?

Use of Time

What **module(s)** are you pursuing with your protected time?

Why did you choose that particular module(s)?

Is your module(s) linked to an **assessment**? Do you intend to **fulfil the award** through your protected time? (if not, why not?)

Impact of Time

How have you found having the opportunity to **step away from your patient-facing role**?

So far, what have you **gained** from having the protected time?

a). particular achievements or learning gains? Qualifications?

b). soft skills, e.g. time management, confidence, leadership

Do you feel your use of the protected time has had an **impact on your practice**?

Benefits, Challenges, Improvements

What do you see as the biggest **benefit** of pursuing the credit-bearing modules model?

Do you feel the protected time has had an impact on your levels of **job satisfaction** or **wellbeing**?

Have there been any **challenges** from pursuing this model?

What is your view on **how HEIW provided** the model and time?

Do you have any suggestions for **improvements**?

Do you have any other comments?

Appendix 5 – Employer Online Survey

Page 1: Welcome

We would like to hear your views on the models of protected time provided by HEIW to support community pharmacists' engagement with CPD.

All information you provide will be anonymous and all questions are optional.

For the purposes of this survey, Cardiff University (UK) is the data controller. All data collected in this survey will be held securely by the survey software provider under contract and then retained by Cardiff University in accordance with Cardiff University and General Data Protection Regulation (GDPR).

Cardiff University is committed to respecting and protecting your personal data in accordance with your expectations and Data Protection legislation. The University Data Protection Officer can be contacted at inforequest@cardiff.ac.uk. Further information about Data Protection can be found [here](#).

Data from the survey will only be accessed by the evaluation team. Cookies or personal data stored by your Web browser are not used in this survey.

If you have any questions, please contact the Principal Investigator, Alison Bullock at BullockAD@cardiff.ac.uk

Thank you for considering your participation.

- 1.** By completing this survey, I am consenting to take part in this survey. I understand that my data will be held securely. I understand that when this information is no longer required for this purpose, official university procedure will be followed to dispose of my data. * *Required*

- I give consent freely
- I do not give consent

Page 2: Basic Information

2. Which Health Board do you mainly work in?

- Aneurin Bevan
- Betsi Cadwaladr
- Cardiff and Vale
- Cwm Taf Morgannwg
- Hywel Dda
- Powys
- Swansea Bay

3. What model of protected time did your employee pursue? (click on more info if you are unsure about which model)

[+ More info](#)

- Self-Directed CPD
- In-Practice Support
- Credit-Bearing Qualifications

4. Are you yourself pursuing one of the protected time models?

- No
- Yes - the Self-Directed CPD model
- Yes - the In-Practice Support model
- Yes - the Credit-Bearing Qualifications model

If you yourself are pursuing a protected time model, please respond to the remaining questions in the context of your role as an employer of a pharmacist on a protected time model, rather than your own experience of protected time programme.

Page 3: Service Provision

5. How much notice did you require from the pharmacist ahead of taking their protected time?

- Less than 1 week
- Between 1 and 2 weeks
- More than 2 weeks

6. To what extent did the release of the pharmacist impact service provision?

- Not at all
- Not a lot
- Quite a lot
- A lot

7. Who arranged the backfill for the release of the pharmacist?

- I did (their employer)
- The pharmacist themselves
- Another member of staff

8. How easy or difficult was it for this backfill to be arranged?

- Very Difficult
- Difficult
- Somewhat Difficult
- Somewhat Easy
- Easy
- Very Easy

9. Where did you source the backfill?

- Other staff within the pharmacy, including yourself
- Locums
- A combination of both

10. What has been the biggest challenge for you in having an employee pursue the protected time programme?

11. What has been the biggest benefit for you in having an employee pursue the protected time programme?

Page 4: Impact of Protected Time

12. Do you feel the pharmacist has developed since utilising the protected time?

- I've not observed any development
- Yes - their clinical knowledge/skills have improved
- Yes - their non-clinical/soft skills have improved

13. What do you perceive to be the main advantage to pharmacists of this particular model of protected time?

14. What do you perceive to be the main disadvantage to pharmacists of this particular model of protected time?

15. What do you perceive to be the main advantage of this particular model of protected time to community pharmacy?

16. What do you perceive to be the main disadvantage of this particular model of protected time to community pharmacy?

Page 5: Looking to the Future

- 17.** Do you have any suggestions for how the model your pharmacist pursued could be improved?
Please specify

- 18.** Would you encourage other pharmacists to pursue this model of protected time?

- Yes
 Maybe
 No

- a.** Please explain the reason for your answer

- 19.** Do you think the protected time model your pharmacist pursued is suited to any pharmacists in particular? (e.g. at a particular career stage, wanting to develop particular skills)

- 20.** Do you have any other comments?

Appendix 6 – Mentor Online Survey

Page 1: Welcome

We would like to hear your views on the in-practice support model of protected time provided by HEIW to support community pharmacists' engagement with CPD.

All information you provide will be anonymous and all questions are optional.

For the purposes of this survey, Cardiff University (UK) is the data controller. All data collected in this survey will be held securely by the survey software provider under contract and then retained by Cardiff University in accordance with Cardiff University and General Data Protection Regulation (GDPR).

Cardiff University is committed to respecting and protecting your personal data in accordance with your expectations and Data Protection legislation. The University Data Protection Officer can be contacted at inforequest@cardiff.ac.uk. Further information about Data Protection can be found [here](#).

Data from the survey will only be accessed by the evaluation team. Cookies or personal data stored by your Web browser are not used in this survey.

If you have any questions, please contact the Principal Investigator, Alison Bullock at BullockAD@cardiff.ac.uk

Thank you for considering your participation.

- 1.** By completing this survey, I am consenting to take part in this survey. I understand that my data will be held securely. I understand that when this information is no longer required for this purpose, official university procedure will be followed to dispose of my data. * *Required*

- I give consent freely
 I do not give consent

Page 2: Basic Information

2. Which Health Board do you mainly work in?

- Aneurin Bevan
- Betsi Cadwaladr
- Cardiff and Vale
- Cwm Taf Morgannwg
- Hywel Dda
- Powys
- Swansea Bay
- Other

3. What is your job role (beyond that as a mentor)?

4. Have you previously been a mentor for any training or development programmes?

- Yes
- No

5. Did you receive any training in preparation for being a mentor on the in-practice support model?

- No
- Yes - online training
- Yes - in-person training
- Yes - both online and in-person training

6. What support did you receive during the programme from the following individuals/companies?

	Support received
Your employer	<input type="text"/>
Health Education and Improvement Wales (HEIW)	<input type="text"/>
From other mentors on the model	<input type="text"/>

Page 3: Interactions with your Mentee

7. Approximately how often did you meet with your mentee?

- More than once a week
- Once a week
- Once a fortnight
- Once a month
- Less than once a month

8. Please provide a brief description of what took place in these meetings

9. In general, how easy or difficult was it to align your availability with your mentee's availability?

- Very Difficult
- Difficult
- Somewhat Difficult
- Somewhat Easy
- Easy
- Very Easy

10. How easy or difficult was it to arrange backfill to release you from service provision to engage with your mentee?

- Very Difficult
- Difficult
- Somewhat Difficult
- Somewhat Easy
- Easy
- Very Easy

11. Who arranged your backfill cover?

- No cover was provided
- I arranged it myself
- My line manager
- Another member of staff
- Other (please specify)

Page 4: Impact of Protected Time

12. Do you feel the pharmacist has developed since utilising the protected time?

- I've not observed any development
- Yes - their clinical knowledge/skills have improved
- Yes - their non-clinical/soft skills have improved

13. What do you perceive to be the main advantage to pharmacists of the in-practice support model of protected time?

14. What do you perceive to be the main disadvantage to pharmacists of the in-practice support model of protected time?

15. What do you perceive to be the main advantage of the in-practice support model of protected time to community pharmacy?

16. What do you perceive to be the main disadvantage of the in-practice support model of protected time to community pharmacy?

Page 5: Looking to the Future

17. Do you have any suggestions for how the in-practice support model could be improved?

18. Would you encourage other pharmacists to pursue the in-practice support model of protected time?

- Yes
 Maybe
 No

- a. Please explain the reason for your answer

19. Do you think the in-practice support model is suited to any pharmacists in particular? (e.g. at a particular career stage, wanting to develop particular skills)

20. Would you encourage pharmacists to pursue any of the other protected time models?

- I am unfamiliar with the other models of protected time
 No
 Yes - the self-directed CPD model
 Yes - the credit-bearing qualifications model

21. Do you have any other comments?