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An explorative qualitative case study of community pharmacists' perceptions of their professional roles

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Focal points

- Original qualitative case study exploring how community pharmacists perceive their professional roles.
- Main themes were: relating, maintaining and moving.
- Community pharmacists work as isolated healthcare practitioners, but see more patients than other NHS care settings.

Introduction

The Department of Health White Paper (2008)¹ and the 2013 NHS England consultation 'Pharmacy call to action' can be viewed as re-professionalisation of community pharmacists in consolidating and expanding their professional practice. There is limited published research on how pharmacists perceive their roles. A qualitative research approach was used to provide insight into how community pharmacists perceive their roles.

Methods

This qualitative case study consisted of five community pharmacists recruited in 2012 using purposive sampling. Only pharmacists registered for 5 years or more, who had worked in community pharmacy for at least 2 years and provided written consent, were entered. Data were obtained from one in-depth individual semi-structured interview using a guide covering how they viewed their role, contribution and future and how other healthcare professionals viewed their role. Each pharmacist was asked to complete a diary for 5 days to include any positive contributions or frustrations experienced. The data were analysed using inductive thematic analysis². Data were coded and themes identified. Ethics approval was obtained. This study is part of a larger study.

Results

The preliminary thematic analysis of the qualitative data led to the identification of three main themes: relating, maintaining and moving, each with three or four sub-themes of how pharmacists perceive their roles. Relating: building and maintaining relationships with GPs practices, policing and preventing GPs from making mistakes and caring and helping patients. Maintaining: working as isolated practitioners, finding strategies to keep up-to-date, feeling skills are under-utilised and lacking opportunities for post-graduate education and training. Moving: struggling to move away from dispensary work, striving to free up GP time, being a healthcare professional that patients can easily access and being seen as a shop-keeper.

The findings highlighted that having good working relationships with GPs was important to pharmacists but took a long time to build, whereas getting hold of some GPs was like accessing 'Fort Knox'. They viewed their role as freeing-up GP time and believed there was more potential for this. They also viewed undertaking Medicines Use Reviews as supporting GPs but felt this was not particularly valued. Pharmacists worked as isolated practitioners both in terms of not being integrated with healthcare teams, including having no access to patients' medical records and few interactions or peer-review of their practice by other pharmacists. They had limited opportunities to maintain and develop their professional practice competencies and capabilities, particularly in conjunction with GPs, which would help professional integration. They perceived being viewed as shop-keepers both by some healthcare professionals and patients. They perceived that only other healthcare professionals who worked closely with them, such as some GPs, understood their role. Pharmacists all spoke of the importance of establishing long-term professional relationships with their patients.

Discussion

Community pharmacists see more patients than other NHS care settings¹, work on a walk-in basis, are highly trained but need to move away from dispensary work to take on clinical roles to free up GPs' time.

It is not possible to make generalisations based on this research but it does add to the knowledge accumulation about the roles of pharmacists. Researcher bias is inherent in qualitative research as the researcher is the primary instrument for study design, data collection and identifying the findings. To acknowledge that the researcher influenced the research, while the research processes affected the researcher, a record was kept throughout incorporating reflexivity within the study.

References

1. Department of Health (2008). Pharmacy in England – Building Strengths – delivering the future.
2. Braun, V and Clarke, V. Using thematic analysis in psychology. *Qualitative Research in Psychology* 2006; 3: 77–101.

