Pharmacy Practice Research Trust, London

A Template of Patient-Centred Professionalism in Community Pharmacy

Eleven themes of patient-centred professionalism

January 2010

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Executive Summary
The study sought to clarify the concept of ‘patient-centred professionalism’ in community pharmacy. It did so through a series of workshops with community pharmacists—both established and newly qualified, working in full, part-time or locum positions—, pharmacy support staff, members of the public, and other Stakeholders (including educators, policy developers, and policy implementers).

Seven workshops were held, with a total of thirty-nine research participants. The community pharmacists and support staff who took part in the study were drawn from the full spectrum of community pharmacies, including independent pharmacies, regional chains, national chains, and supermarket-based pharmacies in both urban and rural environments. The workshops took place in south west Wales, and utilized a range of qualitative and quantitative methods to clarify the concept of patient-centred professionalism. During the course of the workshops, the research participants engaged in exemplar-building activities that endeavoured to disclose, through the Nominal Group Work technique, the key positive and challenging characteristics of patient-centred professionalism from the perspective of established community pharmacists, newly qualified community pharmacists, pharmacy support staff, members of the public, and other Stakeholders, respectively. Nominal Group Work is a research method that systematically enables key characteristics to be disclosed, refined, and ordered.

The full set of characteristics that emerged from the workshops were synthesized and thematized, and each of the eleven themes placed within a template of positive and challenging aspects of patient-centred professionalism. The template structures and presents the themes according to their relative significance. The themes are:

- Safety
- Professional characteristics
- Relationships with patients
- Confidentiality and privacy
- Accessibility
- Training
- Professional pressures
- Services
- Environment
- Changing professional roles
- Patient characteristics

Taken as a totality, the template clarifies the concept of ‘patient-centred professionalism’ in community pharmacy, and situates it within a nexus of perspectives that spans community pharmacists, their support staff, members of the public, and other Stakeholders.

The methodology for this study is presented in The Final Report (January 2010), which accompanies this document.
An overview of the Eleven Themes of Patient-Centred Professionalism in Community Pharmacy

The following eleven themes of Patient-Centred Professionalism in Community Pharmacy are presented in the rank order as ranked by study participants.

1. Safety
   Safety is widely regarded as the most important aspect of community pharmacy, so much so, that for many it almost goes without saying. Working practices, working relationships and workspaces are all configured to sustain and support patient safety yet at the heart of patient safety is not the patient but medicines. Consequently, many pharmacists are torn between communicating effectively with patients and safely dispensing medicines. This tension is exacerbated by: the growing emphasis on patient engagement, the creation of new roles and responsibilities, heightened commercial expectation especially around performance, and an intensification of the culture of responsibility and accountability, with the bureaucracy that this requires. Individual pharmacists feel the strain of baring the risk of dispensing and checking errors, leaving them in a constant state of anxiety. They are frustrated that the public appear neither aware of their dedication nor appreciative of the fact that they work so hard to ensure patient safety. However, the imperative to work safely is also a source of identity and pride. The public, for their part, are acutely aware of the implications of dispensing errors and the seriousness of the pharmacist's job, and many suggest pharmacies should be limited to objects: dispensing not diagnosis.

2. Professional Characteristics
   Directly related to the pressures currently affecting community pharmacy practice, professional characteristics are influenced by intensive, over-burdensome workloads, the need to multi-task, and extensive company rules that emphasise formal and informal consultation. Whilst pharmacists want to provide a professional service, underpinned by personal characteristics of reliability, trustworthiness, accessibility and friendliness, they feel diminished by unrealistic company and public restrictions on practice. These include an inability to protect their personal space, and feelings of being overstretched and overexposed to patient demand. The public present a strong divide between professional characteristics of pharmacists and other health professionals, particularly GPs. The pharmacist is merely there to provide a timely, efficient dispensing service where the customer always comes first, whilst the GP serves a more generic diagnostic and consultative purpose. The public would like clearer identification of pharmacists through set uniform and transparent job delineation, whilst pharmacists wish for better patient-focused training and self-regulatory strategies that build their role and enhance patient-centred professionalism.

3. Relationships with Patients
   Since the introduction of formal consultations into the community pharmacy setting there are greater opportunities for interaction with the public and for building good relationships. However, patients do not take pharmacists seriously or regard them as professionals and do not understanding their role. Whilst the public wish to be treated by knowledgeable, trustworthy and courteous people and are often pleasantly surprised at the pharmacist’s degree of knowledge in relation to the GP, they do see the GP as their first port of call. Consequently, whilst pharmacists
emphasise the need to concentrate on patient relations, encouraging staff to be friendly and personable, the public find it less important to have a close relationship with the pharmacist than with the GP. The public also imply that patient-centred skills are not being instilled during pharmacy training, emphasising the need for clearer information-sharing and clearer role definition. Whilst pharmacists consider relations with patients to be governed by the multiple, external demands on their role, time allowing, they would like more extensive patient consultation.

4. Confidentiality and Privacy
Issues regarding confidentiality within the community pharmacy environment arise primarily in relation to conversations between pharmacists and pharmacy staff and public members and pharmacy professionals, where spaces are inappropriate or lack effective privacy. Whilst pharmacists comment that discretion is essential, they often find the private consultation booths unsuitable and ill-fitted to useful social interaction. Vicarious interaction with patients, mediated by pharmacy staff, and suggestions that pharmacists cannot be bothered to speak to patients directly, leave patients wondering in whom they can trust. Pharmacists are concerned to uphold patient confidentiality, and understand the need to keep conversations confidential, not wishing to expose patients. However, they feel themselves to be increasingly exposed to the gaze of the public and to the pressure of an ever-growing workload, using the pharmacy’s private spaces, even the consultation room, as a means of escape, and a way of re-establishing a personal semblance of privacy.

5. Accessibility
Accessibility is defined in a range of ways: being openly available to customers, being well located geographical to provide a much-needed pharmacy service, and offering easy access to pharmacy premises. Excellent accessibility means that pharmacies can ensure a sense of community in a local setting. However, whilst excellent accessibility is one of pharmacies greatest assets, helping to relieve some of the pressure off GPs, it also results in causing pharmacists considerable anxiety. Pharmacists complain of being too openly available to clients without a good appointment system to take the pressure off them. This is further exacerbated by the public perception, the irony of which is not lost on professionals, that the more accessible, the less professional they appear, particularly as regards GP counterparts.

6. Training
Training is a recurrent theme in relation to pharmacists’ lack of communication skills which are necessary if pharmacists are to continue to conduct formal consultations. Stakeholders note that whilst Newly Qualified Pharmacists are coming into pharmacy better-trained than their predecessors, pharmacists are generally not natural communicators, often unable to make eye contact, and appearing to many as unapproachable. Training is necessary if they are to be more amenable before they entered the consultation room. Lack of training is also linked to the public perception of pharmacists not having a degree, and their reluctance to take a more patient-centred and caring approach. The public are interested in pharmacists being well-trained to present a knowledgeable persona and to reassure them of their trustworthiness and courteousness. In that respect, the public often find themselves surprised at the pharmacists’ degree of knowledge in relation to the GP, and the range of issues they are prepared to broach. Limited ‘in-house’ training is highly
problematic, as is the poor provision of Continuing Professional Education (CPE), whilst the degree course is strongly criticised for its emphasis on science over and above people-skills and its lack of basic training in courses such as ‘First Aid’, which help the public.

7. Professional Pressures
Company pressures have left pharmacists angry and frustrated at the demands of their newfound roles and the pressure and tension this creates. Pharmacists describe the inconvenience of a generic layout to their workspace, enforced regulation by companies leading to inappropriate workloads, excessive Medicines Use Reviews quotas and other external targets that are unsuited to practice. All these issues intensify professional pressure and restrict rather than liberate pharmacists and staff. Pharmacy staff describe being demoralised by others telling them what to do, whilst pharmacists complain of a growing tension over lack of personal autonomy and an inability to provide team leadership. All groups recognise the tensions of financial imperatives dictating to dispensing and retail sales, whilst professionals are torn between making sure they sell what the company wants and putting patients’ needs and their own professionalism first. Newly Qualified Pharmacists imply that increasing contact with patients is unsustainable within an environment where there is scant organisation in their working lives and no appointment systems, and remark that training does not adequately prepare them for the job in hand.

8. Services
Services are more important to the public than the space in which the pharmacist worked, and whilst surprised at the breadth of the pharmacist’s work, put down to lack of advertising on the pharmacist’s part, their main interest is in receiving the correct medication in a timely and convenient manner. Pharmacists are well aware of the public’s desire for a fast service with minimal waiting times, but also of the company’s regard for pharmacies that can offer a wide-range of profitable, viable services. Thus the company agenda suggests the more services on offer, the more patient-centred a pharmacy might be. Despite the provision of increased services, pharmacists comment that the quality of services is compromised by their increased workload and by stress, leaving them unable to give patients the time they needed. Pharmacy staff also describes being torn between making sure they sell what the company wants and putting customers’ individual expectations first. Professional groups emphasise the need to work more closely together, to promote their services with joined-up working practices, and to help educate patients about the availability of services.

9. Environment
Whilst the rewards of the community environment are the direct social interaction it affords, giving positive variety and lack of sameness to the job, many pharmacists are isolated, and keen to have stronger links with others, to share experiences and concerns. The most significant constraint on community pharmacy is its location within a retail environment, which distracts from the serious work of the pharmacy and may demean the pharmacist in the public’s eye. The retail environment may also compromise the strong ethic of care, an aspect of practice upon which pharmacists are particularly proud. Pharmacists and Stakeholders note the importance of well-organised space, particularly in the dispensary, and staff value a
harmonious social space lacking in animosity. Contrasts are made between small, local pharmacies and large, supermarket-based pharmacies that all describe as impersonal and characterless; impacting on their ability to nurture and sustain good relationships.

10. Changing Professional Roles
The new NHS contract has affected the professional’s role within the pharmacy – they now manage multiple tasks, undertake formal and informal consultations and dispense medication. These changes have increased the pressure they experience and left them frustrated at changes that negatively impact on their relationship with patients. Pharmacists’ sense of trepidation regarding their jobs has caused them to seek out part-time or locum work, feeling trapped between the dual roles of dispensing and retail sales, which is seen as deeply problematic. There is little clarity of role or role demarcation and ever-growing company expectations for meeting external targets and personal accountability. Whilst the public view the GP as the consultant and diagnostician, with the authority to consult on a wide range of issues, the pharmacist is little more than a sales technician, carrying out the GP’s orders. Indeed, the public are surprised at their breadth of role, and recommend greater advertising and an urgent need for information-sharing between public and professional bodies.

11. Patient Characteristics
There are a plethora of diverse patient characteristics and behaviours described, but of particular note are patients’ insistence on being seen immediately, their making unrealistic demands on pharmacists and pharmacy staff, and their expectations for a continuous and speedy dispensing service. These are particularly challenging for professionals, contributing to the pressures and demands of their role. However, whilst patients are clearly seen as the raison d’être of community pharmacy, this theme is viewed by all as one of the least significant vis-à-vis patient-centred professionalism, and pharmacists’ responses to the character of the patient is to keep an open mind, even when faced with hostile or aggressive behaviour. The ‘patient is always right’, is an attitude pharmacists are keen to uphold, in the interest of building a trusting, loyal relationship and optimizing the outcomes of such a relationship.
Note to readers: The following eleven themes are arranged in rank order as ranked by study participants. For each theme there follows two textual documents. A short version of the theme, which is then linked to a fuller version of the theme. In the fuller version, the reader is directed to specific paragraphs (which are numbered for each theme). The repeated use of certain quotations illustrates the frequent overlap of views across themes. All claims made and comments asserted in this document reflect the views of the participants in workshops.
1. Theme: Safety (shorter version)

Safety is widely regarded as the most important aspect of community pharmacy, so much so that for many it almost goes without saying. Working practices, working relationships, and workspaces are all configured to support and sustain patient safety, yet at the heart of patient safety is not the patient, but medicines:

1.1 Pharmacists often feel a tension between communicating effectively with members of the public on the one hand, and safely dispensing medicines on the other hand. (see para.1)

1.2 Pharmacists and pharmacy staff endure an increasingly tense working life that engenders a constant state of anxiety to ensure the safe and correct dispensing of medicines. (see para.2)

1.3 The imperative to work safely is also a profound source of identity and pride for pharmacists. (see para.2)

1.4 The ensuing sense of inflated responsibility, which coincides with the expansion of the community pharmacist’s role, enhances the significance and standing of pharmacy as a key profession. (see para.2)

1.5 Pharmacists’ dedication to focussing on the correct dispensing of medication at times calls for detachment from the patient and ‘other interruptions’ – this may be perceived by the public as not being patient-centred. (see para.4)

1.6 Clear and effective channels of communication need to exist between community pharmacists and GPs to ensure the safe dispensing of medication. (see para.6)

1.7 Lack of patient medical history was considered a concern by members of the public. Without this information, pharmacists cannot offer an effective consultative service to the patient. (see para.7)

1.8 Patient expectation for a timely, fast service in terms of the dispensing of medicines conflicts with the community pharmacists desire to allocate enough time and focus to ensure mistakes do not occur. (See para.8)
1. **Theme: Safety (fuller version)**

*Para 1* Safety is widely regarded as the most important aspect of community pharmacy, so much so that for many it almost goes without saying. Working practices, working relationships, and workspaces are all configured to support and sustain patient safety, yet at the heart of patient safety are not the patients, but medicines. Consequently, many pharmacists experience a tension between communicating effectively with members of the public on the one hand, and safely dispensing medicines on the other hand. This tension is being exacerbated by a number of factors: a growing emphasis that is being placed upon engaging with patients; the creation of new roles and responsibilities for pharmacists; heightened commercial expectations, particularly with respect to performance; and an intensification not only of the culture of responsibility and accountability, but also of being seen to be responsible and accountable, along with the bureaucracy that this requires.

*Para 2* As the work of community pharmacy comes under increasing strain, there is a sense that while the heightened risk of dispensing and checking errors is caused by structural factors, it remains the case that the individual pharmacist must bare this risk. Accordingly, many pharmacists and pharmacy staff endure an increasingly tense working life that engenders a constant state of anxiety and an inability to relax: “You get a script and [if] you make a mistake, that could be the end of you, literally” (Pharmacist). However, as well as a source of anxiety, the imperative to work safely is also a source of identity and pride for pharmacists, and there appears to be a certain amount of frustration amongst pharmacists that the public are neither aware of the expertise and dedication that they require in order to work safely, nor appreciative of the fact that they work so hard to ensure patient safety. Similarly, whilst the fact that the individual pharmacist exposed to risks occasioned by structural conditions figures as a source of injustice, the ensuing sense of inflated responsibility enhances the significance and standing of pharmacy as a key profession.

*Para 3* The public, for their part, are acutely aware of the: “Seriousness of the job,” and the implications of dispensing errors. They are particularly concerned about commercial pressures, a concern that is epitomized by the “distraction” of selling non-healthcare commodities, such as shampoo and hair-bands. Moreover, the fact that the pharmacist is surrounded by a world of objects, both within the dispensary and on the shop-floor, leads some of the public to believe that the purview of pharmacy should be limited to objects: dispensing, not diagnosis.

*Para 4* Given that pharmacists are expected to focus their attention on medicines, it is perhaps not surprising that social interaction should pose itself as a problem, especially: “Interruptions” from customers. Hence the fact that some pharmacists spoke of their tendency to avoid eye contact, while others self-consciously sought refuge in the dispensary or even the consultation room. Conversely, patients may find the behaviour of pharmacists and pharmacy staff problematic. For example, someone reported that:

*I went into a pharmacy [as a customer] and they did a prescription and I was watching them dispensing it. I thought ‘Oh my God. I hope they have the right*
thing here. I’m going to check it myself’ because they were talking. They were chatting. They were laughing and joking when they were doing it. I didn’t feel comfortable. When I got hold of it the quantity was wrong. (Pharmacy Staff)

Para 5 Similarly, a Newly Qualified Pharmacist reflected on the fact that: “I can be working in the shop and having a laugh and a joke whilst doing a prescription, and I do think: ‘I bet that patients think that we are not doing any work.’”

Para 6 As well as being mindful of their own capacity to make errors, pharmacists also spoke of the difficulty of dealing with mistakes made by GPs, largely because of the need to communicate via receptionists who often converse as if GPs were infallible — a sentiment shared by many patients. Consequently, one Newly Qualified Pharmacist observed that: “When I come across problems I sometimes feel myself getting more stressed as I am going to have to talk to the receptionist and I try to find any way of dealing with this problem without having to phone them up.”

Para 7 While both the public and pharmacists stressed safety concerns with respect to dispensing, the public were also concerned with respect to consultation. However, while pharmacists placed the accent on the need to build a close personal relationship with their customers—a requirement that is problematic for locum pharmacists: (“There’s no way you can provide the same patient-centred professionalism as someone in a permanent post,” asserted a Newly Qualified Pharmacist. “There’s no way”)—, the public stressed the fact that pharmacists, unlike GPs, lacked access to an archive of case notes. “When you go to the GP you are building up a service history: everything is recorded” (Public).

Para 8 Finally, a Newly Qualified Pharmacist noted the irony that the public appeared to want a contradiction in terms: safe dispensing without waiting. “I like the contradiction that [the patients’] main concern is mistakes and yet they are complaining about the time it takes to do it. That’s just ridiculous.”
2. Theme: Professional Characteristics (shorter version)

According to pharmacists, pharmacy staff and Stakeholders, professional characteristics are influenced by, and develop according to, the pressures currently affecting community pharmacy practice and community pharmacy personnel. These are pressures that come from a more intense approach to working, alongside expectations of multi-tasking. The pressures experienced are as a result of a range of exacting company rules and regulations which have been put in place to ensure safe dispensing and that pharmacists carry out both informal and formal consultations.

2.1 Pharmacists emphasised five key characteristics of their professionalism: dependability, trustworthiness, accessibility, friendliness and professional approachability. (see para.2)

2.2 Pharmacists need to be aware that commercial targets and regulations along with unscheduled contact with patients add pressure to the manner in which they conduct their professional practice, thus impacting on their display of professional characteristics. (see para.2)

2.3 Stakeholders, pharmacists and pharmacy personnel recommend a more structured approach to managing the patient-pharmacist relationship. They compare this patient contact with that of a GP, who uses waiting lists and appointment schedules. (see para.2)

2.4 The community pharmacist faces the challenge of working in confined workspaces with high levels of transparency for the patient and other staff. The pharmacist must find a means of establishing a sense of a professional self-worth within these physical settings. (see para.3)

2.5 Pharmacists should be aware of patient expectation. The public identify pharmacists as professionals with a specific purpose; to serve the needs of the public according to medication decisions made by the GP. (see para.5)

2.6 Community pharmacists should foster respect and trust in their patient relationships, specifically in relation to developing a more consultative role. (see para.5)

2.7 Pharmacy staff and members of the public perceive dress code as an important display of professionalism for community pharmacists and the public alike. (see para.6)

2.8 All groups recognised that effective use of clothing was considered important. However there was no consensus of opinion on how that might be achieved. (see para.6)

2.9 The presence of non-pharmacy or non-clinical items in proximity to the dispensing counter appears to impact negatively on the pharmacist’s sense of self. (See para.7)
2.10 Motivation plays an important role in the community pharmacist’s performance and the desire to offer a high standard of service. It is not necessarily linked to financial reward. *(see para.9)*

2.11 The changing role of the community pharmacist calls for greater interpersonal skills in light of the increased patient contact and importance of the patient-pharmacist relationship. *(see para.10)*
2. **Theme: Professional Characteristics (fuller version)**

**Para 1** According to pharmacists, pharmacy staff and Stakeholders, professional characteristics are influenced by, and develop according to, the pressures currently affecting community pharmacy practice and community pharmacy personnel. These are pressures that come from a more intense approach to working, alongside expectations of multi-tasking. The pressures experienced are as a result of a range of exacting company rules and regulations which have been put in place to ensure safe dispensing and that pharmacist’s carry out both informal and formal consultations.

**Para 2** Pharmacists are keen to provide a professional service, and describe characteristics of dependability, trustworthiness, accessibility, friendliness and approachability as conducive to such a service. However, they feel that they are being diminished by unrealistic company regulations and restrictions to current practice. Targets and company pressures prevent pharmacists from displaying the characteristics to which they wish to ascribe, and from becoming autonomous professionals, able to make independent decisions about their pharmacies. In addition, pharmacists consider themselves exposed to public demand, on view at all times, and as a result, less professional. They compare this exposure to the controlled exposure of the GP, who manages relationships with patients according to a waiting list and appointment schedule.

**Para 3** Whilst many pharmacists are keen to interact with members of the public and recognise the need for an open service as an integral element of their work, they are frustrated by their inability to protect their personal and professional space, and undertake those aspects of practice that define their role, in particular dispensing. In order to overcome this exposure, pharmacists look for the sanctity of workspace: “Behind closed doors”, escaping to the refuge of the dispensary or the consultation room whenever possible. The challenge for Newly Qualified Pharmacists may be to find a balance between approachability to assist the public and ensure trust is built, and over-exposure which detracts from a professional’s sense of self and professional stance.

**Para 4** Members of the public clearly see a strong divide between the professional characteristics of the pharmacist and that of other professional groups, particularly the GP. The public identify pharmacists as professionals with a specific purpose; to serve the needs of the public according to medication decisions made by the GP, and to put the public’s need before their own. By so doing, the public expect pharmacists to offer a timely and efficient dispensing service, whilst providing advice and guidance on minor ailments, but at a professional level. The GP on the other hand, is perceived as the person to deal with a range of complex patient problems, in a more generic, consultative and diagnostic fashion. One public member summed up this sentiment as follows: “The pharmacist’s primary objective should be to dispense”. However, the public also recognise that pharmacist characteristics and the ability to adopt a patient-centred professionalism approach are strongly influenced by customer interaction, which has degenerated over the years: “Customers have changed over the years, now many people lack respect”.

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Para 5  Newly Qualified Pharmacists should be aware of customer expectations and the public mood, where respect and trust are somewhat lacking, whilst considering existing constraints and company regulations within which they have to work in their professional setting.

Para 6  Dress code is an important issue for all the consultation groups, perceived as a way of conveying patient-centred professionalism, to oneself, to other health professionals and to members of the public. However, clearly imposed dress codes can affect professionals in a negative way, as one staff member indicated: “I just had a uniform imposed on me which is a blazer, awful, I feel like crying every morning when I get dressed… I hate it”. Pharmacists and pharmacy staff who are offered a choice of dress code, or who are encouraged to wear an outfit that makes them feel professional can enhance self-belief, as one pharmacy manager commented: “The advice he had given was going to be exactly the same, whether he wore a shirt and tie or a sweat shirt, but I think that is something that if you are not dressed professionally, you don’t feel like professionals”. A dress code for pharmacists is also a concern for members of the public who suggest that uniforms should be encouraged, to identify hierarchies within the pharmacy. However, they also note that now that hierarchies appear to have been somewhat levelled out across staff groups, uniform has become more confusing: “If everyone is in a white coat, who is the professional?”

Para 7  The presence of non-pharmacy or non-clinical items in proximity to the dispensing counter appears to impact negatively on the pharmacist’s sense of self as the following pharmacist’s comment illustrates: “Bargain buckets on the counter, paperwork on the desk, teddy bears, chocolate candles… anywhere that there are prescriptions coming in, I wouldn’t want anything non-medical near my prescription reception desk”.

Para 8  Motivation plays an important role in the pharmacist’s performance and the desire to offer a high standard of service: “Nothing to do with money, nothing to do with what company you work for, I think as a professional we should all have that urge to provide a service”, something that could be taken into account during pharmacist training, through, for example, the effective use of goal-setting and self-regulatory strategies in developing patient-centred professionalism.

Para 9  Members of the public want a pharmacist to stand out in the crowd, and to be clearly identifiable within their role: “I would never ask the assistant, I would always ask the pharmacist”. They also want the pharmacist to be able to see the patient as an individual. However, some pharmacists continue to feel unsuited to, and possibly uncomfortable with, their role. “It is a role, you can be trained to the hilt, but if you are not suited to that job you will never be able to perform in that role”. Pharmacists’ comments on this subject are echoed by Stakeholders:

People have been in the job for a very long time, as the role has developed. Sometimes it’s just that they suited the role as it was and now don’t. You can’t take people out of their job, but equally, you can’t make them more suitable sometimes. (Stakeholder)
Para 10 This needs some consideration during training, when Newly Qualified Pharmacists decide which career paths to follow, especially as the suitability of role significantly affects job satisfaction and consequently motivation and the quality of service delivery.
3. Theme: Relationships with patients (shorter version)

The introduction of consultation rooms and the provision of more extensive services within community pharmacy have placed the relationship between pharmacist and patient at the forefront of pharmacists’ minds:

3.1 Opportunities for increased contact with patients goes hand-in-hand with the pharmacist’s opportunity to develop less ‘transactional’ relationships with patients and instead relationships based on honesty, trust and loyalty. (see para.1)

3.2 Pharmacists appreciate that they are able to offer patients a positive experience and good level of healthcare support. (see para.2)

3.3 The depth and extent of relationships between pharmacists and patients can vary enormously. (see para.3)

3.4 Professional pressures, including time restraints, can impinge on pharmacists’ ability and desire to provide patients with more care. (see para.5)

3.5 Pharmacists emphasise a desire to provide a sincere approach to dealing with patient needs and to foster a good relationship with patients. (see para.6)

3.6 Public perceptions of pharmacists are often based on their primary role to dispense. (see para.6)

3.7 There may be some difficulty for some pharmacists to fully develop their consultative role with patients. This is simply because many patients identify this role with their GP. (see para.6)

3.8 To some extent the patient is able to self-manage the relationship with the community pharmacist – it is based on familiarity, regulation, trust and respect.

3.9 Patients should be treated as equals by a pharmacist and the pharmacy staff. (see para.11)

3.10 Heightening public awareness of pharmacy staffs’ capabilities may improve perceptions of professionalism of staff. (see para.11)

3.11 Clarity of staff roles could facilitate a more professional approach and image of pharmacy staff. (see para.11)

3.12 Developing effective communication strategies could be helpful for pharmacists. (see para.12)

3.13 Developing a strategy for managing patient relationships may be helpful.
3. Theme: Relationships with patients (fuller version)

Para 1 The professional groups commented that more recently they were talking more with patients. The introduction of consultation rooms and the provision of appropriate services gave more opportunities to interact with patients and to build trust and loyalty. They felt that trust was built on communication. For patients they felt that it was important to be available for lengthy conversations and receptive to their needs. More recently patients had been encouraged to go to pharmacists before GPs, and this had resulted in increased contact and patient involvement. They also commented that the provision of Medicine Use Reviews (MURs) had improved patients’ perceptions of what pharmacists do and know.

Para 2 Pharmacists commented that they were in an ideal position to help patients:

Because we see patients or customers when they’re well as well as when they’re ill, we’re in an ideal position really to support patients and to sort of promote their wellness… to keep them well, to give advice on health promotion, stopping smoking and also to help them take responsibility for their own health. (Pharmacist)

Para 3 Despite the opportunities to interact more with the pharmacist, the newly qualified group commented that there were some patients that were not receptive to the process of developing and building relationships with pharmacists. They did comment however that patients that had received MURs were: “Friends for life” (Newly Qualified Pharmacist) and wanted to keep coming back to the pharmacist. Pharmacists remarked that despite wanting to interact more with patients they often lacked the time.

Para 4 Most of the Newly Qualified Pharmacists agreed that the reason they went into pharmacy was because it was a patient-focused job and that they wanted patient contact. They felt that it was important to be pleasant to people: “It is deemed professional and part of our code of ethics” (Newly Qualified Pharmacist). This sentiment was mirrored by more experienced pharmacists, who stated that they really care for their patients. The professional groups did, however, concede that this could be difficult with awkward customers.

Para 5 The public wanted to be treated by knowledgeable, trustworthy and courteous people. In that respect they were often surprised by the pharmacist’s degree of knowledge in relation to the GP with whom they would normally come into contact: “I’ve been blown away by how knowledgeable and lovely they are” (public member). Pharmacists were described as just being there primarily to dispense medication and carry out GPs orders: “The pharmacist is just delivering what the GP has recommended to treat me” (public member). The public also suggested that it was not as necessary for the pharmacist to be patient-centred: “I don’t know if people are really aware of the pharmacist being there, I don’t think the pharmacist has any initiative, whilst it is very important for the GP to be patient-centred” (public member). As a consequence, members of the public did not consider that it was necessary to have as close a relationship with the pharmacist as with the GP. When asked to define patient-centred
professionalism in pharmacy members of the public included the pharmacist’s ability to communicate with the public, being interested in the public’s need and putting public need before their own.

Para 6 The public imagined that patient-centred skills were not being instilled during pharmacy training, but conceded that some pharmacists did manage to build a strong, trusting relationship with the public, particularly members of the public who were seen over a long period of time for chronic health conditions. However, the public remarked that they would automatically turn to their GP if something was seriously worrying them. Whilst the pharmacist was useful for advice-giving: “When some minor things need attention”, the GP was the person to turn to for anything more pressing.

Para 7 Some of the Newly Qualified Pharmacists reinforced comments from the public regarding lack of focus on dealing with patients and patient characteristics in their training at university. They felt that understanding patient needs and expectations could help manage the relationships with patients so that the patient received the service they expect. They did feel however that to some extent patients self managed their relationship with a pharmacist based on familiarity, regularity, trust and respect.

Para 8 The subject of training was also discussed by experienced pharmacists:

We are expected to get these MURs done without any proper training and GPs, now I don’t know they weren’t of late, but there is quite a lot of importance and time spent on actually training a GP to know how to communicate with a patient, video tape consultations, we don’t get any of that.
(Pharmacist)

Para 9 It was also stated that a lot of pharmacists do not have the patience to deal with the elderly or people who cannot speak good English and others have a bad attitude to drug users. It was felt that there was a prevailing bad attitude, with some pharmacists and staff suggesting patients should all be treated the same.

Para 10 Some of the pharmacy group felt that the personality of staff, encouraging them to be friendly and helpful, was key to developing good relationships with patients. This was re-iterated by the pharmacy staff: “Looking after the customer, good customer service and recognising that the customer is always right encourages customers to say yes, ‘I’ll go back there’” (Pharmacy Staff Member).

Para 11 Pharmacy staff reflected that, irrespective of the presentation of staff to customers, many customers only wanted to see the pharmacist, and were unlikely to change their minds about the ability of other members of staff to cater to their needs. Customers would only change in their opinion if they were able to trust other members of staff, through familiarity, having built up a good relationship over time. This would not only reflect well on that member of staff’s ability to display professionalism, but also on their role in general. By trusting the lead pharmacist, customers were under the illusion that only the lead pharmacist had the authority and ability to answer their questions, when this clearly was not
the case. “It is about familiarity and it’s about trust and confidence and coming back” (Pharmacy staff member). Staff commented that in order for customers to trust them their roles need to be much more clearly defined. In addition, staff could stimulate change by making sure that they made eye contact with customers when they walked through the door and by supporting customers well. Staff also considered the more senior practitioners to be the ones that patients were most likely to trust.

Para 12 Pharmacists felt that their relationships with patients were governed by professional pressures and multiple external demands on the pharmacist’s role, and although pharmacists would like to use the opportunity to consult with patients and offer one hundred percent of their time to talk to them they are unable to do so. They did concede that relationships with patients could be managed through effective communication; something which could be incorporated or emphasised as part of pharmacy training. It was felt to be important for Newly Qualified Pharmacists to be aware of how patients might see them. This seems strongly influenced by the setting and pharmacists have to be able to deal with their own emotions and responses to the way in which they perceive patients. Once pharmacists are clear about this, they would be able to find ways to effectively manage patient expectations and relationships through good communication strategies. The role of pharmacists and the importance of the tasks needs to be communicated effectively, for instance by educating patients.

Para 13 It was felt strongly by the professional groups that patients did not regard them as professionals and that patients do not understand the role of the pharmacist:

Patients don’t understand what’s involved in dispensing, they really don’t. They just think that you are taking something off the shelf and either shoving it in a box or shoving it in a pack and giving it, that’s it. Then it’s up to us to educate them. (Pharmacist)

Para 14 It was felt that once patients had experience of what the pharmacists could provide and had interaction with a pharmacist, their impressions of the profession could change: “If you have a good relationship with patients they will consult you as the first port of call if they need advice on anything. So that just promotes the patient centred health.” (Pharmacist)
4. Theme: Confidentiality and Privacy (shorter version)

Within community pharmacy, concerns about confidentiality and privacy primarily arise in relation to the conversations between pharmacists and pharmacy staff on the one hand and between pharmacy professionals and members of the public on the other hand:

4.1 Conducting sensitive conversations with patients in spaces that may not be entirely appropriate, for example on the shop floor, or within the public space of the pharmacy, may compromise patient confidentiality. *(see para.2)*

4.2 The concerted effort to introduce consultation rooms into community pharmacies supports and respects patient confidentiality and privacy. *(see para.2)*

4.3 Limited space within many community pharmacies may mean that the designated space for a consultation room is too small and cramped for conducting effective consultations with patients. *(see para.3)*

4.4 Exchanges between patients and pharmacists are frequently mediated by pharmacy staff. Many patients are anxious that such vicarious interactions may compromise confidentiality and increase the chance of miscommunication and errors. *(see para.5)*

4.5 As well as being concerned to keep conversations confidential, pharmacists are also sensitive to the fact that members of the public may be exposed to unsightly interactions and practices, in the open space of the pharmacy, for which the consultation room can provide both privacy for the patient and protect the sensibilities of others. *(see para.7)*

4.6 Pharmacists often exposed to the gaze and demands of the public and need some privacy for themselves – for example to telephone a GP regarding a patient’s medication or treatment. *(see para.8)*

4.7 In order to avoid distractions, pharmacists have a tendency to keep their ‘heads down’ so not to make eye contact with patients: establishing eye contact would invite interaction and may introduce distractions. *(see para.8)*
4. Theme: Confidentiality and Privacy (fuller version)

Para 1 Within community pharmacy, concerns about confidentiality and privacy primarily arise in relation to the conversations between pharmacists and pharmacy staff on the one hand, and pharmacy professionals and members of the public on the other hand. Two key concerns have come to the fore in relation to this.

Para 2 The first concern is the difficulty of conducting such conversations in spaces that may not be entirely appropriate: on the shop floor, for example, or within the public space of the pharmacy. For a long time, this difficulty has been dealt with by steering sensitive conversations towards quieter areas of the pharmacy, and pharmacists have by and large found this to be an effective and satisfactory strategy for dealing with the need to provide confidentiality and privacy for their customers. More recently, there has been a concerted effort to introduce consultation rooms into community pharmacies in an attempt to address this problem directly. Indeed, a Newly Qualified Pharmacist was surprised that a lack of confidentiality and privacy had been raised by members of the public, given that the introduction of consultation rooms should have resolved this concern.

Para 3 However, while many members of the public and professionals appreciate the introduction of consultation rooms, others are more ambivalent, for while consultation rooms may be a welcome addition in principle, in practice many find them unsuitable and unnecessary. They are seen as unsuitable because these consultation rooms are often very small and ill-suited to social interaction. For some they are unnecessary because of the availability of other quiet areas within the pharmacy: “You have got [consultation rooms] for confidential conversations, but you rarely use them. People are quite happy to have it in a quiet area of the pharmacy” (Pharmacy staff member). “We ask the questions before the consultation so you know what sort of area you offer to them” (Pharmacy staff member). There is also the risk that taking a patient into the consultation room: “Can blow it out of proportion” (Stakeholder).

Para 4 Given that confidential information circulates by word of mouth within the community pharmacy, one can appreciate why: “Discretion is the vital word” (Pharmacy staff member). Being overheard by others and encountering family, friends, acquaintances, and neighbours are concerns of the public. Such exposure is considered to be an inherent component of community pharmacy as a retail environment. In the absence of a consultation room, and the privacy that it affords, a Newly Qualified Pharmacist reported having to resort to: “Speaking in code to the patient,” risking misunderstanding and embarrassment.

Para 5 The second concern relates to the fact that exchanges between patients and pharmacists are frequently mediated by pharmacy staff. Many patients are anxious that such vicarious interactions may compromise confidentiality and increase the chance of miscommunication and errors. This anxiety is exacerbated by the fact that many members of the public regard pharmacy staff as little more than shop assistants, and few appreciate the knowledge, skill, and expertise that pharmacy staff may embody:
“It’s not very patient-centred if the pharmacist doesn’t even come out to speak to you to explain … and you are having to channel what maybe is confidential information about yourself and what medication you are on through somebody else who isn’t that knowledgeable” (Member of the public).

Para 6 As a consequence of uncertainty about whom to entrust with personal information and an aversion to intermediation, many members of the public request to speak to a pharmacist directly, and if a consultation requires privacy, some make an appointment with a GP instead, rather than visit a pharmacist.

Para 7 As well as being concerned to keep conversations confidential, pharmacists are also sensitive to the fact that members of the public may be exposed to unsightly interactions and practices, for which the consultation room can provide both privacy for the patient and protect the sensibilities of others.

Para 8 It is not only the patient who may need privacy, but also the pharmacist, when a telephone call to a GP is necessary to discuss a problem with a prescription. Pharmacists also report feeling increasingly exposed to the gaze of the public and the pressure of workloads. In particular, open-plan environments force one to catch the eye of a waiting customer, necessitating an exchange with the customer that interrupts what one was doing, and therefore raising anxieties about the possibility of introducing errors when dispensing or checking. Hence the fact that some pharmacists tend to keep their head down in order to avoid eye contact. Indeed, many pharmacists who work in more open-plan environments welcome the consultation room as a way to re-establish some privacy for themselves:

“The consultation room: I was quite resistant at first, and I thought: ‘Ah, I don’t need that.’ But having used it for the last 18 months, I find it’s my little refuge where I can get away from the routine work of the day. It is literally a physical barrier to the rest of the pharmacy. You have got that privacy” (Pharmacist).
5. Theme: Accessibility (shorter version)

Accessibility relates to being open and available, being geographically placed within the community so as to be easy to access, and the pharmacy being an environment that is easy to get in and out of:

5.1 Pharmacists’ instant accessibility offers patients an alternative to their GP as a first port of call. *(see para.2)*

5.2 Pharmacists can offer advice and treatment to patients wishing to avoid lengthy waits for GP appointments. *(see para.2)*

5.3 Instant accessibility to a pharmacist may also be considered a distraction and may over-burden the pharmacist. *(see para.4)*

5.4 An appointment system in a community pharmacy could offer more structure to pharmacists’ management of ad-hoc patient interactions. *(see para.4)*

5.5 Despite good accessibility, community pharmacists should acknowledge the limitations of their consultative role. *(see para.4)*

5.6 The community pharmacy represents a social space and environment within which members of the community interact. *(see para.8)*

5.7 The visibility of the pharmacist and the transparency associated with the pharmacy workspace may impinge on the pharmacist’s professional standing, in the eyes of the public. *(see para.9)*

5.8 Patients choosing to use prescription collection and delivery services may not benefit from the extensive services found within the community pharmacy setting, and may forego the opportunity to interact with pharmacists and their staff. *(see para.13)*
5. **Theme: Accessibility (fuller version)**

**Para 1** Accessibility related to being openly available, being geographically placed in the community so as to be easy to access and the pharmacy environment being easy to get in and out of.

**Para 2** It was felt by both the professional groups and the public that being able to talk freely at any time to a pharmacist was one of their greatest assets and: “…an added thing, it’s like a bonus for the patient being able to talk to a pharmacist, especially if they have time to discuss things at length”. It was suggested that being accessible set pharmacists apart from GPs, with patients being able to see a pharmacist without an appointment. As a result of their convenience, in many cases, pharmacists were often accessed before GPs: “I think we are fast becoming the first port of call for any healthcare problem now and they tend to come and see us before phoning up the GP surgery”. One of the main reasons for this was the significant delays that patients encountered when trying to book an appointment with their GP whilst pharmacists could provide advice or treatment in the interim: “Sometimes it’s because they can’t get an appointment with their GP, so many people come in and say that it takes three weeks to get an appointment and they say you can give me something in the meantime”.

**Para 3** Some of the Newly Qualified Pharmacists felt that expanding the role of the pharmacist was essential and that accessibility to pharmacists by patients made this role extension possible:

> It’s good to extend the role of a pharmacist. It’s such a convenient place for people to go and it doesn’t take that much more training to do the things we’ve already been doing in university and stuff anyway. It takes a bit of pressure off the GPs. (Newly Qualified Pharmacist)

**Para 4** Despite the professional groups recognising that their accessibility could help relieve some of the pressure on GPs, it was recognised that the accessibility of pharmacists could potentially over-burden pharmacists. The lack of structure as a result of open accessibility was felt to have caused increased pressure in pharmacies. This resulted in the pharmacists feeling that they weren’t doing such a good job. Reducing the pressure needs addressing, either by employing more support staff or pharmacists, or by having an appointment system. It was recognised that the lack of appointments was a unique feature of pharmacists:

> I know we say taking the pressure off GPs but there is going to come a point when you need to take the pressure off the pharmacist as well. GPs have appointments and stuff and their day is organised. Ours isn’t. People coming in asking you things, it creates a backlog. Making us the first port of call is a good idea and improves our reputation with patients, but there will come a point when we are taking the pressure off the GP and someone will need to take the pressure off us. That involves more support staff or pharmacists, or going back to an appointment system and that’s what set us apart. (Newly Qualified Pharmacist)
Para 5  It was noted by professionals that patients often expected to see a pharmacist immediately whereas they were willing to accept waiting for a GP: “Don’t you think sometimes we’re being the victims of our own success in that the more accessible we become the greater the public demands and expects of us”. It was recognised that there was a need to manage customer expectations about waiting to see a pharmacist. The promotion of the pharmacist in recent years was felt to have contributed to this:

*People in the pharmacy don’t want to wait. If you are in a doctor’s surgery or a dentist’s then you make an appointment and you know you’d wait to be seen. But in pharmacy, probably because in recent years there’s been a lot made of us as a profession… we are physical on the street and we are easy to access. But I guess the downside of that is that people expect to be seen straight away.* (Pharmacist)

Para 6  The increased pressure on pharmacists as a result of increased accessibility means that frequently there was not sufficient time to deal with patients and they may have to call back. It was felt however that if patients were informed of the delays many would accept waiting. Despite the pressure on pharmacists resulting from increased patient load, some of the public group commented that they were not aware of the full range of services pharmacists could provide and the knowledge of the pharmacist.

Para 7  Professional groups emphasised that pharmacies could give patients and clients a sense of community. It was recognised that pharmacies were often there to service the community, providing an opportunity for some elderly or socially isolated patients to interact with their peers.

Para 8  Being exposed and on view at all times was a problem for many pharmacists, and it seemed to make them feel less professional in the face of the customer (compared to a ‘closed doors’ that ‘protects’ other professionals like lawyers, doctors and accountants). There is a challenge to this notion of balance, being approachable or visible, and being seen as a professional. The Stakeholder group considered that GPs were viewed in a far more professional light and that limiting accessibility was one of the reasons for this.

Para 9  Pharmacy staff discussed accessibility in a number of contexts. They remarked on the need to have excellent accessibility to different premises, the need to have disabled access, and the need for enough pharmacies within each locale so that visiting was convenient. They believe that companies are not addressing these needs to suit different communities. They do not assess who lives in the different areas and what that suggests for the development of the pharmacy in terms of individual need.

Para 10 The professional groups thought that with increasing financial pressures, closure of some pharmacies may occur resulting in decreased accessibility for some. It was suggested that loss of income from dispensing and provision of extra services could contribute to closures.
Para 11 It was recognised that the provision of more pharmacist prescribers would increase accessibility for some. Accessibility could also be improved by some pharmacies being open in the evenings and weekends, with more having parking space.

Para 12 It was acknowledged that one disadvantage of accessible pharmacy services was related to prescription delivery. Many patients have prescriptions collected from GP practice and delivered to their home by a non-health care professional and so may not have face-to-face contact with a health professional. It was suggested that this did not represent patient-centred professionalism.

Para 13 Although the public group acknowledged the convenience of the pharmacist compared to their GP, they remarked that the pharmacist could not cope with all consultations: “There are illnesses that a pharmacist couldn’t cope with”. One member of the group elaborated: “If you are going for something minor then fine to go to a pharmacist but if you have something that is particularly wrong with you than really your doctor is the only one that can help.” (Member of the public)
6. Theme: Training (shorter version)

The need for training was brought up time and again throughout the workshops in particular relation to the pharmacist’s lack of communication skills. There was an overwhelming sense from pharmacists, Stakeholders and pharmacy staff alike that training for their roles was inadequate, and that the courses available did not teach appropriate communication skills or enough about communicating with patients in a formal consultation environment to prepare pharmacists for practice:

6.1 Pharmacists suggest that the current nature, length and content of pharmacy training is underpinned by the need for professionalism in practice, yet it may not focus enough on developing appropriate communication skills for dealing with patients. *(see para.1)*

6.2 Increasing public perception and awareness of pharmacists’ qualifications, skills and capabilities may improve patient-centred care and professionalism. *(see para.2)*

6.3 Pharmacy staff recognises that Newly Qualified Pharmacists are coming into the pharmacy setting, well trained with academic orientation that enables them to understand patient expectation. *(see para.5)*

6.4 The changing demands of the community pharmacy workplace have repercussions for pharmacy staff. Training needs for pharmacy staff should be re-assessed and extended. *(see para.5)*

6.5 Lack of training opportunities for pharmacy staff may often be seen as a lack of appreciation of staff. *(see para.5)*

6.6 The changing nature of the workplace has brought with it added pressure for pharmacy staff. Appropriate training may provide support to adapt and cope with these demands. *(see para.5)*

6.7 Hospital-based training for pharmacists is not adequate preparation for pharmacists who choose to specialise as community based pharmacists. *(see para.5)*

6.8 Appropriate training and Continuing Professional Education (CPE), to enhance pharmacists’ skills, in their increasingly public-facing role, would be desirable. *(see para.5)*

6.9 Increased importance and priority needs to be placed on updating First Aid Course qualifications. *(see para.6)*

6.10 Increased public awareness of pharmacists’ qualifications and training may encourage more trusting relationships. *(see para.8)*
6. **Theme: Training (fuller version)**

**Para 1** The need for training was brought up time and again throughout the workshops in particular relation to the lack of communication skills of professionals. There was an overwhelming sense from pharmacists, Stakeholders and pharmacy staff alike that training for their roles was inadequate and that the courses available did not teach appropriate communication skills or enough about communicating with patients in a formal consultation environment within the consultation room to prepare pharmacists for practice. Stakeholders commented that pharmacists were not natural communicators, often unable to make eye contact with patients and appearing to many as unapproachable: *They look miserable or they look scary, you’re not going to want to go to them, no matter what professional they are*. Training to be amenable to the public was seen as crucially important, whilst enabling pharmacists to obtain the skills necessary to communicate, well before they entered the consultation room, as one locum commented:

*Training, training of pharmacists and actually communicating with patients. We are just expected to get these MURs [Medicines Use Reviews] done without any proper training. There is quite a lot of importance and time spent on actually training a GP to know how to communicate with a patient, video tape consultations, we don’t get any of that.* (Locum)

**Para 2** Pharmacists linked lack of training to the perception that many customers held of pharmacists not necessarily having a degree, and commented on the reluctance or inability of pharmacists already in practice to change their approach to patient-centred care or to ensure patients and clients knew their qualifications in order to respect their work and role.

**Para 3** Members of the public also described the need for pharmacists to be well trained in order to present a knowledgeable persona to the public and to reassure the public that they were trustworthy professionals. In that respect the public were often surprised at the pharmacist’s degree of knowledge, in relation to a GP for example, with whom they would normally come into contact. The public were also surprised at the range of issues that the pharmacist would broach with them.

**Para 4** Newly Qualified Pharmacists concurred with longer standing pharmacists that training to acquire excellent communication skills was sorely lacking, and they commented on the inability of current-day training courses to prepare pharmacists for the job ahead, whilst as students, they had presumed training made them: *“Automatically professional”*.  

**Para 5** Pharmacy staff remarked that the young, pre-registration pharmacists were coming into the pharmacy setting well trained with academic orientation that enabled them to understand patient expectation and with the appropriate knowledge and skills to appeal to patients. However pharmacy staff perceived themselves to be inappropriately trained by the companies employing them, and this did not lend itself to understanding the constantly changing demands of the workplace. Other than limited ‘in-house’ training, pharmacy staff felt that they were not being offered enough Continuing Professional Education (CPE) and
therefore were ill-equipped to deal with the rigours of daily work life. Staff also described not being appreciated by management and constantly feeling under pressure. Their views on the abilities of Newly Qualified Pharmacists were supported, in the main, by the Newly Qualified Pharmacists themselves. They were keen to point out that despite the inadequate training courses they had acquired the skills necessary to work well with the public, whilst older pharmacists, like older GPs, always had difficulties taking them seriously. Newly Qualified Pharmacists also described the difficulties of being trained within a hospital environment for work within a community environment. Newly Qualified Pharmacists described these environments as very different settings, highlighting that as a consequence there was a severe mismatch between training style and workplace. The hospital training environment was described as:

*Not very what I would call ‘patient-centred’. I don’t think you get much patient interaction… you are either locked away in the dispensary or you’re up on the wards, but you check charts like a robot… you’re not really trained to interact with the patient or ask them how they’re feeling.* (Newly Qualified Pharmacist)

Para 6 When considering the aspects of training that were missing and the manner in which this was letting the public down, a number of pharmacists gave the example of First Aid courses and continuing First Aid updates as woefully lacking, emphasising that the courses offered concentrated on the science of the profession over and above the practicalities of community working: “You get a certificate, which expires after two years and there’s no one there then to say: ‘Oh your First Aid course has expired, we need you to take another course’”. A number of Stakeholders also considered the details of the degree course, and commented that whilst the degree course was lacking in many respects, pharmacists were often unable to pick up the necessary skills to deal with the public or take on the stressors of community pharmacy working life because of their personality:

*That all boils down to the fact that it’s a degree that you need, you need to get good qualifications to get in there, you’re talking a ‘3A’, ‘A stars’, or whatever, that doesn’t necessarily attract, you were attracting, for want of a better word, nerds.* (Stakeholder)

Para 7 The lack of discussion about pharmacy training amongst the public group was noticeable in relation to the professional groups, and the public’s views were often only forthcoming if specifically asked to voice an opinion on the subject. One member of the public, a mother with young children, summed up the views of the public group when she commented that the notion of professionalism, and the professional’s ability to support patients was based on adequate qualifications to undertake the job: “Professionalism; whether you think that you know people are qualified and if they have the knowledge”. Indeed most members of the public commented that professionalism equalled: “Knowledge and expertise”, and that the public had little knowledge of pharmacy training and therefore were ill-equipped to judge the levels of either knowledge or expertise of this group:
We don’t know, how far, what qualifications pharmacists have, how far can they go in understanding what might be wrong with us, what our problems are, what are our physical ailments. (Member of the public)

Para 8 Whilst those that recognised the pharmacist was well trained and had knowledge about their complaints, saw aspects of that ability as an intuitive understanding of health, illness and wellbeing so that many members of the public claimed: “The pharmacist has obviously got knowledge, medical knowledge, because he has studied for all these years, but in actual fact, has he got more knowledge than an experienced mother with a child?” (Member of the public)
7. Theme: Professional Pressures (shorter version)

Professionals display a degree of frustration, resentment and even anger towards company pressures that have led to role tension and role confusion. Professional pressures are closely linked to safety requirements within a pharmacy and affect relationships with members of the public.

7.1 Standard Operating Procedures (SOPs) such as the need to have a generic layout of the dispensary strongly detracts from the pharmacists’ sense of autonomy. (see para.1)

7.2 The notion of enforced regulation is often emphasised by pharmacists who resent being told how to manage their workload and staff. This may inhibit pharmacists’ ability to fulfil the role they wish to assume – stifling competence, confidence and autonomy. (see para.2)

7.3 Lack of clarity around line management often causes tension and frustration amongst pharmacy staff. (see para.2)

7.4 Company directives, particularly those of national chains or multiple pharmacies can be oppressive, and targets can often be unrealistic and divorced from patient need. (see para.3)

7.5 The pressure to achieve commercial outcomes may conflict with professional values. (see para.4 and 5)

7.6 For staff, company expectations of an efficient, well-organised space that enables targets to be met often runs counter to good-quality staffing and good team-working practices. Insufficient time becomes the biggest obstacle to productive working. (see para.6)

7.7 Pharmacists consider expectations of professional training for themselves and pharmacy staff as impinging on their own jobs. (see para.6)

7.8 Pharmacists perceive increased contact with patients as unsustainable and note differences between themselves and GPs, who use appointment and schedule systems to manage the pressures of their day. (see para.7)

7.9 Newly Qualified Pharmacists feel pressured by the level of multi-tasking, lack of preparation for the role, time restraints with patients and constant distractions which impinge on their professionalism. (see para.7)
7. Theme: Professional Pressures (fuller version)

Para 1 Professionals display a degree of frustration, resentment and even anger towards company pressures that have led to role tension and role confusion. Professional pressures are also linked to safety requirements and affect relationships with members of the public. Guidelines and Standard Operating Procedures (SOPs), such as the need to have a generic layout of the dispensary, strongly affect pharmacists’ sense of being able to make decisions and enable others, such as locums or part-time staff, to take over when necessary:

To a degree we are also bound by company regulations. Like, for example, at present my dispensary is being reorganized... everything is generic... unless you know the actual generic name you are not going to find it, which isn’t something that I particularly wanted but it has been imposed on me, and the idea is that anybody, any locum, is going to be able to find it straight away, which isn’t the way I would personally want to work. (Pharmacy manager)

Para 2 This notion of enforced regulation was emphasised by other pharmacy managers who described their unhappiness at being told how to manage workloads and staff according to the company rule, rather than according to their own experience: I feel like everything about my job is following the rules. Pharmacy staff also expressed frustration at not knowing who would be managing the workspace at any given time whilst being expected to take orders from pharmacists who are not their direct managers. This was described as restricting rather than liberating and staff expressed feelings of demoralization at other people telling them what to do and how to perform their jobs. Indeed, there was a strong sense of frustration, coming from across professional groups that highlighted how external restrictions and regulations prevent professionals from seeing themselves as autonomous individuals, or the kind of professional that they would like to be, fulfilling the role they would like to assume.

Para 3 The degree to which professionals are governed by decisions from management, company directives and company orders, especially those working in multiples and national chains, appears to be particularly challenging, exacerbated by their own staff’s sense of being unappreciated by management, and expected to achieve: “Unreasonable targets”. Whilst pharmacists are aware of the company demands for a high turnover of retail sales, and company expectations that they will encourage a strong retail ethos in their staff, they present that as problematic on a number of fronts:

Our customers are not getting the service that they deserve because of the targets that we have to meet for our company. Building up a collection and delivery service, doing eight Medicines Use Reviews (MURs) a week, there are a number of targets that have to be met and I feel that the customer is losing out as a result of it. (Pharmacist)

Indeed, the need to meet company demands is considered invidious: “Four hundred MURs a year, regardless of quality, that is the implication”. This locum expands:
It’s commercialism working against professionalism, because... pharmacists are being forced to cut corners to get money for companies. You’ve got that cloud over you constantly, whatever you do, you can’t relax. (Locum)

Para 4 Pharmacists recognise why this pressure is being put upon them by companies, and explain that a lot of money has been taken out of the dispensing process that is meant to be coming back through enhanced and advanced services, such as Medicines Use Reviews. However, they note that that does not help the pharmacist in their daily running of the pharmacy, where they are trying to provide high quality work. Pharmacists also note that the new pharmacy contract has impacted on the companies themselves. Their profits have dropped hugely as a result of drug tariff changes, and that companies are now barely making a profit, leaving the pharmacist to pick up the pieces, such as being expected to manage in less well-staffed environments and unable to pay overtime. Whilst some pharmacists are sympathetic to the problems companies face, others indicate that a commercial mistake was made in planning around drug tariff changes: “The buck is passed onto the staff, so the pressures are being passed onto the staff to deal with the problem that should have been dealt with by the company”.

Para 5 Staff describe being torn between making sure that they sell what the company wants to promote, and putting customers’ expectations first. To staff, company expectations of an efficient, well-organised space that enables targets to be met, often runs counter to good-quality staffing and good team-working practices. Within this, time becomes the biggest obstacle to productive working; there is never enough time to complete tasks. In addition, paperwork is particularly onerous and a strong de-motivating factor.

Para 6 Staff mentioned the professional pressure that comes from the expectations of ongoing staff development, to update skills and knowledge and to be properly trained. Pharmacists also see professional training as impinging on their own jobs and the pressure that comes from the expectation that they will encourage others to be well-trained, in order to understand the constantly changing demands of the workplace. It would appear that training is not taking place, other than through limited ‘in house’ training.

Para 7 Newly Qualified Pharmacists felt that increased contact with patients was unsustainable and noted the differences between themselves and GPs, who had organise their days according to their own needs, setting up appointment and schedule systems. During a pharmacist’s day, people are constantly talking to them whilst they try to attend to other tasks, resulting in backlogs. Whilst Newly Qualified Pharmacists recognised that increased patient contact improved their reputation and put the pharmacy in a good light, they recognized that at some time pressure would need to be taken away from them if they were to work better, with enhanced staff support and changes to the systems in place, such as a better appointment system. Other pressures affecting them include: having to multi-task, going into the service unprepared for the job, pressures of time
allocation which leave them little time for patients, constant distractions and, whilst MURs were perceived as a good thing, MURs driven by company targets were problematic. Like the other professional groups, Newly Qualified Pharmacists were keen to give patients the attention they deserved, and wished they could feel less disillusioned by company constraints and company directives. They were well aware of existing frameworks and would like to actively work towards engaging with these frameworks in a more positive way.
8. Theme: Services (shorter version)

Mechanisms for promoting services offered by the community pharmacy may need to be re-considered and revitalised:

8.1 Other healthcare professionals have a role to play in promoting and educating the general public on the changing role of the community pharmacist and their extensive services. (see para.1)

8.2 Patient requirements of a community pharmacist vary enormously. Some patients require dispensing services only, whilst others value the retail offered. (see para.1)

8.3 Medicine Use Reviews (MURs) are an asset to the community pharmacist. However, when the provision of MURs is driven by company targets, this alters the values upon which they are being offered. (see para.1)

8.4 Providing appropriate services to meet varying patient need can improve loyalty and the relationship between professional and patient. (see para.2)

8.5 Patient expectations of a pharmacist are largely based on receiving correct medication, dispensed in a timely manner. (see para.2)

8.6 Increased promotion of services and the consultative role offered by pharmacists needs to be conveyed to the public. (see para.2)

8.7 There may be a link between more services provided by the community pharmacist and increased levels of patient-centeredness. (see para.3)

8.8 The quality of services offered by a community pharmacist may be compromised by other factors including heavy workload and stress. (see para.4)

8.9 Pharmacy staff described the tension between selling products the company wants to promote and placing patient requirements first. (see para.4)

8.10 It was considered that increased numbers and types of services may paradoxically reduce accessibility to the pharmacy staff and services. (see para.7)
8. Theme: Services (fuller version)

Para 1 Newly Qualified Pharmacists felt that the promotion of services was not always good. They felt that it didn’t promote patient knowledge and was too business centred. It was also noted by this group that the GPs did not promote their services and that healthcare professionals needed to work together to help educate patients on the availability of pharmacy services. It was expressed that some patients just wanted a clinical pharmacy whereas others wanted all the extras. Some older patients expect to see the items they have always been sold. The Newly Qualified Pharmacists felt that providing appropriate services built loyalty. The provision of Medicine Use Reviews (MURs) was advantageous but not when driven by company targets.

Para 2 Some members of the public reflected that the space in which the pharmacist worked was not as important as the services they provided, and the public’s main interest was in receiving the correct medication in a convenient and timely manner, irrespective of setting. Going to the pharmacy was purely about a means to an end: “To get my tablets, and that’s about it” (Public member). The public group were, however, surprised to hear about the breadth of the pharmacist’s work: “It is only when you are involved that you really see how much work they do other than the dispensary side of it” (Public member). They put their surprise down to a lack of advertising on the part of the pharmacist about the range of aspects of their work, and emphasised the need for more information-sharing with the public. Some of the public were also unaware that pharmacists could now consult: “I didn’t realise there was a consulting room” (Public member).

Para 3 Pharmacists listed the ways in which the professional role had changed with extra patient services being provided. They described that they gave more advice on disease prevention, staying healthy and dealing with minor ailments, that they acted as gatekeepers (referring to GP) and that there was increased availability of products formerly only on prescription. It was commented by this group that the more services pharmacists provide, the more patient-centred the pharmacy.

Para 4 Despite the provision of increased services, pharmacists felt that the quality of service was being compromised by workload and stress: “I’m not able to give patients quality time, spend time with patients they need” (Pharmacist). This was reinforced by a member of the pharmacy staff group:

Our customers are not getting the service that they deserve because of the targets that we have to meet for our company” “Building up a collection and delivery service, doing eight Medicine Use Reviews a week, there are a number of targets that have to be met and I feel that the customer is losing out as a result of it. (Pharmacy staff)

Para 5 Pharmacy staff also described being torn between making sure that they sell what the company wants to promote, and putting customers’ individual expectations first.
Para 6 Pharmacists felt that the new dual role they are able to take on (consulting as well as dispensing) due to the new contract, was better than being just a ‘checking machine’. However it was conceded that the main role of the pharmacist dictates dispensing rather than consulting, as accuracy, safety and speed remain a priority over all else. Multiple tasks could therefore compromise quality, with commercial pressures, legal and financial (‘not wanting to be sued’) having the potential to cause anxiety and stress. The provision of enhanced services, imposed by the NHS and filtered down by companies to the individual pharmacists in order to maintain a balance between professionalism and commercialism, does affect pharmacists’ sense of professionalism and practice.

Para 7 Pharmacists commented that patients want a fast service, with minimal waiting times but some are happy to return for advice at a later time when the pharmacy is less busy. Consultation rooms provide privacy and so permit more opportunities for confidential discussions. It was suggested that increased numbers and types of services may paradoxically reduce accessibility to pharmacy staff and services. Some pharmacists felt that the provision of extra services may result in more pharmacy closures.

Para 8 If was remarked that some of the services that pharmacists currently do like MURs used to be undertaken in a general discussion with patients because they had more time. Pharmacists also remarked that the provision of prescription delivery services was not patient-centred and that patients should be provided with exactly the same advice as in a pharmacy, an impossibility unless the pharmacist delivers the script.

Para 9 Pharmacists commented that understanding what the problem was, where to go for help and what patients can do for themselves were essential to providing the best possible service.

Para 10 Pharmacists commented that the services provided needed to be profitable or viable. The more services offered by pharmacy, the more patient-centred the pharmacy may be. It was also highlighted that the training provided for pharmacists and pharmacy staff when preparing them for new services may need reviewing: “Very often we feel we haven’t got enough training on something, and for our staff” (Pharmacist).

Para 11 Members of the public described that a speedy service was the most important aspect of attending a pharmacy whilst indicating their surprise by how knowledgeable the pharmacist was:

I think it’s the service that is given that is the most important to me as a patient. The environment is not really an issue. Often been blown away by how knowledgeable and lovely the pharmacist is and what a skill pharmacy is and that they could actually provide advice.” (Public member)

Para 12 For this group, professionalism equated to a caring, friendly and personable community-based pharmacist. Some of the public members felt that they didn’t want the shampoo, earrings and hair bands and just wanted
the dispensary. Despite some members of the public commenting that they were not aware of the range of services that the pharmacist can provide, others conceded that only prescribing was important to them:

*My main requirement is that when I go into a pharmacy, the pharmacist prescribes my tablets correctly. That to me is the prime reason and the object of the whole thing. And nothing else is as important as the pharmacist’s prescription work.* (Member of the public)
9. Theme: Environment (shorter version)

The environment of the community pharmacy is important for pharmacists; pharmacy staff and members of the public:

9.1 Community pharmacy offers a personally rewarding environment within which to work because it offers a variety of experiences. *(see para.1)*

9.2 Interactions with members of the public give community pharmacy variety and unpredictability, which often adds interest to the work of the community pharmacist. *(see para.1)*

9.3 The personal encounters that community pharmacists have with patients in the community setting are intrinsic to the caring ethos that the profession offers. *(see para.1)*

9.4 Locating the community pharmacy alongside and/or within a retail space is an environmental constraint – it may demean the serious work of the pharmacist. *(see para.2)*

9.5 A shop-like environment may not adequately facilitate an effective patient-professional relationship and may compromise effective consultation. *(see para.3)*

9.6 The fact that community pharmacy takes place in a retail environment risks conveying the impression that dispensing is a relatively unskilled activity that simply requires close attention rather than considerable expertise, as evidenced by the widespread anxiety over distractions, arising from retail transactions. *(see para.3)*

9.7 The retail environment may also compromise the strong ethic of care in community pharmacy, since the culture of retail has its own distinctive ethic of care: customer satisfaction as a commercial imperative has permeated patient care. *(see para.4)*

9.8 Mechanisms for distinguishing professionalism in a retail environment include trying to give advice without taking money, devolving the latter to a pharmacy assistant or sales assistant. *(see para.6)*

9.9 Whilst some patients may prefer a more obviously clinical environment, others may warm to the cluttered, homely and welcoming environment which offers a social space as well as a space for the provision of healthcare. *(see para.6)*

9.10 Pharmacists consider a well-organised workspace to be a necessity and an expression of their professionalism, especially in the dispensary. *(see para.8)*

9.11 Participants reported a strong association between small, ‘local’ pharmacies located in actual communities that sustained good social
relationships, and contrasted this situation with the impersonal character of supermarket-based pharmacies that made it difficult to nurture and sustain such relationships. (see para. 11)
9. **Theme: Environment (fuller version)**

**Para 1** Some Newly Qualified Pharmacists felt that training in a hospital environment had left them ill-prepared for working in community pharmacy, with its much greater emphasis on patient interaction. Nevertheless, community pharmacy was widely regarded as a more interesting and rewarding environment within which to work because of the social interaction with members of the public. These interactions give community pharmacy variety and unpredictability. They also give it meaning and significance. Indeed, community pharmacists are clearly touched by the people that they encounter, both personally and professionally. Consequently, they appear truly to care about the public.

**Para 2** The most significant environmental constraint on community pharmacy is its location within a retail environment. There was widespread agreement that retail and commerce distract from the serious work of pharmacy, and that the emphasis on retail sales and customer service may actually demean the pharmacist in the eyes of the public: “Pharmacists can’t put a patient first because there are too many distractions; they’ve got so many other things on the go” (Member of the public). “The fact that a pharmacy has a lot of goods in it that have little to do with dispensing and drugs … lessens the importance … of the pharmacist as a medical man” (Member of the public).

**Para 3** The situation of the distracted community pharmacist was compared unfavourably with the situation of the GP, whose environment facilitated a focus on the patient. A member of the public claimed that: “If you are looking at a one-on-one patient [interaction] or you are interested in your patient, you can’t do that in what is basically a shop.” Other members of the public regarded pharmacists as shopkeepers. As purveyors of goods and exponents of customer care, pharmacists lack the kind of professional aura associated with GPs: “GPs don’t work with customers” (Stakeholder). This is why some members of the public are so resistant to the prospect of entrusting pharmacists with roles conventionally associated with GPs, especially discursive intimacy and diagnostic activity. One pharmacist recounted a telling anecdote about a patient who had appreciated a Medicines Use Review (MUR). He: “Was amazed that nobody had given him this information all the way through, and a little girl in the shop had done all this. And those were his words: ‘a little girl in the shop.’” The fact that community pharmacy takes place in a retail environment risks conveying the impression that dispensing is a relatively unskilled activity that simply requires close attention rather than considerable expertise, as evidenced by the widespread anxiety over distractions.

**Para 4** The retail environment may also compromise the strong ethic of care in community pharmacy, since the culture of retail has its own ethic of care: customer satisfaction as a commercial imperative. In keeping with the latter, pharmacy staff reported that it was important for customers to leave the pharmacy wanting to come back. While there is presumed to be a meaningful relationship between a patient and a GP, some members of the public claim that: “All he [the pharmacist] does is hand me my tablets. I don’t have a relationship with him at all.” Indeed, some members of the public do not want a better relationship to develop.
Para 5  Participants advanced a number of ways of addressing the deleterious impact of the retail environment on the standing of community pharmacists, including better education of the public: “Developing the sense that this is a room or a building where clinical things happen and professional things happen” (Stakeholder), clearly: “Differentiating between professional advice and a retail transaction” (Stakeholder), firmly locating pharmacists in the dispensary to isolate them from the broader retail environment, and the complete excision of the retail environment from the community pharmacy.

Para 6  To distinguish their professionalism from the shop floor, some pharmacists have adopted the strategy of trying to give advice without taking money, devolving the latter to a pharmacy assistant or sales assistant. While many participants welcomed the move towards a more obviously clinical environment, some were mindful of the fact that: “The clinical look isn’t always inviting.” As a member of the pharmacy staff remarked: “Although one of those cluttered, tight environments doesn’t seem very professional, I think there’s a certain warmth there. More inviting in some way.” This sentiment accords with the view that the community pharmacy is essentially a social space, and many pharmacists noted how the introduction of consultation rooms has enabled them to cultivate the social aspects of their work:

> At the moment we’ve got a lot of autonomy when we’re in our consultation room. They haven’t made up any rules about that yet, and that is when we can be creative. You can really get to know somebody, make recommendations to their doctor. You can really make a difference when you have the time to do the consultation” (Pharmacist).

Para 7  However, pharmacists also reported that this autonomy, creativity, and impact is being constrained by commercial pressures to perform to targets, which some regard as unprofessional. “It’s commercialism working against professionalism” (Pharmacist).

Para 8  Pharmacists noted the importance of a well-organized workspace, particularly in the dispensary (e.g. clean benches and orderly shelving), since disorganized workspace is linked to both stress and mistakes. They want the pharmacy to be free of: “Unprofessional clutter,” such as old paperwork, sale items, and ephemera. Nevertheless, there is a sense of ambivalence about the sale of non-healthcare products. It may appear unprofessional and overly commercial, but it is profitable, brings people into the pharmacy, and may help to put people at their ease.

Para 9  Pharmacy staff commented on the importance of a harmonious social space. If there is animosity amongst staff this could create an untoward atmosphere within the pharmacy that may be sensed by customers. Pharmacy staff thought that it was important for the pharmacy to appear welcoming, friendly, comfortable, and safe: signified by smiling, attentive staff. Once again, the parallels with the culture of consumption are striking.
Para 10 Unlike other professionals, community pharmacists are on public view, which may make them appear less professional in the eyes of the public. For many, the dispensary is regarded as a helpful retreat, but this is being negated by the trend towards making them more open and visible. While one pharmacist said that she initially welcomed the move to an open-plan layout, she now wonders whether the absence of a barrier has diminished the standing of the pharmacist as a professional in the eyes of the public. Similarly, an open-plan environment can cause distractions, especially when one catches the eye of a waiting customer, necessitating an exchange with the customer that interrupts what one was doing — raising anxieties about the possibility of introducing errors when dispensing or checking. Hence the fact that some pharmacists spoke of their tendency to keep their head down so as to avoid eye contact. Others spoke of the need to be able to hear what is being said at the counter from the dispensary, but the noise in some open-plan environments may make this difficult or impossible.

Para 11 Participants reported a strong association between small, ‘local’ pharmacies located in actual communities that sustained good social relationships, and contrasted this situation with the impersonal character of supermarket-based pharmacies that made it difficult to nurture and sustain such relationships. There is a sense that small, independent pharmacies have an aura of authenticity that is absent from large retail chains and supermarkets. There was also concern that supermarket-based pharmacies may be regarded as: “Just another department” for the company to profit from (Newly Qualified Pharmacist). Once again, these sentiments reflect a broader anxiety about the nature and impact of the changing retail landscape.

Para 12 There is widespread agreement that customers want a quick, efficient, and accurate dispensing service from community pharmacy: “They want to come in and out. So, that’s for me the preferred environment” (Pharmacy staff member). Accordingly, a key concern for all constituencies is waiting. In this context, the move towards home deliveries enables more and more people to avoid the need to wait in the pharmacy. The disinclination to wait vexed many participants, partly because patients are accustomed to waiting in other contexts—most notably GP surgeries—and partly because dispensing accurately and safely self-evidently takes time. This disinclination is upsetting to pharmacists and pharmacy staff because the concern over a matter of minutes says much about the attitude of the public towards community pharmacy. In the GP surgery: “They have to wait.” In the pharmacy: “If we take too long, they just leave.” Yet again, the expectation of rapid service reflects the dominant ethos of the culture of consumption. Indeed, the retail environment further complicates the nature of waiting in community pharmacy, since the resulting queue is indiscriminate, and the etiquette of queuing is likely to be less formal than other healthcare contexts.

Para 13 Finally, it is worth noting that many community pharmacists regard themselves as isolated because of the fragmented nature of community pharmacy, and they would welcome more opportunities for them to come together to share their experiences and concerns.
10. **Theme: Changing Professional Roles (shorter version)**

The nature of the role of the community pharmacist is changing. Community pharmacists are expected to incorporate new tasks and responsibilities into their professional practice. The limited time that pharmacists have at their disposal feels even more precious in view of the fact that they now need to accommodate these new tasks and responsibilities:

10.1 Consulting with patients is considered a pleasant and satisfying aspect of the changing professional role of the community pharmacist and a defined space for consultation is necessary to deliver this aspect of their role effectively. *(see para.1)*

10.2 Newly Qualified Pharmacists should be aware of the multiple pressures being placed upon them in the community and should consider whether and how best they might organise their time or specify their role to attend to the multiplicity of expectations. *(see para.2)*

10.3 Community pharmacists are faced with increased demands of availability to deal with patient needs in their increased consultative role. Pharmacists must take steps to uphold their approachability to the public whilst achieving newly assigned tasks. *(see para.2)*

10.4 A range of new targets and other measures of performance (for example, Medical Use Reviews - MURs) may be seen as having created a sense of individual and group accountability and purpose. *(see para.5)*

10.5 Pharmacists respond to changing professional roles with great trepidation, expressing a sense of “frustration” that this has led them to seek out part-time or locum work to escape the managerial doctrine and ever-growing bureaucratic, administrative tasks. *(see para.6)*

10.6 Many pharmacists describe the new world as imbued with an ethos of eclectic working, where the ability to sell off-the-shelf products vies for attention with dispensing, and where they must offer an ever-growing range of key services. *(see para.6)*

10.7 The dual role of pharmacists, caught between sales and dispensing, is viewed as deeply problematic. It leads to lack of clarity of role, and demands having to make constant choices between retail and more health-oriented aspects of work. *(see para.7)*

10.8 Both public and professional groups would prefer community pharmacists’ roles and spaces to be more distinct and segregated; with pharmacies dedicated solely to dispensing medicines and consulting with patients, and retail outlets dedicated to healthcare and toiletry products. *(see para.7)*

10.9 The public recommend that pharmacists should be seen in distinct uniforms, in order to differentiate themselves, and in order to emphasise their
professional competency. *(see para.7)*

10.10 Pharmacy staff regard the advent of Standard Operating Procedures (SOPs) as offering some much needed direction in times of changing professional roles. SOPs provide staff with reassurance and security: following SOPs legitimates their practice and absolves them of responsibility. *(see para.8)*

10.11 Pharmacy staff argue that for customers to trust staff, professional roles need to be clearly demarcated, whilst being aware of the importance of making eye contact with customers when they walk through the door and of supporting customers well. *(see para.9)*
10. Theme: Changing Professional Roles (fuller version)

Para 1 Changing professional roles for pharmacists through the new NHS contract have, according to pharmacy professionals and Stakeholders, had a direct impact on patient relationships and have increased professional pressures. The limited undesignated time which pharmacists have feels even more precious in view of the fact that they now need to accommodate additional tasks. Safety and commercial imperatives take priority over the more pleasant and satisfying task of consulting with patients; one major aspect of the new role.

Para 2 Changing professional roles is a concept closely linked to service provision, and it may be that these have yet to fit together well, the tasks and their diversity leading professionals to feel: “Diluted”, trying to cover all aspects of their role one hundred percent, whilst frustrated at their lack of ability to fulfil all external demands. Newly Qualified Pharmacists should be aware of the multiple pressures being placed on pharmacists in the community and should consider how best to organise their time and specify their role in order to attend to the multiplicity of demands.

Para 3 When pressed to define patient-centred professionalism in the pharmacy, the public responded that it was: professionals being knowledgeable, being an expert in their own field, being able to communicate with members of the public effectively and being interested in the public’s need; putting their need before that of the pharmacist. Those who did not put the public’s needs first could not be seen as patient-centred. This raised an interesting dilemma: “Pharmacists can’t put a patient first because there are too many distractions”.

Para 4 Views and opinions differed on the degree to which these “Distractions” inform changing professional roles and have been necessary or helpful, whilst conflicting expectations of different public and professional groups further exacerbate the issue. Members of the public, for example, emphasise the need for pharmacists to uphold their flexibility of role, arguing that in so doing they can best serve the public’s need by being readily available at all times. Professionals, however, would like to see their roles in more finite and less fluid terms, and are deeply unhappy about increased customer demand and the expectation of immediate availability.

Para 5 Professionals recognize that their roles are continuing to change particularly since the introduction of the consultation booth within their workspace. Formal consultation is marked out as one of the factors that has led to greater expectation of increased productivity from pharmacy managers and pharmacy companies alike, and a greater importance placed on individual and group accountability. In addition, a range of new targets and other measures of success, such as Medical Use Reviews (MURs), have now been introduced that put additional pressure on workforce members and have led to a sense of demoralization for pharmacists about their ability to uphold control over the machinations of the workplace. Indeed, the notion of ‘multi-tasking’ and increased visibility, for the sake of both clients and companies, are seen as running counter to an ethos of autonomy and professional standing, with pharmacists who once prided themselves on their independent, professional
outlook, finding it difficult to undertake a range of tasks independently, whilst ensuring identifiable roles.

Para 6 Professional groups view this specificity of function and role as having once revolved around the dispensary – the hub or: “Control centre” of pharmacy working. They still see the dispensary as the central axis of pharmacy activity, where pharmacists and Accuracy Checking Technicians (ACTs) can develop their technical expertise by checking and dispensing prescriptions accurately and efficiently – clear evidence of patient-centred professionalism. Moreover, pharmacy staff and Stakeholders are insistent that the accuracy and efficiency of dispensing is deeply reassuring to patients, and that this resonates with the patients’ view that their first concern is with the acquisition of speedy, accurate prescriptions.

Para 7 Pharmacists respond to changing professional roles with great anxiety, expressing a sense of: “Frustration” that this has led them to seek out part-time or locum work to escape the managerial doctrine and ever-growing bureaucratic, administrative tasks. Pharmacists describe their new world as imbued with an ethos of eclectic working, with as much attention given to formal as to informal consultation, where the ability to sell off-the-shelf products vies for attention with dispensing, and where they must offer an ever-growing range of key services. Indeed, professionals argue that as a result of this increased pressure clients have become an: “Interruption” or “Disturbance”. Clients impede pharmacists from fulfilling their roles in a controlled manner.

Para 8 The dual role for pharmacists, caught between sales and dispensing, is viewed as deeply problematic. Firstly, pharmacists find it difficult to separate out dispensing from selling, with the sales element simply a distraction: “I think we should have professional pharmacists without the hair bands and the ear-rings and the shampoo”. Secondly, it leads to lack of clarity of role, and thirdly, it demands having to make constant choices between retail and more health-oriented aspects of work. This has led to both public and professional groups wishing for roles and spaces to be more separated out with pharmacies dedicated solely to medication dispensing, and retail outlets dedicated to healthcare and toiletry products. Furthermore, the public recommend that pharmacists should be seen in uniforms, as a form of differentiation between them and their staff, and in order to emphasise their professional competency.

Para 9 Pharmacy staff regard Standard Operating Procedures, or ‘SOPs’, as offering some much needed direction in times of changing professional roles. SOPs help staff to specify tasks and indicate a means of recourse should something go wrong. At the same time, SOPs are evidence of the stimulus behind change, the need to be personally accountable for all aspects of practice and to be continually mindful of company rules and regulations, working quotas and external targets.

Para 10 Pharmacy staff argue that for customers to trust staff, professional roles need to be clearly demarcated, whilst being aware of the importance of making eye contact with customers when they walk through the door and of supporting customers well. In response to a hierarchy of roles, senior practitioners are seen to be the professionals that the public will more readily trust. In this regard
Pharmacists and pharmacy staff compare their changing roles to the role of the general practitioner (GP), whose seniority is never questioned and whose role is clearly demarcated, noting that members of the public uphold the seniority of the GP but have become less deferential towards the pharmacist.

Para 11 Pharmacists and other professions are experiencing changes to their roles, in particular GPs have been facing changes to their professional role. The public, for example, make extensive comparison between the two, whilst wishing to emphasise that their roles are entirely different. The pharmacist is the primary dispenser, carrying out the GP’s orders: “The pharmacist is just delivering what the GP has recommended to treat me”.

The GP, on the other hand, is the consultant and diagnostician, with the authority to consult on a wide range of issues. As a result, whilst GPs must display a patient-centred approach to their work the public do not feel the same way about pharmacists. The pharmacist is useful for advice-giving: “When some minor thing needs attention”, but it is to the GP that patients turn for more pressing issues: “I don’t know if people are really aware of the pharmacist being there. I don’t think the pharmacist has any initiative. If there is something wrong with me I go to my doctor”. Many members of the public are unaware that pharmacists can now consult, and they are surprised at the breadth of the work of a pharmacist, which they put down to a lack of advertising on the part of pharmacists, emphasizing the urgent need for more information sharing with the public.
11. Theme: Patient Characteristics (shorter version)

The role of the community pharmacist has grown and developed to include the provision of information, consultation and education to patients. As such the professional relationship between pharmacists and patients is changing and becoming more collaborative. The plethora of characteristics and behaviours displayed by patients can be challenging for the pharmacist and often exacerbates pre-existing work-related pressures and the demands of their changing professional role:

11.1 Pharmacists respect individual patients’ demands, behaviour and the way in which they conduct their relationship with the pharmacist. (see para.1)

11.2 Pharmacists, pharmacy staff, members of the public and Stakeholders in pharmacy consider the patient to be the raison d'être of community-based pharmacy. (see para.2)

11.3 Community pharmacists are mindful of differing patient expectations of the services and characteristics of community pharmacists. (see para.3)

11.4 Patient expectations are often exceeded by the broad repertoire of services, capabilities and knowledge offered by the pharmacist. (see para.3)

11.5 Pharmacists must increasingly offer bespoke approaches to patient care based on individual need. (see para.4)

11.6 It is mutually beneficial for patients and pharmacists to have knowledge of a patient’s medical history. This enables the pharmacist to deliver a personalised service and build trust in the relationship. (see para.4)

11.7 Community pharmacists should accept that some patients prefer to be more ‘transactional’ in their interaction than others. (see para.5)

11.8 The appearance, dress and body language may influence patients’ perceptions and expectations of a pharmacist. (see para.6)

11.9 It was suggested that a uniform worn by pharmacists may convey professional competency and ensure that they are instantly recognisable to the members of the public. (see para.6)
11. Theme: Patient Characteristics (fuller version)

Para 1 The role of the community pharmacist has grown and developed to include the provision of information, consultation and education to patients. As such the professional relationship between pharmacists and patients is changing and becoming more collaborative. The plethora of characteristics and behaviours displayed by patients can be challenging for the pharmacist and often contributes to pre-existing professional pressures and the demands of their changing professional role.

Para 2 Patient Characteristics, was scored as one of the least significant themes of patient-centred professionalism by study participants. However this should not suggest that patient characteristics were considered unimportant by study participants. On the contrary, discussion in all consultation workshops and at the Forum event identified the ‘patient’ as the raison d’être for community pharmacy.

Para 3 Patient expectations of a community pharmacist can differ. Members of the public emphatically believe that pharmacists have very specific expertise that differentiates them from GPs and other healthcare professionals: “If there is something wrong with me I go to my doctor. If I want to have cough medicine, I’m a diabetic, I will ask my pharmacist to recommend me a cough mixture without sugar”. They also expect and are pleased that their pharmacist will be knowledgeable, trustworthy and courteous: “I’ve been blown away by how knowledgeable and lovely they are”. This suggests that in many cases pharmacists may exceed patient expectations, most likely because many patients are unaware of the full repertoire of services and professional capabilities a pharmacist has to offer.

Para 4 Pharmacists display differing levels of patient-centeredness in their professional practice according to individual patient needs, conditions and experiences. Pharmacists must therefore be able to flexibly develop bespoke approaches to each and every patient. For example, it was suggested that a patient who suffers with a chronic condition may make more frequent visits to a pharmacy and in so doing may build a long-term relationship with a pharmacist. In such cases, the pharmacist is able to focus on specific patient need with a holistic knowledge of that patient’s medical history and requirements:

I think it's different types of patients though really. I mean you've got the ones that have never been in the shop before and their expectations are going to be “this guy knows everything about all medications and so whatever I ask him he will have an answer” whereas there's longer-term patients who are our regular customers, their expectations are going to be: “they know everything about my medication and they have the answers to all my problems” (Member of the public).

Para 5 For other members of the public the purpose of going to a community pharmacy is to obtain a prescription or buy miscellaneous sundries. In such cases, interaction between patients and pharmacists could be considered more ‘transactional’ in nature. However, regardless of social interaction in these encounters, there is still an assumption made by patients that the pharmacist is
entirely focused on their need and therefore is patient-centred in their professional practice:

I don’t like these chains because you go in and there’s no relationship between you. So I go to one where I know them and they know me by name and they have all their little range of hair slides and bits and bobs – but the pharmacy is most professional.

Para 6 Some study participants suggested that body language and ‘dress’ were important in how patients perceive pharmacists. It was considered that these aspects could impact on the way in which a patient forms a professional relationship with a pharmacist. The public wanted to see pharmacists in uniform, as a form of differentiation between them and their staff, and in order to emphasize their professional competency. Pharmacists agreed that their appearance was important for patients: “If you are not dressed professionally you just don’t feel like professionals”.

Para 7 The duality of the pharmacist’s role is considered problematic for pharmacists in their pursuit of being patient-centred. The duality refers to the pharmacists’ role as a manager or business person within the pharmacy space, and their role as a healthcare professional in dispensing medication and consulting with patients. For the pharmacist it is difficult to separate out dispensing from selling, and the sales element is distracting and often an interruption to dispensing. For patients, lengthier waiting times for prescriptions result from pharmacists’ involvement in counter–sales and increased patient contact and consultation. The duality of the pharmacist role may often lead to pharmacists adopting a more business-centred approach to their role and therefore, less patient-centred: “We are under pressure to expand our services, but also, you know, commercial pressure.”

Para 8 Pharmacists respond to varying patient characteristics with an open mind, even when they face awkward customers or hostile and negative behaviour and communication from patients. Some study participants commented that it was a given that the: “Customer is always right” and that patients should be treated equally and without judgement. Despite pharmacists’ endeavours to respond professionally to patients in fraught and awkward situations; it can still impact upon a pharmacist and create a feeling of additional pressure. Several pharmacists commented that the diverse range of patients with whom they have the opportunity to interact, is in fact one of the most enjoyable aspects of their professional role.

Para 9 Some pharmacists argue that of all the themes of patient-centred professionalism, it is unlikely that a pharmacist could do much to alter patient characteristics. Rather, a pharmacist must accept patients’ demands, behaviour and the way in which they conduct their relationships with the pharmacist.

Para 10 The role of the patient is pivotal to understanding patient-centred professionalism in community pharmacy. The relationship between a pharmacist and a patient is built upon trust, loyalty, information sharing and open communication.