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Morecroft, CW, Mackridge, AJ, Stokes, EC, Gray, NJ, Wilson, SE, Ashcroft, DM, Mensah, N and Pickup, GB (2015) Involving community pharmacists in pharmacy practice research: experiences of peer interviewing. INTERNATIONAL JOURNAL OF CLINICAL PHARMACY. 37 (1). pp. 31-35.

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1 **Involving community pharmacists in pharmacy practice research: experiences of peer**
2 **interviewing**

3 **Charles W. Morecroft, Adam J. Mackridge, Elizabeth C. Stokes, Nicola J. Gray, Sarah E.**
4 **Wilson, Darren M. Ashcroft, Noah Mensah, Graham B. Pickup**

5

6 **Background**

7

8 Building research capacity in community pharmacy and advancing the research agenda is an
9 aspiration of the British pharmacy profession. In 2013, the Royal Pharmaceutical Society (RPS)
10 and Pharmacy Research UK (PRUK) introduced the 'Research Ready' scheme, developed to help
11 community pharmacy teams become accredited to take part in research [1]. Translation of interest
12 in research projects into active engagement of community pharmacists as research partners/co-
13 researchers remains a challenge. Previous studies in different countries have shown that the
14 pressures of daily practice, and availability of time to participate, are key barriers to the active
15 involvement of community pharmacists in pharmacy practice research [2-6].

16

17 Involving peers in specific research techniques with health professionals, such as interviewing,
18 may enhance the validity of the results. This technique has been utilised previously during
19 interviews conducted by doctors with peers [7]; respondents recognised the interviewer as a fellow
20 clinician, resulting in broader and more personal accounts of their attitudes and behaviour in
21 clinical practice. Another study, however, reflected on the pros and cons of peer interviewing in the
22 health context; as an insider, the peer could gain potentially rich insights but their identity as a peer
23 could affect the responses [8]. The authors concluded that the strategy used would depend on the
24 individual study, and that involving both non-clinicians and clinicians in analysis may offset the
25 drawbacks of either approach.

26

27 A multi-phase pharmacy practice research study, exploring the emergency supply of prescription-
28 only medicines through community pharmacies, was undertaken between October 2012 and

29 November 2013. One phase of this study involved peer interviewing by community pharmacists to
30 explore the dilemmas that they faced when making emergency supplies.

31

32 **Objective**

33

34 This study had two primary objectives: to describe and analyse emergency supply activity, and to
35 explore how this service could form an integral component of health and social care pathways. The
36 secondary objective was to enhance community pharmacists' involvement in pharmacy practice
37 research, and this is the focus of this short report.

38

39 **Ethical Approval**

40 This research project received a favourable opinion in October 2012 from The Black Country
41 NRES (National Research Ethics Service) Committee in England. Fieldwork governance approval
42 was granted by NHS Wirral, Western Cheshire, Liverpool, Sefton, Knowsley, Halton & St Helens
43 (study ref 115122).

44

45 **Method**

46 Recruitment was undertaken by the Research Associate (RA), in conjunction with the former
47 NorthWest Primary Care Research Network (PCRN). A number of approaches were employed to
48 recruit a critical mass of study sites for this project (target 20). A research network gatekeeper sent
49 an information pack (information sheet and consent form, with direct response to the RA) to 12
50 pharmacies who had taken part in previous research capacity training, and 6 consented to
51 participate but further sites were needed. The research network contact approached the head
52 offices of several national multiples. The RA mailed every independent pharmacy on the published
53 contractor list for each of the six localities granting research governance approval (n=249). They
54 also approached pharmacies with existing University links. As the research network contact could
55 not disclose her original invitation list, there is likely to have been duplication so we cannot
56 calculate a definitive response rate; a rough estimate would suggest 10%. Participating
57 pharmacies were selected to give diversity in ownership type, location and opening hours.

58

59 [Table 1 goes around here]

60

61 Pharmacists had different roles in each phase of the study; an overview is given in Table 1. Whilst
62 all pharmacists assisted the team in phases 1&3, a subgroup took on additional activities in phases
63 2&4. The term 'pharmacist researchers' described the cohort of 27 volunteers. The secondary aim
64 of the project focussed on broadening pharmacists' knowledge of research methodology, including:
65 processes for obtaining informed consent; maintaining confidentiality of data; recruitment of patient;
66 and presenting findings in an accessible manner. In this short report, we will concentrate on the
67 experience of the pharmacists who conducted telephone interviews with peers (referred to from
68 now on as 'interviewers').

69

70 For Phase 2 peer interviews, a one-day training workshop with a subgroup of pharmacists
71 focussed on semi-structured telephone interviewing techniques. This workshop was run by the
72 non-pharmacist RA and pharmacist academics from the project team. Training included:
73 differences between research interviews and healthcare consultations; the process of obtaining
74 consent; the use of recording equipment, and practical exercises to develop interviewing skills.
75 Role play involved interviewers sitting back-to-back to perform a simulated telephone interview so
76 that they could not read the body language of their 'interviewee'.

77

78 PRIs and participating pharmacies received token payments in recognition of their involvement in
79 data collection. Second pharmacist fees were paid to ensure there was cover for interviewers to
80 attend the telephone interview training workshop in Phase 2.

81

82 Insights from the interviewer experience were obtained at the workshop using feedback forms and
83 one-on-one reflexive sessions. The form included the opportunity to provide free text comments.
84 The RA was in contact with the interviewers throughout the process in order to provide support and
85 advice. Artefacts from this engagement included field notes made by the RA after conversations

86 and email messages. The RA, in discussion with other members of the research team, reflected
87 upon the emerging themes from these artefacts, using a constant comparative qualitative approach.

88

89 **Results**

90 The total pharmacist researcher cohort was twenty-seven pharmacists working at twenty-two
91 pharmacies in North West England with diverse settings and ownership type (Table 2). There was
92 an almost even split of male (51.8%) and female (48.1%) pharmacists, representing all ages, and
93 stages of career progression, including two pre-registration pharmacists.*

94

95 [Insert Table 2 around here]

96

97 There were five interviewers in Phase 2 (Table 2) - 3 female and 2 male - and they reflected the
98 range of length of practice experience. Only one-quarter of the 27 sites (25.9%), however, were
99 from large national companies, and so it was notable that 4 out of 5 of the interviewers were from
100 large chains but the reasons for this were not explored.

101

102 **Positive effects**

103 The training workshop provided opportunities for interviewers to raise concerns, and these were
104 revisited during the sessions to ensure they were addressed. They said that the peer learning
105 approach of the workshops was helpful:

106 *“Being able to discuss apprehensions with colleagues.”* (PI3 - form)

107

108 Small group activities and practical exercises helped interviewers to build confidence:

109 *“It was a good format with great input from everybody. Having such a small group was*
110 *most beneficial as it was much easier to communicate and chat informally also.*

111 *Looking forward to completing the telephone surveys as the back to back training gave*
112 *a good insight in what to expect and what not to do!”* (PI5 - form)

* Pre-registration pharmacists are in their first year of supervised practice after graduating. They assume full responsibilities as a pharmacist at the end of that year, subject to passing a professional registration examination.

113

114 Most interviewers reported enjoying the opportunity to learn and apply new skills beyond their day-
115 to-day role. They were interested in the focus of the study – emergency supply of prescription-only
116 medicines from community pharmacies – with many reporting dilemmas in their own practice:

117 *“It was extremely interesting being involved in a research project with other*
118 *pharmacists and their views, as it opens up issues that you may not have thought*
119 *about entirely, [such as] consequences of actions they have taken.”* (P11 -
120 conversation)

121

122 The interviewers reflected afterwards that the interviews had enabled interviewees to be more
123 open about issues encountered in practice. They also reported that their professional knowledge
124 was useful in these interviews to probe effectively:

125 *“Generally feel that this made it easier to talk about issues and extract more detailed*
126 *information from pharmacist interviewees – our ability to probe using our own*
127 *experience; [during the interviews I conducted] I didn’t feel that judgements were being*
128 *made pharmacist-pharmacist.”* (P15 - conversation)

129

130 **Challenges**

131 Balancing their involvement with existing work responsibilities was a challenge for the interviewers.

132 One interviewer experienced difficulties in arranging and completing interviews as a result of
133 pharmacy workload; three interviewees were subsequently reassigned to another interviewer.

134

135 Despite a mutually convenient time being arranged between interviewers and interviewees,
136 difficulties were experienced as many interviews were planned within the working day.

137 Interviewees sometimes had to postpone their interviews as the pharmacy was busier than
138 expected at the agreed time. One interviewer reflected that some pharmacists she interviewed
139 were short of time, which affected the interview quality as she felt she had to hurry:

140 *“I was very aware with both these [interviews] that the pharmacist was in a hurry to get*
141 *back to the ‘day job’ so feel I was rushing a bit.”* (P13 - conversation)

142

143 Considerable time and effort from the RA was required to continue liaison, via personal visits and
144 telephone contact.

145

146 **Conclusion**

147 A small cohort of community pharmacists successfully participated in peer interviewing for a study
148 of community pharmacists' dilemmas related to emergency supply of prescription-only medicines
149 to patients. These pharmacists were necessarily self-selected - peer interviews required greater
150 time commitment than other data collection phases. The interviewees reflected the broader
151 demographics of the cohort, but over-represented large chain employers. There was widespread
152 interest in the focus of the study, with many interviewees having encountered dilemmas in their own
153 practice. This appeared to be a motivating factor for participation.

154

155 The five interviewees had greater contact with the research team through attendance at the training
156 workshop. This helped them to build deeper understanding of research processes such as
157 obtaining informed consent and data confidentiality issues.

158

159 While pharmacists reported the research activities stimulating and enjoyable, competing work
160 pressures made the task challenging. Consideration therefore needs to be given to appropriate
161 resourcing for including practising pharmacists in research. Seston *et al.* identified maintaining
162 personal contact and communication with pharmacy staff involved in research studies as a key
163 challenge [2]. This requires appropriate resourcing, including payment of fees for second
164 pharmacists to cover the days that pharmacists spent at training workshops.

165

166 Links have been made for these pharmacists to sign up to the RPS 'Research Ready' accreditation
167 scheme which may promote their participation in future research studies [1].

168

169 **Acknowledgements**

170 The research team would like to thank the interviewers for their hard work on this project, and the
171 pharmacists who agreed to be interviewed. This study was developed by the NW Primary Care
172 Pharmacy Research Group workgroup and was facilitated by the former NW PCRN). The steering
173 group includes academic members from the Region's three Schools of Pharmacy (Liverpool John
174 Moores University, the University of Manchester, and the University of Central Lancashire) and
175 practising community pharmacists. This workgroup is actively involved in building research
176 capacity among community pharmacists from both independent and multiple pharmacy companies
177 in the NorthWest region of England.

178

179 **Funding**

180 This study was funded by a grant from Pharmacy Research UK, a research charity based in
181 London, England.

182

183 **Conflicts of Interest**

184 All authors have completed the Unified Competing Interest form at
185 www.icmje.org/coi_disclosure.pdf (available on request from the corresponding author) and
186 declare that (1) CWM, AJM and ECS have support from Pharmacy Research UK for the submitted
187 work, and NJG has support from Liverpool John Moores University for the submitted work; (2) AJM
188 has received locum fees from community pharmacy contractors, NJG has received research
189 funding from Pharmacy Research UK and Community Pharmacy Greater Manchester, and NM and
190 GBP are employees of Boots Pharmacy, all of which organisations might have an interest in the
191 submitted work - in the previous 3 years; (3) the spouse of NJG has financial relationships that
192 may be relevant to the submitted work; and (4) CWM, AJM, NJG, DMA, NM and GBP have non-
193 financial interests that may be relevant to the submitted work, as they are all pharmacists
194 registered with the General Pharmaceutical Council.

195

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224

Table 1: Pharmacist involvement and training for each Project Phase

Phase of Project	CP research activities	Research issues addressed	Training and support given
<i>Phase 1: Clinical audit of emergency supplies in participating pharmacies over two four-week collection periods. (27 pharmacists)</i>	Data collection and reflection: pharmacists recorded data about the characteristics of emergency supplies of prescribed medicines, and also logged any related issues or dilemmas that arose for them at the time of supply.	The importance of consistent and complete recording of robust quantitative data about practice for research.	RA contact via telephone and pharmacy visits to provide encouragement, answer questions and maximise data quality.
<i>Phase 2: Semi-structured telephone interviews with pharmacists working at pharmacies across North West England. (5 pharmacists)</i>	Participation in a telephone interview. A subgroup of pharmacists were trained to conduct these peer-to-peer interviews to facilitate greater openness around difficult situations and dilemmas described.	Obtaining informed consent for research. Developing skills to conduct semi-structured telephone interviewing techniques.	A one-day training workshop on telephone interviewing skills. The RA debriefed interviewers via telephone after interviews and reviewed initial transcripts to explore any challenges and give advice.
<i>Phase 3: Follow-up interviews with service users who received emergency supplies/loans of prescription-only medicines. (27 pharmacists)</i>	Recruitment of patients who requested emergency supplies or loans for follow-up telephone interviews with the Research Associate.	Patient recruitment processes (approaching patients, separating the recruitment process from patient care).	The RA visited each pharmacist to offer instruction regarding the recruitment procedure, providing any further support needed by telephone.
<i>Phase 4: Qualitative interactive feedback sessions with medical practice teams. (7 pharmacists)</i>	A sub-group of pharmacists were trained to facilitate these sessions, which explored practice staff's views and experiences regarding the emergency supply service and its impact on, and relevance to, their workflow and patient well-being.	Developing skills in presenting interim study findings in an accessible manner, to obtain feedback from other professionals. Protecting patient anonymity when reporting results.	A half-day training workshop to develop skills in presenting interim findings to medical practices and to eliciting their views. (11 pharmacists attended the training but only 7 were able to do the sessions.)

Table 2: Characteristics of participating pharmacists (n=27) and of interviewers (n=5)

Characteristic	Number of Pharmacists	% of Total Pharmacists (n=27) (1 dpl)	Number of Interviewers
Gender			
Male	14	51.8	2
Female	13	48.1	3
Age Group			
18-25	5	18.5	1
26-35	9	33.3	1
36-45	1	3.7	0
46-55	8	29.6	0
56-65	1	3.7	1
missing	3	11.1	2
Community Pharmacy Practice Experience (years)			
Pre-registration	2	7.4	0
1-2	4	14.8	1
3-5	4	14.8	1
6-10	7	25.9	1
>10	10	37.0	2
Type of Pharmacy Ownership			
Single independent pharmacy	5	18.5	0
Small group of 2 to 5 pharmacies	3	11.1	0
Local group of more than 5 pharmacies	12	44.4	1
National group of over 100 pharmacies	7	25.9	4