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The influence of educational reform on the self-perceived readiness to practice of newly registered pharmacists in Ireland

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Introduction: Newly registered pharmacists serve important roles in our healthcare system. Investigation of their readiness to practice confirms whether their education has furnished them with the knowledge, skills and competencies to be practice-ready. In 2015, a five-year integrated master's programme in Pharmacy replaced a 4 + 1 model and included integrated learning with dispersed experiential learning placements. Factors known to influence self-perceived readiness to practice are prior experiential learning, education, placement environment and preceptor relationship.

Aim: This study examined the self-perceived readiness to practice of newly registered pharmacists in their first year of qualification and the influence of educational reform.

Methods: The participants were newly registered pharmacists who had completed the undergraduate Pharmacy programme within the State. Participants were identified using the Pharmaceutical Society of Ireland’s database of newly qualified registrants. An email was circulated to registrants inviting them to participate in a cross-sectional online survey consisting of 25 items. Variables were self-perceived abilities to perform practice-related competencies (on a five-point Likert scale), relationship with preceptor, placement experience, and demographic information. Three cohorts were surveyed. The first cohort (2020) were graduates from the last year of the 4 + 1 programme. The second (2021) and third (2022) cohorts were graduates from the new five-year integrated programme. All analyses were performed using SPSS 24.0 (SPSS Inc., Chicago, IL, USA) and Microsoft Excel.

Results: Of 458 registrants, 71 completed the survey (response rate=15%). A greater proportion of females (65%, n=46) than males (31%, n=22) responded to this survey, with 4% (n=3) not disclosing a gender. Most respondents (83%, n=59) had undertaken a community pharmacy placement, while others had either a hospital placement (11%, n=8) or a mixed setting placement (5%, n=4). Participants perceived that they were adept at performing practice-related competencies. Participants agreed that they developed fruitful relationships with preceptors and had positive experiences on placement; when asked about preceptor feedback, there was a positive response: 55% for (n=17), 83% for 2021 (n=15), and 95% for 2022 (n=21). A curriculum effect was observed, as graduates from the post-reform cohort declared readiness to practice in more areas than pre-reform graduates, e.g. in leadership: (58% for 2020 [n=18], 61% for 2021 [n=11], and 73% for 2022 [n=16]), communication (58% for 2020 [n=27], 61% for 2021 [n=16], and 73% for 2022 [n=21]), and recommending drug therapies (77% for 2020 [n=24], 72% for 2021 [n=13], and 95% for 2022 [n=21]).

Conclusion: This study found that most respondents self-perceived themselves as ready for autonomous practice. Whilst this study found that the pharmacists surveyed were ready to practice, they may still lack practical skills. This study suggests adopting an integrated curriculum that incorporates experiential learning is supportive of readiness to practice and has a positive impact on self-perceived readiness to practice, placement setting, and preceptor relationships.

The repeated cross-sectional nature of the study is a strength, but a limitation is the low response rate and there may be response bias by participants. This research seeks to contribute to curriculum development to support students in their transition to professional practice.