# **Supporting the transition to independent practitioner**:

## Impact of an intervention to develop newly qualified pharmacists

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**Transition to independent practice takes place in a high-strain job with lots of workplace demand**

Objective: To establish if and how the Newly Qualified Pharmacist Pathway had impact

Design: Semi-structured interviews with learners (n=7) and their supervisors (n=14) applying Normalisation Process Theory (NPT)

Results: While participants were clear about the *purpose* of the intervention, confusion regarding *resources*, and reflection was challenging; *supervision* critical for supporting learning and development

Conclusion: Transition support build psychological safety, and is effective in nurturing leaner development

# Resources to support onboarding new and early educators

**Will Parsons**,[1] Louise Brown,[2] Melissa Rayner,[2] Jacqui McLaughlin,[3] Sophia Mortha,[3] Paul White,[1] Nilushi Karunaratne,[1] Betty Exintaris[1]
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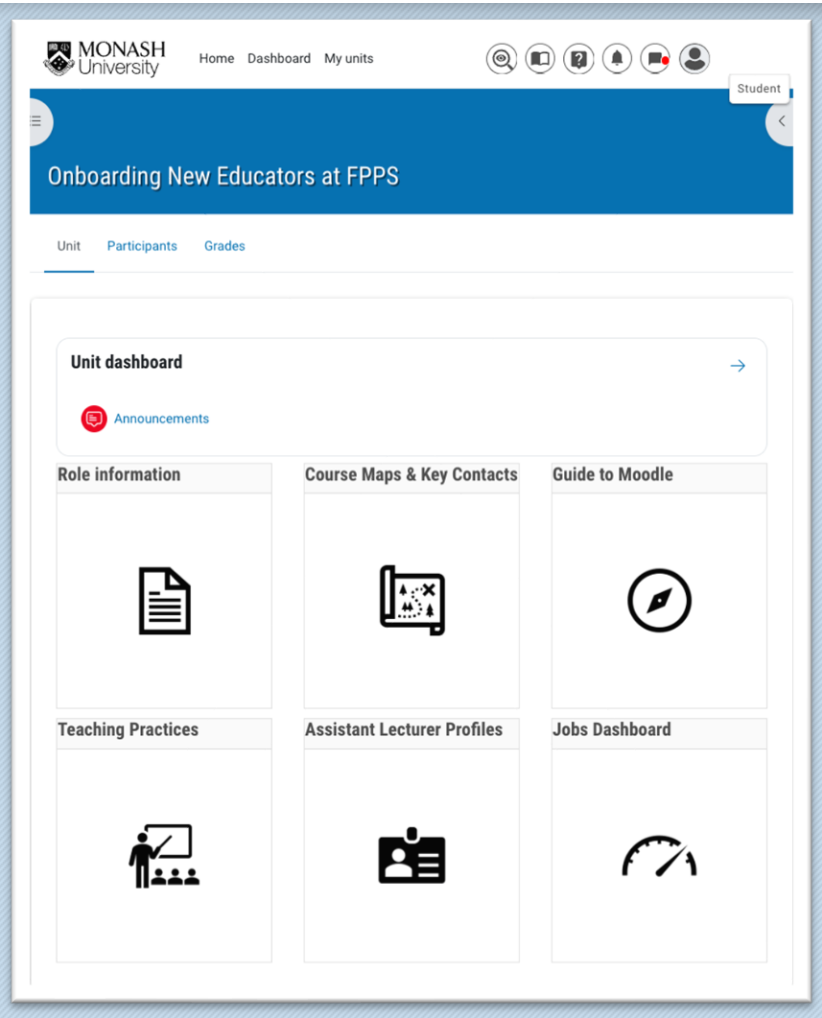


- Onboarding is not a one and done process

**Intervention:**

- Assembled & curated resources for continued and independent support
  - Community building
  - Confidence through role clarity
  - Supporting professional development and skill building

**Outcomes:**

- 19 out of 25 assistant lecturers enrolled within 1-month from release
- 12 out of 19 enrolled users accessed the resource >10 times

**Future directions:**

Expanding for continued support and higher responsibility roles

# Integrating Diversity into OSCEs: An Examination of Gap and Priorities

*Steven walker, Angelina Lim, Megan Waldhuber, Heidi Anksorus, Amanda Savage, Aisling McEvoy, Jonathan Penm, Terry Ng, Nilushi Karunaratne, Tony Hughes, Lawrencia Brown, Betty Exintaris*

Sequential explanatory mixed methods

**OSCE case review (2 years of OSCE cases across 4 institutions)**

**Think aloud interviews with 26 participants globally**

**Expert panel discussions**

**Table 1. Modifications made by interviewees in the think aloud interviews to improve diversity using OSCE case (n= 71)**

| Diversity Category | No. of modifications |
|---|---|
| Culture | 26 (36.6%) |
| Socioeconomic status | 10 (14.1%) |
| Gender | 10 (14.1%) |
| Sexual Orientation | 8 (11.3%) |
| Disability | 7 (9.9%) |
| Age | 5 (7.0%) |
| Rural and remote status | 5 (7.0%) |

**Economic (Redistribution)**

**Cultural (Recognition)**

**Political (Representation)**

Fraser's social Justice Model

**Systemic issues still exist causing barriers**

*"There's an unspoken culture of resisting change… hard to go back and make cases more diverse." Participant 008*

*maybe just one mark or feedback box for respectful communication." Participant 024*

*"EDI categories will distract from the clinical information" 010*

**Logistical challenges will cause stereotyping**

**Fear of backlash if misrepresented**

**Assessing them perpetuates bias by rote learning to pass and awarding points when each individual experience is different**

*"Existing policies from the university/country that are not diversity friendly still need to be accounted for as they [the] students still need to come out practicing by law" Participant 019*

*"OSCEs are too time sensitive" Participant 026*

*"having a person with a disability actually playing the role…which is hard to recruit." Participant 007*

**Participants questioned the suitability of OSCEs for assessing diversity due to time constraints, surface-level interactions, fairness concerns, limited availability of diverse simulated patients, and the lack of debriefing. Rather, there were preferences for OSCE marking rubrics to include general interpersonal skills; openness, empathy, respectful communication. There was a reluctance to fail students on diversity competence in OSCEs, noting clinical competence should be the core criterion.**

UCL University College London | MONASH University | Eshelman School of Pharmacy | PharmAlliance | THE UNIVERSITY OF SYDNEY

# OSCE Cost Drivers and Use: A Global Pe

**Presenting Author:** Tin Wai Terry Ng, UCL School of Pharmacy **Co-Authors:** Angelina Lim[1], Caroline Sasser[1,2], Dan Malone[1], Heidi Anksorus[2], Amanda Savage[2], Yeap Li Ling[4], Nilushi Karunaratne[2], Betty Exintaris[2], Lawrencia Louise Brown[3], Zanfina Ademi[2], Jonathan Foo[5]

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## Objective:

Identify high OSCE costs across schools of pharmacy in four countries (Australia, Malaysia, United Kingdom, United States) to better inform investment in OSCE assessments

## Design:

Retrospective cost-analysis study. Total OSCE cost measured using the "Ingredients Method"[1,2], and expert panel discussions regarding reasons and drivers for costs.

## Results:

| Ingredient | AU-High | AU-Low | MY-High | MY-Low | UK-High | UK-Low | US-High | US-Low |
|---|---|---|---|---|---|---|---|---|
| | % Cost of OSCEs | | | | | | | |
| Case Development | 17 | 2 | 16 | 2 | 19 | 10 | 25 | 20 |
| Faculty | 9 | 14 | 8 | 12 | 7 | 10 | 16 | 18 |
| Non-academic | 9 | 12 | 17 | 27 | 6 | 9 | 7 | 11 |
| Examiner | 26 | 40 | 32 | 48 | 32 | 30 | 41 | 45 |
| Standardized patient | 15 | 0 | 24 | 0 | 19 | 22 | 0 | 0 |
| Exam rooms | 17 | 25 | 0 | 1 | 6 | 9 | 9 | 7 |
| Staff rooms | 2 | 3 | 0 | 0 | 3 | 4 | 0 | 0 |
| Other rooms | 3 | 0 | 0 | 0 | 2 | 2 | 2 | 0 |
| Catering | 3 | 3 | 4 | 10 | 5 | 5 | 0 | 0 |
| Miscellaneous | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Cost/student (nearest whole USD)** | 176 | 60 | 80 | 23 | 291 | 211 | 94 | 29 |

0-10% Costs | 11-29% Costs | > 30% Costs

| Panel Discussions | |
|---|---|
| **Examiners** | *"we have to pay them more than what they are getting paid at their day job if we want them to come"* |
| **Standardized Patients** | *"We only use them when there's complex marking or complex acting"*<br>*"there is a cost benefit of using a pharmacist as a simulated patient, they can also help examine at the same time"* |
| **Case Development** | *"If it's just a low stakes OSCE that focuses on a skill like history taking or primary care, we can just use the same cases every year and spend 30 minutes updating the cases"*<br>*"I'd rather use the same cases and quarantine the students to maintain case integrity and reduce academic breaches, than make a whole new case for each rotation, and expect the examiner or simulated patient to learn a new case every rotation"* |

## Conclusion:

Some costs are modifiable and design choices may help make OSCEs more cost-efficient. Identifying main OSCE costs and classifying cost components by modifiability, this study offers a practical framework that other programmes can adapt.

**REFERENCES**

[1]Foo J, Cook DA, Tolsgaard M, et al. How to conduct cost and value analyses in health professions education: AMEE Guide No. 139. *Medical teacher*. 2021;43(9):984-998.

[2]Levin HM, McEwan PJ, Belfield C, Bowden AB, Shand R. *Economic evaluation in education: cost-effectiveness and benefit-cost analysis / HM. Levin, PJ. McEwan, C Belfield, A. Brooks Bowden, R Shand*. 3rd Edition, ed. SAGE Publications, Inc; 2018.

# Innovation under the Tuscan sun Capability Framework for future practice

*Spencer K[1*], Clark B[1], Galbraith K[1,2], Cain S[1], Bruno-Tomé A[1]*

1. Australian Pharmacy Council, Canberra, Australia Capital Territory, Australia
2. Faculty of Pharmacy and Pharmaceutical Sciences, Monash University, Melbourne, Australia.

## Objectives

- The Pharmacy Board of Australia, the national regulator, engaged APC to develop a Pharmacist Capability Framework with the intention to foster good practice and enhance efficiency and consistency across health professions.
- The Framework describes the entry-to-practice capabilities of a newly registered pharmacist who is adaptable to future practice change.

## Design

Mixed methods were used to inform the development:

- literature review
- content analysis
- stakeholder meetings
- in person and virtual forums
- online survey


Learn more about the development of the Framework

## Results

- Thirteen frameworks were analysed
- APC engaged stakeholders including professional organisations, regulators, governments bodies, and consumers.
- 114 people attended public consultation forums
- 28 online submissions
- In total more than 1,300 pieces of feedback received
- Analysis of feedback informed the final version which was released to the profession in April 2026.

## Conclusion

The evidence-based, contemporary framework:

- defines the capabilities of a newly registered pharmacist who is adaptable to evolving practice settings
- provides consistency across the pharmacy profession
- establishes a foundation for best practice that will elevate professional standards in the delivery of care
- The Framework will be implemented from 2028.

australian pharmacy council

13 POLICY DEVELOPMENT

MONASH University

# Comparison between GPT-4 and Human Raters in Grading Pharmacy Students' Exam Responses in Malaysia: a cross sectional study

Ronald Fook Seng Lee[1], Wuan Shuen Yap[1], Pui San Saw[1], Li Ling Yeap[1], Shaun Wen Huey Lee[1], Wei Jin Wong[2]
[1]*School of Pharmacy, Monash University Malaysia, Bandar Sunway, Malaysia*
[2]*Faculty of Medicine and Health, University of Sydney, Sydney, Australia*

## Subject

Human raters

vs.

GPT-4 model

Evaluation of 4 types of pharmacy exam items

## Methods

GPT-4 prompt structure and delivery optimized for test sample

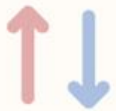
Evaluations generated for full sample using optimized prompts

Intraclass correlation coefficient analyses and Wilcoxon signed-rank tests performed

## Results

Moderate to excellent grading reliability, depending on exam item type

Comparative analysis < Evaluative reasoning < Critical appraisal < Dosage calculation



Greater variability in grading high-scoring responses

## Key takeaway

While GPT-4 shows promise in grading pharmacy exam responses, human oversight remains necessary to ensure consistent grading quality

Scan to read full paper:

Yap et al. 2025
J Educ Eval Health Prof

# Collaborative Mock OSCEs to support Trainee Pharmacists

Dr Helen Hull – University of Portsmouth & Amareen Kamboh – NHS Hampshire & Isle of Wight

**A Strategic Partnership**

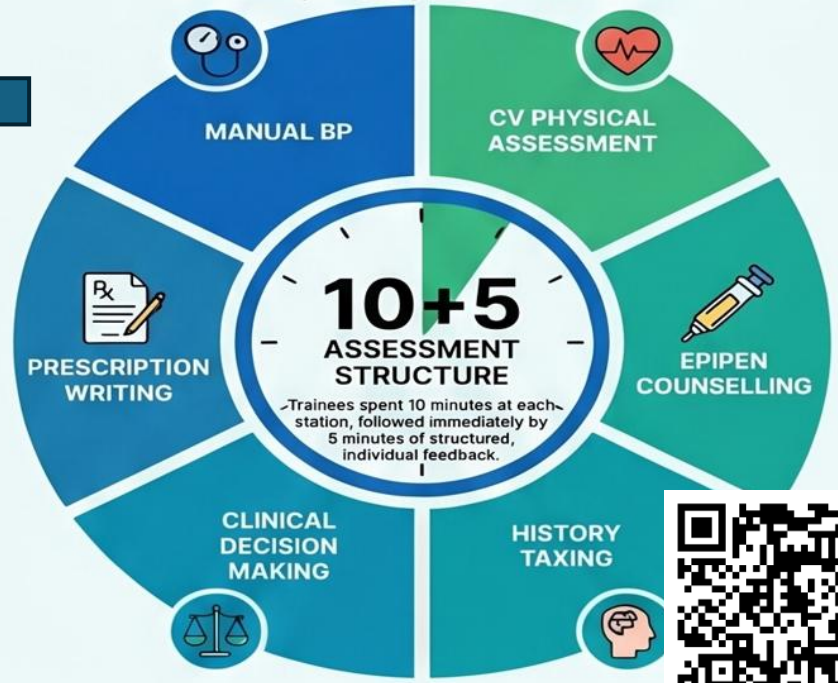
**THE PROBLEM**
NHS England reduced funding.
Threatening pharmacy foundation training.

**THE AIM**
Assess & develop practical-skills.
Improve trainee pharmacist confidence, competence.

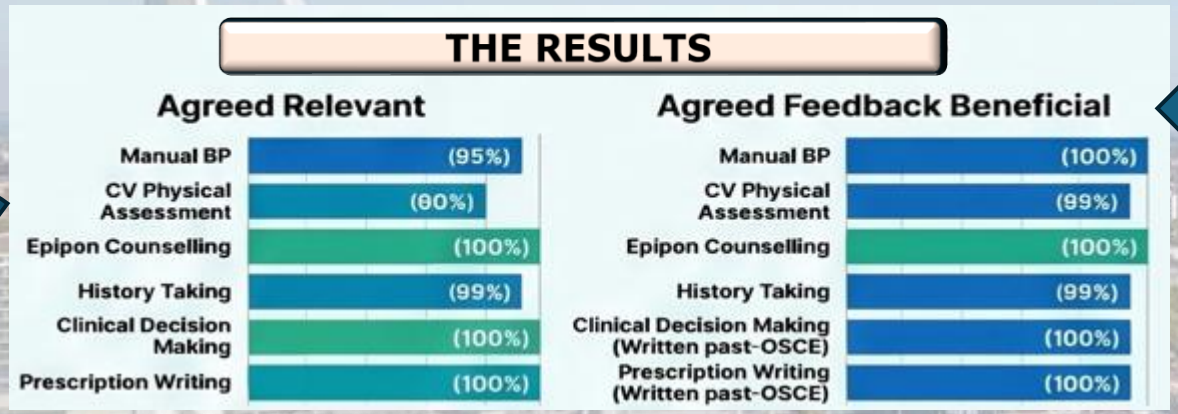
**THE INTERVENTION**
Mock OSCE.
Post confidence evaluation design.

## Mock OSCE Methodology

Six Competency-Based Stations




## THE RESULTS




## DISCUSSION & CONCLUSION

### Bridging the Sector Gap

Community trainees found clinical stations (e.g., CV assessment) especially valuable due to limited prior exposure in their primary workplace.

### Readiness for Prescribing

History taking and clinical decision-making were perceived as most beneficial because they align directly with the expectations of new Independent prescribers.

### Success through Collective Commitment

The approach demonstrates that even in a challenging funding landscape, joint commitment can ensure trainees receive the clinical support they deserve.

# Addressing the '*Physical-Skills Training Gap*' for Early-Career Pharmacy Professionals

**Adam Radford, Helen Hull**

**THE PROBLEM**

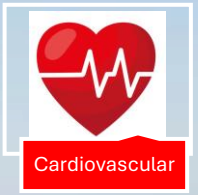
Limited physical-skills training access

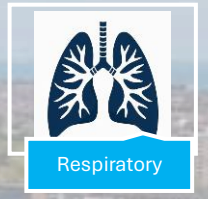
Cross-sector early-career capability gap

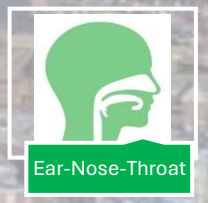
**THE AIM**

Develop targeted physical-skills training

Improve early-career confidence, competence






**THE INTERVENTION**

Multidisciplinary hands-on workshop delivery

Pre/post confidence evaluation design

**THE RESULTS**

Confidence increased: from 32.5% to 72.0%

High satisfaction and perceived relevance

**THE CONCLUSION**

Training improves confidence, competence

Further workshops and webinars planned

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NHS Hampshire and Isle of Wight

**References:**

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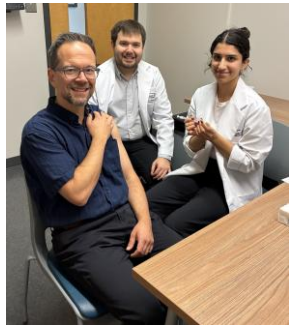
NHS England Workforce, training and education. Initial education and training of pharmacists - reform programme [cited 2026 Apr 13]. Available from: https://www.hee.nhs.uk/our-work/pharmacy/transforming-pharmacy education-training/initial-education-training-pharmacists-reform-programme

# Training Practice-Ready Pharmacist-Vaccinators Through a Student-Led Immunization Clinic in the PharmD Curriculum

**Francis Richard**, PharmD, MScPhm; **Nathalie Dubois**, PhD; **Alexandre Chadi**, PharmD, MSc
Faculty of Pharmacy, *Université de Montréal*, Montreal, Quebec, Canada

## Aim

To enhance PharmD students' readiness to provide immunizations by improving their knowledge, confidence, professional identity, and practical competence through direct patient care



Faculty's dean vaccinated by a PharmD student under supervision by a clinical professor

## Background

- **Vaccination:** core competency in Canadian pharmacy curricula
- Uneven opportunities for immunization practice due to variability in clerkships, seasonality, and preceptor engagement (impacts confidence and likeliness to integrate vaccination in practice)

## Methods

- **Pilot vaccination clinic** held in November 2025 at the Faculty with **56 students** (3rd-year of PharmD program), in partnership with a community pharmacy
- Rotation of students through **3 supervised clinical stations** (30 minutes each):
  - Patient intake (with an EHR) and evaluation
  - Vaccine preparation (and simultaneously, surveillance post-administration)
  - Vaccine administration
- Mixed-methods evaluation comparing student outcomes using pre–post quantitative measures and qualitative feedback, with comparisons to peers from the same and a previous cohort

## Results

- ✔ Across two vaccination sessions (2 full days), students administered **346 vaccines** to **220 patients** aged 6 months to 87 years
- ✔ Student satisfaction was high, with **85% rating the activity as excellent** (5/5)
- ✔ Mean **self-reported confidence in vaccine administration** increased significantly from 2.9 to 4.6 on a 5-point Likert scale
- ✔ Knowledge and confidence improved across all clinic stations
- ✔ Qualitative feedback highlighted the **value of individualized supervision**, exposure to the full workflow, and the clinic's structured yet authentic learning environment

## Conclusions

- Student-led immunization clinic provides an equitable, high-impact experiential learning that **supports skills development**
- Scalable curricular approach to **preparing future-ready** pharmacy graduates
- An **enhanced evaluation** will launch in Fall 2026, with data collection continuing through 2030 to assess long-term practice impacts

# Current approaches to coaching professional skills in health education & practice: A scoping review

Full poster on APP

Courtney M. Dobell, Lan P. Ha, Zara J. Milankov, Jessica Nguyen, Bassam Sahib, Kimberly Vo, Kirstie Galbraith

Coaching professional skills is imperative to prepare for competent, confident, and collaborative health professionals. However, there is a lack of established guidelines in how these skills are coached in health educ.

## FINDINGS

### Assessment of coaching

- Surveys (40%)
- Interviews (24%)
- Written reflections
- Feedback forms
- Note reviews

### Methods of delivery

- Questioning & reflecting
- Goal setting
- Role play
- Case studies

### Skills coached

- Oral comm. (63.2%)
- Problem solving
- Reflective practice
- Teamwork

### Duration

- Programs: 2 days to 2 yrs
- No. of sessions: 1 to 32 weekly or monthly
- Session lengths: 1 to 8 hrs*

*2 studies used a tapering structure where session duration decreased over time as learners gained confidence in their skill development.

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# UNIVERSAL DESIGN FOR LEARNING (UDL) IN PHARMACY ASSESSMENT: LEVERAGING STUDENT INPUT TO ENSURE COHORT-SPECIFIC INCLUSIVITY

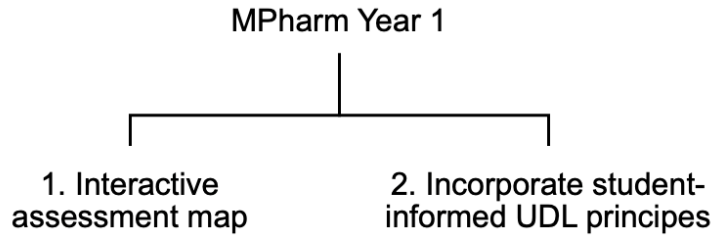
Rosemary Smyth, Ciara O' Rourke, Mary Eva Regan, Mairéad Casserly, Patricia Ging, Marita Kinsella

*Department of Pharmacy & Pharmaceutical Sciences, Atlantic Technological University (ATU), Sligo, Ireland*

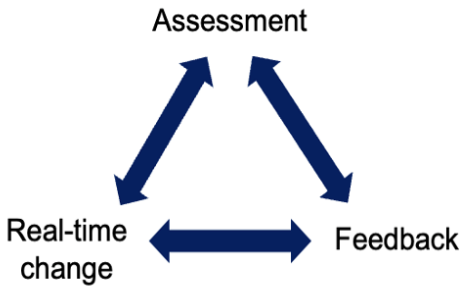
## OBJECTIVE

Enhance UDL in pharmacy assessment by real-time modification in response to learner feedback while meeting learning outcomes and competencies

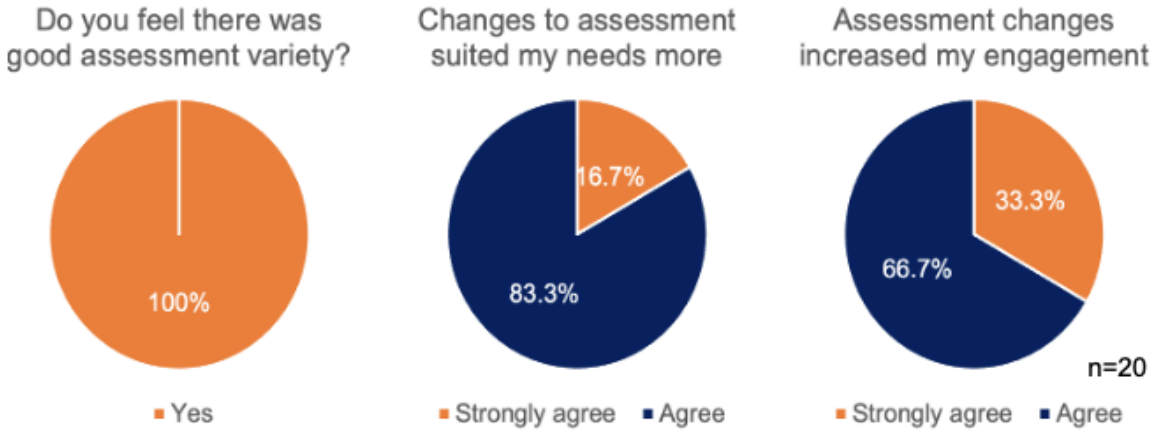
## DESIGN




- Virtual post-it notes
- All assessments colour-coded by type
- Mapped to learning outcomes & competencies




## RESULTS




"I didn't expect ATU to take our feedback so seriously and for it to make an actual difference"

"Thank you for listening to us"

## CONCLUSIONS

- ✓ Increased cohort-specific UDL in assessment
- ✓ Maintenance of learning and competency outcomes
- ✓ Increased student voice, inclusivity and engagement

Atlantic Technological University