EVALUATION OF THE COMMUNITY PHARMACY RESEARCH READY ACCREDITATION PROGRAMME
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Executive Summary

1.1 What is Research Ready

The Research Ready (RR) accreditation programme, run by the Royal Pharmaceutical Society (RPS), aims to facilitate the involvement of community pharmacy (CP) in the delivery of research across England, Scotland and Wales. RR is an online self-accreditation tool covering the basic requirements for undertaking primary care research in the UK and was launched in September 2013.

The Research Ready accreditation programme aims to:

- Ensure pharmacies meet the minimum quality standards outlined in the Department of Health’s Research Governance Framework.
- Increase the routine involvement of CPs in funded research, with appropriate financial reward for their time.
- Encourage national research infrastructures to engage and utilise CPs as sites for research.
- Provide adequate support for CPs to undertake research and increase opportunities for research involving CPs.

1.2 Purpose of the Evaluation

The aim of this project was to carry out an interim assessment of how RR accredited CPs are engaging with the programme. The review project has quantified the ongoing involvement in research studies and has qualitatively assessed the overall experience of RR accreditation among accredited CPs.

Project measures included:

- Research Ready demographics
- Engagement with the Research Ready programme
- Advantages and challenges of the Research Ready programme
- Pre and post-accreditation support

1.3 Results of the Evaluation

RR accredited pharmacies (n=176) were asked to fill in a questionnaire. We received 72 responses with an overall response rate of 40.9%.

Research Ready Demographics

Our results indicated that all the survey respondents (the Research Leads) were pharmacists, of which 81% were RPS members and only 1% of the respondents are currently members of the RPS Faculty (n=1). It was also evident that the majority of pharmacies were either multiple independents or independent pharmacies, which have between 7 and 9 staff.

Engagement with the Research Ready Programme

The majority of respondents heard about the Research Ready programme from the National Institute for Health Research (NIHR) Clinical Research Network (CRN) or another research network; most CRNs have an allocated Pharmacy Champion whose role includes awareness of the Research Ready programme. The Research Leads identified professional and business development as the most important factors for becoming accredited. Among respondents, 61% were already involved in research prior to becoming accredited. Research Ready accredited pharmacies have been actively involved in a significant number of varied research related studies. Twenty-two CPs were involved in signposting patients to studies, 20 raised awareness of the importance of health related research in the NHS and 16 recruited patients into studies, including formally taking consent from participants to enable them to take.
part in a study. Twenty-two CPs reported being involved in one study, eight of which were involved in a second study.

Advantages and Challenges of the Research Ready Programme

The advantages of accreditation for the business included increased credibility as a high quality provider, service development and innovation, and building stronger links with industry and academia. Research Leads perceived the greatest advantages of their CP’s accreditation to patients and the public as increased accessibility to research and improved quality of care and patient outcomes.

The greatest disadvantage of the programme was the process of becoming accredited online. It was identified that the same IP address could not be used to accredit more than one pharmacy premises.

Pre and Post-Accreditation Support

Regarding support that the RPS could provide, respondents expressed a desire for more e-learning modules, peer support/networking opportunities, workshops and webinars.

1.4 Recommendations

1. Identify avenues for programme development by exploring reasons why pharmacy professionals who are not RPS members engage with the Research Ready programme.
2. Engage community pharmacy Faculty members in Research Ready and, vice versa, to engage Research Ready members in Faculty.
3. Introduce a bi-annual review of the programme and user needs.
4. Work with national partners to breakdown perceived barriers to engagement.
5. Improve the system functionality of the accreditation process (e.g. to rectify the issue of not being able to use the same IP address to accredit more than one pharmacy premises).
6. Better map and curate potential and active engagement opportunities for community pharmacy with national partners.
7. Facilitate networking opportunities for community pharmacies, including exposure to academic and industry contacts. This will include set up of a Primary Care/Community Pharmacy virtual network.
8. Provide additional training and support to Research Ready pharmacies through RPS guidance and synergise Research Ready learning needs with the wider research training landscape across the UK.
9. Evidence and embed the Research Ready competencies within the member Faculty cluster and the forthcoming RPS researcher development toolkit.

1.5 Conclusions

Professional and business development were identified as the main driver for Research Leads to seek Research Ready Accreditation. Upon accreditation, it was evident that Research Leads often felt there were multiple and simultaneous benefits of RR Accreditation to the businesses they work for.
2 Introduction

2.1 Why Research Matters

The research landscape in pharmacy has undergone changes over the years and the scope of professional practice has expanded. The role of pharmacists in health care has evolved towards patient-centred care. Pharmacists are no longer just involved in conventional dispensing, but are increasingly providing a range of health services, disease management support programmes, health promotion and prevention activities. Community pharmacists are now also being involved in supporting research led by others.

However, several barriers have been identified which hinder the involvement of community pharmacists in research. Studies have shown that the reasons community pharmacists do not participate in research includes pharmacists’ mind-sets, issues with communication, infrastructure (lack of time, monetary reimbursement, staff), skills/knowledge, and management support.

Despite these barriers, pharmacists’ interest, willingness and awareness to participate in practice research has increased over time, as has a positive attitude toward research. Pharmacists generally agree that research is important in supporting evidence-based practice and to improving the quality of patient outcomes and care.

To address the barriers to research engagement the Royal Pharmaceutical Society (RPS) developed and repurposed a research accreditation programme, working closely with the Royal College of General Practitioners to launch the Research Ready community pharmacy programme. The Research Ready programme is intended to help equip community pharmacies, rather than individual pharmacists, to support research, and to help overcome some of the barriers to research involvement. Potential benefits to becoming a Research Ready accredited pharmacy include enhanced job satisfaction, opportunities for professional development or career change, greater multidisciplinary working and integration into the wider healthcare team, training and grounding in research, and creation of opportunities for collaborative and partnership working.

2.2 The Research Ready Accreditation Programme

The Research Ready (RR) Accreditation programme aims to facilitate the involvement of community pharmacy (CP) in the delivery of research across England, Scotland and Wales. RR is an online self-accreditation tool covering the basic requirements for undertaking primary care research in the UK. It was launched in September 2013 and at time of writing, there are nearly 200 accredited pharmacies. Accredited pharmacies can choose to participate in health research (including audit, service evaluation and other clinical or service research projects), clinical trial studies, or both.

The Research Ready accreditation programme aims to:

- Ensure pharmacies meet the minimum quality standards outlined in the Department of Health’s Research Governance Framework.
- Increase the routine involvement of CPs in funded research, with appropriate financial reward for their time.
- Encourage national research infrastructures to engage and utilise CPs as sites for research.
- Provide adequate support for CPs to undertake research and increase opportunities for research involving CPs.

Pharmacies are required to meet requirements outlined under five sections prior to RR accreditation:

1. Research Support - The superintendent pharmacist is supportive of research activity taking place within the pharmacy.
2. Research Space and Resources - The pharmacy has identified storage space and resources to host research.

3. Patient Medication Record - Basic searches of the Patient Medication Record (PMR) can be carried out. The pharmacy staff will review the quality (completeness, accuracy) of the information they put into the PMR system, and will regularly discuss how to maintain a high standard of quality.

4. Governance & Ethical Review - The Research Lead knows what is required of their pharmacy and members of staff with reference to research governance. This includes the Research Lead having completed Good Clinical Practice (GCP) training.

5. Responsibilities to Patients, Public and Staff - The Research Lead is aware of the responsibilities they have to their patients, the public and staff when they are participating in research studies.

If the requirements are met, pharmacies are asked to complete an online assessment tool to become an accredited ‘Research Ready’ community pharmacy.

RR data is held by the RPS and shared with the National Institute for Health Research (NIHR) Clinical Research Network (CRN) and other research networks where appropriate. The RR team also uses the data to advise research councils, medical research charities and universities about community pharmacy sites who are interested in research involvement. Pharmacies are invited to take part in studies but are under no obligation to take part.

**Fig 1. The Research Ready Process**

### 2.3 Evaluation Methodology

In September 2015, the RPS carried out an assessment of how RR accredited CPs engaged with the programme during its first two years. The aim of the evaluation was to quantify ongoing involvement in research studies, to qualitatively assess the overall experience of RR accreditation among accredited CPs and to identify any developmental opportunities.

**Evaluation Activities**

RR Accredited pharmacies (n= 176) were asked to fill in a questionnaire, which sought to explore several themes:

- Research Ready demographics
- Engagement with the Research Ready programme
- Advantages and challenges of the Research Ready programme
- Pre and post-accreditation support

We received 72 responses with an overall response rate of 40.9%.
3 Evaluation Findings

3.1 Research Ready Demographics

Research Leads

The Research Lead must be a pharmacist or technician registered with the General Pharmaceutical Council (GPhC) and are primarily responsible for completing the RR accreditation process, exchanging information with the pharmacy/company management if approached by a researcher or organisation to take part in a project and must act as the primary point of contact with project investigators while research is underway. All survey respondents (the Research Leads) were pharmacists. It is not clear whether any Research Leads amongst non-respondents are technicians.

It is not compulsory for Research Leads to be RPS members. However, as Figure 3.1. indicates, the majority are (81%).

<table>
<thead>
<tr>
<th>FIG.3.1. RPS MEMBERSHIP AMONGST RESEARCH READY RESEARCH LEADS</th>
</tr>
</thead>
<tbody>
<tr>
<td>RPS Member</td>
</tr>
<tr>
<td>Not an RPS Member</td>
</tr>
</tbody>
</table>

RPS Faculty Membership

The RPS Faculty is a professional development and recognition programme exclusively available to RPS members who have completed their first two to three years of pharmacy practice, post registration. It provides support networks, access to experts and mentors across a variety of sectors and stages of career progression, alongside opportunities to develop professionally by building a portfolio of transferable knowledge and skills that are widely recognised. The Faculty is built to support its members throughout their entire careers as an advanced practitioners.

As seen below in Figure 3.2. only 1% of the respondents are currently members of the RPS Faculty (n=1).

Research Ready Accredited Pharmacies

Pharmacy contractors who own five or less pharmacies are known as independents and those who own six or more pharmacies are known as multiple contractors (otherwise known as pharmacy chains which include large companies such as Boots, Lloyds pharmacy and supermarkets). Figure 3.3. indicates that the majority of accredited pharmacies are either multiple independents or independent pharmacies. It is assumed that community pharmacies that are part of a large chain have lower accreditation rates due to their company’s governance procedures. The RPS is currently discussing with some of the large chains regarding ways to get their pharmacies accredited.

Figure 3.4. suggests that the majority of accredited community pharmacies have between seven and nine staff. This is likely due to the staffing capacity required to engage with research while covering the needs of the business.
Figure 3.5. shows the geographical spread of RR accredited pharmacies and evaluation respondents. The highest number of accredited CPs (69) are currently located in the West Midlands. The West Midlands was the pilot site for the Research Ready accreditation programme, resulting in higher regional involvement. The North West Coast has the second highest number of Accredited CPs (25). This is due to a regionally based multiple independent pharmacy group accrediting several of their pharmacies.
**Recommendations:**

1. Identify avenues for programme development by exploring reasons why pharmacy professionals who are not RPS members engage with the Research Ready programme.
2. Engage community pharmacy Faculty members in Research Ready and, vice versa, to engage Research Ready members in Faculty.

**3.2 Engagement with the Research Ready programme**

How did the Research Leads hear about Research Ready?

Research Leads were asked how they came to hear about the Research Ready programme. Findings indicate (Fig. 3.6.) that the majority of respondents heard about RR via the NIHR CRN or via another research network. Most CRNs have an allocated Pharmacy Champion whose role includes raising awareness of the Research Ready programme.

![FIG. 3.6. HOW DID YOU HEAR ABOUT RESEARCH READY?](image)

Participants who selected other offered the following insights:

- Through pharmacy head office
- Work
- From a colleague
- Pharmacy Midland Ltd group
- From Research Ready team based at University Of Birmingham and Pharmacy Midland Group
- Meeting
- From our support organisation Community Pharmacies UK
- A doctor told me
- From superintendent
- Local colleagues (x3)

Why did the Research Leads choose to become Research Ready Accredited?

When asked why they sought to become RR Accredited, Research Leads identified professional and business development as the most important factors. However, given the high number of responses
across each motivating factor, it is clear that Research Leads are often influenced by more than one, and often overlapping, pull factors. One respondent selected ‘other’ and indicated that they were asked to participate by their head office. This multifactorial interest in the programme highlights the need for wide engagement across the pharmacy professions as the programme grows with increased scope for inter-sectorial working.

**FIG. 3.7. REASONS FOR BECOMING ACCREDITED**

- Professional development
- Business development
- Heard about the programme and wanted to be involved in delivering research
- Personal interest in research
- Credibility with patients and the public
- You were involved in/or about to be involved in a study?
- Other

**Types of studies** Research Ready Accredited pharmacies have been involved in

RR pharmacies can choose to participate in health research, clinical trial studies, or both. Health research includes audit, service evaluation and other clinical or service research projects. They do not usually, but might, include the administration of a treatment to a patient. Clinical trials are usually set up to test the effectiveness of a medicine, be it a new medicine coming to market, or an established medicine being used for a different and new purpose.

Figure 3.8. indicates that 61% of the respondents were involved in research prior to becoming accredited.

**FIG. 3.8. INVOLVED IN RESEARCH PRIOR TO ACCREDITATION**

- Yes 61%
- No 39%
RR accredited pharmacies have been actively involved in a number of varied research related activities, as outlined in Figure 3.9. Twenty-two CPs were involved in signposting patients to studies, 20 raised awareness of the importance of health related research in the NHS and 16 recruited patients into studies, including formally taking consent from participants to enable them to take part in a study.

Twenty-two community pharmacies reported being involved in one study. Eight were involved in a second study.

**FIG. 3.9. ACTIVITIES UNDERTAKEN SINCE RESEARCH READY ACCREDITATION**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signposting patients to studies</td>
<td></td>
</tr>
<tr>
<td>Raising awareness of the importance of health related research in the NHS</td>
<td></td>
</tr>
<tr>
<td>Recruiting patients into studies/formally taking consent from participants, enabling them to take part in a study</td>
<td></td>
</tr>
<tr>
<td>Identifying suitable study participants from searches of the pharmacy PMR</td>
<td></td>
</tr>
<tr>
<td>Managing and dispensing clinical trials medication</td>
<td></td>
</tr>
<tr>
<td>Delivering a study intervention</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Other includes:
- None x 2
- Unknown
- Use of Manchester Patient Safety Assessment Framework to improve safety in dispensing

**Recommendations:**

3. *Introduce a bi-annual review of the programme and user needs.*

### 3.3 Advantages of the Research Ready programme

Increased credibility as a high quality provider, service development and innovation and building stronger links with industry and academia scored highest as advantages of accreditation for the business. Given the high number of responses across the top six advantages outlined in figure 3.10, it is clear that Research Leads often feel that there are a number of simultaneous benefits to RR accreditation.
respondent who selected ‘other’ noted that the accreditation was, “helpful to demonstrate commitments to principles of Healthy Living Pharmacies.”

Recent evidence suggests that there is a link between the engagement of individuals and healthcare organisations in research and improvements in healthcare performance. In relation to Research Ready, Figure 3.11 suggests that Research Leads perceived the greatest advantages of their CP’s accreditation to patients and the public as increased accessibility to research and improved quality of care and patient outcomes.
Figure 3.12. indicates that opportunities for professional development or career change, greater multidisciplinary working and integration in the wider healthcare team, and developing a local leadership role scored highly as advantages of Research Ready accreditation for the pharmacy team.
Given the high number of responses across the top three advantages outlined in figure 3.13, it is clear that Research Leads often feel there are a number of simultaneous benefits of accreditation to the wider research team, these included new ways of accessing study participants, increased recruitment of participants and enabling patients to access medicines closer to home.

3.4 Challenges of the Research Ready Programme

Figure 3.14 suggests that the process of becoming accredited online is the greatest disadvantage of the programme. It was identified that the same IP address could not be used to accredit more than one pharmacy premises.

Respondents who selected ‘other’ provided the following anecdotes:

- “Often a day’s work in community pharmacy is pressured and we are under severe time restraints. This makes finding time to do research difficult.”
- “I have not been part of a Research Ready project. Only my own research.”
Building the site file at each pharmacy involves a lot of duplicated work. It would be really helpful if a flysheet was included with tick boxes, so that pharmacists are able to see what they need to obtain more quickly.

Process too long to recruit the pharmacies such that [we] missed the boat [in] gaining suitable participants.

Getting multiple pharmacies registered was hard work and [there was a] lack of flexibility (initially) in the system.

Recommendations:

4. Work with national partners to breakdown perceived barriers to engagement.
5. Improve the system functionality of the accreditation process (e.g. to rectify the issue of not being able to use the same IP address to accredit more than one pharmacy premises).

3.5 Pre and Post-Accreditation Support

When asked what additional support (including materials) the RPS could provide to those involved in the Research Ready programme, respondents showed an interest in e-learning modules, peer support/networking opportunities and in webinars and workshops. Respondents also highlighted that properly searchable resources would be an improvement on having to look through materials non-systematically.

Recommendations:

6. Better map and curate potential and active engagement opportunities for community pharmacy with national partners.
7. Facilitate networking opportunities for community pharmacies, including exposure to academic and industry contacts. This will include set up of a Primary Care/Community Pharmacy virtual network.
8. Provide additional training and support to Research Ready pharmacies through RPS guidance and synergise Research Ready learning needs with the wider research training landscape across the UK.
9. Evidence and embed the Research Ready competencies within the member Faculty cluster and the forthcoming RPS researcher development toolkit.
4 Conclusions

Research Ready accredited pharmacies (n=176) were asked to fill in a questionnaire, which sought to explore several themes related to the programme. We received 72 responses with an overall response rate of 40.9%.

Professional and business development were identified as the main reason for Research Leads seeking Research Ready Accreditation. Our results indicate that the Research Leads engaged with the programme as it increased their credibility as a high quality provider, allowing service development and innovation, as well as being able to build stronger links with industry and academia. In short, Research Leads often feel that there are a number of simultaneous benefits of RR accreditation to the businesses they work for. Research Leads also engaged with the programme as they perceived it would increase accessibility to research and improved quality of care for patients and the public.

Research Ready accredited pharmacies have been actively involved in a significant number of varied research related studies. CPs were involved in signposting patients to studies, as well as raising awareness of the importance of health related research in the NHS and recruiting patients into studies, including formally taking consent from participants to enable them to take part in a study. A small number of CPs were also involved in managing and dispensing clinical trials medication, and delivering a study intervention.

The findings from this review have informed a series of recommendations which will be implemented and moved into practice in the forthcoming year.
5 References


