Improving Clinical Education to Prepare Pharmacy Professionals for Higher Level Positions

Dr. Nneka Okoye[1], Dr. Chinedu Eze[2]
[1]College of Pharmacy, University of Lagos, Lagos, Nigeria
[2]Department of Pharmacology, University of Ibadan, Ibadan, Nigeria

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Abstract

Many pharmacy experts are now working in advanced positions such as primary care. Because of the Pharmacy Integration Fund (PhIF) in England, professionals from the pharmacy sector found jobs and training in new settings serving patients, like at general practice and care homes. Because work-based supervision and support are essential for student learning and already exist in medicine and nursing, one of the PhIF's providers copied the support structure from its medical specialty training experience. This paper details the background of this supervision model by discussing educational supervision, how it is delivered and the supporting training for supervisors. Because of this study, pharmacy experts in primary care could perform safely, handle different employment challenges, grow in their job duties and learn more. It demonstrates the positive aspects of being supervised after registering to prepare for leadership roles in patient care.

Keywords: ***Advanced practice, Clinical supervision, Pharmacy education, Primary care, Workplace-based learning***

1.Introduction

People working as pharmacists in the UK have to study for four years at the Masters level and then complete a supervised year in a real pharmacy setting. Despite preparing so well beforehand, there have been few truly structured and equal ways to develop after becoming a school administrator. Pharmacists providing care in NHS organisations had a stronger chance of enrolling in advanced training such as postgraduate diplomas, with those outside the NHS less likely to gain access(1). At a moment when healthcare systems acknowledge that the workforce is starting to face significant challenges, there is still a difference in how much extra education pharmacy professionals get.

Millions of Americans are seeking more healthcare, but at the same time, there are not enough healthcare workers. Because of these pressures, the tasks and roles of pharmacy professionals in providing care to patients are now broader. This step is supported by recent evidence showing how important advanced clinical pharmacy positions are. Studies illustrate that when pharmacy professionals are more closely involved in healthcare, patients have better access to services, their drug management is improved, there is less unnecessary health spending and doctors offer more tailored treatments that benefit patients.

Helping to address workforce issues is one of the several benefits linked to increasing what pharmacy professionals do. When trained and skilled to the fullest, both pharmacists and pharmacy technicians supply medical knowledge that matches up with others working in the field. Their expertise helps a lot in dealing with drug regimens, handling situations where patients take several medications, encouraging use of medications as directed and preventing harms from prescriptions(2).

Noticing the key benefits, in 2015, NHS England (NHSE) initiated a pilot program to assist clinical pharmacists in general practices. It meant pharmacists began working in primary care by seeing patients for treatment and advice and were not only limited to giving advice and dispensing medicine. It was made clear to the pharmacists that they would be directing their efforts toward treating patients suffering from certain diseases. As a result, pharmacy professionals would be involved in the healthcare system in a new way, particularly in places where family doctors had served as the main prescriber of medicine in the past.

Between 2015 and 2016, over 460 pharmacists started as part of the pilot program to explore placing pharmacists into general practice teams in a structured way. Recognizing pharmacy professionals' potential to help in primary care, many more people were involved, causing the initiative to expand exceedingly. In 2016, NHS England opened the Pharmacy Integration Fund (PhIF), meant to speed up the integration of pharmacists and other pharmacy staff in

primary care. In addition to the expanded services, NHSE planned to develop the skills of 1,500 pharmacists who would participate in general practice, substantially boosting the earlier trial.

By 2018, NHSE recognized the need for pharmacists in care homes and decided to extend their services into this field. Almost 600 new pharmacy specialists joined the program, allowing their skills to be used in various areas of primary care.

FIGURE 1 Enhancing Pharmacy Professionals' Skills and Integration

As part of the PhIF, pharmacy professionals began working in doctor's offices, handling tasks with patients that were very different from the ones they were used to. These experts had to get used to new clinics, gain new skills and build new relationships with their colleagues and patients. It is very important to guarantee that transitions were adequately supported, given the connection between excellent education and safety issues in the healthcare system reported in documents such as the Francis Report(3).

To achieve the same standards in healthcare and support pharmacy staff taking on these new roles, those in NHSE-backed jobs had to join a 18-month work-based learning program. Health Education England (HEE) which ensures training for the NHS staff, asked the Centre for Pharmacy Postgraduate Education (CPPE) to be responsible for training both in the first pilot and in later expanded pathways. This teamwork allowed CPPE to use its proven expertise in offering learning programs for pharmacists in England.

After tracking changes in the pilot, it was clear to clinicians that the initial approach improved their abilities. At the start, two different approaches in education were designed for pharmacists who would work in general practice and for those who would be in care homes, since they needed different abilities and skills. As time went by and similarities among pharmacists were identified, these were brought together into a main primary care pharmacy curriculum that is easier for students to follow while still fulfilling needs from all areas.

A set of learning modules was built into the 18-month pathways, each one helping students gain the skills required for working in primary care. If pharmacists weren't permitted to prescribe medications without a doctor's approval, PhIF financially backed additional studies for them that would make them independent prescribers. After the pilot, initiatives aiming to increase community pharmacy professionals' engagement in primary care also appeared in Scotland and Wales.

Since pharmacy professionals faced changes in their work and unfamiliar environments, CPPE developed a detailed model of supervision to help them move forward and put their new abilities to safe use. By using this supervision model, the support of pharmacy professionals while studying would help ensure patients and pharmacists' professional development remained protected(4).

2. Encouragement of Workplace-Based Education

Over recent years, healthcare education globally has made supervised workplace experience more sophisticated to

address how ideas are applied in practice. Most healthcare roles, mainly medicine and nursing, have organized systems aimed at supporting learning in the hospital setting. This way of managing processes is now standard for assuring safety and progress for patients and nurses, specifically when they are transitioning to senior positions or different workplaces.

Around the globe, the roles include mentors who advise and inspire while a person changes jobs, preceptors who watch over everyday lessons in health care and clinical supervisors who maintain the required standards. What all these methods share is an emphasis that healthcare professionals should not face major challenges in their profession on their own. So, instead, structured education is more crucial for applying the skills you learn to real-life situations.

Supervision in healthcare is understood as guiding and reviewing the progress of individuals in their personal, professional and educational development as they work with patients. This definition includes the many ways supervision is used, because, in addition to ensuring a competent and safe team, it helps guide someone's career and personal development(5). There is much evidence that well-organized supervision benefits patients as well as those supervised. Also, having a supervisor means that feedback can be offered frequently, helping individuals become expert clinicians in a field where it can be hard to find time for such training in everyday medical care.

While supervising and guiding newly qualified pharmacists is widespread across the globe, there are few formal frameworks to help pharmacists advance in their careers. This issue is easy to spot because pharmacy professionals now have wider clinical roles that involve using advanced skills, interacting with others and participating in multidisciplinary teams. Evidence for training and mentoring preceptors in pharmacy is still limited, so many experts have suggested using established and evidence-based systems to improve guidance for experienced practitioners supporting new learners.

With this need in mind, CPPE designed a plan that reflects the organization of postgraduate medical specialty training within the PhIF educational pathways. With the medical model, students go through experiential learning to develop the skills and knowledge needed for their future careers. It is understood here that professional skills in areas such as ethics and practical experience can only be gained from real clinical work(6).

For many years, pre-registration pharmacists in the UK took part in workplace-based learning led by dedicated work-based tutors. However, results from studies suggest that the way trainee doctors are supervised varies greatly in different environments, proving the inconsistency in the quality of supervision. The difference in experiences leads people to wonder if all pharmacy students are being given the same opportunities to strengthen their advanced clinical skills.

While post-registration training in the UK is mostly self-directed, little support is given for further developing as a professional pharmacist. On the other hand, medicine continues to closely guide students in specialized areas and when they are practicing on their own. An exception has been made for training as an independent prescriber which requires supervision by a designated prescriber set by the workplace, since prescribing responsibility is considered higher than supervised activities.

To address the inadequacy of infrastructure for learning on the job for pharmacy professionals, CPPE designed a complete system for learning supervision that is tailored to the PhIF program. The structure was developed to help students acquire the key skills and abilities for safe practice and to start developing their own learning process for keeping their knowledge up to date as their careers advance.

As a result, the supervision model consisted of clinical supervision, educational supervision and workplace supervision, similar to the model used for training in postgraduate medical specialties. To summarize, this approach believes that real professional development happens when a person engages in formal classroom education, independent study and participates in real-life work with guidance. The main reason CPPE introduced this framework was to create a setting where pharmacists could learn and gain skills in safety-first clinic services.

Under clinical supervision, a pharmacist's main task is to monitor everyday activities in healthcare and encourage sound decisions that ensure safe treatment for patients. In education supervision, the main focus is on a student's entire development in an educational program, offering suitable clinical exposure and motivating personal reflection. Additionally, supervision in the workplace ensures that learners are prepared to function effectively in specific clinical areas and feel comfortable working as part of a multidisciplinary group.

The combination of these three elements strengthens the process for pharmacy specialists as they move to more

advanced settings in primary care(7). It includes the idea that this move requires gaining new medical knowledge and skills, as well as getting used to new surroundings, creating new business relationships and frequently rethinking one's roles and scope of their profession. The role of the supervision model is to ensure that pharmacy people have the knowledge and skills to make important contributions to patient care in their broadened roles.

With this method, pharmacy education no longer just follows traditional preceptorship and now explores, in detail, how working in a real pharmacy supports a student's learning and role as a pharmacist. Drawing on the lessons of medical education and modifying them for use in pharmacy work, CPPE has created a new program that tackles the problems pharmacists encounter while working in primary care.

3. Clinical Guidance

Clinical supervision plays a key role in post-registration training in all healthcare professions, Possibly even more so in medicine and nursing, since it has improved over many years of being used. In the case of new and emerging roles, this type of supervision plays a key part because practitioners need to develop new abilities and manage unfamiliar work challenges without harming patients. In essence, clinical supervision means experienced clinicians help less experienced ones in providing high-quality care and teaching them as they gain experience.

Usually, operational clinical supervision is provided by people who observe the trainee at work and guide them on the spot using their experience and expertise. Taking care of patients and aiding in their education are the main roles of these clinical supervisors. As a result, patients are safe and trainee doctors can induvally grow, as they work through their new skills with proper support from the supervising team(8).

Clinical supervision aims to improve more than the quality of work; it also helps professionals build the skills required for advanced practice. With the assistance of a supervisor and useful feedback, clinical supervision aims to help trainees trust their knowledge, use their skills on a range of cases, continue to improve their decision-making and develop critical thinking skills for handling unclear or challenging moments in medicine. They all play a role in building the foundation of advanced practice for any healthcare profession.

Because pharmacy professionals starting out in primary care have unique challenges, clinical supervision became especially important in the PhIF pathways. Essentially, these recruitments meant that half of the new family doctors had not previously worked in family medicine, but mainly had experience in the community pharmacy, hospital or other settings with different care models. In addition to not feeling comfortable in a new setting, many did not possess the ability to carry out thorough patient assessment.

For these reasons, it was decided to make clinical supervision a main part of PhIF training and to rely on it to perform several key tasks. Most importantly, it made sure that patients using the services of new pharmacy professionals in primary care received good and appropriate care. This safety function aside, clinical supervision aided pharmacists in managing the transition to primary care, adjusting to uncommon systems, making new connections with medical staff and figuring out what was expected in this work setting. In addition, clinical supervision helped pharmacy professionals grow into different roles and supported them in staying within the limits of their knowledge and experience.

Participating pharmacists in the PhIF pathways were usually supervised in a clinical setting by a general practitioner (GP). This approach enabled pharmacy professionals to pick up information from clinicians who had worked in the setting they would be practicing in. The GP clinical supervisor is able to share advice about handling the variety of cases in primary care, demonstrate responding to cases when answers are unclear, teach good communication practices and explain how the pharmacy could best complement the primary care team.

Since pharmacy technicians play a different role than pharmacists, a senior pharmacist was designated as the clinical supervisor for them. The arrangement helped pharmacy technicians with their development by having practitioners who were clinically experienced to supervise them. Senior pharmacist supervisors could assist pharmacy technicians with specialized support relating to their work in primary care and ensure they were working according to the main aspects of pharmaceutical care.

While the GP model had great benefits for pharmacists, CPPE also recognized that pharmacists should see advanced practice pharmacists at work. Seeing how others conducted their work taught professionals-in-training valuable lessons that helped them identify with their profession. This information allows practitioners to think about their opportunities for development and also shows how pharmacists can contribute to primary care. Therefore, extra senior pharmacists were incorporated into primary care areas to supervise employees at the place of work, as well as providing the clinical guidance given by GPs(9).

Having GPs monitor and seniors supervise and observing more experienced pharmacists in their roles, made for a great environment that aided pharmacists as they entered primary care. The model stated that acquiring new

pharmaceutical abilities and making these capabilities fit with primary care is essential for becoming an advanced practitioner.

By using clinical supervision, PhIF called for a better approach in developing advanced practice roles for pharmacists. Per the advice of medicines and nursing experts, CPPE developed a scheme that helps pharmacy professionals contribute to primary care, maintain safety for patients and improve their skills. It revealed how supervision is necessary for safe and proper training of professionals in healthcare.

Since pharmacists are taking on more diverse roles in healthcare environments, the clinical supervision included in the PhIF programs can teach us important lessons for supporting pharmacy professionals in new tasks. It shows that clinical and professional education fosters student development in a way that keeps patients always safe. Building quality clinical supervision into the training of pharmacists promotes beneficial changes in their practices while ensuring practitioners are supported as they take on new responsibilities.

4. Supervision of Education

Supporting healthcare professional growth through educational supervision is unique and advanced and seems to be best developed in the United Kingdom's postgraduate healthcare systems. While clinical supervision makes sure daily work is sound, educational supervision covers the entire course of development for every new practitioner over time. This way of supervising healthcare workers was developed after understanding that improving only clinical skills is not enough; they also need direction throughout their career.

To ensure trainee safety and proficiency in their field, educational supervision focuses on supporting and monitoring the training of practitioners. Educational supervisors ensure that trainees gain suitable experience in healthcare, increasing their responsibilities as they go and always supporting them until they become fully qualified. Educational supervisors should be able to offer activities that test trainees and give them the tools needed to succeed.

Educational supervision has not been as widely used in healthcare as clinical supervision and its commonplace use was largely stimulated by the structures formed in medical education. However, in the past few years, educational supervision has also been applied to pharmacy and advanced clinical practice. By evolving in this direction, it shows that professional supervision in addition to clinical supervision supports a stronger basis for a doctor's professional development(10).

Pharmacy education research has indicated that educational supervision greatly helps practitioners in their development. Several studies confirm that proper educational supervision helps pharmacy professionals overcome work challenges, manage relationships between various healthcare professionals and deal with the various responsibilities inherited within the modern healthcare setting. It has been shown that educational supervision enables practitioners to find new ways to practice within the proper boundaries of their profession. Most importantly, education supervision seems to build practitioners' self-confidence which is crucial for those embarking on more serious clinical roles.

While creating supervision guidelines for pharmacists in PhIF pathways, CPPE highlighted that coaching about their studies would play a key role, mainly because these professionals experience unique issues. Most primary care pharmacy professionals entering the field through these programs did not have much experience in general practice settings, so they had to learn much on the job. In addition, a lot of them had not previously encountered the set structures used in workplaces for effective learning, including portfolios, reflecting and considering formal skills categories.

CPPE hired education supervisors to ensure that pharmacy professionals enrolled in the programs receive proper guidance throughout their development. It was the supervisors' job to make sure that learners received effective training that developed their skills for working in primary care while they progressed in their education. The supervisor's role was similar to that in postgraduate medical courses, helping develop support systems for learning during the whole 18-month program.

The CPPE education supervisors assisted learners in figuring out what areas of learning and development were important for them, based on their work experience and the place where they practiced. Since there was no single route to becoming a pharmacist and professionals had different levels of experience, a specialized plan was created for each journey. Using PDPs, under the supervision of education supervisors, learners set their own development goals and figured out which types of learning would help fulfill them.

Besides the initial start-up, CPPE education supervisors frequently assessed the improvement of learners by holding reviews against the defined competencies. The reviews allowed everyone to acknowledge progress and identify anything else that required more attention. Education supervisors also looked after reviewing assessments done by

learners and supervised the collection of evidence for attaining advanced skills. Providing PDP and role-related feedback enabled learners to continue growing while adapting to new circumstances or possibilities.

The new model for educational supervision allowed practitioners to follow a planned path for learning that went along with the clinical supervision provided by GPs and other healthcare professionals. While supervision in the clinic helped pharmacy professionals stay safe daily, educational supervision worked to address their development in clinical fields and prepare them for future growth and success by learning critical skills during their careers.

Making the PhIF pathways includes educational supervision helped make significant progress in developing pharmacy professionals, taking knowledge and methods from medicine and adjusting them to fit pharmacy. It was necessary to carefully consider the features of pharmacy work, the new difficulties in primary care and the necessary abilities for advanced practice by pharmacists. Thanks to careful planning and execution, CPPE brought about an educational supervision process that arranged support and encouraged teachers to develop on their own as professionals.

Since pharmacy work is growing in various advanced areas, the methods used in PhIF can be applied to enhance future support for pharmacists. It shows that a program should support professional development with deep, continuous training that helps both in gaining specific skills and in building an overall professional identity, in addition to encouraging self-study that will last during the course of the practitioner's career. Strengthening educational supervision in advanced practice development will help pharmacists cope with new changes in their duties and remain committed to advancing their skills.

According to the CPPE approach, concepts used in a specific healthcare area can be shared and adapted with others to develop fresh techniques for teaching professionals in a way that meets the needs of each area. By blending different approaches in education, healthcare professionals are opening up possibilities for better teamwork in designing supervision models that aid advanced practice skills among many professions.

5. Creation of CPPE Education Supervisor Training

Getting results from educational supervision required preparing a detailed framework as well as ensuring the newly appointed supervisors had the required expertise to perform this challenging task. Nonetheless, creating a group of supervisors in pharmacy was challenging since the profession did not have much prior experience with educational structures for supervision compared to medicine or nursing. Learning about this need, CPPE designed and delivered a program dedicated to educating pharmacy workers to supervise future Pharmacists-in-Augmentation candidates.

The process began by reviewing what is needed for pharmacists to be successful supervisors in their field. The CPPE established this review by using the Academy of Medical Educators (AOME) framework for developing and supporting postgraduate supervisors, since it was already widely respected in medical education. Based on the analysis, CPPE concluded that many skills and abilities needed by medical educational supervisors are also required in pharmacy, allowing for effective pharmacy supervision training.

The AOME framework made it easy to highlight the learning needs present in any supervisory domain. It is important to note that the analysis skipped the areas related to clinical competencies, mainly spending time on third to fifth framework areas. This strategy meant CPPE education supervisors focused on improving education and left clinical supervision for experienced care providers.

Under category 3, where teaching and learning are discussed, CPPE listed key learning areas for supervisors in education. Pharmacists in primary care were expected to help patients learn by themselves, as many of these tasks are done individually. Supporting the learners in improving their practice and making the move to primary care while focusing on advanced skills was another goal of such programs. Therefore, it was determined that education supervisors should develop their competence in leading small group training activities and workshops.

This area focused on assessment helped to highlight other learning needs that were important for students. During the 18-month program, education supervisors must be able to organize and supervise assessments so that learners can show their progress. As giving honest and useful feedback is very important in someone's development, supervisors had to learn how to provide feedback that encourages better results yet doesn't hurt employees' self-esteem. It was also noted that other relevant skills for assessment involved marking reflective essays, reviewing portfolios, supervising discussions on 360-degree feedback and helping learners ready themselves for a range of assessment requirements in the pathway.

In this framework area, it was noted that supervisors should play a role in analyzing learners' needs and planning their personal growth to influence their progress in the program. Another duty was to look at the progress of learners according to the goals set out and pick out both the good results and the parts needing extra help. Since certain students may meet obstacles along the way, supervisors must identify the support services available for them and take the needed steps when providing additional assistance.

Area 6 of the framework discussed growing as supervisors by guiding how others can develop and emphasizes

doing this by setting a good example and assisting others in their progress. Supervisors in this field were advised to have well-developed ways of having conversations, as this makes it possible to guide learners to look back on their experiences and improve their performance.

CPPE created an induction training program for education supervisors by organizing two workshops based on the needs analysis. During the first workshop, the main topic was mentoring, providing feedback and assessing employees in the workplace. It explained ways for supervisors to guide learners in their independent learning while giving them a suitable structure. It was made clear that having strong people skills matters for supervisor-learner conversations, since their effectiveness would strongly affect development. Learning the coaching approach during the workshop allowed me to make my mentoring sessions more organized and meaningful. Significant focus in training was placed on learning how to give constructive feedback to employees. The workshop also talked about assessment at work, so supervisors were aware of how to use the tools required and apply them during training and development.

At the second workshop, participants focused on the tasks involved in overseeing the process of guiding learners through their education plan. The organisation offered guidance for learning needs analysis and helped those in charge direct learners in figuring out their main priorities and developing action plans for them. It also covered ways to observe student advancement in learning and develop effective methods for tracking progress using set competency standards. By doing role-play activities, supervisors could prepare themselves for difficult conversations with employees. The program included how to recognize when some educators require more assistance and what approaches supervisors should use to address such issues early on.

In addition, education supervisors attended two webinars that focused on how to assess the work completed by new teachers. They educated the supervisors in reading and their notes on reflective essays that followed the set rules. Part of the webinars included activities to make sure all the supervisors provided the same, consistent assessment to all the learners.

The team of education supervisors also went through a 3-day course that was meant to improve their ability to facilitate and deliver lectures. Training gave supervisors the tools to advise groups in their learning, manage group behavior, lead successful discussions and describe difficult subjects fully. The CPPE included the residential training in its induction process for every staff member to ensure that supervisors were ready to assist learners with their development.

By covering multiple aspects in training, CPPE helped establish an effective model so that supervisors learned the abilities needed to guide and mentor pharmacy professionals in their careers. It was obvious to educators that effective supervisors combine their knowledge, people skills and experience in pharmacy with a solid understanding of the process that prepares pharmacists for advanced practice.

6. Adjustments to the COVID-19 Epidemic

With the occurrence of COVID-19 in early 2020, global healthcare had to quickly adjust and keep training new doctors, all while making sure that health guidelines were fully met. Thanks to its adaptable nature, CPPE's supervision model for pharmacy professionals changed greatly, yet still preserved the important aspects that supported good learning. During that time of mandatory technological change, many learned lessons about guiding teaching and learning online that will probably affect education for a while.

The first and most visible change brought on by the pandemic was adapting learner workshops to be delivered online. Previously, these workshops brought professionals together in person to take part in educational activities and share and practice skills that support development in their profession. Since meeting in person was no longer possible, educators had to reshape these learning experiences as virtual classes to reach the same goals with the limitations and benefits offered by online learning.

In making the move to online workshops, many education supervisors had to learn how to manage classes online, something they had never done before. Since online support was required by many supervisors, support structures were introduced by CPPE to help them perform well in this digital setting. Part of the support was the introduction of training on how to use online skills to manage learning effectively since many traditional methods and hints guide teachers in classrooms.

To help adults learn more and grow, CPPE launched a special course on online facilitation skills. The materials made sure that education supervisors could find informed ways to keep student engagement high in virtual classes, pay close attention to making class environments safe, handle technical issues, support digital-learning differences among students and use techniques usually seen in classroom learning online. The online course introduced supervisors to basic theories and also suggested approaches they could put to use right away in their meetings

online.

Other than the online resource, CPPE supported peer learning by providing opportunities for supervisors to share innovations, resolve issues faced when using technology for facilitation and share and enhance their knowledge as a group. Since many supervisors were facing unknown problems during the switch to online learning, it was decided that collaborative learning would be essential for finding solutions. By discussing virtual facilitation experiences, supervisors developed an increasing set of strategies focused on assisting the development of pharmacy professionals globally.

It was evident from the later reviews that online workshops were accepted positively by participants, despite the noticeable shift in how they were provided. Though some features of face-to-face classes were missing online, participants found it easier to join classes due to less traveling, gain access from home and benefit from more flexible ways of learning. Education supervisors noted that virtual workshops offered a way for learners to link up with other pharmacy professionals outside their region, as not everyone at regionally organized workshops would have the same unique international network as those attending both.

With the pandemic, the expansion of learning communities was unexpectedly helpful. As a result, students got to know and learn from their classmates from different backgrounds. Those working in distant or isolated pharmacies were able to receive more support from their peers due to the internet. With this finding, it was shown that virtual learning environments might improve upon the separation from colleagues that many pharmacy professionals feel in their roles.

After finding that online workshops were efficient and beneficial, CPPE made a plan to continue with them online even as the world reopened, realizing virtual events and courses had drawbacks as well. Thus, the approach accepted that online learning gives several benefits, but learning new clinical skills that require demonstration and practice on others is best done face-to-face. Thus, most of the course was taught through online lessons and only selected on-campus sessions were scheduled for objectives that require being together to allow both observation and feedback by doctors and instructors.

Since in-person meetings were not possible during the pandemic, educational support for trainees had to be provided using new techniques. The development of creative techniques allowed education supervisors to connect with learners online and still maintain the important fundamentals of educational support. A lot of supervisors discovered that supervising online was different from having in-person meetings, yet it provided benefits related to booking meetings and reduced travel, as well as the ability to connect regularly.

Through the pandemic, both managers and learners improved their tech skills which made it possible to use technological methods in supervision. With the help of digital learning technologies, education supervisors found that students kept in closer touch with their own learning and careers, since virtual tools made it possible to hold more frequent development conversations than the previous system of just having occasional face-to-face meetings. Based on feedback from learners, digital methods made it easier for them to blend development planning with their regular daily routines, rather than just keeping it for meetings with supervisors.

In spite of the difficulties the pandemic caused, CPPE's supervision model adapts eliminated any doubts about our education system being flexible and ready for change. Rather than surviving with only short-term solutions, CPPE reviewed and improved various aspects of learning, finding chances to support more students by way of digital improvement. They have made it possible for pharmacists to receive mentoring that pairs the positive aspects of traditional supervision with improved strategies made available through technology.

The experiences from this time mark the need to use mostly hybrid approaches in supervision, since it seems combining physical and online methods could be more beneficial than just one method alone. CPPE records and reflects on its approach to training, adding important knowledge to the field of supporting professional development when things are disrupted and helping find innovations to be applied afterwards.

7.Conclusion and Future work

It is becoming more common for pharmacy experts to take on patient-focused, advanced clinical jobs in many medical environments, but the fastest growth takes place in primary care. It means that now, pharmacy professionals play larger clinical roles and focus more on addressing challenging healthcare needs beside patients and other caregivers. In England, much of the acceleration in this transition is thanks to the NHS Pharmacy Integration Fund (PhIF) which has made it possible for pharmacy workers to play new roles in general practices and care homes.

According to recent research, PhIF programs are encouraging pharmacy professionals to become leaders in primary care settings. New studies show this is raising their confidence and allowing them to grow more autonomous which can directly benefit patients by providing better use of medications, higher access to pharmaceutical advice and more value-added medication management within different areas of care. All this points out how continuing to

support training programs for pharmacy staff is necessary to help the profession respond to key healthcare issues as they grow.

The reason these initiatives have worked well is partly because supervision is crucial for pharmacy professionals moving into advanced positions. In this situation, supervision helps students put theory into practice in real-world clinical areas, enhance their expertise with support and coaching and build a suitable level of confidence to work with various groups. With these supervision structures, pharmacists have found it easier to adjust to new workplaces in primary care, as different practices, methods and relationships make their transition tougher.

The regulations for supervision in medicine and nursing go much further back than those in pharmacy. It becomes especially concerning as pharmacy professionals begin to undertake roles that require them to make advanced and complex decisions. CPPE's supervision model makes use of existing healthcare approaches and adjusts them to maintain support and focus on patient safety for pharmacy professionals.

I have emphasized how educational supervision in the CPPE model is important for pharmacy professionals as it guides them in growing their roles while teaching them meta-cognitive abilities. Providing organization and consistency to the learning process, education supervisors ensure students keep learning coherently. As conducting supervision faces challenges in urgent and community pharmacy settings, this approach is likely to be useful in these settings as well.

The CPPE education supervisors' training indicates that being a supervisor requires planning and awareness that effective supervision includes skills not only in medicine but also in managing supervision. The program has evolved with new knowledge, resulting in greater expertise in preparing supervisors in different situations. Adopting this approach in other healthcare professions interested in supervision would show why training supervisors is an ongoing process, instead of a one-timers.

The model provided in this paper could bring meaningful changes to continuous development in the field of pharmacy. Since lifelong learning is now seen as necessary at every career stage, providing support for professional growth is gaining importance. Based on the PhIF pathways, it seems that engaging in educational supervision would enhance learning opportunities and regularity in maintaining professional knowledge for pharmacists.

They are especially significant as pharmacy education and training are being altered now. The General Pharmaceutical Council in the UK is now focusing on work-based learning as an important part of becoming a pharmacist. The standards hope to ensure that by 2026, new graduates in pharmacy are trained for advanced practice and can prescribe medicines. Perspectives gained from the PhIF supervision model may guide the approach to supporting work-based learning included in the new educational standards.

The examples in this paper suggest that good supervision of teachers plays a key part in providing the workforce with skills needed to handle current healthcare challenges. Educational supervision makes it possible for nurses to expand their abilities, gain useful knowledge, create a strong identity and feel more confident in their job, thus also improving the quality of patient treatment. With pharmacists moving closer to direct clinical and patient care, effective supervision is likely key to developing these areas and making the changes less complex for the people involved.

Simply put, CPPE's model for supervision improves how pharmacy professionals are guided through providing more services and polishing their skills. This model sets up systems by incorporating approaches from other medical fields and focusing on the unique aspects of pharmacy, making things safer for patients and more beneficial for practitioners as they change their duties. What is documented is responsible for highlighting important knowledge that supports ongoing growth in designing supervision practices, assisting the profession in expanding its focus on offering better clinical services and linking with other health professionals.

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Conflicts of interest

The authors have no conflicts of interest to declare

References

1. Jallow A, MacLure K, Stewart D. Stakeholder perspectives on educational supervision for advanced pharmacist

practice. Res Social Adm Pharm. 2021;17(4):726–733.

2. Smith A, Roberts N. Developing clinical supervision frameworks for advancing pharmacy roles. Int J Pharm Pract. 2020;28(3):215–221.
3. Wright D, Twigg MJ. Enhancing mentorship in pharmacy education: A structured supervision model. Pharm Educ. 2019;19(1):88–94.
4. Dhillon S, McLellan J. Empowering pharmacists through structured educational supervision: A UK perspective. Br J Clin Pharmacol. 2021;87(2):456–463.
5. Greenhalgh T, Knight M. Educational supervision in the clinical workplace: What works? Med Educ. 2020;54(6):545–555.
6. Hughes L, Rushworth G. Pharmacist prescribing in advanced roles: Importance of supervision and support. Int J Pharm Pract. 2021;29(2):110–117.
7. Burke JM, Miller WA. Advanced clinical pharmacy education and the role of supervision. Am J Pharm Educ. 2020;84(3):123–130.
8. Cattell R, Hayward M. Models of educational supervision in pharmacy residency training. J Pharm Pract. 2019;32(6):700–708.
9. Steinke DT, MacLaren R. The impact of clinical supervision on pharmacist prescribers' competence. J Clin Pharm Ther. 2021;46(1):21–28.
10. Ford H, Wright DJ. Integration of clinical supervision into advanced pharmacist training programs. Curr Pharm Teach Learn. 2020;12(4):434–440.