

HAMILTON, P., POWER, A., BOYTER, A.C., ADDISON, B. and MCALEER, S. 2023. What capabilities are required for facilitators to support student pharmacists effectively during experiential learning (EL) in Scotland? *Pharmacy education* [online], 23(1), pages 796-812. Available from: <https://doi.org/10.46542/pe.2023.231.796812>

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2023

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RESEARCH ARTICLE

# What capabilities are required for facilitators to support student pharmacists effectively during experiential learning (EL) in Scotland?

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## Keywords

Education  
Experiential learning  
Facilitation  
Learning  
Supervision  
Workplace learning

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## Abstract

**Background:** Experiential Learning (EL) is a requirement of the General Pharmaceutical Council's Standards for the Initial Education and Training of Pharmacists. Essential to the growth of high-quality EL is the development of the facilitators who supervise the student pharmacists in practice. This research aimed to identify the capabilities required by facilitators to support a student pharmacist effectively during EL. **Methods:** A two-phase mixed methods process was undertaken to reach an agreement on the capability descriptors required by EL facilitators. A literature review followed by a modified Delphi process was used to determine consensus on the identified draft capability descriptors. All feedback gained from the Delphi was analysed and used to shape the development of the descriptors. **Results:** A panel of 48 stakeholders was recruited to take part in the Delphi process. Response rates for the two Delphi rounds were high (Round 1 – 46 (95.8%), Round 2 – 41 (85.4%)) Following the Delphi, the initial list of descriptors was reduced to 92 descriptors across eight overall domains. **Conclusion:** Through this research, a high level of consensus was reached for the range of descriptors within the framework which can ensure relevant, efficient education and training for EL facilitators to develop quality EL in pharmacy environments.

## Introduction

In Great Britain, the initial education and training of pharmacists are undergoing substantial change to match the evolving role of the pharmacist. These changes aim to develop a pharmacy workforce that is equipped to fulfil the current and future roles of the profession. This was highlighted through the launch of the Scottish Government document 'Achieving Excellence in Pharmaceutical Care' (Scottish Government, 2017) outlining a vision for the future pharmacy workforce. The General Pharmaceutical Council (GPhC), the pharmacy regulator, recognised the new, evolving roles of pharmacists and updated the Standards for Initial Education & Training of Pharmacists to reflect this (General Pharmaceutical

Council [GPhC], 2021). These standards describe learning outcomes that cover the five years of initial education and training – four years at university and a Foundation Training Year - resulting in pharmacists who will register as independent prescribers and emphasising the application of knowledge and skills in practice for current and future roles. These standards include the importance of experiential learning (EL) in the initial education and training of pharmacists. EL is an educational practice (Kolb, 1984) that is a powerful and proven approach to learning and teaching based on evidence which highlights that adults learn best through experience in practice. EL is vital in enabling students to apply and consolidate their learning while building their competence and confidence in practice. Dewey (1938) and Kolb (1984) conclude that EL should

include reflection on the experience to ensure meaningful learning and further development of knowledge, skills, and attitudes.

In recognition of the need for more EL in the initial education and training of pharmacists, the Scottish Government provided 'Pharmacy Additional Costs of Training (ACTp)' funding to support its development. (NHS Education for Scotland [NES], 2020). ACTp funding provides dedicated financial support for EL in all pharmacy practice settings to expand durations and enhance quality. There are several terms used in literature to identify the person who supports a student while in practice, including mentor, preceptor, facilitator, or clinical educator; however, for this study, the term 'EL facilitator' will be used.

The literature highlights that the quality of EL is reliant on the facilitator (Cox, 2012; Young *et al.*, 2014). Before the introduction of ACTp funding, there was variability in the support provided to facilitators and the remuneration for undertaking the role. ACTp funding has allowed national standardisation of the funding and supported the development of EL facilitators (Watson *et al.*, 2019).

Fraser and Greenhalgh (2001) define capability as more than competence. Competence focuses on an individual's knowledge, skills, and attitudes, while capability goes beyond this, showing how practitioners can use their knowledge to adapt to changing situations and generate new knowledge to improve their performance. Educating for 'capability' ensures that the delivery of health care keeps up to date with its changing context (Fraser & Greenhalgh, 2001). For this study, the necessary knowledge, skills, and behaviours required by EL facilitators are the capabilities.

The focus of this research was on the capabilities required by EL facilitators to support student pharmacists during EL. Defining these capabilities and the creation of a capability framework are key requirements to measure the quality of student learning during EL (Kenwright & Wilkinson, 2018). Identification and development of these capabilities will upskill EL facilitators, enhancing the experience for pharmacy students. The development of this framework is particularly relevant at this time due to the change of pharmacists being signed off as prescribers at the point of registration. This emphasises the importance of quality supervision of these students, as the supervisors will have the responsibility of signing off on learning outcomes and ensuring their competence.

This research aims to identify the capabilities required by facilitators to effectively support a student pharmacist to develop into a competent and confident practitioner during EL.

### **Ethical approval**

Ethical approval was obtained from the University of Dundee and was approved (SMED REC Number 20/ 22).

### **Methods**

To identify the required capabilities of EL facilitators, a sequential mixed-method approach was employed. The research comprised three phases, a literature review, a Delphi study, and a series of focus groups. This paper focuses on the results of the Delphi. The literature review was used to gather evidence from a range of contexts to develop a draft list of capability descriptors. To refine the draft list, a modified Delphi technique was used to gain consensus from a range of EL stakeholders from a variety of practice settings and locations. These included pharmacy students, EL facilitators, and academics. The research took place between July 2020 and December 2020.

### **Literature review**

A literature review investigating the key capabilities required as EL facilitators in various healthcare professions was undertaken. The literature search used the following databases: MEDLINE, EMBASE, and CINAHL. The search terms used are included in Appendix A. Results were limited to publications from 2015 onwards as a systematic review on the topic was identified (Walter *et al.*, 2018). Only publications in English were included. Articles were included in the development of the capability descriptors if they described any knowledge, skills, or behaviours required of EL facilitators. In addition, the literature search included relevant frameworks from other healthcare settings.

A four-stage process of content analysis was used, as outlined by Bengtsson (2016). Firstly, the literature was reviewed and descriptors in the literature were identified, also known as open coding. The literature was then reviewed again to ensure all descriptors were identified and compiled onto a Microsoft Excel spreadsheet providing details of the source of the descriptor and the context of the descriptor source. Similar descriptors were combined and categorised into overall capability domains.

As the content analysis process was undertaken by the first author (PH), the descriptors and content analysis documentation were reviewed, and agreement was sought from all authors, to enhance credibility in the content analysis process (Graneheim & Lundman, 2004).

**The Delphi study**

A modified Delphi process was used where the draft capability descriptors developed in the literature review (Appendix B) were used to design the Delphi. Two rounds of Delphi were administered electronically due to the wide geographical location of the participants and to maximise response rates. This was in line with similar Delphi studies, and the resulting high consensus for the first two rounds meant no further iterations were required (Keeney et al., 2011).

The Delphi process needed to consist of a range of stakeholders involved in EL to ensure that the framework would be widely accepted by users. Keeney (2011) suggests that 10-15 participants are sufficient to infer results are representative. Due to the variety of stakeholders involved in EL, twelve participants were invited from each stakeholder group to ensure suitable representation. The stakeholder groups were Pharmacist EL Facilitators, Pre-registration Trainees (now trainee pharmacists in their Foundation Training

Year), Academic Staff, and Training Provider Educational Leads from throughout Scotland.

Nominations for the Delphi panel were sought from the Schools of Pharmacy in Scotland and NES for the academic staff and training provider educational leads. For the pre-registration trainees and EL facilitators, an email was circulated to current EL facilitators and pre-registration trainees to register their interest in participating. From the group who declared interest in participation, twelve participants from each stakeholder group were selected by the lead researcher, based on their sector of practice, geographical location, and experience of EL to ensure a range of experience and diversity in the Delphi panel.

The Delphi questionnaire was developed using a mix of open and closed questions. The descriptors identified in the literature were presented in their capability domains, and the panel members were asked to rate each of the descriptors on a four-point scale based on their perceived importance. A sample of the questionnaire is shown in Table I.

**Table I: Sample questionnaire question**

Please rate how important you consider each of the following capabilities to fulfil the role of an Experiential Learning facilitator.	Not important at all	Of little importance	Important	Extremely important
A.2) Facilitators demonstrate a commitment and passion for the profession	1	2	3	4

The panel members were asked to provide comments at the end of each domain relating to any changes required. In the first round of the Delphi, panel members were asked if any descriptors should be added to the framework. Any descriptors which met the consensus level (of 75%) for the first round were taken forward to the second round, enabling stability and rigour in the results (Keeney et al., 2011).

The Delphi questionnaires were validated by a range of research colleagues and content experts (n=5), using the question appraisal system (QAS-99) (Willis & Lessler, 1999) to provide feedback. This involved colleagues reviewing the Delphi questionnaire with the QAS-99 tool and providing feedback on the comprehensibility, clarity, and wording of the questions. The questionnaires were then piloted with a sample panel (n=3) which included a pre-registration pharmacist and EL facilitator, and a pharmacist involved in the Univeristy Mpharm course (Jairath & Weinstein, 1994).

Consensus was set based on the percentage agreement of overall participants i.e. those that rated ‘important’

or ‘extremely important’ for each statement. The threshold was set before the data collection for each round. For the first round, only those descriptors that met the 75% agreement level were included in the next round. As there was a high level of agreement in the first round, the second-round agreement level was set at 90%. Any descriptors reaching this level or above were included in the framework.

The two Delphi rounds were conducted in September and October 2020. After recruitment and consent was obtained. Each round of the Delphi was administered using the online questionnaire tool, Questback (Questback, 2023). To increase the response rate a series of reminders were sent out over the two weeks. On completion of each round of the Delphi process, the data were exported to a Microsoft Excel spreadsheet and analysed. The results were described using percentage agreement to show the level of agreement. The median (central tendency of the ratings) and interquartile range (IQR) (level of dispersion of the ratings) were used to describe the overall rating for each descriptor (Hsu & Sanford, 2007). At the second Delphi round, the median and IQR for each descriptor

were provided to the respondents so they could see the general ratings for each descriptor on their own. This allowed them to change their response, based on the feedback from the previous round. All responses and email addresses were stored on a password-protected Microsoft Excel document to ensure the security of data.

## Results

### Literature review results

The literature review identified several studies and existing frameworks that described the capabilities required by facilitators, with Medicine, Nursing, and Pharmacy being the three main contributing professions. Ten papers (Srinivasan *et al.*, 2011; Harris *et al.*, 2012; Finn & Chessier-Smyth, 2013; Bochenek *et al.*, 2016; Montacute *et al.*, 2016; Needham *et al.*, 2016; Brink *et al.*, 2018; Reising *et al.*, 2018; Walter *et al.*, 2018; DeAngelis & Wolcott, 2019) and two existing frameworks (Academy of Medical Educators (AOME), 2010; Health Education England (HEE), 2019) were used to create the draft list of descriptors before saturation of data was achieved. The analysis identified 463

descriptors. Descriptors that were similar in meaning were combined resulting in 110 taken forward to the Delphi. These descriptors were collated under eight domains - Personal and Professional Practice, Role Modelling, Experiential Learning (EL) Organisation, Learning Environment, Learning Relationships, Facilitation of Learning, Assessment and Facilitator Development. Appendix B shows the 110 descriptors identified through the Delphi study.

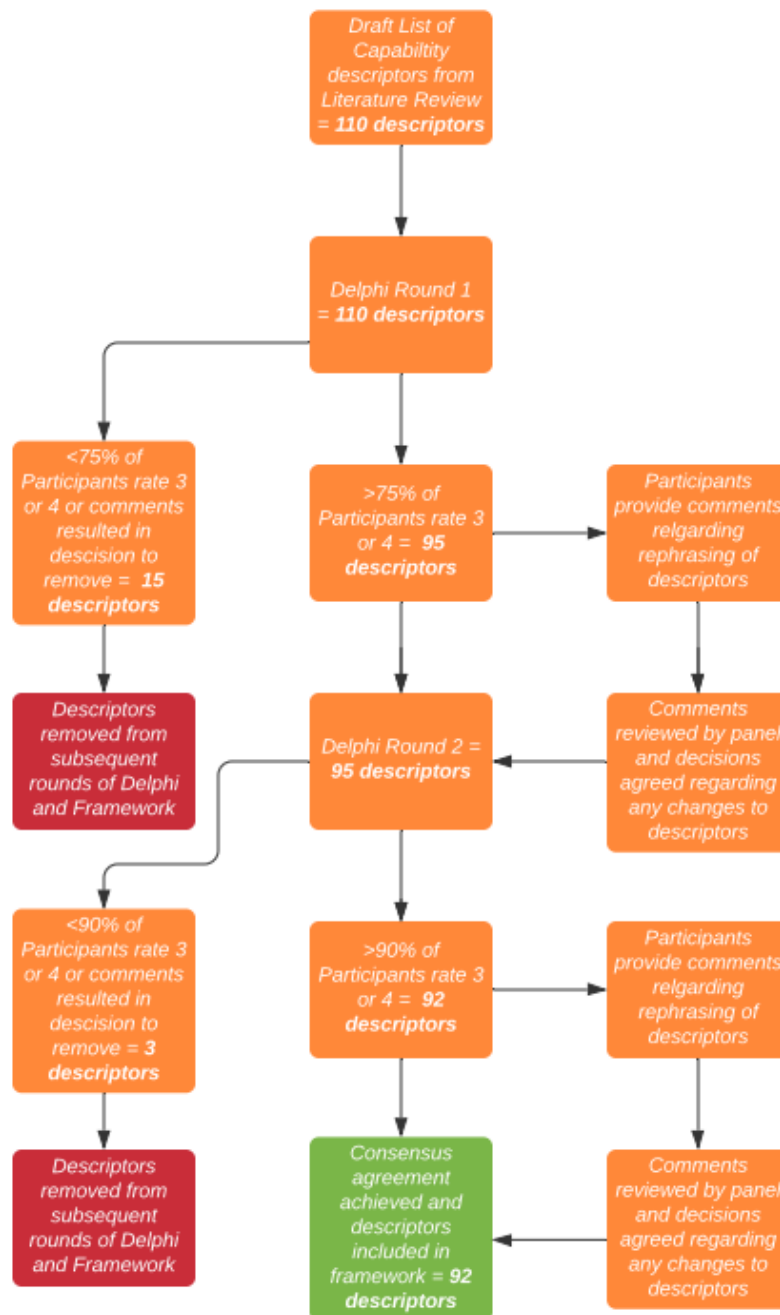
### Delphi results

Forty-eight individuals were recruited for the Delphi Panel (Table II). The Pre-registration trainee participants were equally split between graduates from both Scottish Schools of Pharmacy (University of Strathclyde (UoS) and Robert Gordon University (RGU)). The pharmacists had a range of experience and areas of practice. Twenty-four of the 35 pharmacists who participated in the first round had been an EL facilitator recently and there was a range of experience as an EL facilitator. Of the pharmacists who had recent EL facilitator experience, the majority had over three years of experience. The Delphi process (Figure 1 and Appendix B) resulted in 92 statements achieving consensus.

**Table II: Demographics of Delphi panel**

	Round 1 (n=46, 95.8% response)	Round 2 (n=41, 85.4% response)
Pre-registration pharmacists (now known as Trainee Pharmacists)	11	10
Pharmacist	35	31
<b>Experience</b>		
0-5 years	5	4
6-10 years	5	5
11-15 years	3	3
16-20 years	10	9
21-25 years	3	2
26-30 years	4	4
31-35 years	4	3
36-40 years	1	1
<b>Area(s) of practice<sup>†</sup></b>		
Academia	13	13
Community	10	8
Hospital	16	14
Primary care	10	9
<b>Recent EL facilitator experience (within the last 24 months)</b>		
Yes	24	21
No	11	10

<sup>†</sup> Some pharmacists have multiple areas of practice



**Figure 1: Overall Delphi process with the number of descriptors that achieved or failed to reach consensus**

In the first round of the Delphi, 46 (95.8%) of the 48 panel members completed the questionnaire. One hundred and two of 110 (92.7%) descriptors reached the 75% agreement rate and eight were removed as consensus was not reached. The open-ended questions were analysed and grouped by a descriptor. Recommendations to rephrase or remove descriptors based on the comments were reviewed by the expert panel (PH, AP, ACB, BA). This resulted in twenty-three descriptors being reworded and a further seven

descriptors being removed. Overall, 95 descriptors progressed to Round 2 of the Delphi.

The second Delphi round resulted in 41 of 48 (85.4%) round 1 panel members completing the questionnaire. Due to the high level of agreement in round 1, the agreement level was set at 90% which resulted in 92 (96.8%) descriptors being retained (Table III). Similar to the previous round the open-ended questions were analysed, which resulted in five descriptors being reworded.

Table III: Proposed capability framework

Capability domain	Capability descriptors
A.) Personal and professional practice - Facilitators of EL demonstrate personal and professional values in their practice, clearly demonstrating a commitment to the profession	<p><b>Facilitators:</b></p> <ul style="list-style-type: none"> <li>comply with the professional standards set by the General Pharmaceutical Council (GPhC)</li> <li>demonstrate a commitment and passion for the profession</li> <li>demonstrate a commitment to continuing professional development</li> <li>demonstrate an open and adaptable attitude</li> <li>demonstrate non-discriminatory behaviour in their practice</li> <li>display leadership qualities within their workplace</li> <li>display confidence in themselves and their practice</li> <li>inspire and motivate others</li> <li>demonstrate honesty and integrity throughout their practice</li> <li>proactively and appropriately address any conflicts or disagreements</li> <li>develop effective leadership and managerial relationships with colleagues and student pharmacists</li> <li>take responsibility for their actions and practice</li> <li>delegate appropriately ensuring adequate support when required</li> <li>provide high quality patient centred pharmacy services</li> <li>display a compassionate and a caring attitude towards their patients</li> <li>resolve issues using effective critical thinking and problem-solving skills</li> <li>ensure the health, wellbeing and safety of patients and student pharmacists at all times</li> <li>incorporate individuals (patients, healthcare providers, student pharmacists) into the decision-making process, where appropriate</li> <li>demonstrate an ability to see situations holistically</li> <li>maintain professional competence in all situations</li> <li>are aware of their own limitations and refer to appropriate colleagues when required</li> <li>engage in quality improvement in their practice and support others in developing quality practice</li> <li>display commitment and enthusiasm to develop others</li> <li>show a genuine interest in the student pharmacist's learning and experience within pharmacy</li> </ul>
B.) Role modelling - Facilitators of EL are aware of and act as a role model of the pharmacy profession, demonstrating for student pharmacists the expectations of pharmacy professionals	<p><b>Facilitators:</b></p> <ul style="list-style-type: none"> <li>are aware of their position as a role model to student pharmacists</li> <li>demonstrate the standards of a pharmacy professional</li> <li>use current evidence and guidelines to deliver high quality patient care and services</li> <li>display good working relationships with their colleagues and team members</li> <li>demonstrate effective communication with others including patients, healthcare professionals, pharmacy staff and student pharmacists</li> <li>display positive interprofessional working within the multidisciplinary team</li> <li>display positive interpersonal attitudes and relationships with others</li> <li>display patient centred care in their practice</li> </ul>
C.) Experiential Learning (EL) organisation - Facilitators of EL are aware of the requirements of the EL and plans to ensure the student pharmacist maximises the opportunity of the EL	<p><b>Facilitators:</b></p> <ul style="list-style-type: none"> <li>plan and provide an appropriate induction as part of the EL</li> <li>have an awareness of the EL goals (student pharmacist's goals, University Learning Outcomes) and student pharmacists' co-produce a plan to meet the goals of the EL</li> <li>provide sufficient learning activities to meet the learning outcomes of the EL</li> <li>ensure a range of learning opportunities to develop the student pharmacist</li> <li>plan training that is relevant to the specific area of practice</li> <li>accommodate and support student pharmacists with any identified additional support needs</li> <li>involve appropriate team members in developing and supporting the student pharmacist</li> <li>plan to provide adequate supervision of the student pharmacist to reduce exposure to risk until competence is demonstrated</li> <li>ensure that they have adequate time to support the student pharmacist</li> <li>ensure adequate support regarding the education and training of student pharmacists within their practice environment</li> <li>demonstrate need to balance education and training with service delivery</li> <li>ensure the required EL documentation is completed throughout the placement</li> <li>ensure continuity of support for the student pharmacist and provide a suitable handover, if required</li> <li>engage with and contribute to the quality management processes associated with EL</li> </ul>
D.) Learning environment - Facilitators of EL prepares and develops an inclusive and supportive learning	<p><b>Facilitators:</b></p> <ul style="list-style-type: none"> <li>display their commitment to a learning culture within their organisation to develop current and future team members</li> <li>prepare the learning environment, including team members, patients and other colleagues prior to EL</li> </ul>



Capability domain	Capability descriptors
environment where the student pharmacist can develop	<p>create and maintain a safe, supportive learning environment where learning is facilitated</p> <p>respond appropriately to any concerns raised about the learning environment</p> <p>ensure a manageable workload on student pharmacists in order to not compromise their learning</p>
E.) Learning relationships - Facilitators of EL develop and maintain appropriate and positive learning relationships with their student pharmacists	<p><b>Facilitators:</b></p> <p>should be approachable and accessible to their students</p> <p>establish appropriate professional and social boundaries with their student pharmacist</p> <p>discuss the expectations relating to the EL with the student pharmacist</p> <p>discuss the EL with the student pharmacist to identify their development needs</p> <p>adapt their plan for the EL to reflect the student pharmacists' development needs</p> <p>actively listen to student pharmacist's concerns and questions</p> <p>provide ongoing student support and supervision throughout EL through effective communication</p> <p>adapt their facilitation style to the requirements of the student pharmacist</p> <p>communicate clearly with the student pharmacists and ensure that they are understood</p> <p>encourage student pharmacists through acknowledging good practice and providing feedback</p> <p>encourage student pharmacists to reflect on their practice, linking practice to their learning and experiences</p> <p>encourage student pharmacists to question practice and evaluate care provided</p> <p>promote discussion with their student pharmacist, rather than just providing an answer</p> <p>identify any barriers to learning and work to formulate strategies to overcome these</p> <p>demonstrate respect for each student pharmacist and show a compassionate attitude towards them</p>
F.) Facilitation of learning - Facilitators of EL provide and employ different methods to facilitate and encourage the learning of student pharmacists	<p><b>Facilitators:</b></p> <p>make the most of planned and ad-hoc educational opportunities to support their student pharmacist's development</p> <p>provide learning opportunities that incorporate active participation in patient interaction</p> <p>encourage student pharmacists' participation within the pharmacy and multidisciplinary teams</p> <p>organise adequate demonstration and coaching of clinical skills where relevant to area of practice</p> <p>engage in discussions with the student pharmacist to facilitate learning and development of practice</p> <p>contribute to the student pharmacist's development of multitasking and prioritisation skills</p> <p>provide the student pharmacist with responsibility based on their current abilities in line with University Learning Outcomes</p> <p>provide constructive feedback to the student pharmacist that identifies their strengths and areas for improvement</p> <p>provide ongoing unbiased and non-judgemental feedback of the student pharmacist's progress in achieving the EL goals</p> <p>signpost student pharmacists to suitable resources to enhance and support their development</p> <p>utilise and contribute to the development of resources to support student pharmacist's development during EL</p> <p>appropriately identify student pharmacists who are perceived to be struggling and link in with University reporting mechanisms</p> <p>encourage student pharmacists to take responsibility for their actions</p>
G.) Assessment - Facilitators provide ongoing monitoring of the student pharmacist learning and assess that the goals of the EL have been accomplished	<p><b>Facilitators:</b></p> <p>are aware of the student pharmacists' level of knowledge, skills, and behaviours at the start of their EL</p> <p>recognise the complexity of tasks and assign tasks appropriately to the student pharmacist based on their knowledge, skills, and behaviours</p> <p>provide student pharmacists with increased level of responsibility based on their level of competence in line with University Learning Outcomes</p> <p>ensure that appropriate assessment strategies are used effectively to assess the student pharmacist in line with University Learning Outcomes</p> <p>provide a final evaluation to the university highlighting strengths and areas for development for the student pharmacist</p>
H.) Facilitator development - Facilitators of EL engage in activities to develop themselves as a facilitator	<p><b>Facilitators:</b></p> <p>seek feedback from multiple sources to improve the quality of their educational practice</p> <p>evaluate and self-reflect on the effectiveness of their current practice in supporting student pharmacists</p> <p>develop learning goals to improve their current educational practice based on evaluation, feedback and their reflections</p> <p>engage in appropriate activities to continually develop their educational practice and update their practice accordingly</p> <p>promote and participate in interprofessional learning and activities</p> <p>liaise with other EL facilitators to share practice and develop support networks</p> <p>contribute to the further development of EL for student pharmacists through providing feedback to the university</p>



## Discussion

This study sets out the key capabilities required by pharmacist EL facilitators in Scotland, with potential for international use with some local adaptation to local terminology. The Delphi process resulted in a high level of agreement for most of the descriptors identified through review of medical, nursing, and pharmacy literature (Academy of Medical Educators AOME), 2010; Srinivasan *et al.*, 2011; Harris *et al.*, 2012; Finn & Chesser-Smyth, 2013; Bochenek *et al.*, 2016; Montacute *et al.*, 2016; Needham *et al.*, 2016; Brink *et al.*, 2018; Reising *et al.*, 2018; Walter *et al.*, 2018; DeAngelis & Wolcott, 2019; Health Education England (HEE), 2019), showing that they were perceived as necessary for the role.

Many of the descriptors in the first and second capabilities i.e. role of facilitators in demonstrating and modelling excellent personal and professional qualities in their practice achieved 100% agreement. These findings are supported by other studies that suggest the role of the facilitator goes beyond facilitating learning and incorporates demonstration of good practice (Bochenek *et al.*, 2016; DeAngelis & Wolcott, 2019). This further strengthens Kilminster *et al.* (2007) view of role modelling as an essential component of supervision. This finding highlights the importance of the initial training for facilitators emphasising the importance of role modelling good practice and ensuring their commitment to staying updated with current practice.

One descriptor not reaching consensus was the facilitators' role in supporting the development of other facilitators. Participants commented that this should be the role of the universities or statutory education bodies (such as NES). This is in contrast to other publications that outline the benefits of enabling facilitators to share best practices (McCarty & Higgins, 2003; Jung *et al.*, 2016). As EL develops universities or statutory education bodies could have a role in facilitating peer learning or support sessions allowing facilitators to share practice.

The third domain described the facilitators' role in organisation and planning EL. This included providing the student with a suitable induction, having an awareness of and organising suitable activities to meet the EL goals, and support for the student during their placement. These are common requirements of facilitation across healthcare professions (Academy of Medical Educators (AOME), 2011; Finn & Chesser-Smyth, 2013; Walter *et al.*; 2018). Comments from the participants supported Finn and Chesser-Smyth's (2013) view of the importance of students' involvement in the planning of their EL.

The five descriptors that did not meet consensus were deemed to be beyond the role of the facilitators and were the remit of the university or the training provider. This is a similar finding to Srinivasan *et al.* (2011) who separated the descriptors into 'core' and 'specialist' competencies: with specialists referring to those with a more extensive role in educational programmes.

The creation of an effective learning environment featured frequently in the defined role of a facilitator of experiential learning in many healthcare professions (McCarty & Higgins, 2003; Academy of Medical Educators (AOME), 2010; Walter *et al.*, 2018). Five of the seven descriptors in the learning environment domain reached consensus describing the facilitators' role in creating and maintaining an inclusive learning environment where student pharmacists feel safe and supported in their development. The two descriptors that did not reach consensus were deemed to be the role of a manager, rather than the role of an EL facilitator.

The fifth domain outlined a series of descriptors of good interpersonal and communication skills to create and maintain appropriate learning relationships with student pharmacists. Kilminster (2010) and Montacute *et al.* (2016) stressed learning relationships as an important capability in providing a positive and effective learning experience for students. Descriptors such as supporting student pharmacists preparing for assessments and acting as a mentor to the student pharmacist did not reach consensus and comments highlighted that these were beyond the role of the facilitator in a short period of EL. As the length of the EL for student pharmacists increases over the next years, it would be interesting to repeat this research to show how the role of a facilitator has evolved.

The facilitation of learning domain outlined a series of descriptors which describe methods that facilitators use to support student pharmacists' learning. These included the use of feedback, communication, and coaching skills to support the student pharmacists' development, as well as creating opportunities in practice for the student pharmacists' to take responsibility for their practice. These findings are in line with the literature which shows that equipping facilitators with these tools will increase their competence and confidence in their role and have a positive impact on learning (McCarty & Higgins, 2003; Finn & Chesser-Smyth, 2013; Bengtsson & Carlson; 2015; Ignoffo *et al.*, 2017). Due to the evolving scope of pharmacist EL in Scotland, EL facilitators are not required currently to comment on student pharmacists' written work. This could explain why this descriptor, which is a task required of facilitators in

other areas, did not reach consensus (DeAngelis & Wolcott, 2019). This may change with the development of EL: facilitators may have a role in providing feedback and in the assessment of students during EL, so it will be essential to provide the necessary educational support for this descriptor.

Consensus was reached on a series of descriptors that outlined the facilitators' role in assessing the student pharmacists during EL which ensures the goals of the EL have been achieved. Students are provided with tasks suitable to their stage of development and competence and can be provided with feedback to support their further development. Srinivasan *et al.* (2011) reported a similar finding, suggesting that assessment is a core capability required by all individuals involved in educational support.

A descriptor excluded was the role of the facilitator to ensure that a variety of strategies and colleagues were used to assess the student pharmacist. The literature for healthcare professions encourages the use of a range of assessment methods (Academy of Medical Educators (AOME), 2010; Finn & Chesser-Smyth, 2013; Health Education England (HEE), 2019). This exclusion reflects the fact that summative assessment is not currently required for EL in Scotland. This suggests respondents consider the function of the facilitator's role to be, to support the student pharmacists' development rather than assessing the student pharmacist to allow them to progress to the next stage of their university programme.

The last identified capability domain outlined the facilitators' role and commitment to their development as an EL facilitator. The descriptors reaching consensus described methods which facilitators should engage with to further their development such as gaining feedback from others, self-reflection, and participating in suitable development activities. Some participants commented that the knowledge and use of educational theories were not commonplace in their practice. This may be why this descriptor did not meet consensus and was removed. However, one participant highlighted that further training in how to incorporate educational theories would be beneficial to the practice of facilitators which is supported by the findings of Jung *et al.* (2016) and Needham *et al.* (2016).

The creation of this framework is a key step in clarifying the roles and responsibilities of EL facilitators. As EL develops, the role of the EL facilitator must be clearly defined. This will enable EL facilitators to understand their role and support their development. Regular review and updates of the framework will be required to ensure it remains fit for purpose and reflects the role of the EL facilitator. Consequently, any changes to the requirements of EL facilitators will require clear

communication of the changes as well as training to reflect these changes.

### **Strengths and limitations**

One key strength of this research is that it was built on international literature from different healthcare professions providing a clear evidence base to describe the requirements of facilitators. The research involved both Schools of Pharmacy in Scotland and a range of stakeholders from different sectors of pharmacy practice adding strength to the results. However, while international evidence was reviewed, all participants involved in the study were from Scotland. Therefore, care should be taken when considering the results of the study for generalisability in other countries. A key strength of the approach taken was that mixed methods are used extensively in healthcare for framework development to enhance its validity and utility (Marrelli *et al.*, 2005; Batt *et al.*, 2019).

One potential challenge with the recruitment of participants was that nominations were sought, and participants came forward to participate in the Delphi. Therefore, these may be the participants who are motivated by their involvement in EL, and may lead to bias in the results. Further consultation with a wide range of stakeholders will help to ensure wider acceptability of the framework.

A common limitation of the Delphi process is that there can be a high attrition rate of participants between rounds. The attrition of participants was minimised for this research through reminders to the participants and minimised the need for further Delphi rounds.

### **Further research**

Further work is required to refine the framework to ensure its acceptability to stakeholders and maximise engagement. Focus groups of the Delphi participants will help to build and refine the framework. Subsequent piloting with a sample of EL facilitators from a variety of sectors of practice, regions, and experience will allow validation of the framework's content, structure, and acceptability.

Undertaking further research to identify how current facilitators and student pharmacists perceive EL facilitation will allow comparison with the capabilities in the framework. This will help identify specific areas that require support.

## Conclusion

Following the release of the revised GPhC Standards for Initial Education and Training of Pharmacists (GPhC, 2021), there was a need to provide clarity about the requirements of the role of an EL facilitator in Scotland. The methodological approach taken provided a process to facilitate engagement from a range of stakeholders involved in EL, to reach a consensus on the descriptors required by facilitators. This ensured the resultant descriptors were suitable for practice. These descriptors describe a desire to develop facilitators who demonstrate and model excellent pharmacy practice in their workplaces and use well-developed leadership and management skills, ensuring effective support and safe practice in the workplace. They emphasise the importance of preparation and planning for EL, in addition to the development of a safe, effective workplace learning environment. The capabilities also describe the facilitators' ability to develop, support and assess the student pharmacist's learning and the facilitators' commitment to developing in their role.

As all student pharmacists joining the pharmacy profession undertake EL as part of their MPharm and are supervised by an EL facilitator, they should use the capabilities outlined to ensure that the student pharmacist has an effective learning experience.

## Conflict of interest

The authors declare that there is no competing interest regarding the publication of this paper.

## Source of funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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**Appendix A: Literature search terms**

Search terms used include:
mentor/preceptor/tutor/facilitator
AND
characteristics/personality/competencies/profile/skills
AND
practice education/practice learning/experiential learning/practicum/placement/clinical education/clinical clerkship/rotation/preceptorship/clinical competence/clinical experience/clinical learning/clinical teaching/student teaching

**Appendix B: Delphi results**

Capability domain	Capability descriptors	Delphi round 1			Delphi round 2		
		% Agreement	Median	IQR	% Agreement	Median	IQR
A.) Personal and Professional Practice - Facilitators of EL demonstrate personal and professional values in their practice, clearly demonstrating a commitment to the profession	A.1) Facilitators comply with the professional standards set by the General Pharmaceutical Council (GPhC)	100.00%	4	0	100.00%	4	0
	A.2) Facilitators demonstrate a commitment and passion for the profession	100.00%	4	1	100.00%	4	0
	A.3) Facilitators demonstrate a commitment to continuing professional development	100.00%	4	1	100.00%	4	0
	A.4) Facilitators demonstrate an open and adaptable attitude	97.83%	4	1	100.00%	4	0
	A.5) Facilitators demonstrate non-discriminatory behaviour in their practice	100.00%	4	0	100.00%	4	0
	A.6) Facilitators display leadership qualities within their workplace	89.13%	3	1	92.68%	4	1
	A.7) Facilitators display confidence in themselves and their practice	100.00%	4	1	100.00%	4	0
	A.8) Facilitators inspire and motivate others	100.00%	4	1	100.00%	4	0
	A.9) Facilitators demonstrate honesty and integrity throughout their practice	100.00%	4	0	100.00%	4	0
	A.10) Facilitators proactively and appropriately address any conflicts or disagreements	95.65%	3	1	97.56%	4	1
	A.11) Facilitators develop effective leadership and managerial relationships with colleagues and student pharmacists	84.78%	3	1	92.68%	3	1
	A.12) Facilitators take responsibility for their actions and practice	100.00%	4	0	100.00%	4	0
	A.13) Facilitators delegate appropriately ensuring adequate support when required	97.83%	4	1	100.00%	4	1
	A.14) Facilitators provide high quality patient centred pharmacy services	97.83%	4	0	100.00%	4	0
	A.15) Facilitators display a compassionate and a caring attitude towards their patients	100.00%	4	1	100.00%	4	0
	A.16) Facilitators resolve issues using effective critical thinking and problem-solving skills	95.65%	4	1	100.00%	4	1
	A.17) Facilitators ensure the health, wellbeing and safety of patients and student pharmacists at all times	100.00%	4	0	100.00%	4	0
	A.18) Facilitators incorporate individuals (patients, healthcare providers, student pharmacists) into the decision-making process, where appropriate	97.83%	4	1	100.00%	4	0

Capability domain	Capability descriptors	Delphi round 1			Delphi round 2		
		% Agreement	Median	IQR	% Agreement	Median	IQR
	A.19) Facilitators demonstrate an ability to see situations holistically	97.83%	4	1	100.00%	4	1
	A.20) Facilitators maintain professional competence in all situations	97.83%	4	1	100.00%	4	0
	A.21) Facilitators are aware of their own limitations and refer to appropriate colleagues when required	97.83%	4	0	100.00%	4	0
	A.22) Facilitators engage in quality improvement in their practice and support others in developing quality practice	84.78%	3	1	95.12%	3	1
	A.23) Facilitators display commitment and enthusiasm to develop others	100.00%	4	1	100.00%	4	0
	A.24) Facilitators show a genuine interest in the student pharmacist's learning and experience within pharmacy	97.83%	4	0.75	100.00%	4	0
	‡A.25) Facilitators contribute to the development of others as facilitators	80.43%	3.5	1	80.49%	3	1
B.) Role modelling - Facilitators of EL are aware of and act as a role model of the pharmacy profession, demonstrating for student pharmacists the expectations of pharmacy professionals	B.1) Facilitators are aware of their position as a role model to student pharmacists	100.00%	4	1	100.00%	4	0
	‡B.2) Facilitators develop the student pharmacists through role modelling their practice	86.96%	3	1			
	B.3) Facilitators demonstrate the standards of a pharmacy professional	100.00%	4	0	100.00%	4	0
	B.4) Facilitators use current evidence and guidelines to deliver high quality patient care and services	100.00%	4	1	100.00%	4	0
	B.5) Facilitators display good working relationships with their colleagues and team members	100.00%	4	1	100.00%	4	0
	B.6) Facilitators demonstrate effective communication with others including patients, healthcare professionals, pharmacy staff and student pharmacists	100.00%	4	0	100.00%	4	0
	B.7) Facilitators display positive interprofessional working within the multidisciplinary team	95.65%	4	1	100.00%	4	0
	B.8) Facilitators display positive interpersonal attitudes and relationships with others	97.83%	4	1	100.00%	4	0
	‡B.9) Facilitators inspire student pharmacists through modelling excellent professional behaviours	95.65%	4	0.75			
	B.10) Facilitators display patient centred care in their practice	97.83%	4	0	100.00%	4	0
C.) Experiential Learning (EL) Organisation - Facilitators of EL are aware of the requirements of the EL and plans to ensure the student pharmacist maximises the opportunity of the EL	C.1) Facilitators plan and provide an appropriate induction as part of the EL	97.83%	4	1	97.56%	4	1
	‡C.2) Facilitators complete an educational contract at the outset of the training with the student pharmacist	71.74%	3	2			
	C.3) Facilitators have an awareness of the EL goals (student pharmacist's goals, University Learning Outcomes)	100.00%	4	0	97.56%	4	0
	C.4) Facilitators and student pharmacists' co-produce a plan to meet the goals of the EL	97.83%	4	1	100.00%	4	0
	C.5) Facilitators provide sufficient learning activities to meet the learning outcomes of the EL	100.00%	4	1	100.00%	4	0
	C.6) Facilitators ensure a range of learning opportunities to develop the student pharmacist	97.83%	4	1	97.56%	4	0

Capability domain	Capability descriptors	Delphi round 1			Delphi round 2		
		% Agreement	Median	IQR	% Agreement	Median	IQR
	C.7) Facilitators plan training that is relevant to the specific area of practice	95.65%	4	1	95.12%	4	1
	C.8) Facilitators accommodate and support student pharmacists with any identified additional support needs	89.13%	3	1	95.12%	4	1
	<sup>†</sup> C.9) Facilitators develop projects where the student can contribute to practice improvement	67.39%	3	1			
	C.10) Facilitators involve appropriate team members in developing and supporting the student pharmacist	95.65%	3.5	1	100.00%	4	1
	C.11) Facilitators plan to provide adequate supervision of the student pharmacist to reduce exposure to risk until competence is demonstrated	97.83%	4	0	100.00%	4	0
	C.12) Facilitators ensure that they have adequate time to support the student pharmacist	89.13%	3	1	97.56%	3	1
	C.13) Facilitators ensure adequate support regarding the education and training of student pharmacists within their practice environment	86.96%	3	1	97.56%	4	1
	C.14) Facilitators demonstrate need to balance education and training with service delivery	95.65%	4	1	97.56%	4	0
	<sup>†</sup> C.15) Facilitators use local practice knowledge and educational policy to develop educational programme	82.61%	3	1			
	<sup>‡</sup> C.16) Facilitators regularly review and monitor the progress of the student pharmacist through regular EL	82.61%	3	1	85.37%	3	1
	<sup>‡</sup> C.17) Facilitators maintain appropriate documentation and records of the student pharmacists performance	86.96%	3	1	85.37%	3	1
	C.18) Facilitators ensure the required EL documentation is completed throughout the placement	97.83%	4	1	97.56%	4	1
	C.19) Facilitators ensure continuity of support for the student pharmacist and provide a suitable handover, if required	97.83%	4	1	100.00%	4	0
	C.20) Facilitators engage with and contribute to the quality management processes associated with EL	91.30%	4	1	92.68%	4	1
D.) Learning Environment - Facilitators of EL prepares and develops an inclusive and supportive learning environment where the student pharmacist can develop	<sup>†</sup> D.1) Facilitators comply with professional and their organisations performance management policies	93.48%	3.5	1			
	D.2) Facilitators display their commitment to a learning culture within their organisation to develop current and future team members	95.65%	4	1	97.56%	4	1
	D.3) Facilitators prepare the learning environment, including team members, patients and other colleagues prior to EL	93.48%	4	1	100.00%	4	0
	D.4) Facilitators create and maintain a safe, supportive learning environment where learning is facilitated	100.00%	4	0	100.00%	4	0
	<sup>†</sup> D.5) Facilitators provide and retain, feedback and training records for each member of their team	71.74%	3	2			
	D.6) Facilitators respond appropriately to any concerns raised about the learning environment	100.00%	4	0	100.00%	4	0



Capability domain	Capability descriptors	Delphi round 1			Delphi round 2		
		% Agreement	Median	IQR	% Agreement	Median	IQR
	D.7) Facilitators ensure a manageable workload on student pharmacists in order to not compromise their learning	97.83%	4	1	100.00%	4	0
E.) Learning Relationships - Facilitators of EL develop and maintain appropriate and positive learning relationships with their student pharmacists	E.1) Facilitators should be approachable and accessible to their students	100.00%	4	0	100.00%	4	0
	E.2) Facilitators establish appropriate professional and social boundaries with their student pharmacist	100.00%	4	0	100.00%	4	0
	E.3) Facilitators discuss the expectations relating to the EL with the student pharmacist	95.65%	4	0.75	100.00%	4	0
	E.4) Facilitators discuss the EL with the student pharmacist to identify their development needs	97.83%	4	1	97.56%	4	0
	E.5) Facilitators adapt their plan for the EL to reflect the student pharmacists' development needs	97.83%	4	1	100.00%	4	0
	E.6) Facilitators actively listen to student pharmacists concerns and questions	100.00%	4	0	100.00%	4	0
	E.7) Facilitators provide ongoing student support and supervision throughout EL through effective communication	100.00%	4	0	100.00%	4	0
	E.8) Facilitators adapt their facilitation style to the requirements of the student pharmacist	95.65%	4	1	100.00%	3	1
	E.9) Facilitators communicate clearly with the student pharmacists and ensure that they are understood	100.00%	4	0	100.00%	4	0
	E.10) Facilitators stimulate the best in each student pharmacist	86.96%	3	1			
	E.11) Facilitators encourage student pharmacists through acknowledging good practice and providing feedback	89.13%	3	1	100.00%	4	0
	E.12) Facilitators encourage student pharmacists to reflect on their practice, linking practice to their learning and experiences	97.83%	4	0	100.00%	4	0
	E.13) Facilitators encourage student pharmacists to question practice and evaluate care provided	97.83%	4	1	97.56%	4	0
	E.14) Facilitators promote discussion with their student pharmacist, rather than just providing an answer	100.00%	4	0	100.00%	4	0
	E.15) Facilitators identify any barriers to learning and work to formulate strategies to overcome these	100.00%	4	1	100.00%	4	0
	E.16) Facilitators demonstrate respect for each student pharmacist and show a compassionate attitude towards them	97.83%	4	1	97.56%	4	0
	E.17) Facilitators provide support to student pharmacists to prepare for their assessments	56.52%	3	2			
	E.18) Facilitators serve as a mentor to student pharmacists beyond their EL	47.83%	2	1			
F.) Facilitation of Learning - Facilitators of EL provide and employ different methods to facilitate and encourage the	F.1) Facilitators make the most of planned and ad-hoc educational opportunities to support their student pharmacist's development	100.00%	4	1	100.00%	4	0
	F.2) Facilitators provide learning opportunities that incorporate active participation in patient interaction	97.83%	4	1	97.56%	4	0
	F.3) Facilitators encourage student pharmacists' participation within the pharmacy and multidisciplinary teams	97.83%	4	1	97.56%	4	0

Capability domain	Capability descriptors	Delphi round 1			Delphi round 2			
		% Agreement	Median	IQR	% Agreement	Median	IQR	
learning of student pharmacists	F.4) Facilitators organise adequate demonstration and coaching of clinical skills where relevant to area of practice	89.13%	3.5	1	97.56%	4	1	
	F.5) Facilitators engage in discussions with the student pharmacist to facilitate learning and development of practice	95.65%	4	1	100.00%	4	0	
	F.6) Facilitators contribute to the student pharmacists development of multitasking and prioritisation skills	93.48%	3	1	90.24%	4	1	
	F.7) Facilitators provide the student pharmacist with responsibility based on their current abilities in line with University Learning Outcomes	95.65%	4	1	100.00%	4	1	
	F.8) Facilitators provide constructive feedback to the student pharmacist that identifies their strengths and areas for improvement	100.00%	4	0	100.00%	4	0	
	F.9) Facilitators provide ongoing unbiased and non-judgemental feedback of the student pharmacist's progress in achieving the EL goals	100.00%	4	0	100.00%	4	0	
	F.10) Facilitators provide feedback to student pharmacists on their written evidence developed from their EL	65.22%	3	2				
	F.11) Facilitators signpost student pharmacists to suitable resources to enhance and support their development	95.65%	3	1	95.12%	4	1	
	F.12) Facilitators utilise and contribute to the development of resources to support student pharmacists development during EL	86.96%	3	1	92.68%	3	1	
	F.13) Facilitators appropriately identify student pharmacists who are perceived to be struggling and link in with University reporting mechanisms	86.96%	4	1	97.56%	4	1	
	F.14) Facilitators are aware of and refer to support agencies when required (e.g. University teams, Occupational Health, Counselling, Career Advisor, etc)	89.13%	4	1				
	F.15) Facilitators encourage student pharmacists to take responsibility for their actions	100.00%	4	0	100.00%	4	0	
	G.) Assessment - Facilitators provide ongoing monitoring of the student pharmacist learning and assess that the goals of the EL have been accomplished	G.1) Facilitators are aware of the student pharmacists' level of knowledge, skills and behaviours at the start of their EL	91.30%	3	1	97.56%	3	1
		G.2) Facilitators recognise the complexity of tasks and assign tasks appropriately to the student pharmacist based on their knowledge, skills and behaviours	97.83%	4	1	100.00%	4	1
		G.3) Facilitators provide student pharmacists with increased level of responsibility based on their level of competence in line with University Learning Outcomes	95.65%	4	1	100.00%	4	1
G.4) Facilitators ensure that appropriate assessment strategies are used effectively to assess the student pharmacist in line with University Learning Outcomes		86.96%	3	1	92.68%	3	1	
G.5) Facilitators ensure a variety of strategies and colleagues are used to assess the student pharmacist's competence (e.g. Workplace Based Assessments (WPBA), expectations, feedback)		78.26%	3	1				
G.6) Facilitators provide a final evaluation to the university highlighting strengths and areas for development for the student pharmacist		86.96%	4	1	92.68%	4	1	

Capability domain	Capability descriptors	Delphi round 1			Delphi round 2		
		% Agreement	Median	IQR	% Agreement	Median	IQR
H.) Facilitator Development - Facilitators of EL engage in activities to develop themselves as a facilitator	<sup>†</sup> H.1) Facilitators have knowledge of and incorporate relevant educational theories in their role as an EL facilitator	73.91%	3	1.75			
	H.2) Facilitators seek feedback from multiple sources to improve the quality of their educational practice	95.65%	3	1	100.00%	3	1
	H.3) Facilitators evaluate and self-reflect on the effectiveness of their current practice in supporting student pharmacists	100.00%	4	0	100.00%	4	0
	H.4) Facilitators develop learning goals to improve their current educational practice based on evaluation, feedback and their reflections	95.65%	4	1	97.56%	4	1
	H.5) Facilitators engage in appropriate activities to continually develop their educational practice and update their practice accordingly	97.83%	4	1	100.00%	4	0
	<sup>†</sup> H.6) Facilitators promote and participate in interprofessional learning and activities	86.96%	3	1	97.56%	3	1
	H.7) Facilitators liaise with other EL facilitators to share practice and develop support networks	95.65%	3	1	97.56%	4	1
	H.8) Facilitators contribute to the further development of EL for student pharmacists through providing feedback to the University	100.00%	4	1	100.00%	4	0
	<sup>†</sup> H.9) Facilitators are involved in the wider management of the EL programme	60.87%	3	1			

<sup>†</sup>Removed after Round 1 – due to comments; <sup>†</sup>Removed after Round 1 – due to Consensus Score; <sup>†</sup>Removed after Round 2 – due to Consensus Score