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To explore clinical pharmacists' opinions, and their perceived barriers and facilitators, to supporting clinical research delivery in secondary care

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Introduction: The National Health Service (NHS) is confronted with significant challenges in facilitating clinical research delivery.¹ Clinical pharmacists were instrumental in ensuring patient safety while conducting urgent public health studies, such as the RECOVERY trial, during the COVID-19 pandemic.² Numerous studies have reported the positive impact of pharmacy workforce in supporting clinical research delivery³. However, it remains unclear whether pharmacists are willing to take on this extra responsibility.

Aim: To explore the opinions of UK clinical pharmacists towards facilitating the delivery of clinical research in secondary care.

Objectives include understanding the level of knowledge of clinical research among clinical pharmacists; assessing levels of interest among clinical pharmacists towards supporting clinical research delivery; identifying clinical pharmacists' perceived barriers and facilitators to supporting clinical research delivery; and developing recommendations to facilitate pharmacists' engagement in research delivery.

Methods: This study employed a qualitative research approach and utilised convenience sampling based on the researcher's professional network. Eight pharmacists from two secondary care NHS Trusts participated. Individual semi-structured interviews were conducted using questions adapted from the Research Capacity and Culture (RCC) tool which was validated by two clinical trial pharmacists. Keele University Research Ethics Committee provided a favourable ethical opinion. Interview transcripts were analysed to identify emerging themes by using framework analysis.

Results: The findings revealed that participants possessed limited knowledge of clinical research in general. The key themes identified were categorised into three domains: individual, professional, and organisational, which corresponded with the RCC tool.

In the individual domain, pharmacists demonstrated interest in clinical research delivery but lacked confidence. They acknowledged clinical research as contributing to evidence-based practice and enhancing professional development. However, they expressed concerns about patient harm resulting from trial interventions and poorly designed studies generating misleading data.

Within the professional domain, pharmacists' capability to support clinical research delivery was limited by inadequate training in clinical research, their clinical skills,

and their disease knowledge. They perceived internal and external barriers to participation. It has been suggested to improve the research culture within the profession and promote the role pharmacists can play in delivering research among other healthcare professionals.

In the organisational domain, the workplace environment was perceived to present obstacles due to competing priorities and clinical research not being seen to be a core duty by managers. Additionally, awareness of clinical research opportunities was limited and exposure to clinical research-related activities within the workplace was minimal.

Discussion/Conclusion: Recommendations to address these barriers include promoting clinical research training, developing mentorship programs, creating platforms to connect clinical pharmacists with research opportunities, and identifying roles that allow pharmacists to incorporate clinical research into their routine practice.

This research project has several limitations, including the use of a convenience sampling method, a small sample size and potential interviewer bias due to research participants all being known to the researcher.

In summary, the pharmacy workforce possesses the potential to support the challenges in clinical research delivery faced by the NHS. However, addressing the perceived barriers is critical to enhancing pharmacist involvement in this field.

Keywords: Pharmacist; workforce; opinion; research; delivery

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