

Critical appraisal of portfolio evidence: a pre- and post- confidence survey incorporating physical participation.

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Introduction

The Royal Pharmaceutical Society (RPS) Post-Registration Foundation Programme (PRFP) is the agreed approach to support the development of early careers pharmacists. A key objective of the NHS Greater Glasgow & Clyde (NHSGGC) Education & Training (E&T) team is to help Foundation Pharmacists (FPs) progress toward credentialing at the earliest opportunity.

To support this, the E&T team established facilitated workshops focused on the critical appraisal of portfolio evidence. In these sessions, FPs review anonymised samples of real portfolio evidence for quality and accuracy of outcome mapping. The sample pieces of evidence spanned all 4 pillars of practice.

Anecdotal feedback following previous sessions from both FPs and Educational Supervisors (ESs) has been positive, suggesting increased confidence in developing and critiquing portfolio evidence. Despite this there remains a variation in familiarity with the domain outcomes and a new approach was introduced to quantify and improve confidence in this area.

Aim

The aim of the activity was to scope the FPs' knowledge of the learning outcomes in each of the five domains of the RPS curriculum and determine if the critical appraisal of evidence session increased their confidence scores.

The secondary aim of the activity was to introduce physical participation into the session. This was intentionally incorporated to maximise engagement and energy levels post lunch break.

Method

Participants were asked to complete a pre- and post- session self-assessment rating their familiarity with PRFP domains and outcomes on a scale of 0 (not familiar) to 10 (very familiar) for each of the 5 domains which make up the post-registration curriculum.

Physical participation was introduced to manage an anticipated post lunch drop in energy levels. FPs were asked to get up from their seats and draw on each scale.

To maintain anonymity, each participant marked their rating with a symbol drawn directly onto the scale. The FPs were asked to use the same symbol and colour of pen for both the 'before' and 'after' scores on each scale to allow for tracking and analysis.

The use of a scale with marked increments was a change made following a pilot of this exercise. This was in response to feedback and there was more consistent responses in relation to exact scores, so data analysis of the results was more straightforward.

Results

Twenty-one FPs from acute, primary care and mental health across four West of Scotland NHS boards attended the workshop. Most of the FPs had been in their post for around 4 months at the time of the workshop and registered on the NES PRFP in October 2025.

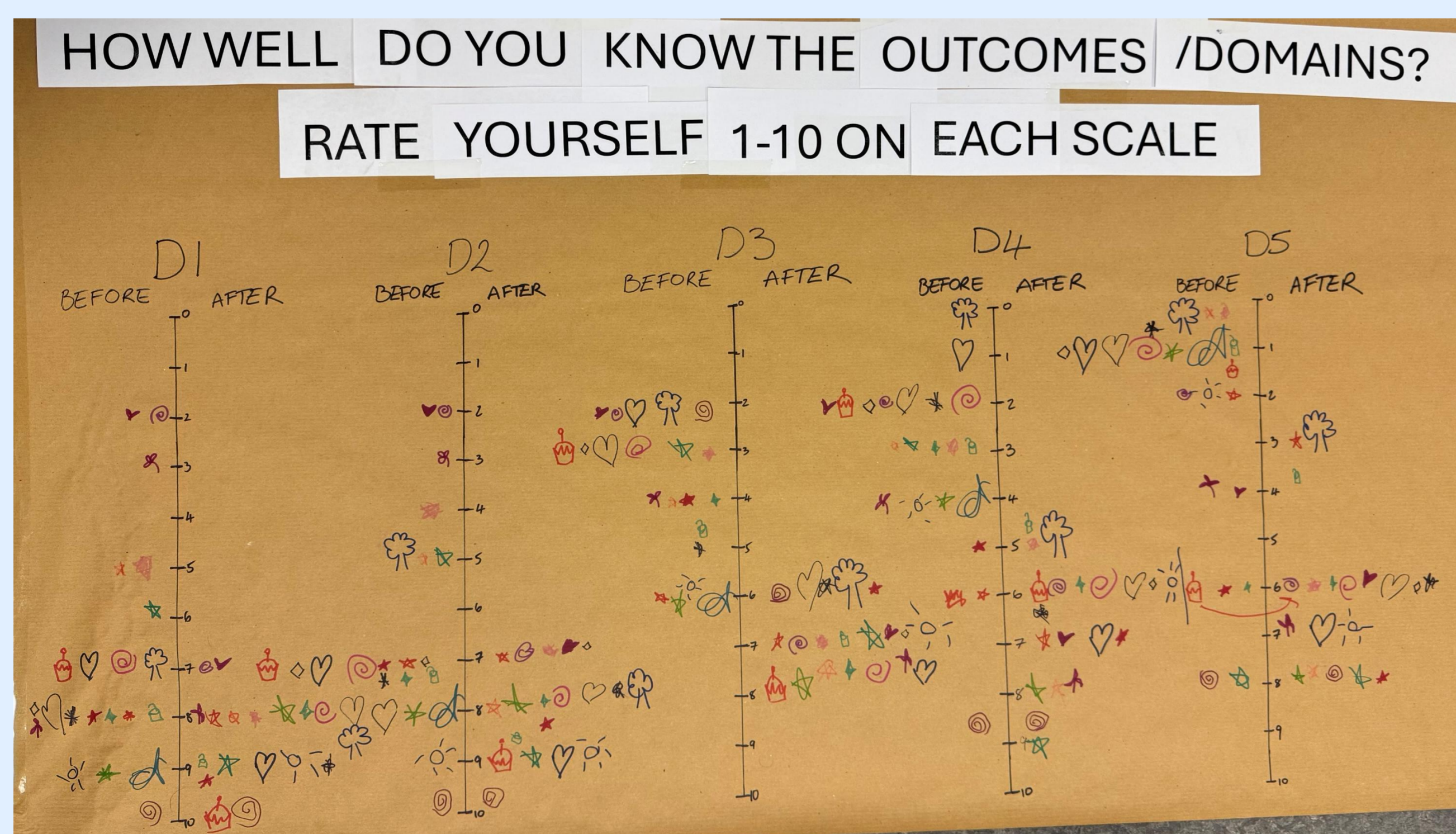


Figure 1: Raw data from workshop showing the before and after scores of FPs across all 5 domains
Domain 1 (D1): Person-centred care and collaboration. Domain 2 (D2): Professional practice.
Domain 3 (D3): Leadership & management. Domain 4 (D4): Education. Domain 5 (D5): research

Results and discussion

18 participants provided a pre- and post- session score for domains 1 and 2 and 19 for domains 3, 4 and 5. Individual scores ranged from -1 (FP scored one point less before vs. after the session) to a maximum uplift of 8 on the scale.

Domains 1 and 2 had the highest baseline scores and saw the smallest uplifts: D1: 7.5 to 8, D2: 7 to 8 (figure 2). FPs having a greater understanding of the clinical domains would be expected at this point in their training.

Domains 3, 4 and 5 had greater uplifts in median scores – D3: 3 to 7; D4: 3 to 6.25; D5: 1.5 to 6 (figure 2). FPs had a lower level of understanding of the non-clinical domains before the session with domain 5 showing the greatest change.

Figures 3 to 7 show the individuals' scores before and after the session for the 5 domains. Where rings are close together, there is minimal change in confidence scores. Where rings are further apart, a bigger change in scoring is observed.

Figure 5 shows all FPs had an uplift in confidence relating to domain 3 (min = 1, max = 6). Figure 7 shows a cluster of 'before' data points near the centre of the scale, signifying low confidence levels. The larger shape created by 'after' data shows that most FPs had a significant uplift in scores. The spikes are outlying data points and show these FPs scored higher at baseline and had little or no uplift in their confidence score.

Facilitator observation during the physical activity noted that FPs were discussing the task with one another and participating in networking and relationship building. Having an in-person event with physical participation was perceived by facilitators as being beneficial despite electronic tools offering easier data analysis.

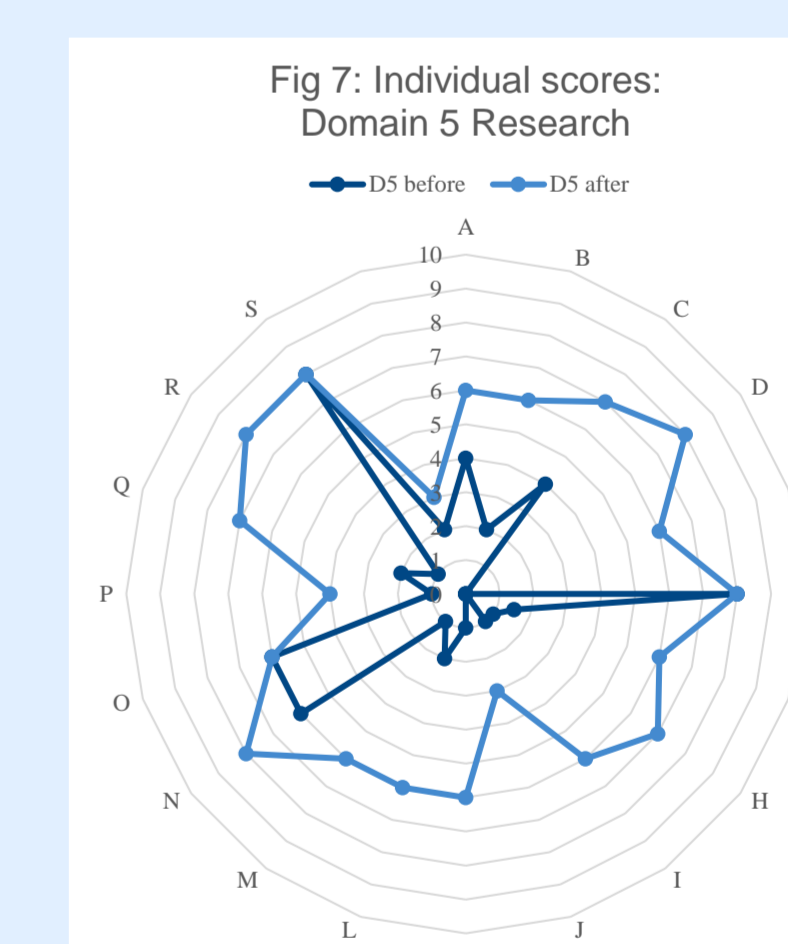
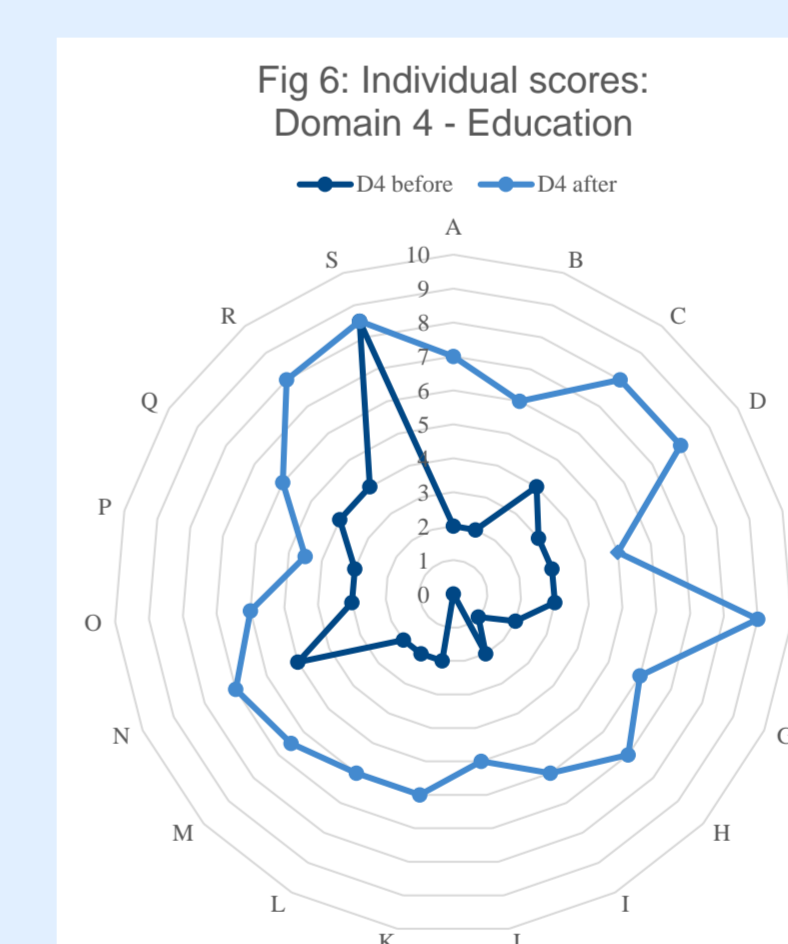
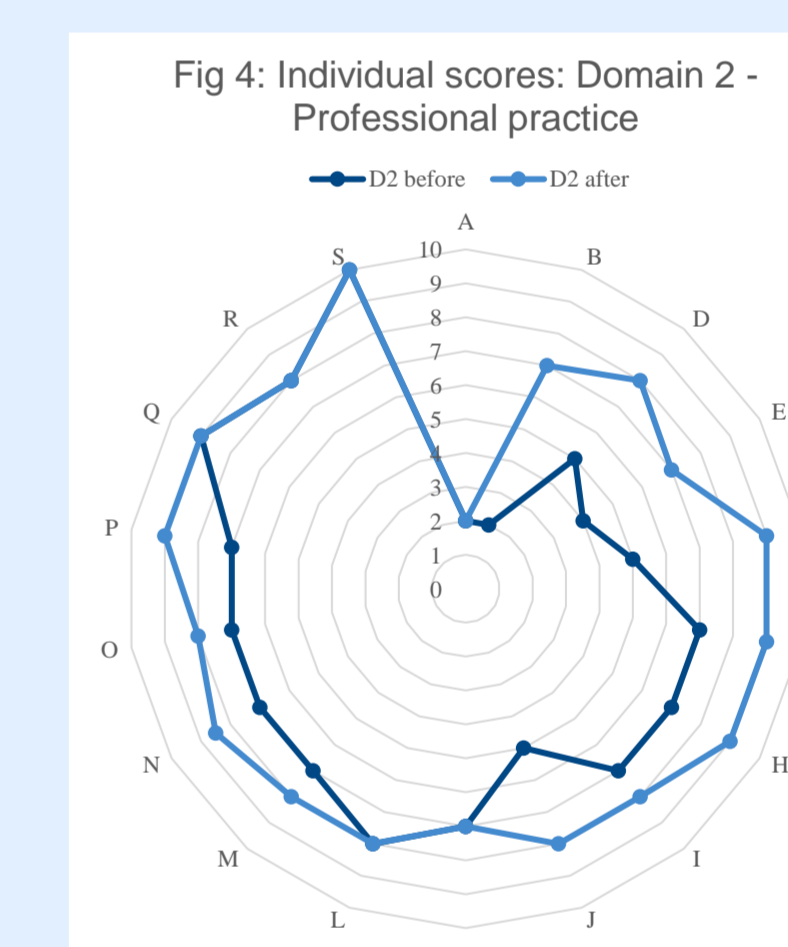
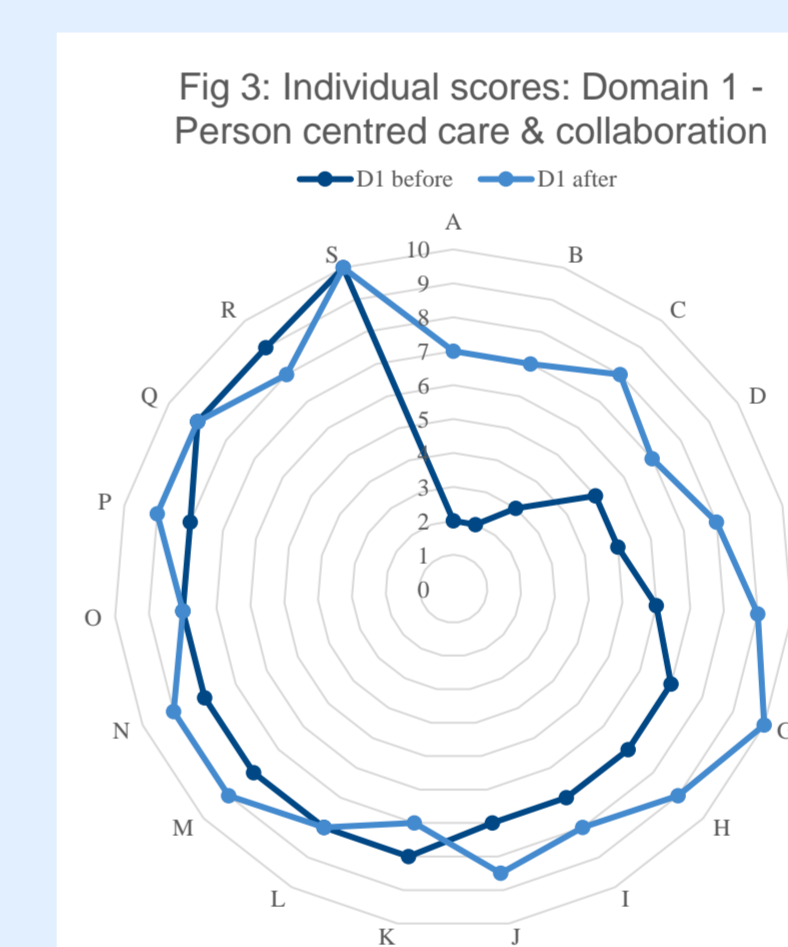
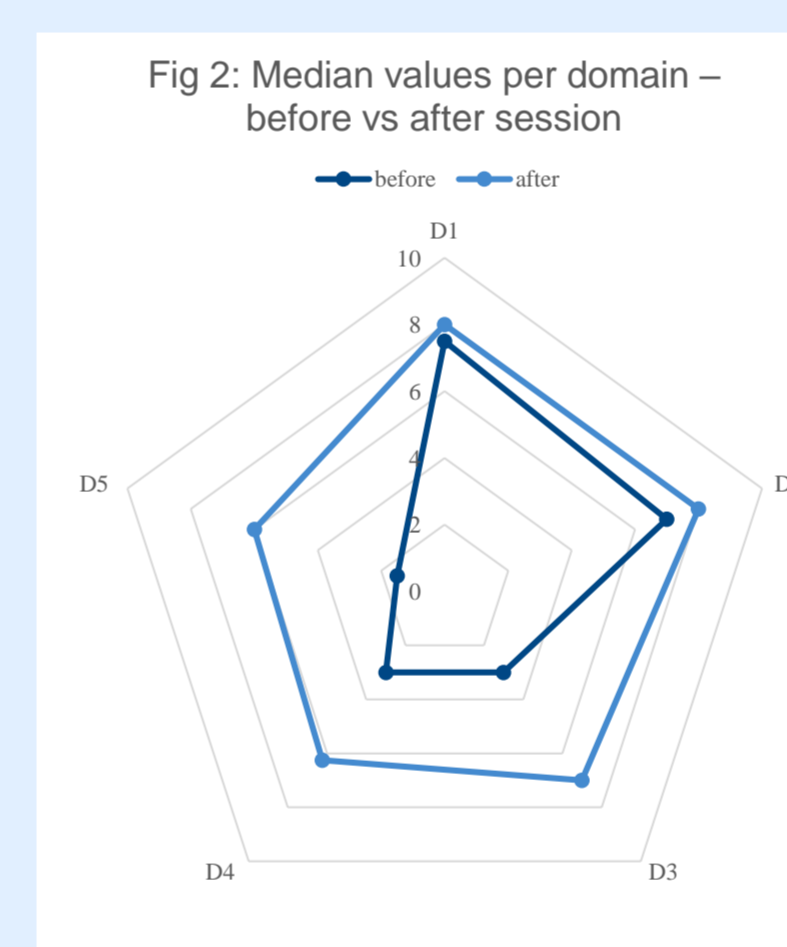


Figure 2: median scores for domains 1 to 5.
Figures 3-7: Individual participants scores 'before' and 'after' the critical appraisal of portfolio evidence session.

Conclusion

The need for FPs to build a high-quality portfolio spanning all 4 pillars of practice from an early stage is considered vital to facilitate the creation of a developmental portfolio showing progression over time. This activity aimed to assess whether the appraisal session improved FP confidence in understanding the domain outcomes which was clearly demonstrated across the 5 domains. Further targeted support may be useful for domains 3, 4 and 5.

Use of physical participation to undertake the activity was also reviewed. Anecdotally this was as observed to increase engagement in workshop and promote networking across the FP group. Further investigation would be required to assess if this networking and peer support helps to improve high quality portfolio development.

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