# Identifying research awareness and activity in the London pharmacy workforce: a scoping exercise



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## Background

Research is an integral part of professional practice in any industry because it helps build credibility, drive change, and inform best practice. In healthcare, research forms one of the four pillars of practice and is a fundamental building block.

## Figure 1: Four pillars of multi-professional practice**[[1]](#footnote-2)**

4 buckets - blue and green shades. Indicatng 4 pillars of practice. Symbols to indicate this include magnifying glass and brain, people



Active engagement of health and care practitioners in and with research is of central importance. It is key to ensuring safe evidence-based practice, further strengthening and developing the evidence base, and informing service design, clinical reasoning and shared decision-making with the people and communities they work alongside.1

In May 2022, a UK-wide call for evidence on clinical academic careers in pharmacy was launched. In early 2024, NHS England published the findings and recommendations from this survey.[[2]](#footnote-3)

In the 2022 data, 218 pharmacy professionals responded but their geographical location was not reported. From the organisational survey respondents 3% (n=8) were London-based.

## Aim

Our aim is to understand more about pharmacy team members in London who are currently research aware and/or research active so that we can signpost to appropriate support. We therefore undertook a scoping exercise within the region during January 2025.

## Methodology

Participants were invited to take part in this scoping exercise to understand the current level of research awareness and experience in the London pharmacy workforce. Participation was voluntary and inclusive of all members of the pharmacy team. No research experience was required to complete the survey.

Data collection was via a 15-question survey, over a two-week period between 13 – 31 January 2025. The survey was distributed via email, social media, and meeting slides. The survey was circulated to education and training leads in NHS Trusts, Local Pharmaceutical Committees (LPCs), training hubs and workforce teams within the London Integrated Care Systems (ICS). All responses were collected anonymously, where the participant chose this option.

## Results

In total, 229 people responded.

## **Figure 2: Respondents by profession**

## **Figure 3: Respondents by sector of practice**

## **Figure 4: Respondents by length of time qualified**

**Research awareness**

Participants were asked if they considered themselves research aware. Where this was defined as “keeping up to date with new research and guidelines, talking about research with colleagues, implementing new research into practice, and auditing and evaluating changes to clinical practice.”[[3]](#footnote-4)

## **Figure 5: Proportion of respondents who are research aware.**

**Research active**

The 89 respondents involved in research indicated the type of current research activities they are involved in. Respondents could provide multiple responses to this question.

## **Figure 6: Type of research activity respondents are involved in.**

**Research appetite**

A rating scale was used to assess respondents' appetite to be involved in research.

## **Figure 7: Respondents appetite for being involved in research.**

**Key:**

Level 1 – Not at all interested

Level 2 – Not very interested

Level 3 – Neither interested nor disinterested

Level 4 – Interested

Level 5 – Very Interested

Of the 140 responses to this question, there was a 3.94 average rating, indicating respondents were interested in undertaking research.

**Barriers**

Respondents were asked about the barriers to undertaking research (multiple options could be selected). All 229 respondents answered this question.

## **Figure 8: Barriers to undertaking research.**

Additional barriers reported by respondents included:

* Lack of awareness of, and disproportionate access to, research and funding opportunities.
* Underrepresentation of sectors such as community pharmacy and community health.
* No clear developmental career pathway, or job roles, aligned with research once training is completed.
* Impact of organisation staff retention and capacity to enable time for research.
* Overly burdensome approval processes particularly for low-risk research.
* Challenge with acceptance as Principal Investigator for commercial trials.
* Poor access to data analysts and statisticians to support research.
* Lack of confidence in designing and writing research.

# Findings and discussion

* Low response rate from pharmacy trainees.
* Low response rate from primary care. There is a need to improve response rate from the primary care sector to further understand views.
* Greater interest from those who have been qualified for longer versus newly qualified people.
* Based on findings in the Results section, there is an appetite for research development and learning from the region.
* Barriers to research are varied and multifactorial.
* There are pockets of research activity in region, but further information is required to understand who is undertaking this.

Over a third (67.7%) of respondents indicated they were research aware; the remainder (32.3%) responded that they were not research aware. Of those who indicated that they were not research aware, 85.1% indicated they would like to understand more about the fundamental principles of research.

From the total number of participants (n=229), 38.9% indicated they were currently participating in research activities such as designing a study protocols, engaging in journal clubs, data collection or analysis, implementing research findings. With the remainder not currently involved in any research.

## Conclusion

Within London there is interest from participants in undertaking research in some form. How this occurs needs to be explored further; with a focus on ensuring there is equal opportunity for all members of the pharmacy team to engage in research related activity. To appreciate the full research opportunities available, multi sector collaboration should be considered and conducted where appropriate. Further work needs to be undertaken within this area.

There should be equitable access to research opportunities. This should be inclusive of people at all levels of practice and in all sectors of pharmacy. Collaboration across all areas will support research in practice.

**Considerations**

The following can be considered as part of ongoing development of research in pharmacy practice.

* Provide equal opportunity for all members of the to engage in research exist.
* Include research as part of job plans for all members of the pharmacy team.
* Share best practice widely.
* Set up system-wide communities of practice.
* Incorporate the four pillars of practice in job descriptions for pharmacy professionals.
* Improve signposting to resources to support research training and development.

1. [Multi-professional framework for advanced practice in England - Advanced Practice](https://advanced-practice.hee.nhs.uk/multi-professional-framework-for-advanced-practice/)) [↑](#footnote-ref-2)
2. [NHS England » Report of a UK survey of pharmacy professionals’ involvement in research](https://www.england.nhs.uk/long-read/report-of-a-uk-survey-of-pharmacy-professionals-involvement-in-research/#findings) [↑](#footnote-ref-3)
3. [Research awareness: putting evidence into practice — The BSA](https://www.thebsa.org.uk/research/putting-evidence-into-practice/#:~:text=Becoming%20research%20aware%20is%20the%20first%20stage%20to,and%20auditing%20and%20evaluating%20changes%20to%20clinical%20practice.) [↑](#footnote-ref-4)